

*King's* Fund

# Creating Solutions

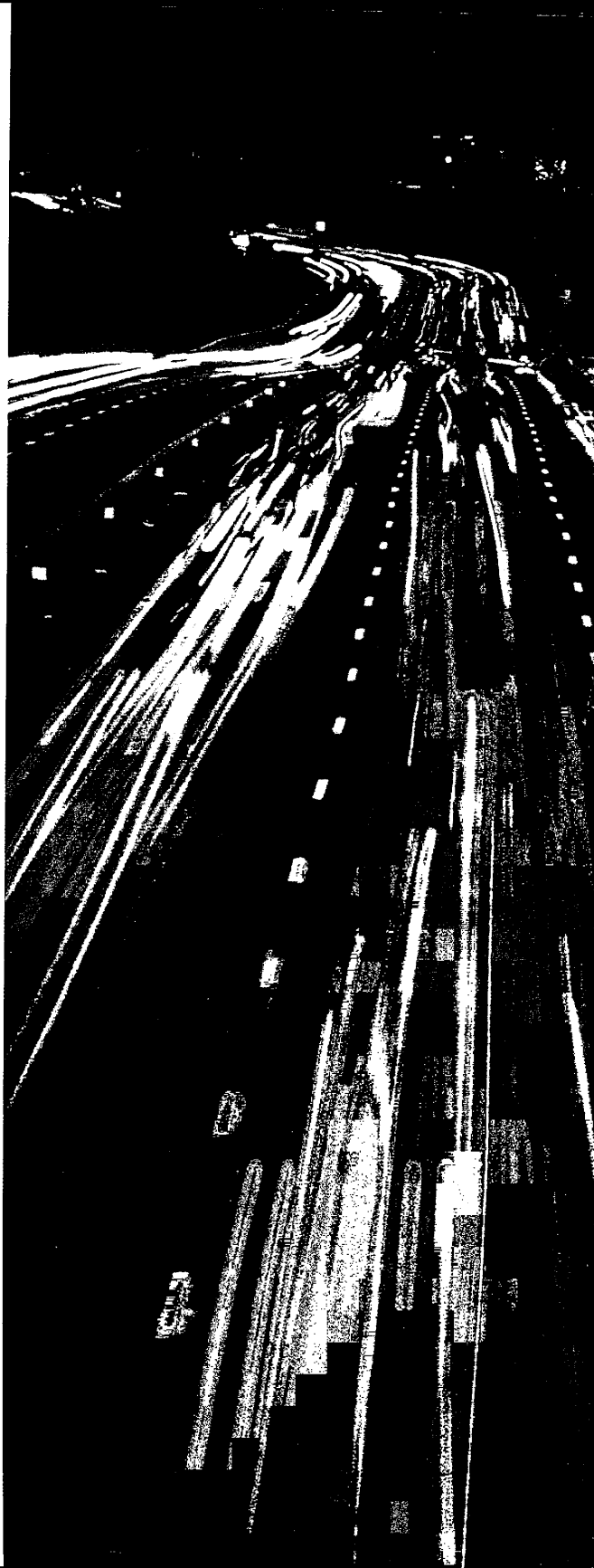
Developing  
alternatives in  
Black mental health

Sharon Jennings

King's Fund

**Publishing**

11-13 Cavendish Square  
London W1M 0AN



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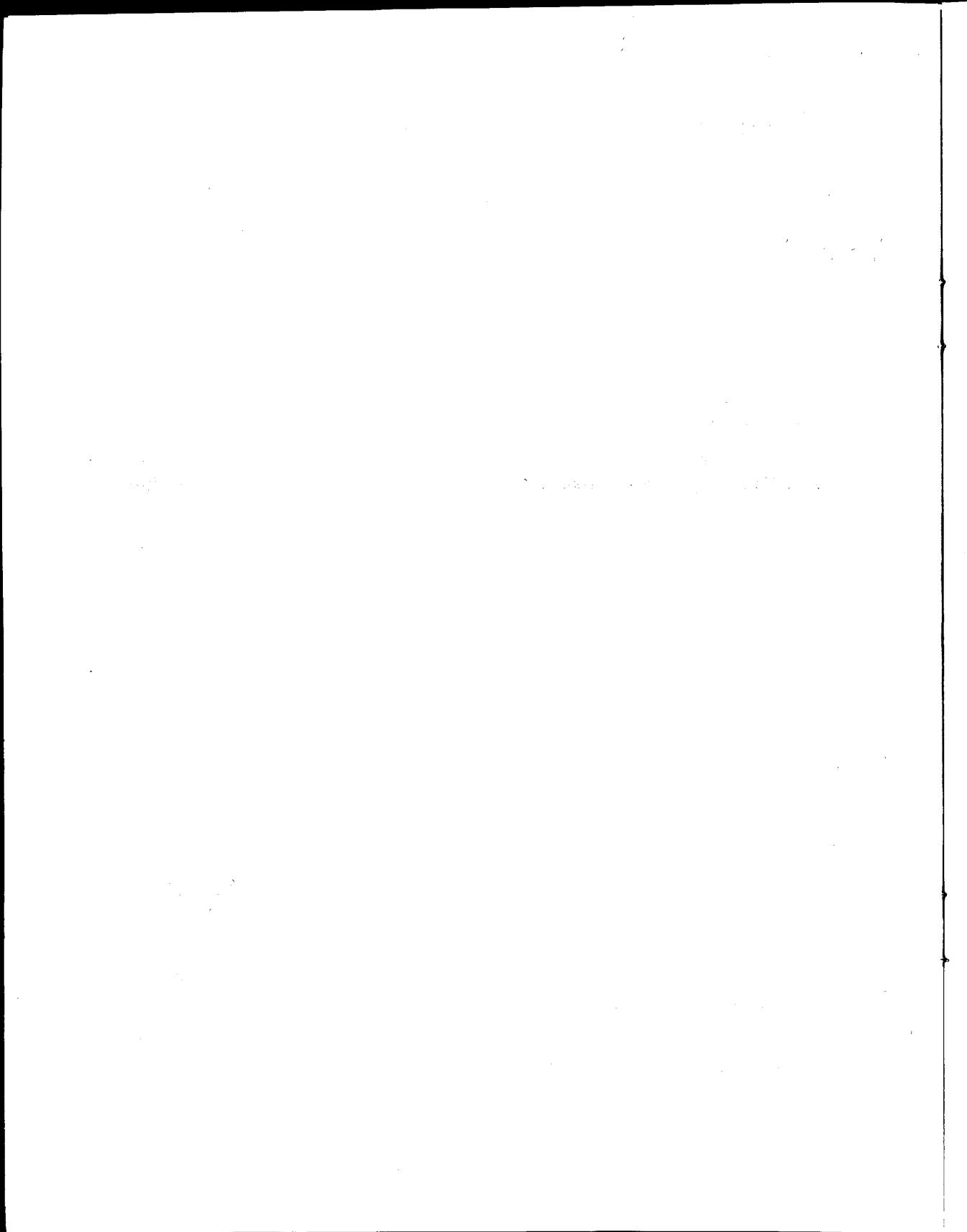
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# Preface

'Care in the Community' policies and the *Health of the Nation* strategy emphasise the need to achieve better outcomes for people with mental health problems. The inadequacies of the current system of services are widely acknowledged, and a range of priorities and targets have been set by Government to improve the situation.

Both the NHS and local authorities are expected to be developing more effective practices and a more balanced system of services which will support people in need, particularly those with a serious mental illness. As they work to improve services, authorities have been encouraged to 'accept that if we are to succeed then we all have to work together'. Such 'working together' should involve organisations in both statutory and voluntary sectors, as well as local communities.

Government has also stressed the importance of being sensitive and responsive to cultural diversity in the development, design and delivery of mental health services. In relation to Black communities in Britain, however, there is a wide body of evidence which suggests that mainstream mental health services have failed both to provide appropriate services for Black communities and also to consult effectively with Black communities in determining what types of services they need.

Many statutory agencies throughout Britain are, nevertheless, striving to develop and provide better mental health services for Black people by working in partnership with Black voluntary sector organisations and their local Black communities. In the light of the criticisms levelled against existing services, 'better' services, by implication, will mean 'different' services. The task of these partnerships, therefore, is two-fold. First, to develop more effective services; and second, to work across different perspectives, ideologies, values and cultures to develop something that is an alternative to the status quo.

There are no blueprints as to how to proceed with this; there are, however, current partnerships which can provide valuable insights into the process of working in partnership. The London Sanctuary projects – community-based alternatives to hospital – are two such arrangements which are being developed for African and Caribbean mental health service users.

Drawing on the developmental process of these projects, *Title of the Book* outlines what is involved when different stakeholders work together to plan, develop and implement alternatives in Black mental health service provision. It also discusses relevant development issues arising in Black mental health which can be used to give guidance to new and ongoing partnerships.

This publication contains an outline of service development which is aimed at specific Black communities, i.e. people of African descent and origin; people who may be commonly referred to as African or African-Caribbean; and Black people of mixed parentage. Focusing on this group does not, however, deny the experience of inequality of service provision within the mental health system for other members of the Black communities.

*Sharon Jennings*



# Acknowledgements

Writing this document has been challenging and a tremendous, positive learning experience for me – much like working in partnership. I would like to take the opportunity to thank the following people who have aided and supported the writing of this document.

The 'partnership' committee members of HACCS and Ipamo for providing the experience and lessons upon which this document was built and the development workers, Sherron Parris and Malcolm Phillips, for their tireless commitment and innovative ideas and for striving to make the 'Sanctuary' concept a reality.

The King's Fund, and in particular Janice Robinson, Director of the Community Care Programme, for persevering with me in the writing of this document.

My children, Asha, Zahra and Jamila, who have valiantly endured me sitting at the computer and my incessant chants of 'hang on, just let me finish this bit!'.

Melba Wilson, whose literary and editorial skills as well as her knowledge and empathy have been essential in creating this document.

Thank you all.

## A note on terminology

**Black:** For the purpose of this document, 'Black' refers to communities within Britain who face racism and discrimination by virtue of any combination of the following: skin colour, culture, language, religion.

**Service user:** A person who is currently receiving or has in the past received services of assessment, treatment and support within the mental health system. For the purpose of this document, the term 'service user' replaces terms such as 'patient' and 'client'.

**Carer:** A person who gives direct care and takes day-to-day responsibility for a mental health service user, in an unpaid capacity, usually, though not exclusively, within a domestic (home) environment.

**Independent Black community members:** This term is used in place of terms such as 'community representative' or 'community leader'. Black communities are diverse in many respects and no one individual can represent them in total.

## Chapter 1

# Developing alternatives in partnership

The underlying assumptions of this document are that:

- partnerships are an essential component for developing alternative mental health services for Black people;
- task-focused and process-focused approaches to achieve set outcomes are an inherent part of working in partnerships;
- guidance is needed to help groups, agencies and organisations identify the components which facilitate and bring about positive partnerships.

## Why an alternative service?

Existing inadequacies in mainstream mental health services for Black communities provide the rationale for developing alternative services for those communities. A report by the NHS Mental Health Task Force (1994) found, in relation to African-Caribbean communities, that:

*'African Caribbeans, including large numbers of women, continue to be over-represented in psychiatric institutions at all levels. Predominant psychiatric treatment does not take account of the impact of race and racism. Likewise, there is no widespread acceptance of the importance of culturally diverse methods in working with Black mental health service users and carers.'* (NHS Mental Health Task Force, 1994)

Alternatives are needed as a direct consequence of the inequalities that Black people face within the mental health system with respect to patterns of admission to mental hospital (over-representation in acute/secure provision); diagnosis (and mis-diagnosis); treatment (more controlling, drugs-based and less psychotherapy); accommodation and after-care services (poor referrals; low take-up of services; lack of information about services).

These inadequacies have been well documented over the past two decades (see, for example, Wilson, 1993; NHS Mental Health Task Force, 1994; Francis *et al.*, 1989; Department of Health, 1993; Confederation of Indian Organisations, 1991).

## Racism

Studies have shown that racism has a large part to play in maintaining this situation. In its consultation with Black community groups throughout Britain, the NHS Mental Health Task Force found that:

*'... many Black people regard racism and its effects as a major contributing factor in the mental ill-health of Black people. The tensions associated with living in a society in which some people are racially prejudiced are felt to represent a draining and wearing influence in Black people's lives. ...*

*'The view is that the needs of Black people can be overlooked. Many Black people say this is shown by what they feel is, firstly, the reluctance of the mental health system to address issues of culture in psychiatric treatment, and secondly, the tendency to make assumptions about Black people based on notions of their racial characteristics. They point to the lack of involvement of Black communities in the planning process and service delivery.'* (NHS Mental Health Task Force, 1994)

Anecdotal evidence of service users points to direct and indirect racism in service delivery. For example, racist terms such as 'rasta-phrenia' and 'ganja psychosis' are used by psychiatrists as valid descriptions of mental illness in Black people. (Lal & Gilroy 1995; Fernando, 1995; Littlewood, 1993)

## Black voluntary sector

Black voluntary sector organisations have historically filled the gaps in mainstream provision. Innovative initiatives from specialist agencies (e.g. The Afro-Caribbean Mental Health Project, Brixton; The Forward Project, West London; The Advocacy Project, Liverpool; Servol Community Trust, Birmingham). These are often small, community-based organisations, who provide accessible and appropriate care to Black service users.

These groups, however, often face severe marginalisation, as a result of their campaigning role or race focus, which can set them at odds with conventional services. In addition, a lack of information and of supportive infrastructure and under-resourcing further limit their impact. This exacerbates inequalities of provision for Black people. (Qaiyoom, 1992)

## Why a partnership?

Faced with these continuing criticisms, statutory agencies have begun to view working in partnership as a way to effect change.

Working in partnership to plan and develop community-based health and social care has grown as a result of various factors, including:

- diminishing resources;
- implicit demands of community care, *Health of the Nation* guidelines and related legislation, which are intended to prevent continuing inadequacies in relation to the health of Black people in Britain;
- the increasing responsibility of the statutory sector to consult, inform, and involve local communities;
- the realisation that no one sector can provide services on its own.

## Types of partnership

Many types of partnerships are set up to accomplish various outcomes:

- general meetings with the public to gain their views in order to plan community services in an effective way;
- joint-planning and policy making groups;
- research into the needs of a particular group of users or carers;
- contracting service delivery to external agencies;
- consultation exercises with particular interest groups in order to monitor and evaluate the delivery of services;
- different agencies or disciplines coming together to finance and/or deliver services.

All partnerships have a number of principles in common, including:

- the coming together of people representing different organisations, sectors, disciplines or interests;
- an envisaged end product or aim to be achieved;
- an assumption that all partners will benefit from the end product;
- the end product itself benefiting from combining different perspectives and resources inherent in the partnership.

Partnerships aimed at developing alternative mental health services for Black people can ensure that these services meet the needs of Black people by involving all of the stakeholders in their development, from inception to operation.

## Chapter 2

# The Sanctuary projects

The Sanctuary projects were initiated by the King's Fund Development Centre in response to the recognised gaps that exist for Black people in mainstream mental health services. These projects were seen as providing an alternative rather than supplementing what already existed.

The key aims of the projects are as follows:

- to develop a community-based crisis support service;
- to provide a service which the Black community have faith in and would use;
- to ensure that upon completion they would become independent Black-managed agencies.

The projects, based in Lambeth and Hackney, are currently in their third year of development and are developing along different lines, dependent upon the needs of Black people in the two localities.

### Lambeth Sanctuary (Ipamo)

The Lambeth project was recently named 'Ipamo' (Yoruba for 'house of healing'). The overall objective of the project is to provide a service to the African and Caribbean community which maintains people at home and in a familiar environment, accessible to family and friends, through a range of support services responsive to individual needs.

Where it is not possible for individuals to remain at home, the service will provide a residential facility which will prevent or at least reduce the duration of hospitalisation, offering a place and period of calm and safety.

The service currently planned will consist of five distinct services on one site:

- *crisis support* providing assessment, a range of treatment options and a ten-bed, staffed short stay residential unit, for people who would otherwise be admitted to hospital;
- *respite for families* offering 'time out' space in four two-bedded residential family units;
- *24-hour advice and advocacy* providing the service when it is most needed;

- *counselling and outreach* offering a range of therapies and domiciliary support;
- *community education* leading to prevention and empowerment through a series of community-oriented training courses.

Other facilities will include a crèche, café, bookshop, art gallery and training and conference rooms.

Another aspect of Ipamo is the development of a therapeutic framework under which staff and managers will work. This is still in the early stages and yet to be ratified. However, services provided by Ipamo will be guided by a clear, philosophical framework which directly opposes the negative concepts about Black people held within conventional psychiatry.

The Ipamo Partnership was successful in its funding application to the London Implementation Group in 1994 and, over a three-year period, has received £3m (capital and revenue).

The proposed site of the service is a three-storey house in the Tulse Hill area of Brixton, South London. Architects have been appointed and are planning renovations to the building and surrounding garden areas. It is envisaged that Ipamo will open in mid-1997. An independent Black organisation, which will take over the management of the service, is currently being established.

### **Hackney Sanctuary (Hackney African Caribbean Crisis Service)**

The Hackney project is now called the Hackney African Caribbean Crisis Service (HACCS).

Early consultation with Black users and carers as well as a range of local mental health professionals have been instrumental in the shaping of this project. The findings of this consultative exercise stressed the need for a service:

- specifically for African-Caribbean men and women in mental crisis;
- available 24 hours, 7 days per week;
- offering assessment and treatment which would act as an alternative to hospitalisation;
- where parents in crisis, particularly lone parents, could come and bring their children;
- with outreach and home treatment facilities;
- incorporating the cultural and social needs of Black people;



- offering a welcoming, nurturing atmosphere;
- which, once operational, would be managed by an independent agency.

Further development has refined the above objectives, and it is envisaged that the completed service will consist of two main service areas:

- **outreach crisis response** to people in times of distress and personal trauma. This part of the service will be available 12 hours a day, 7 days a week and is intended to respond quickly with consultation and assessment, in the person's home if required. An intervention plan will be devised according to individual need. This may entail supportive care at home, intensive short-term work or residential respite, or hospitalisation – though the primary aim is to avoid hospitalisation;
- **supported accommodation** in the form of a six-bedded short stay unit. Support provided will be on a 24-hour basis, with access to counselling and therapy. The aim is to ensure that there is space, time, attention and help to allow users to focus on and understand their problems.

HACCS will work collaboratively with local primary and secondary health and social care professionals to offer a more appropriate and comprehensive service to Black people. HACCS will also be available as a resource and fund of information to local mental health professionals in their work with Black service users.

HACCS has not attracted funding as yet, though it is hoped that initial funding will be granted through London Implementation Group funds and supplemented by the local health and social services commissions.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques.

## Chapter 3

# The process of partnership

Partnerships bring together people of different organisations, interests, skills, experience, knowledge and ways of working. Each partner will have their own agenda or expectations. This can make for stimulating working relationships, or conversely, be the cause of difficulties.

In developing mental health services for Black communities, it is important that partnerships recognise the significance of the race dimension. This includes an appreciation of the impact of race and racism on services, particularly if the service being developed is intended in some way to be different, innovative or to fill existing gaps.

Partnerships, by their nature, will generate ongoing tensions between those concerned with the practical aspects of service development and those who are more focused on the process. Both aspects are interrelated and crucial to achieving positive outcomes.

This section outlines important 'process' elements which should be addressed in building partnerships to develop mental health services for Black people. It also explores problematic areas which may be encountered and provides information on steps which can be taken to resolve them, using lessons learned from the Sanctuary projects.

## Building partnerships

Lessons learned from the Sanctuary developments indicate four key areas which need addressing at or near the beginning of any partnership. These include decisions about:

- the aims of the service;
- the membership of the partnership;
- the terms of reference for the partnership;
- developing a shared vision.

Partnerships charged with developing services for Black people will have as an added focus the race dimension. This has an impact upon the development of the service, as well as on the internal functioning of the partnership.

### **Aims of the service**

At the early stages of the development, clear initial aims and objectives are important. These may, in fact, be decided by the organisations initiating the development.

Initial aims for the Sanctuary projects were set by the King's Fund and stated that the projects developed should be:

- ◆ for Black people (without specifying which communities);
- ◆ based in the community;
- ◆ an alternative to hospital;
- ◆ a service that the Black community would want to use;
- ◆ transferred to the independent sector upon completion.

Once the partnership is operating, these aims may change, particularly given the inputs and interests of the different partners. This is evident in descriptions of the projects as they have developed to date (see Chapter 2).

### **Membership of the partnership**

'Membership' in this sense is, to a certain extent, fluid. The partnership may contain members who are occasionally consulted on particular issues, as well as those who attend every meeting. The term 'membership', as used here, refers to those who have 'on-going involvement' with the development of a project.

Partnership members should reflect the aims of the service. For example, if the service is to be embraced by the Black community, then partnership members should have credibility within the Black community.

Clarity in selecting the various partners is intrinsic to the development of an alternative service. The membership needs of the partnership are directly related to the initial aims of the service under development. Involvement of each partner should be viewed within the context of the specific needs of the partnership. These needs can be seen in terms of skills, knowledge, resources, information, perspectives, personal qualities and credibility.

Table 1 shows the aims and correspondent partners identified by the Sanctuary developments.

**Table 1**

<i>Service Development Aims</i>	<i>Partnership Needs</i>
A service sensitive to and meeting the needs of the Black community.	Black users and carers
A service to be used and 'owned' by the Black community	Black community members
A service with appropriate funding and infrastructure to ensure operation without marginalisation	Health & social services purchasers
A service that can build on existing innovative work in the community	Black voluntary sector
A service that can build good working links with existing services to widen provision for Black people	Health & social services providers
The developmental process of this alternative service as well as the service itself to be documented and disseminated nationally in order to pass on lessons and provide guidance for similar projects	King's Fund

### **Terms of reference**

Having established the partnership members, it will become apparent that the partners will have different ways of working. Each partner will have particular structures, models, theories, values, etc. that guide and direct their actions. They will also have varying and conflicting modes of communication, ways of seeing and using time, and expectations of their role and the roles of others within the group.

In order to work effectively, the group will need to clarify and make explicit its rules, or terms of reference.

In addressing this issue, both the Sanctuary projects at different times had to ask themselves the following questions:

- ◆ *How, when, where will our meetings take place?*
- ◆ *Will we have a chair, vice-chair, secretary, etc., and what will their roles be?*
- ◆ *How reliant on paper (reports, minutes, agendas, etc.) do we want to be, as opposed to verbal communication?*

Key concerns here were that meetings were accessible to all members in terms of venues and participation. Venues were chosen which were centrally located as well as offering a degree of comfort; food or refreshments were often available. Meetings needed to be organised but not in a way that excluded members from contributing. Reports found to be most informative were those that highlighted issues and concerns and gave guidance as to the areas needing decisions.

- ◆ *Who can make decisions and how will they be made? Does any member have power of veto?*

There was a recognition of the power imbalance in the partnerships. For example, representatives of statutory agencies (often senior managers) were perceived as being of higher status than Black voluntary sector representatives or independent community members. It was important that decisions were made in a manner which attempted to redress the balance.

- ◆ *How will new members join the committee?*

Membership of the partnership group had to be linked to the needs of the group rather than to the interests of those wanting to join.

- ◆ *Should there be a mediator in the event that an agreement cannot be reached? If so, who should that be?*

There was a recognition that there may be occasions when the group would be unable to make decisions on particular issues and it would be useful to involve an agreed third party as mediator.

As most partnerships are initiated by statutory organisations, their representatives may have different areas of responsibility and accountability compared with the other members. For example, statutory members will be accountable for service delivery and management of resources (outside of the partnership). These areas should be made explicit, and the partnership will need to analyse the effect (i.e. constraints or advantages) that this will have on it.

Resolution of this tension can be reflected in the partnership's terms of reference, in order to offset any counterproductive effects it may have.

In the Lambeth development, £3m had been obtained from the London Implementation Group. Since the Partnership (as it then existed) had no legal or organisational status, the regional health authority decided that the local health trust and commission would be given primary responsibility for overseeing the funding.

This meant that, in effect, the members of the partnership who represented the trust and commission were the 'purse-string holders.' Their responsibilities were different from other members, and this was notably acknowledged. The terms of reference were revised to include:

- ◆ acknowledgement of the different roles of these members;
- ◆ financial decision-making responsibilities for the partnership as a whole;
- ◆ recourse to a mediator in areas of possible serious conflict;
- ◆ the proviso that responsibility for the finances did not increase individuals' power or status within the group, nor did it allow for power of veto of decisions made within the group.

### **Developing a shared vision**

The members of the partnership are likely to have vastly different perspectives on the nature of the service. There may be a tendency to see the intended development in terms with which each member is familiar. These perspectives may be in conflict with each other, as well as in conflict with the notion of an alternative service.

Disparate views should be brought together into one coherent vision. Defining a shared vision requires a process of negotiation. In this, the partnership will need to recognise that there

are some very definite bottom-lines, i.e. issues that are 'given' and not subject to change, while also acknowledging that there may be other issues which are more negotiable. With the Sanctuary projects, for example, a commitment to working with an awareness of the impact of race and racism in mental health service delivery was a given.

Further clarifying and refining of the vision will need to occur throughout the development. Over time, certain aspects of the development may need to accommodate changes in legislation, local priorities and finance.

For the Lambeth project, developing a shared vision entailed having regular developmental planning exercises which enabled all the members of the partnership to express their views about the service and to come to a consensus. This process was aided by sessions being facilitated, by having clear agendas for the process and by a willingness of all members to be honest.

For Hackney, writing the business plan, proved of great value in helping the partnership to firm up the aims into a model of a working organisation. An unforeseen advantage of this process was the insight it gave to newer members of the partnership. It is often difficult to involve new members, when so much work has gone on before and there is a lot of history that needs to be shared. Writing the business plan allowed the entire partnership to reaffirm the basic principles behind the project as well as revise certain aspects.

## **The race dimension**

Race issues will have a significant impact on service development in three distinct ways, all of which the partners will need to have an understanding and awareness of:

- racism is embedded in psychiatry;
- race and mental health, separately, are controversial issues;
- the ability of the partnership to comfortably come to terms with the element of race.

Let's examine each in turn.

### **Racism**

Racism is embedded in psychiatry and in the way service provision systematically puts Black people at a disadvantage. (Littlewood, 1993; Fernando 1988, 1995)



The theories that inform current practice in assessing, diagnosing and treating Black people contain inherent negative stereotypes, beliefs and fears. These in turn play a significant part in the type of service Black people receive.

Acknowledgement of this is fundamental to the development of alternative services for Black people. It is important to remember that alternative services are necessary largely because of the institutional as well as individual racism that Black people face within the current mental health system.

Admittedly, there is little agreement within psychiatry or affiliated disciplines on the extent to which racism has caused problems within existing services. Some would argue that racism plays no role at all. In the light of overwhelming evidence of substantial inequalities in how Black people receive mental health services, however, planners of alternative services must accept that racism plays some role in creating these inequalities.

It is of equal importance to recognise the many forms racism takes within service provision – involving policy and practice, as well as individual attitude – and the effect this has on Black service users.

### **Race and mental health**

Race and mental health, separately, are controversial issues. Attempting to develop a service which combines the two, as well as offering an alternative, where no precedent exists, adds to the already complex and contentious nature of the service development.

Public perceptions concerning race and mental health contain several negative connotations. Popular media images of 'big, Black and dangerous' men, for example, have resulted in calls for something to be done. That 'something' has often led to increased institutionalisation of vulnerable Black people. The problem, however, is that existing services do not, in the main, help Black people. To continue to consign them to a service which does not meet their needs only serves to perpetuate the negative outcomes and confirm the negative images.

In developing alternative services, partnerships will face differing views in this regard. Internally, some partners will have a perspective which challenges these negative images, and which urges improvements and difference. Other partners, unconsciously or otherwise, may have accepted the stereotypes of 'mad' and 'bad' Black people, who need stronger measures of control.

Externally, the partnership may face strong opposition from both the public and the professionals, as a result of the stance it takes on race.

In the course of service development, the partnership will need to work to reconcile the different internal perspectives and find strategies to manage external obstacles. This is essential if the service is not to replicate existing inequalities.

### **The element of race**

In developing services for Black people, it is realistic to expect partnerships to be multiracial and multiagency. Representatives, regardless of the interests they represent, will be Black and white.

The track record for multiracial partnerships in developing services for Black people is not, in the main, a positive one.

Discussions on race and racism are still very difficult, particularly in the work setting. Fears on the part of white people that they may be perceived as racist, and resistance by Black people to being cast in the role of expert add to the tension. Both confrontational methods employed in race awareness training and punitive equal opportunities policies are viewed by many as adding to the difficulty of discussing race. It is essential, however, that partnerships are able to identify, discuss and work through the various ways in which existing local mental health services fail to meet the needs of Black people, in order to ensure that these are not replicated in the new service. This invariably entails discussing race and racism.

## Chapter 4

# Dilemmas and problems

During the course of the partnership, difficulties will arise which will present obstacles to its work. For the most part, these difficulties are an inherent part of working across divides of organisation, discipline, race and interest. The roots of the dilemma lie in the different perspectives which the different partners bring to the partnership. This, in turn, may bring about tensions – e.g. through individual lack of flexibility, openness and respect – which may pre-date the partnership.

If these difficulties go unresolved, achieving the aims of the service development can be put at risk. It is important for the partnership to be able to identify problem areas and to take steps to address them. This will be helped by having an understanding of some of the dilemmas faced by the various partners.

The following section highlights some of these dilemmas and outlines some of the problematic areas that were shared by the two Sanctuary developments, as well as the measures they took to resolve them.

## Dilemmas

### Black voluntary sector

The major concerns which face Black voluntary organisations in working with statutory bodies relate to size, power, resources and perspectives. They can be summarised as follows.

- *How can Black voluntary organisations work with statutory bodies without being taken over by them?*
- *How can Black voluntary organisations retain their Black perspective, uniqueness and the inherent advantages that they have in being closer to the Black community's needs?*

Resources, i.e. money, training opportunities, administrative structures and support, are all in short supply within the Black voluntary sector. There may be fears within it that establishing links with mainstream statutory organisations will bring pressure to conform to the wishes of

these organisations. This is particularly so if there are current or future funding implications, e.g. the Black voluntary sector partner is being considered as a potential provider of the service being developed.

Campaigning and advocacy work are important elements of the Black voluntary sector remit. Questions about whether this will need to be controlled or curtailed if a partnership is entered into with the statutory sector are major considerations for Black voluntary sector organisations. Organisations whose reputation was built upon their campaigning work will fear being seen by the communities they serve as having 'sold out'.

### **Statutory sector**

The biggest hurdle for statutory organisations entering into a partnership may be in acknowledging that they cannot do it alone and need help. In this instance, the help they need is from smaller, less powerful Black organisations and individuals.

Equally, entering into partnership with the Black voluntary sector involves a recognition that accepted methods of operation with which statutory agencies may feel most comfortable, may not be of much use and that the onus is to find different ways of working.

Local and health authorities may tend to form sub-partnerships within the wider partnership. It is fair to say, however, that health and social services agencies, often seen as similar, are actually very different organisations and have historical difficulties in working together. Nevertheless, each may also have an unspoken but strongly held sense of incomprehension and distrust of Black voluntary sector organisations.

### **Black service users, carers and independent members**

Partnerships, though they may be viewed as generally positive, are also approached with a degree of cynicism. Some may feel that it has all been done before – public meetings, interviews, consultation exercises in the Black community – with little or no feedback to the community nor any real change.

Black independent members may have fears of being used, yet again, and getting nothing in return, either for themselves as individuals or for the community at large.

There may also be fears about being overwhelmed by the developmental process itself. Black independent members, users and carers may have anxieties about the range of contributions they may be expected to make. Will their expertise be inappropriately marginalised or will they, equally inappropriately, be asked to contribute in areas with which they are unfamiliar?

Black independent members may fear being 'set up', i.e. to appear to be speaking for the entire Black community - a daunting proposition under any circumstances.

## **Common problems and solutions**

### **Power dynamics**

Power, in this context, is measured by status, resources, skills and knowledge. All of the partners bring these elements from their different origins; and these can be seen collectively as the strengths of the partnership. However, these elements will all be viewed differently by the different partners. How does a senior manager in a health trust, for example, understand and value the status, skills and resources of a local Black church leader?

How, indeed, can the partnership amalgamate its strengths and minimise the areas of weakness? Failure to do so will lead to a lack of trust and respect within the partnership which can be manifested in different ways. Sometimes these negative feelings may arise openly and honestly. However, more often than not they will be expressed in more covert, indirect ways, which effectively hinder the progress of development.

The Sanctuary developments provide some good examples of this:

- ◆ continual circular discussions that do not lead to decisions;
- ◆ decisions made, then 'vetoed' and changed by one or another of the partners;
- ◆ clandestine 'sub-group' meetings where the 'real' decisions are made;
- ◆ open or veiled accusations of lack of commitment to the aims of the project (usually levelled by Black members towards white members);
- ◆ inadequate attention paid to contributions of some of the members, particularly the independent members;

*Cont. overleaf*

- ◆ information not made available to all members;
- ◆ declining attendance at meetings.

The Sanctuary developments took various measures to counteract these negatives. They included:

- ◆ addressing issues directly;
- ◆ holding meetings which were less business-oriented and more about how the partnership was working together;
- ◆ asking members to share their individual vision of the project, including their personal and professional agendas about achieving it;
- ◆ making it safe for everyone to be open and honest. Listening to and not attacking individual contributions;
- ◆ holding sub-group meetings when the need arises in order to help members become more familiar with certain aspects of the planning process and thus make their contributions more effective. These meetings are not clandestine, but held with the knowledge of the full partnership;
- ◆ deciding that the chair of the partnerships would not be a representative of a statutory body.

### Impact of the outside world

During the development period of the Sanctuary projects, there have been and will continue to be changes within the world outside of the partnerships. These changes have tended to have a hindering effect on the progress of the service developments, and are linked to:

- *local and national political priorities:*
  - the funding and building of a medium-secure psychiatric unit in Hackney
  - the shift in emphasis of 'Community Care', from care to control, as a result of mounting public concern;
- *organisational change:*
  - internal restructuring and boundary changes for the local health commission;

- *change in funding outlets and opportunities:*
  - severe overspend of local community care budgets (health and social services)
  - termination of the London Implementation Group (source of funding for the Lambeth Sanctuary).

In addition, working in partnership with different organisations creates a situation in which the partnership may have to work within the remit of one or more of the statutory organisations. This will have an impact on the development of the service as well as on the inner workings of the partnership.

At one time in the Lambeth development, three posts were vacant – the development worker, administrative assistant, and planning officer. Though responsible to the partnership, they would officially be employed by the local health trust. In recruiting for the posts, therefore, the trust's recruitment and selection procedures had to be followed. This seriously jeopardised the likelihood of obtaining the type of person with the skills and abilities felt to be essential for the job. For example, trust's procedures did not allow for advertising the posts in the Black press or for obtaining exemption, under the Race Relations Act 1976, section 5 2(d), to advertise the development worker's post for Black workers only.

In attempting to minimise the potential detriment to the development caused by external changes or demands, the partnership may need to:

- renew, strengthen and develop allies and support for the development; and/or
- with respect to the example cited here, challenge the demands of 'outside' organisations, and clearly assert the aims of the partnership. The latter will invariably entail negotiation and finding workable solutions.

In the Lambeth development, the partnership challenged some of the trust's procedural demands and negotiated changes to the job description, timescale, advertising of the post and make-up of the selection panels with regard to the development worker and administrative assistant posts.

## Independence vs. interdependence

In developing mental health services for Black communities, particularly in view of criticisms of existing mainstream services, the term 'independence', means not adhering to practices, structures, attitudes and policies which hinder meeting the needs of Black service users.

Conversely, for many Black organisations, being independent has led to being cut off from existing services, or marginalised as non-essential and low priority. In funding terms, this has put their survival at risk.

The issue is how to retain independence which is essential for effective service operation, while at the same time create a positive interdependence with existing services which will prevent marginalisation, while offering wider choice for Black service users.

An initial decision taken about the Sanctuary projects was that, upon completion, they would be managed by the independent sector. This was seen as important in maintaining the aim of being an alternative service. It was also acknowledged, however, that it was important to be linked with existing services in a way that would be beneficial to both.

This has led to both the Lambeth and Hackney partnerships engaging in consultation with local providers, psychiatrists, community mental health teams, day centres, voluntary sector mental health organisations, etc., in order to develop a working protocol.

Difficulties will arise. For example, existing services may feel threatened or criticised by the aims of the proposed service. With regard to services for Black people in particular, there is still debate about whether there is a need for separate services. Meetings to discuss protocol between the existing services and the developing service may, as a result, become inquisitions and demands to justify the new service.

Finding and maintaining allies is as important as being able to win over opponents. The strongest allies can be found in the voices of Black users. Equally, professional allies are important and finding constructive ways of interesting and involving them should be sought.

In writing its business plan, the Hackney partnership sent out a draft to a large number of local mental health professionals, asking for their comments and suggestions. This succeeded in raising awareness about the project and allowed discussions to begin again.



One difficulty will be in discerning how much input to accept or reject. An answer lies in being aware of what is in keeping with the initial aims. The final decision rests with the partnership, but there may be differing opinions among the members, which will have to be resolved.

Psychiatrists and the local police felt that the Lambeth Sanctuary should be used as a place of safety. This would mean that the police could take people to the Sanctuary for assessment under section 136 of the Mental Health Act 1983. The partnership challenged this view on the grounds that a large and visible police presence would deter the Black community from feeling positive about the service. Therefore a decision was made that the Sanctuary would not be made a place of safety under the meaning of the Act.

### **Sustaining service user involvement**

Care in the community is leading to change in the way community mental health services are developed. There is now an expectation that Black service users will be involved in the development of services for Black people at all stages - from planning to delivery and evaluation. This expectation has not, however, automatically led to clarity about both how to ensure service user involvement and how to maximise the usefulness of their input. Lack of clarity and consensus have led to difficulties in engaging and sustaining Black users' involvement in many partnerships, including the Sanctuary projects.

Some of the difficulties lie in reaching Black service users.

In Lambeth and Hackney, gaining access to the direct views of Black users proved to be an ongoing difficulty, as there was a lack of mental health networks led by Black service users in these areas. This meant that, for the most part, the views of Black users were voiced by mainly-white user organisations, mental health professionals or Black carers.

Some problems are due to a lack of clarity about the level of involvement expected of Black users. Equally unclear is the level or type of involvement that Black users wish to have. This involvement could range from formal membership on joint-planning committees to informal consultation as and when relevant issues arise.

Equally, the process and structures involved in developing a mental health service can be alienating and disempowering to Black users and carers.

In the Sanctuary developments, Black users and carers were faced with:

- ◆ long meetings;
- ◆ professional jargon;
- ◆ unfamiliar procedures;
- ◆ reliance on technical, written reports, agendas, etc.;
- ◆ formal and informal networking in and outside of meetings;
- ◆ daunting developmental timescales.

Attempts to change the situation involved creative action, largely initiated by the Sanctuary development workers.

In Lambeth, the development worker organised a user information afternoon, inviting existing Black service user groups as well as individuals to hear more about the Sanctuary project. The format was informal. Users were free to ask questions and make comments and suggestions at any time. They were then invited to join the partnership, to make contributions directly to the development worker, or to become involved in any other way which they felt appropriate.

In Hackney, the venues of early development meetings were rotated so that they were held in community locales frequented by Black service users. These were largely day centres and residential homes run by social services and the voluntary sector. The format of the meetings was such that an information and consultation session for Black users preceded the actual development meeting. This was held in an open forum so that Black users were free to stay and participate or leave if they chose to. This process proved invaluable in both raising the profile of the project and shaping it, by incorporating Black users' views.

Very positive outcomes resulted from these approaches. In Lambeth the user consultation day led to the partnership revising its plan for the respite unit - originally intended for carers - to be used instead for family respite. In Hackney, users' views led the partnership to rethink its policy on the use of medication vs. complementary therapies. (In this instance, Black service users, though generally in favour of complementary therapies, did not want to be made to give up their medication. What they wanted was to be able to negotiate with professionals and be given more information about side-effects and options.)

## Sustaining momentum and energy

It takes a long time to plan and implement a new service.

It is envisaged that the completed project in Lambeth will have taken five years from initial conception to becoming operational.

In that time the partnership will go through several high points:

- obtaining funding;
- finding and purchasing a building;
- hiring architects;
- selecting an independent management committee;
- conferences;
- consultation with users, and professionals;
- finalising the business plan;

and low points:

- being refused funding;
- inability to make decisions;
- key local professionals failing to support the aims of the project and being openly critical;
- conflicts within the partnership;
- losing key partnership members.

It is not only the length of time that is wearing for the members, but their expectations of the time and the process needed to develop a service. Managers within health and social services and the Black voluntary sector may be aware of the realities of this timescale and the difficulties in raising funds or finding premises. Black community members, however, may not appreciate why it takes so long.

In order to see the development through to the end, it will be essential for the partnership to sustain early enthusiasm and energy.

A review of the development in Hackney was written at a time when the partnership was at a low ebb and losing its focus. It was meant to enable the group to review its past accomplishments and to outline current issues in terms of strategic planning. Part of the process was finding out how each partnership member felt about the way the development had proceeded up to that point. This coincided with preparation of the business plan. The exercise resulted in sharpening the partnership's thinking about the intended service and helped to revive consultation with local professional and user groups.

## Chapter 5

# Tools for working in partnership

This chapter is specifically designed for groups already set up, who are attempting to work in partnership in the development and/or provision of services for Black communities. It is intended as a tool through which they may assess how they function as a partnership and which may help them ascertain areas of difficulty.

## Elements of a partnership

Every partnership is made up of several *individuals*, who make up the internal reality of the group. There is also an *external* reality which relates to the impact the outside world has upon the partnership. The partnership will need *structures* which organise the way in which the work is undertaken, as well as a *process* which provides the rules which govern how individuals will work in the partnership undertaken. Alongside these two elements are the *task* to be done and the *nature of the work* to be carried out. Further examples of each of these elements are given below.

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### INDIVIDUALS

A range of people with the appropriate skills, knowledge, experience, personal qualities to further the task (in this case the development of a Black mental health service);

#### *Skills:*

Planning, organising, finance, mediation, facilitation, verbal and written communication skills.

#### *Knowledge:*

About race, racism (both individual and institutional), race and mental health, mental health services, management, local community, user views, carer views, statutory agencies, voluntary sector agencies.

#### *Experience:*

Contacts with influential people, knowledge of treatments, philosophy, ideas.

Cont. overleaf

*Personal qualities:*

Decisive, flexible, assertive, patient, open-minded, clear-thinking, able to work with difference, positive attitude and commitment.

*Balance:*

Of organisations, users and carers, community representation.

## STRUCTURE

A clear format for meetings; which may include the following:

- ◆ Defining the roles of chair, secretary, etc.
- ◆ Clear agenda, minute-taking
- ◆ Resources to ensure information is circulated in time for the next meeting. If there another system in use, what is it?
- ◆ Frequency, and duration of meetings which are sufficient to meet the needs of the partnership and task
- ◆ Times and venues which make meetings accessible to all partners
- ◆ Procedures which allow for sufficient participation and debate by all partners
- ◆ Ways of communicating that do not disempower.

## PROCESS

- ◆ Shared vision of the task and outcomes
- ◆ Opportunities to share concerns, personal and professional agendas and expectations
- ◆ Exploration of issues of power within a positive framework
- ◆ Clear roles and responsibilities for the different partners and accountability where appropriate
- ◆ Clear terms of reference: How will decisions be made? Is there veto power? Are there sub-groups? If so, what is their relationship to the partnership?
- ◆ Regular opportunities to revisit and revise aims, in the event of changes
- ◆ Time to consolidate achievements and plan for the future

*Cont. overleaf*

*TASK*

- ◆ Clear aims and objectives
- ◆ A developmental plan within a timescale
- ◆ Clarity about roles: Who will perform the task? What resources, support will be needed?
- ◆ Methods of monitoring and evaluating the developmental task(s); whether they are being performed and performed effectively
- ◆ Interim reviews of achievements and changes to developmental plan if necessary

*NATURE OF THE TASK*

- ◆ The extent to which the task involves controversy
- ◆ The extent to which the task is new and untried
- ◆ The extent to which the task and the process of development are seen to be in opposition to local or professional conventions

*EXTERNAL*

- ◆ Evidence of commitment to the development of the service by, for example, local politicians, social services, health trusts/commissions
- ◆ Other sections of the 'partner' organisations are able to work within the remit of the partnership and do not attempt to undermine it
- ◆ Strong and effective local Black voluntary sector agencies
- ◆ Cohesive Black community
- ◆ Potential for positive working relationships between Black voluntary sector and statutory agencies
- ◆ Statutory agencies with good track record on Black service developments or other race issues
- ◆ Opportunities for securing funding

These are some of the essentials necessary for constructive partnerships. However, many of these elements, for one reason or another, will not be present. In this instance, a decision will have to be made about the viability of the service development if certain elements are not in place.

This is an on-going issue with the Hackney Sanctuary project. Hackney has the highest incidence of use of psychiatric service in the country, and has 2.5 times the national average of people diagnosed as schizophrenic. Psychiatric in-patients figures show that 40 per cent are Black African, Caribbean and UK Black, although these groups represents only 22 per cent of the local population. Of all people being referred to the police under section 136 of the Mental Health Act 1983, 48 per cent were African-Caribbean. Anecdotal evidence points to non-existent community support services for Black people in mental distress; many Black people feel that the only way to get help is to get picked up by the police and taken to hospital. Hackney is obviously an area in need of a Sanctuary project.

However, it is also an area which has seen massive internal restructuring of the local health trust and health commission, both key players in the development of the Sanctuary. Additionally, a new multimillion pound medium-secure psychiatric unit has been built in Hackney. It is also an area with a dwindling Black voluntary sector, particularly with regard to Black mental health agencies. Finally, both health and social services agencies are struggling with diminishing resources and growing community need.

Despite the heart-felt commitment of the partnership and the ever-present need, a valid question to ask in Hackney is: 'Can an area like Hackney sufficiently support the Sanctuary project at this time?'

## **Identifying problem areas**

During the life of the partnership, varying problems will arise, and it will be necessary to identify their underlying cause in order to attempt to resolve them.

First, it is important to look at what can go wrong. Following are some problems which have been identified within partnerships; it is by no means meant to be an exhaustive list:

- lack of real commitment
- sabotaging/delaying efforts within the partnership



- members getting fed up/lack of enthusiasm
- lack of trust
- dishonesty at meetings
- gossip outside meetings
- wrong people (without the right skills, abilities, knowledge, interests)
- wrong district (external resources, etc. not supportive of such a project)
- wrong mix of people (personality clashes)
- lack of clarity about the service
- no shared vision
- one partner or their agency tends to dominate
- inability to share power and responsibilities
- members already overstretched
- undermining of decisions made
- long, unstructured meetings
- decisions made at meetings get unmade outside meetings
- group running out of steam, feelings of not getting anywhere
- poor attendance at meetings
- tasks agreed at meetings not undertaken
- lack of direction in the development plan
- unclear roles of individuals
- difficult 'atmosphere' at meetings
- fear of open conflict, so contentious areas are avoided
- difficulty in discussing race issues

What are the roots of these problems? It may help to refer back to the six elements of a good partnership:

- Individual
- Structure
- Process
- External
- Task
- Nature of the task

and to understand the problem with reference to one or more of these elements. This is not expected to produce an absolute 'fit,' but rather to be used as a tool in trying to understand the root causes of the difficulties the group is facing.

As will become clear later, this will also help in deciding appropriate action in resolving the problem.

*Example 1: 'Poor attendance at meetings'*

**The root cause: (Why is this happening?)**

- *Individual* – the individuals involved lack sufficient knowledge or experience in the complexities of developing a mental health service for Black people and find it all very daunting, hence they stop attending.

or

- *Structure* – because the agenda is long, it is not possible for everyone to take part in debate and decision-making. Some people feel they are making no contribution, get fed up and stop attending.

or

- *Process* – the group has not clarified how decisions will be made and they are, therefore, not being made. Individuals are, then, unclear about where discussions are going, and feel the whole process is pointless, so they stop attending.

or

- *External* – representatives from the different agencies involved are being pressured by their line managers to attend to their other work responsibilities, and are not able to attend partnership meetings.

or

- *Task* – the partnership has not decided upon a way of evaluating the performance of developmental tasks. Thus, even though tasks are allocated, there is no feedback to the group on outcomes and it feels as if that group is not getting anywhere. Hence, some individuals lose enthusiasm and stop attending.

*Example 2: 'Sabotaging/delaying efforts of the group'*

**The root cause: (Why is this happening?)**

- *Individual* – individual members have not grasped the true aims of the project, or are not committed to them and are therefore unable or unwilling to participate positively in the development. If these members are quite powerful, they can sabotage or delay progress.

or

- *Task* – the group has not clarified nor decided upon the development plan. It is unclear what is to be done, who is to do it and what timescale is being worked to.

or

- *Nature of the task* – local professionals see the project as a direct criticism of their work and are in opposition to it. If this is a powerful professional group, they can use their influence to place obstacles in the way of development.

or

- *Structure* – the meetings do not allow for nor require relevant developments that have occurred between meetings to be systematically fed back to the partnership.

## Taking steps to resolve the problem

Once it is clear what is going wrong and why it is going wrong, appropriate action can be taken. If the structure of the meeting is the root cause, then this is the area that needs to change. If it is a combination of two or more elements, e.g. structural, process and individual, the appropriate action will be more complex. In this case, priorities need to be set, e.g. 'What is the most important issue here?' Or, 'Which issue can this group have the biggest impact upon?' It may be that the partnership needs to revisit membership and attempt to get people with the kind of skills, knowledge, etc. that are needed to further the development of this project.

## One last word

Analysing the partnership's functioning in this way calls for an ability to be honest about its weaknesses as well as its strengths. This is not about assigning individual fault or blame, but rather about being clear as to what is required of a partnership to achieve its established objectives and taking steps to achieve them. For this reason, responsibility for success should not fall upon one member, but needs to be shared by the entire partnership. In this regard, it would be helpful if the partnership could occasionally take 'time out', spending a day or at least part of a day looking at the way in which it is working.

# Conclusion

The Sanctuary projects are being developed as an alternative to mainstream mental health services for Black people.

Working in partnership, by involving various stakeholders in developing such services is essential to ensure that the alternative services are effective in meeting Black people's needs.

Partnerships can be fraught with difficulties, as the experience of the Sanctuary developments clearly shows. It is important, however, that the opportunities brought by collaboration, power-sharing, learning and understanding different perspectives are not lost.

It is also important that partnerships are able to face difficult areas which may jeopardise achieving intended outcomes, and take appropriate steps to resolve them. To help existing partnerships with this task, this publication includes a tool which will help groups assess their current functioning, identify problems and find ways of addressing them.

Admittedly, it is too soon to tell whether the Sanctuary partnerships have been effective in meeting their aims. Thorough monitoring and evaluation of the service once it is operational will be of the utmost importance in passing on key lessons of working in partnership and developing alternatives in Black mental health.

In the meantime, refining the process will enable groups to move forward and give much-needed attention to achieving outcomes that improve the quality of life for Black mental health service users and their carers.

*'It is time now ... to remind ourselves that processes and systems are not an end in themselves, but only a means to achieving our objective.'* (Department of Health, 1995)

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Much has been written about the discrimination and disadvantage experienced by Black people in the mental health service system. *Creating Solutions* takes the debate forward by looking at positive alternatives to hospital admission and creative ways of developing better services.

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