

EMBRACE

Issued Quarterly

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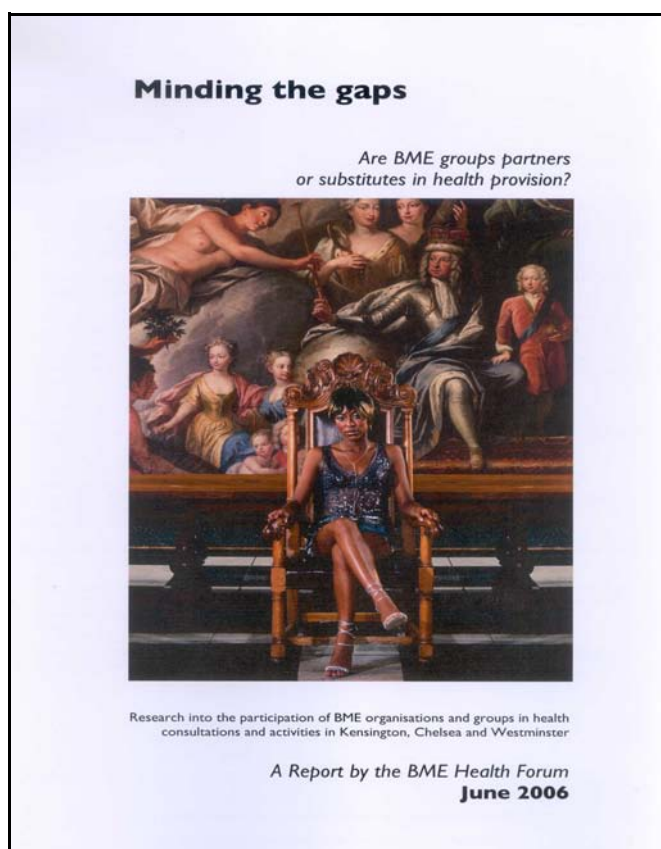
Elizabeth Allimadi,
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Westminster City Council



Read Lynda Hamlyn's letter to Mr. Surinder Sharma, Director of Equality and Human Rights at the Department of Health in response to our Research Project report "Minding the gaps"—p2

See page 4 for more details about the launch event.

For a copy of the report, please contact the BME Health Forum—contact details on p3

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Below is the letter Lynda Hamlyn, Chief Executive of WPCT, has written to the Department of Health (DH) in response to section eight of the BME Health Forum Report "Minding the gaps". The DH has not yet responded to the letter but if and when a response has been made, we will keep you posted.

Westminster 
Primary Care Trust

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21 June 2006

Mr Surinder Sharma
Director of Equality and Human Rights
Department of Health
Skipton House
80 London Road
London, SE1 6LH

Dear Mr Sharma

Health Policy in Relation to People in Breach of UK Immigration Regulations

Westminster Primary Care Trust is a member of the Race for Health Programme and as such, tries to play a leading role in helping to develop health policy. We also work with local organisations to provide health services appropriate to the needs of our diverse communities.

I enclose a copy of *Minding the Gaps: Research into the participation of BME organisations and groups in health consultations and activities in Kensington, Chelsea and Westminster*, a report by the BME Health Forum, which is supported by Westminster Primary Care Trust.

The report draws attention (section 8), to the particular problems faced by unregulated migrants. Many of the 200 organisations consulted made reference to the serious distress faced by failed asylum seekers, over-stayers and others who are no longer able to access primary care services once their immigration status is compromised. They are then dependent on using A&E departments for their urgent and immediate needs (as assessed by a medical professional) together with limited access to continuing support for specified communicable diseases and compulsory mental health treatment.

Those organisations interviewed produced many examples of people whose immigration status had been denied. One was of an individual becoming destitute, living on the streets but whose application was later successful because of additional evidence they were able to produce. During that time, they became ill with a fatal medical condition. Others in similar situations experienced severe mental health problems, both of which if treated earlier, could have been prevented. As it was these conditions were only treated when they reached crisis point necessitating hospital admission. At a time when all PCTs are working to reduce inappropriate admissions to their local hospitals, the policy of preventing failed asylum seekers securing basic primary care appears both counter-strategic and counter-intuitive.

Although we are aware that attempts have been made to clarify the situation, we also understand from local GPs that the regulations uniquely give them the "choice" as to whether they offer such treatment. If this is the case, then this level of ambiguity is unhelpful and further clarification would be appreciated.

I realise that these applications relate directly to Home Office policy on immigration but nevertheless, in view of the implications and impact at both a human and organisational level, my PCT would very much appreciate the Equality and Human Rights Group reviewing the guidance in the light of our experience of the impact of these policies on the ground.

I look forward to hearing from you and hope that your response will clarify important issues which will also be of benefit to others within the NHS.

Yours sincerely

Lynda Hamlyn
Chief Executive

Contacting the BME Health Forum:	Contents
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<p style="text-align: center;">BME Health Forum Quarterly Meetings 2006</p> <ol style="list-style-type: none"> Tuesday, 19th September 12.30 - 03.30 pm Venue: St Mark's Church, 245 Old Marylebone Rd London NW1 5QT Tuesday, 5th December 12.30 - 03.30 pm Venue: to be determined <p>Details and agendas for meetings will be sent out in time for each meeting. In the meantime, if you have any questions or if you would like more information about these meetings, please contact Amjad.</p>	<p>Embrace is the official newsletter of the Kensington & Chelsea and Westminster BME (Black & Minority Ethnic) Health Forum. It aims to reflect the health views and concerns of the BME communities in both boroughs.</p> <p>Embrace is a quarterly newsletter and published in the following months: March, June, September and December. The deadline for any issue is always the 20th of the previous month (for example the deadline for the March issue is 20th February, and so on). If you would like to contribute to Embrace, please contact Amjad Taha on 020 7150 8128.</p> <p>The newsletter is currently circulated to over 430 groups, organisations and individuals from the statutory, voluntary and community sectors in Kensington & Chelsea and Westminster.</p> <p>For more information about Embrace and/or the BME Health Forum, please contact the Forum Manager, Amjad Taha, on Tel: 020 7150 8128 Fax: 020 7150 8105 bmehealthforum@westminster-pct.nhs.uk</p> <p>Editing and layout: Amjad Taha Proofreader: Nafsika Thalassis</p>
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The BME Health Forum is funded by Kensington & Chelsea and Westminster Primary Care Trusts



Notes from the launch of Minding the gaps: Are BME groups partners or substitutes in health provision?

On 20th June 06, the BME Health Forum launched the final report from its research project. The pro-



ject, "Research into the participation of BME groups and organisations in health consultations and activities in Kensington & Chelsea and Westminster" was launched in March 2005 and involved interviewing 200 groups (mainly BME groups) and organisations in Kensington & Chelsea and Westminster.

The purpose of the project was to widen the participation of BME communities, in KCW, in public consultations and activities aimed at improving health; and to obtain, from those groups contacted, their perceptions of what are the health issues facing their communities and the barriers individuals face in accessing health service.

Below is a brief description of the launch event.

Councillor Barrie Taylor from the Queen's Park Ward thanked the volunteers and spoke about how well he thought the Forum worked. He said that the re-



Barrie Taylor

port provides a rational argument to back up requests for change in the NHS. He added that the NHS was going through severe changes with the commissioning of Foundation Trusts and that one of the difficulties was that NHS trusts were accountable nationally rather than locally. However the Forum has important allies such as the local review health committees and the PPI fora, which provide a democratic voice.

Amjad Taha from the BME Health Forum spoke about the BME Health Forum's research project in which 200 groups and organisations in KCW were interviewed by volunteers about the value of consultations, the health activities in which they participate and about the health issues that concern their communities. Some of the findings and recommendations from the report were:

2) Nearly 90% of organisations provide health activities showing that health is at the top of the agenda for BME communities. However, supplementary schools are less likely to do so than other types of organisations. The NHS must work with BME organisations as partners and service providers. Supplementary schools must be targeted in their campaigns and included in the Healthy Schools programmes.

3) The biggest health concern for BME communities is access to health services including interpreting, interaction with health professionals and registering with



Amjad Taha

GPs. This highlighted that "access" is not simply about patients entering the system but

about making full use of services. The NHS needs to adopt a holistic approach in tackling this issue. Ethnicity data collection is essential to understand health inequalities further. Furthermore it is important that health activities in the communities match the concerns of BME groups rather than the priorities of the PCTs.

4) Many organisations provide a wide range of health related services to unregulated migrants (include failed asylum seekers, overstayers, and others who are in breach of UK immigration regulations). These organisations

results.

talked of the very serious distress that unregulated migrants suffer which is related to immigration problems and the associated lack of access to NHS services. Currently, the government accepts that unregulated migrants are entitled to emergency health care on a humanitarian basis but has limited their access to primary care. This undermines other efforts to make NHS services seamless and promote community based services. This situation cannot be allowed to continue and the Department of Health need to ensure that this group has full access to NHS services.



Elizabeth Allemadi

Elizabeth Allimadi, Executive Director of African People's Link spoke about implementation. She said that the voluntary sector was able to achieve great results with scarce resources because they made full use of the pool of skills within their communities. It was important that the NHS worked in partnership with community groups as they had a lot to offer – knowledge and trust of their communities, language skills and the ability to identify unmet need. Of course they lacked physical infrastructure and their skills needed to be built up by the PCT by training and resources. It was important that there was feedback from the PCTs because the community suffers a lot from consultation fatigue. The PTs need to show how the community will be involved and how the needs will be met.

Margarita Henao, Volunteer for the BME Health Forum spoke about her experience of volunteering. She said that she had received excellent training and sup-

port from the Forum. She spoke about the different techniques she used to encourage groups to participate in the research and to give her information about other groups that she could interview. She added that often groups felt that they provided information but received no feedback and that the lack of interpreting facilities seemed to be the most pressing concern for BME communities.

Roz Pendlebury, Chair of the BME Health Forum announced that Hazel Sawyers from KC PCT had not attended and that K&C PCT had not provided any feedback about the report. Roz said that the Forum was disappointed by the lack of involvement from K&C PCT.

Lynda Hamlyn, Chief Executive of Westminster PCT made an initial response to the report which welcomed the findings and recommendations. Furthermore, Lynda mentioned that the feedback from the report about consultations was similar to the feedback from the Race for Health programme and showed that there was a genuine problem with consultations that needed to be addressed. Lynda said that the report would be discussed at the PCT's Equality & Diversity Monitoring Committee and a full response to the findings and recommendations would follow in the future but she also made two initial commitments:

1) That Supplementary Schools would be involved in the PCT's

programmes for schools.

2) That Lynda would write to the Department of Health to raise the issue of the unregulated migrants and to suggest that unregulated migrants be given full access to primary care services.

Question & Answer Session

Councillor Marianne Alapini congratulated the Forum on its report and asked how the PCTs would manage community expectations about improvements in access to services, particularly interpreting when they were expected to come up with cost savings of 10 million pounds.

Lynda replied that Westminster PCT was doing quite well financially and that for the 4th consecutive year there had been a small surplus on its budget. The PCT did have to find the money for a 10 million pound loan to



Lynda Hamlyn

other NHS trusts but there would be no reduction of services. The PCT maintained the same commitment to the Forum and to the communities. There had recently been an increase in services in Harrow Road where previously a number of GPs had closed lists.

Malcolm Alexander from the Migrants Resource Centre asked whether it would be possible to open an Open Access centre similar to that which exists in Hackney which would receive people without requesting identity documents. Malcolm also said that as far as he knew, under current rules, GPs were free to choose to treat unregulated migrants if they wished.

Lynda replied the way she understood the regulations, unregu-

lated migrants were entitled to use only A&E departments and then only for their urgent and immediate needs (as assessed by a medical professional). A primary care centre was due to open in Victoria but it would be run by the private sector and was likely to fall under the same regulations. There were plans to have a primary care service attached to St Mary's which may be able to fulfil the role mentioned.

Dr Jonathan Fluxman from Medical Justice said that he thought it was an excellent idea to write to the Department of Health about the issue of primary care for unregulated migrants but that it was his impression that GPs did have the choice to treat unregulated migrants and could the position be clarified.

Lynda replied that in her letter to the Department of Health she would ask for clarification on this issue.

Nazek Ramadan from the Migrants Resource Centre spoke about the human cost of being denied primary care. Nazek men-

tioned the case of someone who became destitute when his application was denied and who was unable to obtain any medical care for a liver condition he contracted in the UK until the condition became so serious that he was at the point of collapse. Later, his application for asylum was accepted due to additional evidence and he now receives full medical care but his illness has now become terminal. Furthermore, Nazek said that the high rates of mental illness found in unregulated migrants were directly related to being refused asylum and medical care. People who had arrived in the UK traumatised but not mentally ill were now being deported while suffering from very serious mental illnesses.

Dr Jonathan Fluxman spoke of the work the organisation Medical Justice does in detention cen-

tres. Medical care in detention centres is run by the private sector and is completely inadequate. There is no accountability or clinical governance. Medical Justice is campaigning to bring responsibility for health care back to



Dr Jonathan Fluxman

Department of Health – a similar process to that which happened in prisons. Jonathan described the case of a woman detainee who even though she had experienced rape and suffered from hypertension and diabetes had not received any medical treatment and suffered from depression and peripheral neuropathy.

She had also attempted suicide several times. There had been 2 attempts to remove her forcibly and when she refused to go she had been threatened that the Army in her home country would be informed of her imminent arrival.

Race Equality Partnership Website Goes Live!

The Race Equality Partnership Kensington and Chelsea (REP KC) has a new interactive website, which will be going live from September 1, 2006. (www.repkc.org.uk)

REP KC is a user-led, independent organisation promoting race equality in all aspects of life and work in the Royal Borough. The organisation works in partnership with the voluntary and statutory sectors in order to monitor the policies and practices that affect the borough's black and minority ethnic (BME) residents and workforce. It seeks to empower its membership through engagement and counter the underlying causes of inequality.

This website aspires to be a platform through which the REP KC membership, the borough's residents and workforce can obtain up-to-date information on REP KC's activities, relevant local and national news, events and other resources relating to racial equality and community engagement.

The website also seeks to promote local BME arts through its 'artist in residence' project and, offer web space to BME organisations without their own websites. There is also an interactive forum to encourage its members to discuss issues of common concern. In addition, the new site will contain a database of local BME community organisations, which has been developed to foster community involvement in REP KC, and will be a useful resource for all voluntary and statutory organisations throughout the borough.

You can contact us at info@repkc.org.uk or 0208 960 0707.



a moveable feast

for a healthier community

A Moveable Feast Childcare project

A Moveable Feast (AMF) is south Westminster's Healthy Living Centre, working with local Arab and Bangladeshi families to improve their quality of life.

Long standing research has shown that many minority communities in south Westminster find it hard to access adequate childcare facilities, and that many childcare providers find it hard to source qualified childcare workers.

The AMF childcare project has two specific aims:

1) To encourage, support and mentor the Arabic speaking and Bangladeshi communities in SW1 to take up opportunities in childcare training, as a stepping stone to long term, local employment

2) To co-ordinate high quality childcare for the same communities who are participating in A Moveable Feast, south Westminster's Healthy Living Centre

Over the last year, a number of

English assessment and interviews have been held in community venues run by Westminster Adult Education Services (WAES), in partnership with A Moveable Feast. From these assessments 25 Arabic and Bangladeshi women have expressed interest in either gaining new qualifications or developing existing ones in the childcare profession.

Of the 25, approximately half were assessed to need further English tuition before they could move on to a childcare course. A twice weekly ESOL class was organised by A Moveable Feast in a community setting with a free crèche and a WAES employed tutor to brush up English skills to Entry Level 3.

The students who did not need additional English have been enrolled on to an accredited childcare course at the local adult education college, starting in January 2007. In addition to this, a partnership between A Moveable Feast and south Thames College has enabled the students to access an Entry Level 3 ESOL class with embedded childcare between September – December 2006. The course will be delivered in the community with a free crèche, over a period of 12 weeks and will provide a useful 'stepping stone' towards the accredited course for the new students.

Since November 2005, the new students have been supported by the project's childcare worker who is there to encourage them, smooth their progression and ensure any potential barriers to learning are identified early and solved, where possible. The childcare worker also co-ordinates the wider crèche network which runs alongside the A Moveable Feast activity programme. In 2005/06, 1666 children attended AMF crèches, enabling their carers to attend lunch groups, first aid training, swimming, cooking classes, massage and exercise sessions. A Moveable Feast also has a commitment to helping the students access appropriate work placements once they have started their accredited courses.

The AMF childcare project is a good example of partnership working, with expertise and funding coming from a range of local voluntary and statutory organisations including Pimlico Toy Library, Westminster Adult Education Service, Westminster City Council, the Pre-School Learning Alliance and Sure Start south Westminster. AMF is principally funded by the Big Lottery.

For more information, please contact Emma Wilson on 020 7222 0303 or e-mail emma.wilson@abbeycommunity.org or visit our web-site on www.ahmoveablefeast.org

Pilotlight



Pilotlight works with London-based charities to help develop their organisational capacity. We do this through a strategic planning process to which charities bring their vision and ambition for the future and business leaders bring their skills and experience.

A team of three or four business leaders work with each charity on areas such as marketing, communications, and strategy development. The only cost to the charity is the time they must commit to the planning process. The Pilotlight project manager manages the relationship to ensure that the process creates benefit to both parties.

If you would like more information about what we do or would like an application form, please contact Edwina Hughes at 0207 396 7414 or take a look at our website at www.pilotlight.org.uk

'Action for Advocacy' has developed a library of resources you might find useful for the development of your organisation.

You could see it also as addressing Frequently Asked Questions about functioning and maintaining an organisation. The online library is built around major issues that advocacy schemes have to deal with which apply to most organisations! For more information please visit:

<http://www.advocacy.prokmu.com/advocacy/organisationaldevelopmentresources.jsp>

Up and coming training:

13-14 September: **Training Advocates**. A two day course based in sunny Brighton that will take you through the stages of developing an induction training programme for advocates. £120 vol sector, £150 stat sector.

3 October: **Advocacy Dilemmas**, Central London.

This day provides an opportunity to explore some of the moral and practical dilemmas facing advocates on a daily basis, and share the experiences of others. It is not intended to supply the answers, but to provide a forum in which to debate and work towards solutions. Participants are expected to have attended the introduction to advocacy training or have been working as advocates for at least 18 months.

What you should gain from the day?

The day will enable participants to:

- recognise situations which may pose dilemmas
- explore a number of common dilemmas
- identify possible solutions
- think about ways to develop advocacy practice in order to alleviate the problems posed by such dilemmas

17 October: **Introduction to Advocacy**, Central London.

Introduction to Advocacy training caters for those people newly involved in the advocacy sector. In one day it will take you through definitions, models and types of advocacy, essential skills and a practical case study. £75 vol sector, £105 statutory sector.

To book a place or find out more please go to www.actionforadvocacy.org.uk and click on training. Or email info@actionforadvocacy.org.uk and request a booking form (please quote the title and date).

FIRE SAFETY

The Kensington & Chelsea Fire Safety Team are striving to ensure that all residents have their homes checked for **fire hazards including smoking materials, kitchen, portable heating, fireplace, candle & electrical safety** and have **free** smoke alarms with 10 year batteries installed where necessary.

This service under our 'Be Safe & Sound' campaign is offered **free** to all residents in London and could ensure that you receive that early vital warning signal and will help you be better prepared to escape in the unfortunate event of a fire breaking out in your home.

Did you know.....

- Every **three days** someone dies from a fire caused by a cigarette. Cigarettes can burn at temperatures of over 700C
- Nearly two-thirds of all domestic fires happen because of cooking. The kitchen is the single most dangerous place in your home

A fire in the home can be a devastating experience, for your own safety we advise that you take up our offer of this service. If you already have smoke alarms fitted you should still request the **free** Home Fire Safety Check. Call me- Lalani de Silva on **020 7587 4811** to arrange an appointment.

CHELSEA & WESTMINSTER HEALTH CARE NHS TRUST

The Chelsea & Westminster Healthcare NHS Trust employs 2,200 staff in a wide variety of healthcare professions and support roles, so whatever your interest, skills or qualifications – we have something to offer.

The Trust is positive about employment opportunities for people in all sectors of the local community and recognises the value and contribution of a diverse workforce. In addition to permanent opportunities, the Trust has an in-house staffbank for temporary work and a dedicated volunteers' programme for people who may have some spare time and wish to contribute to the effective running of the hospital.

Benefits include working in a modern hospital in West London, a robust pension scheme, a wide range of family friendly policies, career development opportunities, season ticket loan scheme, staff discount scheme, and occupational health services. The Trust also works in conjunction with Kensington and Chelsea College and Job Centre Plus and offers training opportunities such as National Vocational Qualification (NVQ).

For further information regarding our current vacancies, please visit our website at www.chelwest.nhs.uk. For further information regarding temporary work, please send an e-mail to staffbank@chelwest.nhs.uk. For further information regarding the volunteer programme, please send an e-mail to the Trust Volunteer's Manager, Cinzia Giammarchi at cinzia.giammarchi@chelwest.nhs.uk

We are committed to creating and maintaining a diverse workforce, which will both reflect our local population and further help us to understand the needs of our diverse, patient population.

Big Lottery success for Open Age

The user led charity Open Age, has received Big Lottery Reaching Communities funding to continue and extend its physical activity related activity for older people as part of a new programme called Active Age. The organisation currently provides outings and over 60 weekly activities across 24 different venues in addition to an employment programme - New Start 50 Plus. The new Active Age programme will enable the continuation and extension of Open Age ongoing exercise related activities such as yoga, chair exercise, line dancing, tai chi, walking and ballet as well as new sessions such as pilates and keep fit.

Open Age is also moving into another new phase as lead partner in a consortium with Sixty Plus and the Guinness Trust to develop New Horizons – a pioneering multi activity centre for older people in Chelsea, which will open in Summer 2007. In addition to activities (creative and performing arts, computers, physical activity and trips out to name a few) New Horizons will work in partnership to provide other services for older people such as complementary therapies, health screening, information, advocacy and outreach. There will also be a café providing healthy snacks and lunches.

For further information on Open Age please call 02089641900

The Risks of Smoking Shisha

The message is clear. Smoking cigarettes can kill. But is the danger reduced if you smoke through a water pipe?

Apparently not, according to a study in the July issue of *Respiratory* (2006), an international peer-reviewed journal. The journal found that the risks to people who smoke shisha appear to be as great, if not more pronounced, than from smoking cigarettes.

In the United Arab Emirates, the issue of shisha smoking has recently received widespread attention. Indeed, within a recent article in the *Khaleej Times* (4th June 2006), medical experts report 'most people misleadingly believe shisha does not contain tobacco and that when they smoke they inhale herbal products ... It is the added flavours that make them feel they are smoking herbs, while they are actually taking in tobacco. Tobacco contains nicotine which is highly addictive.' The article reports that smoking from a shisha pipe is far more dangerous than cigarette smoking because the amount of nicotine can not be measured due to packing differences. Indeed, experts add that one shisha smoke is equal to seven or 10 cigarettes depending on the packed ingredients.

Chronic respiratory problems including symptoms of bronchitis were reported at a younger age among shisha smokers than among ciga-

rette smokers. Further studies have shown that smoking shisha can pose additional health risks because shisha smoking sessions, which are often social events, last longer. It is reported that shisha smokers should be aware of the fact that when smoke goes through water, the humidity in smoke increases and it then tends to stay for a longer time in the lungs. Some germs, mainly bacteria that cause tuberculosis, also live in the shisha pipe.

A local survey conducted in the City of Westminster by the Arabian National Council for Alcohol and Narcotics (A.N.C.A.A.N) highlights that many local people have misperceptions in relation to smoking from a shisha pipe. 100 people who smoke shisha were surveyed in a popular area that offers shisha on the menu. More than 80% of the sample identified that Mouassel, the ingredient within shisha, contains tobacco and that it can harm health. However, only 28% of the population reasoned that this health risk would lead them to consider quitting smoking shisha, even though 64% are aware of local smoking cessation services and how to access them.

An area of increasing concern is the proportion of shisha smoking and therefore effects of secondhand smoke, that takes place within the home. According to World Health Organisation (WHO) 'using a waterpipe to

smoke tobacco poses a serious potential health hazard to smokers and others exposed to the smoke emitted ... secondhand smoke from waterpipes is a mixture of tobacco smoke, in addition to smoke from the fuel, and therefore poses a serious health risk for non-smokers'. Alarmingly, of those shisha smokers who responded to the A.N.C.A.A.N survey, some females smoke shisha while they are pregnant and even when they are postnatal. Within the new smoke-free premises and vehicles legislation (due to come into force in summer, 2007) all public places and workplaces (with some minor exemptions) must become smoke-free. The legislation will ban the use of shisha pipes within any enclosed space that serves as a workplace, including shisha cafes. Shisha smoking within the home exposes children and young people to the harms of secondhand smoke and this may become even more pronounced when the smoke-free workplace ban takes effect.

For further information on how to quit smoking tobacco, cigarettes or shisha pipes, please contact the Westminster Stop Smoking Service on 0800 328 8537 or log onto www.givingupsmoking.co.uk.

Elaine Heywood
Public Health Coordinator
Westminster Primary Care
Trust and Westminster City
Council.

Delivering Race Equality at Central and North West London Mental Health NHS Trust

CNWL continues to demonstrate commitment to Race Equality through a range of initiatives. Our work as a **Focused Implementation Site for Delivering Race Equality** was reported in on the last issue of Embrace, and there is an update in this issue.

Additionally, CNWL has produced a **Race Equality Scheme 2003/6 Report** and it's **Race Equality Scheme 2006/8**. The **Race Equality Scheme 2003/6 Report** provides a review of what has been achieved during the 2003/6 period, highlighting many examples of developments that have taken place during that period to address the race Equality agenda, and highlighting the areas of emphasis we wish to continue to work on.

CNWL's **Race Equality Scheme 2006/8** describes ways in which the Trust will build on its achievements, and includes an *Equalities and Diversity Action Plan* which we are working to in order to ensure that we meet quality standards not only in relating to Race Equality, but across all areas of Equalities and Diversity.

Both the 2003/6 Report and the 2006/8 Scheme can be accessed via the CNWL Web Site at: <http://www.cnwl.org/keypublicdocuments.html>.

Amongst the many initiatives that are being taken forward within CNWL are:

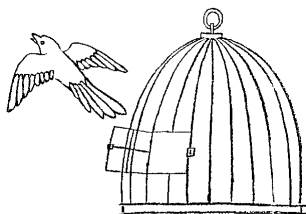
- on-going development of work with refugees and asylum seekers
- establishing a Trust-wide interpreting service following a tendering process
- initiatives to encourage further involvement of community groups through the Focussed Implementation Site Project and other local contacts and compact agreements
- producing a Race Relations (Amendment) Act 2000 poster to highlight the general duties, together with accompanying factsheet (a similar poster in relation to the Disability Discrimination Act 2005 has also been produced)
- mentoring of BME staff by senior management
- initiating a Trust-wide Equality and Diversity Training Needs Analysis
- on-going analysis of Ethnic Monitoring Reports and translating findings into service developments
- establishment of Race Equality Impact Assessment processes to address all Trust policies and areas of function, with all managers responsible for policy and service development being trained in undertaking Equality Impact Assessment
- mapping of all faith provision on in-patient sites with a view to establishing priorities and minimum levels of provision, such as provision of faith rooms, faith visiting, faith awareness raising
- centrally produced leaflets being translated into the top 9 languages and local leaflets into the top 5 languages

Richard Bryant-Jefferies
Equalities and Diversity Manager
CNWL Mental Health NHS Trust

Race Relations (Amendment) Act 2000

In compliance with the *Race Relations (Amendment) Act 2000*, CNWL and ALL of its employees have a general duty and a responsibility to pro-actively:

- eliminate unlawful racial discrimination
- promote equality of opportunity
- promote good relations between people of different racial groups



KALAYAAN

justice for migrant domestic workers

Migrant Domestic Workers stand to lose basic rights

Kalayaan is a UK registered charity which works with Migrant Domestic Workers from all over the world. Migrant Domestic Workers (MDWs) are people who have come to the UK with a named employer to work in the employer's private household. Information obtained from the Home Office under the Freedom of Information Act indicates that in 2005 17,137 domestic worker visas were issued.

The isolated and unregulated nature of work in a private household means that MDWs are especially vulnerable to abuse. Many arrive in the UK not knowing anything about their rights as workers in the UK. They are completely dependant on their employer not only for their employment but also their immigration status and their housing. Kalayaan has recorded shocking levels of abuse by employers among the workers we have registered. MDWs frequently have their passport withheld by their employer leaving many workers unsure of their own immigration status, and increasing the employer's control over the worker.

During the two sample months August 2004 and August 2005 114 new workers registered at Kalayaan. Of these:

- 75% of all MDWs who registered reported **psychological abuse**.
- 34% reported **physical abuse**.
- Over **57%** did not have their own room within the employer's household in which they lived and **reported sleeping in public spaces** such as the living room, the kitchen and the hallways **or sharing rooms with the children they looked after**, affording no privacy and ensuring they were always 'on call'.
- 40% reported having to sleep on the floor.
- 56% had their passports withheld by their employer

Currently MDWs do have rights as workers in the UK. Crucially they can leave an employer, find alternative work as a domestic worker in a private household and apply to renew their visa with a new employer. This right was granted to MDWs in 1998, in recognition of the unusual employment conditions within a private household and the high levels of abuse which occur. Alarming, despite there being no change in the treatment of MDWs in the UK, the rights which provide them with vital protection may be removed.

Proposed changes

The Home Office paper on the points-based migration system, presented to Parliament in March 2006 does not include MDWs. However, on Friday 10th March, the Immigration and Nationality Directorate (IND) presented their proposals to Kalayaan, which are to restrict domestic workers accompanying their employers to a maximum of 6 months, with no right to change employers and no route to settlement.

Kalayaan is very concerned by the proposals. We believe if they become law and MDWs are again tied to their employer it will be virtually impossible for them to challenge any maltreatment or abuse. Taking away the provision to renew their visa, or to change employers, as well as making employers responsible for seeing that MDWs leave the UK at the end of their stay, dramatically increases the power the employer has over the MDW. There will be increases in levels of abuse and more MDWs will be forced underground, where they will be further exploited by employers taking advantage of their irregular status. Despite the IND stating that MDWs will be recognised as workers under the new scheme, it will not be possible in practice to access UK employment law within the 6 months allowed and without the right to find alternative employment. As soon as MDWs leave an employer they will be homeless and destitute with no right to work to support themselves.

Kalayaan strongly opposes the proposed changes and requests that the government reviews its own evidence, which resulted in the changes in immigration in order to afford some protection to MDWs. As a minimum we demand that the existing provisions to protect the human rights of this marginalized and vulnerable category of workers are retained. For more information visit www.kalayaan.org.uk

From 'Minding the Gaps' to 'Bridging the Gaps'

Central and North West London Mental Health Trust's Focused Implementation Site Project welcomed the publication of the BME Health Forum's 'Minding the Gaps' report as an excellent example of community led-research identifying the needs of BME communities. The Focused Implementation Site Project was highlighted in the March 2006 issue of 'Embrace' as a 3-year initiative supported by the Department of Health to improve the effectiveness of mental health services in meeting the needs of BME communities.

David Truswell, FIS Project Manager is working with Amjad Taha of the BME Health Forum and Mary Gould, Lead OT from Westminster Mental Health Services to develop better working links with the Trust's local mental health services and those groups that participated in the 'Minding The Gaps' survey that have a particular interest in mental health issues. This work will be based on the areas of concern identified by BME communities in the 'Minding the Gaps' report. This initially involves going out to talk to as many of the individual groups who took part in the survey as possible about their own particular issues with regard to mental health services.

Although it will take some time to meet all the individual groups, from the 10 BME community groups directly visited by the FIS Project to date, an early focus has been identified, which is to improve the availability of information on CNWL services and general information on mental health to BME community group advice workers so they can signpost people to services more effectively and to develop mental health awareness training for community groups. These initial developments are aimed at finding practical responses from within existing resources to target information and advice more accurately in response to the issues highlighted in the 'Minding the Gaps' report.

Through the 'Embrace' newsletter, the FIS Project would like to invite any community group in Westminster or Kensington and Chelsea that would like to be on an e-mail address list to receive the CNWL information mail-out and updates on mental health issues or any community group that would like to talk directly to the FIS Project on how local mental health services might best respond to the needs of their community to e-mail the FIS Project Manager david.truswell@nhs.net

David Truswell
FIS Project Manager, Central and North West London Mental Health Trust

- **Enjoy being involved in your local community?**
- **Interested in community health development?**
- **Willing to learn methods to improve the health of your local community?**

The Community Partnerships and Health Improvement Team at Kensington and Chelsea Primary Care Trust are running a Community Health Development Theory and Practice course for K&C residents. It is a 10 week accredited course – London Open College Network, running once per week and starts Tuesday 3rd October 2006. It will be held in the north of the borough. There will be a charge of £10 per person.

Requirements: You must commit to all 10 sessions, live in Kensington and Chelsea, be over 18 years of age and have a good level of English (spoken and written). You will learn skills on assessing local community health needs, develop health promotion ideas and work through methods to set up a community health development project.

If you are interested in signing up for the course please contact Tricia Reid, Community Health Development Programme Manager Tel: 020 8962 4849 or email: Patricia.Reid@kc-pct.nhs.uk for an application form.

The Oremi Centre: An African Centred Model of Mental Health Day Care

The Oremi Centre is sited in the Ladbroke Grove area of North Kensington and was developed to provide mental health day services to African and Caribbean adults in Kensington and Chelsea and Westminster. Its mission is to deliver a mental health service that is based on an African and Caribbean Centred understanding of our mental health needs and treatment.

Healing the Community:

The Black press over the years has quite rightly focussed on the poor treatment Black people have had in mental health services. This includes the many deaths in hospital as a result of restraint or over medication.

One unfortunate product of this is we are as a community greatly afraid of seeking support and "care" for ourselves and for our loved ones when in a crisis.

Oremi works with local community groups and individuals to address these concerns and dispel myths about mental health issues. To achieve this Oremi delivers an annual programme of mental health education and awareness building, these courses are tailored specifically for the Black community.

In addition Oremi works with the service providers in the NHS, social services and the voluntary sector to help them address their understanding and awareness of Black communities presentation of illness and concerns about engaging with their services.

In doing this work Oremi is attempting to heal the difficulties in the relationship between local black communities and mental health services.

Treating the Family:

Oremi understands the importance of working with our people within their context of their belonging to community and family. All of our staff are happy to meet and work with family members to help them understand and support the needs of their loved ones. In addition some of the work may involve helping families to address some of their difficulties and ways of being with each other. Oremi provides a specific training course in understanding mental health and mental health services to African and Caribbean carers

Working with the individual:

The over reliance in the west on a medical or psycho-social approach to mental illness and the denial or ignorance of the spiritual dimension is particularly at odds with working with Black communities. At Oremi we recognise the individual's physical, psychological, social and spiritual needs. We understand mental illness arises and needs to be treated by an understanding of all of these areas of the person's experience.

When you come to Oremi we will take you through several stages of care with a view to helping you to fully re-engage with life.

1. A refuge from the storm:

When life is hard and you are in crisis we will in the first instance be a place where you can come and just be. We provide a warm relaxing environment where you can come and be quiet, listen to music, read or find someone to spend time with you.

2. Social Engagement:

At the Day Centre we run a Café four days a week. We provide a rich healthy variety of food specialising in food from Africa and the Caribbean. There are a number of social cultural and recreational activities going on each week. Members are encouraged to take part in any activity that is meaningful and stimulating to them.

3. A culturally skilled assessment:

When you are ready to talk Oremi offers a thorough individual assessment of your needs and with you develops a programme for your recovery. This includes both a programme for the recovery from the present troubles and a programme that will help to "immunise" you from future recurrence of illness.

4. Individual and group therapy:

All members have the opportunity for individual supportive Africentric counselling and the availability of a range of healing groups that help address particular aspects of identity awareness that may need growth in order to sustain health.

5. Back to life:

While we are happy to support you when you are ill, our main aim is to encourage you to return to life away from mental health services. Our plan with you is that you should return to education, or employment and develop the relationships and kinship networks that help to bring you happiness and health. It is our work to support you in doing this and moving on from our services.

Of course if life's pressures cause difficulties in the future that you may need support with we

will still be here to assist should you need us.

Outreach Support:

As you are becoming independent of services we may provide some on going support through visiting you at home or in the community in order to ensure that life is progressing well for you.

Many people may not feel that they want to attend a mental health centre. This we understand and so we are happy to bring all the individual support we offer to

you at home.

For brothers and sisters in hospital we visit each the hospitals each week to provide individual support and to help ensure that your needs and the families' wishes are understood.

The word Oremi is a Yoruba word which means "my friend" and was chosen as the centre name because friendship is the essential medium for the mental health support that we provide.

"Whatever we can do to facilitate learning on the one hand and loving on the other is important, because those are the most healing forces available to us."

Malcolm Phillips, Manager

Unsure whether we can help or if we provide the right service for you? Please give us a call and we will be happy to discuss it.

Tel: 020 8964 0033

Email:

malcolm.phillips@rbkc.gov.uk



Cocaine Anonymous

P O Box 46920, London E29 WF

Help lines: 0207 2841123 or

0800 612 0225

www.cauk.org.uk



As the public information committee of Cocaine Anonymous UK and as former users we understand the devastating effects of cocaine and other drug addiction on our families, our friends, the community and ourselves. Since Cocaine Anonymous is a rather young fellowship, we would like to introduce you to us so that you may better understand addicts and to help direct those who may need our help to our program of recovery.

The Public information committee of Cocaine Anonymous UK would like to invite you to their first open presentation. This event will take place in Central London on Thursday 28th September 2006 from 10am to 1pm.

The aim of this presentation is to:

- A. Raise awareness about the primary purpose of Cocaine Anonymous and the services we offer.
- B. Notify you of why, and where we hold meetings in the UK.
- C. Opportunities of CA meetings for addicts in hospitals and institutions.
- D. Answer any questions you may have about CA fellowship.

If you know of any other institution that may benefit from this CA presentation, please let us know.

Cocaine Anonymous is fully self-supporting therefore admission is free.

Please let us know if you can attend so we can endeavour to make the necessary arrangements.

If you are interested to attend, please contact the below details by 6th August 2006 stating your name, organization you represent, numbers wishing to attend and your contact details.

Email to pi@cauk.org.uk, Phone: 0207 284 1123

Post to: CAUK Public Information committee,
Cocaine Anonymous PO Box 46920, London E29 WF

CAUK Public Information Committee

British Arabs Resource Centre

Office Six, The Beethoven Centre
Tel: 0208 962 9432



174K Third Avenue, London W10 4JL
Fax: 0208 960 7518

E-mail : barclondon@yahoo.co.uk
Charity No: 1069079 Company No:43723398

Older Women Project

The British Arab Resource Centre (BARC) works to provide culturally appropriate services for Arabic speaking communities living in Westminster.

Are you over 50? Do you live in Westminster Borough?

Come and join us at
Penfold Court, 60 Penfold Street , London SW8 8PJ
(off Church Street)
Every Monday from 11 am until 3 pm

Our service provides:

- o Advice, information and advocacy
- o Overcome depression, isolation and social exclusion
- o Health promotion sessions
- o Luncheon club
- o Fitness exercise
- o Events
- o Outings and visits
- o Consultations on service provision for older people
- o Translation and interpreting
- o Form filling
- o Letter writing

This project is funded by Bridge House Trust and The Neighbourhood Renewal Fund

BARC is funded by:


City of Westminster

 Westminster Primary Care Trust

Royal Borough of Kensington and Chelsea, Comic Relief, Lloyds TSB Foundation,
Bridge House Trust, City Parochial, Sports Relief, Westminster Amalgamate Charity,
Paddington Churches The Neighbourhood Renewal Fund & others.

Funding Link 2006

Date: Thursday 9th November, 10am – 3.15pm

Venue: The Muslim Cultural Heritage Centre, 244 Acklam Road, London W10 5YG

The Royal Borough of Kensington & Chelsea, Community Relations Section, in collaboration with Kensington & Chelsea Social Council are holding their third annual FundingLink event on Thursday 9th November.

This **FREE** event is an opportunity for registered charities, voluntary and community organisations and social enterprises based in **Kensington & Chelsea** to meet with local and national funders. You can drop in over lunchtime and visit the funding information stalls, or attend one of the workshops run by the funders throughout the day. A light lunch will be provided.

The feedback from the last two events has been overwhelmingly positive and this year funders such as the Big Lottery, Comic Relief and The Football Foundation will be in attendance (to name only a few!). As with last year, funding streams from the Council will also be represented.

The funders are there to provide advice and guidance and are looking forward to meeting you – don't miss out!

For further information and booking forms contact:

Genny Akojenu at the Royal Borough of Kensington and Chelsea

Tel: 020 7598 4633

Email: genny.akojenu@rbkc.gov.uk



Caron Kelly (Comic Relief) speaking to a delegate at FundingLink 2005.
Photographer: Rehan Jamil

CANCELLATION OF KNOW4SURE @ OLYMPIA

We regret to inform you that due to circumstances beyond our control we will not be holding the rapid HIV testing clinic at Olympia. We apologise for the inconvenience this has caused.

Should you wish to have an HIV test, please contact one of the free, confidential clinics listed.

Know for Sure Rapid HIV resting
Lighthouse Ladbroke Grove
111-117 Lancaster Road
London W11 1QT
Monday evenings 5-8pm
**No appointment required but
limited capacity**
020 7792 1200

John Hunter Clinic
Chelsea & Westminster Hospital
369 Fulham Road
SW10 9NH
**By Appointment only – 0845
811 6699**

Victoria Clinic for Sexual Health
South Westminster Centre
82 Vincent Square
SW1P 2PF
**By Appointment only – 0845
811 6699**

West London Centre for Sexual
Health
Charing Cross Hospital
Fulham Palace Road SW6
**By Appointment only – 0845
811 6699**

Westminster 
Primary Care Trust

Expert Patients Programme (EPP)

If you live with a long-term illness, why not take control
by becoming an Expert Patient?

The Expert Patients Programme is a self management course giving people the confidence, skills and knowledge to better manage their condition and be in more control of their lives. Courses are free of charge and run over six weeks with each session two and a half hours long.

Long-term conditions include diabetes, cancer, heart disease, asthma, back pain or arthritis. Courses are run by tutors who have a long-term health condition themselves.

Topics covered in the course include:

- Reducing and managing stress
- How to make the most of health services
- Exercise and healthy eating
- Understanding medicines
- Recognising and controlling symptoms
- Communication skills

Get Involved

Attend an Expert Patients Course:

Next course starting Tuesday 12th September 10am – 12.30pm

At the Greenside Community Centre, Lisson Green Estate, NW8 8SR.

Train as a tutor: Can you share the skills you have to help other people manage their health conditions and improve their quality of life?

Please contact our Patient Advice and Liaison Service (PALS) for further information
Ph: 0800 587 8818

Talk Turkish provides Turkish language training 6:30-8:30 pm on Tuesdays at the Resource Centre, Paddington Development Trust, 59 Elgin Avenue, W9 2DB. Talk Turkish meets in the room which is on your left as you enter the building. Short courses in the community: 6 week modules; small groups of 4-6 to facilitate development of fluency and confidence, a resourceful vocabulary and a sound grasp of grammar and the fees are at the community rate. To book a place: email talk@talkturkish.co.uk or phone Clare on 020 7093 0863. We are also providing FREE English conversation and information & support sessions and a volunteering programme to make mainstream services accessible to Turkish speaking people. For more information email info@talkturkish.co.uk or leave a message on 020 7093 0863 for Sule.



The BME Health Forum Quarterly Meeting

Tuesday, 19th September 06, from 12.30 - 03.30 pm
(lunch from 12.30 pm)

The main theme of the meeting is:
“Disability and Access to Health & Social Care”

We will also be launching:

The BME Health Forum new project: Access to GPs
The BME Health Forum three-year Strategy & Action Plan

Venue

St Mark's Church, 245 Old Marylebone Rd, London NW1 5QT
(nearest underground station: Edgware Road, on the Circle and Hammersmith & City Lines)

All welcome

Well-Being for Life

A Health & Well-Being Fair for Older People in RBKC



Friday, 6th October 2006
12:00-4:00pm

Venue:
Kensington Town Hall
The Great & Small Halls
Hornton Street,
London, W8 7NX

For further details contact:

Health Wise
Sixty Plus
1 Thorpe Close,
London, W10 5XL

Tel: 020 8969 9105
Email: info@sixtyplus.org.uk
Registered charity no 1035607

All Shook Up

The Pyramid Theatre Company will be performing "All Shook Up", a play by Pete Lawson at the Venture Centre on Thursday 26th October at 2pm. It is a humorous and funny play about Frank, an Elvis impersonator and his diabetes. Following the play there will be opportunities to find out more about diabetes from local experts. This play has been performed in numerous venues around the country to a wide range of audiences, comments by audience members include: "Excellent, high quality professional & very humorous production." "The production exceeded expectations - I really enjoyed the show"

For further details on how to book a place, call Sixty Plus on: 020 8969 9105.

Money Matters

After the successful workshops in April about making your money go further, Sixty Plus is organizing a Money Matters workshop for older people on Monday 16th October from 2:30pm-4:00pm. Come along if you would like to find out how to save money on your gas and electricity bills, find out about concessions or where to go for advice on managing your money. Entry, food and refreshments are free. To book a place call Sixty Plus on 020 8969 9105.

“DON’T BE A PATSY ABOUT BREAST SCREENING!” SAYS JOANNA LUMLEY

“Don’t be like Patsy” was the message from renowned actress Joanna Lumley as she urged women from Westminster and Kensington and Chelsea to take part in the National Breast Screening Programme.

Ms Lumley opened the new Breast Screening Unit at St Mary’s Hospital on Wednesday 5 July with an entertaining speech about her character Patsy Stone whom she played in the TV Show “Absolutely Fabulous”.

Ms Lumley told an audience of local women and health leaders that Patsy had thrown out an invitation to attend breast screening – coincidentally at St Mary’s Hospital - during one episode of the hit comedy show.

She said: “We’ve got to stop people being like Patsy. Don’t throw away that letter; don’t say you are too busy! It’s vital women come along and do this thing.”

Also speaking at the launch was Nikki Cannon, Screening Commissioner for Westminster and Kensington and Chelsea PCTs, who explained the unit had been set up in response to the views of local women:

“The screening uptake in Westminster and Kensington and Chelsea is low – at 47 per cent, compared to the national target of 70 per cent. Until this year women were invited to attend breast screening at mobile caravans which were not available all year round. A consultation in 2004 found local women favoured a permanent unit and St Mary’s was identified as the best location. We can now offer a more flexible appointment system and a comfortable, safe environment for screening. We listened to local women and we hope this will encourage more women to attend screening and reduce the incidence of breast cancer.”

The Breast Screening Unit is funded by Westminster PCT with support from Kensington and Chelsea PCT. It is based at St Mary’s Hospital and forms part of the West of London Breast Screening Service (WoLBSS) which carries out the National Breast Screening Programme. The programme invites every woman in the country aged between 50 and 70 to attend breast screening every three years.

The West of London Breast Screening Service provides free breast screening every three years for all women aged between 50 and 70. Breast screening is a method of detecting breast cancer at an early stage. The breast-screening programme in England is recognised as one of the best in the world, and offers regular breast screening to over 1.5 million women in England every year. In 2005, the screening programme detected more than 11,000 cancers. Women aged between 50 and 70 are routinely invited and women over the age of 70 are asked to make their own appointment when they are due to be screened. Not every woman will receive an invitation as soon as she is 50, but she will receive her first invitation before her 53rd birthday.

www.hhnt.nhs.uk/breastscreening



People with learning disabilities from BME groups in Westminster

A report by the Department of Health in 2004 (Learning Difficulties and Ethnicity) highlighted that people with learning difficulties from minority ethnic communities experience simultaneous disadvantage in relation to race, impairment and, for women, gender. It also concluded that negative stereotypes and attitudes are held by service professionals. This contributes to the disadvantage they face. Partnership with minority ethnic community groups is needed to influence service planning, monitoring and evaluation and to meet the local need of this group of people. Yet groups may need support to take part in joint ventures and to provide appropriate support.

Westminster Learning Disability Partnership

The Westminster Learning Disability Partnership is a multidisciplinary team working with adults with learning disability, living in the City of

Westminster. The team is jointly funded by the **Westminster City Council** and Westminster Primary Care Trust. A person might have a learning disability if the following applies:

- The person has a reduced ability to understand new or complex information; the person has an IQ below 70.
- It is acquired before adulthood and it is a lifelong condition
- The person requires some form of support, yet the limitation can manifest in many ways. For example in writing, coordination or attention.

The partnership assesses people and enables them to access relevant services. Furthermore it provides health provision through its nurses and allied health professional team. The team is aiming to provide cultural and ethnically sensitive services and has undertaken a mapping exercise of its service user regarding ethnicity as well as commissioning a report into

the access issues of people with learning disability. You can find out more by contacting:

Angela Ellis at the Westminster Learning Disability Partnership
215 Lisson Grove
London NW8 8LW
Tel: 020 7641 7411

Pursing Independent Paths (PIP)

This is a small voluntary organisation with a project in North (W9) and South Westminster (SW1). The project focuses on enabling people with learning disabilities to access more mainstream services. Currently the SW1 project is actively trying to reach more people with learning disabilities from black and ethnic minorities in South Westminster. Contact Paula Sousa (Team Leader) on 020 7222 5489 to find out more.

Contact Stephan Brusch at Westminster PCT on 020 7150 8046 for more information.

The London Mental Health PPI Forum Network was established in 2004 and brings together the 11 mental health PPI forums in London. PPI Forums began operation in December 2003 after almost 5,000 volunteers were recruited to the 572 Patient and Public Involvement Forums. There is a Forum for every NHS Trust, Primary Care Trust, and Foundation Trust in England. The Forums' roles include:

- finding out the views, notable experiences and concerns of their communities on local health care and presenting them to the NHS Trust they work with;
- conducting independent monitoring visits so as to assess the quality of local health services;
- Looking at how wider issues in the community, such as social care, transport or housing affect local health.

All out of pocket expenses such as travel and carers costs are reimbursed and training in key areas such as presentation skills and equality and diversity are provided.

For more information on the PPI please contact Louise Devine, Area Communications Lead at the Commission for Patient and Public Involvement in Health, tel: 020 7788 4911, email: louise.devine@cppih.org

Demands for better mental health care for forced migrants



A new report has been published by the Commission for Patient and Public Involvement in Health (CPPPIH) on the provision of mental health services to asylum seekers and refugees in London, the most 'vulnerable and socially excluded people in our society'. The research for the report, *Unheard Voices- listening to the views of asylum seekers and refugees*, was carried out on behalf of the network of eleven Mental Health Patient and Public Involvement Forums in London and is based on interviews with thirty-one asylum seekers and refugees in London.

Findings

Unheard Voices, written by David Palmer (Migrant Refugee Community Forum) and Kim Ward (ICAR), finds that previous research into the mental health needs of asylum seekers and refugees has shown that they are likely to experience poorer mental health than native populations. All those interviewed 'reported that factors such as housing and poverty and adverse social circumstances played a major role in their mental health problems.' Destitution is a very real problem faced by many asylum seekers and the authors found that 'economic deprivation can impact negatively on mental health'.

Anxiety about legal status is a key issue in mental ill health. 'The experience of uncertainty means that for many months and sometimes year's individuals live with a fear that they may be returned to their country of origin. Daily and persistent anxiety over the possibility of deportation and dealing with the complex legislation and decision-making process has resulted in an

increased level of mental distress and demoralisation for many of those interviewed. This inevitably impacts on integration, mental well-being and emotional and behavioural responses. The challenge of dealing with the monolithic institution of the immigration system can encourage feelings of helplessness and despair most likely due to a lack of control over the situation.'

Furthermore, research around the health of detainees in removal centres found that healthcare in most centres was provided by private agencies under contract to the Home Office and was therefore not provided by the NHS or regulated by the Healthcare Commission. The authors found 'a failure by health care staff to investigate that a detainee has been tortured; failure by IDC [immigration detention centre] staff to investigate and appropriately treat or refer a detainee with significant medical problems; detainees being obstructed in accessing a doctor of their choice.'

Key recommendations:

The report makes numerous recommendations around the themes of: Partnership working; Accessibility and engagement; Cultural sensitivity and understanding; Care provision; Evaluation, consultation and planning/funding future services, which include:

- That the role of refugees and asylum seekers should be recognised and supported in the development and implementation of mental healthcare;
- More long-term support should be given to voluntary projects;
- Housing providers, including NASS, must establish a regular method of inspecting accommodation, emergency, temporary and long-term to ensure that accommodation providers are meeting adequate standards in terms of amenities and environmental health standards;
- Refugees and asylum seekers with a disability should be allocated to suitable and, where appropriate, supported accommodation;
- Financial assistance for those who are destitute or outside immigration rules should be given;
- The immigration process to be improved so claims are decided equitably and as fast as possible, therefore mitigating against anxiety, fear, demoralisation and destitution;
- Permission to work immediately should be granted to those who have submitted an application for asylum;
- The responsibility for medical care of detainees should be transferred from the Home Office to the NHS;
- Home Office policies about vulnerable individuals, (e.g. children, torture survivors and people with severe mental health problems) that they should not 'ordinarily be detained', should be rigorously complied with.

For further information on the report please email David Palmer: david@mrcf.org.uk.



The Cancerbackup Information Centre at The London Clinic

The impact of a diagnosis of cancer can have a huge emotional and practical effect on patients, their families and friends. It may raise a range of questions about the disease and its treatment as well as how to cope practically and emotionally. The Cancerbackup Information Centre at The London Clinic aims to meet some of these needs and answer some of these questions.

As well as a specialist cancer nurse able to answer questions about cancer itself, there is extensive information about the practical help and support available when living with cancer. This information can be found in different mediums including leaflets, booklets, books, audio-cassettes, videos and the internet. We also have resources in other languages, such as Arabic, Punjabi, Urdu, and Gujarati.

The centre is open from 9am until 4.30pm, Monday to Friday for people affected by cancer, their families, carers and friends. The centre is a drop in ser-

vice, which means that anyone can walk in or telephone during opening hours. You do not have to be a patient at The London Clinic to use the service. An appointment is not necessary and the service is provided free of charge.

Cancerbackup and The London Clinic work in partnership together to provide this service. Cancerbackup is the leading cancer and information charity in the UK and it produces over 200 books, leaflets and other materials. The centre is staffed and run by a Cancerbackup Information Nurse Specialist who is a qualified cancer nurse with extensive experience in all the issues that affect people with cancer, their families and friends.

You can find the information centre at: The London Clinic, 20 Devonshire Place, London, W1G 6BW (near Regents park tube station). For further information please contact:

Alison Boyd

Cancerbackup Information Nurse Specialist on: 0207-616-7628 or e-mail: aboyd@cancerbackup.org

Mental health: tackling health inequalities in mental health services for BME communities

Dear EMBRACE readers,

I would like to introduce myself as the new Community Health Development Co-ordinator working specifically on mental health and BME communities. As one part of a broader programme of activities aimed at tackling health inequalities faced by Black, Minority and Ethnic (BME) service users, the aim of this role is to enable greater understanding and ownership of issues around mental health that local BME communities face, so that real improvements takes place in the commissioning and provision of mental health services across the full age range.

This role will be tailored to local community needs and will include identifying gaps, promoting joint working, education and training and capacity building in BME communities. This will involve working with GPs, acute services and voluntary and community organisations. The

aim is to encourage BME communities to raise awareness of mental health issues and look at ways individuals can access mental health services much earlier on therefore allowing the detection and treatment at an early phase of illness.

My previous roles have included working with a number of voluntary and community organisations, and more recently working in the public health dept. at Camden Primary Care Trust, where I took the lead in the area of sexual health. I look forward to getting to know and working with new colleagues here in Westminster and representing the needs of the local people.

Fatumo Abdi
Community Health Development Co-ordinator - Mental Health & BME groups
Public Health Dept, Equality & Diversity
Westminster PCT
15 Marylebone Rd
London, NW1 5JD
E-mail: fatumo.abdi@nhs.net
Tel: 07879 808861