

A report of the Learning Together Conference held on 4th May 2005 in Stirling

Building The Strengths Within

Improving support for young people from black and ethnic minority groups and communities who self-harm or are at risk of self-harm



scottishdevelopmentcentre
for mental health



Special points of interest:

- Issues and comments from the event
- Sources of further information
- Next steps
- Network contact details

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About the Building the Strengths Within project Newsletter 1—Summer 2005

The Building the Strengths Within project, funded by the Camelot Foundation until April 2006, aims to build capacity in organisations with the aim of improving support for young people aged 16 to 25 from black and ethnic minority (BME) groups, including young refugees and asylum seekers, who self-harm or are at risk of self-harm.

As part of the project, the Scottish Development Centre for Mental Health coordinated an event in Stirling titled 'Learning Together'. The event attracted 24 participants from a range of organisations (see list of Network members at end) and was successful

in its aim of raising issues, sharing experience and exploring what is needed to improve support for BME young people. The comments illustrate the many positive comments made in the evaluation forms. The project's objectives are:

- To increase understanding of the issues surrounding self-harm
- To increase understanding of the information and supports required
- To inform and improve practice
- To provide a platform for the voice of young women and men from BME groups and communities

- To raise awareness among BME groups and communities about self-harm
- To increase confidence among mainstream service providers in working with young men and women from BME groups and communities in relation to self-harm.

Gail Cunningham explained that the event would launch a network and that, through the member organisations, young people and workers would be involved in developing information for distribution through the network. A conference is planned for the beginning of 2006.

Welcome

Salma Siddique, Lecturer in Mental Health, School of Community Health, Napier University welcomed participants to the event.

She recalled an event from her childhood, illustrating that acute distress or mental health problems are not readily acknowledged within BME groups and communities.

Salma highlighted that BME young people can find themselves caught between different cultures.

Setting the Scene

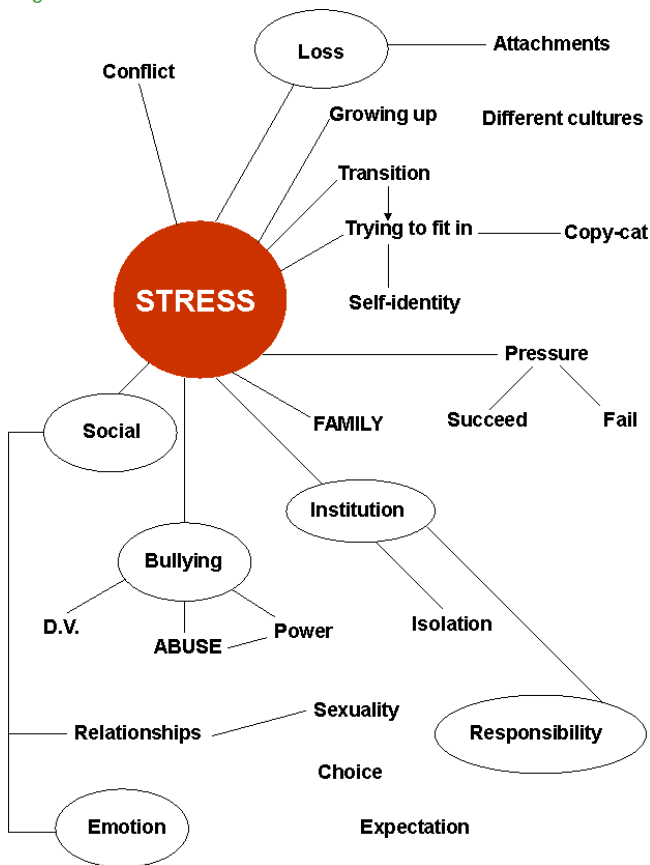
Khushi Usmani, Senior Educational Psychologist, Glasgow Psychological Services set the scene for the day's discussions, working with participants to identify the sources of stress and distress for young people. She emphasised that although young people are all individuals, there were some common pressures on them (Fig. 1) including social pressures (Fig. 2). She commented that BME young people experience these same issues but often had much more pressure on them. Khushi then identified racism as the greatest pressure on BME young people, disempowering

and excluding them and a source of chronic stress in their lives (Fig. 3). Khushi then asked participants to look at the additional home-life stresses and pressures on BME young people (Fig. 4). Finally Khushi asked us to:

- Consider the ways we oppress people
- Look at how we help people find ways to cope and move out of oppression

Where BME people are not using services or living in neighbourhoods, ask how much we contribute to it ourselves?

Figure 1



Issue

'How can we increase access to appropriate help both for people who self-harm and people in contact with them?'

Comment

'The open space discussion provided lots of interesting ideas to move forward in setting up good practice'

Issue

'I would like to provide culturally sensitive approach to my client group (refugees) where self-harm/mental health issues arise, or could arise, - effective referrals to other agencies?'

Comment

'The map of issues surrounding self-harm from Khushi Usmani was most useful'

Figure 2

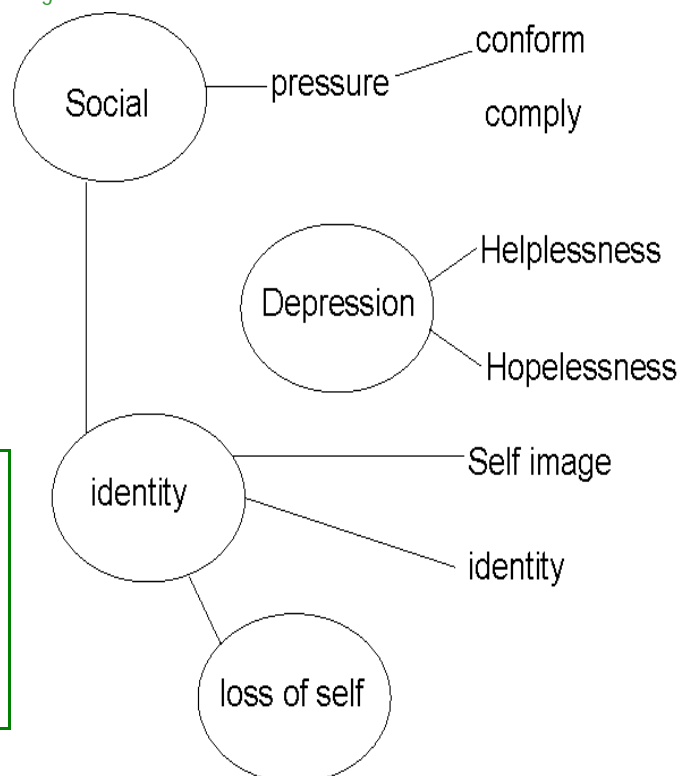


Figure 3

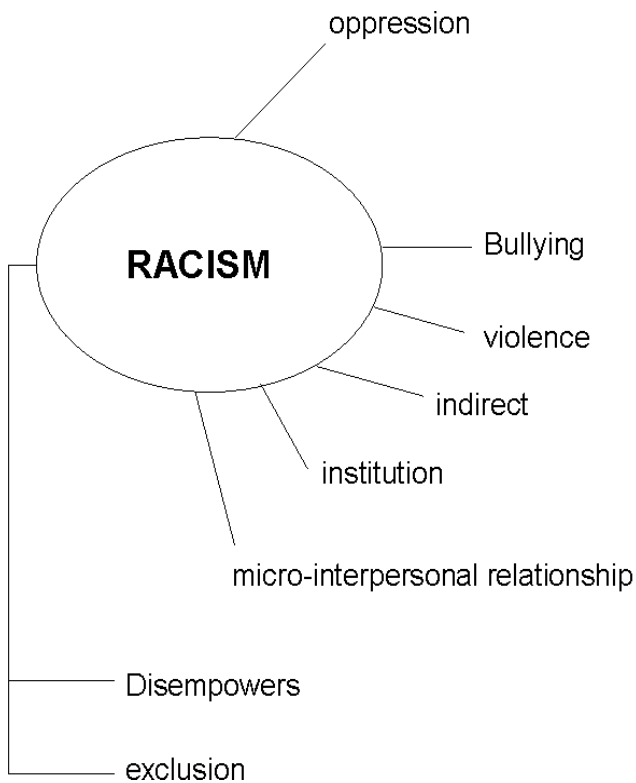
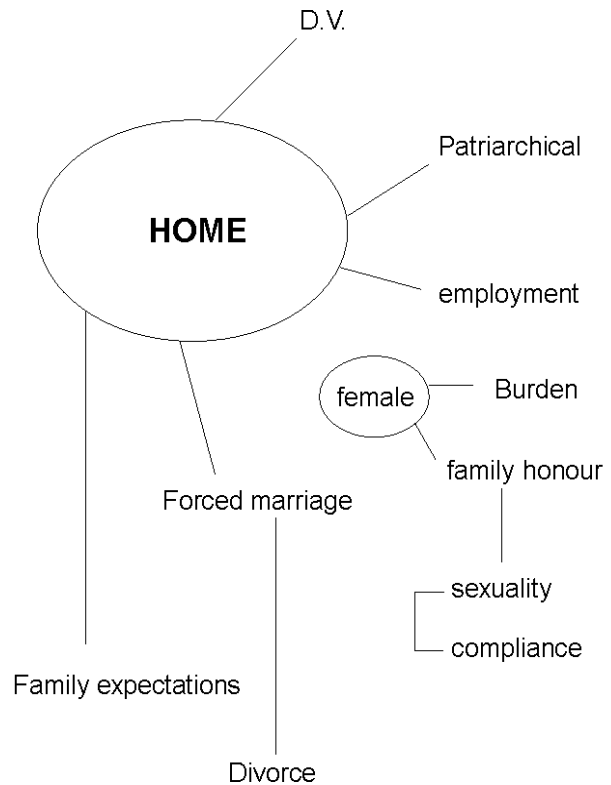


Figure 4



Lively discussion

Points made during the discussion which followed the presentations included:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> · Services need to make themselves more accessible to BME young people who self-harm, reaching out to where they are · Practitioners need to break the 'cycle of fear' in not doing anything in case they get it 'wrong' and offend members of BME groups and communities · Practitioners need to give BME children and young people the vocabulary to understand and deal with | <p>racism</p> <ul style="list-style-type: none"> · Practitioners need to see young people as they are and on their terms · Practitioners need to recognise that it takes a long time to develop relationships and to understand the underlying issues before helping young people to deal with what's causing the problem · Services need to tackle the feeling that BME young people have of being excluded · Western concepts of mental health do not fit with other | <p>cultures</p> <ul style="list-style-type: none"> · BME communities need education to tackle stigma around accessing services and the concern about confidentiality · Self-harm happens at all different levels and young people may use it from time to time as a way of coping with stress. Practitioners need to look at how the service can be delivered at these different levels. |
|---|--|--|

Small group discussions

In considering the question "How can we improve the support for young men and women from black and minority ethnic groups and communities who self-harm or are at risk of self-harm?", there were 4 main topics in the afternoon session.

Accessing BME young people

- Involve and respond to young people as they often say they are consulted 'to death'
- Although all young people are difficult to access, take account of specific issues in reaching BME young people
- Learn about other cultures
- Access BME children and young people through schools and leisure activities as family attitudes restrict access
- Build trust with BME parents, as BME families fear that young people are at risk in therapeutic relationships
- Take account of confidentiality as a huge issue for BME people in accessing services as they fear that other members of community will find out. Some travel to other areas to access services to avoid this
- Recognise that BME people prefer to access services in informal settings and take services to young people
- Provide tapes etc in different languages as 'word of mouth' is better than leaflets
- Meet, listen and learn from each other – we can't learn if we are isolated in our own services.

Issue

'What would help in preventing suicide and self-harm amongst BME people, asylum seekers, etc?'

Comment

'There was a great willingness to learn and share information across sectors and expertise'

Issue

'How can we connect the expertise around on self-harm with the BME knowledge and expertise?'

Raising awareness and increasing understanding of self-harm with BME individuals, families and communities

- Work in partnership working with groups dealing with BME issues
- Use local knowledge
- Set up initiatives at different levels e.g. individual, family, communities
- Target specific women's groups
- Engage with local religious leaders or groups
- Use hard facts and visual images, e.g. suicide rates with Asian women
- Pay attention to language
- Put more focus on BME issues within all self harm training
- Involve BME people in training and awareness training
- Promote awareness of the support that's out there
- Carry out needs analysis of target group on different levels
- Use drama productions
- Tackle prejudice
- Use relevant media e.g. Internet, text, etc.
- Use role models
- Build into school education

Comment

'I learnt about the stresses facing BME communities'

Issue

'I would love to find out about treatments in other countries or cultures and ways of learning and drawing on them.'

What practitioners need to know to be responsive to BME young people who self-harm

- Build in time to get to know the individual to let you know what they want
- Build a relationship
- Think about crisis situations
- Plan for work in short term and long term
- Be realistic about what you can offer and refer if necessary but follow through with support
- Get to know services and people whom you can go to
- Go to clients/ communities own settings and see what is going on and what the issues are
- Know your own area of expertise, have skills and knowledge but it's okay not to know everything
- Find out what you don't know
- Provide support and supervision to practitioners
- Obtain knowledge of cultural practices and norms
- Give young person the voice, confidence and resilience to make choices
- Obtain follow on support in their community
- Help the young person to find the answers.

Issue

'How can we raise awareness / educate the appropriate BME groups?'

Comment

'I learnt about addressing the issue of racism within the context of self-harm'

Good practice in interventions with young people

- Look at the causes, as self-harm itself is not necessarily the issue
- Develop basic principles and policy / practice guidelines on self-harm
- Train staff in early identification and build their confidence in working with young person
- Ensure young people know what to expect and the worker knows what is expected of them
- Listen to young person and recognise that they hold the information needed to take the next step – they are the expert
- Provide choice by giving information and options
- Ensure action is appropriate to the young person
- Ensure support and continuity of role of worker when refer on
- React consistently
- Avoid first contact with staff who may not react appropriately
- Ask the right questions
- Commit to ensure staff have knowledge and understanding of position of organisation, what other services exist and how to engage other services
- Monitor and record using simple systems.

Issue

'How can we raise awareness / educate the appropriate BME groups?'

Comment

'I enjoyed the day immensely and the thirst by those present to be involved'

Issue

'How can we develop our service to allow young people who self-harm to access it – what are the current blocks to access within ethnic minority groups?'

Comment

'I plan to discuss these issues of access with my team with a hope of addressing them'

Comment

'I found the group discussion about BME issues with people who work with those groups most useful'

Issue

'How do we engage young men?'

Next steps for Network

1. Hold another event
2. Involve young people in next event
3. Create partnerships between experts on mental health and experts in BME issues
4. Produce training tools

Sources of further information on self-harm

Young people and self-harm: A National Inquiry

www.selfharmuk.org

Bristol Crisis Service for Women

www.users.zetnet.co.uk/bcsw/

Newham Asian Women's Project, London

www.nawp.org

Penumbra

www.penumbra.org.uk

42nd Street, Manchester

www.fortysecondstreet.org.uk/services

National Self-Harm

www.nshn.co.uk

Samaritans

www.samaritans.org

The Basement Project

<http://freespace.virgin.net/basement.project/default.htm>

Comment

I have learnt that engaging BME people is not 'rocket science' – I plan to be aware of cultural issues but not be scared of them'

Issue

How do I develop a self-harm policy document?

Comment

'I particularly enjoyed the very different experience and expertise within delegates – a good mix'

Issue

'How can we raise awareness / educate the appropriate BME groups?'

Project Steering Group:

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Comment

'Improve next event by focussing on 'what to do' / practical interventions in dealing with self-harm and underlying issues'



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