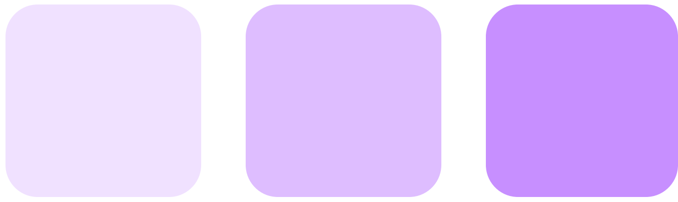

scottishdevelopmentcentre
for mental health

Building the Strengths Within

Seminar Report

14th September 2006

Building the Strengths Within is a project, led by a steering group chaired by the Scottish Development Centre for Mental Health (SDC). Members of the steering group integral to planning this seminar included Glasgow Anti-Racist Alliance, Glasgow Association of Mental Health, Minority Ethnic Mental Health Project of the Royal Edinburgh Hospital (MEMHP), Penumbra and Saheliya.

NRCEMH
National Resource Centre
For Ethnic Minority Health

Introduction

Building the Strengths Within is a project, funded by the Camelot Foundation, which has been working to network and build the capacity of organisations in contact with young people from black and minority ethnic (BME) communities, who self-harm or are at risk of self-harm, in Scotland.

A seminar was held on 14th September to review major themes around mental health, well-being and self harm for young people from minority ethnic communities and backgrounds, and to share the experience of a range of professionals working in a variety of situations.

The conference brought together:

- The understanding of organisations like Penumbra around young people and self harm,
- the understanding and experiences of mental health issues of young people from minority ethnic communities, from the project's activities,
- the knowledge and experience of people working with young people from minority communities on the factors that can affect their mental health and contribute to self harm or risk of self-harm,
- the awareness and skills of people working with young people with mental heath problems, including those who self harm, in NHS, school and voluntary sector settings.

The below is primarily a report of discussions held at the seminar, but includes some reference to findings from earlier consultation and literature scoping activities.

Working with Young People who self harm

Pat Little of Penumbra proposed that the essential component of working with young people who self-harm is continually to ask the young people themselves what they think about self-harm, why they might/do consider it, and what support they require.

Key learning from Penumbra's work with young people's groups is young people are reluctant to trust adults and share information, but they are the experts on their own lives, and if you have the time and skills to listen to their issues you will get a positive response.

The presentation (attached) and discussion offered some learning on what is self-harm, what it's not and why people may do it, as well as tips for working with young people who have self-harmed.

Tips for good practice

Sensitivity, kindness and concern for people's distress and injuries Understanding that there are important reasons why it might have happened To be re-assured and given hope Offer to explore the issue in a supportive way	Don't worry about saying the wrong thing Show genuine concern Be open and make time to listen Empower people to make own decisions Be calm and patient Message of hope

The issues around young people from minority groups, mental health problems and self harm

The Building the Strengths Within Project aimed to meet and talk about mental health with young people already attending groups targeted to minority communities in Edinburgh and Glasgow, but most groups were not ready to talk about mental health and self harm.

The learning from this was discussed at the event. It was highlighted that currently young people from minority communities are suffering from consultation fatigue. A valuable and practical alternative in many circumstances is to tap into the knowledge of the people who work directly with the young people; and this was something the event attempted.

Another factor influencing young people's readiness to talk about mental health and self harm is many from minority ethnic communities may not be aware how mental health relates to them. For example, people typically see mental health as being about mental illness or 'madness', and as well as being unclear about what mental health is they are unaware what services and support are available to assist them. This lack of awareness has a negative impact on people accessing help when they are experiencing a mental health problem.

The stigma of mental illness is another factor which has prevented young people from accessing help for mental health difficulties, and there are specific issues around stigma for young people from minority ethnic communities, particularly where there is pressure to keep problems within family or community boundaries, and where the level of experience, and trust, of services is low.

The seminar's case study workshops discussed the role of the family as an influence on young people's lives and help seeking behaviour. Participants raised the issue that a cause behind tensions in a young person's life might be a conflict between the values and norms of the family and those of their peers; this might be particularly the case if the family strongly believes maintaining honour is paramount and this conflicts with the young person's wishes, or with a need to seek help outside the family. However, families and communities can positively enhance people's mental health, they can be highly supportive and contribute to an individual's recovery.

The seminar and literature scoping (see below) have highlighted that young people from minority ethnic communities may not trust health services. They are worried about lack of understanding, respect and confidentiality. Related to this, it was acknowledged institutions may be, or may be perceived to be, racist. Racism is also a causal factor in young people's mental health, making people feel unhappy, vulnerable, bullied and isolated.

Lack of trust in services may be a particular issue for legal and illegal refugees and asylum seekers whose stay in the UK is not certain. Some communities are afraid that presenting to mainstream services could result in the Home Office being informed of their mental health status, or officials finding out about their illegal immigration status. Refugees and asylum seekers are particularly likely to have acute and recent experiences of trauma and loss at home, and isolation and poverty in the UK, which impact on their mental health.

As well as these issues, the seminar often came around to discussing the extent to which the problems faced by young people from black and minority ethnic communities are universal, such as feeling hopeless, feeling loss of control, feeling isolated and being in an uncertain, transition period in their teenage years. This means that it is not always helpful for practitioners to view the causes of the person's distress as related to their ethnicity, but rather it is vital to see people as individuals and to listen to their stories. This point clearly relates to Penumbra's message around working with young people who self harm.

What can we do?

a) Services

The seminar participants generated ideas on how services may be adapted and improved to meet the needs of young people from minority ethnic backgrounds:

- Awareness raising and educational activities: support and training with people working in minority ethnic communities (e.g. youth group leaders)

around identifying and dealing with mental health issues; and discussions with ethnic minority communities, leaders and families around mental health and illness, aimed at tackling the stigma of mental illness.

- Public mental health: need to work with young people in general around what is self harm, and how to react to people who may have harmed. Although there was a recognition that there are limited age appropriate materials around self harm, the Asian Women's Project in Newham, East London is currently producing a video, which should be a useful resource.

- Staff in the NHS and other organisations sharing amongst themselves research and best practice around working with young people from minority communities: increasing communication between practitioners.

- Increase the choice in services and interventions available for young people who self harm: including professionals from a variety of ethnic backgrounds.

- Work to build young people's trust in services, including reassuring them of confidentiality.

- Support professionals, who work with young people, to increase their knowledge of cultural influences on mental health and the values and beliefs of different cultures, whilst emphasising the key is to be mindful of your own assumptions, to mitigate those, and remember the importance of person-centred approaches.

- Develop school based education and learning with all pupils around self harm; and cultural issues like family honour and early marriage.

b) Building Strengths Within

The seminar resulted in several recommendations for follow-on action by the Building the Strengths Within Project. Many of these focussed on training and awareness raising with organisations, and involving community groups, parents, and teachers.

Having reviewed the outputs of the day, The Building the Strengths Within Steering Group has decided for the remainder of the year to initiate a media campaign to disseminate its learning, and to run a series of local discussion groups around self harm and young people from ethnic minority backgrounds. **These will be a chance to invite two members of the steering group with experience in working with minority ethnic communities and/or self harm to facilitate informal**

practice-based learning, such as lunchtime discussion sessions; or for local areas to invite a range of partners to half-day seminars to share practice.

If your or your organisation would be interested in hosting an event like this in 2006, please contact:

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LITERATURE SCOPING

1.0 Introduction

In mid 2006, during the Building the Strengths Within project, the steering group was interested to find out more about what young black and minority ethnic (BME) people thought about self-harm. As pointed out at the September 14 seminar, there were barriers to interviewing young people directly and a small scoping exercise was conducted by SDC to find out what is in the literature on young people's attitudes, views and opinions towards self-harm. However, for reasons discussed in the next section, the scope of the search was widened and, whilst the focus remained on self-harm, the interaction of young people from ethnic minority backgrounds with mental health services was also investigated in terms of service provision and the appropriateness of these services.

2.0 Methodology

2.1 Academic literature search

The following databases were accessed and searched for literature relating to young BME people's experiences and opinions of self-harm, mental health services and mental health in general:

- Ingenta Connect
- Athens
- Academic Search Premier (EBSCO Host Research Databases)
- Child Data
- Cochrane Library

For each of these database searches, a number of terms were combined to ensure any literature was located. For Ingenta Connect, Athens, Academic Search Premier and the Cochrane Library, the following search terms were used: 'mental health'; 'self-harm'; 'suicide'; 'ethnic'; 'BME'; 'young'; 'young people'; 'opinions'; 'views'; The search terms for Child Data were: 'eth*'; 'mental health'; 'opinions'; 'views'. This resulted in the identification of eight relevant journal articles.

2.2 Grey literature search

In addition to the academic literature search, the internet was also searched for grey literature relating to the topic, via the Google search engine. The following terms were combined: 'young'; 'BME'; 'opinions'; 'self-harm'; 'mental health'; 'services'; 'suicide'. This resulted in the identification of eight relevant publications.

2.3 Results of literature searches
The academic and grey literature searches produced very little relevant material. No literature was found on young BME people's views on self-harm or the contributing and protective factors for self-harm; the main focus of this exercise. For this reason, the scope of the review was expanded to include material relating to the views, experiences and opinions of young people from minority ethnic backgrounds in general, and young BME people's opinions of mental health services. However, literature retrieved on these subjects was still very limited.

More research has been undertaken on mental health services and ethnic minorities in general, although it is difficult to draw conclusions relating to young people from this material. It is also important to highlight that much of the available literature and research relate to Asian and African-Caribbean communities, suggesting that other communities have been under-researched in this field.

3.0 Results

3.1 Young people from minority ethnic backgrounds and mental health

The *'Minority Voices'* study found young BME people raised a large number of factors that could impact on their mental health and well-being including: issues of discrimination and racism; inclusion in their local community; the uncertain nature of help they may have found (such as closures of voluntary services); and, for refugee and asylum seeking young people, legal status and how long they are able to stay in the UK (Kurtz *et al*, 2005:5). These issues all impact on mental distress and are specific to young BME people, as opposed to young people in general. These issues were highlighted by young BME people as areas of concern, alongside other issues in common with other young people, such as education and employment; family relationships; and money and finances (Kurtz *et al*, 2005:5). Therefore, it is apparent that young BME people have an additional number of concerns that will impact on their mental health.

The following statements come from young Asian men and women who participated in a research project and explain the cultural concerns of young Asian men:

"Many youths in the West End (of Newcastle) originate from Asia but are born in this country. They need help with racial harassment, language problems and the Western culture. This will result in a better peace of mind" (young man, Healthy Communities Project, 1997:32)

"Most of the young people in our community are confused in the cultural and language aspects of their lives. This leads to so many problems which

I cannot solve by myself" (young man, Healthy Communities Project, 1997:32)

3.1.1 Young women

The focus of much of the research on young BME people and self-harm has been on young women as they are considered a vulnerable and marginalized group within BME communities. The pressure of growing up in British society puts added pressure on young BME women, who have to conform to not only their own cultures in terms of their family and religion, but also with Western culture, friends and peer groups, during their education years. This pressure to conform to differing cultures can cause emotional distress due to contradictory cultures. Not only this, but other external factors from Western culture, such as racism, pressures from the media and wider male domination also add pressure to already complicated lives (see Bhardwaj, 2001).

> *"[Asian women] have to be perfect – they have to be everything the mother-in-law wants, be everything the husband wants, be everything their parents want, be Everything"* (focus group with 25-30 year olds, Bhardwaj, 2001:58)

The literature reviewed in this exercise reports young women from BME communities are more likely to self-harm than their white counterparts. Furthermore, previous research has found that young Asian women may be more than twice as likely to self-poison as other young women from ethnic majorities (Merrill, 1988: cited by Kurtz, Stapelkamp, Taylor, Malek & Street, 1997).

When trying to understand self-harm among young Asian women, certain cultural issues became apparent. The terms 'izzat' (honour) and 'sharam' (shame) for example, are particularly resonant within Asian communities. Bhardwaj (2001:55-56) emphasizes, "They [these terms] embody enormously powerful cultural judgments with the power to include and ostracize". She argues that such cultural beliefs can both legitimize gender violence (such as domestic violence) and oppression whilst also silencing women from discussing, or seeking help, because by doing so they would bring shame and dishonour to themselves, their family and their community (2001:56). As a consequence young women may resort to private coping methods, such as self-harm, which can be kept hidden from the family and society.

During her research for Newham Asian Women's Project, Bhardwaj (2001:56-57) found that there were four key motives behind self-harm among young Asian women in Britain.

- For a sense of relief and release
- To establish power and control over their lives

- To effect real changes in their personal situations
- To articulate their self-hate.

Overall, the act was seen as a coping mechanism for the distress they faced, helping them to survive on a daily basis and go about their daily lives, whilst helping them to manage desolation, self-loathing and feelings towards others that they were otherwise unable to express (2001:56).

3.1.2 Racism and cultural isolation

The Healthy Communities Project report *'Mental Health, Racism and Counseling: Community Views on Needs and Services'* (Healthy Communities Project, 1997) found that racism was one of the important factors related to mental health in BME communities and that "Over half of those interviewed related experiences of racist abuse or attacks and there were clear affects of this on their social life, their use of services and their general mental health" (1997:i).

There may be additional stressors facing young people who are refugees or asylum seekers. Gorman, Brough and Ramirez (2003:197) found that

> *"Many reported being lonely, worried, frustrated, nervous and sad, with some indicating fear had become a way of life. Factors related to these feelings ranged from experiences of the war, torture and trauma issues that occurred prior to migration to more recent experiences related to settlement issues, language barriers, and unemployment. Trying to 'fit in' and the cultural differences at school stunted their lifestyle and impacted on their mental health"*

These are all factors that will impact on mental health and potential self-harming behaviour. Young refugees and asylum seekers are more likely to have suffered extreme trauma and post-traumatic shock disorder (PTSD) than young people born and raised in the UK (Selvamanickam, Zgryza & Gorman, 2001).

3.2 Young BME people's interaction with mental health services

"Everyone has a right to receive mental health care of good quality that meets their individual needs, regardless of background" (Healthcare Commission, 2005)

Despite this commitment from the Healthcare Commission and a commitment to equality in health policies and services in general, from the literature reviewed for this report there are vast differences in service utilisation between BME communities and their white counterparts, in that people from an ethnic minority background are less likely to access health care than others. In BME groups, young

people are even less likely to access services than their older counterparts. The Healthy Communities Project report (1997) reports low use of primary health care by Asian and other minority groups. In the same research it was found that young Asian people were extremely wary of approaching their GP, particularly when the problem is mental health related (1997). As a result, young people from BME communities are more likely to seek help and support from informal networks within their own community and social networks (Gorman *et al*, 2003; Barker & Adelman, 1994).

Whilst appropriate support would assist young BME people (and BME people in general) with any mental health problems and mental distress they are experiencing, problems with access can hinder mental health. In fact "Under-utilization of support services appears to be an important contributor to the poor mental health outcomes…" (Bhui, Christie & Bhugra, 1995; cited by McLean, Campbell & Cornish, 2003:657).

The research points to a number of explanations for this under utilization of support by young BME people: religious/cultural stereotyping; lack of awareness of support; culturally inappropriate services and issues around confidentiality and parental influence.

3.2.1 Awareness of Mental Health and Mental Health Services

Research by the children and young people's mental health charity YoungMinds found that there was a general lack of awareness among parents and young BME people of what constitutes mental health, what a mental health problem is and what services and support are available to assist them when they are experiencing a mental health problem (Kurtz *et al*, 2005:5). This lack of awareness impacted upon help-seeking with young BME people, resulting in help being sought late in response to a personal crisis. This is echoed in the findings of Gorman *et al* (2003) who advised that young people from culturally and linguistically diverse backgrounds were simply unaware that they had a problem that required specialist intervention and unaware that services existed that could help.

Bhardwaj (2001) found in her research that many of the young Asian women were simply not aware of the support available to them or did not have much trust in the support that was available. This is echoed by Kapadia (2004) in her findings of The Sahelee Project in Croydon.

3.2.2 Religious-cultural stereotyping

McLean *et al* explain that "Racism was clearly perceived to structure the treatment of African-Caribbean community members, and this perception strongly discouraged people from approaching mental health services, due to anticipation of racist

stereotyping and treatment" (McLean *et al*, 2003:664). The Healthy Communities Project report (1997) for example, suggests that people from BME communities are less likely than white patients to be referred on to secondary care from primary care for differing levels of support (1997).

Stereotyping can also work in the other direction: Nickerson, Helms and Terrell (1994; cited in Cinnirella & Loewenthal, 1999:505) explain that "Religious-cultural communities also tend to foster stereotypical beliefs about health professionals such as general practitioners (GPs) and social workers". Nickerson, Helms & Terrell concluded BME groups are more likely to foster negative attitudes about white mental health professionals, resulting in relatively fewer people from ethnic minority backgrounds being willing to visit mental health clinics than from other sectors of the community (1994).

In her research, Bhardwaj (2001) came across many managers highlighting the practice of 'ethnic matching' where the expertise of ethnic minority clinical staff is relied on to provide culturally appropriate services. This allows services to overcome some of the issues associated with religious-cultural stereotyping, but for service uptake to improve people need to be provided with a choice of service providers, therapists, translators and clinicians.

3.2.3 Cultural issues affecting interaction with services

A joint policy statement on Race and Mental Health from five of the leading UK mental health charities stated: "Mainstream mental health services often fail to meet the needs of black and minority ethnic communities because they are not sufficiently sensitive and responsive to this [racial] diversity" (Mental Health Foundation, 2004).

There are major obstacles among BME communities in general accessing mental health services, specifically due to language and cultural considerations (Mental Health Foundation, 2004). Gorman *et al* (2003:199) found that "Lack of understanding of cultural issues and lack of ethno-specific workers were described as barriers to access". The participants in this study suggested that ethno-specific youth counsellors are required in order for young people to be properly understood. Despite the varied range of young people with differing cultural backgrounds in this study, the authors found that the young people's ways of thinking were similar, regardless of culture and race. They all maintained that their culture and associated traditions were fundamentally important, particularly those related to the family and community (Gorman *et al*, 2003).

Young Asian people advised what services should be like for young Asian people who are having mental health problems. They advised that they would only like to speak to someone who:

> *"Should speak and understand both languages and English culture"*
> (Healthy Communities Project, 1997:32)

> *"Someone who is a young British Asian, modern but understands religious and cultural requirements"* (Healthy Communities Project, 1997:32)

The young BME people spoken to by Kurtz *et al*, were also concerned about the lack of availability of interpreters and how it may hinder access to timely support (2005:5). However, a 'one shoe fits all' approach would not necessarily be successful. In the Healthy Communities research, one woman who had reported language being a barrier in her mental health care advised that

> *"I can't talk to the doctor because of the language barrier and my doctor doesn't get an interpreter who I want"* (1997:25)

Therefore, the person accessing the support needs to feel comfortable and able to confide in their interpreter.

Young BME people have also expressed doubts about whether mainstream mental health services will work for them. A study carried out by the Healthy Communities Project (1997) found that there was no agreed consensus among Asian communities as to whether counselling services were useful to people or not, with some agreeing that counselling would be beneficial and others advising they would not want counselling. It also found that those who were interested in counselling wanted it to be part of a holistic care package for their mental health needs, and to include such services as social support and advice provision (1997:13). The research found that "The most complex needs and fears expressed about using a service such as counselling came from young 'Asian' people, and young 'Asian' women in particular" (1997:32).

Other issues hindering interaction with services include culturally inappropriate services. For example, during the research by the Healthy Communities Project, both the men and women interviewed highlighted that using some services would actively go against their cultural beliefs:

> *"I would not talk to a health visitor or a female practice nurse. It would be against my religious and cultural beliefs"* (man, Healthy Communities Project, 1997:25)

> *"My doctor is an Asian man so I wouldn't talk to him about anything personal"* (woman, Healthy Communities Project, 1997:25)

Some of the young Asian people interviewed stressed that they would rather speak to someone from a different cultural background to their own if their problem were personal due to the cultural issues associated with some personal problems and the feeling that some professionals of the same ethnicity may judge them or give advice from their parent's perspective (1997:33). Nevertheless, it was still highlighted that the services needed to be culturally appropriate and that professionals should have an understanding of the culture and religious beliefs to gain insight into the lives of the individuals seeking help. This also entails having the choice in the gender and cultural backgrounds of key members of staff that may be involved in their care (Kurtz *et al*, 2005:5).

Such projects are now being developed in Scotland; for example, the REACH Community Health Project in the city of Glasgow. The aim of this project is to provide culturally sensitive and accessible preventative clinical health information and services to BME people in Glasgow. The aim of this is to help BME people to achieve equal access to primary health services by identifying the barriers and addressing these (Akhtar *et al*, 2004).

3.2.4 Confidentiality and parental influence

When speaking to young BME people, YoungMinds found that there were particular concerns over stigma when help-seeking among young BME people, in specific that they would be seen to be 'going outside the family' (Kurtz *et al*, 2005:5). Bhardwaj also found evidence of this family orientation within professional services:

> *"Even after my suicide [attempt]…I experienced quite a few professionals whose approach to it all is just go back to your family…I even had one who told me to get married…" (20-year-old,* Bhardwaj, 2001:61)

The research also found that young Asian people would not make use of counselling or advice services if there was any chance their parents could find out (Healthy Communities Project, 1997). In her research, Bhardwaj found gross breaches of confidentiality, with many women reluctant to confide in their GP's as they were fearful that they would report back to their family.

For reasons like this, the Healthy Communities Project recommends (1997:35): "Young 'Asian' people…appear to need approaching as separate groups [from older Asian people], with services which are tailored to meet their needs in terms of access and worker profile".

3.2.5 Links with Community groups

Bhardwaj (2001:61) found that "The most effective pathways for young women to receive care and support came through the education system and community groups". She found that the education system was relatively effective in its attempts to support and channel young women into the appropriate care service. Similarly, in community groups there is a focus on individuals' specific needs and opportunities for people to raise their concerns. As a result, the staff of community groups tend to develop an understanding and knowledge of the issues that helps them to refer appropriately to other services and offer more long-term care. This is echoed by Kurtz *et al* (2005:19) who advise that relationships of trust between young BME people and mental health service providers are more easily built through voluntary and community groups. However, they highlight that funding for such groups tend to be short-term and ad-hoc in nature. Therefore, longer-term, more guaranteed funding is recommended for these types of voluntary and community-based mental health services targeting young Black and minority ethnic people.

3.3 Views, opinions and attitudes of young people

Whilst the purpose of this review was to uncover literature covering young BME people's views and opinions of self-harm and mental health services, there is very little research on the topic. There is, however, more evidence available on the views and opinions of young people across the board in terms of mental health service.

One study (Buston, 2002) found that perceptions of approachability was central to the young person's assessment of the mental health care they received, and this could be broken down into a further four broad areas of concern for young people:

- Whether the professional talks to the young person and listens
- Whether the professional understands the illness the young person is experiencing
- Whether the professional believes the young person
- Whether the young person feels they are able to talk to the professional.

Given the issues previously discussed, it would seem reasonable to assert that such issues are of concern to BME young people.

4.0 Conclusions and Recommendations

While the evidence base around young BME peoples views of and mental health is small, and on self-harm almost non-existent, a number of conclusions can be drawn from the available data.

4.1 Factors affect young BME people's mental health

Young people from BME groups experience a range of social and cultural pressures which can negatively affect their mental health. Some of these, such as worries about education, employment, and finance are common to all young people, whereas others, such as experiencing racism are unique to young people from BME communities. Young refugees and asylum seekers can face additional problems relating to their past experiences and current refugee status. The whole range of stressors affecting young BME people needs to be fully considered by the professionals supporting them.

Many young BME people feel that they cannot turn to traditional support services, such as their GP, nor to their families for help with their problems. One consequence of this is that they may adopt private coping mechanisms, such as self-harm, to alleviate their distress. Therefore, developing appropriate and accessible support services is vital to tackling this issue.

4.2 Appropriate mental health services

In terms of mental health services, it is apparent from the literature that any services for young BME people need to be appropriate for their age, gender and culture. From the research, it is apparent that the majority of young BME people are given little choice over what services they can access (see Gorman *et al*, 2003). Issues such as the gender, age and ethnicity of service providers therefore should be carefully considered. Interpretation services should also be widely available. Community services may a source of good practice in this regard, and may be in a position to act as gatekeepers for young BME people to mainstream mental health services.

4.3 The research evidence base

An implication of the lack of published literature on young black and minority ethnic people's views, opinions and experiences of mental health issues, and self-harm is that further research is needed in this area. The availability of such research is key to strengthening the evidence-base around the issues and solutions.

Much of the available literature and research previously conducted has focused on Asian and African-Caribbean communities. This highlights a need to undertake research with other BME communities, such as Eastern Europeans and those from

South East Asia, in terms of their views, opinions and attitudes towards mental health issues. Given these groups are currently under-represented in the available research, it would be beneficial to research the issues for all age groups, not just young people.

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14th September 2006 Seminar Attendees

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Miss Fay Benson	Youth Development Officer, Edinburgh & Lothians Racial Equality Council
Ms Cecilia Boccorh	Glasgow Anti-Racist Alliance
Mrs Deby Burnside	Project Worker, Includem
Dr Eva Cadario	Specialist Registrar, NHS Greater Glasgow & Clyde
Ms Liz-Anne Campbell	Development Officer, The Big Step
Ms Stephanie Chan	Head Youth Project Worker, Chinese Community Development Partnership
Mrs Phyl Cooney	Service Manager, CHILDREN 1st
Ms Pippa Coutts	Supporting Change Programme Lead, SDC
Miss Lynn Craig	Nurse Therapist, Greater Glasgow Primary Care NHS Trust
Mr Gavin Cullen	Charge Nurse, LHB (NHS Lothian - Primary & Community Division)
Dr Myra David	Consultant Adolescent Psychiatrist, Greater Glasgow PCT
Ms Sandra de Munoz	Choose Life Implementation Co-ordinator, NHS Lothian
Ms June Dickson	Outreach Worker, DOSTI (Muslim Groups)
Ms Lynne Edwards	Part Time Commissioner, Mental Welfare Commission for Scotland
Mrs Susan Fotheringham	Public Health Nurse (Schools), NHS Greater Glasgow & Clyde
Ms Nicola Hunter	Counsellor, The Sandyford Initiative
Mr Joe Judge	Assistant Psychologist, NHS Greater Glasgow & Clyde
Mrs Mamta Kanabar	Service Manager, Barnardo's
Mrs Jasbir Kaur	Home Care Co-ordinator, Barnardo's
Mrs Maimoona Kazmi	Key Worker, Careers Scotland

Dr Eleanor Leplat	Clinical Psychologist, LHB (NHS Lothian - Primary & Community Division)
Mr Patrick Little	Development Manager (Young People), Penumbra
Mrs Morag Lynas	School Nurse, Yorkhill NHS Trust
Dr Fiona MacTaggart	Consultant Child & Adolescent Psychiatrist, LHB (NHS Lothian)
Mrs Angela McArthur	School Nurse, Yorkhill NHS Trust
Ms Dale Meller	Programme Manager - National Resource Centre for Ethnic Minority Health
Mrs Nuzhat Mirza	Health Improvement Officer, NHS Greater Glasgow & Clyde
Miss Kamna Muralidharan	Community Development Worker, Newham Asian Womens Project
Ms Nuala Nagle	Occupational Therapy Student, Saheliya
Ms Seema Nambiar	Counselling Co-ordinator, Saheliya
Ms Rashpal Nottay	Project Co-ordinator, LHB (NHS Lothian)
Ms Farah Panthaky	East Renfrewshire Youth Community Service
Mrs Isabelle Pearce	Nurse Therapist, NHS Greater Glasgow & Clyde
Miss Kate Ritchie	Project Worker, Includem
Mrs Angela Walker	Project Worker, Includem
Ms Dipa Ward	Young Group Work Co-ordinator, Saheliya
Ms Amy Watts	Development Worker (BME settled and asylum communities) Glasgow Violence Against Women Partnership
Ms Indiya Whitehead	Researcher, SDC
Miss Kirsty Wichary	Project Officer, Access Apna Ghar Housing
Mrs Sandra Wood	Childrens Outreach and Development, Hemat Gryffe Womens Aid
Miss Donna Woodlock	Support Worker, Penumbra Fife Self-Harm Project
Mrs Alison Wren	Trainee Art Therapist, The Sandyford Initiative
Dr Joanna Young	Specialist Registrar, DCFP, Possilpark
Ms Mildren Zimunya	Support Worker – African Health Project, Waverley Care