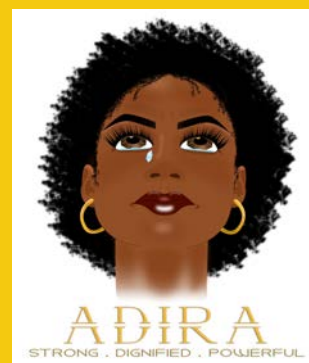


NOVEMBER 2020

BLACK MENTAL HEALTH LIVE

Post Event Report

PRESENTED BY



NHS
Sheffield Health and
Social Care
NHS Foundation Trust



EVENT BACKGROUND

Race inequalities and mental health

People and communities that experience societal inequalities are more likely to experience poor mental health[1] and to find it more difficult to access services which meet their needs[2]. These inequalities, which existed pre-Covid, for example in housing, employment and finances, are more likely to impact people from BAME communities and have been exacerbated during this pandemic[3]. Given both the disproportionate impact of the Covid-19 pandemic on people from BAME communities[4] and the impact of systemic racism[5], there are people from BAME communities who are at risk of experiencing higher levels of mental health distress and ill health. In addition, while 19.2% of the Sheffield population is from a BAME background, just under half (46%) of the Sheffield secure inpatient population are[6], suggesting that preventative support is not reaching BAME communities.



EVENT BACKGROUND

Moving to a virtual event

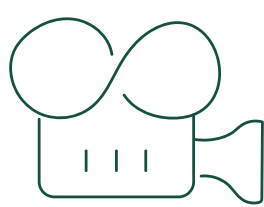
Ursula Myrie, founder and Managing Director of Adira (a survivor-led mental health and well-being organisation), that specialises in supporting Black people, was all too aware of how these disparities impacted the Black community and felt that race equity needed to become a priority for the city. She subsequently embarked on bringing together a partnership involving Adira, Sheffield Health and Social Care NHS Trust (SHSC) and local mental health charity, Sheffield Flourish, to organise an event that would shine a light on Black mental health.

The event was originally planned as a face-to-face 1-day conference to be held at SADACCA in April 2020. Due to the restrictions of Covid-19 lockdown this was subsequently cancelled and an online version planned. The addition of oXyFire Media Creative and Subversive Productions to the partnership led to a virtual live-streamed event under the title Black Mental Health Live -

<http://blackmentalhealth.live/>



ENGAGEMENT



mix of pre-recorded videos, in-studio interviews
and video-link talks

10

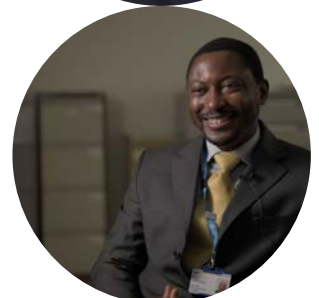
people of colour featured as
presenters, each with lived
experience or a professional interest
in black mental health

4500

views (2000 for the live event)

80

questions and audience comments
about Black mental health, during
the live event



KEY THEMES

Through the questions and audience feedback, we identified 4 key themes:

A silhouette of a person's head and shoulders is centered in the frame, looking out towards two bright, rectangular windows. The person's features are not visible, only their outline against the dark background. The windows are the primary light source, creating a high-contrast scene.

Theme 1: Systemic racism and structural barriers

Theme 2: Lack of specialist support for the Black Community

Theme 3: Lack of knowledge about where to find support

Theme 4: Specific challenges for children and young people

THEME 1: SYSTEMIC RACISM AND STRUCTURAL BARRIERS

- **Racial discrimination in institutions**
- **Medicalisation**
- **Leadership**
 - visible Black leaders
 - non-Black leadership buy-in
- **History and culture recognised as embedded and shaping the system**
- **Education of white staff**
- **Accessible information and communication**
- **Urgency for change/avoid tokenism**
- **Employment**
 - predominantly white staff
 - Black staff more prominent
 - Black staff valued for their diversity
- **NHS 'owning' their race equity problem**
- **Platforms that showcase Black strengths**
- **Health system working across sectors:**
 - Church/faith
 - Community
 - University/Schools
 - VCSE
- **Valuing lived experience expertise**

DOES THE SYSTEM OF WHITE SUPREMACY ULTIMATELY AND FUNDAMENTALLY CAUSE BLACK MENTAL HEALTH PROBLEMS?

We understand that the medicalisation of social problems often linked to social inequalities, e.g. poor housing, unemployment, lack of education, low paid work, relationship problems and poverty can perpetuate a medical solution to a social problem.

We acknowledge living in impoverished environmental conditions can lead to people feeling depressed (understandably low mood, feeling hopelessness about change), anxiety (concerns about debt, being able to afford food to feed families etc) given this context relationships can become strained and lead to family breakdown, creating further distress and concern.

People from Black communities can experience racism in their personal lives, ranging from casual slights to explicit hurtful comments and verbal or physical aggression. Research suggests that experiencing racism can be very stressful and have a negative effect on overall health and mental health.

There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression.

The solution is more of a social political one – mental health support can be helpful in these situations but is not the long-term answer.

WHY ARE MENTAL HEALTH SERVICES MAINLY STAFFED BY WHITE PEOPLE?

The challenge of achieving race equality in the workplace is real, and one that is not unique to the NHS. To meet this challenge, the Workforce Race Equality Standard (WRES) programme was established in 2015. It requires organisations employing the 1.4 million NHS workforces to demonstrate progress against nine indicators of staff experience; and supports continuous improvement through robust action planning to tackle the root causes of discrimination- the link below takes you to the full report.

<https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/>

The Government produces NHS workforce Ethnicity facts and figures data with a breakdown of the workforce in terms of ethnicity, job roles and pay bandings- <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest>

Main facts and figure as at March 2019, over 1.4 million people were employed by the NHS:

- of NHS staff whose ethnicity was known, 4 out of 5 (79.2%) were White (including White ethnic minorities), and 1 in 5 (20.7%) were from all other ethnic groups.
- there was a higher percentage of staff in medical roles (working as doctors in hospitals and community health services) from the Asian, Chinese, Mixed and Other ethnic groups than in non-medical roles (a higher percentage of junior doctors were from the Black, Chinese, Mixed groups 39.7%; White doctors 55.4%; Other 4.3%).
- among the non-medical workforce, staff from the Asian, Black, Mixed and Other ethnic groups made up a smaller number of those at senior grades (bands 8a to 9) and the 'very senior manager' grade than at the support (bands 1 to 4) and middle grades (bands 5 to 7).

There are clear challenges for the NHS in terms of ensuring that the workforce reflects the local population and that we continue to work with the WRES quality indicators to promote Black staff to work in health and mental health services at all grades.

There is no one answer to this. Psychological therapies professions such as clinical psychology need to think about how they reach and support diverse communities to pursue careers in mental health. Sometimes people are not aware of the variety of roles in mental health. There is also structural racism in organisations such as the NHS, whereby those who often recruit into mental health professions tend to be White British and will therefore have unconscious biases. In SHSC, if recruiting into a band 7 or above role, services are encouraged to have a BAME person on the recruitment panel to help mitigate against this. Obviously, this alone is not sufficient, but it's a start.

HOW CAN WE TAKE DOWN THIS PERSONA OF BLACK PEOPLE BEING OVERDRAMATIC AND NOT BEING TAKEN SERIOUSLY WHEN THEY TRY TO INDICATE THEY MAY BE SUFFERING WITH MENTAL HEALTH ISSUES?

It is difficult to tackle implicit bias and peoples' preconceived opinions and stereotypes that exist when it comes to people of colour. Education and communication seems to be the main ways in which to shake off this narrative. In saying this, people must want to learn, understand or hear how things are for people of colour for things to change.

Ways in which to inform, educate or share our lived experience as follows:

Formal complaints / feedback – online / search engine type in: -

Complaints Sheffield Health and Social Care (SHSC)

Complaints Sheffield Teaching Hospital (STH)

Complaints Sheffield Children's NHS Foundation Trust – feedback

Patient Advice and Liaison Service (PALS)

Engagement and Experience (SHSC)

Many of these links can be found on the Sheffield Mental Health Guide, managed by Sheffield Flourish - <https://www.sheffieldmentalhealth.co.uk/>

NHS Friends and Family surveys (feedback)

Mental Health Advocate via Citizens Advice Bureaux

Rethink Advocacy Services

Mind Advocacy

Sheffield Advocacy

Ask to speak to a Black representative or member of staff to share your experiences. Services will welcome your opinion and should listen to your concerns.

AS A WHITE PERSON, I'M FEARFUL OF "GETTING IT WRONG" AND INADVERTENTLY DISCRIMINATING ON THE GROUNDS OF RACE/ETHNICITY. WHAT ADVICE DO YOU HAVE FOR SOMEONE LIKE ME, WHO WANTS TO "GET IT RIGHT"?

Self Inquiry

Educate yourself about the history of the Black lives matter movement, the role of Africa and Europeans in a shared history of colonisation, to the ongoing racial profiling and workplace discrimination that particular races face in the UK.

Also reflect on your whiteness and whether that leads to feelings of defence. For example, it can be difficult to acknowledge that you may have deep-rooted racism, especially if you see yourself as progressive.

Some useful videos to start:

<https://youtu.be/w303dRDpgRM> - Race and Class in the Ruins of the Empire (Ash Sarkar meets Akala)

<https://youtu.be/wjHg65JORi8> - Debunking the most common myths white people tell themselves about race

Ask your colleagues what their experiences are

Try to ask them about their experiences in an open and non-judgmental manner with the onus on you to listen. The environment and setting this happens in is crucial to get honesty and truth sharing. It is important to create a safe environment without recrimination or punitive consequences if voices are to be heard. Be prepared that your own values and beliefs may be challenged.

New mindset

Adopt a zero-tolerance mindset and attitude in your work and make a personal commitment to speak up – for yourself and others in ANY circumstance where prejudice and discrimination are being voiced and acted on openly. This should apply to our homes as well as our workplace.

- Calling in – more personal, gentler approach to challenging racism. This may be appropriate when not wanting to put yourself or others at risk
- Calling out – naming and challenging publicly behaviour that is adding to oppression
- Stepping up – speaking out and being active as racism and oppression is everyone's responsibility to challenge
- Stepping back – understanding that sometimes it is not appropriate for you to jump in and speak on someone else behalf, unless they want/need you to.

Everyone needs a voice

Seek viewpoints from different people in your teams. Some people have become used to being openly overlooked and discriminated that they find it safer for their self-preservation to lay low and quiet. So, bear this in mind and actively seek to hear from those silent voices in the room.

Speak truth to power

The most challenging thing to do is to challenge authority as we are all scared of the repercussions, but without speaking truth to our leaders and authority figures, we risk repeating the past.

DO YOU AGREE THAT THAT MENTAL HEALTH IS PUSHED DOWN THE LIST OF IMPORTANCE IN THE LIVES OF POOR PEOPLE AND THAT NEEDS TO BE ADDRESSED?

In a word, yes. So often poverty and class are used as the ultimate reason for health inequalities. Whether it's tackling poor diets, dental hygiene or lack of exercise, too often it is easier for policy makers to mark these all as inevitable when people are poor. And, this is especially clear when it comes to mental health, as we also do not have that parity of esteem between physical and mental health. However, we cannot deny that inequality is significantly linked to poorer health in general. It can be very difficult for someone to access the right support and care if they are struggling to pay the rent or feed their families. Poverty reinforces and compounds other forms of inequality, as it deprives people of the important resources to help themselves get better and they are therefore inevitably reliant on state support.

WHAT ARE SHSC DOING ABOUT THE PERCENTAGE OF BAME PEOPLE ON WARDS IN SHEFFIELD? WHY IS THIS DISPROPORTIONATE TO THE GENERAL POPULATION OF SHEFFIELD?

It is recognised nationally that there are a higher proportion of Black people per population accessing care and treatment on the inpatient wards and this is the same in Sheffield. There are a number of factors:

Mental Health Stigma: In some communities, mental health problems are rarely spoken about and can be seen in a negative light- linked to shame, “Jinn” and possession by demons/spirits. This can discourage people within the community from talking about mental health and this may become a barrier to seeking help until problems are more difficult to manage and require inpatient care.

Racism and Trust: There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression. As the perpetrators of the racism are often white and a large number of NHS staff are white there may be a trust issue with regard to seeking help. This sits alongside the experience of a number of the Black community witnessing family members or hearing of family members being detained under the mental health act, leading to issues of trust.

Culturally appropriate treatment and interventions: research points to a strong need for greatly increasing cultural competency in mental health services. Saiqa Naz, one of the trusts BAME leads & colleagues, has worked on the development of the Culturally appropriate treatment guide. <https://babcp.com/Therapists/BAME-Positive-Practice-Guide-PDF>

The new Sheffield Community Forensic Team at SHSC have recently developed and commissioned work to support Black men leaving inpatient treatment. In partnership with voluntary sector partner’s SADACCA, Sheffield Flourish and Space to Breathe, a pathway has been developed into culturally appropriate community support including a social café.

The Black Mental Health Live event was an attempt from SHSC to work with ADIRA & Sheffield Flourish to engage the Black community to hear what people wanted from SHSC FT: work with others to begin to tackle, mental health stigma; build trust with local communities; to engage with people early in with mental health problems to prevent distress of hospital detention.



ORGANISATION'S CURRENTLY ASK BAME STAFF FOR HELP AND ADVICE WHEN DEALING WITH RACISM. BAME STAFF DO THIS ON TOP OF THEIR DAY JOBS AND IT CAN BE CHALLENGING. SHOULD BAME STAFF BE PAID EXTRA FOR THIS?

Organisations should create roles with a specific focus on this work, otherwise we risk BAME staff burning out even with extra pay. The role needs to be supported by senior leaders in organisations. One person alone is not sufficient to change the culture of an entire organisation. Culture change requires everyone to be engaged with the process.

If organisations want to use external consultants, then this should be paid. If BAME staff continue to give their time for free or in addition to their day jobs, this becomes part of the problem rather than a viable solution.

SHSC FT has a staff BAME network group to form a network of support for staff and a place to raise any issues within the organisation. The Trust also employs a paid lead role who offers mentoring and organises the Working Together annual conference. This role also connects with wider local BAME community groups & the current lead also supported the Black mental health live event.

Some staff within their paid roles within the Trust are allocated time within job roles to lead on pieces of work connected to the BAME network group and give advice to the Trust on racism. There is a piece of work currently in progress "Big Conversation", looking at tackling racism.

SHSC is currently looking at the development of the BAME role in relation to the time needed to complete all of the tasks required.

HOW CAN WE APPROACH HEALING/THERAPY FROM A DECOLONIAL APPROACH WHILST LIVING IN THE WEST?

Statutory Services do not always cater for Black communities; therefore, we need to ensure our ethnic, cultural and spiritual beliefs are addressed. This may mean that often people of a 'minority' background may need to source other support to meet these areas that are often an important part of our heritage. On-line self-help can often be a good source of information for personalised support, although we need to ensure that the information is from a reputable website. On-line groups and resources include:

Black, African, Asian Therapy Network (BAATN) podcasts - <https://www.baatn.org.uk/podcasts/>
Black Minds Matter - <https://www.blackmindsmatteruk.com/>
Therapy for Black Girls - <https://www.blackmindsmatteruk.com/>

HOW DO WE BREAK DOWN THAT NOTION OF RESILIENCE AND BEING STRONG AND CARRYING ON AS BLACK WOMEN?

This will be difficult because as a Black person it certainly feels that to get through the everyday routine, you have to at least show that you are strong. Maybe it isn't about breaking down resilience, but to be aware of times where we feel we need to continue to be strong when really, we are too weakened by the stressors of life. The following document may provide some useful information and lived experience quotations to help in the understanding of what can be helpful to maintain good mental health and to recognise the issues that can cause a deterioration in our mental health; additionally, acknowledge things we can do to limit the negative impact.

<https://www.mentalhealth.org.uk/sites/default/files/recovery-resilience-summary.pdf>

WHY AM I MADE TO FEEL LIKE I AM THE PROBLEM IF I COME TO YOU COMPLAINING OF RACIAL DISCRIMINATION AT MY SCHOOL, WORK COMMUNITY, FAMILY?

We're very sorry you have had this experience. Unfortunately, many people have experienced this. This doesn't mean you are the problem. This means that the people you were speaking to may not have been ready to listen. People often find it helpful to keep a log of their experiences, even if it's just an opportunity to vent on paper.



THEME 2: LACK OF SPECIALIST SUPPORT FOR THE BLACK COMMUNITY

- **Funding**
- **Prevention**
 - focus on root causes
- **Lived experience as an asset**
- **Ownership of some of the barriers from within the Black community**
- **Celebrate blackness**
- **Faith sector**
 - training in mental health
 - pastoral care
- **Understanding and meaningful support for specific communities**
- **A safe space for specific communities**
 - permission to speak out and share
- **Role models/mentors**

IS THERE SPECIFIC TRAINING IN PLACE FOR MENTAL HEALTH SERVICES TO DEAL SPECIFICALLY WITH BLACK PEOPLE THAT IS CULTURALLY APPROPRIATE AND UNDERSTANDS MENTAL HEALTH FROM THEIR PERSPECTIVE?

There are definitely gaps in training that some organisations are trying to address. Often White therapists are too scared of offending someone and can end up not asking people about their culture, faith and experiences of racism. Some IAPT services are now developing cultural competence training to help develop therapist's confidence.

The best way to try and overcome this issue is for mental health services to spend time with and develop relationships with their local Black communities and community organisations like Adira and find ways in which they would like to work together.

You may like to read the following article:

- Addressing Issues of Race, Ethnicity and Culture in CBT to support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users (Saiqa Naz, Romilly Gregory and Meera Bahu, 2019. In Press, the CBT Journal)

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/addressing-issues-of-race-ethnicity-and-culture-in-cbt-to-support-therapists-and-service-managers-to-deliver-culturally-competent-therapy-and-reduce-inequalities-in-mental-health-provision-for-bame-service-users/76077E718302F7E7C58A758AB0232BB4>

WE KNOW A DISPROPORTIONATE NUMBER OF BAME PEOPLE WITH LEARNING DISABILITIES END UP IN ACUTE MENTAL HEALTH SETTINGS. BUT LESS ARE ACCESSING COMMUNITY SERVICES. WHAT IS BEHIND THIS? HOW DO WE CHANGE IT?

Research shows that people from a Black background often have to deal with the issue of 'double discrimination' whereby people and families who are experiencing the challenges of learning difficulties, are also fighting the stereotypical view of the 'minority' person in terms of labelling behaviours, IQ and ability. Unfortunately, and again, due to this narrative there is a failure in people being listened to or believed. Which leads to a barrier in people from a Black background accessing appropriate care and support. Issues such as institutional racism, negative attitudes, assumptions and biases, misunderstanding of the difficulty, language barriers can all be challenging issues that can arise for people wanting to access care. How can we change this? Your GP is usually the first port of call to share concerns with. Services need to be aware of these difficulties and the issues need to be highlighted. Services should be aware of these concerns so that the provision of services is equal to all. Again, there is a need to share lived experiences in the appropriate forums so that the Service User voice can be heard. On-line resources can be helpful, such as:

- 'Sheffield Parent Carer Forum' 03003214721 provide helpful support and advice - <https://sheffieldparentcarerforum.org.uk/>
- How to access health services - www.Sheffielddirectory.org.uk
- Association for Real Change - <https://arcuk.org.uk/>
- British Institute of Learning /disabilities - <https://www.bild.org.uk/>

The following document discusses some of the issues Black people can face in seeking this care and highlights identified ways in which to provide appropriate support.

- Better Health Briefing 15. Towards Race Equality in Advocacy Services: People with Learning Disabilities from Black and Minority Ethnic Communities - <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief15-1.pdf>

There are also additional forums for people who receive support from a service: Service User Groups (SHSC, STH, SCH) / Engagement and Experience, PALS.



I FEEL LIKE BLACK MENTAL HEALTH IS UNRECOGNISED UNTIL IT IS OUT OF CONTROL AND THEN CRIMINALISED RATHER THAN TREATED IN MANY CASES. HOW DO WE GET EARLY HELP FOR PEOPLE GOING THROUGH STRESSFUL TIMES?

We agree that this is a national challenge -there is growing concern over unmet mental health needs for those currently within the criminal justice system with mental health needs, particularly in the youth justice system.

There is a continuing challenge within mental health systems to address the impact of stigma: racism and trust within the Black communities. It is important to develop better relationships and increased understanding of what the Black community want from SHSC FT: work together with Black leaders and organisations to engage with people early in with mental health problems to prevent distress of hospital detention or the criminalisation of mental ill health.

This is a very important question. The Improving Access to Psychological Therapies (IAPT) initiative is set up to address this very issue. IAPT services are encouraged to work with their local BAME communities to implement the IAPT BAME Positive Practice Guide. You can read the guide [here](https://www.babcp.com/Therapists/BAME-Positive-Practice-Guide-PDF) and use the toolkit at the back of the guide to start discussions with your local IAPT service.

<https://www.babcp.com/Therapists/BAME-Positive-Practice-Guide-PDF>

THE BLACK LIVES MATTER MOVEMENT IS INSPIRING AND MUCH MORE THAN A MOMENT IN HISTORY. IT SHOWS HOW BLACK LIVES ARE SEEN THROUGH BIAS IN MEDIA AND COLONIAL ROOTS IN EDUCATION. WHAT IS THE EQUIVALENT IN MENTAL HEALTH?

There are some really good campaigns about destigmatising mental health – check out <https://www.time-to-change.org.uk/>. There are also movements in areas such as ‘Mad Studies’, which is a user-led challenge to the current bio-medical (e.g. illness/disorder) direction of policy and thinking. However, you are right, they have not experienced the significant momentum of Black Lives Matter.

YOU COULDN'T MAKE IT UP

THEME 3: KNOWLEDGE ABOUT WHERE TO FIND SUPPORT/COMPLEX NEEDS

- Pathways and access to care
- Physical health / parity of esteem
 - eating disorders
 - diabetes
- Triggers and practical tools for trauma and PTSD
- More co-production and co-design
- Peer support / mentorship
- Specific Black interventions on offer
- Black therapy and counselling
- Engagement with Black people to build trust
- Digital inclusion

FOR THOSE OF US THAT DON'T KNOW HOW TO ACCEPT LOVE, WHAT'S A GOOD FIRST STEP FOR BRANCHING OUT TO GET SUPPORT?

This is a common problem that we hear from people: being in relationships - loving yourself and allowing others to love you when you have felt put down and criticised by others can be a challenge.

The first step is reaching out for help, potentially to survivor-led groups like Adira and other groups that offer peer support in a safe environment, where you can feel accepted. Have a look at the Sheffield Mental Health Guide - <https://www.sheffieldmentalhealth.co.uk/> as it features over 300 mental health services and activities in Sheffield, including those that are user-led or provide peer support.

ARE THERE ANY SPECIAL PROVISIONS BEING PUT IN PLACE TO SPECIFICALLY ADDRESS THE MENTAL STATE THAT MOST PEOPLE (CHILDREN INCLUDED) WILL BE IN WHEN THE PANDEMIC RESIDES?

There is a national group looking at Covid and mental health that straddles Dept Health & Social Care, NHS England, and Public Health England.

Locally this is being led by the Sheffield Psychology Board (SPB), that is made up of all the hospitals in the city, public health, clinical commissioning group (which includes GPs) and charities. The SPB have produced a number of information resources aimed at different groups, including the bereaved, teachers, keyworkers, BAME communities and children and young people. You can find them here:

<https://sheffieldflourish.co.uk/coronavirus-information-leaflets/>

There is also a short video they produced:

<https://youtu.be/89I6BEqTBJg>

DO YOU SEE ANY VALUE IN FORGIVING AN ABUSER?

Answered by Ursula from Adira.

I am now 47 years old and for the first 30 odd years of my life, I was filled with bitterness, hatred, anger, resentment and unforgiveness towards ALL of my abusers especially my mother.

It took many years for me to realise that holding onto all that especially the unforgiveness was not only damaging my physical health (I ate my pain and subsequently put on a lot of weight) but it also severely damaged my mental and emotional health, which would cause me to have serious breakdowns and be sectioned, repeatedly.

Whilst all this was happening to me, my abusers were and are still being hailed as pillars of the community, pillars of the church, an amazing mother who did her best for a troubled and damaged daughter, with zero ownership or acknowledgement of the damage they caused.

So, the reality was I was destroying my life, my relationships, my children, work prospects, future, physical health and my mental health by being consumed with unforgiveness, whilst the perpetrators went about their daily lives oblivious to my pain.

I began to realise that me holding on to unforgiveness really was like drinking poison and expecting the other person to die.

So very, very, very slowly, I began to let go.

I let go of the hatred, I let go of the resentment, I let go of the bitterness, and most importantly, I started to forgive.

The process of forgiving was the hardest to do as it felt as if I was saying that what they did was okay.

But I have learnt over time that forgiving them doesn't mean that what they did was not wrong, it means that they no longer have control over me years later. It means that they no longer live rent free in my head, mind and my emotions.

Forgiving means that they no longer have any power over me.

Since I chose to start forgiving, I have a better relationship with my children, they will not now pass that pain on to their children, I have fewer breakdowns, I haven't been sectioned for years, I am able to work and function normally (most of the time) and I am getting my eating under control.

THE VALUE IN MY FORGIVING MY ABUSERS IS THAT I NOW HAVE PEACE OF MIND, WHICH SPILLS OVER INTO EVERY AREA OF MY LIFE FOR THE BETTER!

Ps forgiveness is a work in progress, and you have to work on it every day and I am still working on it!

WHAT WERE THE KEY TURNING POINTS FOR YOU IN YOUR HEALING JOURNEY? (FOR URSULA)

Answered by Ursula from Adira.

- I am a Christian, so one of the major key turning points was me learning to let go and let God deal with my most painful situations
- Having a diagnosis at age 33 of Borderline Personality Disorder was my biggest turning point as it made me aware that I wasn't crazy as I had been told all my life by my family and the church. Reading up on my diagnosis and causes helped me to finally acknowledge my abuse, my abusers, and begin to start doing what was needed to start my healing.
- Realising that nobody was going to rescue me, I had to rescue myself and be my own superhero
- Recognising and acknowledging that I was a child and therefore it was not my fault (that took years)
- Learning that despite everything that had happened to me, that I was/am still worthy/deserving of love
- I have to learn to love myself first or I will never allow anyone else close enough to love me
- If your perpetrator is still in your life, i.e. your mother, set boundaries and never remove them
- Never be afraid to make that first step and ask for help (no man or woman is an island)

WHAT HELP AND SUPPORT IS OUT THERE FOR MY MUM WHO HAS COMPLEX NEEDS, TO ENABLE HER TO STAY IN HER FLAT? ARE THERE CARE COMPANIES THAT MORE UNDERSTAND THESE NEEDS?

If these are complex mental health needs then there are adult and older adult services within SHSC FT that can also access social care packages of care to support people with complex needs. Talk to your GP about a referral also please consider using the Sheffield Mental Health Guide <https://www.sheffieldmentalhealth.co.uk/>, they also have a support line that you can call and talk through the specific needs of your mum.

HOW DO I GO ABOUT SETTING UP BLACK FAMILY COUNSELLING SESSIONS?

There are services available for family counselling across Sheffield, the first port of call would be to speak with your GP about this to discuss which is the right service for you and your family.

You could also visit the BACP list of registered counsellors:

<https://www.bacp.co.uk/about-therapy/how-to-find-a-therapist/>

WOULD YOU SAY THAT GIVING THE PATIENT LIQUID COSH (MEDICATION) AS OPPOSED TO COUNSELLING IS A CHEAPER WAY OF CONTROLLING THEM?

NHS staff follow the NICE (National Institute for Health and Care Excellence) guidelines when treating people with mental health problems. There are a number of research-based studies within the guidelines that show that giving medication and counselling produces better outcomes, for example people with mild to moderate Depression and Anxiety it may be helpful to have both medication and counselling to achieve better longer-term results. For those with more complex mental health problems, medications and a whole team of multidisciplinary staff (occupational therapists, pharmacist, mental health nurses, support workers, psychologists and medical staff) may be needed.

Some people do not want to take medicines in the short or long term to manage their mental health problems and SHSC can support people to find other ways of coping. For others, without medicines, they continue to be very unwell.

HAS THERE EVER BEEN ANY SOCIAL MARKETING SPECIFICALLY DEVELOPED TO ENGAGE THE BAME POPULATION GROUPS TO BUILD TRUST IN SERVICES, AND ENCOURAGE ENGAGEMENT?

No, but it is something we are keen to work on. In Sheffield there is a project looking at the coproduction of suicide prevention messages for Black men. Sheffield Flourish are looking to do a review of all their digital tools and social media to ensure they are more inclusive and that the lived experience stories that are shared are not dominated by the white experience of mental health. There is also a national organisation called Charity So White that is tackling and rooting out racism in charities and the voluntary sector - <https://charitysowhite.org/>

FOR SOMEONE WHO IS NEW TO SHEFFIELD, WHERE WOULD I GO TO GET HELP WITH MY MENTAL HEALTH ISSUES WITHOUT BEING STIGMATISED?

Again, a good first step would be visiting the Sheffield Mental Health Guide - <https://www.sheffieldmentalhealth.co.uk/> as it features over 300 mental health services and activities in Sheffield and you can use searchable terms to find the ones that you are most interested in.

THEME 4: SPECIFIC CHALLENGES FOR CHILDREN AND YOUNG PEOPLE

- Prevention
- Family dynamics
- Mental health taught in schools
- Intergenerational issues
- Early intervention
- Safe spaces
- Students
- Lived experience as education
- Being listened to
- Church and religion
- Education and events
- Culturally competent youth services

DO YOU THINK IT IS WORTH GOING INTO SCHOOLS, COLLEGES AND UNIVERSITIES TO GIVE TALKS ON MENTAL HEALTH BY PEOPLE WITH LIVED EXPERIENCE FROM DIFFERENT BACKGROUNDS, NOT JUST WHITE PROFESSIONALS?

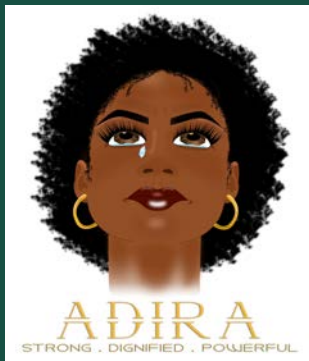
I think School, Colleges and Universities should have mental health on their agenda. Many Schools and Colleges have prioritised this following the impact of COVID and have incorporated and emphasised mental health education and support as part of compulsory subjects such as PHSE. Hearing lived experiences from people of different backgrounds would be helpful and could aid a better understanding of individuals' mental health journey.

HOW CAN YOU NOT RELIVE YOUR TRAUMA ON OTHER PEOPLE? FOR EXAMPLE, A PARENT HURTING/NEGLECTING THEIR CHILDREN AS THEY NEVER HEALED FROM THEIR OWN TRAUMA.

Answered by Ursula from Adira.

I had to first acknowledge that I had experienced a trauma and then seek culturally appropriate, culturally sensitive and culturally competent therapy to help me to face and address the trauma. That type of therapy showed me how to prevent me pouring my unresolved pain and trauma on not just my children, but friends, partners, work colleagues etc.





ADIRA is a survivor-led mental health & well-being organisation - supporting Black people with mental health issues.

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Sheffield Health and Social Care NHS Foundation Trust provide a range of mental health, learning disability and substance misuse services to the people of Sheffield.

www.shsc.nhs.uk



Sheffield Flourish are a mental health charity that support people to use their skills, ideas and talent to build the lives they want.

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