

# Measuring Race Equality in Mental Health Helplines

## Key Implications for Decision Makers

The Mental Health Helplines Partnership (**mhhp**) exists to support helplines in developing capacity, quality, access, choice and governance in the provision of helpline services for users and their carers within all the diverse communities in England. The recently commissioned Mapping Report provides new evidence to support understanding of race equality in achieving these aims.

The Mapping Report was launched at the House of Lords on 27th March 2008. The findings of the report are expected to have a broader significance across the mental health, social care and wider Third Sectors. The **mhhp** is keen to build on the findings of the mapping exercise in order to stimulate partnership working within the public sector and engage further, and more effectively, with members of vulnerable, diverse communities across England.

The Mapping Report findings are simple; 'unofficial' services represent 56% of the total service provision map for members of Black and Minority Ethnic (BME) communities in England. These voluntary sector projects, in many cases, have provided a formal helpline service for their target community in the past, however now provide mental health

advice for users without any formal resources to do so. 44% of BME helpline services are directly funded by a variety of local authority, social care and statutory sources in order to provide 'official' mental health helpline services for BME communities. The majority of services, as illustrated in the service provision map, are concentrated in the South East, Midlands and North West regions of England.

The Mapping Report details the need for secure funding sources, research into target 'markets' for services, training for staff on cultural and mental health issues in addition to sharing of best practice regarding service promotion to vulnerable groups. These requirements represent key development needs for all BME services in the UK.

Consultation with **mhhp** member helplines and wider stakeholders reveals a priority need to build on the report through engaging with both those unofficial and official BME helplines identified. This is necessary to maintain the impetus created thus far in order to maximise contacts, share best practice in targeting vulnerable groups and undertake research into the marketplace for helpline services within the BME sector.

The **mhhp** therefore commissioned its BME engagement strategy for helpline services in England, to be presented officially at the House of Lords. The model detailed provides a step-by-step framework for how the **mhhp** will engage with services identified through the recent exercise. The key objectives of the model are to provide a cost-effective plan for **mhhp** to firstly engage and ultimately share resources/learning with unofficial/official helplines.

Risk management, information sharing and partnership working are key features of the engagement model, which centres on forming an 'associate pool' of BME unofficial helplines where information/views are shared via a Race Equality Lead (REL). Risk will be minimised through identifying gradually what support/resources are required by associate helplines and ensuring simultaneously that associate services are committed to improving standards and sharing best practice in order to achieve the ultimate aims of the **mhhp**.

Gradually, it is expected that service users within the associate pool will, as long as their needs are representative of broader BME service users, be able to become full members of the **mhhp** and have access to training, quality

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standards and attend partnership meetings. The **mhhp** will benefit continually through information sharing with associate members as to the needs of BME service users.

It is hoped that the current model will form the basis of a wider partnership with BME stakeholders across the public sector, in order to engage more sensitively and effectively with

England's diverse communities. The model is believed to be sufficiently innovative, yet sensitive, to represent real progress across the race equality arena.

## The Context

The **mhhp** represents a consortium of more than 50 voluntary sector mental health helplines. **mhhp** was established in 2001, with a key remit to benefit users of helplines and their carers by supporting mental health helplines in developing capacity, access, choice, quality and governance in the provision of helpline services.

Diversity and race equality have been cornerstones of the **mhhp** approach since its very inception. Large numbers of member helplines provide

services for BME and other marginalised groups and a dedicated Race Equality Lead has sat on the steering group (SG) of the organisation for the duration of its existence. The current mapping exercise represents a key stage within the **mhhp** race equality strategy, which has been developed over the last two years as a priority objective within the work programme.

The Mapping Report includes an extensive review of the mental health literature, new evidence around the

service provision map for BME users of helplines, and crucially the views of all stakeholders as to how the results of the exercise should inform future strategy.

The **mhhp** is keen to maintain the impetus of the current exercise, therefore in addition to its Mapping Report also launched its BME Engagement Strategy, which will form the basis of future race equality work as it moves towards an independent charitable organisation in 2008.

## The Results

The Mapping Report itself has delivered a number of key findings; chiefly that unofficial services account for around 56% of mental health helpline service provision within England's BME community.

These services receive no direct funding for running a helpline, however continue to provide advice in response to user need within their local communities. Unofficial services often share similar characteristics. These include exhibiting a real need

for staff training in cultural/mental health issues, legal advice in developing complaints procedures and finally recognition by mental health commissioners/social services funders as to the unique role their service plays within the service provision map.

The remainder of service provision comes from official, classic helpline services (44%). A total of 31 mainstream mental health helpline services were identified via the

mapping exercise. Mainstream official helplines were significantly more likely to be funded centrally compared to 'unofficial' helplines. 64% of official helpline services listed local Primary Care Trusts and County Councils as primary funding sources.

The development needs of official helplines centred around identifying secure funding sources and undertaking in-depth research around the specific needs of their target groups.

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## The Implications

**mhhp** stakeholders are in agreement as to the need to develop relationships with official and unofficial helplines. The plan is to share learning around engagement with vulnerable, diverse communities in the provision of mental health helpline services. The **mhhp** puts forward a model for engagement with BME communities, which it hopes can be emulated by partners across the Government and the Third Sector.

BME helplines have shown enthusiasm for engaging with the **mhhp** in order to share learning and best practice. However, many of the participants in this study have stressed the need to manage this process in order to minimise potential risks and maximise learning between mapped services and member helplines. To ensure the process is managed, BME services

need to maintain independence from any authorities. Member helplines within **mhhp** also wish to ensure that engaged services from the BME sector commit to the **mhhp** objectives of quality, governance, capacity, access and choice. This is particularly important as the partnership becomes an independent charitable organisation.

As detailed below (see Figure 1), the proposed model puts forward a 3-stage cycle for the management of relationships between the **mhhp** and identified BME services. The initial stages of the engagement cycle propose that a dedicated Race Equality Lead (REL) acts as the conduit for information sharing between the **mhhp** and an 'associate pool' of BME helpline services. Criteria for inclusion in the pool are yet to be finalised, however broadly centre on the need for BME

services to improve the quality of life of users through the provision of telephone-based mental health support.

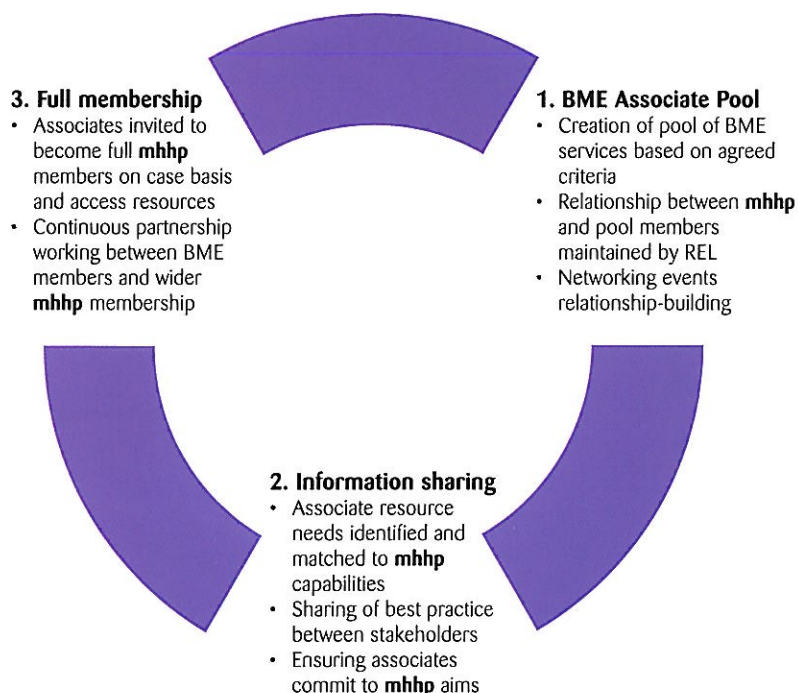
Stage 2 of the model (see Figure 1) involves a gradual sharing of information between **mhhp** and BME helplines within the pool. The REL will play a strategic role in ensuring that the resource needs of BME helplines are matched to a commitment to sharing best practice with **mhhp** members around engaging with BME populations. **mhhp** will seek a proactive way to engage with BME helplines in future work. BME helplines will need to show a commitment to improve standards and subscribe to the aims and objectives of the **mhhp**.

Amo Kalar

**mhhp** Race Equality Lead

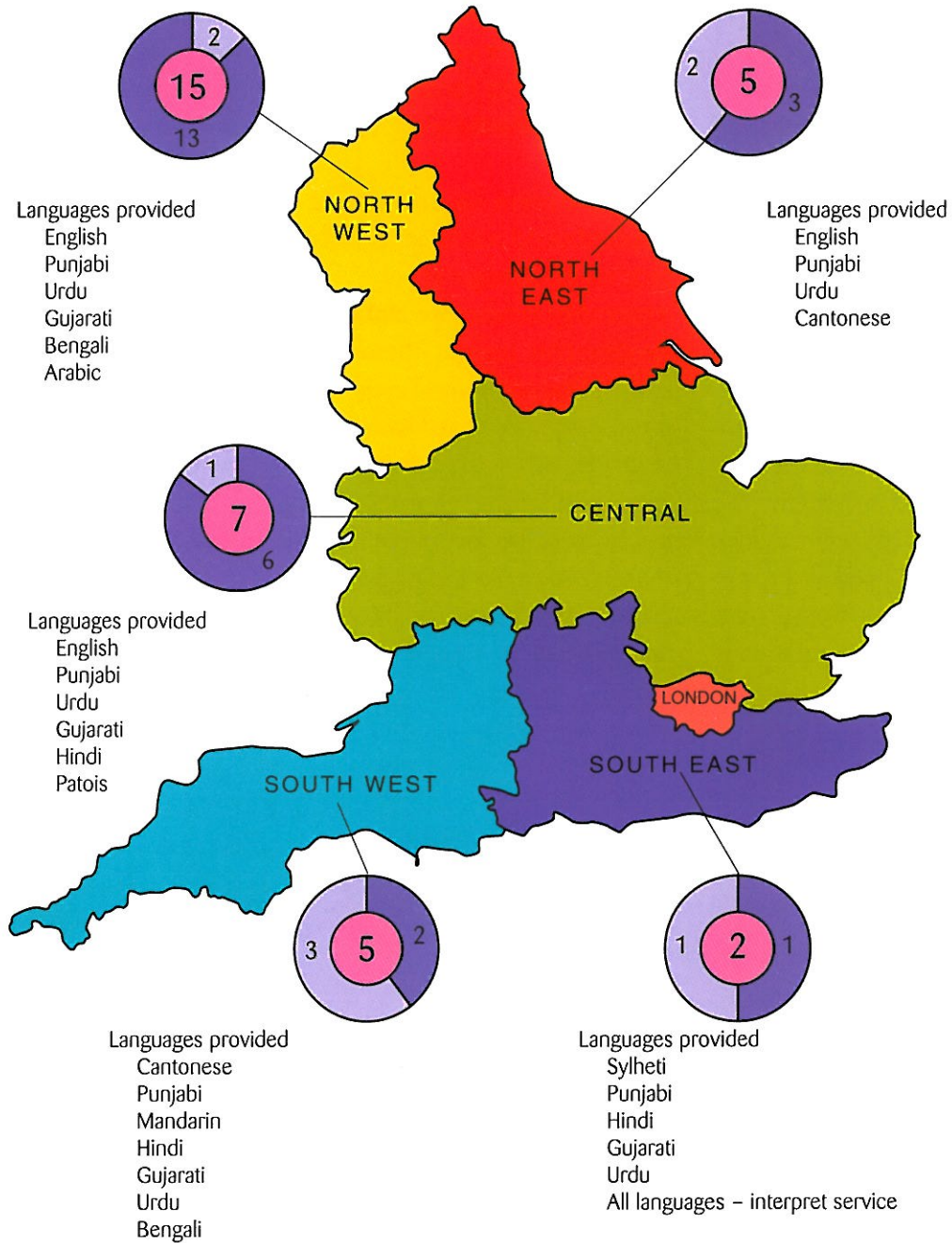
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Figure 1 The **mhhp** BME Engagement Model



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**Figure 2 BME Helplines Service Provision Map**



**Contact the mhhp:**

Lilian Owens, Project Manager  
 28 Castle Street  
 Dover  
 Kent  
 CT16 1PW

m: 07789 617779  
 t: 01304 215397  
 f: 01304 241578

e: [lilianowens@hotmail.com](mailto:lilianowens@hotmail.com)  
 w: [www.mhhp.org.uk](http://www.mhhp.org.uk)

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