

**Celebrating work towards
achieving equity of access for
psychological therapies for severe
mental health problems**

**Resource pack
September 2023**

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Resource pack scope

This resource pack is intended to provide:

- ✓ A snapshot of different approaches mental health providers have taken towards being responsive to needs of diverse populations.
- ✓ A repository for shared learning and potential collaborations across trusts providing PT-SMHP across the region and beyond.
- ✓ Intended to complement the NICE recommended evidence-based interventions.

This resource pack is not:

- ✗ A manual on how to address needs of any one population.
- ✗ A reflection of all the work going on across the region. This is limited by the number of provider trusts and people we were able to interact with.

The interventions or projects highlighted in this pack cannot be lifted and shifted or manualised. By sharing the principles and intentions behind these interventions, this resource pack offers a range of examples and models on working with diverse populations and communities to provide care that is suited to their specific needs and goes beyond the conventional one-size-fit-all approach to care. These interventions are at varying levels of implementation and not all have been evaluated for effectiveness. Where outcome data was provided, this has been referenced within this pack.

Introduction

Transformation Partners in Health and Care's (TPHC) Psychological Therapies for Severe Mental Health Problems (PT-SMHP) Programme Team in collaboration with Lived Experience Practitioners conducted a root cause analysis to identify barriers to accessing PT-SMHP.

The present focus is to promote the delivery of psychological therapies that are responsive to the needs of diverse populations. The aim of this project is to celebrate the strides that have been made by provider Mental Health Trusts across London in improving access to PT-SMHP for all, especially for marginalised groups. The TPHC team spearheaded an exercise to collate relevant information and resources from London Mental Trusts with the aim of spotlighting remarkable achievements and fostering shared learning across the region.

Approach and Method

After a series of discussions with clinical leads from across nine London Mental Health Trusts, the group acknowledged that there was an existing wealth of resources to tap into from existing work across London. A mapping exercise was conducted with all trusts to identify these interventions, celebrate the efforts and most importantly promote cross learning in the region.

There are complex factors that affect the delivery of accessible culturally congruent psychological therapies to a diverse population. Most existing and widely used *psychological therapy modalities* have been said to be Eurocentric, individualistic, and secular in nature, in many cases, contradicting the service user beliefs and making these therapies less suitable for certain groups. *Cultural differences between the service user and therapist* can impede trust and a good therapeutic relationship. When a cultural match is not possible, especially in highly diverse settings, the awareness and knowledge of this differences and proactively working to bridge the gap can promote positive outcomes.

There is also the matter of creating *the right environment* to ensure accessibility to services. The conventional hospital or clinic-based delivery of services may not be an appropriate or an enabling environment for service users who might have some distrust in the healthcare system or have difficulty traveling to service delivery points. Exploring alternative approaches in community-based services can help improve accessibility.

Findings

Taking these factors into consideration, the TPHC team conducted this exercise through semi-structured interviews with e trust representatives. 44 interventions were identified which have been categorised into the below themes:

- 1. Understanding access disparities and needs of diverse populations.**
- 2. Meeting unique needs of diverse service user groups.**
- 3. Adopting varied ways of working and engaging service users.**
- 4. Developing organisational strategies to promote equity of access.**
- 5. Other good practices**

This report provides brief summaries of most of these interventions, with some expanded into full case studies. Where provided, additional resource(s) and contact details have been included for requesting further information about the interventions provided.

1. *Understanding access disparities and needs of diverse populations*

The first set of interventions cover in-house service evaluations to assess disparities in accessing mental health services; work with certain groups to better understand how to design services that meet their needs; and research work that delves into barriers that prevent certain population groups from seeking mental health care – and some of the possible approaches to addressing them.

Working with the Jewish community

ELFT

ELFT conducted workshops around mental health for orthodox Jewish communities, co-written with the communities and community leaders. The output from this was shared to encourage ward staff to think about how to meet the identified needs.

Contact person(s): [Charlotte Cathy](#)

Evaluation of service users accessing London Community Offender Personality Disorder (OPD) Services

ELFT

There are systemic factors impacting the diversity of people on probation who are offered access to psychological support. People who identify as white are increasingly overrepresented as they progress through the pathway, they are more likely to be referred to and offered specialist psychological therapy compared to other ethnicities. The service used research and data analyses to understand the stages at which disparity occurred and identified there was a shift in representation at various stages including screening, consultation, and joint casework before getting referred to direct services. The research informed a process map and quality improvement programme to make adaptations to the various service stages to improve representation. This is ongoing and outcomes will be available in due course.

More information can be found in [Appendix 7](#).

Contact person(s): [Philip Minoudis](#)

Dissertation on potential disparities in Mental Health care based on protected characteristics

NELFT

Research was conducted on potential disparities in mental health care with a Community Mental Health Team in Waltham Forest borough based on protected characteristics such as ethnicity, sexual orientation, and gender identity. Data was collected and presented to the Mental Health and Wellbeing Team (MHWT) team to elucidate possible explanations for patterns observed. Themes were generated from team discussions and recommendations were offered for service development and further research.

One key finding was that team members were unfamiliar with issues related to sexual orientation and gender identity, which made it challenging to have sensitive conversations with clients without feeling intrusive. They are now developing training for the team on how to approach these conversations effectively. The research also highlighted the

overrepresentation of people from minoritized backgrounds in secondary care mental health, suggesting broader systemic issues at play.

More information can be found in [Appendix 6a](#), [Appendix 6b](#).

Contact person(s): [Vanessa Vanderpuye](#)

Research on working together to break the 'circles of fear' between Muslim communities and mental health services

NELFT

This research discusses the challenges faced by Muslim communities in accessing mental health services and how these challenges can be addressed through collaboration and partnership between mental health services and Muslim faith leaders. The authors draw on the "circle of fear" formulation developed by the Sainsbury Centre for Mental Health, which outlines the barriers that prevent people from African and Caribbean communities from accessing mental health services. The authors argue that these barriers are particularly pronounced in Muslim communities due to cultural and religious factors. Through collaboration with Muslim faith leaders, mental health services can develop more culturally sensitive and accessible services that address the needs of Muslim communities. The authors also discuss the importance of incorporating religion and spirituality into mental health treatment for Muslim patients. The article emphasizes the need for a collaborative approach to address the "circles of fear" and improve mental health services for Muslim communities.

Read the full article [here](#).

Understanding the Experiences of Service Users From Racial, Ethnic and/or Culture (REC) Minority Backgrounds Within Low Intensity CBT Pathways At the Maudsley Hospital Eating Disorders Outpatient Service

SLAM

Guided self-care and CBT-10 are recommended as the first line of treatment for eating disorders, and the Maudsley eating disorder service has adopted these guidelines to reduce waiting times and improve treatment access. However, due to the structured nature of low-intensity CBT pathways, it may be challenging to address individual needs related to a person's upbringing, background, and identity. To address this, the Eating Disorder Unit race and culture group is leading a QI project to explore the experiences of service users from race, ethnic, and/or cultural minority backgrounds. The project aims to identify barriers to accessing treatment, understand individual needs specific to the REC backgrounds, and implement changes to address these issues. This is a crucial step towards improving access and engagement for individuals from diverse backgrounds. The project is still ongoing, and there are no outcomes or changes yet.

Contact person(s): [Karina Allen](#), Charmaine Kilonzo

Working with black male service users in Southwark community psychosis pathway to improve access to CMH teams

SLAM

The Southwark community psychosis pathway is striving to enhance access to mental health services for Black service users, with a particular focus on Black men, who constitute the

largest group of service users under their community mental health teams. To achieve this goal, they aim to implement a dashboard that provides real-time information on therapy usage. This tool will enable them to assess the equity of their therapy delivery and make necessary improvements.

They have received a grant from the Maudsley charity, which they will use to create specialized positions dedicated to improving care pathways for Black service users. They will also focus on enhancing access to psychological therapy for psychosis by engaging with service user groups to determine their preferences for service provision locations and offerings. Instead of attempting to fit people into existing services, they will prioritize meeting their needs and preferences.

There is a focus to increase the number of people accessing at least five therapy sessions. This is a more meaningful metric than the previous measure, which only tracked the number of people offered one or more sessions.

Contact person(s): [Mathew Richardson](#)

2. Meeting unique needs of diverse service user groups

The following examples provide a wide suite of interventions aiming to address the needs of diverse populations. This includes working with and making appropriate adjustments for: service users from minority ethnic groups, older adults, people with autistic spectrum disorder/autistic people, refugees, and veterans, among others.

While there is no one-size-fit-all approach to dealing with any one group, these interventions offer examples of how different trusts have strived to be responsive to the varying needs of diverse populations, and the principles behind some of their approaches.

Improving access to psychological therapies for diverse populations: EMDR in Camden & Islington's Learning Disability services

Candi

People with learning disabilities (LD) are a vulnerable group at increased risk of abuse who are often further disadvantaged by being unable to put their experiences into words, i.e., an inability to describe what has happened, their feelings or emotions. People with LD exposed to traumatic events, display typical symptoms of post-traumatic stress disorder (PTSD) (anxiety, flashbacks, recurring nightmares), as well as more complex presentations of PTSD (difficulty in regulating emotions; feelings of shame, fear, guilt and worthlessness; difficulties in sustaining relationships and feeling close to others), and are also likely to display challenging behaviours. These patients are at risk of not receiving treatment for PTSD, being given inappropriate medication as 'treatment', offered behaviour support plans not recognising deep emotional wounds, or being admitted to a mental health hospital at further risk of traumatic experiences. Support from skilled and specialist NHS LD services and trauma informed care for people with LD and PTSD are therefore called for.

Candi has developed an EMDR in LD pathway within their services, consisting of five discreet steps:

1. Initial assessment of EMDR intervention for trauma in people with Learning Disabilities.
2. Generating a new referral for people showing suspected PTSD, complex or developmental trauma and referral criteria.
3. EMDR suitability assessment including CORE-ID, TOMS, Impact of Events Revised Scale for Learning Disabilities (IES-ID) and qualitative reports of behaviour, daily life or any symptoms (Mevissen, Lievegoed, Seubert & De Jongh, 2011)
4. Eight phase EMDR treatment including adaptations for people with LD (based on research including Strong & Sinclair 2017; Porter 2022); adaptations for people with Autism Spectrum Conditions (Fisher et al 22);
5. Evaluation of treatment and closing (repeat of previous measures, see 3.).

They have further developed accessible resources such as an EMDR easy read information sheet and consent form, as well as accessible therapy tools (Safe Place exercise, 4 Elements exercise).

References:

Eye movement desensitization and reprocessing (EMDR) for DSM-5 posttraumatic stress disorder (PTSD) in Adults with Intellectual disabilities: A case study review' (Jowett et al, 2016)

A mixed-methods, randomized controlled feasibility trial of Eye Movement Desensitization and Reprocessing (EMDR) plus Standard Care (SC) versus SC alone for DSM-5 posttraumatic stress disorder (PTSD) in adults with intellectual disabilities (Karatzias et al, 2019)

Porter, J.L.B. (2022), "EMDR therapy with people who have intellectual disabilities: process, adaptations and outcomes", *Advances in Mental Health and Intellectual Disabilities*, Vol. 16 No. 1, pp. 32-43.

Byrne, G. (2022). A systematic review of treatment interventions for individuals with intellectual disability and trauma symptoms: a review of the recent literature. *Trauma, Violence, & Abuse*, 23(2), 541-554.

Contact person(s): [Nadja Ali](#), [Gina Johnson](#), [Hannah Deakin](#)

Working with Veterans

Candi

Camden and Islington is a "veteran aware" Trust that strives to provide best quality of care to veterans, armed forces personnel and their families. The Op COURAGE Veterans Mental Health and Well-being Service observed in a recent evaluation that Women, BAME, LGBTQ+, and Gurkha veterans were not making it into services. They now have leads for each area and have been exploring barriers to access and reaching out to veteran charities organisations and community groups. University College London will be evaluating the impact of these initiatives in terms of access and treatment outcomes over the next year.

Contact person(s):

Sue.Ferrier@candi.nhs.uk – Consultant Clinical Psychologist, Veterans

Deirdre.MacManus2@Candi.nhs.uk – Consultant Psychiatrist, Veterans

Robert.Henderson@Candi.nhs.uk – Operational Service Manager, Veterans

Working with people with ASD

CNWL

CNWL Trust has placed a significant emphasis on training staff to work with individuals having Autism. As part of this initiative, a pathway is currently being developed that involves input from various professionals, including psychologists and medical professionals.

The trust has recruited psychologists to cover the main in-patient sites, where their role is to identify patients who may have Autism and ensure they are placed in the appropriate pathway. In addition, they consider any necessary sensory adaptations that may be required to accommodate these patients on the wards. The trust has also recently appointed a pathway lead.

Contact person(s): [Matthew Henshaw](#)

Adapted evidence-based Cognitive Stimulation Therapy (CST) for Bangladeshi people living with dementia

ELFT

Bangladeshi people make up 32% of the Tower Hamlets population. The CST groups are not easily accessible to some older Bangladeshi people because they are delivered in English and activities require considerable literacy skills. To address this, Tower Hamlets Mental Health Care of Older People and Alzheimer's Society did a collaborative work in 2019 to adapt CST materials and groups which were piloted for Bengali people living with dementia. The

adaptations were made to individual session activities rather than the entire CST manual. These included playing a soft ball game and answering questions about childhood instead of completing a questionnaire, discussing Bangladeshi news or events, tasting traditional foods, amongst other things. The adaptation process involved services users, their families, community organisations, traditional, and religious authorities within their community. The adaptation has been successful with positive outcomes such as increased willingness to come to the service and better engagement during sessions.

Additional information can be found [here](#).

Contact person(s): [Michelle Hamill](#), [Ellen Khan](#)

Adaptations for the Turkish/Kurdish community

ELFT

In Hackney, work was done in partnership with [Derman](#), a Turkish and Kurdish organisation, to culturally adapt Acceptance and Commitment Therapy (ACT) for the Turkish and Kurdish communities.

Contact person(s): [Charlotte Cathy](#), [Derman](#)

Working with older adults, people with dementia with co-morbidities and carers in secondary care

ELFT

Where required, home visits are routine, to support work with older people and people with dementia who are frail and have multiple health morbidities and may not wish to attend the clinic for a variety of reasons. Transport can also be provided to the clinic where indicated. A wide range of psychological models is offered depending on preference and need of those using the service. The team adapted a frailty model in terms of looking at physical and mental health co-morbidities jointly and delivering psychologically informed interventions in people's home under the supervision of psychologists. Interventions are adjusted and adapted where required for sensory and cognitive impairment viz. sight, hearing, frailty. Carers' involvement is often central to service delivery.

Contact person(s): [Michelle Hamill](#)

Transliterated Family intervention manual in Sylheti

ELFT

A psychologist transliterated in collaboration with Meriden, a manual for family interventions into one of the local languages (Sylheti) so that Sylheti speaking therapists have the manual already there in Sylhet rather than having to translate into the local language on the spot.

Transliterated resources can be found in [Appendix 12](#).

Contact person(s): [Patricia Potter](#)

Adaptations for working with people with Autistic Spectrum Disorder and secondary care mental health issues

Oxleas

Within the community services, there is ongoing work to make interventions more accessible and tailored for individuals with ASD who also have co-morbid mental health issues. Some of the adjustments they are making include spending more time on psychoeducation, helping people understand their diagnosis and catering to sensory difficulties. The team is using existing interventions and adapting them to be more autism-friendly, while also working with the autism team to ensure they are not missing anything. While there is no one-size-fits-all approach, they are making progress.

Additional information and resources can be found in [Appendix 11](#).

Contact person(s): [Holly Drew](#)

Working with people with Autistic Spectrum disorder or Autistic people

WLT

In acute services, there is a commissioned autism specialist work specification which aims to reduce inpatient admissions and provide adapted interventions for those transitioning from the acute pathway into the community. This work is now expanding with a year-long pilot project which involves setting up a small team who will identify and flag service users who are suspected of Autism. The team will offer person centred advice, consultation, and brief interventions, to support individuals to access appropriate interventions. This team will also provide additional support for young people transitioning from CAMHS into the adult community teams. There is a focus on developing formulations and adapting treatment. They are considering allocating a dedicated resource to support this work.

Working with Migrants/Asylum seekers

WLT

The community team collaborates with relevant organizations to provide appropriate support for migrants and asylum seekers who have experienced trauma. They take a holistic approach in considering a service user's mental health, emotional, psychological, social, and economic needs. The team collaborates with community providers who provide a range of supports aimed to meet the needs of the migrant and asylum seeker population. As Asylum seekers often have a range of complex needs centred on social needs alongside psychological needs Psychologists in the team are able to support nurses, link workers, and peer workers to understand these broader needs e.g., housing, benefits and developing a social support network through a trauma informed lens. This approach is especially beneficial in circumstances where service users have complex needs but may not be ready to embark on more intensive, specialist evidence-based psychological treatments.

Contact person(s): [Lisa Sheldon](#)

Open dialog for Family intervention

SLAM

The Lewisham Early Intervention Team initiated a project three years ago to increase access to family therapies, following the principles of open dialogue. NICE guidelines recommend offering family interventions to all families, yet the team found that uptake, particularly in

certain communities, was low. To address this, the team began to adopt the principles of open dialogue by offering meetings with an open agenda earlier in the pathway, inviting professional networks and following the family's agenda – that is, what the family would like to discuss or address. These meetings were called "listening meetings" to reduce stigma and promote accessibility. The project successfully engaged a high proportion of traditional 'hard to reach' clients, and families gave positive feedback about the quick access to therapeutic intervention and the ability to talk about important issues that may not have been raised in traditional family interventions. The project is ongoing and open to all families. Care coordinators who attend the meetings have reported better understanding and knowledge of the families they support.

Contact person(s): [Adam Hutton](#), [Jane Wilson](#)

Adaptation of narrative systemic approach for women who have experienced racialised trauma

SLAM

Milo's COURAGE approach, a narrative systemic approach, was adapted to help women who have experienced racialized trauma. This approach was developed in response to an audit conducted by a clinical psychology trainee, which revealed the difficulty that people have in having conversations about ethnicity and culture. The narrative systemic approach provided a different and effective way to address these issues, filling a gap in existing services and creating a safe and inclusive space for people to share their experiences.

The positive qualitative feedback received from the service users who participated in the approach highlights its potential effectiveness in helping people process their experiences. The team plans to run the approach again and continue to gather feedback, which could inform future research and further development of the approach.

Full case studies

- [Community Psychology Model](#)
East London NHS Foundation Trust
- [Initial Family Meeting](#)
Oxleas NHS Foundation Trust
- [Tree of Life for clients from black and minority ethnic backgrounds](#)
South London and Maudsley NHS Foundation Trust
- [Working with Refugees in NELFT](#)
North East London NHS Foundation Trust

3. Adopting varied ways of working and engaging service users

The following interventions demonstrate how some providers have worked to complement more conventional models of service delivery. This includes adopting different methods of community engagement, engaging service users in different ways to plan and deliver services, revising referral mechanisms and keeping service users engaged through peer support groups.

Community mental health outreach programme

CNWL

Brent's Health Inequalities team is dedicated to providing health promotion and psychological services to communities, with a focus on educating individuals about various conditions and mental health services. They collaborate with community leaders to ensure effective engagement with the most affected communities and better understand how certain mental health problems present. However, as an NHS trust, they are bound by NICE guidelines that may not always be culturally appropriate.

The team faces challenges when dealing with trauma, as some cultures may not be open to discussing their problems outside their families. To address this, they have implemented a stepped care approach within secondary care which includes the offer of a short-term, psychologically informed, and less intense intervention that is generally more acceptable. This approach also socializes individuals with other psychological therapy offers.

The team's outreach efforts are person-oriented, and they have integrated cultural awareness within their existing framework. Monthly consultations take place, varying by borough, and the team encourages staff to look beyond the existing framework to provide culturally appropriate services. Overall, the team's efforts are aimed at breaking down barriers to accessing mental health.

Contact person(s): [Jenny Lanyero](#)

LXP involvement of the Complex Emotional Needs (CEN) pathway

CNWL

The trust has introduced KUFF training to improve understanding of Personality Disorders (P) among staff. They also have a complex emotional needs pathway, which includes LXPs who do not deliver Psychological Therapies (PT) but work alongside the community team, providing step 2 interventions and also do reflective practice with staff in community teams and present the patient's perspective.

Additionally, the trust has conducted various training sessions in the community with the third sector, teams, and staff groups that tend to find working with PD challenging. This has improved access to PD services and provided more effective support for those who require it.

Contact person(s): [Melanie Ball](#)

Y2A Wellbeing Service

ELFT

The Newham Y2A Well-Being service is a collaboration between East London NHS Foundation Trust, Rights and Equality in Newham (REIN), & Together for Mental Well-Being. Its main goal is to enhance the well-being, engagement, and maturity of young adults aged

18-25 on probation. The programme assigns each young adult either a Community Link Worker, Youth Worker, and/or a psychologist to provide support for their practical and psychological needs, which aids in their successful reintegration into the community. Interim findings showed that this newly designed wellbeing service has increased attendance of statutory probation appointments in Newham compared to three other comparison boroughs in London.

More information can be found in [Appendix 9](#).

Contact person(s): [Philip Minoudis](#)

Running a 100% offer system for psychological therapies

NELFT

Early Intervention in Psychosis (EIP) services are now offering psychological therapy to all service users to address potential disparities in accessing their services. The new system ensures that everyone is offered psychological therapy without any referrals, thereby aiming to reduce disparities in accessing and outcomes of psychological therapy.

However, there are still disparities in the acceptance of the therapy offer and outcomes of the therapy. The next step is to audit the system to determine its effectiveness. The move towards equity was a response to concerns around fairness in accessing psychological therapy. It is important to note that this system works well within the EIP team because it is well-resourced and finite. However, it may not be applicable to other services with different circumstances.

Contact person(s): [Miriam Fornells-Ambrojo](#), Consultant Clinical Psychologist Professional and Strategic Lead for Psychological Services for First Episode Psychosis.

Good practices in community engagement

WLT

As an early implementer of the Community Mental Health Framework, West London transformed their community services to develop the new integrated Mental Health Integrated Network Teams (MINT). The nine MINT locality teams were created according to PCN groupings and benefit from multi-disciplinary and named mental health professionals working with each group of PCNs. Integrated working involves sharing the same Electronic Record System, shared clinical meetings alongside working with community partners and IAPT. This approach provides a joined up, place-based approach to care.

In taking a population health-based approach, the new community teams staffing capacity was configured using deprivation indices, rather than necessarily referral rates in each locality. This approach aims to provide additional capacity to proactively work into communities where traditionally referral rates are lower.

MINTs work in partnership with local Voluntary Community and Social Enterprise (VCSE) with the new roles in the teams including Link Workers, Clinical Associate Psychologists, and Mental Health Additional Roles Reimbursement Scheme workers (MHARRS) spending a proportion of their week working in their local communities. This ensures that they are connecting with, and making more effective use of, community assets and resources, including housing, debt advice, employment services. This has included additional investment in Vocational Support Services (VRS) and Individual Placement Support (IPS). VRS and IPS supports and enables people with mental health issues to access employment, training, education and volunteering activities.

As they continue their transformation, MINT continues to develop partnerships with local community providers and there are plans to provide jointly delivered groups. Senior Staff at 8b is leading on working with organisations who provide services for those who have experienced Domestic Violence.

Their initiative has been praised by the Care Quality Commission (CQC) for taking a population health approach.

PiCuP good practices (highlighting a unique peer support group)

SLAM

The Psychological Interventions Clinic for Outpatients with Psychosis (PiCuP) is a national psychosis service that provides psychological interventions for people who experience distressing psychotic experiences and have additional or secondary mental health difficulties. PiCuP conducted research that showed no differential uptake or drop out of psychotherapy between white and BAME groups. Strategies implemented to facilitate this include:

- Reaching out to people who cannot come to the clinic and deliver services at alternative locations if it will be too traumatic for clients to come in.
- Matching service users to therapists, they prefer where it is possible to do so.
- Having weekly discussions on EDI issues which have been informed by cultural humility trainings delivered across SLAM.

PiCuP has a unique peer support setup that is integral to therapy and engagement. They manage a team of peer supports to prevent DNAs and started a social group for people on the waiting list, those getting therapy, and peer supporters. They meet outside the clinic and make a group agreement on what they want to talk about, ensuring it's a safe space for everyone. They also started an art group to build a community and provide a supportive space away from clinical settings, which is popular among LGBTQ individuals.

They are considering inviting people to the group to talk about EDI projects and other offers formally. Their approach to inclusivity is organic, with a diverse population of individuals who come to the clinic. Overall, their strategies have been positive in keeping people engaged and providing a safe space for therapy and community building.

Find additional resources [here](#). See also [appendix 10a](#), [appendix 10b](#), [appendix 10c](#).

Contact person(s): [Christopher Shoulder](#), [Catherine Lankester](#).

4. Developing organisational strategies to promote equity of access

The following interventions cover internal organisational interventions as well as regional/national strategies being rolled out to sponsor continuous work towards achieving equity of access to psychological therapies. This includes efforts to diversify the workforce, improve cultural sensitivity within provider organisations and systemic frameworks to reduce ethnic inequalities in accessing care for PT-SMHP.

Cultural consultations with staff post-Grenfell and COVID-19

CNWL

While CNWL was covering the Grenfell tower tragedy, they faced feedback that their offer was not a good fit for the community. Similarly, Brent, one of the worst-hit areas during the COVID-19 pandemic, received similar feedback. In response to this feedback, they initiated cultural consultations and hired a consultant to facilitate the process. The consultations included monthly sessions with staff to discuss culture, how assumptions impact engagement with people, and the definition of culture.

The initial belief was that certain groups were hard to reach, but the organizations had to shift their thinking and consider whether the services were hard to reach. The trust is quite diverse, and they found that cultural consultations helped staff learn about different cultures and prevented assumptions from affecting service delivery. The consultations were run locally and consisted of a workshop to explore the definition of culture and its impact on the workplace and relationships with service users.

Contact person(s): [Fatima Elguenuni](#)

Values based recruitment geared towards attracting a diverse workforce

ELFT

For a long period of time, we have been aware that the psychological therapy workforce is not diverse, or representative of the borough population. This can present a barrier to accessing services and delivering culturally appropriate services, especially in situations where service users request to see therapists from a similar background.

Psychology leads in the Early Intervention in Psychosis (EIP) team collaborated with HR to think about recruiting in a different way to attract a diverse range of candidates without promoting positive discrimination. This focused *inter alia* on a) asking questions around working with diverse populations, b) probing into work candidates have done to make services accessible, c) broadening the range of trainings to consider applicants from. This work has been disseminated across the borough and has succeeded over the past two years in supporting recruiting managers, with the result that the psychological therapy workforce in Tower Hamlets is becoming more diverse.

Contact person(s): [Dr Abi Harris](#), Clinical Psychologist and Operational Lead, TH Psychological Therapies Service.

Co-produced film on experiences of Black Afro-Caribbean service users with the Mental Health Act – in pipeline

NELFT

A group within the trust conducted an investigation into the experiences of individuals from Black African and Black Caribbean backgrounds who had been through the Mental Health Act process, including their experiences in hospitals and the overuse of psychotropic medications. The investigation resulted in several recommendations, including the need for audits, training, and attitudinal awareness. As a follow-up to these recommendations, the group is collaborating with black service users and staff to co-produce a film titled "The Danger of a Single Story" – which will depict first person stories about people's experiences with MH services. This film will serve as an educational tool for staff and will be evaluated for its effectiveness and impact.

Contact person(s): [Miriam Fornells-Ambrojo](#), Consultant Clinical Psychologist Professional and Strategic Lead for Psychological Services for First Episode Psychosis.

Diversifying and increasing the Psychological Therapies Workforce through the Aspiring Clinical Psychologists (ACP) and Clinical Associate Psychologists (CAP) Schemes

NHS England and NHS England – London region

Aspiring Clinical Psychologists (ACP) Programme:

The priority to reduce health inequalities has led to a number of workforce and service developments across the NHS. As part of this, Health Education England (now NHS England) have introduced various programmes which aim to increase diversity and expand the psychological therapies workforce. The development of the Aspiring Clinical Psychologists (ACP) programme is one example.

The ACP programme was designed to provide clinical experience and career development opportunities for psychology graduates from underrepresented backgrounds in clinical psychology. The scheme, originally funded by Health Education England has been funded for 2023-4 by NHS England based on early findings of success in relation to greater rates of access for those with a diverse history to the local workforce. The programme provides paid work experience to successful applicants. The scheme is aimed at those who might otherwise be excluded from entering the profession through limited opportunity or disadvantage. Successful applicants are supported in their career development through direct supervision by a HCPC registered Clinical Psychologist, through webinars, and a volunteer peer mentor. Candidates who can provide care in the languages of local communities will be supported to develop their careers and contribute significantly to this priority.

Clinical Associate Psychologists (CAP) Apprenticeship programmes

For some time, the need to grow an accessible workforce drawn from, and representative of, local communities has been developed in conjunction with Universities and Trusts to create apprenticeship roles: The introduction of Clinical Associate Psychologists (CAPs) is another key factor in the diversification of the regional workforce and improvement in access to psychological services.

During their apprenticeship CAPs work as an employee of the trust under the supervision of a registered Clinical Psychologist. CAPs roles have now been developed across a variety of Primary and Secondary healthcare settings in the London region including Mental Health, Health, Perinatal, Acute In-patient settings, and CAMHS. Typically CAPs work within multidisciplinary teams providing assessments, formulations, groups and brief interventions. As part of their role, CAPs work closely with local communities to support those who may not otherwise access psychological interventions. As part of their training, CAPs complete a Master of Science (MSc) program in either Psychological Therapies in Primary Care or Applied Psychology for Children and Young People.

Work continues to be developed to expand the CAPs programme across different service areas including CAMHS, Older Adults, Autism, Acute and Adult Mental Health. As part of this work Trusts are developing career progression opportunities for qualified CAPs roles.

Ethnic Minority Leadership Mentoring Schemes for the Psychological Professions

This scheme, commissioned by HEE, has been running for three years with a view to acknowledging the specific barriers and disadvantages faced in relation to career progression by the NHS workforce in the Psychological Professions. Designated mentees are offered mentoring sessions with a suitably matched and qualified mentor. More information is supplied in the appendix below.

More information can be found in [appendix 5a, appendix 5b](#).

Contact person(s): [Psychological Professions Network](#)

The Ethnicity and Mental Health Improvement Project (EMHIP)

WLT

The Ethnicity and Mental Health Improvement Project (EMHIP) is a collaborative project aimed at reducing ethnic inequalities in mental health care including enhancing care for people with SMI. It is a practical, locality-based service improvement program designed to improve access, experience, and outcomes of mental health care for Black Minority Ethnic (BME) communities. The project was initially rolled out in Southwest London and St Georges Mental Health NHS Trust (SWLSTG) involving Southwest London Clinical Commissioning Group (CCG), networks of BME voluntary, faith, and community groups. The project's goal was to understand the nature and extent of ethnic disparities in mental health care in Southwest London and work with the community to reduce them. West London Trust began their own EMHIP work which has now evolved into the [Patient and Carer Race Equality Framework Group](#). This group aims to deliver safe, effective, responsive, caring and well led patient-focused services that achieve equity of Access, Experience and Outcomes (AEO) for its BAME population. Access to psychological therapies for our diverse local community forms part of the focus for this group.

More details can be found [here](#).

The Patient and Carer Race Equality Framework (PCREF)

SLAM

The Patient and Carer Race Equality Framework (PCREF) is a part of the Advancing Mental Health Equalities strategy aimed at improving the experiences of ethnic minority communities in mental health services. The PCREF will serve as an organisational competency framework to help mental health trusts provide culturally appropriate care and support understanding of

practical steps to improve outcomes for ethnic minority communities. The framework has three components: Statutory and Regulatory Obligations, Organisational Competencies, and a Patient and Carer Feedback mechanism.

South London and Maudsley NHS Trust is one of the pilot sites for the PCREF and is focusing on improving Access, Experience and Outcomes (AEO) for patients from Black African, Black Caribbean, Black Mixed and Black Other census categories who have the worst AEO within the trust. The PCREF will be rolled out by NHS England across all mental health trusts and will form part of the Care Quality Commission assessments. The trust is working in partnership with Black Thrive Lambeth and Croydon BME Forum as community Host Organisations to co-produce projects that will transform services locally and inform the national rollout to all mental health providers.

More information can be found [here](#).

5. Other good practices

Candi:

- Adapting the length and frequency of sessions to meet people's cultural needs, such as adapting sessions to fit around Ramadan.
- Having reflective practice groups to discuss and respond to issues around culture, ethnicity, and racism.
- Commissioning workshops on adaptations to psychosocial interventions for different cultural backgrounds.
- Offering music, art, movement and other expressive therapies for people who may have difficulties describing thoughts and feelings for example, in the context of neural developmental disorders or trauma.

CNWL:

The trust aims to ensure that their workforce is representative of the population they serve by having a BAME representative on interview panels, involving patient representatives in workforce planning, and promoting underrepresented groups into senior positions to address existing disparities.

To increase overall access, the trust has established a Psychosocial Wait Times Board that focuses on reducing waiting times for psychological therapy, with plans to expand to other forms of therapy, and each borough has a Quality Improvement team that provides monthly reports on their initiatives to reduce wait times and improve access.

Involvement of service users in designing services. The trust recently opened a crisis house in Brent where they have three service users on the panel to help design it. Service users have also been involved in delivering services within the psychology department.

ELFT:

Engaging with Asian Community in Newham

Ongoing

There is a large Asian population in Newham, but this isn't reflected in referrals to and the number of people who are offered psychological therapy (outpatients). They are linking with community and religious organisations to contemplate how to better develop service offers and increase access. Process in underway so there are no recorded outcomes yet although baseline data exists.

Data strategy for monitoring racial and/or ethnic disparities within Newham Secondary Care Psychological Service (SCPS)

In pipeline: This strategy will attend to disparities in access, outcome and/or experience of service users within Newham SCPS broadly, including specialist psychotherapy pathways, Health Psychology and psychological therapies in the Primary Care Networks and MDTs etc. Tangible deliverables will be in the form of service reports, predominantly written by trainee clinical psychologist and assistant psychologists (e.g., directorate events, as part of ELFT Research & Innovation conference in November 2023).

NELFT:

Training for faith leaders within communities.

NELFT early intervention service plans to run training programs on psychological approach for faith leaders in the community to promote collaboration. They intend to use similar successful projects and published good practices from other boroughs to inform their approach. For example, Wandsworth Community Enterprise Network (WCEN) conducted training with Christian pastors and Muslim faith leaders, which resulted in positive outcomes.