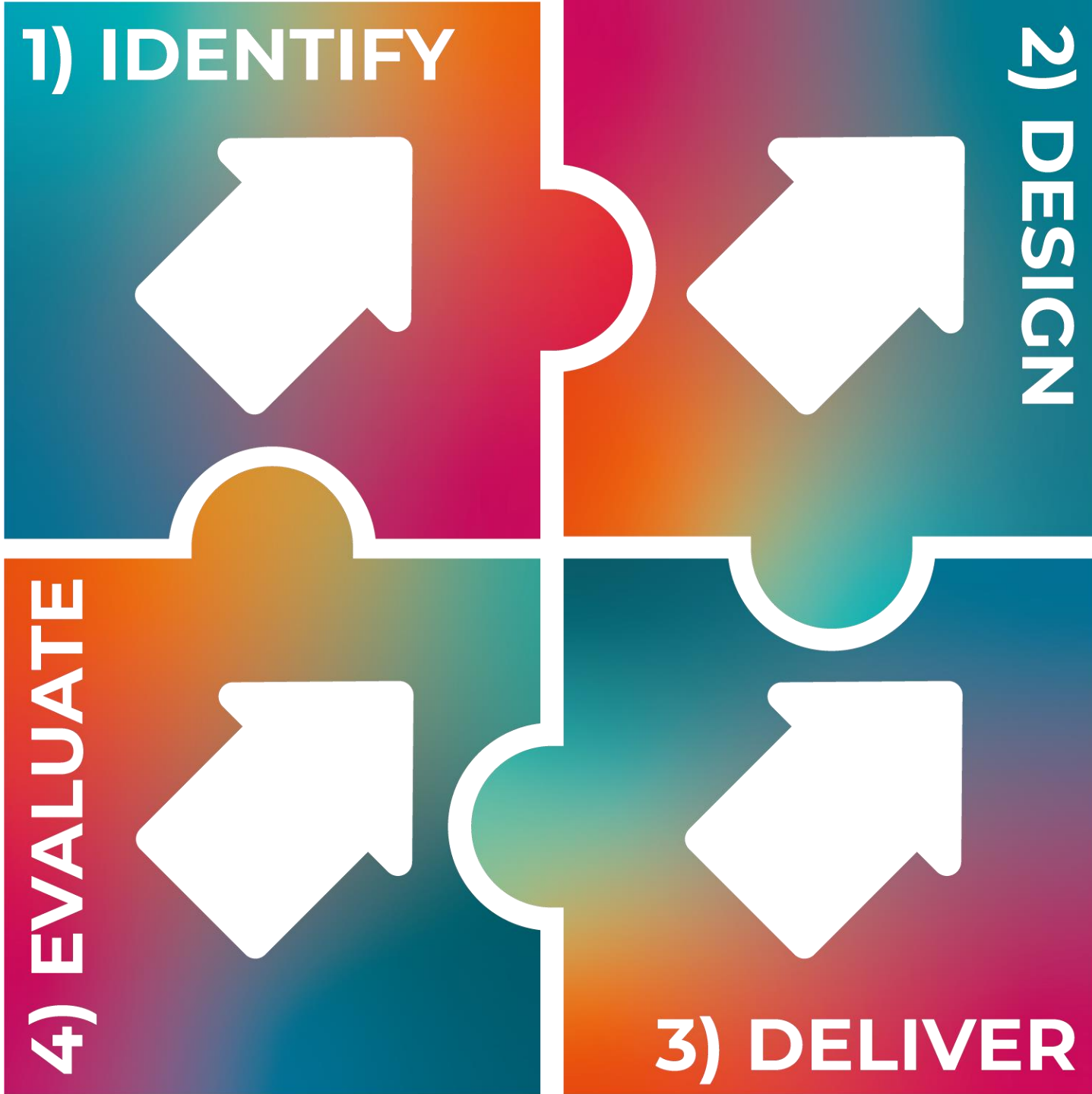
AMHE
Advancing Mental Health Equity

Advancing Mental Health Equity Learning Set

Welcome!

Friday 28 June 2024 11:00 – 15:00



RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Housekeeping

- There are no planned fire alarm tests
- Toilets are located to the right of the lifts on level 1 (men's and women's toilets) and the ground floor (gender neutral toilets and disabled toilets).
- Lunch will be from **12:20 - 13:20** and will be served in **room 1.6**.
- **Room 1.2** is available if anyone needs to take a break at any point to decompress or needs some quiet time
- Female faith room is on the ground floor, male faith room is lower ground floor.

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- We will be live tweeting this event so you may see the QI coaches on their phones or laptops during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#AMHE**.

- We encourage use of X/Twitter and social media to share the work that you are doing throughout the collaborative.

- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

Thank you!

QI AMHE Advancing Mental Health Equity

Agenda

Time	Item	Speakers
11:10 – 11:10	**Welcome and introductions**	**Saiqa Akhtar,** Senior Quality Improvement Advisor, NCCMH
11:10 – 11:30	**Improving the access to, and experience of mental health services for Black men Project** Norfolk and Suffolk NHS Foundation Trust	**Dr Bonnie Teague,** Head of Research **Dr Uju Ugochukwu,** Consultant Psychiatrist and Director for Quality Dr **Gabriel Abotsie,** Research Prioritisation Lead
11:30 – 12:00	**AMHE Evaluation**	**Laura-Louise Arundell**, Lead Researcher and Developer, NCCMH **Leen Farouki**, Research Assistant, NCCMH
12:00 – 12:20	**Mode of transport reflective activity**	**QI Team**, NCCMH
12:20 – 13:20	**Lunch**	
13:20 – 14:20	**World café to share learnings and successes**	**All**
14:20 – 14:50	**Your pledge to co-creating change**	**Mark Farmer**, Patient and Carer Representative, RCPsych
14:50 – 15:00	**Feedback, next steps and close**	**Rosanna Bevan**, Quality Improvement Coach, NCCMH
15:00 – 15:30	**Optional drop-in session for all teams**	QI coaches and AMHE patient/ carer representatives

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Reflecting on our 3-year AMHE journey together

Saiqa Akhtar
Senior Quality Improvement Advisor

RC PSYCH
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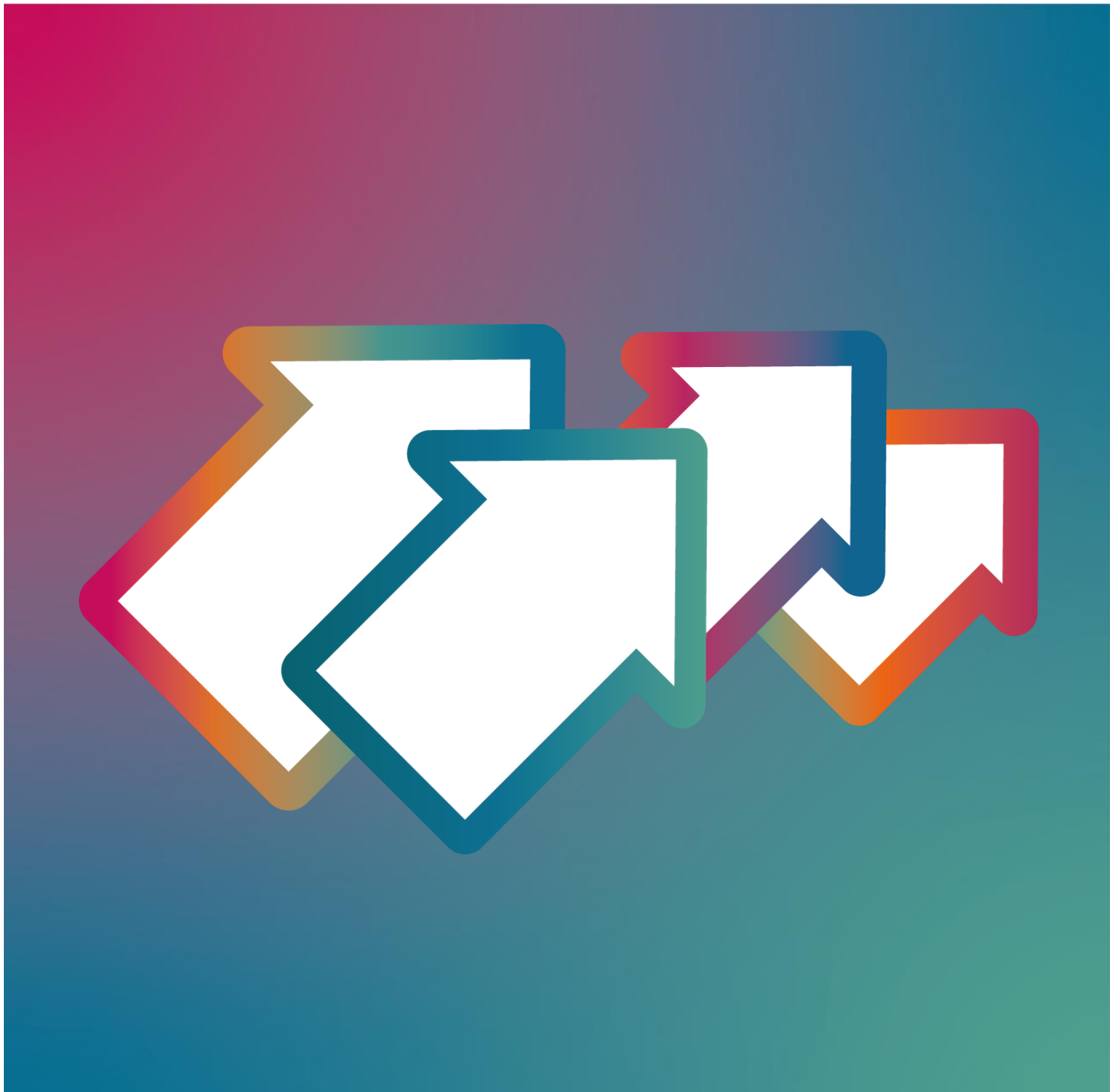
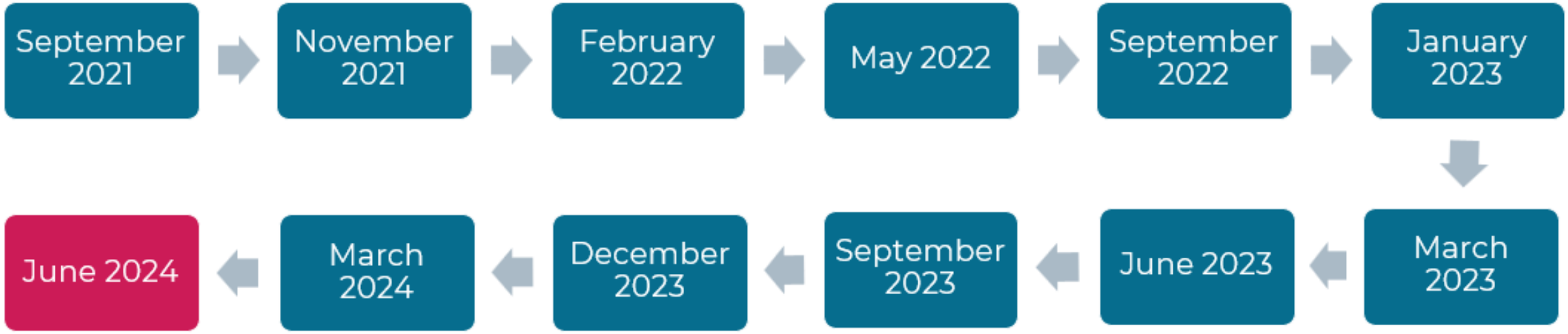


12 Learning Sets



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Virtual learning sets!

Introductions

Dr Fatin Hussein M.B.Ch.B., FRCPsych
Consultant in Community General Adult Psychiatry

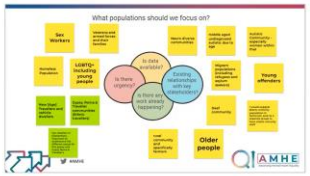
Somerset NHS Foundation Trust

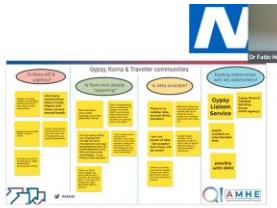
Lee Reed

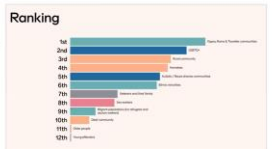
Quality and Equality Officer

NHS Somerset Clinical Commissioning Group

Our journey so far







Populations identified or being considered

Avon and Wiltshire
Young black men, transgender people, rural communities, learning disabilities and neurodevelopmental disorders, and more.

Barnet, Enfield and Haringey
Black men in Haringey

Devon Partnership
Black, Asian and minority ethnic communities, looked-after children, older adults, homelessness, and more

Mind in Hampshire
Young black men, IAPT service/talking therapies, LGBTQ+, transgender people

Mind in Tower Hamlets and Newham/Haringey
Young black and mixed race/dual heritage men, muslim women/black women, people with dual or mixed heritage

Neath Port Talbot Mind
Black, Asian and minority ethnic populations

Mind in North Lincs/North Staffs
People with autism, people who are homeless or at risk of homelessness, ex offenders

Livewell Southwest
Severe mental illness

Pennine Care
Women military veterans, Bangladeshi and Pakistani men and women, transgender community

Somerset
Male adult gypsy, Roma and Traveller community, rural communities, sex workers, autism, LGBTQ+ community

Southern Health
People experiencing psychosis, socio-economic status, ethnicity, use of interpreting service, homelessness

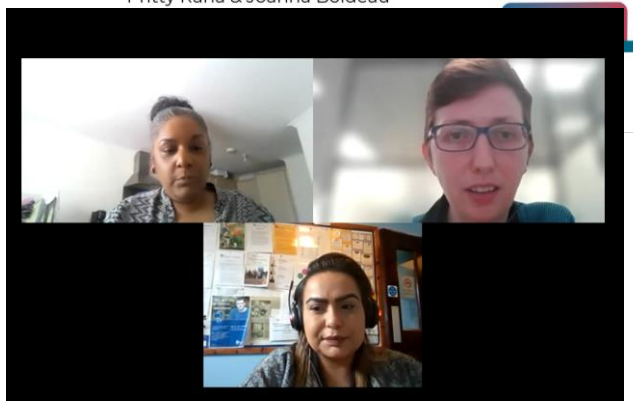
Norfolk and Suffolk
Black men, refugees and forced migrants

Identifying and tackling health inequalities of Asian/Asian British men, over 40 years old, that live in Bedford

Bedfordshire Wellbeing Service, East London NHS Foundation Trust
Sharon Gurgely, Laush Lognathan & Kayleigh Saunders

Listening, learning and leading

Mind in Tower Hamlets and Newham & Mind in Haringey
Pritty Rana & Joanna Boldeau



mind for better mental health
Neath Port Talbot

Together / Gyda'i gilydd

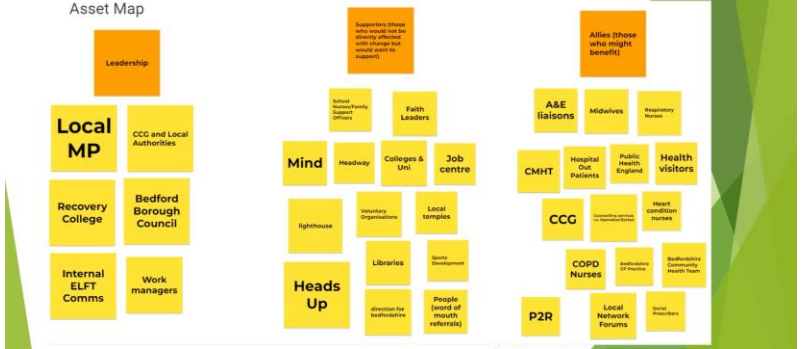
Essential Ingredients

- **Approach:** strengths based partnership, relationships
- **Co-production:** vision, plan, promotion, delivery & reflection
- **Money:** sharing project finances 50/50
- **Flexibility of meetings:** recognising that people are differently positioned when arranging & attending (e.g. between work shifts or caring/family responsibilities, after school or as paid workers)
- **Flexibility of workshops/research:** C19 impacts, alternative means of data collection
- **Conversations:** frequency & content

Three Part Data Review

Identifying our Partner Agencies and Stakeholders

Asset Map



Putting AMHE on the map

MILESTONE 1:

FORMING AN OVERARCHING PROJECT TEAM

MILESTONE 2:

IDENTIFYING POPULATIONS

MILESTONE 3:

FORMING SUB-TEAMS

MILESTONE 4:

THREE-PART DATA REVIEW

MILESTONE 5:

ASSET MAPPING

MILESTONE 6:

AIM, DRIVER AND MEASUREMENT PLAN

MILESTONE 7:

TESTING CHANGE IDEAS





Learning Set 5 – September 2022





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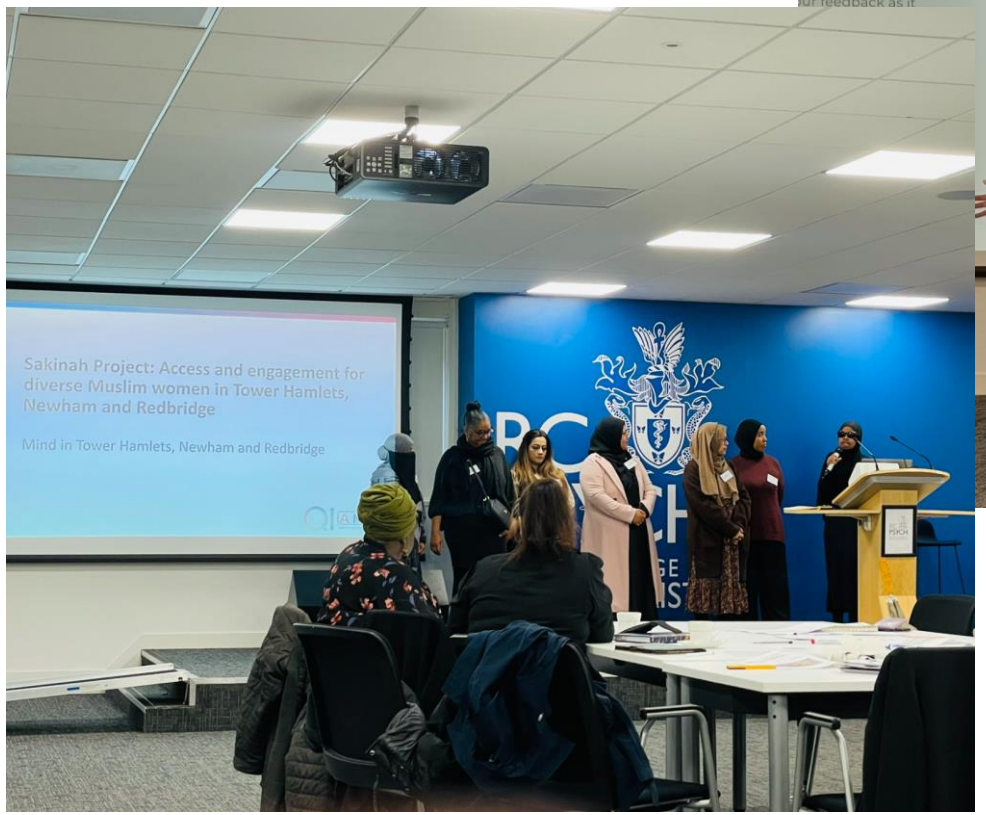
Learning Set 7 – March 2023



Results from the evaluation survey

1. AMHE **QI Collaborative Model** → The 'model' refers to the **method used in the collaborative**. It includes the structure of the QI programme, the way QI coaches work with teams, and how the programme helps the service to improve

1.1. **Benefits of the model**

94% of respondents **reported benefits**

Benefits reported in relation to:

1. **Recognising equality** as a central driver for service setup and delivery
2. **Identifying communities** that need prioritisation
3. **Providing a structured approach** and useful evidence collation guidance
4. Focusing on making incremental and **achievable changes**
5. **Bringing together colleagues** from across health care and facilitating **joint working and co-operation**
6. Thinking about how to **engage populations**

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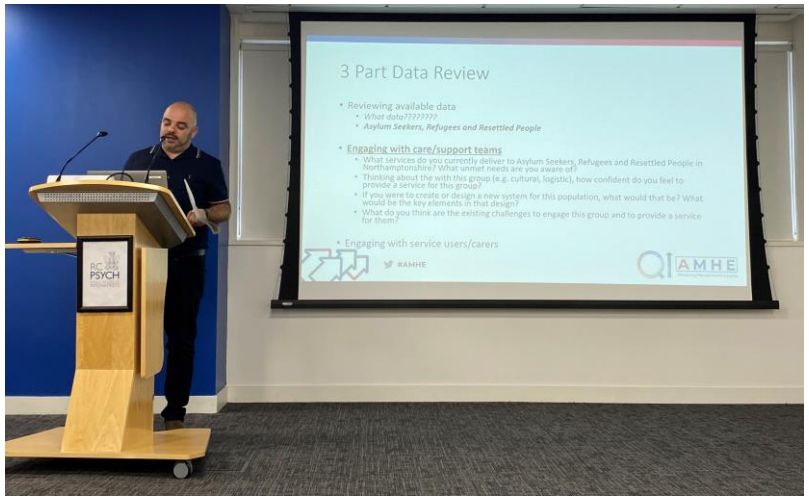

Learning Set 8 – June 2023

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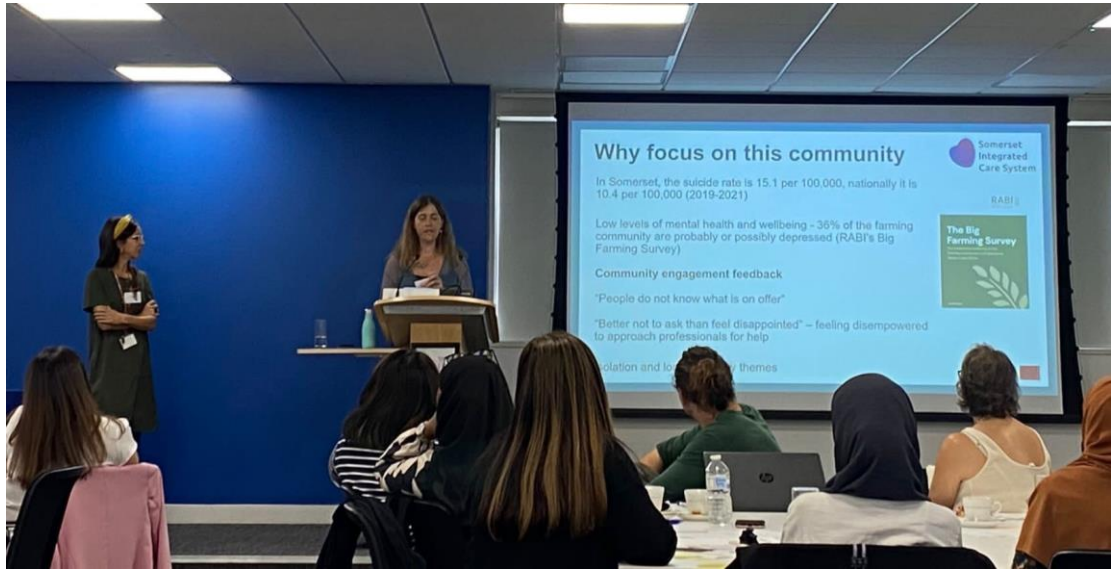
Learning Set 9 – September 2023



Learning Set 11 – March 2024

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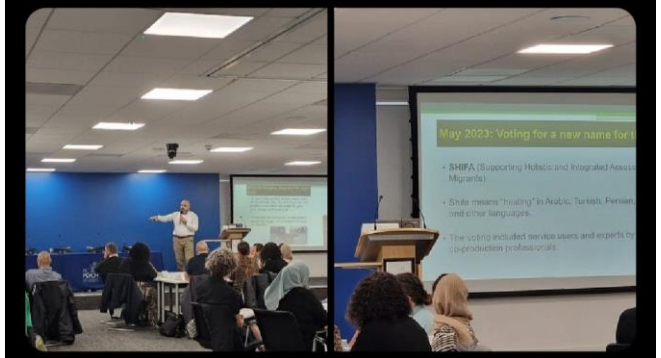
#AMHE Tweets!

Now we hear from @YasirMHM @NSFTtweets about #AMHEcollaboratative project, work happening in the Norwich region for asylum seekers and refugees. Dr Yasir has shared his own experiences and the work he has been passionately working to deliver with his team.



Highlighting a great day yesterday as some of @MVS_GM @PennineCareNHS **#AMHE** project team went to London to present to the @rcpsychCCQI @NCCMH action learning set on our Quality improvement journey so far

#womenveterans #veteransmentalhealth #AdvancingMentalHealthEqualities

At the **#amhe** learning set in London today, we are focused on refugee mental health for #worldrefugeeday2023. We are now hearing from the Assistant Director for Mental at @NHFTNHS on the work they are doing to identify, understand & meet the needs of refugees in Northamptonshire

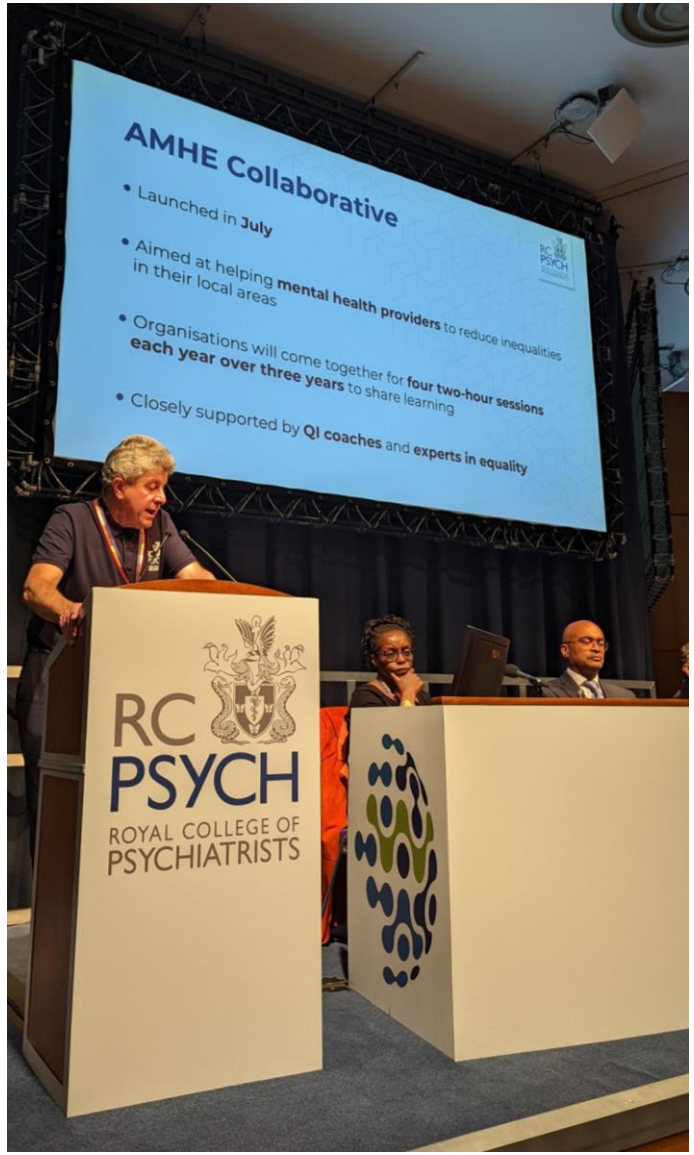
Space Wellbeing @space_w... · 20 Jun
Great Day out at Royal College of Psychiatrists as part of the **#AMHE Collaborative** 👍
Being part of a great team is crucial in the development of understanding.

Thankyou so much to @saiqanccmh & the @rcpsych for the opportunity to share our **#AMHE** #QI project on Interpreting Services. So inspiring to hear all the speakers & to hear all the amazing work that's going on!
@SouthernHSCT
@OisinMcA
#WeAreBluestone
#WorldRefugeeDay23

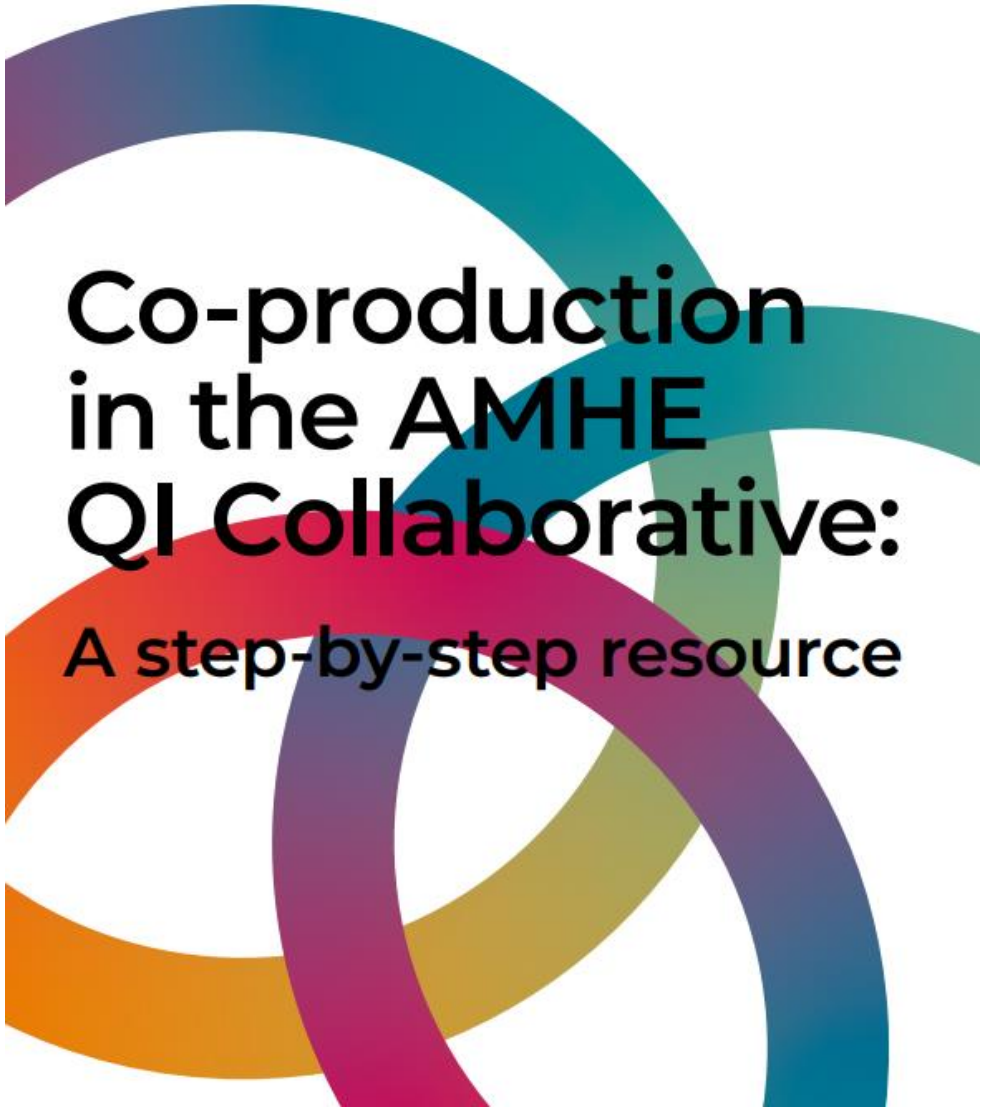
We've been to Congress!

Onto our AMHE resource, set up by @NCCMentalHealth at the College. It's a toolkit for commissioners and service providers to improve EDI issues. Data backs up how important this is, says @DrAdrianJames

#RCPsychIC



You asked and we did....



"I found it a really useful resource, particularly when thinking about the representation from the Bulgarian Roma population when forming our second project team" – **Lara Sutton** Mental Health Service User Consultant Southern Health

Microsoft Teams

AMHE Learning Set - PMHL Course

2024-05-20 10:28 UTC

Recorded by
Dr.Vas Papageorgiou

Organized by
Dr.Vas Papageorgiou


CELEBRATE

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RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

AMHE Black Men's Group – *Improving access, experience and outcomes of Black Men through cultural safety training and support.*

Dr Uju Ugochukwu
Dr Gabriel Abotsie
Dr Bonnie Teague

Norfolk and Suffolk NHS Foundation Trust

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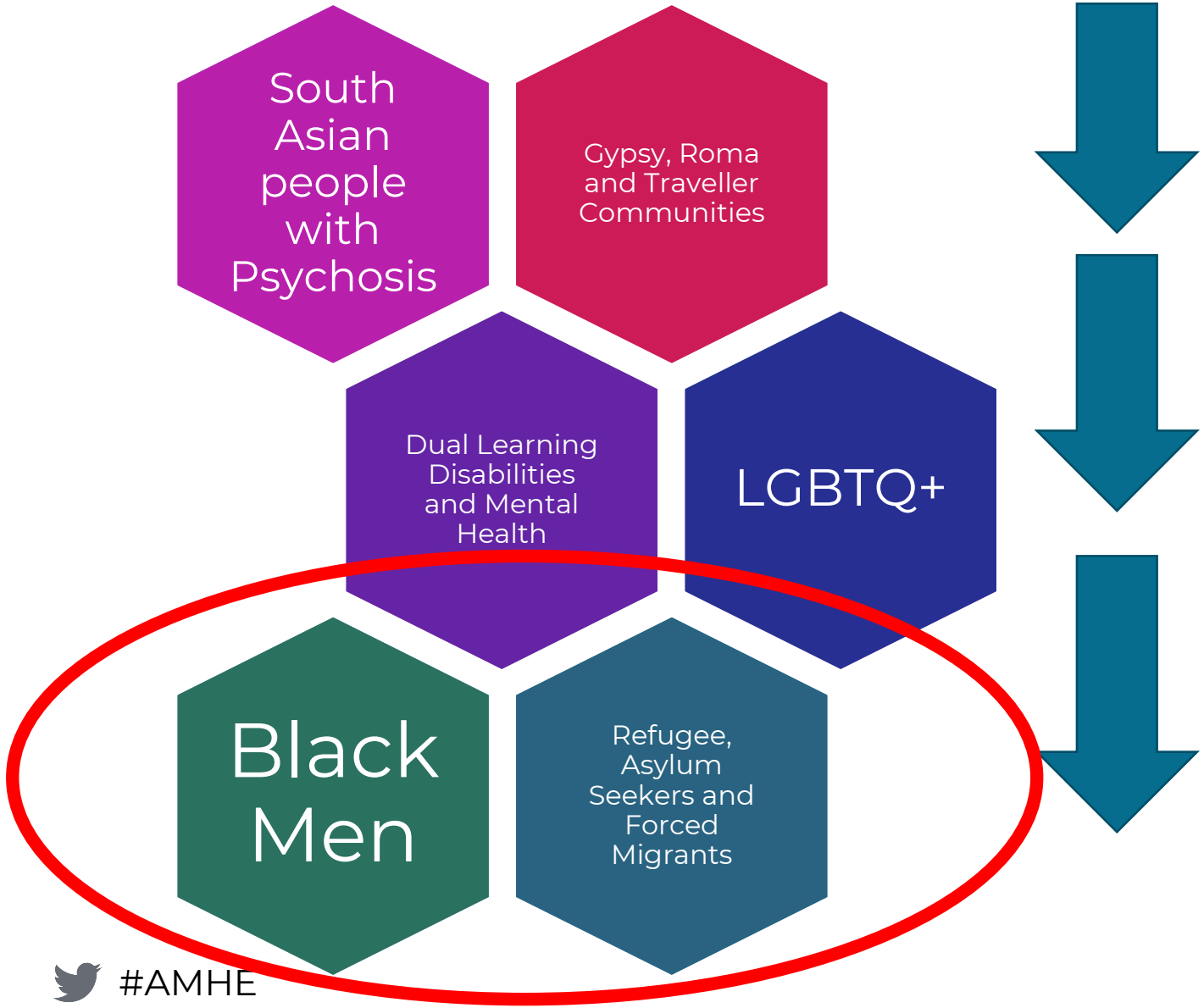
Where did we start? Continuous Consultation Cycles!



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What are the health inequalities that we are talking about?

Black men are more likely to experience symptoms of psychosis than other ethnic groups (3.2% compared to 0.3% of White men and 1.3% of Asian men)

8% of Black or Black British adults have symptoms relating to post-traumatic stress disorder compared with 4% of their White British counterparts.

Black men are more likely to be diagnosed with an SMI but are less likely to receive mental health treatment.

Black men are 4 times more likely to be sectioned under the MHA and receive a CTO.

Black men are more likely to be subject to restrictive interventions in Inpatient settings.

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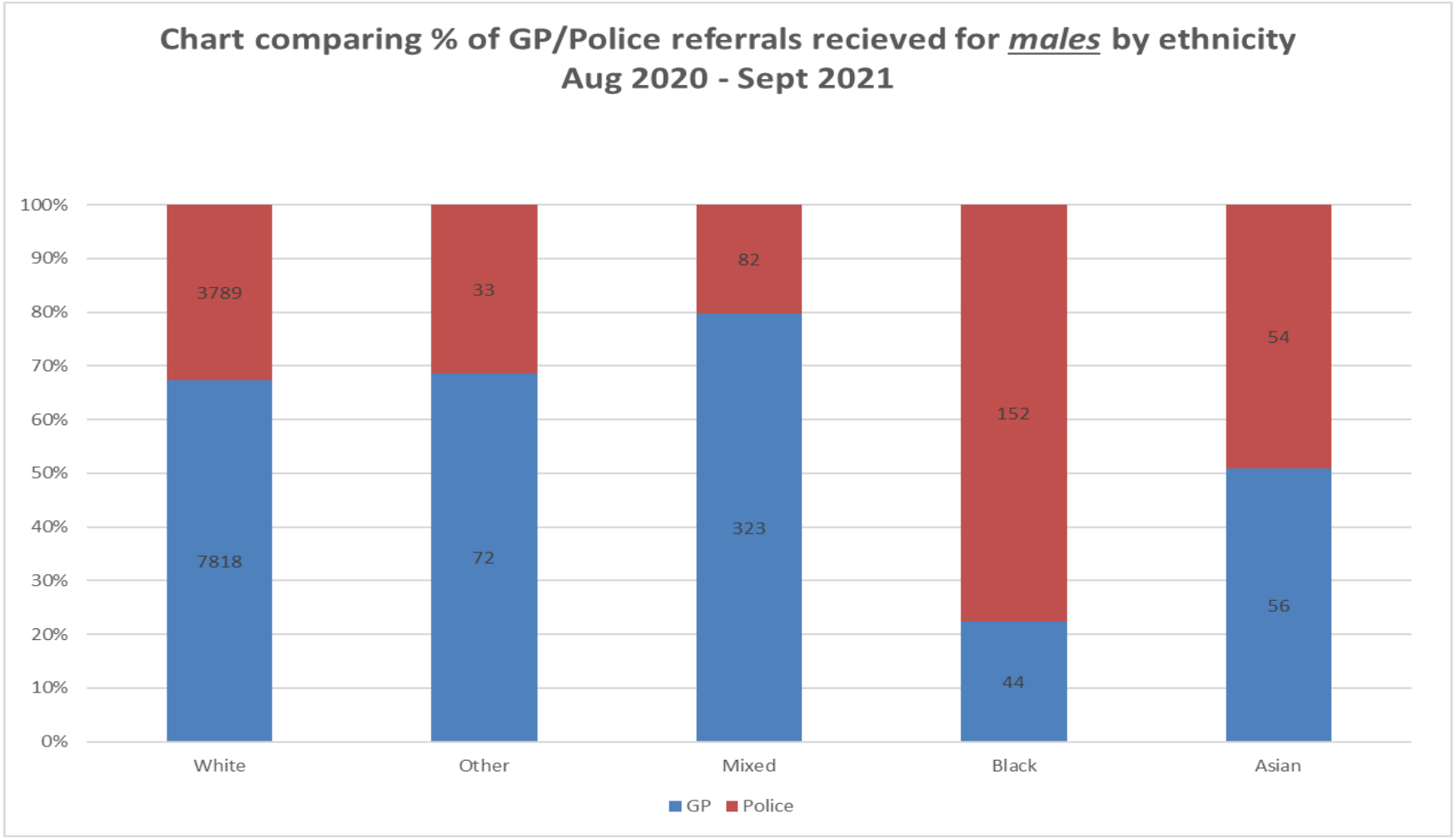
Local Data: Black men are more likely than any other group to access MH services through criminal justice systems, and least likely through GPs.



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NSFT - 88% of referrals for Black men came through the police

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Listening to experiences of Black men, their families and friends

Black History Month, 2022

Zimbabwean Summer BBQ, 2022

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Views of Family and Wider community

- There are cultural differences and a lack of understanding and knowledge from healthcare professionals of Black Men
- The community holds stigma and shame around mental health.
- Traditional male roles in society – being ‘tough’ can be detrimental.
- Black men feel isolated from others due to ethnicity.
- Black men and families do not feel listened to, and not respected.

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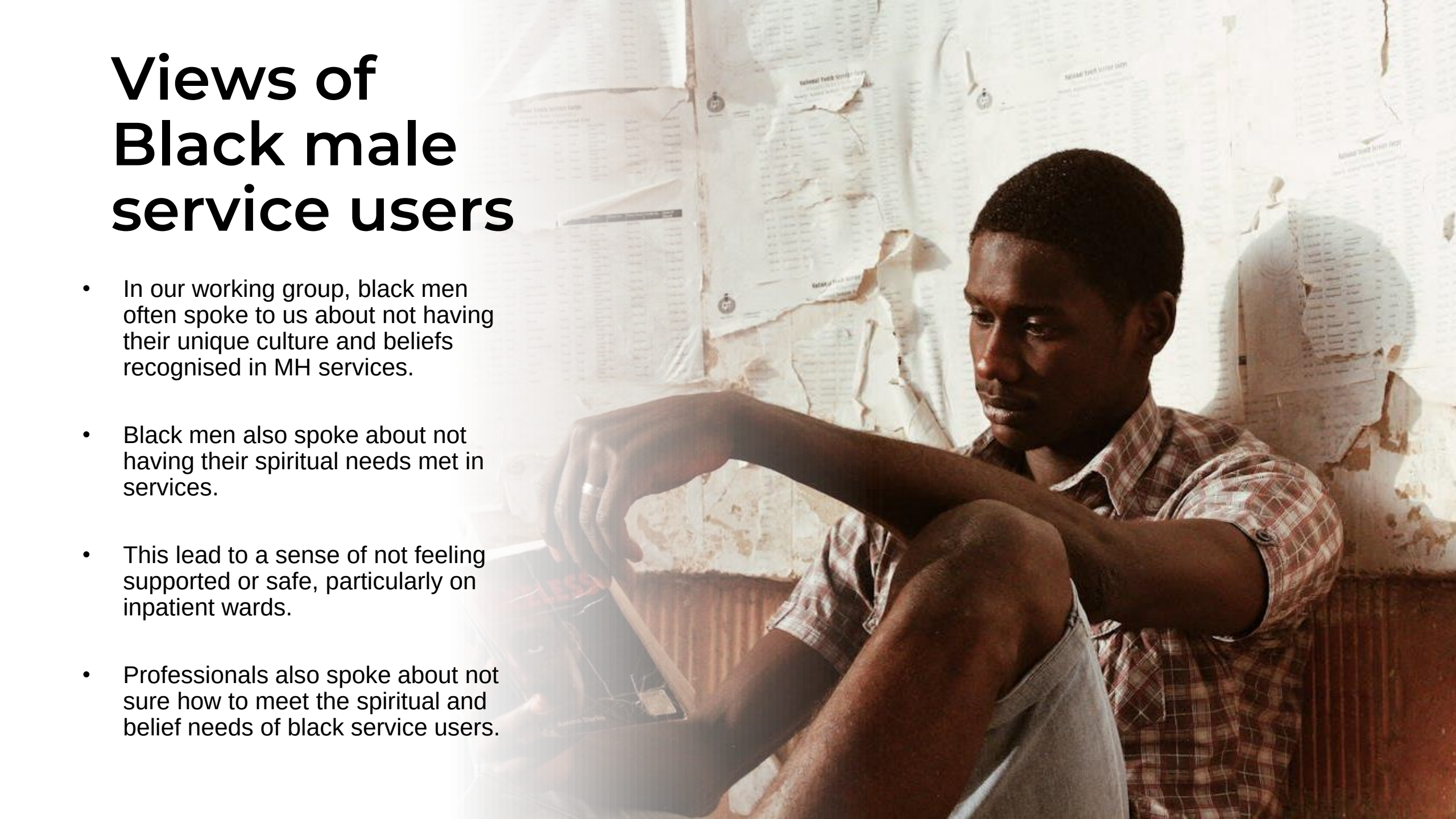
Views of Black male service users

- In our working group, black men often spoke to us about not having their unique culture and beliefs recognised in MH services.
- Black men also spoke about not having their spiritual needs met in services.
- This lead to a sense of not feeling supported or safe, particularly on inpatient wards.
- Professionals also spoke about not sure how to meet the spiritual and belief needs of black service users.



NSFT-led Project group

- Project aim: To develop and implement cross-system **Cultural Safety Training** for healthcare, social care, criminal justice and student support teams to learn more about inequalities, critically examine systems and practices, and co-develop action plans.

What is Cultural Safety Training

- Originally developed in Australia and New Zealand to address colonialism and how that contributed to health inequalities and discrimination of Indigenous communities.
- It is different from cultural awareness and competence – it focuses on understanding historic, social, political power imbalances, relationships and patient rights.
- The concept of safety or a safe service is defined by the service users themselves.
- It encourages multi-professional healthcare professionals to examine their own identity, attitudes and practices in the context of cultural differences between people. Reflection and self-awareness is key.
- Encourages person-centred approaches – not cultural stereotyping or assumptions.
- The aim is that by improving the relationship between professional and service user, experiences will be better, incidents will reduce and there will be reduced inequalities.

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Cultural Safety Training - Format

- Delivered for 2-3 hours on a team-level using materials embedded in the lived experiences and voices of both our service users and staff through interviews, enhanced by materials and ongoing links to wider training and support.

- Aiming to provide individuals and teams a critical reflective space about inequalities, and work together to identify one or more solutions. Takes the view that we all contribute to these inequalities – consciously or unconsciously as part of an unequal system.

Part 1: Reflecting on inequalities and consequences
Part 2: Listening to each other: The experiences of Black Men of our care.
Part 3: What is cultural safety in our care?
Part 4: It starts with Me (Self-reflection)
Part 5: It continues with Us (Team reflection)
Part 6: Agreeing the changes.

Cultural Safety Training

SO, JUST TO START…

- Despite the name of the session, black men are not a homogenous cultural group. People have different and varied beliefs and practices within different cultural, community and family groups and as individuals.
- The desire for specific person-centred care will be different between individuals and what is defined as 'culturally safe' when in healthcare services is different for each person.
- So, communication is key by giving each person time and space to share their needs, fears and goals when they are in your service, however short a time that they are there.

CASE STUDY 1

"So, I've seen a patient in Secure Unit who had bipolar. This gentleman was prescribed high doses of PRN. The doses prescribed were way above the BNF limit. And there were lot of restrictions in terms of, you know Section 17 leave he cannot see his family and this doctor, the consultant who was, you know, or seeing this gentleman, there had no clear plan about what he needs to achieve for him to be able to leave the medium secure unit. "

"It was only after the patient was taken over by another Registered Consultant, i.e. responsibility was taken over by another black RC, that the patient was able to move through the system. He is back in the community now is living freely so that is the evidence to show that, you know, there's a lot of, negative perceptions and assumptions about black men."

- "Cultural safety is about people being feeling confident that you know from a cultural perspective they are actually safe. They're not being discriminated against, you know. And emotionally they're not being discriminated. You know it's all impacting on them emotionally as well. So is physically so cultural safety perspective is like someone wearing a burker and they are being told to remove it- That's their culture. That's what they do. They can't remove it. They have to be wearing it, you know, so it's about, you know, people feeling, Confident feeling"

REFLECTIVE SPACE 2

- What do you feel are the **root** causes of these poor experiences?
- How does hearing this make you feel as a healthcare professional?

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Cultural Safety Training: Interview Reflections

The Future and Sustainability

- We will be piloting and evaluating the Training in July 2024 with a team working at the interface of Mental Health and Criminal Justice.
- We have agreement to conduct the training in Police teams, other MH teams and student support.
- We are speaking with the Trust to embed the learning and training as part of a programme of anti-racism transformation to ensure its future.
- We are continuing to develop a programme of research and QI to continue developing the training and materials.

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AMHE Black Men's Project Team

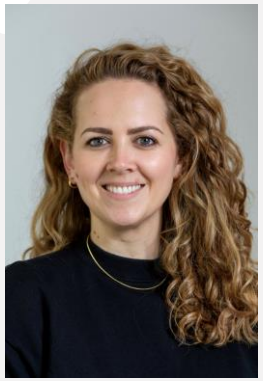
Dr Uju Ugochukwu

Dr Gabriel Abotsie

Dr Bonnie Teague

Dr Sheri Oduola

Richard Bell



Emily Cannon,
AMHE QI Coach

With thanks to the wider Black Men's Group, healthcare professionals and our service users and families who have contributed to the programme.

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Evaluation of the AMHE QI Collaborative

Laura-Louise Arundell
Senior Researcher

Leen Farouki
Research Assistant

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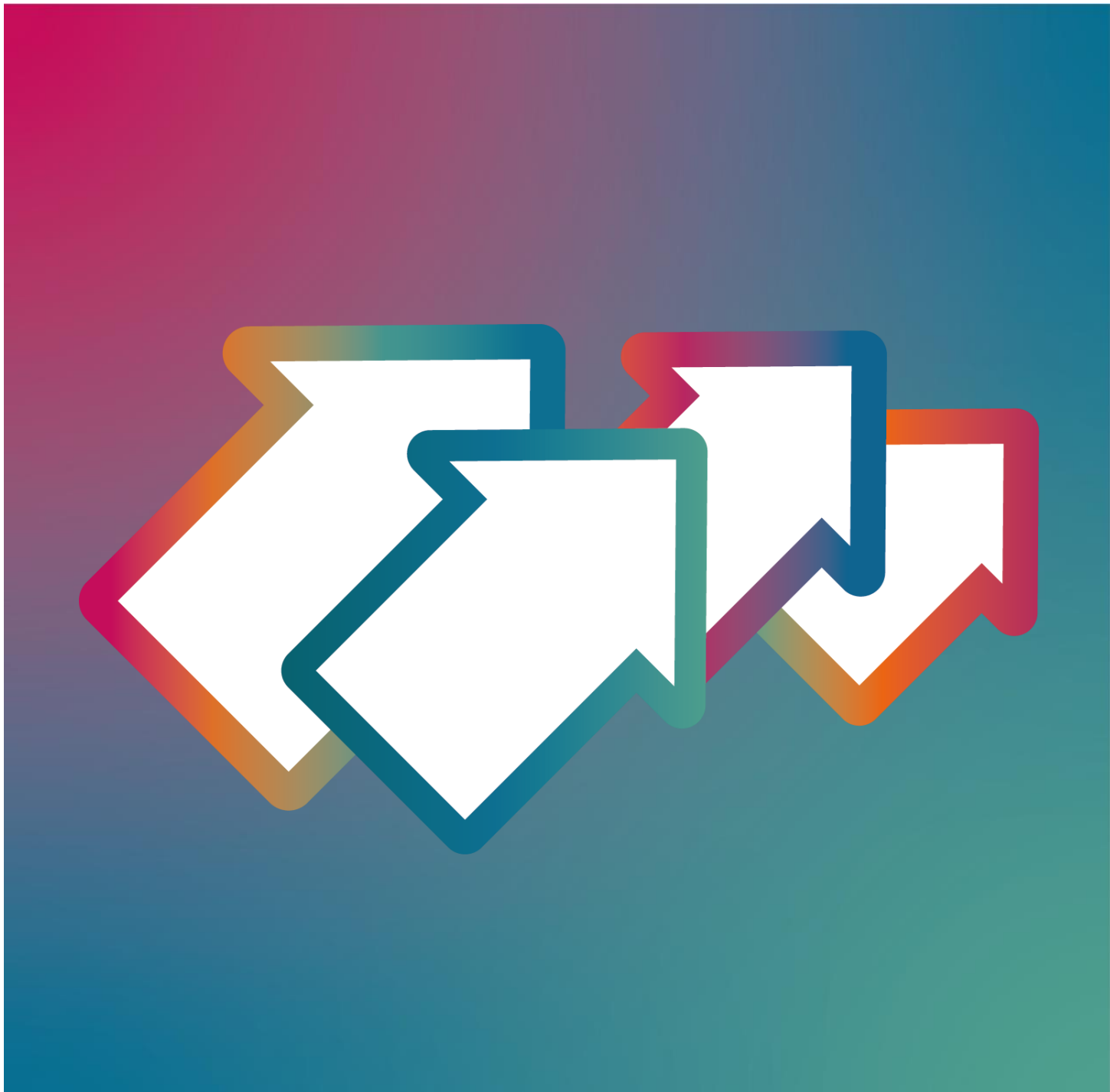

Objectives of the evaluation

1. To **describe the organisations involved** in the AMHE QI collaborative, including overarching project teams and sub-teams

2. To **describe the aims developed and change ideas** tested across the collaborative

3. To **evaluate the implementation, impact and success** of the AMHE QI collaborative model

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To **describe the organisations involved** in the AMHE QI collaborative, including overarching project teams and sub-teams

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Organisations in the collaborative

12 organisations are included in this Snapshot (covering June 2023 – February 2024):

NHS Trusts

1. Avon and Wiltshire Partnership NHS Trust
2. Devon Partnership NHS Trust
3. Herefordshire and Worcestershire Health and Care NHS Trust
4. Norfolk and Suffolk NHS Foundation Trust
5. Northamptonshire NHS Foundation Trust
6. Pennine Care NHS Foundation Trust
7. Somerset NHS Foundation Trust
8. Southern Health and Social Care Trust (Northern Ireland).

Voluntary, community and social enterprises (VCSEs)

9. Mind in Kingston
10. Mind in Hampshire (Andover, Havant and East Hampshire, Solent)
11. Mind in North Lincolnshire in partnership with Mind in North Staffordshire
12. Mind in Tower Hamlets and Newham

How did teams explore the assets and needs within a population?

Three-part data review

1. Data review	2. Staff engagement	3. Community engagement
Reviewing available data to identify overall patterns that impact the chosen population	**Engaging with care teams/supporting services** to understand their perspective on the chosen population's greatest needs and assets	**Engaging with service users/carers and community members** to understand their experience and perspective

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Sub-teams

- Sub-teams were developed to allow for focus on **population subgroups** (smaller, more specific population groups) identified by the project teams.

- During the data collection time frame covered by Snapshot 3 (June 2023-February 2024) most teams decided to **narrow from 3 sub-teams to 1 or 2 sub-teams**. This was so they could **focus on 1-2 population subgroups**

- Sub-teams comprised people in a range of different roles (clinical and non-clinical)

- **Only 3 teams included at least one lived experience adviser or service user representative** in at least one of the population subgroups

Populations identified by teams

- Black Asian and Minoritised Ethnicity (BAME) Children and Young People
- Adults with dual diagnosis (mental illness and substance use)
- Agricultural/rural communities
- The Korean community
- Neurodivergent people
- People seeking asylum and South Asian communities
- Black men
- Refugees and forced migrants
- Autistic people
- Women military veterans
- Bangladeshi and Pakistani men and women
- Gypsy, Roma and Traveller (GRT) community
- Adults with serious mental illness (SMI) who require an interpreting service
- Refugees, asylum seekers and migrant communities

NOTE: several of the sub-teams discontinued their work during the time between Evaluation Snapshot 2 and Evaluation Snapshot 3.

Exploration of reasons for discontinued work across the AMHE Collaborative will be explored through Focus Groups.

Anonymised examples from teams

Population identified by team	Identified inequality issue affecting population
Adults from minoritised ethnic communities	Disproportionate use of restraint and the Mental Health Act
Muslim women of African and Asian heritage	Access to and engagement with mental health services
Women military veterans	Access to veterans' services
Men from the local Gypsy, Roma and Traveller community	Difficulty accessing services and poor experiences due to lack of cultural competence and discrimination

The identified populations and inequality issues affecting them were used to pave the way for teams to make change – interventions, initiatives and strategies aimed at address these inequalities.

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To **describe the aims developed and change ideas** tested across the collaborative

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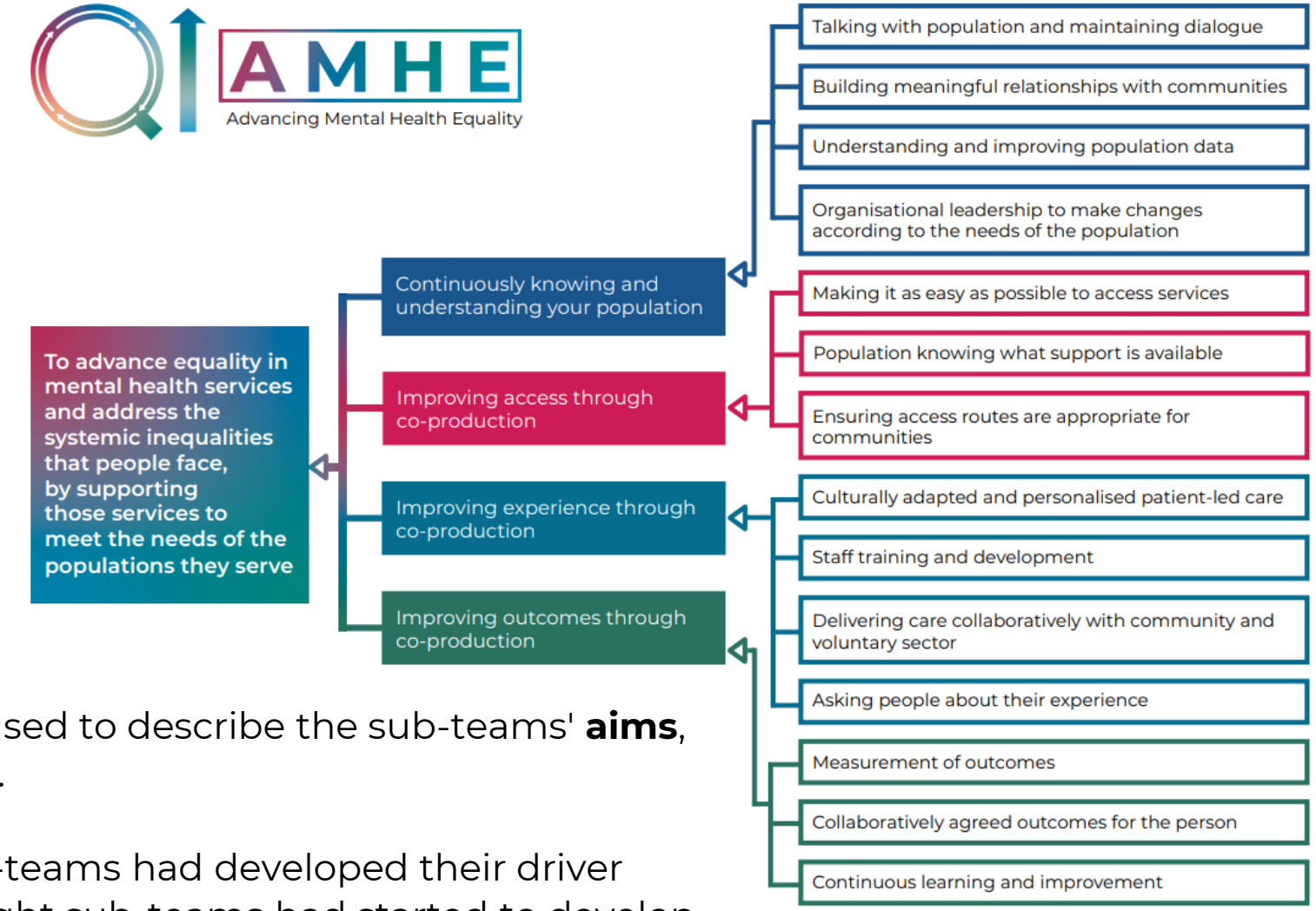
Content analysis of Driver Diagrams

The aims, primary drivers and change ideas of these driver diagrams will be 'coded' using a deductive approach.

The code types correspond to the co-developed Driver Diagram for the AMHE collaborative



Content analysis of **driver diagrams** was used to describe the sub-teams' **aims**, **primary drivers** and **change ideas tested**.

In November 2022 (end of Wave 1), no sub-teams had developed their driver diagrams. By May 2023 (during Wave 2) eight sub-teams had started to develop driver diagrams. **By February 2024 (towards the end of Wave 2), nine sub-teams (69%) had developed driver diagrams.**

How we coded Driver Diagrams

Level Code	Description	*Example*
Treatment content	A change to the content of a treatment or intervention to improve its reception or suitability for the population of interest.	*'Providing translated Sakinah materials'* *'Develop easy read information about the current offer'*
Treatment delivery	A change to how treatment or intervention is delivered by staff or providers. Includes delivery of any new treatments or interventions.	*'Provide mental health training to anyone who is in regular contact with the farming and agricultural community…'* *'Facilitating face-to-face interpreting services'* *'Identify and approach community spaces that are culturally appropriate and to run gender specific groups/sessions'*
Service	A change to the service itself, including small service changes, service re-design or providing a new service.	*'Develop and deliver programme for mental health education talks'* *'Take learning from focus groups, research, data and engagement to coproduce a women-specific pathway with project team and other external stakeholders.'*
Wider organisational	Changes made at the wider organisation level, beyond individual service changes, that impact care delivery on an organisational (e.g. Trust) level.	*'EDI champions across the organisation'* *'Shared calendar across organisation for outreach events'*

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Results of the content analysis of driver diagrams

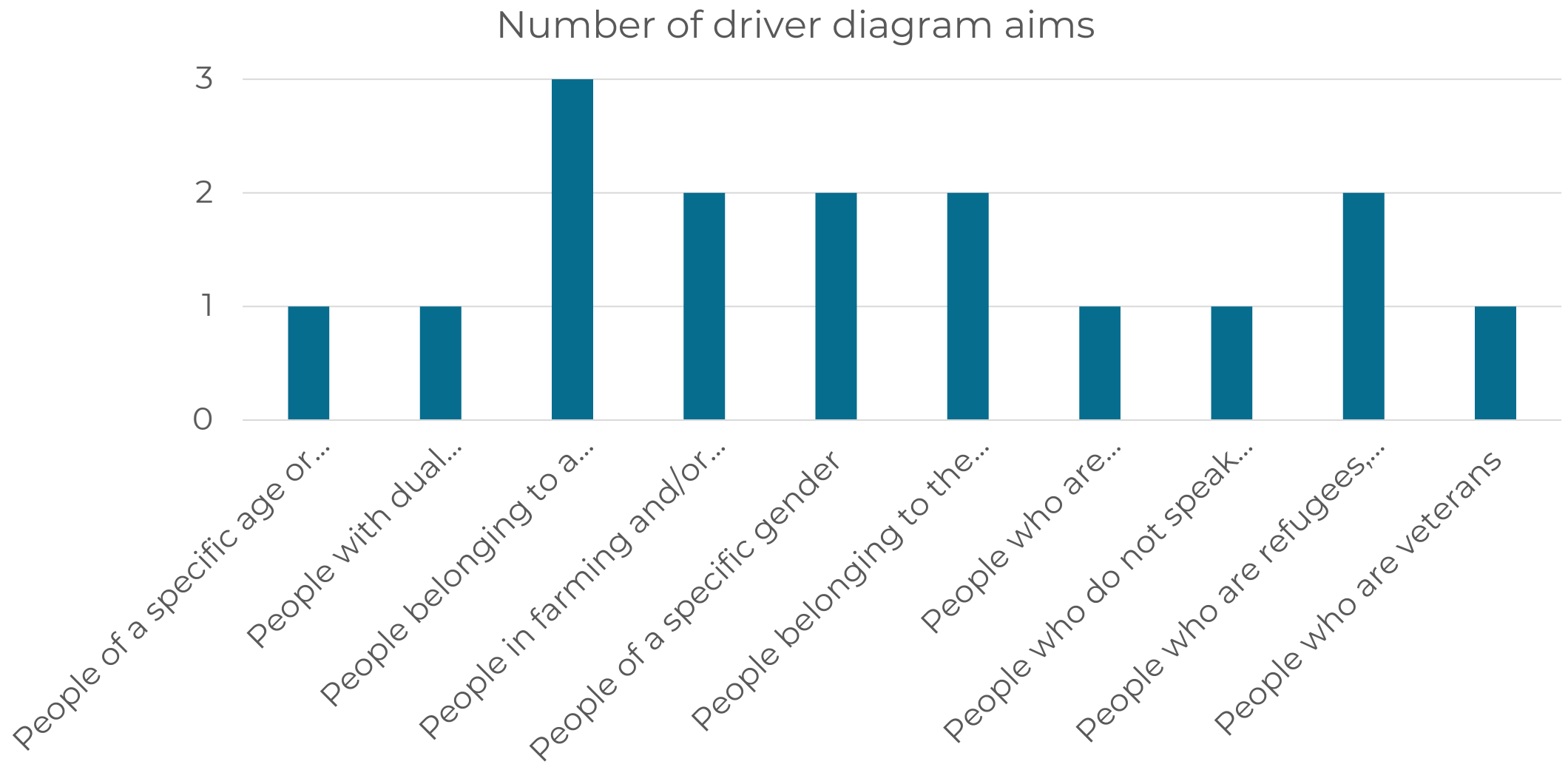

Figure 4: Population characteristics identified in driver diagram aims

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Results of the content analysis of driver diagrams

Change ideas developed: type of intervention or strategy codes	Number of driver diagrams
Accessibility	8
Addressing needs and engagement	5
Change in format or location of care	3
Collaboration with communities and partners	8
Collaborative working between staff or teams (including new methods of working)	3
Communication with patients, families and carers	6
Community training initiative	4
Cultural adaptation or modification	2
Data collection processes	2
Funding plans	2
Mental health literacy and awareness	4
New group or event	1
New or pilot intervention	4

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...Continued

New service initiative	8
Patient feedback	4
Patient record keeping processes	2
Person-centred care	5
Promotion of events and awareness for staff	1
Promotion of lived experience knowledge	5
Promotion or advertisement of services for patients and communities	10
Recruitment	4
Service mapping	1
Signposting	5
Staff support	4
Staff training initiatives	6
Understanding the population	5

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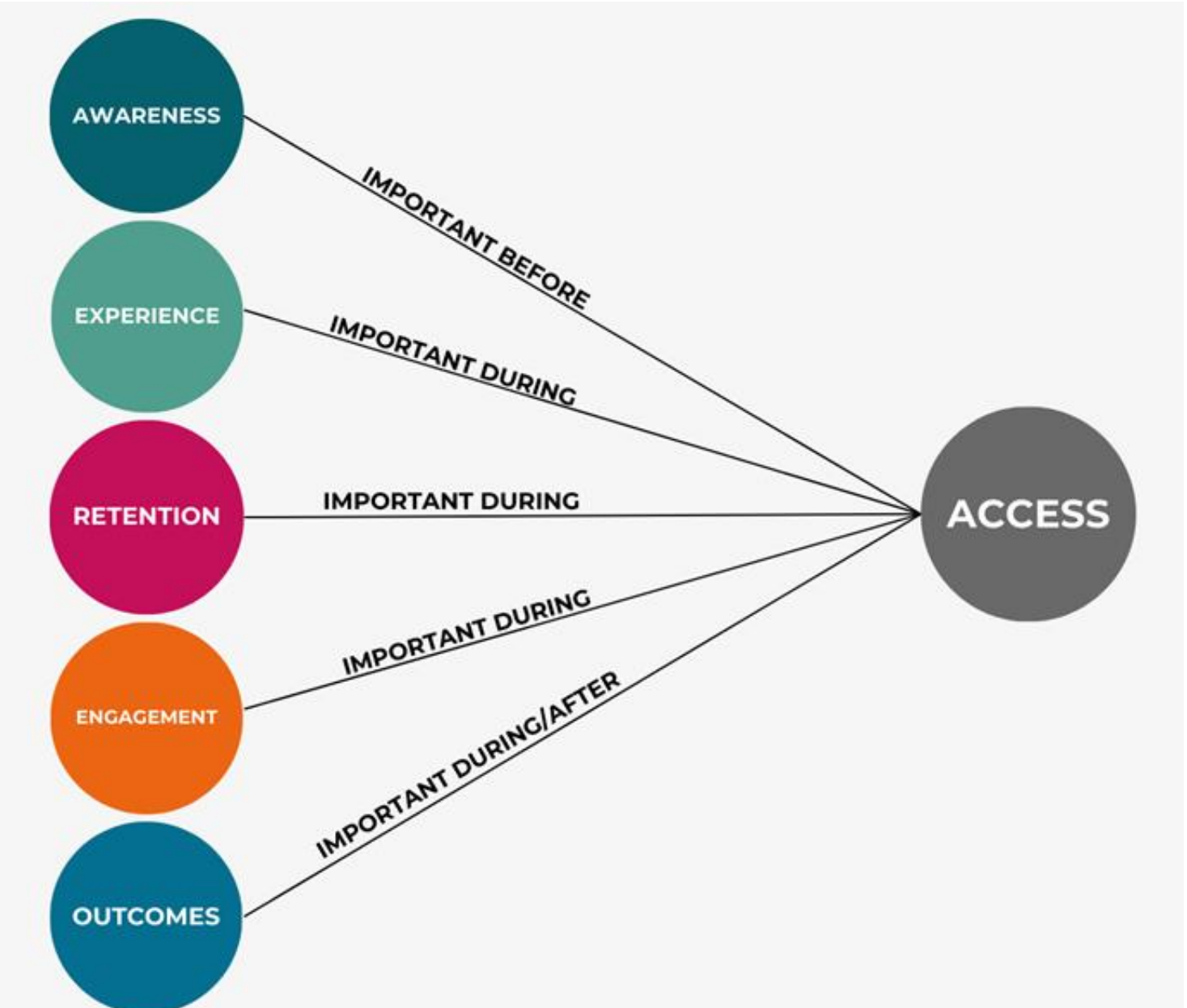
Results of the content analysis of driver diagrams



Access was the main area that teams focussed on, with all driver diagram aims (100%) including a focus on access to some degree.

Narrative summary of content analysis of Driver Diagrams

- **13 driver diagrams were created by 9 teams** (69% of teams created a driver diagram by Feb 2024)
- **Only 3 teams (33%)** had begun **testing** change ideas at the time data was collected
- There were 11 change ideas tested across the 3 teams who reported that they had started this process
- Several of the change ideas that were tested explored:
  - **Collaboration with community groups and partners**
  - **Community outreach approaches, focusing on services meeting with communities in their own environments and attending community-organised events**
  - **Advertisement and promotion of available services**
- The majority driver diagram aims were focussed on adult populations (12 out of 13)
- Unfortunately, teams experienced challenges with measuring the impact of change ideas
- Challenges will be explored with project team members during Focus Groups.

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To **evaluate the implementation, impact and success** of the AMHE QI collaborative model

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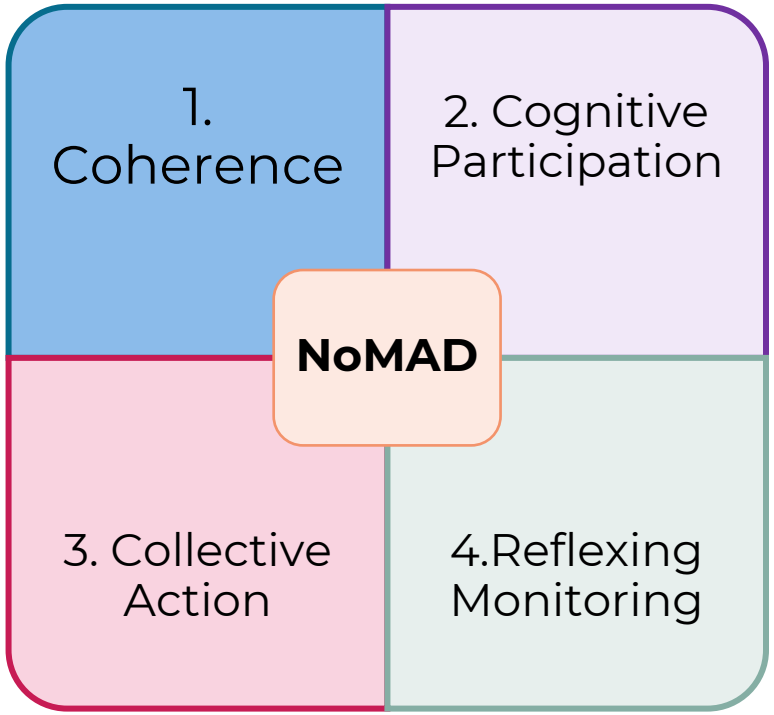
Methods used - NoMAD Questionnaire

The **Normalisation Measure Development Questionnaire (NoMAD)** is a validated research measure based on the Normalisation Process Theory (NPT).

The questionnaire has been adapted for the AMHE QI Collaborative and **aims to assess how staff implement AMHE into their everyday work and how they are supported to implement it.**

20 questions are grouped by **4 Normalisation Process Theory (NPT) constructs**

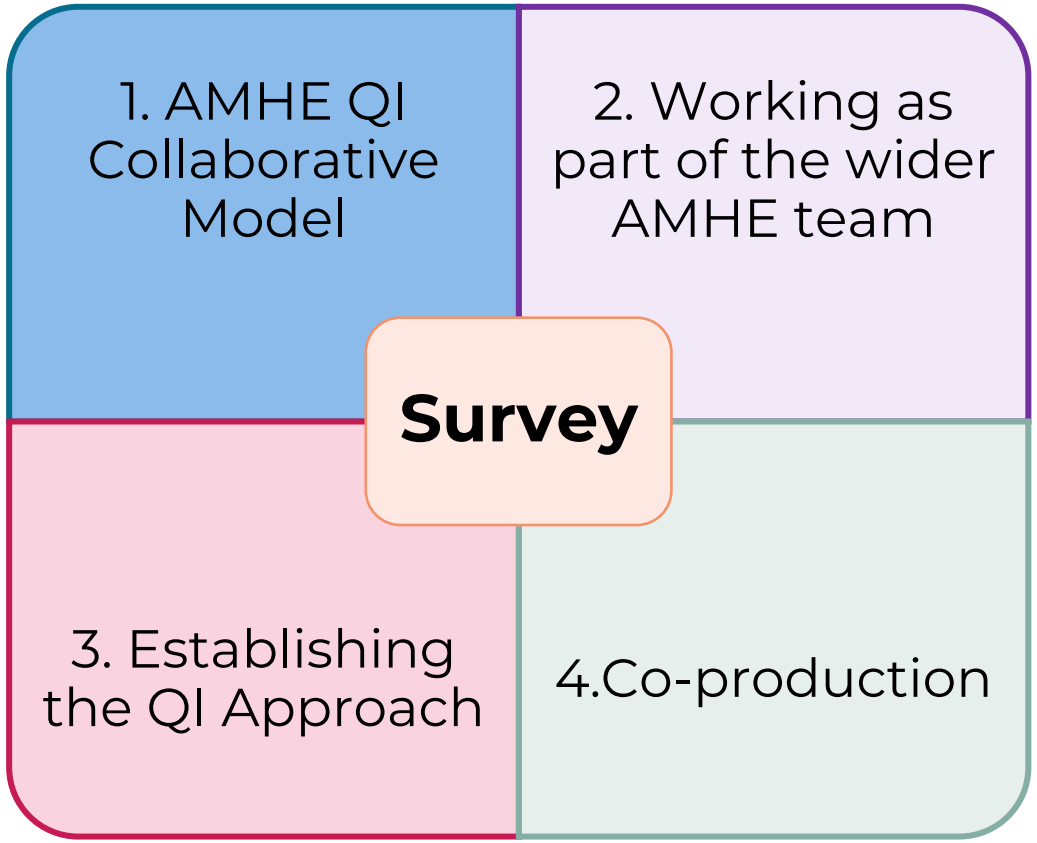


The NoMAD questionnaire was sent to all overarching and sub-team members.

An update on findings from the NoMAD will be included in Evaluation Snapshot 3

Methods used: AMHE evaluation Survey

A 16-question survey was created by NCCMH researchers to **collect information about what has gone well as well as challenges experienced** by the teams across 4 main areas:



The survey was sent to all overarching and sub-team members.

An update on findings from the Survey will be included in Evaluation Snapshot 3.

Methods used: MUSIQ tool

The Model for Understanding Success in Quality (MUSIQ) tool is a **validated measure** which explores how contextual factors influence the implementation of quality improvement, in this case the AMHE QI Collaborative

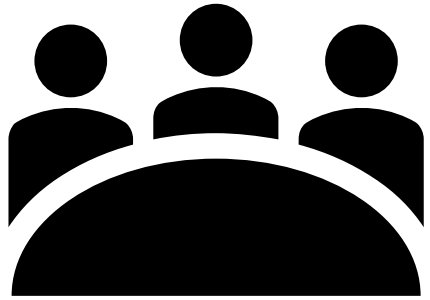
Adaptations to the original tool were made by the team to suit the purposes of the AMHE QI Collaborative

Project leads completed the tool with their QI coach

An update on findings from completed MUSIQ Tools will be included in Evaluation Snapshot 3.

Methods used - Focus Groups (in development)

Two separate focus groups with:



a) **Project Team members**
b) **QI coaches**

Co-designed and co-facilitated with lived experience advisers. We will explore questions including (but not limited to):

- What factors do participants feel contributed to the success of the programme?
- What were the challenges of the AMHE QI collaborative model?
- What new approaches were used?
- How was co-production embedded in the work conducted by the teams?
- How could the AMHE approach be improved going forward?
- What impact did Learning Events have?

Focus Groups: Eligibility criteria

Participants eligible to participate in the QI coaches focus group:

- Any current NCCMH QI coach who has worked in coaching capacity with a project team as part of the AMHE QI collaborative during waves 1 or 2

Participants eligible to participate in project team member focus group:

- Member of the project team for any service signed up the AMHE QI collaborative for wave 1 or 2

- Has been a member of the project team for at least 6 months prior to the focus group

- We will aim to sample 2 project team members from each team to maximise diversity of perspectives between team

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Focus Groups: Participant identification and recruitment

NCCMH QI coaches: All NCCMH QI coaches will be invited to participate using internal NCCMH team channels. A Participant Information Sheet will be provided containing information about the focus group and process.

Project team members: Potential participants will be contacted via email by the AMHE QI Collaborative's Project Manager to inform them about the focus group opportunity. A participant information sheet will be provided containing information about the focus group and process. Those who wish to take part will be invited to sign up using an electronic form (via Microsoft Forms). The internal NCCMH team will review sign-up requests and select participants using a purposive sampling approach. We will aim to select 1-2 participants from each of the 12 AMHE teams. A meeting invitation will be sent via email by the Project Manager to select participants.

Focus groups: Methods

Participants will take part in an online focus group conducted using the Microsoft Teams application. One focus group will be conducted with NCCMH QI coaches and another separate focus group with AMHE Project Team members.

- ***Setting:*** The Royal College of Psychiatrists (RCPsych) video conference via the Microsoft Teams application.

- ***Sample:*** up to 20 project team members who have been involved in the AMHE QI collaborative, and up to 7 NCCMH QI coaches

- ***Data collection:*** The focus group topic guides have been co-produced with 2 lived experience advisers to the NCCMH and discussions will be guided by a member of the NCCMH research team, and a lived experience facilitator. Each focus group will be recorded and transcribed and will be anonymised by researchers after recording.

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Focus groups: Results

- Focus group transcripts will be analysed thematically by the research team
- We will publish the results of the focus group analysis as an addendum to the Evaluation Snapshot 3 report when complete
- We aim to do this before the commencement of Wave 3 of the AMHE Collaborative

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Please look out for an email notification of the Focus Group expression of interest in the next few weeks

If you have any questions ahead of this, please contact Ella.Dobson@RCPsych.ac.uk

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Thank you ☺

Any questions?

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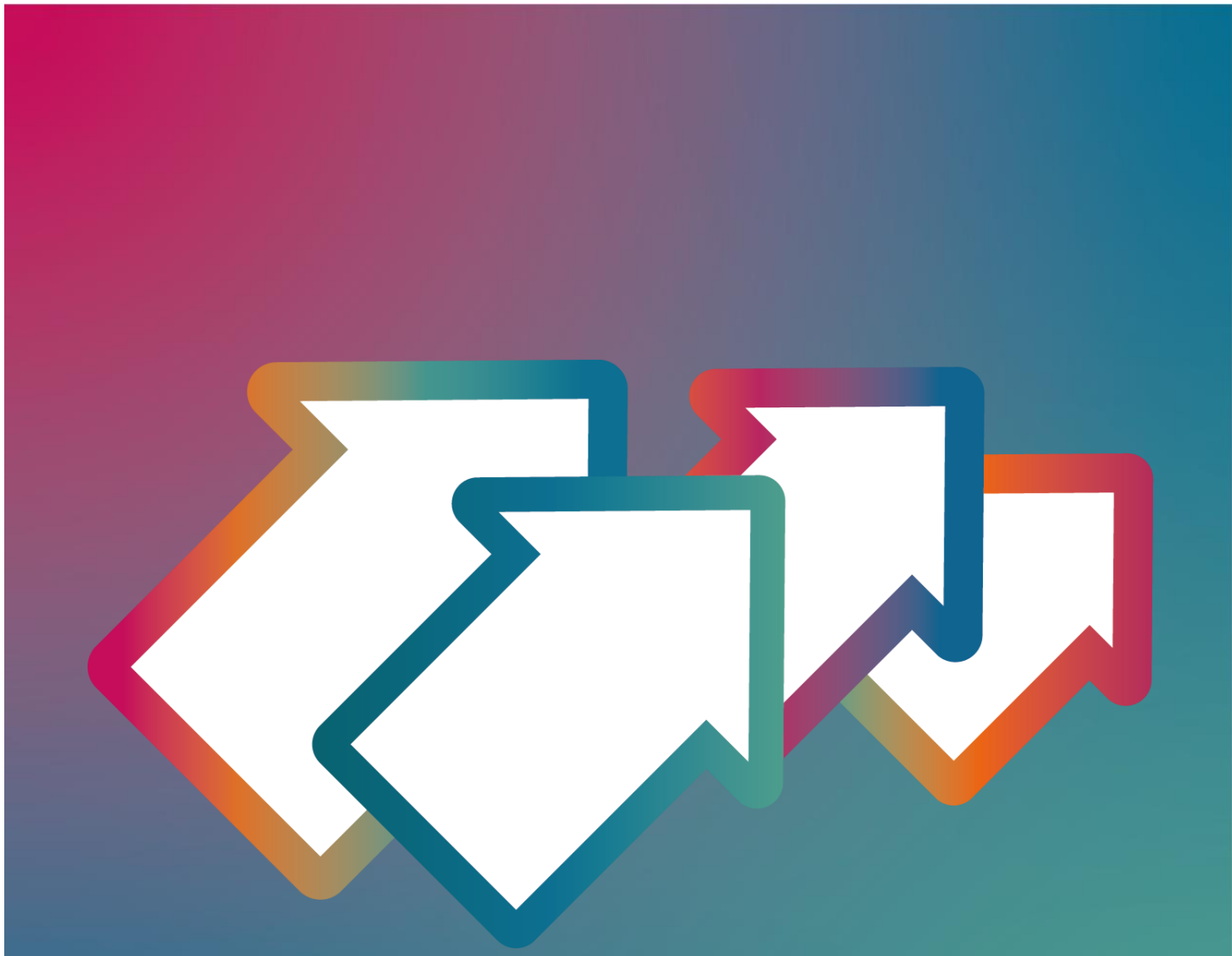
If you had to describe your AMHE journey as a mode of transport, what would you choose and why?



RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

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Lunch

12:20– 13:20

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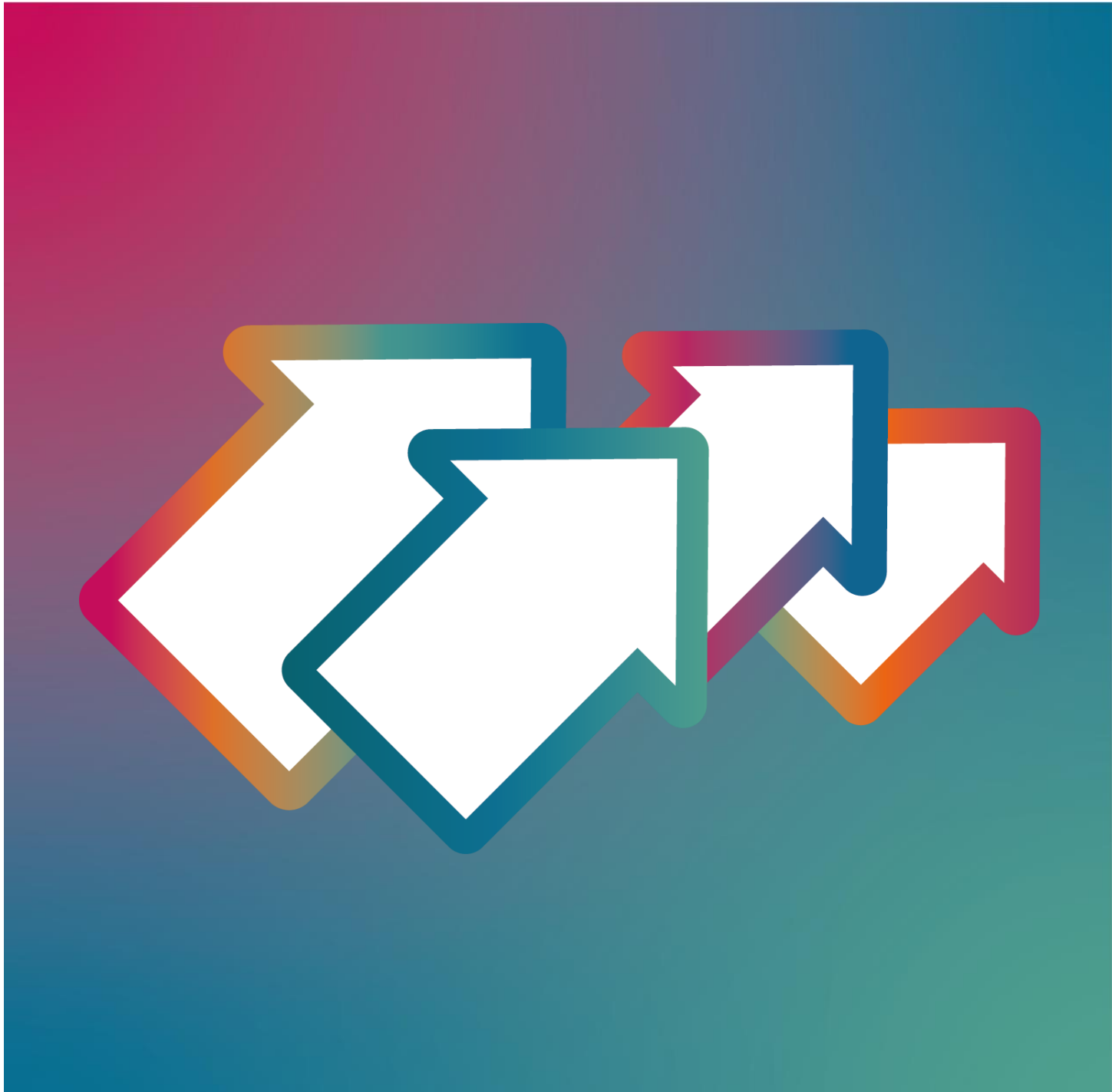
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH



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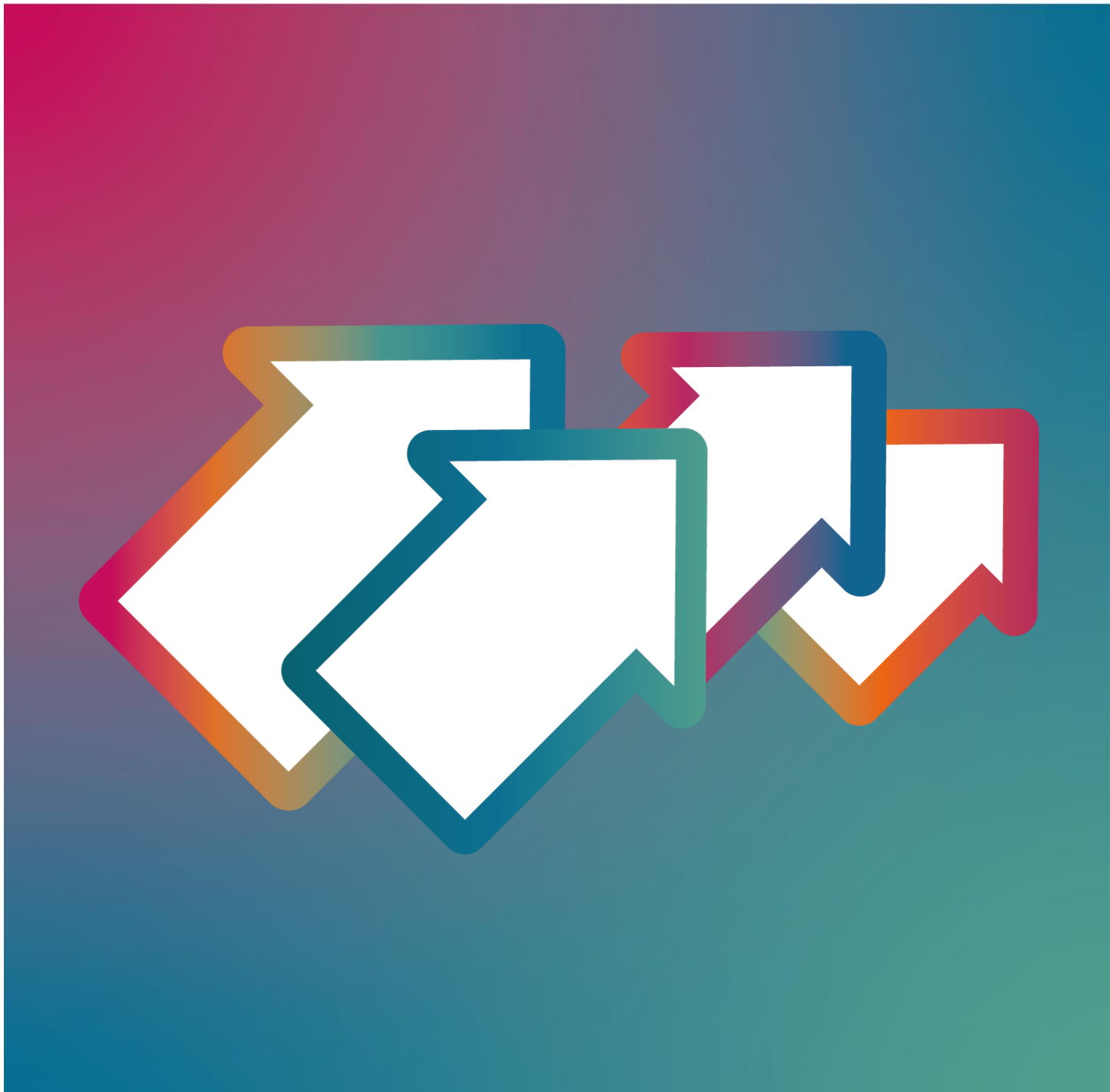
AMHE World Café



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Let's talk!

5 mins

Host team – share the key points of your project

20 mins

Open discussion – ask questions, share different perspectives and learning from different projects

Table	Project
1	**Rural communities** – Somerset NHS Foundation Trust
2	**Women Veterans** – Pennine Care NHS Foundation Trust
3	**Dual diagnosis - co-occurring substance use and mental health issues** – Avon and Wiltshire Mental Health Partnership NHS Trust
4	**Black and Brown children and young people** – Avon and Wiltshire Mental Health Partnership NHS Trust

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A pledge

Mark Farmer and Meera
AMHE Patient & Carer Representatives

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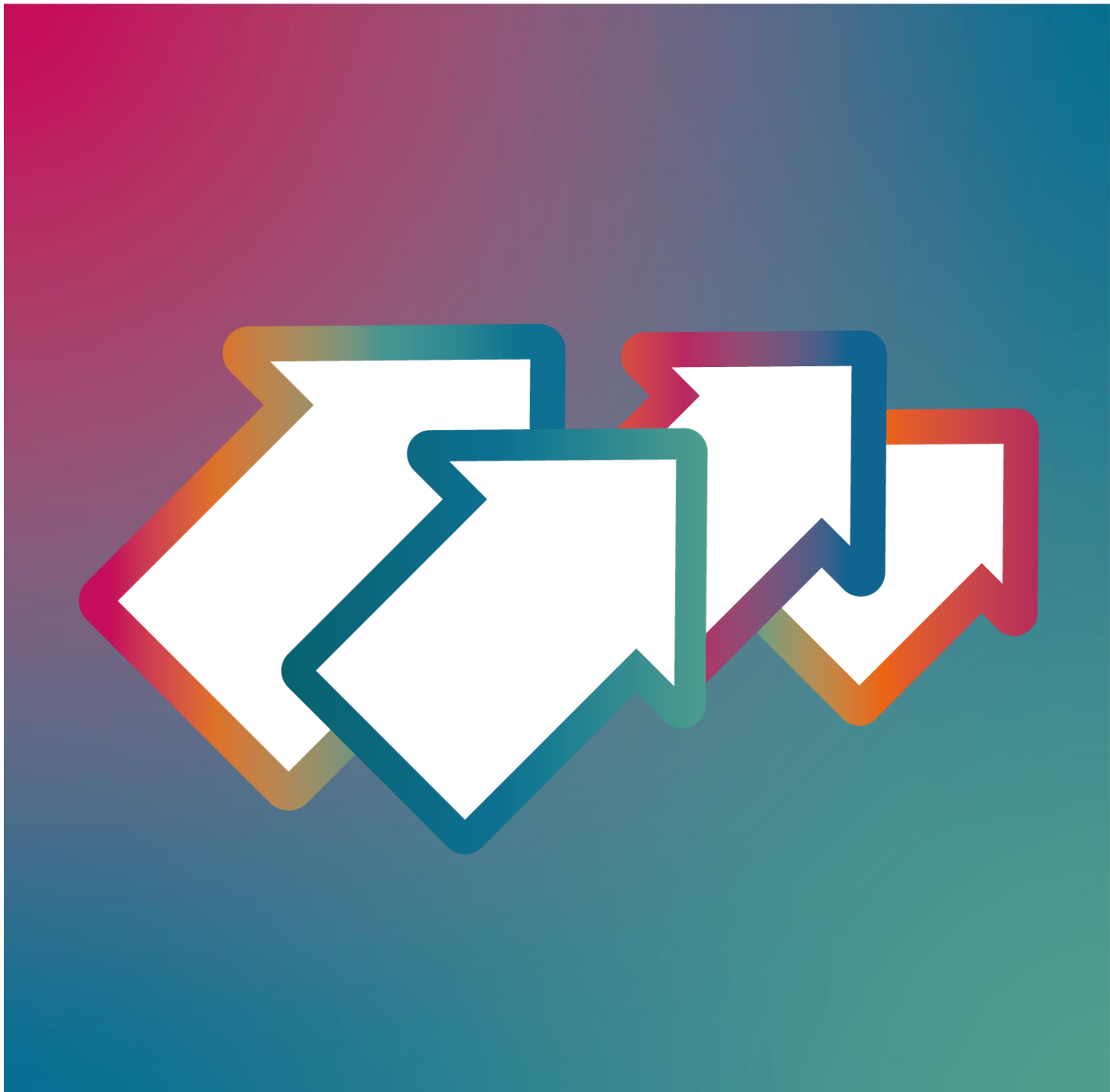

At the last learning set

- At the last session we discussed taking co-production to the next level by developing lived experience leadership within mental health services
- We looked at the model developed by Leicestershire Partnership NHS Trust
- Equality Advisory Group members shared their experiences, thoughts and reflections on lived experience leadership, each table then had a discussion on this and where the development of lived experience leadership was within their organisation

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WHAT WE HAVE COVERED!

Lived experience leadership

Building relationships

The payment and recognition of lived experience

White privelage

Accessibility and inclusivity

Our Co-Production learning set sessions

Sharing power

Top ten tips for co-production

Responding to the needs of refugees

Risk taking

Gap analysis

Asset mapping

A reminder...

How do you work with people from diverse communities to fundamentally change services, to ensure they are delivered in a way in which fully meets their needs?

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Your pledge

The AMHE collaborative has been about improving mental health services for people from diverse communities

In the co-production sessions, we have focused on practical approaches to enable you to engage with those communities

Looking to the future:

Go to menti.com (enter code 3490 5809 or use the QR code below)

- What more you will personally do to ensure those experiencing health inequalities will receive better services from you in the future through co-production?
- How will you hold yourself accountable?

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What comes next...

- This is the end of the Advancing Mental Health Equality Collaborative
- The College now has moved from Advancing Mental Health Equality to Advancing Mental Health Equity
- This approach recognises that different people have different needs and that treating everyone the same does not necessarily lead to equal outcomes
- The next wave will be under our new modular offering, with each module focusing on a different level of leadership, with a from Ward to Board approach

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Thank you from Meera and Mark

- Thank you to all Equality Advisory Group members, who have supported the delivery of Advancing Mental Health Equality and the delivery of these sessions. Thanks for bringing both your lived and learned experiences to the table, it has added so much value to our discussions.
- Thanks to the NCCMH staff who it has been a pleasure to work with, with a special mention to Ed, Ella and Hazel, who have planned and organised our work together and have worked to ensure these events were a success.
- And a thank you to you all, for the work you have done to support co-production in your area. We have enjoyed working with you and learning about your work.

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Feedback, next steps and close

Rosanna Bevan
Quality Improvement Coach

RC PSYCH
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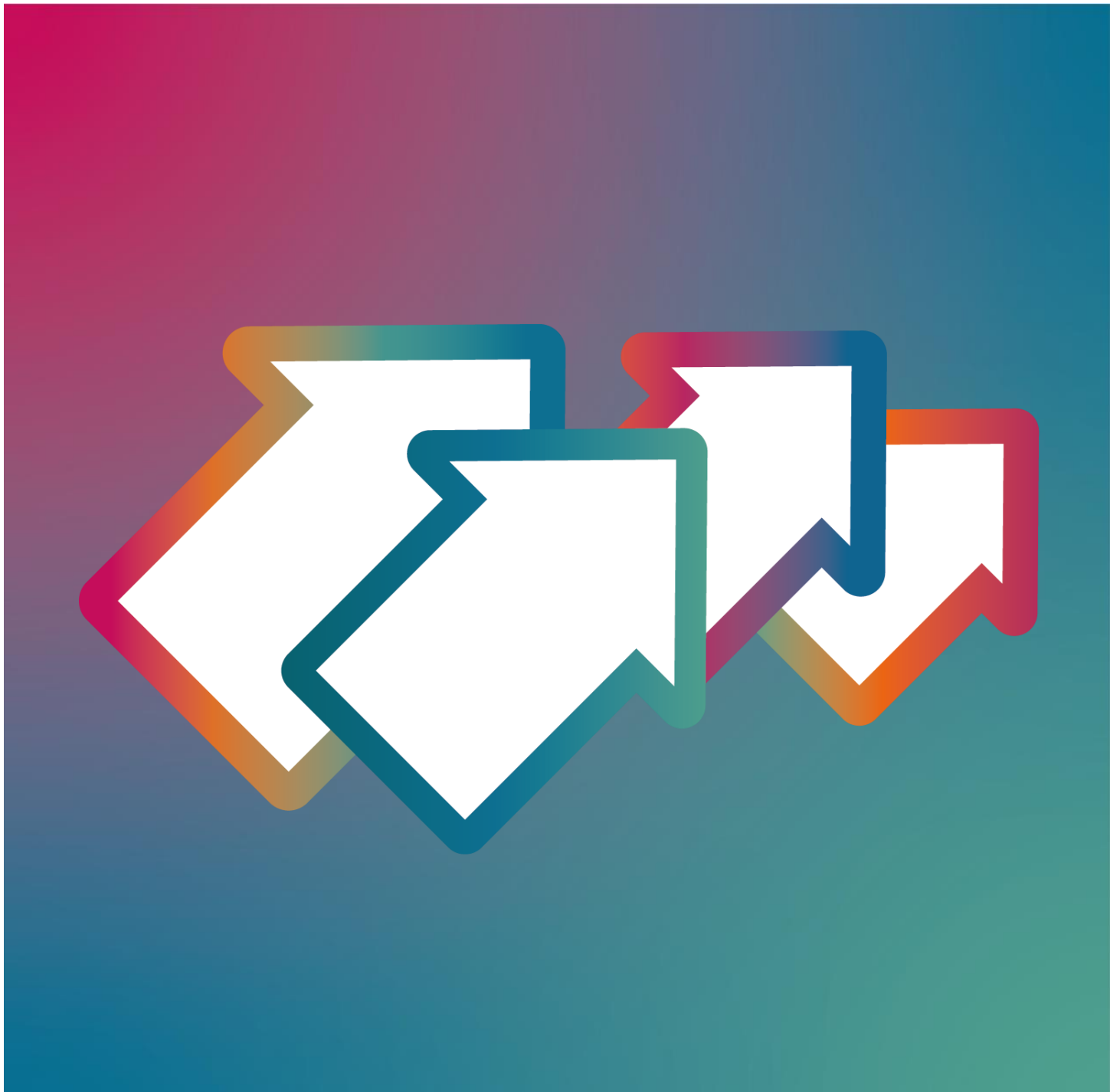

We value your feedback!

- We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.

- Please use the QR displayed here, or the paper copies on your tables.

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