Commissioning and providing mental health advocacy for African and Caribbean men

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Commissioning and providing mental health advocacy for African and Caribbean men

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This PDF document was created in May 2008, and will not reflect any
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Introduction

The purpose of this resource guide is to provide pointers for commissioners and providers of advocacy services to ensure that African and Caribbean men have access to appropriate high-quality mental health advocacy. Appropriate advocacy services contribute to countering the effects of social exclusion and discrimination, which have been identified as significant issues for these men in their engagement with mental health services. The guide provides:

- key messages from the research evidence
- policy
- principles to guide positive practice
- translating these principles into practice
- options for the organisation of advocacy
- examples of advocacy services for African and Caribbean men
- implications for mental health service users from other black and minority ethnic communities
- information about available resources.

The guide draws heavily on SCIE Knowledge Review 15. This features a literature review and practice survey, including interviews and focus groups with African and Caribbean men, in order to identify the basis for the organisational models and principles discussed in this guide.

However, this guide does not suggest a single solution and describes a range of ways that mental health advocacy can be organised to meet a diverse range of individual needs. The focus on men reflects the concern about their over-representation and negative experiences of mental health services. There are clearly equivalent and specific issues for African and Caribbean women requiring consideration, albeit out of the scope of this guide.

Audience

This guide has information for:

- African and Caribbean service users, their families and communities
- commissioners
- providers of advocacy services
- black and minority ethnic community development workers
- mental health service managers.

Background

Current legislation

Current legislation and policy provide a framework within which mental health advocacy services for black and minority ethnic (BME) communities are commissioned and provided.

Equality Act

The Equality Act 2006 (1) moves away from a reactive approach, reliant on the individual taking action, to a proactive approach, with public sector bodies required to actively promote equal opportunities, eliminate discriminatory practices and to review progress and outcomes in terms of gender, race, disability, age, religion or belief and sexual orientation.

The Equality and Human Rights Commission aims to end discrimination, tackle inequality, promote good relationships between people and protect human rights. It brings together the work of the three former equalities Commissions: the Commission for Racial Equality (CRE); the Equal Opportunities Commission (EOC); and the Disability Rights Commission (DRC). The Commission was established under the Equality Act 2006 and is independent of government.

Mental Capacity Act and Mental Health Act

These acts introduce certain requirements for advocacy and new advocacy roles – Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA).

The Mental Capacity Act 2005 (2) includes the statutory duty to provide an independent advocate for people who lack the capacity to make their own decisions about medical treatment or changes in their care arrangements and have no friends or family to support them. There are also discretionary powers for an IMCA in relation to adult protection procedures (even where there are family or friends) and care reviews.

The Mental Health Act 2007 (3) includes the statutory duty to provide advocacy for those people subject to compulsory powers. This applies to England and Wales.

- Independence means that advocacy should, so far as is practicable, be provided by a person who is independent of any person who is professionally concerned with the patient's medical treatment.
- The function of the IMHA will include helping patients in obtaining information about and understanding:
  - the provisions of the legislation which he/she is subject to
  - any conditions or restrictions he/she is subject to
  - the medical treatment being given, proposed or being discussed, the authority under which this would be given and the requirement that would apply.

The Department of Health is planning to publish detailed commissioning guidance for Independent Mental Health Advocacy during 2008.

Our health, our care, our say

This Department of Health White Paper sets out a vision to provide people with good quality social care and NHS services in the area where they live. The emphasis is on social care services promoting independence and giving service users more choice and control. For health services, the aim is to develop more responsive services and prevent ill health by the promotion of healthy lifestyles.

Commissioning Framework

- 'Our health, our care, our say' aims to support the shift towards services that are personal and sensitive to the needs of the individual.
- Stronger focus on commissioning for outcomes across health and local government, working together to reduce health inequalities and promote equality.
- Places a duty on the local authority to undertake a Joint Strategic Needs Assessment, which has to be focused on outcomes.

Mental health policy

England

Mental Health National Service Framework

The Mental Health National Service Framework (MHNSF) recognised that mental health services were not meeting the needs of people from black and minority ethnic (BME) communities, with explicit reference to African and Caribbean communities. It established the principle that mental health services must be planned and implemented in partnership with local communities, and must involve service users and carers. Department of Health policy on BME mental health had been further developed through the reports 'Engaging and changing' (4), 'Inside outside' (5) and most recently 'Delivering race equality in mental health care' (6).

Delivering race equality

Delivering race equality in mental health care (DRE) is an action plan to achieve equality and tackle discrimination in mental health services for black and minority ethnic (BME) communities. The plan:

- identifies three building blocks: action to improve services; action for better community engagement; and action for better information. The community engagement element includes investment in a new role of community development worker (CDW).
- outlines 12 characteristics for improved services as a consequence of the DRE action plan. The action plan identifies development of culturally appropriate independent advocacy as a new area of action for primary care trusts and service providers.

Wales

Welsh mental health policy relating to services for adults was outlined in 2001 by the publication of The Adult Mental Health Services for Wales Strategy (7), which states that 'advocacy services must be available throughout Wales for all patients who require them' (p37). This commitment was picked up in the revised Adult Mental Health Services National Service Framework for Wales (8), wherein Standard 2, Key Action 6 stresses the need for relevant, independent, trained advocacy services to be promoted and available across Wales. The National Assembly for Wales Mental Health Strategy Implementation Group has also produced guidelines for advocacy. Further, the revised NSF commits the Assembly to producing a Race Equality Action Plan for Adult Mental Health Services in Wales. This has been produced and local action plans have been produced in response. The action plan requires that advocacy services are made routinely available.

Northern Ireland

The Bamford Review into mental health and learning disability services (9) in Northern Ireland considered the provision of advocacy in the context of protecting the rights of people with mental health problem or learning disability. This proposed a statutory right to independent advocacy for people using mental health or learning disability services and made it clear that this should embrace a range of models. The review also calls for a coherent strategic approach to the development of advocacy. The Department for Social Development has recently published a strategy for the delivery of community and voluntary advice services, including advocacy and representation (10).

Key messages from research

SCIE Knowledge Review 15 includes a systematic review of the relevant literature. The key messages from this are:

- There is demonstrable need for mental health advocacy with people from black and minority ethnic (BME) communities. For African and Caribbean men, the pathways into mental health services, anomalies in care and treatment compared to their white counterparts, experience of racism and discrimination within services and greater dissatisfaction with mental health services indicate that high-quality mental health advocacy is needed to ensure that these men receive appropriate services.

- While there is scant research on this subject, there is a consensus that access to mainstream mental health advocacy for people from BME communities is seriously limited. Such organisations typically do not proactively seek clients, and this serves to disadvantage African and Caribbean men and members of other BME communities. In addition, there can be a fundamental mistrust of established mental health services and confusion over the meaning of advocacy, which gets in the way of anticipating its value or potential benefits.

- There are clear differences between standard approaches to mental health advocacy and those developed by and for black and minority ethnic communities. Underpinning these are key differences in the way that advocacy is conceptualised.
- BME definitions emphasise interdependence with families and communities. Concepts of the self or individual may not match individuals' values and beliefs and their expectations and preferences to be part of a community or cultural group (11).
- The need for advocacy is framed in terms of inequalities and exclusion. For BME communities, advocacy is not only concerned with addressing the power inequalities in the relationship with mental health services but more broadly with achieving equality and social justice within UK society.
- The focus and organisation of advocacy services can operate to limit the extent to which African and Caribbean men are able to access and make effective use of advocacy.

Needs and advocacy

Mental health and advocacy

Advocacy is usually defined as a process or intervention that ensures vulnerable people have a voice within services characterised by power inequalities between providers and users. Mental illness, and the social and statutory service response to it, can mean that individuals can find it difficult to speak up for themselves and be heard. This:
- impacts upon decision-making and the opportunities to exercise choice
- can result in marginalisation and social exclusion
- places an individual's rights in jeopardy.

This is recognised by the introduction of a statutory duty in relation to advocacy under the Mental Health Act 2007 (3). However it is important to recognise the need for advocacy for people experiencing mental health problems, who are not subject to the Act, and the risks to their self-determination and their rights.

Need within BME communities

In addition to the above, people from black and minority ethnic (BME) communities may also experience additional social disadvantage, racism and discrimination. Advocacy can support people from BME to access appropriate high quality services as early as possible. This need is clearly recognised within the Department of Health action plan Delivering Race Equality in Mental Health Care.

For people from specific BME communities, notably African and Caribbean communities, this means diversion to less restrictive services and reducing the risk of admission and detention under the Mental Health Act or via the criminal justice system.

For other communities, for example Chinese communities, it means increased engagement and access to support, as people from these communities are typically under-served by mental health services.

African and Caribbean men

There is a growing body of evidence for the negative relationship between mental health services and African and Caribbean men. This negative relationship can result in a lack of inclination to seek help or comply with treatment, leading to relapse and readmission and further social exclusion. The Better Health Briefing on African and Caribbean men and mental health from the Race Equality Foundation provides an overview of the key issues and examples of positive service developments.

This evidence provides information on the role of advocacy and it needs to address:
- The failure of services to understand and meet needs appropriately, including misunderstanding of African and Caribbean modes of self-expression.
- Fear and expectation of negative treatment, including:
  – not having needs understood or met

– being stereotyped or ignored

– concerns about treatment (particularly medication)

– detention, leave arrangements

– day-to-day living

– access to appropriate treatment and practical support

- Low uptake of services and less desirable pathways into care.

- Lack of awareness of mental health and service provision.

- Lack of choices in relation to treatment offered – for example being more likely to receive physical treatments and less likely to get psychotherapy.

- Experiences of coercion, discrimination and racism in mental health services.

- Social disadvantage and exclusion, particularly homelessness, poor housing, unemployment and over-representation in prison.

Identifying needs

Assessing need for mental health advocacy is an essential task for both commissioners and providers. This assessment ensures that the services provided meet needs effectively, and do not disadvantage particular groups in the way they are designed and promoted. This process needs to:

- ensure that the heterogeneity of BME communities and the diversity of need within communities is understood

- draw on existing data to illuminate the need for mental health advocacy by people from BME communities

- build on methods, particularly community engagement, to develop a detailed understanding of needs in relation to advocacy, barriers and facilitators to service use and preferences for service provision

- critically examine the extent to which mainstream mental health advocacy services are meeting the advocacy needs of people from diverse local communities.

Potential sources of information include:
- National data sets, Office of National Statistics.
- Primary care trusts and local councils usually have detailed information on the local area, including a profile of BME communities.
- Annual census of mental health inpatients. Undertaken by the Health Care Commission, Mental Health Act Commission and the National Institute for Mental Health in England (NIMHE). Data on admission and detention rates and treatment analysed by ethnicity and gender. Results for individual trusts are available through a secure log-in facility.
- Mental Health Minimum Data Set. Information on numbers of patients receiving care from mental health specialist services by ethnicity, provider and number of patients on the Care Programme Approach (CPA).

- Views of local mental health service users and key informants from local BME communities. The community engagement project developed by NIMHE provides a method for gathering these.

Outcomes from advocacy

'Delivering Race Equality' describes 12 characteristics of transformed services. As advocacy is a key ingredient of this transformation process, these characteristics can be used as outcomes for advocacy services for African and Caribbean men.

These have been grouped into six areas that were identified from the SCIE Knowledge Review 15.

They are:

Outcome area 1: Changes in the person reflected as increased confidence and the ability to get on with life and with other people

- Increase in the numbers of African and Caribbean men who feel that they have recovered from their illness.
- Increased involvement in decisions about care and care planning.

Outcome area 2: Changes in treatment

- Increased access to a greater range of treatments and effective therapies, such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective.
- Reduction in the disproportionate rate of admissions from African and Caribbean communities to psychiatric inpatient units.
- Fewer violent incidents due to the improved treatment of mental illness.
- Reduction in the rates of seclusion for African and Caribbean men.
- Reduction in the use of physical interventions and associated injuries and deaths in mental health services.

Outcome area 3: Changes in the relationship between mental health services and the individual service user

- Less fear of mental health services by African and Caribbean men and their communities.
- Increase in the choices offered.
- Increased satisfaction and engagement with mental health services.
- Increased involvement of African and Caribbean men in the training of professionals, the development of mental health policy and in the planning and provision of services.

Outcome area 4: Changes in service provision so that service users receive more culturally appropriate and effective service and access to a broader range of support

- Reduction in inequalities and disparities in access to appropriate treatment.
- Provision of a greater range of treatments and effective therapies that are culturally appropriate and effective.
- Development of alternative models of mental health care from a black perspective.

- Development of a workforce that is capable of delivering appropriate and responsive mental health services to African and Caribbean men.

Outcome area 5: Changes in the family and/or support system

- Increased acceptance and awareness of mental health issues by African and Caribbean communities.
- Increased involvement in family and community activities.

Outcome area 6: Changes in the civil status of the individual so that the service user is more able to fully participate in civic and social roles

- Increase in rates of African and Caribbean men moving out of the mental health system and into further training and/or employment.

Providing advocacy services

Principles to guide positive practice

Drawing on SCIE Knowledge Review 15, the following principles are suggested to underpin the provision of high quality mental health advocacy for African and Caribbean men. They are also important for commissioners to bear in mind when designing and commissioning mental health advocacy. Mental health advocacy provision for African and Caribbean men needs to be:

- Culturally sensitive and promote cultural sensitivity in wider services. This means a developed understanding of issues of inequality, disadvantage, and discrimination and the roots and history of black oppression.
- Independent from statutory service provision.
- Accessible to and visible in the local community, who are consulted and engaged in the process of its development.
- Able to offer real choices in terms of the type of advocacy and the advocate.
- Able to promote choice and protect individual rights in the context of decision making on care and treatment.
- Able to prioritise and promote self-empowerment.
- Have the capacity to meet demands by providing a high-quality service.
- Clear in terms of outcomes, and to ensure these and data on service usage by ethnicity are routinely monitored and evaluated.

Translating principles into practice

1. Culturally appropriate advocacy

It is self-evident that advocacy services have to be culturally sensitive. It means:

- Framing advocacy in a way that is relevant to black minority ethnic (BME) communities and ensuring that the way in which advocacy is defined does not inadvertently disadvantage BME communities.
- Identifiable and sustainable investment to meet the advocacy needs of these communities.
- The opportunity to have an advocate that shares your cultural heritage.
- That the advocacy service has roots in the community and an understanding of discrimination, racism and black history. This will build confidence in the ability of the service to accurately listen, understand and act on the service user's behalf.

2. Independence from statutory provision

Independence from service provision is a guiding principle for the majority of mental health advocacy services, reflected in the standards and guidelines for mental health advocacy. It is important to qualify this as independence from statutory provision, as

provision for African and Caribbean men is often provided as part of a broader range of services, developed by community organisations.

3. Increasing access

A proactive approach is needed to engage with African and Caribbean men on their terms. This means developing advocacy services that are accessible to – and visible in – the local community. Strategies to increase access can be further developed by engaging service users and the community in the process. In addition, the following strategies are important:

- The distinctive African and Caribbean identity of advocacy provision through the profile of the staff, and being in the same place as mental health services serving African and Caribbean or BME communities. The co-location with other interventions and forms of support that promote personal development and empowerment also facilitate the uptake of advocacy.

- Messages targeted at African and Caribbean men and their communities to enable them to access and make use of advocacy services. Key messages are:

  – advocacy means speaking up for yourself (self-advocacy)

  – advocacy services are independent of mainstream mental health services and are culturally appropriate

  – advocacy services exist to protect people's rights in relation to the mental health system and to support people to access the most appropriate treatment and support

  – that what happens between you and the advocate is confidential.

- Mental health trust staff providing information on advocacy, its value and how to access it. This should happen on admission and be supported by written information. Staff need to be aware of and demonstrate an understanding of the importance of advocacy in relation to critical decisions, such as hospitalisation, detention, treatment and medication, and discharge arrangements.

- Having service level agreements or contracts in place with advocacy services that are capable (with demonstrable evidence) of delivering culturally specific advocacy for African and Caribbean men.

4. Promoting choice

Choice is an important principle. However organisations often find themselves constrained by capacity and, as a consequence, unable to offer real choices. Service users often (but not always) express a preference for choice in terms of ethnicity and gender. Some men will also have definite preferences in terms of sexual orientation or whether the advocate has experience of using mental health services. However, it is also clear that the quality of relationship between advocate and partner is important.

Choice is a particularly pressing issue in secure services, where access to more broadly-based community resources can be severely limited. Advocacy provider organisations contracted to serve secure mental health units should be staffed

appropriately, to take account of the over-representation of African and Caribbean men in these services.

Ideally there should be the opportunity to access different types of advocacy and at least the potential for self-advocacy, casework and collective advocacy.

5. Promoting choice and protecting rights

Advocacy needs to be available at times when African and Caribbean men are facing critical decisions. This applies particularly at the following times:

- First point of contact with mental health services, in order to support an individual in seeking accurate information about care and treatment, and gaining access to appropriate services.

- During detention under the Mental Health Act, to:

    – help people understand their rights, what is happening, why they are being detained and their care and treatment

    – support and help people engage with care planning

    – help prepare and debrief people for Hospital Manager's Hearings and Mental Health Review Tribunals

    – plan discharge arrangements.

- Appointments and meetings with key personnel such as consultant psychiatrists and care coordinators, to discuss treatment options, leave arrangements and moves to alternative treatment facilities.

- In relation to seclusion and restraint by supporting appropriate care and treatment.

- Advocacy interventions will be enhanced by being built on an existing relationship of trust. Solely providing advocacy at these key times is unlikely to be successful.

6. Promoting self-empowerment

A major aim of advocacy is the empowerment and self-determination of individual advocacy partners. This will be facilitated by:

- Prioritising and promoting self-advocacy.

- Access to peer advocacy.

- Service user involvement in the management and delivery of advocacy services.

7. Ensuring competence and capacity to deliver

Advocacy providers need to ensure that they have the capacity to provide a quality service. This means:

- adequate staffing, with staff who have advocacy as their main role

- access to appropriate training and supervision that includes providing advocacy for black and minority ethnic communities, as well as other minority groups. Training should also equip advocates with the interpersonal resources. This will help advocates cope with difficulties in the relationship between advocacy and mental

health service providers and their staff. It will also help advocates understand how best to promote positive changes on behalf of the advocacy workforce. The development of a national qualification in advocacy is underway and the Department of Health has commissioned the development of training materials to support this. Capacity-building organisations, such as Action for Advocacy, also provide training and information on training that may be relevant. Many advocacy providers, particularly those in the black and community voluntary sector develop their own training. See for example Link: The Advocacy Project, Liverpool.

- understanding and knowledge of African and Caribbean dialects, languages and cultures

- understanding of discrimination and how to tackle racism, including institutional racism

- access to supervision to ensure practice development and the provision of a quality service

- standards of good practice. These have been developed but in general have little to say about specific provision for BME communities, and therefore may need to be adapted. The following are particularly worth looking at:

  – Kapasi, R., and Silvera, M. (2002). A Standards Framework for Delivering Effective Health and Social Care Advocacy for Black and minority ethnic Londoners. King's Fund: London

  – A standards framework for delivering effective health and social care advocacy for black and minority ethnic Londoners. This is a tool that offers a set of standards for health and social care advocacy for BME communities and a process for implementing them. It can be used by advocacy providers, commissioners, and service users to develop a code of practice, as a good practice checklist, or as a guideline for developing services. It is underpinned by an inclusive approach that aims to bring advocacy for BME communities into the mainstream. It provides a basis for quality assurance in relation to advocacy provision for African and Caribbean men.

  – Action for Advocacy (2006), Quality Standards for advocacy schemes. Based on the Advocacy Charter, this provides a set of quality standards for advocacy organisations and a code of practice for advocates. These also provide a basis for quality assurance but will need some adaptation to ensure that they are suitable for advocacy providers in the black community and voluntary sector.

8. Monitoring and evaluation

Advocacy providers need to ensure that data on service usage by ethnicity are routinely monitored and evaluated. In addition, data on outcomes needs to be collected and the previous section on outcomes provides a basis for negotiation with commissioners.

Organisational arrangements

Introduction

The SCIE Knowledge Review 15 identified three main ways of organising mental health advocacy for African and Caribbean men. The difference between the three ways is the extent to which they focus on African and Caribbean communities, and the strength of connection and involvement with those communities:

- African and Caribbean mental health advocacy – as a stand-alone organisation, or as part of an independent African and Caribbean mental health service, or as part of a broader advocacy service.

- Black and minority ethnic mental health (BME) advocacy – as a stand-alone organisation, or as part of an independent BME mental health service, or as part of a broader advocacy service.

- Mental health advocacy – as a stand-alone organisation or as part of an independent mental health organisation, or as a part of a generic advocacy service.

Mental heath advocacy may also be provided by broader social and community organisations often focused on a particular community, for example the Somali community.

In general there is a trade-off between cultural specificity, sensitivity and capacity, pointing to a need for investment in strengthening advocacy that is provided by black and community voluntary sector (BCVS) organisations.

Examples of these different types of organisations are:
- African and Caribbean mental health advocacy service
- African and Caribbean mental health services providing advocacy
- African and Caribbean generic advocacy service located in community and cultural centre
- Black and minority ethnic community mental health advocacy service
- Black and minority ethnic community mental health service providing advocacy
- Mental health advocacy service that has developed advocacy for African and Caribbean men
- Generic advocacy service that is accessible to African and Caribbean men.

See Examples of different organisational arrangements for details.

Organisational arrangements – strengths and weaknesses

African and Caribbean mental health advocacy

Type	Strengths	Weaknesses
Stand-alone organisation	Specialist knowledge of cultural, language, heritage and day-to-day issues. Awareness and shared experience of race issues and racism, including detailed knowledge of anomalies in care and treatment of black people in mental health services. Both of the above combine to enhance the extent that advocates and partners can identify with each other and form trusting, supportive advocacy relationships. More likely to be sensitively and/or conveniently located for benefit of relevant community. Connection and ownership by the community.	Even an African and Caribbean focus may not fully recognise the diversity within African and Caribbean communities. Insecurities of funding commonplace, adversely affecting capacity. Limited capacity may, in turn, limit range of advocacy activities. Relative absence of second-tier advocacy organisations existing to promote services and build capacity.
As part of an African and Caribbean mental health service (ACMHS)	As above. Also co-location with other specific mental health provision facilitates personal development and recovery. Different approach enables advocacy to be picked up as part of a wider helping role, enhancing the quality of the alliance/relationship between client and caseworker.	Relatively few such organisations exist in the broader picture of national mental health services. Those that do are often under-resourced or facing insecure futures. Separate services are in and of themselves a barrier to a more inclusive mainstream service. While well-placed to offer independent advocacy across mainstream mental health services, the ACMHS case

		workers face a problem of independence if the advocacy issue arises in their own service.
As part of a mental health advocacy service	As above. Capacity, and potentially choices, increased through access to a broader pool of advocates.	Profile within – and consequently ownership by – the community may be weaker.

Organisational arrangements – strengths and weaknesses

Black and minority ethnic mental health advocacy

Type	Strengths	Weaknesses
Stand-alone organisation	Wider BME rather than specifically African and Caribbean focus may serve to promote broader commonalities of experience, and hence solidarity.	The sense of shared cultural identity may be somewhat diluted. Unless the workforce adequately reflects the prospective clients' breadth of cultural perspectives, the service may not meet the needs of specific groups.
As part of a BME mental health service	As above. Similar advantages to co-location with other mental health functions for African and Caribbean mental health services. The potential exists to bring in some wider cultural perspectives on alternative services (such as eastern philosophies and complementary medicines) to complement African and Caribbean cultures.	As above. There are relatively few such organisations in the broader picture of national mental health services, and those that do exist are often under-resourced or facing insecure futures. Separate services are in and of themselves a barrier to a more inclusive mainstream service.
As part of a mental health advocacy service	Capacity – and potentially choices – increased through access to a broader pool of advocates.	Profile within – and consequently ownership by – the community may be weaker.

Organisational arrangements – strengths and weaknesses

Mental health advocacy

Type	Strengths	Weaknesses
Stand-alone or as part of an independent mental health organisation	Adherence to standards, clarity around notions of independence. Greater numbers of advocates, supportive networks, sense of an 'advocacy community'. Access to resources and support of 'second-tier', capacity-building organisations. Concentration in inpatient and/or secure services should ensure access for most individuals. Good quality of advocacy provision results in satisfaction in service (including for black partners) for those who make use of advocacy. Effectiveness of advocacy spreads by word of mouth.	Criticised as 'colour-blind' and unlikely to serve African and Caribbean men well unless specific measures adopted to tackle inequalities in access. Lack of a proactive approach by many services results in those in most need having the worst access to advocacy – arguably this includes black service users. The predominantly white advocacy workforce is a barrier to the uptake of advocacy by black partners. Arguably the professionalisation/ standardisation agenda in the wider advocacy community (despite some attention, notably around asylum seekers and bi-lingual advocacy) has been relatively neglectful of specific equality and diversity issues. Often organised to serve particular practice locations, such as inpatient, for example. Difficulties in tracking clients across sectors (for example from inpatient to community setting).
Generic advocacy	Shares most of the strengths and weaknesses as for care group advocacy. Co-location with advocacy for other care groups has potential to facilitate access to – and development of – a broader range of advocacy (collective	As above. Significant barriers in relation to access, and also widely criticised as 'colour-blind'. Certain sectors and client groups/citizens require specialist services with a specialised knowledge base.

	advocacy; self-advocacy; case work advocacy; citizen advocacy) and therefore increases choice.	The location in the voluntary sector leads to difficulties balancing service requirements against resources; insecurity of funding hampers quality developments and future planning. Often misunderstood by service providers, especially ward-based care staff.

Commissioning for best practice

From the SCIE Knowledge Review 15, the following approach to commissioning advocacy is recommended:

- Designing services grounded in identified need and reflecting local demography.
- Adopting a strategic approach to the development of mental health advocacy, based on the whole system.
- Ensuring equality of access to high-quality and effective mental health advocacy through investment in building capacity.
- Understanding and valuing diverse ways of providing mental health advocacy.
- Providing sustainable funding for advocacy.
- Engaging service users and communities in the commissioning process.

Reflecting local needs

Funding and commissioning of advocacy provision needs to be demonstrably linked to assessed need and reflect local demography and ethnic diversity. The organisational arrangements for the provision of mental health advocacy with African and Caribbean communites will therefore differ, for example between city, urban and rural areas, as the population of African and Caribbean communities varies.
This implies:

- In urban areas where there are larger African and Caribbean communities, it would make sense for mental health advocacy to be provided as part of African and Caribbean mental health services.
- Where the population is much smaller but there are other larger BME communities, advocacy could be provided as part of a BME mental health service or a BME advocacy-focused organisation.
- In rural areas where the population and demand from African and Caribbean communities is likely to be small, mental health advocacy could be provided as part of a generic mental health advocacy service. Alternatively the area could be covered by outreach from and African and Caribbean mental health advocacy service in a neighbouring urban area.

In arriving at a decision, commissioners will need to map provision to need and available resources. They will need to demonstrate a clear relationship between demographic profile, needs and the service provided. However, a focus solely on numbers must be avoided and whatever the population size, arrangements will need to be in place to ensure culturally appropriate provision for African and Caribbean men. This is particularly pertinent to secure services, where African and Caribbean men in general might be over-represented but will find themselves in the minority.

The diversity of needs, demand on mental health services, and the over-representation of African and Caribbean men and women (and indeed under-representation of other groups) within mental health services and pathways into services also need to be considered. The engagement of communities and mental health service users in this process is essential.

A strategic approach

This will involve viewing advocacy provision as a whole system and moving away from an approach driven by the availability of current services. It means:

- Identifying needs in partnership with the diversity of service users.
- Understanding the pattern of current provision; its strengths weaknesses and gaps.
- Commissioning advocacy to deliver agreed outcomes.
- Supporting and formalising partnerships between advocacy providers, including those for other care groups.
- Developing good co-ordination and clear routes through from one service to another so that the service user is not left to navigate a bewildering array of options.
- Considering co-location of services.
- Investment in the development of second-tier organisations to support development of the advocacy sector.

Equality of access

Equality of access to effective mental health advocacy for African and Caribbean men requires:

- Increased investment in the black and community voluntary sector (BCVS) to develop and strengthen mental health advocacy either as part of an African-Caribbean or a BME focused mental health service.
- Investment in the development of organisations that do not directly provide advocacy but aim to build capacity in the development of advocacy (i.e. second tier organisations) for African and Caribbean communities in BCVS and the mainstream advocacy sector.
- Clear arrangements specified in contracts and/or service level agreements to facilitate and evaluate access.
- The creation and introduction of appropriate standards to guide service developments.

Valuing diverse models for provision

It is evident that the organic development of advocacy within BCVS has preserved a holistic and collective model of advocacy. It is important that this model is not disadvantaged or dismissed in any future moves to formalise advocacy in the context of the new statutory duties and the development of more systematic commissioning arrangements.

Sustainable funding

The capacity of advocacy organisations to enhance capacity and sustain themselves is currently severely limited by insecurities around long-term funding. In line with current policy and recognised good practice (12), contracts need to be established on a three year basis. See the Social Perspectives Network website for further information on money and commitment.

As well as direct service provision, contracts need to include funding for:

- management and governance arrangements
- training, supervision and capacity-building for advocates and advocacy service managers
- service user involvement and community engagement
- monitoring and evaluation

Alongside this, the service specifications for mental health services should include the requirement that staff receive training to understand the legislative and policy context for advocacy, its contribution, and their role in facilitating access and supporting its development.

Service user and community engagement

The engagement of service users and communities will facilitate the development of more appropriate and better-quality services that are more likely to achieve the identified outcomes. This needs to be underpinned by transparency and clarity about decision-making. African and Caribbean service users and their communities have a particular contribution to make in:

- identifying needs
- developing strategies for and facilitating access
- service design and location
- monitoring and evaluation.

Making change

There are a number of developments that support the need for change in the provision of mental health advocacy to African and Caribbean men. These are:

- Statutory provision of advocacy - see Mental Health Act 2007.
- Delivering Race Equality – see Department of Health: Delivering race equality in mental health care.
- Developments in commissioning, with the introduction of a duty for integrated needs assessment between local authorities and Primary care trusts, and a focus on outcome-led commissioning – see Department of Health: Commissioning framework for health and well-being.
- Opportunities in relation to social enterprise – see Department of Health: Social Enterprise.

Community Development Workers (CDWs) are ideally placed to take this agenda forward at a local level, in partnership with black and minority ethnic (BME) communities and local commissioners. The role of CDWs may vary according to local community needs. Essentially they undertake four key functions relevant to development of advocacy. These are:

1. Acting as change agents

- Engaging communities in the process of identifying needs and developing advocacy provision.
- Identifying gaps in advocacy provision for BME communities.
- Identifying and supporting the development of innovative practice in the black and community voluntary sector (BCVS) and the advocacy sector.

2. Service development

- Strategy development for advocacy for BME communities.
- Facilitating partnership development.
- Identifying development and learning needs in relation to advocacy.
- Facilitating joint training.

3. Capacity-building

- Enhancing capacity of BCVS to deliver advocacy.

4. Facilitating access

- Supporting the development of appropriate and accurate information about advocacy to BME communities.
- Working with mental health service and advocacy providers to understand the needs of African and Caribbean men in relation to advocacy.

Implications for other diverse communities

The development of mental health advocacy for African and Caribbean men cannot be developed in isolation. Developments in the provision for African and Caribbean women and other diverse communities should be considered, too. Indeed, although men are the focus of this guide, the advocacy services described are also available to African and Caribbean women. Their specific requirements have not been considered here, but will need to be in the development of appropriate advocacy services for African and Caribbean communities as a whole. The principles, outcomes and practical steps suggested in this guide can be used as a basis for developments for diverse communities. Specific information is available as follows:

South Asian communities

- Joseph Rowntree Foundation: Best practice in mental health: advocacy for African, Caribbean and South Asian communities
- Chinese mental health advocacy service
- User self-advocacy project – Chinese Mental Health Association

Asylum seekers and refugees

- SCIE Race equality discussion paper 02: The social care needs of refugees and asylum seekers
- The King's Fund mental health advocacy for Somali refugees and asylum seekers
- The King's Fund health topic: black and minority ethnic groups

Lesbian, bisexual and gay people

- Pace's mental health advocacy

Service examples

Targeted publicity

SACMHA

Full name: Sheffield African Caribbean Mental Health Association
Contact: Manager: Ashton Wynter; Forensic Advocate: Patrick Anyomi.
Address: 84 Andover Street, Pitsmoor, Sheffield S3 9EH
Tel: 0114 272 6393
Website: www.sacmha.org.uk

Best practice features

SACMHA have developed a website targeted at African-Caribbean communities.

- Designed to reflect African-Caribbean cultural identity.
- Provides access to a broad range of information to facilitate access to services including:

    – information on SACHMA's activities and their advocacy service

    – information on the range of advocacy services in Sheffield, including advocacy services for other BME communities

    – information on other issues relevant to African Caribbean communities e.g. sickle cell anaemia and thalassaemia

    – information on other mental health services in Sheffield

- The information on the advocacy services makes it clear that the service is independent and confidential.

Training

The Advocacy Project, Liverpool

Full name: Granby Community Mental Health Group Advocacy Project
Contact: Manager: Judith Cummings; Advocate Development Manager: Simon Torkington.
Address: The Advocacy Project, Mary Seacole House, 91 Upper Parliament Street, Liverpool L8 7LB
Tel: 0151 709 9442
Email: office@advocacyproject.co.uk
Website: www.advocacyproject.co.uk

Advocacy training course

This course has been running on an annual basis since 1995. Funding has come from numerous sources, including the National Lottery, Liverpool Primary care trust, Liverpool City Council, and currently (for three years from 2006) Comic Relief. The course started as peer training for service users with a view to popularising advocacy

and building capacity for self-advocacy and empowerment. It now brings together service users and professionals and facilitates the exchange of information and viewpoints from diverse perspectives. This is especially good for fostering unique insights between service users and staff. The course's popularity has been so great it now runs twice a year. Each programme runs across 14 weeks, comprising half-day sessions for up to 50 people, with an attempt to balance participation between service users and professional staff. Each session deals with specific topics relevant to advocacy, with cultural diversity issues brought into all sessions. Regardless of specific content, the course's value lies in mixing up the discussions between service users and staff.

Best practice features

- 'Eureka' moments where staff appreciate the service user perspective and experiences in particular contexts.
- Empowering service users.
- Promoting an appreciation of the value of advocacy.
- Promoting the visibility of advocacy and enhancing access and uptake.
- Advocacy project and advocacy course nested in a BME mental health community centre – Mary Seacole House. Opportunity for service users to move from one to the other and also link into range of community activities.
- 'Practice placement' opportunities in The Advocacy Project and Mary Seacole House afford course members an insight into the value of community-located BME services, and to see on a practical level how advocacy operates.
- Training course links into a peer advocacy network – graduates stay in touch.
- Advocacy project website and information resource, including information on rights and the Mental Health Act.
- Advocacy project spans inpatient and community services allowing advocacy partners a continuity of contact if needed.
- Informal liaison with mental health advocacy provider (Rethink) works well.
- Advocacy project operates outreach model of proactive recruitment to advocacy – visiting wards at least once a week.
- Advocacy project instigated a community football initiative, supported by Liverpool FC community development wing and working to promote community inclusion beyond mental health and BME boundaries.

Examples of different organisational arrangements

African and Caribbean mental health advocacy service

Organisation: Family Health Isis

183–185 Rushey Green, Catford, London SE6 4BD
Tel: 020 8695 1955
Email: centre@familyhealthisis.org.uk
Web: www.familyhealthisis.org.uk

Assertive Outreach Team, First Floor Offices, Kings Court, 1 Harton Street, Deptford London SE8 4DD
Tel: 020 8692 6006
Email: aot@familyhealthisis.org.uk
Web: www.familyhealthisis.org.uk

Isis is committed to promoting the rights of African and African Caribbean people with mental health challenges by providing a range of culturally specific services to meet their needs. Isis offers a range of community mental health services to African and African-Caribbean people in Lewisham. ISIS also has an assertive\outreach team based in Deptford that offers a wide range of advocacy services to those people who do not access mental health services and are viewed as 'hard to engage'. In all ISIS has 13 staff providing a comprehensive advocacy service. This includes:

- visiting the ward at the local psychiatric unit twice a week
- dealing with housing issues
- dealing with benefits and debt problems
- helping with employment and training opportunities
- liaising with colleges and children's services
- improving access to appropriate support
- providing information about alternative sources of help
- accompanying individuals to meetings such as Care Programme Approach (CPA) reviews, police station interviews and ward rounds
- providing information to help individuals understand more about services
- involvement in policy and service development.

African and Caribbean mental health service providing advocacy

Organisation: Sheffield African Caribbean Mental Health Association

84 Andover Street, Pitsmoor, Sheffield S3 9EH
Tel: 0114 272 6393
Web: www.sacmha.org.uk

SACMHA provides a responsive and culturally sensitive service to people of African and Caribbean heritage between the ages of 18 and 65 who are experiencing mental ill health. It provides a range of services, including supported accommodation, community outreach service, acute advocacy, carers support and a resource centre providing a range of meals and activities.

The advocacy service is targeted at acute wards on two hospital sites and can be accessed by all patients in those settings. The service provided in these settings aims to:
- increase the understanding and awareness of advocacy
- provide an individual and confidential service
- increase access to culturally appropriate provision
- promote self advocacy
- provide training to staff to support the provision of culturally appropriate services.

African and Caribbean generic advocacy service located in community and cultural centre

Organisation: Nguzo Saba Centre

Christina Cooper, 16–18 Derby Street, Preston PR1 1DT
Tel: 01772 883733
Email:nguzosabacentre@yahoo.co.uk
Web: www.nguzosabacentre.org.uk

An umbrella organisation and focal point for a range of African and Caribbean groups concerned with social, recreational and cultural events and activities. Operating as a community centre, people can drop in and make use of facilities, including a computer suite, seek advice on social issues such as housing and be signposted to other services. The centre has a networking function and disseminates information on local cultural events and activities that celebrate history and heritage, with particular reference to the African and Caribbean community.

Currently engaged in a primary care trust-funded research project exploring the experiences of African and Caribbean service users in local acute mental health provision.

The centre used to organise a community advocacy service which people could access by dropping in. This was inclusive of people with mental health problems, but was also open to more general health needs. Staff would broker meetings with health professionals to ensure individuals' needs were better met. But this advocacy has ceased because of lack of funding. Funding is being sought to re-establish this service. While it lasted this was of interest because of its location in the wider centre, visibly demonstrating the importance of linking advocacy provision in a context of active engagement in wider community issues, events and heritage.

Black and minority ethnic community mental health advocacy service

Organisation: Akwaaba Ayeh

40 Chandos Street, Leicester LE2 1BL
Tel: 0116 2471525
Web: www.akwaabaayeh.com

Akwaaba Ayeh is a voluntary managed company and is currently funded by Leicester City Council, The National Lottery Community Fund and Rutland, Melton and Harborough Primary Care Trust. It provides mental health advocacy by way of advice, information, representation and general support to people of African, African Caribbean and South Asian origin who may or may not be experiencing mental health difficulties. It also provides support for carers. Advocacy services include advice and information on mental health services, representation at mental health review tribunals, consultation and training on black mental health issues. The service also provides general and specific mental health advice and information on:

- access to statutory and community based mental health services
- mental health rights and entitlements
- access to alternative therapy and services.

There are service user and carer group meetings and the Jambo Support Group (JSG) plays a vital role for Akwaaba Ayeh in providing service user involvement in policy formulation and service delivery.

Black and minority ethnic community mental health service providing advocacy

Organisation: AWETU – All Wales Black & Minority Ethnic Mental Health Group Ltd

120–122 Broadway, Roath, Cardiff CF24 1NJ
Tel: 0292 0488002
Email: TDicomidis@awetu.org.uk

Awetu is a charity providing the only specific service to black and minority ethnic communities living in Wales. It provides befriending, outreach, tenancy support and advocacy. Most of the referrals Awetu receives require some degree of advocacy support, many to complete fairly simple tasks such as form filling and visits to hospitals, or other official visits. Advocacy support covers:

- mental health rights and entitlements
- access to alternative therapy and services
- housing
- immigration

- access to services
- visits to psychiatric hospitals
- drop-in service
- training on BME mental health issues for staff.

Mental health advocacy service that has developed advocacy for African and Caribbean men

Organisation: Advocacy for Mental Health and Dementia (formerly Leeds Mental Health Advocacy Group)

Centenary House, 59 North Street, Leeds LS2 8AY
Tel: 0113 247 0449
Email: advocacy@advocacy4mentalhealth-dementia.org.uk
Web: www.advocacy4mentalhealth-dementia.org.uk

Provides independent mental health advocacy to people experiencing mental distress, including dementia, and also aims to enable involvement in the development of appropriate services. There is open referral, aiming to have the majority as self-referrals.

The service has 6.5 whole-time equivalents with two part-time staff providing advocacy specifically for people from BME communities; one advocate is Asian and one African-Caribbean. The service is mainly funded by social services and the primary care trust, usually on a three-year basis. There is a service level agreement describing advocacy services to be provided, quality standards for the service and monitoring arrangements.

The African and African Caribbean advocacy covers:
- rights and entitlements under the Mental Health Act and other legislation
- abuse and discrimination
- social issues
- employment and education
- mental health treatment
- general health
- housing
- finance.

Generic advocacy service that is accessible to African and Caribbean men

Organisation: Brent Advocacy Concerns

Willesden Centre for Health and Care, Robson Avenue, London, NW10 3SG
Tel: 0208 459 1493
Email: barich154@yahoo.co.uk
Web: www.brentadvocacy.co.uk

This service provides advocacy for disabled people including mental health service users. The service is provided by five paid workers, including two part-time and 65 volunteers. Funding comes from a variety of sources, including the local authority and a variety of charitable trusts.

The service is well used by African and Caribbean men, who make up 20 per cent of the current advocacy partners. BAC is in the process of recruiting a black and minority ethnic advocacy worker to increase the cultural sensitivity of the service.

BAC has adopted the Advocacy charter and has developed a set of advocacy standards for BME groups.

Useful reading

- Rai-Atkins A., Jama AA., Wright N. et al. (2002). Best practice in mental health: advocacy for African, Caribbean and South Asian Communities. York, UK: Joseph Rowntree Foundation.

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- Keating, F. (2007). African and Caribbean men and mental health. Race Equality Foundation briefing paper 5.

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- Newbigging, K., McKeown, M., Hunkins-Hutchinson, E., French, B. (2007). Mtetezi: Mental health advocacy with African and Caribbean Men. London: Social Care Institute for Excellence (SCIE).
- NHS Confederation (2006). Commissioning race equality in mental health care.
- Silvera, M., and Kapasi, R. (2000). Health Advocacy for Minority Ethnic Londoners: putting services on the map. London: King's Fund.
- World Health Organization. (2003). Advocacy for mental health (PDF file). Geneva, Switzerland: World Health Organization.

Organisations

Action for Advocacy

Action for Advocacy provides a resource and support agency for independent advocacy schemes in England and Wales. It provides organisational development, a monthly magazine, 'Planet Advocacy', a monthly email bulletin, training and events. Action for Advocacy influences policy and can answer queries relating to advocacy.

Address: PO Box 31856, Lorrimore Square, London, E17 3XR
Tel: 020 7820 7868
Email: info@actionforadvocacy.org.uk
Website: www.actionforadvocacy.org.uk

Advocacy Resource Exchange (ARX)

Advocacy Resource Exchange supports the provision of independent advocacy for disabled and disadvantaged people in England and Wales. The ARX web site provides details of local advocacy schemes throughout the UK and a list of advocacy networks and resources.

Tel: 020 8880 4545/4547
Email: arx@advocacyresource.net
Website: www.advocacyresource.net

African and Caribbean Mental Health Commission

African and Caribbean Mental Health Commission is a commission of the Mayor of London set up in 2002. It is an independent London-wide forum that aims to address inequalities in mental health policy and practice for African and Caribbean communities. It provides an authoritative strategic voice on issues relating to the improvement of mental health service planning, provision and delivery.

Equalities National Council

Equalities is a national organisation of disabled people and carers from black and minority ethnic communities. It is independent and run by service users. Equalities provides advocacy for carers and people with long-term conditions, including mental health problems.

Address: Waltham Forest College, 707 Forest Road, London E17 4JB
Tel: 020 8527 3211
Email: enquiries@equalitiesnational.org.uk
Website: www.encweb.org.uk

Equality and Human Rights Commission

The Equality and Human Rights Commission champions equality and human rights for all. It has offices in Manchester, London, Glasgow and Cardiff and a helpline.

London address: 3 More London, Riverside Tooley Street SE1 2RG
Tel: 020 3117 0235
Manchester address: Arndale House, The Arndale Centre, Manchester, M4 3AQ
Tel: 0161 829 8100
Email: info@equalityhumanrights.com
Website: www.equalityhumanrights.com

Good Advocacy Practice

This is an 18-month project set up by the Care Services Improvement Partnership with the Department of Health and the Welsh Assembly Government to promote good quality advocacy for people who are subject to the powers of the Mental Health Act in England and Wales. The Independent Mental Health Advocates (IMHA) project will work in three areas:

- research and promote good advocacy practice for work with detained patients
- provide guidance for commissioners of mental health advocacy
- work with the Independent Mental Capacity Advocacy (IMCA) team to develop a national advocacy qualification.

The website contains useful resources and case studies and further information about Independent Mental Health Advocates as well as the opportunity to contribute to a mapping of mental health advocacy services.

Website: www.goodadvocacypractice.org.uk

The Afiya Trust

The Afiya Trust is a black and minority ethnic (BME) led organisation with a national remit to reduce inequalities in health and social care provision for racialised groups. The Trust has the National BME Network to provide a unified voice of users, professionals, carers and families concerned about poor mental health services experienced by BME communities. It also has a network of service users, Catch-A-Fiya, whose aim is to facilitate positive change for survivors.

Address: 27–29 Vauxhall Grove, Vauxhall, Lambeth SW8 1SY
Tel: 020 7582 0400
Website: www.afiyatrust.org.uk

See also:
- National BME Network
- Catch-A-Fiya

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2. Mental Capacity Act 2005. London: HMSO.

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5. National Institute for Mental Health England (2003). Inside Outside: Improving mental health services for Black and minority communities in England. London: Department of Health.

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10. Department for Social Development Northern Ireland (2007). Opening doors: the strategy for the delivery of voluntary advice services to the community. Belfast: Department for Social Development Northern Ireland.

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Acknowledgements