

Race/Ethnicity - Engagement

Event/Source	Feedback
<p><i>Stockport NHS Foundation Trust consultation for SES</i></p>	<p>Accessible communication</p> <ul style="list-style-type: none"> • Improve access to interpreters; • Develop guidance on use of interpreters and raise staff awareness; <p>Diverse patient needs</p> <ul style="list-style-type: none"> • Consider how to extend food choices to reflect different cultures (beyond having a Halaal/ South Asian option);
<p><i>Stockport PCT consultation for SES with Black and Minority Ethnic Communities</i></p>	<p>Mental Health & Well Being:</p> <p>It was felt that the fact that the needs of BME communities, in relation to Mental Health issues, are different is not reflected in service provision.</p> <p>Men and Women in the Black community who are depressed do not access services because of</p> <ul style="list-style-type: none"> • stigma • services seen as for white faces • lack of awareness of depression • perception within Black community that there is no middle ground with mental health issues i.e. that either you have serious mental health problems or none at all. • Lack of awareness and acceptance of post natal depression and midwives /health visitors not picking this up. <p>BME communities can often present very different symptoms of metal health issues i.e. physical symptoms like headache, sickness. The Black community needs support in recognising the signs of depression and post natal depression as much as health professionals.</p> <p>Greater use of psychotherapy in BME and other communities is needed and this needs to be culturally appropriate.</p> <p>Dietary Requirements and Advice</p> <p>Participants felt very strongly about the fact that when food was provided, it should reflect the Black communities culture and diet. They felt that only western dishes were available and if any diversity was offered, this was Asian food.</p> <p>Advice given by health professionals is never relevant to the Black community and does not take into account various cultures and diets within BME communities. A consequence is that BME communities do not know what is good/bad in their diet and how to improve it. (This relates both to food and ingredients and cooking methods).</p> <p>Displaced Communities</p> <p>It was felt that the needs of Refugees and Asylum Seekers were not understood and not adequately met. The reliance on one worker to meet the needs of this group was seen to be inadequate and more support and a</p>

	<p>more strategic / coordinated approach to the needs of these groups was needed.</p> <ul style="list-style-type: none"> • What do current services do and how are they accessible? • How information is made available to these groups in a meaningful and accessible way. <p>Language & Communication</p> <ul style="list-style-type: none"> • Health promotion materials and advice are often not sensitive to the needs/culture of BME cultures and consequently people do not relate to the information and therefore do not pick it up. • Health messages and information on services should be better promoted, particularly through channels that Black and Minority Ethnic communities already use and seek information. • More language support services are needed and staff need a greater understanding of when and how to access these services to support patients with additional language needs.
<p><i>Women's Health Event, Heaton's Muslim Community Trust 26th Feb 2010</i></p>	<p>People were pleased that there was an interpreter policy at the Trust. Having an interpreter present at appointment is vital to a person where English is not their first language, to understand what is being said to them about treatment and other medical issues.</p> <p>One suggestion was to extend appointments for people where English is not their first language so they have more time to understand the information.</p>