

Physical health checks for people with severe mental illness from African and Caribbean communities - findings from co-production

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Introduction

People with severe mental illness face [health inequalities](#). They are more likely to have a preventable physical illness, such as diabetes and cardiovascular disease, than the general population which can lead to a 15-to-20-year premature mortality gap. They are also more likely to have [comorbidities and multimorbidities](#). Research suggests rates of preventative screening such as [physical health checks](#) and [cancer screening](#), are lower among people with a severe mental illness.

In 2021/22 Race Equality foundation started a [project](#) to better understand whether African and Caribbean people with severe mental illness were aware of and accessing physical health checks, an NHS intervention to detect and treat early signs of physical ill health. Through partnering with three specialist African and Caribbean-led voluntary organisations, we heard from people with severe mental illness and staff supporting them. There was variation in awareness of physical health checks among people and staff across different locations, with significantly lower awareness in some areas. People faced a number of challenges in accessing primary care due to difficulties booking a GP appointment, stigma, substance use, fears over being sectioned again and a lack of cultural awareness.

Throughout these engagements, several recommendations were suggested by people and staff, many of which focus on improving awareness and supporting attendance. Recommendations included: health professionals making every contact count and talking more about physical health checks; better promotion of physical health checks through visuals such as posters and flyers; an easier route to booking an appointment; physical health checks delivered in the community; a ring and ride service to support people to attend; and avoiding early morning appointments.

A second phase of the project is being taken forward guided by the findings and suggested recommendations. One work stream within this is the creation of a co-production group, convened to co produce promotional materials for physical health checks.

Method

People were recruited through collaborative working with four specialist voluntary organisations supporting African and Caribbean people based in Sandwell, Manchester, Sheffield and London. An information sheet was shared with each organisation and staff reached out to people they support to invite them to take part in the project. From the co-production group we heard the views of four people with severe mental illness, one carer and three members of staff, one who also had lived experience of severe mental illness. This included two men and six women. Sessions were guided by two members of the Race Equality Foundation team. All participants received a thank you voucher for each session they attended.

Three co-production sessions were held, all online via zoom, as well as some follow up conversations with those who could not attend the final session. The first session was 90 minutes, the second 60 minutes and the third 75 minutes. The first session was longer to allow time to get to know each other and share information about the project. The second and third session started with a recap of the key points from the previous session to ensure what was said was captured accurately. After the second session three short videos were shared with the group and people were asked to watch them ready to have a conversation about them in the final session. For each session a topic guide was used to introduce themes, although space was given to encourage conversations to naturally flow.

Key themes from co-production

Findings from the co-production sessions fell into three key themes: existing challenges, reaching people and making physical health checks relevant. Subthemes of the latter included: content, delivering the message, enabling conversations. Each will be discussed below.

Existing challenges

Until they had been introduced to the project a number of people were not aware of physical health checks and had never been invited for one. One person had received one which they described as a positive experience leading to changes in their lifestyle, although they thought they had been offered one as other services, such as social services, had been involved in their care and they felt that had sped things up. One participant said 'a loved one' they care for had a physical health check some years ago, but had not heard anything since. Despite the mixed awareness and experiences everyone in the group agreed Physical Health Checks were a good idea.

As a result of participation in the project one participant called their GP to ask if they should be invited to have a physical health check and were subsequently given an appointment. This led to a conversation around the challenges in getting a GP appointment, which was described as 'impossible'. Some felt that unless they were in crisis they were not able to access any support. It was said that challenges getting through to a GP and mental health teams also existed before Covid-19 and were very stressful, with people feeling like they get 'pushed from pillar to post'. Ultimately this resulted in some people disengaging with services and managing the best they can themselves.

When speaking about the care of African and Caribbean people with severe mental illness more generally, it was said there can be a lack of explanation around what health conditions are, the causes, medication and potential side effects, and any alternative options. Medication was said to be the first port of call. Staff participants agreed the lack of ongoing reviews and follow-up care, particularly medication reviews, was problematic

as for many of the people they support proactively chasing healthcare professionals is not possible.

A number of participants felt there was a clear difference in the health and care their community received compared to their White counterparts. From admission to discharge, with little intervention before crisis, people were being heavily medicated, which was often making the situation worse with negative side effects, leading to other health conditions. We heard that this then impacted on other areas of the people's lives, with reduced ability to keep on top of things such as household and family duties.

Some participants spoke of community initiatives delivering yearly health checks in their areas. Through the church, events are set up where people can receive elements of a health check and lifestyle advice such as diet and physical activity. The benefits of this type of event were discussed although it was noted that it would not be appropriate for all in the community due to its religious affiliation. Everyone agreed that there is not a one-size-fits-all solution to increasing awareness of physical health checks and targeted measures are required.

Reaching people

It was clear that in raising awareness of physical health checks communications should be directed at, in this instance, people with severe mental illness from African and Caribbean communities. The value of targeting their friends and family, their support networks, was also raised in relation to spreading the message, as it was suggested they would be the ones to encourage and support them to attend.

There was much conversation around different methods of communication for different

generations. People shared their preferences on how they receive their information, even within a small group there was real variation. The value of leaflets and posters was recognised by a few, however, social media was said to play a key role in spreading the message further afield. Platforms like TikTok, YouTube, Instagram and Facebook were given as examples. It was said that different platforms attracted different age groups, for example, TikTok and Instagram are used by younger generations and Facebook was said to appeal to the 'more mature cohort'. One participant suggested the radio as something which cuts across all generations, they said 'everyone listens...the radio is still listened to, do you know what I mean, in their cars, in the morning, cafe radio is on'.

A number of participants acknowledged that social media is not available to everyone and for example, older adults and those experiencing homelessness, may get passed by. There was acknowledgement for specific approaches to ensure messaging reached these people.

Participants felt that it made sense to target places where people access and come together frequently, examples were given of places of worship and supermarkets. Here it was said that posters and leaflets were useful, as many were likely to see them. This was also said for GP waiting rooms, with most participants saying they read the posters on the walls whilst they waited for their appointment. One participant did note, however, that if a person is in the GP waiting room, there is already something wrong.

There was a consensus across all participants that GP surgeries should be playing a key role in ensuring their patients have all the information they need about physical health checks, and it was their responsibility to increase awareness.

Making physical health checks relevant

There was much discussion around ensuring physical health checks were seen as relevant to people with severe mental illness, particularly as in the first phase of research several people who

were consulted said they were not ill and that they did not need one. As physical health checks are a preventative measure, people need to feel like they should get one whether they are unwell or not. Participants spoke about the content of the message and what reasoning is provided to encourage or persuade those with severe mental illness to attend, and the delivery of the message, by way of who and using what tone. Firstly, participants spoke of the need to tweak the message according to the target demographic, for example, appealing to men's need to be the provider, stating the delivery method of the message holds little importance if the content is not right. Secondly, who delivers the message was said to be important, participants had different ideas around this, including people with lived experience of severe mental illness and healthcare professionals. Lastly, the tone and approach in which the message is delivered was also recognised as important.

Content

The content of the message needs to ensure people know it is for them, and that they should attend a check. It was said that the message may need to be tweaked for different demographics, one participant said to persuade men to go may require a different message to women, although it was said more research would be needed to know what message would work. The participant used the example of tobacco and the targeted messaging, 'instead of saying you will die, they said to men you will become impotent...same message to say stop smoking but the reason why you should stop was different'. Essentially participants agreed that just saying 'go for a check because you should' will not work, the reason needs to be explained and people need to know the benefits of attending.

One participant suggested promoting physical health checks as MOTs, something that people do on a regular basis. We should encourage people to see it has 'just a check-up', but it does not mean there is anything wrong. All participants agreed this was a good idea, they said it made it feel like a more acceptable way of talking about physical health checks, using the analogy of an MOT helps convey a general check-up and attending one less

intimidating and more memorable. One female participant said ‘MOT, we do that once a year don’t we, to make sure the car is right on the road, so I love the fact of MOT because we take care of vehicles putting oil in it, water, get ready for winter, anti-freeze, in a sense that we should get ourselves prepared’. It was clear the distinction between being ill and needing to go for a health check and it being something which is done on a regular basis was important.

Participants said promoting physical health checks by listing the physical health conditions people with severe mental illness are more likely to get will not encourage them to go to their GP. One participant said ‘saying that it could be diabetes, it could be CVD, whatever problems, I think that would scare a lot of people, from my mum’s points of view, she never wants to go to the GP because she was scared of what they would tell her, even though she knew it was in her best interests’.

Delivering the message

Participant opinions on who should deliver the message varied slightly, but there were three main groups discussed: healthcare professionals, people with severe mental illness and their networks, and staff within voluntary organisations. Some felt medical professionals were trusted sources of information, this is particularly true for some generations where the ‘doctor knows best’ mentality remains. Although for people who have had negative experiences with healthcare professionals, this would not be appropriate, particularly for those who may have been put in secure units, with their journey starting with the GP. One participant, who works for voluntary sector organisation, said ‘a lot of the folks, especially with diagnosed mental health issues, serious ones, they will have had a tonne of, in their mind, bad experiences with most doctors, especially at the beginning [of their diagnosis]’.

All participants could see the value of including people with severe mental illness or their loved ones in any promotional activities. Hearing from people with severe mental illness about their experience of having a physical health check and how it had been beneficial for them was said to be useful, the message was said to be more relatable. One participant said ‘getting folks with

lived experience to do the little videos, talks, etc about why they have checks is probably the most effective delivery system’. It was said to be just as important to ‘target the people who are passing out the information and educate them as to why and what they are, why they are needed’. This is in reference to staff in voluntary organisations, who are in direct contact with the target audience, and in an ideal position to share information and encourage people to attend.

A finding from phase one of this work suggested people felt they were not being communicated with respectfully. A voluntary sector worker who participated in our sessions shared how some of the people they support felt about how healthcare professionals communicated with them. This participant suggested that some healthcare professionals, spoke to services users as though they were a child or in a condescending way and sometimes this felt as though they were being ‘nagged’ - ‘well I feel like I am being treated like a child, I know that I should do this but they are on me all the time’. The participant suggested the ‘tone needs to be less ‘telling’ and ‘judgy’ and more like talking to equals’.

In any communication, on any platform, delivered by any person, the importance of seeing people who looked like them was stated clearly, as well as the need to ensure materials were co-produced with the people they were aiming to target and were culturally relevant.

Enabling conversations

It was clear from the sessions that people would be happy to talk about physical health checks among their networks, those with lived experience, carers and staff members. This was as long as they felt equipped to do so. At the same time it was imperative that the services they would be encouraging people to use were improved.

Following a conversation around the most effective platforms to raise awareness of physical health checks, participants were asked if they would be happy to go onto these platforms themselves to spread awareness and talk about physical health checks. One participant said yes initially but upon reflecting for a moment

remembered their current challenges in booking a GP appointment and reconsidered, saying:

'if it is going to help people - but it ain't helped my own family yet - then no, because I need to get that sorted out first,... I need to get hold of the doctor. I need the doctor to be more forthcoming, because they might be going having the same problems as me.'

This participant did not feel comfortable promoting physical health checks unless more was done from a service perspective to improve access.

They went on to say 'it is all very well me talking about it but if I have had a bad experience and I still haven't been sorted out yet, still hard to get through to the doctors', suggesting this may be the case for others.

Most participants felt that voluntary organisations are often the first port of call and seen as trusted sources of support within communities, this is a valuable route to help promote physical health checks. Ensuring staff within these organisations are equipped to share information and support people to attend physical health check appointments was seen as essential. The first phase of the project demonstrated varied awareness of physical health checks among voluntary staff, with some not knowing they existed. This was described as a missed opportunity. A staff participant spoke of the need to educate staff so they could have conversations about health checks with the people they support, tell them why they are important and encourage them to attend. It was said that having short talks or recorded information to play in staff meetings and share with the wider team would be useful.

Summary

From the insights gained through the co-production sessions, it can be concluded that a single approach to promoting physical health checks, such as producing a poster, will not be sufficient. People were clear about the need for improvement in multiple areas. From the sessions, Race Equality Foundation put together an approach to improving awareness of physical health checks among African and Caribbean communities.

The approach included:

- 1.** Producing accessible information - such as a series of short videos, to share across different platforms
- 2.** Training package for voluntary organisations - help improve understanding of physical health checks, why they are important and what should happen as a result for the people they support
- 3.** A set of peer navigators/supporters - clear value in having people with lived experience or those who care for loved ones with lived experience increase awareness and advocate for attendance to physical health checks

This approach was shared in the final session to gain feedback. Participants felt it covered what had been discussed throughout the sessions and addressed some of the key areas for improvement. Participants were clear that any efforts to improve awareness of physical health checks must be matched with efforts to improve access to services, particularly around communication from GP surgeries.

In order to address areas where inequalities in access and take up of services may be deepened, it is necessary to tailor services, including awareness raising. Hearing from and working with people affected by severe mental illness from African and Caribbean communities is fundamental to ensuring efforts to promote physical checks are effective and impactful.



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