mind
Cambridgeshire,
Peterborough and
South Lincolnshire

Boston Mental Health Equalities

Final Report - June 2023

Understanding mental health inequalities for people who have migrated to Boston and recommendations for better outcomes.

Funded by Lincolnshire Community Mental Health Transformation'

Executive Summary

The Boston Mental Health Equalities Project

CPSL Mind (Cambridgeshire, Peterborough and South Lincolnshire Mind) has produced the Boston Mental Health Equalities Project Final Report which was commissioned by the Lincolnshire Community Mental Health Transformation programme. The report provides insight and recommendations on how to improve the mental health experiences of migrant populations in Boston, co-produced using the experiences of migrated communities in conjunction with organisations who operate and support Boston's population.

Our approach centred around lived experience and from the outset we wanted to understand Boston's population demographic and therefore conducted desk-based research. Subsequently, this research informed our decision to focus on the Lithuanian and Bulgarian communities for this project. We recruited and trained three Lithuanian and two Bulgarian Peer Designers who each had three separate one-hour conversations with people from their community who had also migrated. The conversations were based on the model of ethnography, with three broad conversation topics:

- What does mental health mean to you?
- How does mental health support compare between your country of origin and Boston?
- What are your experiences of mental health in Boston?

Thematic analysis was used to draw four key themes which became the cornerstone of the project insights and personas.

Themes:

- Access and services
- Treatment and services
- Work and employment
- Immigrating means everything is new and/or different

Throughout the project it was also important to understand how organisations in Boston had experienced mental health challenges with migrant populations, to highlight the challenges and similarities services face, and provide recommendations to overcome them. To do this we had separate in-depth conversations with colleagues across different roles within the community, as well as wider collaborative conversations in partnership meetings. Additionally, we felt it was important to understand whether experiences were different for non-migrated populations and therefore we conducted a focus group which asked the same three questions at a popular mental health café. The findings showed that migrant populations face mental health access and treatment barriers, whereas non-migrant populations felt mental health support was inconsistent.

Contents

Introduction

CPSL Mind

CPSL Mind (Cambridgeshire, Peterborough and South Lincolnshire Mind) is an independent charity, affiliated to the national Mind charity. CPSL Mind delivers a range of services and projects that support individuals in their recovery from mental health problems, promote positive wellbeing across our local communities and campaign against stigma and discrimination.

This report

This report provides an in-depth overview of the Boston Mental Health Equalities project, which was commissioned as part of Lincolnshire's Community Mental Health Transformation programme. Using Peer Designers, we had conversations with people who had migrated to Boston from Lithuania and Bulgaria to understand their experiences of mental health and mental health services.

The findings of these conversations, in conjunction with other public-facing organisations in and around Boston, provide key insights and recommendations for services to become more inclusive for all nationalities.

Project Overview

Background

Boston has experienced significant immigration, particularly from European countries - this has raised the importance for the Boston Primary Care Network (PCN) to understand and address local health inequalities that exist by identifying; the specific challenges people experience with their mental and physical health, the barriers to accessing health and social care support, and how the PCN could develop services that are more responsive to this population.

We know that some of the determinants that impact on these communities mental and physical health are:

- Work patterns/environment
- Housing
- Social behaviour
- Integration
- Culture/beliefs

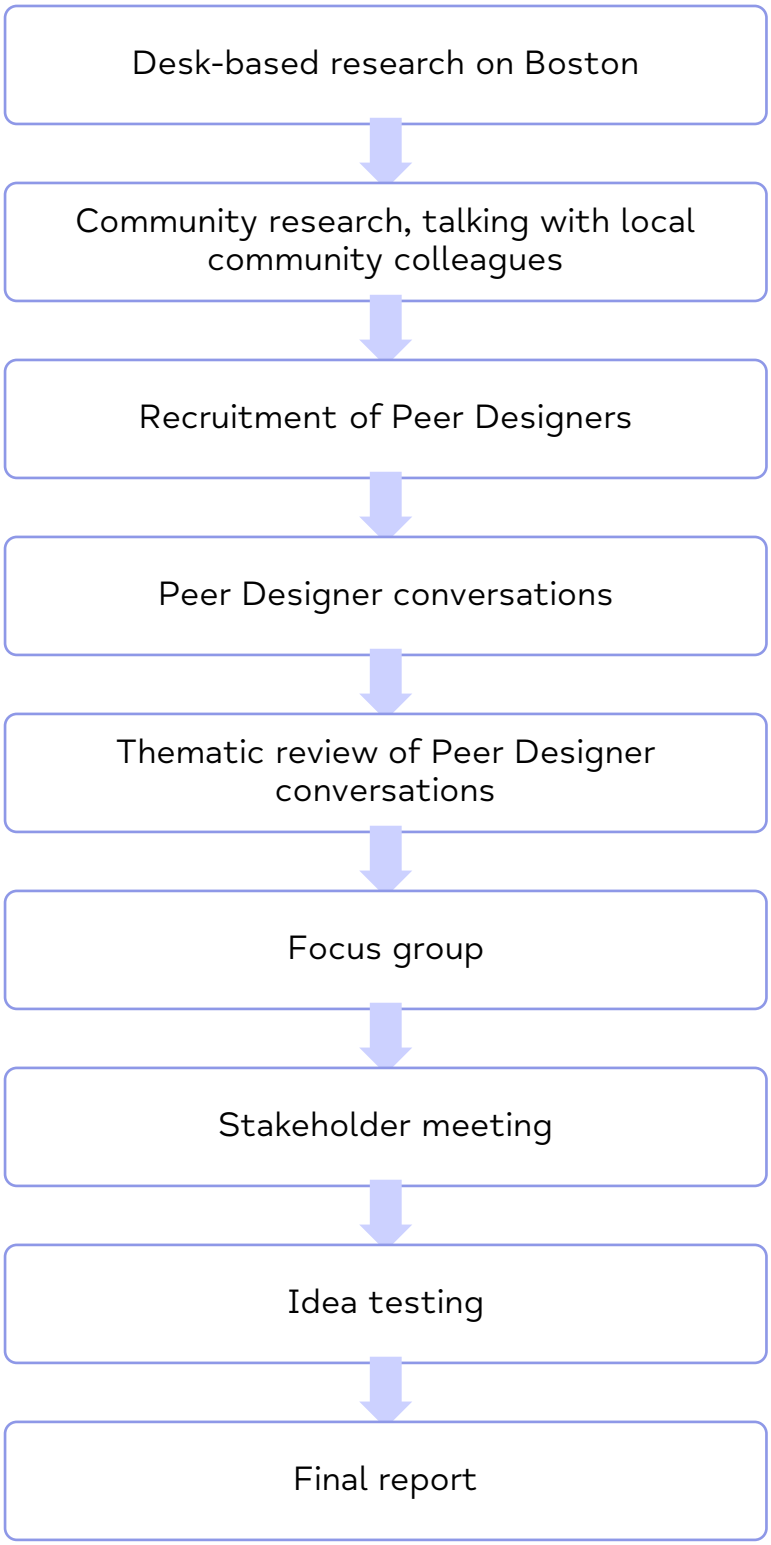
Project proposal

Initial aims and outcomes

The project utilised the Mind Service Design Toolkit, which has previously been successfully used within minority groups, to develop services that respond to their mental health challenges in a culturally sensitive way. We aimed to emphasise the importance of lived experience, to talk to colleagues about their experiences within the community, and to work collaboratively across Boston to understand the biggest challenges. The outcome was to produce a final report which highlighted the findings and recommendations of the project.

Project milestones

Utilising the methodology of the Mind Service Design Toolkit, we delivered these project milestones:



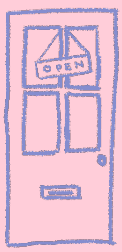
About Mind's Service Design Toolkit

Overview

The Service Design Toolkit is a tool used at CPSL Mind to support new ways of thinking and to work in partnership with different people. The key principles centre around co-design, using people's lived experiences to shape recommendations. Inspiration for solutions are broad, inclusive and co-produced, using innovations to overcome existing challenges.

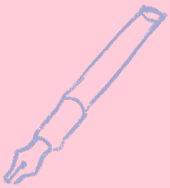
1. Set up

Build an understanding of current assets: what is already strong in the community. Understand what we mean by community and what the challenges are.



2. Explore

Speaking to people in the identified communities to understand their experiences, challenges, and local strengths.



3. Generate

Using strengths-based approaches to dream big! Generating lots of innovative ideas.

4. Make

A period of modelling and testing small ideas with the community. A willingness to learn through failure and success.

5. Grow

Combining all the learnings to provide recommendations for local services to grow accessible mental health for everyone, including migrated communities.

Community Background

Research

As part of the 'set-up' stage of our Service Design Toolkit, we conducted (in conjunction with Lincolnshire Community and Voluntary Service) demographic research into Boston and its population make up (see appendix 1). The main focusses were:

- The size of Boston's European community.
- The number of residents by country of origin, in Boston.
- The number of migrants who are economically active/inactive, in Boston.
- Sectors of employment in Boston.

The key findings of this research showed that Boston has a total population size of 70,502 people (Office for National Statistics Census 2021, 2023a). The population of migrants is estimated to be between 13% (Buckton, 2022) and 20% (Office for National Statistics Census 2021, 2023a). Of the people who have migrated to Boston from European countries, the top five were Lithuania (24.4%), Poland (24.0%), Romania (14.4%), Latvia (12.0%) and Bulgaria (11.7%) (Office for National Statistics Census 2021, 2023a). Using the data from Figure 8 (Buckton, 2022, p. 9), it was decided that the project would focus on the Lithuanian community (biggest migrant population) and Bulgarian (fifth biggest migrant population).

The reasons for selecting the Lithuanian community were twofold:

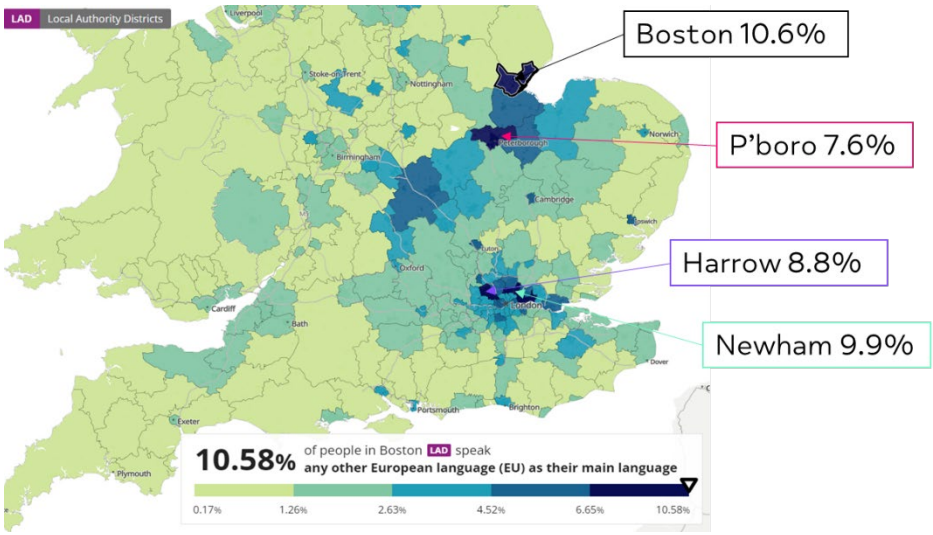
1. The Lithuanian community is established and settled in Boston, with National Insurance Number (NINo) Registrations reflecting this, rising steadily between 2004 and 2016, Figure 9 (Buckton, 2022, p. 9).

2. This gives reason to believe that there is more of an understanding of the healthcare system in England, as well as more established interaction with key institutions such as schools, churches, and community groups.

The Bulgarian community were chosen because there was a significant increase in the NINo registrations between 2015-2019, and therefore, a new community forming in Boston. We chose Bulgaria rather than Romania (a migrant population that has seen a similar migration trend to that of Bulgaria), because the Bulgarian population size was smaller, and therefore, it was assumed that people who migrated from Bulgaria, might find it more difficult to form meaningful connections.

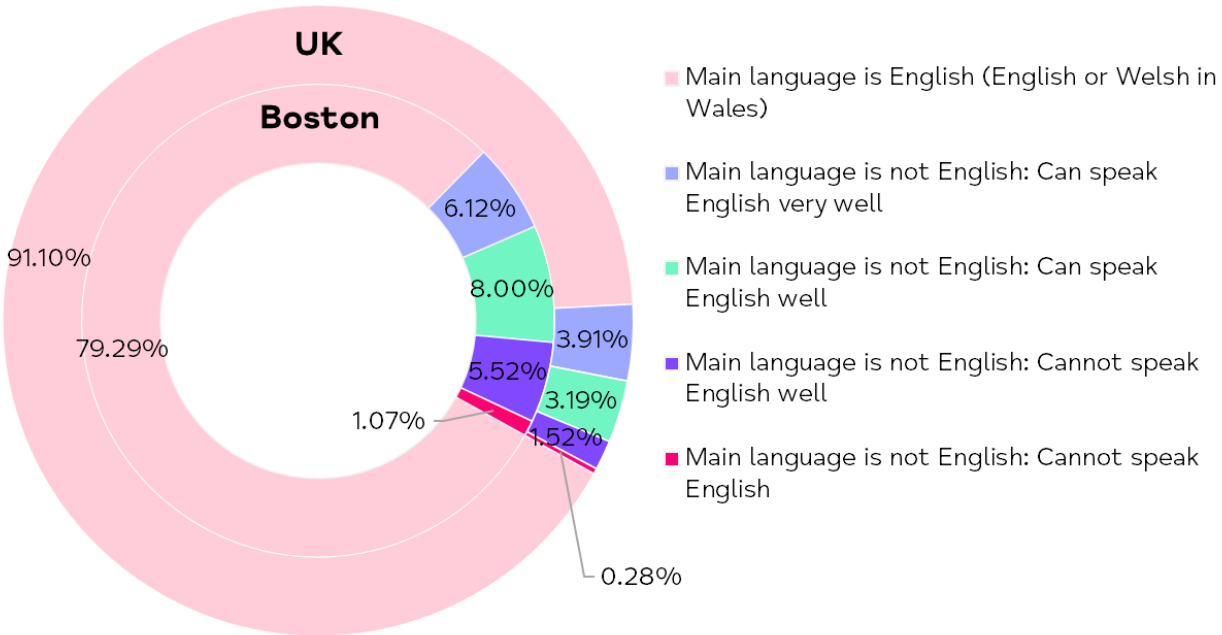
Furthermore, Boston's population from Europe is unique compared to the wider context of England and Wales (Office for National Statistics Census 2021, 2023b). Boston has the highest population percentage 'where any other European language (EU) as their main language', with 10.6%. Only the demographics of Harrow (8.8%) and Newham (9.9%) reflect similar levels. This demonstrates how distinctive Boston is, and why

challenges around communication and language are not similarly faced across other local areas in Lincolnshire or wider comparisons across England and Wales.



However, the Census 2021 also reflects 6.6% of the population of Boston 'cannot speak English or cannot speak English well' (Office for National Statistics Census 2021, 2023c). When compared to the 10.6% 'where any other European language (EU) as their main language', this shows that people in Boston have learned or are learning to speak English.

Census 2021: Proficiency in English
Boston, UK vs. UK national



In addition to the research conducted through the project, there are other key indicators that Boston has a significant migrant population. Examples of this are

reflected in the retail landscape, which includes European supermarkets and grocery stores, Bulgarian bakeries as well as cafés specialising in food from different countries and cultures. In addition, the school populations reflect a wide demographic of families who reside in Boston.

This Report

Who did we speak to?

Peer Designers

The project's foundation was centred around co-design. To gain real-world authentic insights and experiences, we recruited five Peer Designers who had migrated from either Lithuania or Bulgaria and resided in Boston. We asked each Peer Designer to have a conversation with three members of their community to explore their experiences of mental health in Boston. The conversations were based on the model of ethnography and were unstructured, with three broad conversation themes. The themes were:

- What does mental health mean to you?
- How does mental health support compare between your country of origin and Boston?
- What are your experiences of mental health in Boston?

Training was provided for each of the Peer Designers, using translators to support where necessary. Training focussed on the key themes, listening skills, as well as highlighting the importance of safeguarding for both the Peer Designers and the participants. Additional support was provided by the Project Lead throughout the project.

Focus Group

To compare the feedback from the Peer Designers, a Focus Group using the same three key themes was held at the Beam Café at St Boltoph Church, where people shared their experiences of mental health in Boston. The participants were white British and used as a control group to understand whether experiences were different depending on nationality.

Organisations

It was vitally important to gain and understanding and awareness of the organisations and services in and around Boston, to form a complete picture of the services available, accessibility and reach into migrant populations. We spoke to 20 organisations during the project which included;

- Boston PCN colleagues
- Centrepoint Outreach
- Community Connectors
- Social Prescribing
- Lithuanian community leaders
- Boston Borough Council
- Department for Work and Pensions
- Lincolnshire Fire and Rescue
- Probation Service
- Boston College
- Neighbourhood Team
- Restore Church
- Centenary Church
- NW Counselling
- LCVS
- Lincolnshire Public Health
- PAB Languages
- NHS Health Equalities
- Boston Police
- Community Cohesion Officer

Stakeholder meeting

Once the insights had been collated, a meeting was held with key stakeholders in Boston, where we shared what we had found, before moving into the 'generate' phase of the project. To do this, we used personas and asked, 'how might we?' questions, developed directly from the insights, to generate ideas. Choosing to co-produce in this way, meant that voices from the key stakeholders, as well as the participants, were front and centre to the ideas, opportunities, and solutions.

Key Project Outcomes

A clear understanding of Boston's demographic

The initial demographic information (Buckton, 2022) provided a strong platform to start the project in the 'set-up' phase, evidencing a market town which has seen ongoing change in recent decades. This was further enhanced by the release of the Census 2021 data during the project, which reflected similar demographic patterns to those already highlighted (Office for National Statistics Census 2021, 2023a; 2023b; 2023c). However, the addition of the data provided a wider comparative perspective against the rest of England and Wales. The results showed that Boston's demographic make up is unique, which brings with it both opportunities and challenges.

Insights

A thematic review of the 15 conversations collated by the Peer Designers was analysed line-by-line from the translated conversation notes. It was important that time and care was taken at this stage, to understand and explore people's lived experiences, capturing the detail in a meaningful way. The key themes that emerged were;

Access and Services	• People don't know how to access support. • People don't like to talk to their GP about mental health through an interpreter. • Language can be a barrier to support.
Treatment and Services	• Expectations are culturally different. • Healthcare services are harder to access here, than in other countries. • There is an inconsistent approach to mental health in Boston.
Work and Employment	• Health is impacted by work and employment. • Working patterns are not guaranteed which impacts mental health and finances.
Immigrating means everything is new and/or different	• Moving to a different country is a challenge.

Creating Personas

Our next step was to take the common themes and insights gained through our Peer Designer conversations, to create three ‘personas’, whom we have named Aksana, Jonas and Maria. A persona is an imagined person, created using the insights and experiences of the real people we spoke to.

Aksana, Jonas and Maria present in a meaningful way, some of the most common experiences and feelings that were shared with us during our conversations. These personas were used in the Stakeholder meeting to underpin new ideas which were developed as part of the ‘generate’ stage. This meant that a strong person-centred approach was taken at every step, to co-design ideas that needed to be tested in the ‘make’ stage.

Aksana's Story

Access to services

Aksana moved to Boston six years ago and got a job working in a factory.
She is registered with a GP, paying a translator to help her fill out the paperwork, but has only visited the practice once, about three years ago. When she went for her appointment, she was given an information leaflet about the services within the practice, but because she was not able to read much English, she didn't keep it.

Work has been demanding and difficult and Aksana was aware that it was taking its toll. She was unable to sleep, cried a lot and felt sad most of the time. She lost half a stone in just a few weeks. Aksana looked up her symptoms on the internet, which suggested she may have some mental health issues, but she didn't know where to go for help. She spoke to her friends but had to be careful about what she told them, as she worried that they might have thought she was 'crazy' and distance themselves from her.

With the information she did share, some of Aksana's friends suggested going to the GP, however others suggested different places she would be able to receive support. Options included the job centre, Citizens Advice, the council or the police. One friend suggested that her employer may be able to help.

After considering her options, Aksana felt the GP would be the best place to begin. She made the appointment, acknowledging she would need a translation service during her time with the doctor. This made her feel very worried and anxious because she knew she would have to share her feelings and symptoms with a translator. She was concerned this would be someone who might recognise her and tell a family member or friend. She was also nervous that they might change the meaning of her words, worried she'll be misunderstood or not taken seriously. Aksana checked her bank balance, she was unsure of whether she was going to have to pay for the translation and knew she couldn't afford it.

> *If I do feel sad or anything, I'll Google it to see what I can do, but otherwise I have no idea how to find any help.*

Key points

- Paid translator for GP registration
- Stigma of mental health
- Translators
- Unsure on where to get help
- Leaflets only in English

Jonas' Story

Treatment and services

Jonas has been living in Boston for two years. As an agency worker, his work fluctuates between factory and working on the land and, because he cannot guarantee his hours, he works long shifts so he can send money home to his father. His mother died just before he left for Boston and he feels guilty for leaving his widowed father. Added to feelings of guilt, Jonas experiences a mixture of anger and sadness, which sometimes he cannot explain. His mood is often low and he wants to find some support before things get worse.

In his home country, mental health issues are usually only treated once they are very severe; people are admitted to institutions where psychiatrists or specialists treat them, often with medication. Jonas wanted to avoid this and so after delaying several weeks until he had a rare day off, he contacted the local GP practice.

Jonas was able to speak to the GP's receptionist, but with limited English it was clear that he would need a translator during his appointment. Jonas was extremely worried about the cost but felt that it was a good use of his meagre savings. During the appointment, he was ashamed by how difficult he found it to control his emotions. From the little English he understood, he could tell that the translator was not accurately conveying the meaning of his words and he felt like he was being judged by them. Admitting that he had been drinking alcohol to manage his feelings, the GP focused on this, rather than his mental health. He was given a leaflet for services that could help with alcohol addiction, but the leaflet was in English, so Jonas couldn't use it.

Following his visit to the GP, Jonas shared his experience with a friend. The friend offered some anti-depressant medications, bought from the internet. In desperation, Jonas took the medication, but it made him very sleepy and unable to go to work.

Realising his situation was getting worse, Jonas found a private counsellor near his father's home on his next visit back, who took time to listen to his story. With a few sessions of counselling Jonas is now feeling more able to cope with his bereavement.

"I wish there was a Lithuanian psychiatrist in Boston I could tell my problems to in my own language."

Key points

- Bereavement
- Shift work
- Counselling in mother-tongue
- Inaccurate translator
- Leaflets only in English
- Self-medication

Maria's Story

Work and employment

Maria moved to Boston because she wanted a better life for herself and her children. They fled domestic abuse and poverty, with the promise of a good job, housing, and education for her children in the UK.

Arriving in Boston, Maria and her children were housed in a small bedsit flat, with mould and a shared bathroom. She didn't know how to access a local school and spent months trying to understand the system which is very different from the one she is used to. Although there is a school within a short distance from the flat, the children were allocated a place in a school which is a thirty-minute walk from where they live. This makes it very difficult to adhere to her employers' expectations of no less than five, fourteen-hour shifts each week in the factory.

Maria had studied at university before coming to Boston and had hoped that her business degree would help her to progress once she was settled here. However, Maria finds the conditions at the factory in which she currently works extremely challenging and describes many occasions when she and her colleagues have been shouted at and undermined by more senior colleagues. She says that they are put under considerable pressure to work long hours, often without breaks, and that any complaint would result in their dismissal.

The physical exertion and mental distress had been extremely difficult and was affecting all aspects of Maria's life. She went to see the GP and told them, "I can't sleep, I can't walk, but I need to go to work". In response, the doctor said, "forget the money you need to rest." Unfortunately, this was not an option for Maria, she had a family to support and needed to pay her bills. The shame of all that has happened meant that Maria no longer felt she can go home to family, isolated and alone, she had nowhere to turn.

> *"They humiliated people, screamed at them, demanded to work faster and faster. The tension was immense."*

Key points

- University educated
- Exploitation at work
- Unrealistic response from GP
- Isolation
- Long hours
- Lack of support

0

‘How might we?’ Questions

Using the persona’s, we used ‘how might we?’ questions to explore ideas in the ‘generate’ phase.

Theme	Insight	Evidence	How might we?
Access to services	People don't know how to access support	"I don't know where to go. I don't know what the institutions are. If I have any problems and do not feel good, even if I am depressed, I will call [111] where I will be directed and helped." "I do not know where we could get any help" "Yes, I need help, but I don't know where to go to get help for our family"	a) Provide clarity on where people can access support?
	People don't like to talk to their GP about mental health through an interpreter	"I was given an interpreter. However, her translation was poor. She changed the meaning of my words. She did not know how to translate correctly." "And it's embarrassing to tell my problems to a translator" "I had to pay a translator to register me with my GP, then pay a translator again to go to the GP/doctor."	a) Ensure that people are able to communicate with the GP in a way that they find comfortable? b) Inform people of services they can have access to?
	Language can be a barrier to support	"There is a crisis number on the internet, but my English isn't so well, it made it ten times harder and made I see no point in those numbers" "I was offered medication or someone to talk to, but I had to respectfully decline as I can't speak English well" "I'd like a psychologist to talk to in my native language"	a) Ensure there are services for different language users?

Theme	Insight	Evidence	How might we?
Treatment and services	Expectations are culturally different	"I have not had contact with the mental health services and do not know how they function" "I do not know how you proceed here if you have a mental problem" "Mental Health patients need a psychologist or a psychiatrist to get into the person's problem, to get to know the person's problem, to listen, to monitor the patient's state of mind" "I think the GP is in no hurry to send you to specialists"	a) Provide information about how Mental Health services run in Boston? b) Communicate mental health pathways?
	Healthcare services are harder to access than other countries	"In England, it is more difficult to get a doctor's appointment, you have to wait several months" "The consultation with the GP lasted no more than 5 minutes" "The appointment with the GP takes ten minutes. The GP barely has time to read the patient's medical history in the computer, doesn't have time to look into the patient's condition, prescribes medication in a hurry, and lets the patient go without even looking into it."	a) Manage expectations? b) Allow more time for patients?
	There is an inconsistent approach to mental health in Boston	"I was asked one time whether I needed psychological help. I said yes, it would be good to talk to someone. That's where it all ended" "This is the first time someone has shown an interest in my mental health" "A woman visited me, I don't know who she was, but she was morally very supportive. Later, social workers began to visit, they did not help and worsened my condition" "My family doctor is not interested in my mental health" "I went to my family doctor explained him the situation and he gave me so many options it kind of made me feel much better"	a) Provide a more consistent approach to mental health in Boston?

Theme	Insight	Evidence	How might we?
Work and employment	Health is impacted by work and employment	"I work 14-16 hours a day" "We have been working hard for 8 years in England, many hours and hard. And now when I can't work because of my health, I get £70 allowance, we can't survive on it." "At work I'm told, 'You are idiots. You don't understand anything. If you want to get money, work and keep quiet. Be happy that you are paid the minimum. You don't deserve more." "Managers could do anything they wanted, no human rights."	a) Provide support to people who are finding their employment difficult?
	Working patterns are not guaranteed which impacts mental health and finances	"The agency where I have worked for many years is now signing contracts with the new arrivals, inviting them to work, but not giving us, the old workers. I usually get a job once or twice a week. It shouldn't be like that." "People who have been working for a long time in the same agency, must get contracts, stable hours and stable income." "If there was a steady/permanent job, there would be money to pay for food, rent and other necessities, and there would not be so much stress, uncertainty and anxiety."	a) How can the workforce of Boston be better supported?
Immigrating means everything is new and/or different	Moving to a different country is a challenge	"You do not know how to behave, where to go, who to turn to, what will happen next." "You come to a foreign country where there are other people, other laws, another life." "The first time applied for a job it was the hardest thing to do." "I fled to England." "When I came to England, I tried very hard to learn English. I took English courses from scratch for several years. I learned to speak in general terms, but I still find it difficult to speak fluently."	a) Help people who have lived in other countries to understand how the systems in Boston/UK work? b) Integrate cultural differences into service practice?

Stakeholder Ideas

The ideas generated in the Stakeholder meeting were developed in smaller groups and subsequently shared across the entire group. Once all ideas had been generated, everyone could vote for what they felt, were the 5 best ideas. These are the ideas and the number of votes each one got:

Access and Services

Idea	Number of votes
Multi-agency information hub	6
Days open for GPs that talk different languages	6
In practice translation £. Ipads to translate, Google translate. Digital Team	5
Education on services - It's not always the GP	4
Person centred approach rather than professional centred	4
Services talking to each other e.g. schools/work/GP	3
Information kit available - everything you would need to know.	2
GPs speaking those languages - share that resource	2
Provide clarity on what you're entitled to in the health service - Living-Guide	1
Crisis helpline/mental health helpline in different languages	1
Recruitment of professionals with ESOL	1
Social Media. Press to translate, adverts translate, pictures - gain interest	1
Working with translation services to change views	
Translation £. How many languages £	
Easier access to English courses. Working with employers to provide English in workplaces.	
Green card/purple card? Information packs on landing legally	
Working with different generations	
Websites translated	
Resources translated and available to all services	
Welcome/information drop ins - run as a group	
Localised advertising campaign	

Treatment and Services

Idea	Number of votes
Expansion of HAY to include different languages	6
Expanding community hub offer	4
Mental Health (ARRS role) in practice. Translate.	4
Social Prescribing. Non-clinical issues. Help minimise mental health. No GP	4
Target recruitment for English as a second language	3
Psychological sessions in the community	3
Education around mental health in different languages	3
All services have translation	2
Educating. Workplaces. Schools. Cafes	2
Leaflets in different languages regarding mental health services	1
Vital that professionals better understand patient led service support with equitable access	1
Support for schools/education for schools	1
Surveys of experiences in different languages to provide feedback	
Face-to-face explanations of services to communities	
Where to go for what service. Self-help, what level, what they need. Translate	
Legal framework	
Service pressures	
Mental Health matters translating	
Give time frames. Self-help strategies in the meantime	
Allow more time via non-clinical front door to help unpick needs	
Mental health kiosk information	
Multi-cultural hub	
Services Map	
Literature adjustments	
Face-to-face services	
Wellbeing hub	
HAY	
All nationalities	
Education pack with pictures	
Educate on other services	
Legal framework for employees	

Work and Employment

Idea	Number of votes
Creation of role in communities to help prevent exploitation	9
Stronger legislation against workforce exploitation	7
Legal support framework	4
Education of employee rights and where to get support	2
Access to free translation in schools ESOL	2
LHP etc to offer similar bedding-in information	2
Peer workers	1
Query zero hours contracts. Ensure Living wage	1
Independent Unions (ACAS)	1
Better law enforcement, legal framework, trafficking, DWP free HAP, Challenge employer	1
All statutory services have information packs to share with new service users	1
Framework education guidance	
Information kit/pack	
Mediators	
Better education for everyone on migration and different cultures	
Raising awareness about cultures	
Sessions away from employment	
Transfer qualification	
Employer given insight on cultural, employment law, aware of how to access	
Awareness of access, resources in multiple languages, integration of work force employing a European person	
Local authority/national direction available and accessible	
Every contact counts - share support information and awareness	
Meet expectations - realistically	
If applying for support/benefits/health etc. all of the above shared in a supportive way	
Statutory bodies to have better supportive over-watch	
Engagement issues and hard to reach groups tapped into, would incentives work?	
Hubs for employment support/localised information	
Regulation and support of transient invisible workforces i.e. agriculture, human trafficking, modern slavery	
Mental health services/IAPT have employment specialists	
Education around equality and workers' rights (law)	
Whistle blowing/listening ear	
CAB/Job centre plus	
Speak to any service for support and safeguarding - no wrong contact	
Modelling best practice in businesses locally. Language support and wellbeing.	

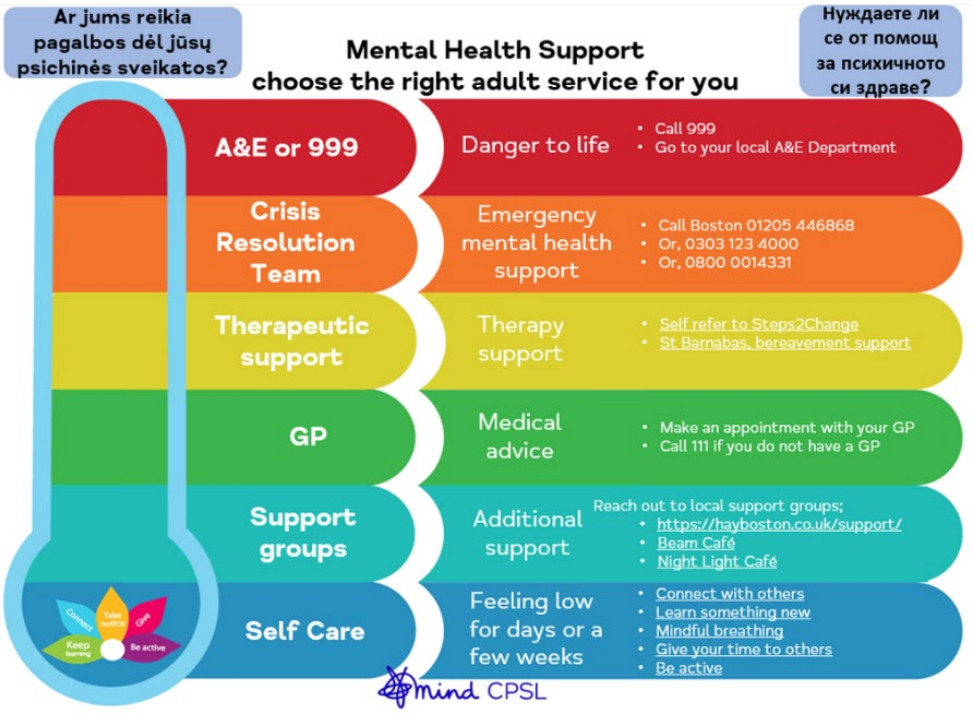
Make

To move from the 'generate' to 'make' stage of the project, it was important that we approached the ideas with an open mind, recognising that some ideas were more difficult to test, than others.

Signposting and translation

From the information gathered from both the Peer Designer conversations and the ideas which were developed at the Stakeholder meeting, we tested what signposting communications could look like (see Figure 1). We considered that the leaflet/poster needed to be fit for purpose, and therefore the signposted services which featured, also had access to translation services if a person was to reach out. We also balanced the design of the communication with the cost of translation services. With cost in mind, we included the words 'Do you need support with your mental health?' in both Lithuanian (left) and Bulgarian (right). This was to draw attention to the overall message of mental health support, without the need to translate the whole document, to reduce cost. This is intended to provide a person who needed support, the opportunity to translate the remainder of the communication themselves.

Figure 1 – Signposting test, with headline translation in Lithuanian and Bulgarian.



Translation (continued)

During the project, language and translation became extremely important in how communication could be improved to reach the widest audience in Boston. Therefore, some desk-top research was conducted to understand the different language origins across Europe to develop cost-effective ways to translate (Britannica, 2023; appendix 3). The Lithuanian language comes from the Baltic branch of Indo-European languages, and across Europe it is not widely used. Bulgarian, however, is a Slavic language, which is the base language for many countries across Europe. Exploring this, has made it clearer that in Boston to translate English into a Baltic and Slavic language, it has a better chance of reaching as many literate people as possible.

Communication

Using the knowledge gained from the project, we created an 'Accessibility Checklist' that professionals could use to support decisions around communication in Boston. By prompting questions about whether communication could be done differently, it seeks to overcome some of the blind spots which in the past, may not have been considered. See appendix 2.

Counselling services

We contacted local counselling services to explore what the current provision looks like in and around the Boston area for people who wanted to talk to someone in their first language. Currently, there is no service which can offer direct spoken one-to-one counselling in a language other than English, although some services would offer the use of a translator. There are very few counselling services in Boston, with the majority focussed on bereavement counselling. However, in the conversations we had, there was interest in applying for funding, to create services, which were being explored by key members of the community.

Recruitment

We spoke to PCN colleagues, St Barnabas and NW Counselling to ask about the employment of people who speak English as a second language. For some services, it was clear that there were very few applicants from overseas, even countries which were highly represented in and around Boston. Reasons for this, were unknown by the recruitment teams. Also, knowledge about the transferability between professional qualifications between countries, was not well understood.

Employees rights

Modern slavery and employee exploitation were explored as part of this project. We talked to the Community Cohesion Officer to discuss how people who might be exploited at work, or victim of modern slavery, could reach out for support. We were told that translated leaflets were provided to any house visits, and there are apps and dedicated phone lines to report concerns employees have, which also include translation options. In addition, visits to employers such as Greencore in Boston and Staples Vegetables, provided a platform to engage with employees, which was welcomed by these employers. However, more can be done to make these numbers more accessible to everyone and promoted across Boston.

Findings

Approach communities, address the gap

The gap

When we talked to organisations and community-based professionals, it was clear that people who have migrated to Boston are less likely to seek mental health support. Although 20% of the population are migrant (Office for National Statistics Census 2021, 2023a), the service users who attend support groups or seek other ways of support, do not reflect this demographic. In some cases, the only clients or patients who seek support are people who were born in the UK.

> We don't have any Lithuanian or Bulgarian clients.

A well-attended community mental health support group, Boston

This was evidenced in the Peer Designer conversations, where much of the focus was on how and where to receive support, rather than experiences of community support already available. The project has therefore identified that communicating about existing mental health support, is the first step to bridging this gap. Where possible, this means going into migrant communities to talk, engage and build trust.

> There is little information on where to turn for help.

Peer Designer conversation

We recommend

- Approaching communities. The gap between the individuals who use mental health services is stark and unreflective of the demographic. This project has highlighted the effectiveness of entering spaces that services do not currently go, being curious and asking questions. By knocking on doors, rather than having an open-door policy, we can reach more people that need support, build trust, and engage proactively with the migrant population of Boston.

Adapt communication to the audience

Translating information

Many of the participants we spoke to, did not know where to find information about mental health, or, highlighted that the information they had seen, was in English. Professionals noted that translation apps were readily available and often used if communication became a barrier. However, it was clear that people need to be selective about what they translate, and therefore, any mental health messaging needs to make the subject matter clear (in the form of pictures) to reach the widest audience. As a minimum, the headline would need to be in a Slavic and Baltic-based language, (for example Bulgarian and Lithuanian), to be understood by the majority of those residing in Boston who are literate (see appendix 3).

> I understand English a little bit, but for most people it would be a simple paper. I would think I should also use a leaflet in Lithuanian.

Peer Designer conversation

We recommend

- Use languages which are used in Boston to communicate mental health messages. Adapt information to languages which are the most prevalent in Boston, as well as considering the language origins and whether they can reach further audiences with similar language bases (see appendix 3).

Mental health support accessible to everyone

Signposting to mental health services designed for an English-speaking service user may not be accessible to people who have limited or no English. In our research, we reached out to Samaritans, who said that translation options (except for Welsh) are unavailable. To contact their service, a person who did not speak proficient English could e-mail them which would allow for text translation. Therefore, sharing the Samaritans phone number on communications in and around Boston, may need to be supplemented with their e-mail address, to support migrants. Other examples of signposting services demonstrate significant barriers for those who find it difficult to communicate effectively about their mental health in English.

> It's the [mental health support] number...there was many but once again the fact that my English isn't so well it made it ten times harder and made me see no point in those numbers.

We recommend

- Adapting mental health signposting to ensure it is accessible for everyone.

Finding information

Participants of the Peer Designer conversations suggested that mental health messaging could be promoted in different places, reaching into the community. Examples were bus stops, in the town centre, on the market, in shops, in the church, work and newspapers. Peer designers also suggested organisations across Boston having access to links that create a network of communication that can be built upon to reach isolated communities.

> GP, in the shop, in the city, at the bus stop, wherever there are gatherings of people, after all, you cannot know when you may need help.
>
> *Peer Designer conversation*

We recommend

- More targeted mental health support messaging in Boston. Specifically, where people who have migrated to Boston, live, work, commute and socialise, including online platforms and social media.

Translation services can be a barrier

Translation was important in all of the conversations we had throughout the project. In the conversations with the Peer Designers, participants spoke of experiences which included inaccurate translation services/interpreters. Additionally, people shared that they felt uncomfortable sharing information with a 3rd party, embarrassed to disclose their personal problems. Furthermore, registering with services such as a GP can be difficult for people who are unable to read or speak English, and therefore, this can be a barrier to physical and mental health support.

> It was difficult to tell my problems to the doctor through a telephone translator.
>
> *Peer Designer conversation*

We recommend

- Evaluating how effective the current translation services are.
- Provide translation support for GP registration, if the person cannot read English well.

Recruitment

There was a clear message from the participants we spoke to in this project, that communication in their first language was important. This was particularly significant when speaking with medical professionals and for counselling or therapy services. Moreover, there is a perception that migrants who reside in Boston are unskilled, during this project we found that there were professional people who did not feel empowered to use their skills in the UK. Boston would benefit from more employees with multi-lingual skills, with particular interest for medical roles, including nurses, GP's, counsellors and therapists.

> It would be very different if there was a Lithuanian psychologist or psychiatrist to whom I could talk in my mother tongue.

Peer Designer conversation

We recommend

- Employing more people who speak languages which reflect Boston's demographic.

Expectation

As the theme 'Immigrating means everything is new and/or different' demonstrates, culture and expectations are different for anyone who lives outside of what they know and understand. This includes many aspects of life, with mental health being no exception. In other countries and cultures, physical and mental health are approached differently, with varying solutions to support people. However, during our conversations it has been clear that expectations for both the patient/client and the service provider are not always initially outlined, which causes confusion and frustration. In some cultures, if a person presented with a mental health difficulty, a professional would refer straight to a psychologist or psychiatrist (which can be as quick as the same day), whereas in the UK community mental health is used to support people, alongside therapy and medication (if deemed appropriate), with longer wait times. Therefore, it is important that both mental health/health professionals and clients/patients are clear about the UK approach and outcomes. This also helps to build trust, which is an important way to bridge the gap between migrant and non-migrant communities.

> You come to a foreign country where there are other people, other laws, another life.

Peer Designer conversation

We recommend

- Transparency on health and mental health processes and timelines in Boston, approached from an empathetic perspective which reflects an understanding that health and mental health services are different across the world.

Services

Working together

Throughout the time of the project, it was clear that there was a keen appetite across professions to raise awareness of the key challenges that Boston faces in terms of migration. This made the project much more collaborative, where people work together for all of Boston's demographic. However, during the conversations we had across services, there were instances where services were duplicating to overcome the same challenge.

We recommend

- Using the collaborative networks already in place in Boston, to propose new ideas and services. This will ensure that duplication and lessons learned from previous experiences are built upon and discussed.

Summary of recommendations

- **Approaching communities - address the gap.** The number of migrated people who use mental health services is starkly unreflective of the demographic. This project has highlighted the effectiveness of entering spaces that services do not currently go to, being curious and asking questions. By knocking on doors, rather than having an open-door policy, we can reach more people that need support, build trust, and engage proactively with the migrant population of Boston.
- **Adapt communication to the audience - translating information.** Adapt information to languages which are the most prevalently spoken in Boston, consider the language origins and whether this can support reach to further audiences with a similar language base.
- **Adapt communication to the audience - mental health support accessible to everyone.** Ensure it is accessible for everyone or make clear those services with non-English options.
- **Adapt communication to the audience - finding information.** More targeted mental health support messaging in Boston. Specifically, where people who have migrated to Boston, live, work, commute and socialise, including online platforms and social media.
- **Adapt communication to the audience – translation services can be a barrier.**
- **Recruitment -** Employ more people who speak languages which reflect Boston's demographic.
- **Expectation -** Transparency on health and mental health processes and timelines in Boston. Approached from an empathetic perspective, which reflects an understanding that physical and mental health services, are different across the world.
- **Services working together.** Use the collaborative networks (such as the Boston Mental Health Partnership Board) already in place in Boston to propose new ideas and services. This will ensure that duplication and lessons learned from previous experience are built upon and discussed in a wider forum, with balanced perspectives.

Key learnings and challenges to delivery

Throughout this project, we have learned a lot about Boston, how Primary Care, Secondary Care and the third sector work, to provide mental health support for those who live there.

Key learnings

During the project, all professionals have been supportive in giving time to the project, even when their time was limited, we really appreciate this. This demonstrates the evident dedication across all professions and organisations to support the whole population of Boston and surrounding areas. Without this collaborative approach, the project could not have been delivered as it has.

Building trust is key. Communities who isolate, often do so as a way to protect themselves from the unknown. It is important that professionals seek to do what they say they will do, in order to build trust. Over time, people will reach out to trusted services - through word-of-mouth people who have felt supported will share their experiences, ultimately reaching those who are the most isolated.

Using Boston Market to communicate, made a huge difference. By making the stall as approachable as possible with the use of visual prompts including national flags, generated interest and facilitated interaction with the people we wanted to talk to.

People are willing to talk confidentially about their mental health. At the beginning of the project, we were unsure whether people who have migrated to Boston would be open to talk about their mental health. However, the use of Peer Designers, made all the difference in getting the perspective of people with lived experience. Similarly, those who participated in the focus group, were enthusiastic and very willing to share their experiences.

Professionals are receptive to collaborating. Over the period of the project, many organisations were keen to actively reach out to others, learning from new perspectives and working together to form ideas and solutions. This was actively demonstrated at the monthly Boston Mental Health Partnership Board meetings.

Challenges

Translators aren't for everyone. We were surprised at the resistance of using translators by service users because there was a feeling of mistrust, even in a non-medical setting.

Literature needs to be translated. We were continuously challenged on written translation, especially documents that needed to be read and signed. It is vitally important that trust is maintained by considering the impact of those who cannot read English. Signing documents relies on a level of trust which cannot be obtained if the content is written in a language a person does not understand.

Better cohesion between services would make progress more aligned and quicker, sharing both the opportunities and the challenges. We have found that there are common themes that have run through this project, which are also reflected in other services in and around Boston. By talking openly about the challenges (as well as the successes), collaborative solutions to common problems could be addressed.

Duplication is a risk. To some of the challenges in and around Boston, time and resource have been put into solutions that already exist, leading to duplication of effort. By sharing ideas and approaches across different services, this could be avoided.

Cost. There is a cost to translation, both in person and written. This has been reflected in the recommendations and would need to be considered in other projects such as this. Perhaps statutory provision could develop a resource to meet this need.

Stigma still exists. Although mental health throughout the UK has become a less stigmatised subject over recent decades, stigma does still exist and there is still more work to be done. This is even more important when talking to people who have come from countries where mental health is still associated with institutionalised incarceration. Therefore an open approach to how mental health is approached in Boston is essential: it is important to communicate empathically, to counter any misconceptions.

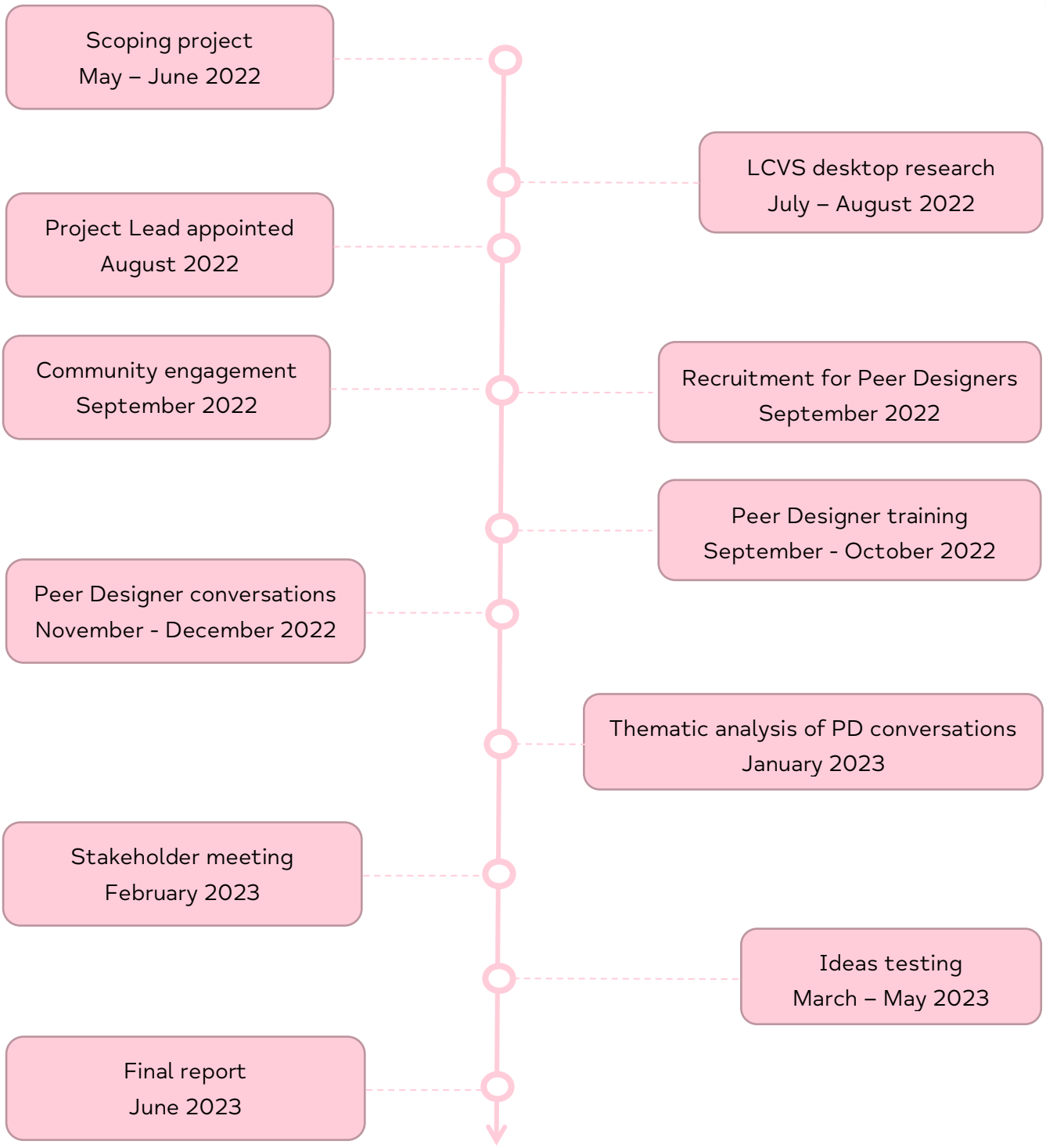
The position of 'Peer Designer' which we used to gather our rich data, is not a well-known job role, which made advertising more difficult. In future, we will reconsider the wording or the role, to broaden our recruitment.

People feel as though they need an advocate. A lot of people, especially in the focus group, felt let down by inconsistent services. Empowering people to make change and providing a platform to raise concerns could have beneficial impacts on mental health across Boston.

Some of the challenges in Boston, were bigger than this project. This means that issues such as housing, workplace exploitation and employment were difficult to find services to talk to or were wider societal issues, which were out of the project's scope.

Timing of the project

The project, which commenced in May 2022 was completed within the one year timeframe, outlined and agreed from the outset.



Acknowledgements

We would like to thank everyone who has contributed to this report.

Amanda Lacey
Andreea Belciug
Andy Poole
Anna Urbanek
Annabel Forrest
Annie Best
Anthony Townsend
Arnas - PD
Batul Dungarwalla
Beam Café focus group attendees
Ben Buckton
Caitlin Hawkins
Caty Collier
Chey Brown
Darran Clare
Dean Sayles
Dominika Ozga-Gruszka
Elizabeth Hopkins
Eloise Thompson
Emma Conway
Emma Townend
Emma-Louise Archibald
Fiona Anderson
Gemma Wright
Heidi Freeman
Ian Dunn
Ivan - PD
James Smith
Jurate Matulioniene
Laura Young
Lauren Hunt
Lee Dolby
Lucy Krogdahl
Marta Kowalczyk
Maryte Kubekaite
Matthew Fisher
Megan Chapman
Michaela Krasteva
Minka - PD
Monika M (PAB languages)
Naomi Newell
Nichola Holderness
Olesia Kennett
PAB languages
Reverend Val Ogden
Rima Misiumiene
Stacey Passant
Tammy Doughty
Tammy Vickers
Tamzin Hurley-Roe
Thelma Wadsley
Zoe Kearns

References

Buckton, B. (2022) 'LCVs CPSL Mind Demographic Scoping of the Migrant Community in Boston'. Assignment for *Boston Mental Health Equalities Project,* CPSL Mind. Unpublished.

Office for National Statistics Census 2021 (2023a) Available at: https://www.ons.gov.uk/census/maps/choropleth/population/country-of-birth/country-of-birth-8a/europe-other-europe?lad=E07000136 (accessed 16/02/2023)

Office for National Statistics Census 2021 (2023b) Available at: https://www.ons.gov.uk/census/maps/choropleth/identity/main-language-detailed/main-language-detailed-23a/other-european-language-eu-any-other-european-language?lad=E07000136 (accessed 16/02/2023)

Office for National Statistics Census 2021 (2023c) Available at: https://www.ons.gov.uk/census/maps/choropleth/identity/proficiency-in-english-language/english-proficiency-4a/main-language-is-not-english-english-or-welsh-in-wales-cannot-speak-english-or-cannot-speak-english-well?lad=E07000136 (accessed 16/02/2023)

Britannica (2023) Available at: https://cdn.britannica.com/83/1983-050-5D9604DA/locations-languages-Indo-European-Eurasia.jpg (accessed 20/04/2023)

Appendices

Appendices on request. Email: southlincs@cpslmind.org.uk

Appendix 1 - LCVs CPSL Mind Demographic Scoping of the Migrant Community in Boston

Appendix 2 - Mental Health Equalities Accessibility Checklist

Appendix 3 - Indo-European Languages Map

mind Cambridgeshire, Peterborough and South Lincolnshire

CPSLMind

@cpslmind

@cpslmind

cpslmind.org.uk

Reg. Charity Number 265087
Reg.in England Number 1082980