Speakeasy

The Diversity Issue

The voice of inpatient mental health service users in Westminster and Kensington & Chelsea...

If you would like to contribute to the next issue of Speakeasy, please contact Natasha: 020 8969 3000 or newsletter@afmh.org.uk
We would like to say a big thank you to everybody who has contributed to this special Equality and Diversity edition of *Speakeasy*. We have greatly enjoyed working with you all and are proud to publish your different viewpoints, along with fantastic poems and artwork!

Natasha & Kristin (*Speakeasy Editors*)

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Equality and Diversity is a term used to define and champion equality, diversity and human rights as defining values of society. It promotes equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination.

Unfortunately, not everyone sees diversity as a positive thing. With diversity can come prejudice... Prejudice is an unreasonable dislike of something or someone, and occurs when people form a negative opinion without knowing all the facts. These opinions might be based on someone else's race or religion or gender or many other characteristics. Prejudice can be caused by fear of the unknown, or by fear of something different. Prejudice can lead to unfair treatment and discrimination.

Stereotyping is making generalised assumptions about a person or group, which are often based on false or misleading information.

Equality involves treating people fairly, regardless of any differences

Diversity involves valuing difference and the specific contributions that different people make

Equality and Diversity working together... means treating people according to their different needs without being unfair to them or others
When the doctor hides your way out of hospital misleading you for greed and curiosity
When the patient doesn’t make the difference between a hospital and fast food.
The evil rises over goodwill.

*(Belgrave Ward)*

London
London is a city known all over the World. It has people of every Race and Faith
And hopefully peace will remain
There are many sights to see
Old and new respectively
Many tourists come once
And happily they return
Long live London!

*(Westminster)*

Waiting List
Waiting for the basics - soap, shampoo, skin cream
Took one month
Waiting for the Consultant
Took weeks
Am I free here?
I am sitting down
Waiting in the Gordon
Waiting for the Nurses
Do they care about us?
Am I waiting to die here?
It feels like prison
Waiting to go back to the community
Waiting for ward rounds
Waiting for discharge
Will this ever come?
I am trapped here
By People in Power- who wait for nobody
Waiting to speak
Is this freedom of speech?
Waiting to fall asleep
Waiting for my Social Worker
Waiting for my Solicitor
Waiting to leave
Waiting for what?
Waiting to tell my story.

*(Ebony Ward)*

A child learns new information day by day, hour by hour
Never forgetting one thing
Being nurtured and groomed,
while still remembering things from the mothers womb
Then as the years pass
And it is time to go to school
The child may become confused,
Unwell, or be treated like a fool
This happens from time to time
A bit like Cinderella, waiting for the bells to chime.
We all have childlike qualities in us
that need to come out
no shadow of a doubt
Whether it will be in song, dance, reading or writing
It is important to understand
That life can easily pass us by
Of which then adults will cry.

*(Ganges ward)*

Being in hospital is boring
When I wake up in the morning
All I can see
Are nurses watching me
I have no privacy
They make me feel like The Enemy
I’ve done nothing wrong
Yet I’ve been here for so long
Being here is unnecessary
Why can’t my doctor see?
I need to be free!
There must be another way...
What I wouldn’t give
To be able to live
My life freely
Happily and peacefully
But I can only daydream
In reality I just feel demeaned
Locked up and degraded
Treated like a criminal
Faced with a brick wall
I feel humiliated and jaded
My life has faded
At least *Speakeasy* inspires me
Because it’s full of creativity
Always a pleasure to read
It gives a VOICE to people in need

*(Ebony Ward)*

If you would like to contribute to the next issue of *Speakeasy*, please contact Natasha: 020 8969 3000 or newsletter@afmh.org.uk
It's in your hands...

**Diagnosis**
I was forcibly removed from the street that my mother-in-law lives on
And placed in a Mental Hospital
I am in a safe place; and the staff are nice too
And, oh, the food is great too
I was sectioned and diagnosed with bipolar
Now, this Mental Health Centre
I don’t believe that I need to be in this place
Maybe, aaaaahhh, maybe
The doctors think that I need to be here
But I function like any other individual
And therefore my conclusion is that
“I am not nuts”
But if I am nuts, my head needs bashing a few times
Or held by someone putting their hands on my shoulders
and giving me a good shake and saying “snap out of it”.
Now, really
How can...
Loving flowers
Saying hello to people
Singing
Recycling
(Just to name a few)
... be crazy?
Come on now
There is something called simple common sense
If I am nuts
Then the whole world is craaaaaaazzzzzzzzzzzy
Anyway that is my conclusion
Just my own opinion
I feel blessed to have that diagnosis

*(Amazon Ward)*

**Love Life**
My heart flutters
like a newborn butterfly
Accepting the change
and praying to the highest force of nature
Coming to grips with reality
Finally flowing with the winds
Ready to explore life again
almost unaware of the old one
In the name of Allah
most graceful most merciful
My soul Omm searches for enlightenment
One day to be one with light
walking amongst the dead and the living
Once upon a time they lived fast and only on water and bread
Now my soul can feed because it took heed.

*(Ebury Ward)*

**Somali Poem**
Sinnaantaan la magac ahay
San-ku-neefle ma oggoli
Inuu iga sarreyn karo
Anna garasho sogordahan
Sooryo ruux uagma dhigo

Magaceygu waa Mohammed

Inkastoon sabool ahay
Haddana waan sarriigtaa
Sacabbada ma hoorsado
Saaxib nimaan nahay
Cadowgagya lama simo

Magaceygu waa Mohammed

Nabaddaan u sahanshaa
Colaaddaan ka salalaa
Soomajeesto goobaha
Ninka nabarka soo sida
Gacantiisa kama sugo

Magaceygu waa Mohammed

*(Mulberry South Ward)*

**Sleeping art**
The other day I was thinking
how much I like being in the
art therapy room.
It is calm, clean and smells
good.
I feel very calm and safe there.
I was even contemplating
moving my mattress
and bedding
under the tables
to sleep there.

*(Thames Ward)*

**Flower**

*(Amazon Ward)*

**I share ideas of equality**
**A mortal I do not allow**
**To surpass me**
**And unfounded words and hints**
**I confer not on anyone as gifts**

**My Name is Mohammed**

**Though impoverished I am**
**My hardships I endure**
**And my hands I do not extend**
**I don’t compare my enemies**
**to my friends**

**My Name is Mohammed**

**I am on a quest for peace**
**And from enmity I am terrified**
**But from the battlefield I flee not**
**And the man who causes wounds**
**For his hands I await not**

**My Name is Mohammed**

**Translation by Sadia Abdi (AfMH)**

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THOMAS

Life has left tabby Thomas. No longer will he hide away In basket or pot, Warmed by the sun, Peeping out, waiting to be stroked. Thomas has had his last stroke. Old by cat years And slow, he liked a leisurely life. Vanishing for a few days, Mary and John were alarmed Wondering where he had got to. Was he trapped in a neighbour’s house, Or had he defected to a home Where better food was provided? After all, in an attempt to slim him, meals were meagre. Leaflets were pushed through letter boxes On an afternoon of torrential rain; Detailing him (though he kept his tail) And asking if he had been seen. Replies were awaited, Phone calls and texts came. Thomas was known and liked in the neighbourhood But had not been seen for some days. He visited neighbours and was fed by many of them; Defeating efforts to thin him down And make him healthier. So Thomas, the tabby, was one of life’s fat cats, A much derided species, enjoyed existence While lying in the sun. A friendly cat Who liked being stroked, picked up and cuddled, Not fussy by whom. He would purr his way to satisfaction. Dog like he followed those he liked, Until, in danger of his getting lost, Those who’d set out would retrace their steps To bring him home. Shutting him in for safety. So farewell Thomas. Body found in an alley, You probably had a heart attack. A swift way of dying. Taken to the vet For cremation, that final end. Though you could not appreciate this, even if living; You have left a void in the lives Of those who looked after you And are fondly remembered by them. You caused Mary more than an afternoon’s tears In a darkened cinema whilst Mama Mia was showing. You have left a Thomas shaped gap in life.

(Westminster)

A take on ADHD and dyslexia diagnosis

Circuits overloaded easily The ADHD (Attention Deficit Hyperactivity Disorder) can make you stop learning easily The boy has a short attention span like a mosquito’s wing span The medication Ritalin can bring on bipolar disorder And the ADHD can mean your files are often out of order (mental and physical) The frustration can make you swear It is another cross to bear But some people like Britney Spears have surmounted their conditions and are gifted people They managed to climb their particular church steeple Other specific learning difficulties like dyslexia can lead you to the panel of the Dragons Den TV Programme (Theo Paphitis) or ruling a company like Virgin (Richard Branson) They are businessmen superior Having such a condition doesn’t make you inferior A unique take on things can make you see the whole picture And give you goals which comfort you like the holy scriptures They can sometimes see the bird’s eye view And not be just another sheep with grass to chew People with mental ill health sometimes have a comorbid specific learning difficulty diagnosis But it doesn’t always lead to a grim prognosis So don’t rule out those with specific learning difficulties as pathologically disabled Their unique take on things can make them doubly enabled

(Kensington & Chelsea)
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Why are the wards’ nurses not more diverse? Why are the staff not well rehearsed? They are rude and they curse How can a lady or gent take this? Section 48/49
No fresh air Oh the smell of the summer breeze I miss Oxygen is a necessity If you can’t provide a garden then at least a balcony ICU Are you for real? Makes me angry Then they think it’s insanity I miss my family They stopped my visits This seems criminal But they won’t admit it

*(Nile Ward)*

**Peckin'**

The saddest thing I ever did see Was a woodpecker peckin' at a plastic tree. He looks at me, and "Friend," says he, "Things ain't as sweet as they used to be."

By Shel Silverstein *(Poet)*

**Woodpecker by Anonymous** *(Danube Ward)*

**Bored**

Patients on mental health wards are often very, very clever and very, very funny and very, very dysfunctional and very, very bored.

*(Thames Ward)*

My soul is a prisoner, It tends towards flight But it is ever confined In the shape of life

*(Amazon Ward)*

Oh na na
Woz my name?

*(Vincent Ward)*

* ha ha ha = harmonica

**(Belgrave Ward)**

**speak**

Ha ha ha harmonica
Ha ha ha harmonica
Who can play ha ha ha?
Who can play harmonica?
Only accurate men
And women
And all mamas!
Why why why?
Why mama?
Because all of us come from the tummy of mama!
Hurray for players of ha ha ha!
Run the space all you women, all you mamas!
Stunningly indescribable women, mamas, you are!!!
Respect diversity

My personal view is that there is only one God. But people can choose how to pray and who they want to pray to, or even if they want to pray at all. If people do not believe in God, then that is their right. I think that religious people should not impose their religion on others. I think that it is wrong for religion to be used for politics or in the name of war. Religion is about belief and peace, not about controlling other people. I think there should be respect and equality for everyone, whatever beliefs you have, or if you don’t have any religious beliefs. I have friends who are non-religious people and I have friends of different religions – Hindus, Muslims, Christians, Jewish people – and we all get along fine.

If you have faith, it can sometimes give you comfort when you are in hospital. And if you have access to a faith room or a chapel or if you can see a priest or a religious cleric during your hospital stay, it can really support you. When I was in hospital, a Catholic nun visited me, and spent time praying with me. I found it very comforting and reassuring. She wasn’t at all judgemental, she was just a good listener.

There are lots of different people on the ward, from diverse backgrounds. People should respect diversity. When you meet and accept and get to know different people from different backgrounds, it can actually open your mind. Learning about different cultures, religions and experiences can give you a more open outlook on life and make you a better person.

Westminster and London is very mixed and diverse and I think this is a positive thing.

Anonymous (Westminster)

Thank you

I would like to say thank you to all the wonderful people who have helped me and saved me from myself in St. Charles. The doctors, the pharmacist, the cleaners, the nurses, the ward managers, the clinical staff, the porters, the technicians, the security, the people who do repairs, the canteen people, the gardener, Speakeasy, Advocacy and of course the Occupational Therapists and Activity Coordinators. Thank you all!

Anonymous (Thames Ward)

“Equality is the soul of liberty; there is, in fact, no liberty without it”

Frances Wright
(Writer, Feminist, Social Reformer)
1795 – 1852

Being blind

When I was first brought in to Kershaw ward, I didn’t want to be here. But since then I have settled in, I have changed my mind. I have always been independent and done things for myself. I was not used to accepting help. Now I have to depend on people because I am blind. Even though I cannot see, I can feel how beautiful and kind and caring the nurses and the other patients are. People who know me and people who don’t know me – all are so helpful. Sometimes tears come to my eyes when I think of how kind people are to me. They take me to the toilet, they take me to have a shower or a bath, they help me walk and find my way, they help me with food, they talk with me.

I only recently lost my sight fully, so I am adapting to being blind and I am having to depend on people more. This is my request: Please be kind to people who are blind, please be patient with people in my position. It’s difficult to accept help when you have always been independent. Act with kindness and love, not just out of duty to your job, because we can feel when someone is caring and when someone is just working or doing their job without feeling. People here are like my brothers and sisters, it’s like a family. I didn’t have this attitude when I first came into hospital, but as time has passed, my attitude has changed.

Even though I cannot see, I can feel how beautiful and kind the nurses and the other patients are

Blind people will all have different experiences. But we all have the same goal – to be accepted and to be helped to get along. It takes a big burden away from our shoulders. I feel very lucky to have people who accept me and help me get along.

Anonymous (Kershaw Ward)
Women of the World UNITE - but for the RIGHT Reasons!

The television can give us all a wonderful 'spyglass' into other lands and cultures. It should always be remembered though, that TV is organized primarily as a means of ENTERTAINMENT and not EDUCATION.

Therefore the programs we often see tend to centre on the 'wild' the 'outrageous' and the 'risky.' Due to this we can, if we’re not careful, believe that other countries are strange and even unpleasant. For instance, when in Europe I sometimes despair at the portrayal of Muslim women - who all too often appear as hooded, faceless 'robots' with no other purpose than to serve their husbands - a stereotype that is untrue and unfair.

Saying that, here in Iran it is also the case that Europe, as an example, is seen as nothing more than a land of drinking, whoring and drug taking. This also is untrue. Most European men and women drink carefully, dress with taste and love their children and families. Women in Europe can do very well, Margaret Thatcher and the present Chancellor of Germany, a woman, prove that.

I think that European women share far more in common with their Muslim 'sisters' than many might think ....... Let us celebrate what unites us, not what sets us apart. BUT NOT ALL!

It may be just me, but I, as a lady, have noticed a worldwide trend amongst girls and it is not pretty. It does not matter if you are in London, Tehran or Tokyo, it seems that far too many young women equate being feminine, and speaking like a lady with weakness and old fashioned values. There is a trend for them to talk like men, to swear and use slang...This street language is not true equality - dumbing down is never good, let us all stop.

We can be ladies, strong, powerful and still be good 'girly' friends and mothers. Margaret Thatcher was a lady, and harder than most men - but she was always feminine.

Anonymous (Danube Ward)

Being LGBT (Lesbian, gay, bisexual, transgender)

It's not easy to be lesbian, gay, bisexual or transgender on the wards. Hospital is not a gay-friendly place. LGBT people don't want to 'come out' because of stigma and prejudice, so they hide who they are. This is not an environment that LGBT people can recover in. We have too much anxiety and fear about being LGBT in an unfriendly place, as well as whatever mental health problem we have. If it was gay-friendly, LGBT people would feel safe, staff would accept them and report homophobia or intervene when other patients are being homophobic. They would openly welcome LGBT people. But they don’t. Sometimes homophobia is not direct, it's not obvious, it’s just an attitude. I don’t feel protected in hospital. There is no protection from the staff when people make fun of gay people. Some staff are homophobic because of their religious and cultural background, and they bring their views to work.

I don’t feel I can talk to staff or tell them I am gay. Being gay is not an illness, but the issues that LGBT people have to deal with can affect their mental health. LGBT people have to face things like: discrimination, violence, rejection by family and friends because you are gay, bullying at school or work or on the wards, hostility and rejection from religions and politicians, harassment on the street, and even violence. These experiences can cause fear, shame, guilt, low self-esteem, depression and even suicide. Having a mental illness and being gay makes life difficult to live, wherever I go, not only here but everywhere. It’s like a double stigma. Hospital staff should be aware of these things and show understanding and acceptance towards LGBT people.

Anonymous (Gordon Hospital)
What is a Learning Disability?

It is something you are born with, and affects you throughout your life. It doesn’t come and go.

It makes it harder to learn and understand information.

You may need help to learn new skills and to live independently.

Who wrote this article?

We are people who live in Westminster. We all have learning disabilities and we also have mental health needs.

We belong to a speaking up project at The Advocacy Project for people with a learning disability who also have a mental health difficulty and who live in Westminster.

We’re representing ourselves and other people like us in Westminster.

Power to the people!

We have groups where members can meet and share about their experiences.

We tell mental health and learning disability services about what they are good at and what they could do better.

We give presentations to people who make decisions so that they can hear what everyone has said and make services better.

If you would like more information or if you would like to be involved in the speaking up project at The Advocacy Project, you can call or email Gen:

020 8962 8695

gen@advocacyproject.org.uk
I’m 25, I am a mental health service user and I have a learning disability. I like 50 Cent, G Unit, Chelsea FC and Frank Lampard. I have a girlfriend and I love her very much. And I have 2 goldfish called Nemo and Nema. I have my own flat and I go to college.

Some people with a learning disability can do a lot for themselves. I like music and I like to keep my flat tidy. I am going to Paris for a long weekend.

When I was in hospital, the staff did not spend much time with the patients as the staff were always busy.

People should take their time to explain things to us, don’t rush us, be patient.

I have a mild learning disability and also a mental health problem. For me I think what didn’t help was the way I was taught at school. The teachers did not help me to have a good education.

Being in hospital is a frightening place to be. What could help is if staff could help me to calm down and remind me to take my medication and what it is for. The staff should take their time to talk to me when I have issues to talk about.

I have a mental health problem and a learning disability. For me, a mental health problem is in the mind. I get depressed quickly and I don’t feel like myself.

A learning disability affects your learning and your writing and memory. Sometimes I need help with cooking and cleaning. I need to be reminded how to do it, because a learning disability can affect your memory. I can’t remember that many things that are being said. This is what helps me: Looking at pictures, writing things down, and my support workers help me by reminding me if I have appointments.
The Olympic and Paralympic Games are held every four years in a different city. In 2012, London hosted the games. The Olympic and Paralympic Games are about much more than sporting excellence. The founder of the Modern Olympic Movement was Pierre de Coubertin. He saw an ideal opportunity in the Olympic Games to develop a set of universal principles – or Values – that could be applied to education and to society as a whole, as well as to sport itself. The Olympic Values are:

**Respect** – fair play; knowing one’s own limits; and taking care of one’s health and the environment

**Excellence** – how to give the best of oneself, on the field of play or in life; taking part; and progressing according to one’s own objectives

**Friendship** – how, through sport, to understand each other despite any differences

The Paralympic Values are based on the history of the Paralympic Games and the tradition of fair play and honourable sports competition. They are:

The Paralympics is **INSPIRING** and encouraging for all people. The Games show how people can overcome difficulties and be successful. It also shows that you should not discriminate against somebody just because they have a disability, and able-bodied people should not presume that people with disabilities cannot be active and cannot achieve great things in life. It can inspire people with mental health problems too, as mental illness can also be regarded as a disability.

The atmosphere in London throughout the Olympics was really nice, and lots of help was available from volunteers. It felt very safe and secure. There were lots of people from different countries - such as Canada, Poland and Kenya - wearing T-Shirts and flags, and it shows how people can get along and unite. It has been a really great thing for this country to have the Olympics here. There have been lots of nice events with big screens held in the parks, for people who could not get tickets. The atmosphere has been brilliant! I think the Paralympics will also be amazing!

*Anonymous (Westminster)*

Sport unites people and it should be amicable between all different races and nations. It brings a spirit of unity and although it is good to be competitive, people shouldn’t be aggressive or angry about it. It should be done in the spirit of friendship. It’s great to see all the effort London made for the Olympics and I am proud that London hosted the 2012 Olympics. It’s good for all the countries to come together and mix cultures and the Olympics promotes equality and diversity in this way.

*Anonymous (Gordon Hospital)*
The Gordon Hospital held its own Olympics on the 27th July 2012 at a local venue, Pimlico Academy. Staff and patients competed together in a variety of different sports day races, including a Relay Race, Sprint Race, Egg and Spoon Race, Sack Race, Five-a-Side football tournament and even a go at Welly Wanging! We had four teams each representing the different wards, Ebury, Gerrard, Vincent and Belgrave, competing for Gold, Silver and Bronze medals and the Championship Shield giving them the title of ‘Gordon Olympic Champions 2012!!’ Each ward gave it their all, worked well together and enjoyed being outdoors for the afternoon. Benefits of the sports day included:

- Building confidence and self-esteem
- Improving mood and morale
- Allowed patients to engage in their local community
- Helped build interpersonal skills and provided an opportunity to interact with others
- Promoted the benefits of exercise
- Assisted in forging better relationships between staff and patients

After all the scores had been counted, Vincent Ward was presented with the winning shield and given the title ‘Gordon Olympics Champions 2012’. In the evening, each ward held an Olympics party to celebrate their successes and to watch the opening ceremony of the London 2012 Olympics.

Staff and service users who joined in at the Gordon Olympics said:

There was no staff / patient barrier, everyone worked together in teams

I think the Gordon Olympics was a brilliant idea, to unite the hospital and for a fun and sporting day out!

The Gordon Olympics was great fun! I think the Gordon every year! People got involved, or watched and cheered. It was a good atmosphere!

It gave everyone a chance to shine

There was choice for everyone, you didn’t have to be athletic

It provided a feel-good feeling

At the end of the event, a medals ceremony was held. Claire Murdoch (CNWL Chief Executive) attended to present the medals and winners’ shield
If you would like to contribute to the next issue of Speakeasy, please contact Natasha: **020 8969 3000 or newsletter@afmh.org.uk**
Do you need...

Support when attending Ward Rounds, Care Programme meetings (CPAs), and other meetings related to your stay in hospital?

Support in raising your concerns about your treatment in hospital?

Support in obtaining information about your rights and treatment?

Advocates are...

Free

Independent – we are not part of the team of doctors, social workers or nursing staff.

Confidential – We do not pass on information you share with us to other people or agencies.

Not advice givers – We do not give advice, but provide you with the information you need to make an informed decision.

Contact an advocate on: 020 8969 3000
CROSSWORD CORNER

Across
1. Large body of water
4. Upper limb
6. Conjecture
7. Female deer
9. Kit ____
11. Sculpture or painting
13. You plant it
14. Thing to worship
15. In debt
17. Pig's home
19. Had eaten
21. FBI officer
22. Chewing treat
23. Large container for liquids

Down
1. Unhappy
2. Number of years old
3. Doe, fawn, or buck
4. Pose a question
5. Small carpet
8. Openly
10. Approximately
11. Ruckus
12. Worn around the neck
16. 7 days
17. Droop
18. Sweet potato
19. All Terrain Vehicle
20. Consume food

ANSWERS ON PAGE 24
The Fundamentals of Our Society

Liberty ... Humanity ... Democracy ... Technology

**Liberty:** The individual's freedom of subjective choice of being.

**Humanity:** The unity of all human beings, animals, planet earth, and the universe as a whole are meant to be creatures of a single, divine cosmos. Please, respect.

**Democracy:** Out of several different forms of experiences, dealing with the art of leadership of state and society, Democracy as a form of power turned out to be the best of all bad systems.

**Technology:** Since the 16th century, scientists in Europe began to embrace the sciences of nature to develop technical skills which have led to the exploration of world, nature and society. So far, so good.

What tends to be forgotten, is the duty of responsibility towards the planet, towards human beings as cosmic creatures. There is a need for a constant and perpetual reincarnated critical consciousness.

As far as we move away from responsibility, the nearer we will move towards a realm of unquestioned Totalitarianism – where the state has absolute authority and seeks to control every aspect of public and private life.

There will occur a turning point, a point of no return, where we will be left in the position of trying to ‘close the stable door after the horse has bolted’. If the current trend continues, a trend (European) societies have directed since 1989, that point is not too far from occurring.

There is an assumption that trends like these are not possible to be influenced by mere words alone.

But, what else can be done?

Nothing.

Times will change. Most of us living citizens will experience that turning point.

By Anonymous

(Westminster)

Artwork by Anonymous (Amazon Ward)
We welcome the opportunity to share something of how CNWL responds to the Equality and Diversity (E&D) Agenda. Responding sensitively and appropriately to individuals lies at the heart of what the Trust aims to achieve. Staff, service users, carers and relatives all have a basic right to be treated fairly and as individuals with their personal identity enquired about and responded to in the context of health and social care.

**Conferences**
The Trust runs Conferences and events to address issues of Equality and Diversity. In 2010 and 2011 the Trust ran its first Faith and Spirituality conferences promoting awareness of the importance of including faith and spiritual considerations as part of the assessment process. The most recent Trustwide Conference, “You can't ask about that (...or can you?)”, was CNWLs first Lesbian, Gay, Bisexual and Transgender (LGBT&T) health conference. The Conference focused on issues associated with data collection and assessment processes, and the importance of enquiring about service users’ sexual orientation.

**Training**
Training is one of the areas addressed within the Equality Objectives and the Trust has an exciting programme of training and development, building diversity into professional practice. Currently we run Cultural Competency Training for Managers, Equality and Human Rights Impact Assessment training and Reasonable Adjustment training. We also have e-learning packages: an Introduction to Equalities and Diversity within CNWL, Diversity in the Workplace and Understanding Disability. We have recently introduced Faith and Spiritual Assessment training within the Trust’s Recovery College and are currently developing LGB&T Awareness sessions for hospital staff (to which Advocate for Mental Health have provided very helpful input) and will soon begin work on training to extend understanding of the needs of migrants and asylum seekers.

**Interpreting**
A particularly exciting development at the moment is in relation to interpreting provision. Now that Camden Provider Service is part of CNWL, it means that the Trust has its own Interpreting Service, Camden Provider Service Interpreting Service (CPSIS). CPSIS is currently expanding its capacity to take on much of the interpreting provision across the Trust. As a result we will have a mainly locally and internally managed interpreting provision which will also reduce interpreting costs to the Trust.

**Conclusion**
CNWL has a diverse workforce and we serve some of the most diverse areas within London. In our training we emphasise the importance of making good use of the diversity around us, encouraging our teams to be not just multi-professional where conversations across professional groups is the norm, but multi-cultural in the widest possible sense in which staff can offer their diverse experiences and backgrounds to enrich service delivery and the workplace experience.

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**Alison Devlin** Equities & Diversity Co-ordinator, answers questions submitted by services-users from Westminster and Kensington & Chelsea:

**What does Equality and Diversity mean?**

**Equality is about fairness**, about everyone, irrespective of their situation or family background, being offered and receiving opportunities as equally as the ‘majority’ population. This theoretical ‘majority population’ is understood to be White, British-born, male, heterosexual, English-speaking, literate, employed, non-pregnant, able-bodied, nominally Christian and aged 25-40. Now of course this does not represent the ‘average’ person in Britain. Equality is all about ensuring that people without one or many of these features have a fair share of opportunities.

For service users, to receive fair services, may require that extra support is provided by the Trust, perhaps in terms of interpreters or adjustments for disabilities, or that faith support is offered wider than just for Christians. The characteristics which are protected by UK law are: race/ethnicity, gender, age, disability, religion/belief, sexual orientation, transgender, being married/in a civil partnership and being pregnant. Unfortunately, some characteristics which are known to impact on fair access to services - such as literacy in English, educational background, social class and obesity - are not protected by UK law.

**Diversity is about appreciating and valuing difference.** Diversity is welcomed as it brings in new ideas and new experiences. For a team to work together successfully, individuals need to appreciate that other people’s values, although different, are just as valid as their own, team members also need to modify some behaviours, which although seen as normal within their own group, become unacceptable within a more mixed team.
What does your job involve?
Ensuring that fairness and considering the different needs of different groups becomes just what people do as part of their job. I, along with my colleague Richard Bryant-Jeffreies, train managers and staff on how to conduct Equality Impact Assessments and work with the IT and nursing teams to make changes to the patient assessment forms and databases to allow collection of equalities data. I bring frontline members of CNWL staff together with community organisations with expertise in particular communities so that the staff can learn about the special requirements of individuals from these communities. I develop ways to support staff who are from minority groups so that they feel that they can share their knowledge and experiences with colleagues – so that they all learn from each other. Mental health care is constantly evolving, most recently with moves towards a Recovery focused model, so there are always opportunities to build upon fairness within the system.

What made you want to do this job?
From 1987 to 2009 I worked as a Podiatrist (or Chiropodist) within the NHS, not in London, but in Buckinghamshire. Whilst there, it became apparent that despite a significant local Pakistani community, there were very few of them presenting for treatment. So I set out to find why this was, especially as research had shown that Diabetes was 5 times more prevalent in this ethnic group than in the ‘majority’ white population and diabetics are more prone to foot problems. My findings led onto changes to how the podiatry team delivered our care. We started using professional interpreters, we did foot health education sessions within the community, we and our pharmacy suppliers liaised with the local mosques for acceptable alternatives to the antiseptics that we routinely used which contained alcohol which the Muslim community weren’t keen on us using. So one thing led to another and I was asked to take this community involvement / service improvement model and help the local maternity unit and mental health unit within the same Trust to unpick their services in the same way. That was in 1999 and I’ve been doing similar work ever since, although with changes to UK discrimination law, it’s not just about ethnic minority groups but across 9 protected characteristics.

Do you ever meet patients in your job?
Not often, as my role is working within the organisation to make it more competent at working with difference. However when working with individual services, this often means linking them up with speciality community organisations, and often the person I am liaising with is a current or past mental health service user as they are able to understand both camps – something called cultural brokerage.

How does Equality and Diversity affect patients?
Through the quality of the care that is provided by every member of staff for every patient, irrespective of the background characteristics of the patient and those of the staff member. And as the communities of London change, so do our patient populations, so staff knowledge constantly needs to be kept up to date.
Advocate for Mental Health conducted a User Involvement Equality and Diversity Survey over 6 months, from January to June 2012. A total of 58 service users participated in the survey. All participants had experience of using inpatient services at the Gordon or St Charles.

The survey aimed to explore the experiences of some of the more marginalised groups of service users. The 7 categories we looked at were: Language, Literacy (Reading and Writing), Ethnic and Cultural Background, LGBT (Lesbian, Gay, Bisexual, Transgender) Experience, Physical Disability, Learning Disability, and Religion or Spiritual Beliefs. The survey focused on 3 areas – support, respect, and discussion/disclosure.

Many thanks to the many mental health service users who agreed to share their views and experiences with us.

Natasha and Kristin (Advocate for Mental Health User Involvement Workers)

The key issues that are addressed in the survey results affect both the Gordon Hospital and St Charles equally and will be responded to as one.

Languages

We are pleased that a majority of people over the two sites felt supported in relation to support and respect about their Language. However it is clear that further work is needed to improve upon the findings.

Each service has immediate and planned access to interpreters if required from external sources. As both sites are based in the heart of London, there is a rich and diverse use of Languages spoken by the staff team as well. We need to utilise this more effectively where for example a patient who speaks a certain language can be seen more quickly and frequently by a member of staff who speaks the same language. To do this, we will explore the potential to develop of a database of languages that our staff able to speak more fluently.

Literacy

We recognise that this is an area for greater improvements to be made. Our therapy teams are currently looking at ways in which we are able to identify and support people who require aspects of their care and recovery to focus on their literacy skills. Nursing staff will now be made aware through their team briefings about this issue, so that identification and acknowledgement can be made at an earlier stage.

Ethnic and Cultural Background

This was an area with mixed results, but again with further work for us to consider. We are concerned that patients are hearing our staff speak in their own languages around the ward. We will be reminding staff that they should not do this and will take action where it does occur.

Respecting cultural issues is very important to our service users and currently this is being discussed within our team meetings as this has been a theme within some recent complaints. We will continue to monitor this and raise this within our local meetings.

LGBT

This is the area of most concern to us at the Gordon and St Charles, indeed we believe this is an area that requires addressing within the Service Line and furthermore Trustwide.

We were aware before these results that this was the area of key concern to our users. Our ward teams have already been reminded of their responsibilities with regards to this issue. Where individual complaints have been received, the Matrons and Service Managers have attended ward meetings to discuss very specific individual cases.

There is however significant concern where the Acute Service Line Care Quality Group will consider how this is tackled.
**Learning Disability**

Each ward at St Charles and the Gordon has resource packs for staff to consider whenever they have an admission from someone with a learning disability.

We will be sharing the results and comments of this survey to all staff on all of the wards serving St Charles and the Gordon Hospitals. We were disappointed to hear that service users felt that staff did not understand or respect the particular issues within this group of service users.

We intend to discuss this further with our medical colleagues and at our care quality forums so that we are able to identify a positive plan of actions that we can take. Primarily we will be focussing on raising staff awareness and identifying those staff who need training with regards to learning disability.

**Physical Disability**

We were extremely saddened to hear that our services users with a physical disability felt unsupported and not respected because of their individual presentation.

Both at St Charles and the Gordon, we have identified individual wards where people with a physical disability should be admitted. The reason for this is that staff should be more knowledgeable and able to respect individuals with a physical disability, which makes these results doubly disappointing. Specially identified wards also helps to provide an environment that has been adapted to meet the more specific needs of individuals.

We will share these results with all the wards and teams in both hospitals and senior staff of those wards will be asked to discuss with their teams the findings of this survey.

**Religion and Spiritual Belief**

At St Charles the results were better than that of the Gordon and we suspect the primary reason is that there is a contract in place at St Charles for external religious and spiritual support.

The Gordon Hospital has just signed a similar contract and we are hopeful that we will see improvements soon. Both sites need to improve their identification and assessment of spiritual and religious needs and this will be taken up with the wards directly.

**Staff training**

As well as raising this within the local team meetings we have identified ward champions for most of these areas and we will be asking each ward champion to deliver ward teaching sessions and prepare information for new staff being inducted to the wards. Additionally we are currently developing LGB&T awareness training. Members of the Trust’s LGB&T Staff Network have volunteered to develop and deliver this and Advocacy for Mental Health LGB&T specialists has been involved in discussions with regard to content and design for which we are very grateful. We are also discussing how Advocacy for Mental Health specialist workers in this area can be involved in the delivery of this training which will initially target ward staff.

**Monitoring**

We will continue to monitor our progress with Advocacy for Mental Health at our ward and local Care Quality Forums
User Focused Monitoring (UFM) was set up by service users who realised that the best people to evaluate mental health services are service users themselves. The programme has been running successfully in Kensington & Chelsea and Westminster for over 15 years. A team of service users regularly conduct interviews, site visits and focus groups to find out the views and experiences of people using mental health services in the two boroughs. The aim is to ensure that the evaluations lead to real changes and improvements in services. In the following two articles, two members of UFM give an insight into UFM and what it’s like to be a UFM interviewer:

"I am a service user and I joined the UFM interviewing team in 2005. I live in South Westminster. UFM are a group of service users who interview our fellow service users, asking them what they think of the mental health services provided by CNWL. Our findings are fed back to management and we work with managers to ensure changes and improvements are made to services based on user feedback.

When I first joined UFM the project in hand was to interview inpatients and day patients using the various hospitals in Westminster and Kensington & Chelsea - the Gordon, St Charles and South Kensington & Chelsea Mental Health Unit. Following that I interviewed service users in the community who were using either the Assertive Outreach Team or the Joint Homelessness team. The interviews conducted with service users of the Joint Homelessness Team were very eye-opening because they produced harrowing accounts of homelessness and desperate situations. We have also evaluated the services of the Community Mental Health Teams (CMHTs) by interviewing those service users on CPA.

More recently UFM work has diversified into interviewing users of psychological therapies and also asked people who have been involved in personal budgets what they thought about the whole process of personalisation. Another exciting project has been running focus groups to ask people about what they thought of the new Recovery College, in terms of the courses offered, accessibility to courses and whether the experience was helpful.

What I found in my community interviews was that the service users I interviewed often expressed extremes of opinion: they were either extremely satisfied with the treatment they received from community services or were extremely bewildered and dissatisfied. This may have of course differed from the overall statistical summary of the project. However, I would say this emphasises that treatment has to be designed with each individual in mind – there can be no generalisation.

I have also observed an inequality of facilities and services within the mental health trust. For instance one hospital has inpatient rooms with en suite facilities while in my local hospital the Gordon Hospital inpatients still have to put up with shared lavatories and bathing facilities. This is rather a disappointment because you would expect service users to enjoy equal treatment wherever they are. I hope that the work of UFM will help to standardise the quality of services and facilities throughout the mental health trust.

I have found that among the service users I interview, some give very different answers to the same questions. This also indicates that treatment is a very individual experience. I would conclude again that treatment has to be approached with the individual in mind.

Most service users are generally very interested and responsive in being interviewed by fellow service users and in answering our questions. As fellow service users we feel a sense of equality and we can empathise with each other. Although everyone’s experience is unique we can often share experiences which may encourage the person being interviewed to give fuller views and information.

Should any Speakeasy readers be approached by UFM to be interviewed in the future, I hope that they will be happy to take part. The answers to our questions are completely confidential and anonymous your views can help us in our work to make a real difference to mental health services”.

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If you would like to contribute to the next issue of Speakeasy, please contact Natasha: 020 8969 3000 or newsletter@afmh.org.uk
"Becoming a member of UFM (User Focused Monitoring) has been a challenging and exciting opportunity to see how service users like me can help improve the lives of other people with mental illness.

With the UFM team, I interview people who use mental health services and get their response to feedback to the service managers. I have been actively involved in meeting staff at CNWL, K&C Link and in IT Training.

In 1995, I was rushed into St. Charles hospital, Avondale ward. It was a terrifying experience for me, one that I will never forget! I remember feeling physically sick and was told that I was on section for six months. I just wanted to get out. Other people on the ward made feel uncomfortable and disturbed. I didn't like the way I was treated by medical staff. Left on my own I was pretty much silenced. When I behaved badly nurses would send me to my room and when I absconded, several times, they transferred me to another ward.

I made friends with patients and some staff were supportive and understanding. My family helped me come to terms with my illness. My mum would visit me every day and bring me food to eat. Some patients would behave violently and I was scared. The staff would lock the front door so that I could not escape.

It wasn't all doom and gloom, there were good days and bad. My Social Worker looked after me and I could see my GP to express my feelings or visit the OREMI centre for recreational activities – it was somewhere to go to make new friends. There was this 'Out patients' Club where some of the patients got together to play pool, join music class, pottery or writing class and gardening. Woodwork class at the Waterview was a lot of fun.

When I was discharged from hospital I moved into a bedsit. I was very happy. I didn't feel afraid any more, I felt safe even though I was still very ill. I try to spend more time at home with my family. We go out for a meal or watch a movie occasionally. It has been a slow recovery. I have come a long way and have achieved so much! I'm so proud of myself. I want to say a big thank you to all the professional staff and my family for empowering me and changing my life for the better. Joining UFM is my chance to give something back.”
Do you think you’re getting the right kind of mental health service?

Do you want to have your say on services in Westminster and Kensington & Chelsea?

Do you want to be part of the Service Users' magazine Speakeasy?

If the answer is yes, you might be interested in joining the Different Voices user group. The group meets once every six weeks. It is a friendly group and welcomes new members.

The purpose of the group is to provide a supportive and safe space for service users to -

- share experiences of mental health services across the two boroughs and identify collective issues of concern.
- discuss and proactively respond to issues identified by the group with a particular focus on inpatients' experience.
- support each other by sharing knowledge and expertise.
- take forward the issues arising from Advocate for Mental Health’s inpatient surveys and the feedback from the Inpatient User Forums and Focus Groups.
- work on contributions for Speakeasy, the service user magazine.

Membership is open to those who have used mental health services in Westminster or Kensington & Chelsea. Members who have experience of hospital admissions are particularly encouraged and welcomed.

If you would like to get involved please contact the User Involvement Workers:

Natasha and Kristin 020 8969 3000

ANSWERS TO THE CROSSWORD ON PAGE 16:
