'Are we really listening?'

Evaluation of four local projects aiming to tackle mental health stigma with black and minority ethnic communities in Scotland

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NHS Health Scotland
October 2011
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Acknowledgements

NHS Health Scotland would like to thank some people for putting their efforts and time into this project.

Firstly, we would like to thank the participants in the four projects. We appreciate participants took their time to share their stories and thoughts about mental health and well-being in their community, adding a cultural context to it. This has enhanced future learning for staff when engaging with diverse communities around mental health and well-being.

Secondly, we would like to thank the four project leads - Akin Fatunmbi from Health in Mind, Hina Sheikh from NHS Lanarkshire, Paul McCusker from Deaf Connections, and Vicky Wan from Central Scotland Racial Equality Council. They worked extremely hard to complete their projects in 5 months, and also produced resources at the end. A lot was expected of the project leads, not only in completing the projects but also preparing for the Mental Health and Race Equality Programme national event shortly after completing their projects. We appreciate their efforts during this pressured timescale.

We would also like to thank Tina Yu from the Mental Health Foundation, Johannes Parkkonen from the ‘see me’ anti-stigma campaign, and Parveen Khan from NHS Health Scotland, who helped shape the ‘Are we really listening?’ project from the beginning. They formed the steering group and embedded their expertise within the project. They were also panel members in the application process. We acknowledge they invested much of their time in this project.
Executive Summary

The ‘Are we really listening?’ project aimed to tackle stigma associated with mental health problems at a local level with black and minority ethnic (BME) communities across Scotland.

The Mental Health and Race Equality Programme within NHS Health Scotland funded four local projects. Each project was required to demonstrate an innovative way of tackling mental health stigma and raising mental health awareness with target BME communities.

This report demonstrates how each project met the short-term outcomes set by NHS Health Scotland. Short interviews were conducted with three of the four project leads. Overall, it was found that already having good relationships built with target audiences was an important factor in making the projects effective. However the timing and level of funding seemed to have an impact on the project management.

In future, funders should build in flexibility in terms of timescales for completion of similar projects, and should also consider discussing the project with the project lead in more depth at the outset to ensure that projects can be delivered to a high standard in the time set out.
Section 1 – Introduction

1.1 Purpose of this report

This report examines the four ‘Are we really listening?’ projects and evaluates how they met the short term outcomes which were set by NHS Health Scotland. This report shares some learning in engaging with black and minority ethnic (BME) communities. This report also provides some learning for NHS Health Scotland on working with local projects focusing on minority groups. Finally, the report shares the overall learning from the projects in order for health promotion staff to embed this in future projects involving diverse communities.

1.2 Background

NHS Health Scotland hosted a national Mental Health and Race Equality Programme from 2007 to 2011. The programme aimed to support mental health services to embed race equality and provide equitable and appropriate services for BME communities across Scotland. Part of this programme aimed to support initiatives to tackle the stigma associated with mental health problems in BME communities.

The ‘Are we really listening?’ project was part of an anti-stigma strand within the Mental Health and Race Equality Programme. The project took place from April 2010 to January 2011. It encouraged a variety of organisations supporting BME communities to apply for a small grant of £3,000. The application process required organisations to develop a project proposal demonstrating how it would tackle mental health stigma in local BME communities.

The application process was launched in April 2010 through a workshop in Edinburgh. Applications for proposals closed at the end of May 2010 and the final selection process took place shortly afterwards. We worked with a small expert panel to assess the applications. NHS Health Scotland received 24 applications from organisations across Scotland describing their proposal to tackle mental health stigma in BME communities with a variety of creative and innovative methods. Four projects were selected after a second application and interview process. The successful projects began in July and concluded in December 2010.

1.3 Project outcomes

The application process required applicants to demonstrate how they would meet a set of predetermined short-term outcomes. These outcomes were established by NHS Health Scotland to ensure that the four projects evidenced real change in tackling mental health stigma in BME communities.

The predetermined short-term outcomes were that:
1. People from BME communities know more about mental health and mental health problems
2. People from BME communities know more about the negative impact of mental health stigma
3. Project leads’ increased knowledge about how to reduce the stigma around mental health in target BME communities.

NHS Health Scotland intended that meeting these short-term outcomes would contribute to meeting the medium-term outcomes, and in turn the long-term outcomes of this project.

Medium-term outcomes were that:

1. Mental health anti-stigma strategies and interventions integrate new knowledge about how to engage with BME communities
2. Mental health anti-stigma strategies and interventions integrate new knowledge about how to reduce stigma in BME communities
3. BME communities understand mental health in ways that do not perpetuate stigma

The long-term outcome was that:

1. Anti-stigma campaigns are more effective in addressing the needs of diverse communities

1.4 Support for the projects

The NHS Health Scotland project lead supported the four local project leads through monthly meetings, and also provided advice and/or support when necessary. Monthly progress updates, as well as discussion about evidence against the three short-term outcomes, was recorded at these monthly meetings.

1.5 Debrief interviews

Three months after the projects had been completed the NHS Health Scotland project lead conducted a short debrief interview with each of the project leads to explore in more detail:

- how the projects measured, and could demonstrate, their outcomes
- to gather more information about project participants
- to find out whether the organisation would apply again for a similar project
- to find out whether projects had shared their resources with other organisations

The interviews lasted approximately one hour each and were held at the local offices of the project leads. A number of set questions were provided to the
project leads beforehand in order for them to prepare for their interview. Interviewees’ answers were recorded in writing during the interview.

1.6 Findings

A mini-analysis of the findings, based on the interviews and the recorded monthly meeting note, was undertaken and is explored in this report. This report does not go into detail about the process of the ‘Are we really listening?’ project, but rather attempts to share how far the projects met their short-term outcomes.
Section 2 – The ‘Are we really listening?’ projects

This section will provide an overview of the four projects. For each project there is a small description about the project and the participants, along with feedback from the project leads showing indicators of how they demonstrated achievement of the outcomes.

2.1 Project 1: Khamoshi – The Silence

The ‘Khamoshi – the Silence’ project produced a DVD in British Sign Language (BSL) with English voiceover. It focuses on the potential impacts of daily life experiences on the mental health of men in the Deaf BME community.

Participants:

- Deaf BME men who were already existing members of the Ishara project at Deaf Connections (a project supporting Deaf BME communities in Scotland)
- 10 of the Deaf BME men came with their partners to the initial meeting. This was a Mental Health Training session which aimed to get people to start thinking about mental health.

Short-term Outcomes:

1. People from BME communities know more about mental health and mental health problems

- Participants took part in a mental health training session facilitated by the project lead, who themselves had been trained beforehand.
- There has been a launch of the DVD to the Deaf community and organisations who support Deaf communities (BME and white Deaf community) to disseminate the message more widely.
- The project lead plans to evaluate the reach of this dissemination for future learning.
- “Rather than using questionnaires, we filmed our evaluation throughout the process to capture thoughts and views from the participants. We felt this was more appropriate for Deaf communities.”
- “The 13 Deaf BME men are more aware of mental health problems – we know this by the support workers noticing an increase in dialogue in talking about mental health and in turn increases their confidence as they feel less isolated around the issue.”
2. People from BME communities know more about the negative impact of mental health stigma

- "Deaf community are harder to reach due to communication barriers and therefore takes more time to reach people, but through the launch there was a lot of discussion around the DVD and a lot of uptake on it."
- "More and more organisations are knowing about this DVD which aims to increase knowledge."

3. Increased knowledge about how to reduce the stigma around mental health in target BME communities

- “Alongside the main facilitator, there was another South Asian man facilitating the workshops and talking out the project with the participants – he was like a role model in some ways to the BME Deaf men. Now the participants have shown an interest to do further work around this topic.”
- “BME individuals may not wish to share their story on a mental health problem, and so the option [existed] of allowing people express their story in other ways which may [be] more appropriate, and was encouraged in this project.”

Promoting a project with BME communities who are already part of an existing club or group in an organisation could save time in building relationships with individuals in the community. For this particular project, participants were part of the same club, yet one to one meetings and telephone calls were still needed to ensure involvement in the project. A facilitator from a BME background was not necessarily required for this project, as participants felt that being Deaf was their first identity, although the men did see the BME co-facilitator as a role model. The main facilitator and project lead was white Deaf, and it appeared that participants felt just as comfortable sharing their mental health experiences with him.
2.2 Project 2: Top Tips for Good Mental Health and Well-being

The ‘Top Tips for Good Mental Health and Well-being’ project, targeted the young Muslim community in Lanarkshire.

Young people took part in three mental health awareness sessions facilitated by workers. These workers had either been trained to facilitate mental health sessions or in supporting BME young people. Throughout the sessions there were various discussions about different mental health problems and the potential stigma attached to mental health problems. Tip cards were designed by the young people in the last session, illustrating good mental health and well-being. These tip cards were printed and disseminated within the local community.

Participants:

- 12 girls and 12 boys from BME backgrounds
- 20 people attended the workshops in full; 4 people could not attend them all due to the summer holidays
- All of the young people came to the launch of the tip cards and brought their family and friends. This was held at the mosque where the focus groups had taken place. Teachers from the mosque were also at the launch.

Short-term Outcomes:

1. People from BME communities know more about mental health and mental health problems

   - “The tip cards were developed by the children themselves showing that they grasped the messages from the focus groups and in turn were able to think of good messages of mental well-being”.
   - “A mental health quiz was given to the young people and a competition between the boys and girls was done on the last day to test their knowledge around mental health problems. As an incentive, for each right answer children were given a money voucher. High scores were given from both boys and girls, showing that knowledge has been picked up around mental health problems”.
   - “Young people also want more training on this and would like to develop more products to tackle mental health stigma, showing their interest to do further work in this topic”.
   - “Evaluation forms after each of the sessions showed that most children really enjoyed the session and learnt more about mental health problems”.

2. People from BME communities know more about the negative impact of mental health stigma

- “The young people discussed negative impacts of stigma in the focus groups – the facilitators got them to get more comfortable with using certain words around mental health and the meanings behind them”.
- “In the mosque, faith leaders are now also open to discussing mental health problems and working towards this issue with services, and willing to link with the project lead to do this”. This was an unintended consequence.

3. Increased knowledge about how to reduce the stigma around mental health in target BME communities

- “There was a difference and a better understanding of mental health problems from the focus groups from the language to the knowledge, which is reflected in evaluations between the first and third sessions and also from the competition quiz between the boys and girls”.
- It appeared in the sessions that by having a BME facilitator who had worked with BME young people improved the communication and the quality of the discussion. The project lead felt there was a slightly higher difference in interest from the young people when a BME facilitator had led the session.
- The Scottish Mental Health First Aid training, which the facilitator used in the focus groups, is normally used in adults, and therefore had to be broken down and adapted to be age appropriate. A cultural context was embedded within the training, which included topics such as racism, for the young people to discuss.

Potential further work from this project:
- The faith leader at the mosque is now hoping to do more work around mental health, and further work is on their agenda for future community work
- “Similar work of mental health training is being planned for the mothers and grandmothers who also come to the mosque (targeting the children’s mothers’ and grandmothers)”.

Similar to the Khamoshi project, this group of young Muslims already used to meet weekly at their local mosque, which meant that relationships were already built, and promotion of the project was slightly easier. Having a BME facilitator to lead the discussions appeared, in this case, to help the BME young people to interact in the session. Ownership of the tip cards sat with the young people who participated, and so the tip cards were distributed among their family and friends thus empowering them to share messages about good mental health.
2.3 Project 3: Seen and Heard

This project, Seen and Heard, produced a DVD with BME men sharing their personal experiences of mental health problems, not all of whom had been diagnosed with a mental health condition. The DVD showed some of the day to day barriers which may have impacted on keeping mentally well. A community film-maker was employed to facilitate workshops around mental health whilst also getting the participants to produce their own DVD around the issues that were important to them.

Participants:

- 15 BME men took part in this project initially. These are men who take part in a forum in a BME men’s organisation providing mental health support.
- Four BME men actively took part in the DVD and shared their story around mental health.

Short-term Outcomes:

1. People from BME communities know more about mental health and mental health problems

   - “Seven sessions were carried out with the 15 participants (four consistent participants) and the community film maker, which encouraged the participants to talk about mental health problems in a safer environment”.
   - “There has been direct feedback from the service user forum at ‘Health in Mind’ (some quotes have been recorded) showing that more discussion is taking place openly about stigma within the community as explored in the DVD”.
   - “The DVD has been promoted to various community events and quotes from the evaluations demonstrate that the DVD encourages discussion on mental health problems”.
   - “The DVD has been used in men’s support groups to encourage discussion about mental health”.
   - “Note of the seven sessions with the film maker shows that people were talking about mental health problems more openly than they did before”.

2. People from BME communities know more about the negative impact of mental health stigma

   - “Community based organisations in Lothian have shown an interest in the DVD to demonstrate and discuss negative impacts of mental health stigma”
   - “Churches have had discussion over the DVD and initiated discussion with the project lead on how to best improve well-being in BME men”.
   - “The number of interest from different organisations shows that organisations want to understand the impact of mental health in BME
men and there is a need for discussion within diverse communities and staff”.

3. Increased knowledge about how to reduce the stigma around mental health in target BME communities

- “Staff at the organisation (who support the participants) were unaware of some of the experiences that were shared from the participants throughout the sessions and through the film production process – showing that this method could be an effective way to engage with men”.
- “It was found that some churches in which the DVD was promoted to tended to use the term ‘well-being’ but not in mental health and this concept may be perceived in other communities also”.

It appeared that feedback from the local churches emphasised that the men’s stories focused on emotional impact rather than mental health problems. This may denote that these two issues are seen separately. The DVD could therefore be used to raise more awareness in similar community groups of this dichotomy. The process of film making may have been beneficial for participants, as some support workers expressed that they had learned more participant experiences of mental health problems. Therefore this may be a good method to engage men in sharing experiences; film is a perceived safe environment encouraging open discussion on sensitive/personal topics.
2.4 Project 4: Kick for Better Mental Health

This project targeted young men from a BME background in Forth Valley, using football as a way of engaging with them around mental health stigma and discrimination. There were sessions focusing on mental health stigma in BME communities delivered each week, for 7 weeks. After each session, a game of football was played to encourage well-being. Football was also a way of encouraging the men to attend the mental health sessions.

Unfortunately the project found it difficult to make links with the communities, and the project could not be completed. Seven sessions and seven games of football were completed.

Participants:

- Different people attended different sessions, some only attending half way into the programme

The project lead did not take part in the interview, but it was noted that the following may have impacted on the project:

- The time to engage with the communities and promote the project was longer than expected. Although posters had been translated into different languages, participants preferred face to face or telephone communications. Written correspondence and emails were not effective as some participants had no access to email. This had an impact on the timing for the project.
- An unexpected large amount of time was spent on disseminating information, getting people on board and for the group to gel together.
- The two organisations who applied with this project proposal had never worked together before, therefore miscommunication and different working styles may have had an impact on completing the project.

Recommendations:

- For a short life project like this, it may have been more effective if participants came from an established group/club. If time and resources were limited, it may also have worked better to target only one ethnic group.
- Extra time should be set aside if two organisations are working together for the first time, particularly to establish ways of working and communication.
- Advance planning would be beneficial, so that the programme ties in with activities/events happening within the community. A short term project like this proved to be difficult to attract participation as a stand alone project.
This project clearly demonstrates that time promoting a project, particularly on a sensitive topic like mental health, to diverse communities, may take longer than with wider population groups. Face to face communication was demonstrated to be the most effective method of engagement, however in order for this to be most effective, much time needs to be invested before beginning the project. The relationship between project lead and NHS Health Scotland had also suffered from some miscommunication during the project. This appears to be due to having more than one project lead. Thus, learning from this would be despite two or more organisations getting involved in a project, there should be a clear project lead to take responsibility overall.
Section 3 – Learning for NHS Health Scotland

A range of useful learning for NHS Health Scotland has been obtained from the ‘Are we really listening?’ project.

3.1 Funding

During the de-brief interviews project leads were asked whether they felt the £3,000 grant met the true/full cost of their projects. There was a mix of responses to this question.

One project lead felt that £3,000 was a sufficient amount of funding to work on this project and to produce a DVD. However they had the advantage of previous experience in producing DVDs along with having an in-house DVD production company. Despite this, it was still felt that more time was invested in supporting the participants during this project than anticipated.

The other two project leads felt that more funding would have helped the project.

One project lead expressed the view that extra funding would have been useful, not for the product, but to fund another staff member to provide extra support. It was felt that the process may have been less stressful if another staff member had been available. Extra staff time was not embedded within the budget from the beginning which made it more difficult to invest at a later stage as the budget was already committed. It was suggested that another staff member might have focused on promoting the DVD project to potential participants and communicated with the participants more effectively throughout the process. The project lead simply did not have capacity to do all the work.

The third project lead added an extra £2,000 from their own budget. This was a decision made by the project lead at the beginning and was shown in the application form. This project required the extra funding to pay for trainers and facilitators. The project did however save some money on translation, as a community worker was able to do this for minimal costs. The artwork and design was also carried out in-house, and money was also saved on printing costs by using a regular supplier.

Learning for NHS Health Scotland when undertaking similar initiatives might be to ensure that project leads really have the capacity to deliver a project. They may require extra staff for assistance, which in turn should then be embedded within the budget. Discussion should be had with the project lead about this before the project starts as this could impact on the project and the quality of the end product.
3.2 Relationships

Projects that had an existing relationship with local organisations helped projects run more smoothly. It was found that those projects with relationships already established with other community organisations or community members saved a lot of time as trust had already been built with the communities. It made it easier to involve them in the projects.

3.3 Positive achievements

The interviewer asked whether project leads would apply again for a similar project with NHS Health Scotland. Three projects leads responded that they would.

These are some of the positive reflections from the project leads:

- “The project was able to produce a co-owned training resource which can be applied to various communities, even women”.

- “This project raised the organisation’s profile by working with a national organisation – without the funding this may not have happened”.

- “There are on-going relationships with the mosque now and other organisations”.

- “It has improved our relationships with the BME communities”.

- “Enabled a good link to continue with mental health work in BME communities in the future as this is the really the beginning of the project”.

- “This is a long-term investment in which further work is able to be continued in diverse communities in the future”.

- “A lot of trust and confidence has been built in the community we worked with”.

- “This project shows that staff in the voluntary sector are also able to work with NHS and vice versa to promote race equality. This may provide some encouragement and confidence in future work”.
3.4 Project challenges

- "This was an intense 4/5 months which did involve a lot of work and stress".

- "For the Deaf community it can take up to 5 years to disseminate a resource and so further money would be needed to do this. Marketing and publishing is also much slower in the Deaf community, and so extra support in the future may have been a benefit to this project".

- "There is a slight danger of building expectations and hopes up of the participants who have become confident to do further work; however project leads see this is as a good opportunity for applying for other funding with a context and background behind the work".

- "A lot of time was spent on presentations and interviews for this project".

3.5 Summary and recommendations

1. Most of these projects already had their participants in mind and were already meeting in clubs or groups, which had saved a lot of time with regards to relationship and trust building. It appeared from these projects that relationship building and promoting a project like this takes more time than expected.

2. It was acknowledged that the timing of the project was quite short. Five months was a very short period of time to complete work and produce a resource with communities. Therefore funders should be aware of the projects needs and take a holistic approach when funding projects.

3. Future funding projects need to ensure that there will be benefits to the project leads when receiving the funding, not just funding alone. Support with promoting the materials produced through national networks, events and articles, helps in raising the profile of the organisation. This was an agreed arrangement at the beginning of the project.

4. A BME facilitator, or a culturally sensitive facilitator, may make BME participants more comfortable in talking about certain issues such as mental health however this may not hold for all groups. It is thus important to explore the audience before deciding the appropriate support worker.

5. Film making may be a non-threatening way of engaging with participants, particularly men. Some support workers expressed that they had learned new experiences from the participants.

6. Despite two or more organisations getting involved in a project, there should be a clear project lead to take responsibility for the project, and for the funder to contact regularly.
7. During the application process, it is important to ensure that project leads demonstrate that they have the capacity, alongside their normal work, to complete projects. It is also important to discuss the option of recruiting additional staff to manage the project effectively, remembering to embed this within the projected budget.

8. The application form asked for a timeline of activities for 5 months. By having early in-depth discussions about how to realistically achieve these as well as the time it may take would benefit the project. This should be part of the application process and should not take place once the project is underway.

Section 4 – Conclusion

This report has outlined how each of the ‘Are we really listening?’ projects met the short-term outcomes. Setting short-term outcomes from the beginning of the project has allowed NHS Health Scotland to explore some of the impacts the projects have made in tackling mental health stigma. Through analysing the feedback provided here, it can be concluded that three of the four projects were able to demonstrate that they met their outcomes and contributed to tackling mental health stigma with BME communities. We are pleased that some of the projects have continued to develop their work with more BME communities.
Further Information

For more information about the ‘Are we really listening?’ project, please contact Arma Sayed at NHS Health Scotland, email: arma.sayed@nhs.net
Tel: 0141 354 2900.

Details of materials from the three projects are available on the website:

www.healthscotland.com/equalities/mentalhealth/areyoureallylistening.aspx

Please visit the NHS Health Scotland website for other mental health resources:

www.healthscotland.com
Appendix: Are we really listening? Application Form

Please complete this form in conjunction with the information sheet which is downloadable at [www.healthscotland/equalities/mentalhealth.aspx](http://www.healthscotland/equalities/mentalhealth.aspx)

If you are completing this form in pen, please use black ink and write as clearly as possible.

When completed return the application form to Arma Sayed at arma.sayed@nhs.net or post it to NHS Health Scotland, 4th Floor Elphinstone House, 65 West Regent Street, Glasgow, G2 2AF. Closing date for applications is **Monday 31st May 2010**.

Your details

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## Project details

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### Will you be working in partnership with another organisation/s?

Please provide details of all organisations you intend to work with.

- **Partner Name:**
- **Organisation:**

Are there any other partners involved in this project? If so, please provide details:

### Which community/ies do you propose to involve in this project

Please refer to the information sheet for more detail on target BME communities

1. **BME community:**
2. **Age Range:**
3. **Gender:**

Please provide any other information:

Why are you targeting this group?
### Where is your proposed project going to be taking place?
Please describe geographical location.

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### What is your proposed project going to do?
Please be as specific as you can. E.g. what activity will you be carrying out? What methods will you be using?

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### Proposed Timeline
Please describe roughly what your project will be doing and when. Please break this down by month from August to November 2010.

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### How will your proposed project meet the ‘Are we really listening?’ short-term outcomes?
Please refer to the short-term outcomes listed below:

**Short-term outcomes**
1. People from BME communities know more about mental health & mental health problems
2. People from BME communities know more about the negative impact of mental health stigma
3. Increased knowledge about how to reduce the stigma around mental health in target BME communities

### Additional information to support your application
Please provide any other relevant information. The decision making panel will only consider information included on this application form.

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