TOWER HAMLETS AFRICAN CARIBBEAN MENTAL HEALTH ORGANISATION

Business Plan

1st April 2003 to 31st March 2006

CONTENTS

1
EXECUTIVE SUMMARY

This plan illustrates that Tower Hamlets African Caribbean Mental health Organisation (THACMHO) is in a unique market position as it is the only 100% service user led organisation delivering services to assist, support and enable African and African Caribbean service users of mental health services. The holistic approach of THACMHO and its history of innovation and delivering results has won the organisation recognition not only in Tower Hamlets but across London and nationally.

THACMHO is ready to move forward and become a charitable organisation that delivers an expanding range of services, which it eventually aims to deliver from an African Caribbean mental health resource centre.

To enable THACMHO to fulfil its aims and objectives in a strategic manner it has commissioned the production of this business plan to clarify its mission, guide its work, identify its opportunities and devise a programme of work that will ensure that it continues to develop itself and its services to better fulfil the demands and aspirations of African Caribbean and African mental health service users, their family and wider community.

2
Mission Statement

"To promote the well being of African and African Caribbean Users of mental health services living or working in Tower Hamlets – and to help make the life of their communities a fulfilling empowering experience."

Objectives

- To create a forum where users and carers can express their views and concerns about service delivery and ensure that these influence decision makers.

- To act as the main channel of consultation on mental health care and social issues relating to African Caribbean users in Tower hamlets

- To work with local, regional and nation mental health agencies and organisations to ensure that services meet the needs of the African and Caribbean communities in Tower Hamlets -*In carrying out this work THACMHO is committed to working within a multi-cultured and multi-racial setting.*

- To encourage and provide opportunities for members to develop positive self-awareness and identity.

- To raise local awareness about the issues of positive mental health for individuals and communities.

THACMHO Approach

- We believe that the holistic approach is a sensitive way to plan and deliver mental health services. Holism brings physicality, psychology and spirituality together into a united approach to health.

- A holistic system is designed to treat the individual as a complex being in the context of their environment. It also allows clients to be seen as emotional, mental, social and spiritual as well as physical beings.

- The World Health Organisation's 1978 Declaration states health is fundamental human rights and defines health as a state of complete physical, mental and social well being and not merely as the absence of disease or infirmity.

- Therefore, it is our view that any mental health service which neglects the holistic model of care will not enable its clients to reach their full potential, but only continue to combat illness rather than achieve health.

- In addition to thinking of metal illness in terms of causes through hereditary or environmental factors or any other reason that may trigger chemical imbalances in the brain THACMHO also consider it to be a life and health experience that we have no control of.

3
PURPOSE OF THE PLAN

- To establish a joint vision so that THACMHO members, staff, service users, community, statutory and voluntary stakeholders and funders can all is agreed on the right direction for the Project.

- To provide all those involved with THACMHO a clear destination together with a clear understanding of their roles and responsibilities.

- To identify key milestones and prioritise those milestones with measurable targets.

- To identify and allocate and optimise human, physical and financial resources.

- To understand the environment in which THACMHO will operate enabling the Project to take advantage of new opportunities.

- To identify any problems and threats and therefore to define and implement strategies to resolve them.

4

THE MARKET IN, WHICH WE OPERATE

The NHS Plan has highlighted that people in minority ethnic communities are less likely to receive the health services that they need. In 1994 the Audit Commission stated that the specific mental health needs and concerns of black and ethnic minority communities in England are often unrecognised and poorly responded to. The Department of Health in its Mental Health Policy Implementation Guide, (2001) recognises that services providers must ensure that care is equitable and culturally sensitive or they risk having services that are inappropriate or discriminatory. It also honours the role of specialist community based services. The Mental Health National Service Framework emphasises existing services' insensitivity to people of African and African Caribbean ethnicity and stresses that minority ethnic groups including refugees suffer from social exclusion that compounds their mental health problems.

Within the areas covered by the ELCMHT which includes Tower Hamlets, mental illness is one of the main causes of chronic morbidity and mortality leading to the improvement of mental health services in this district being prioritise in the Health Action Zone Strategy, the HiMPs and the East End Plan. These developments have in turn been based on the guidelines within the Government's documents "Modernising Mental Health Services, Safe, Sound and Supportive (DOH, 1998) and the National Service Framework for Mental Health: Modern standards and Service Models (NSF) (DOH, 1999). All guidelines emphasis the need to address the prevalence of mental illness in African and African Caribbean communities through the introduction of culturally sensitive services, the involvement of service users, carers and the wider community and the establishment of new models of delivery. The Mental Health Local implementation plan attempts to implement this guidance.

Discrimination within the mental health system reflects the discrimination that African and African Caribbean communities experience in wider society. Research has illustrated that this community experiences social exclusion more keenly than their white counterparts. Almost a third of African and African Caribbean people are in the lowest fifth of earners with 67% of the men in manual jobs and more than 40% of their households having below half of the national average income. In 1999 the employment rate for these communities stood at 22% compared to 11% for the white population with the highest level of unemployment amongst African Caribbean men aged 16 to 24 % estimated between 40 to 60%. In education, African Caribbean boys are 6 to 8 times more likely to be excluded from school than white boys and 44% of all African Caribbean young men have no qualifications or have qualifications below GSCE standard. Only 6% have degrees and the percentage of young African Caribbean men with A levels or better has fallen from 50% in 1975 to 40% in 1990. Conversely 70% of young African men have qualifications equivalent to A level and above but face continued discrimination in securing suitable employment.

The importance of early life experiences on later physical and mental health outcomes has been confirmed by a number of studies with stress associated with single parenthood. Historically, family structures in the Caribbean were based on strong matriarchal traditions, which were usually supported by an extended family. The extended family tradition has been broken by migration and acculturation in Britain but still 50% of African Caribbean

households and 25% of African households are headed by a single parent, usually a woman. A disproportionate number, 20%, of looked after children are from minority ethnic backgrounds More than 50% of African Caribbean men had neither a partner or a child living with them. Only 50% of African and African Caribbean people own their own home and almost a quarter of these properties were previously council owned and nearly half of the young people who use Counterpoint's temporary housing services are of African and African Caribbean heritage.

Given the multiple deprivation and inequalities that communities of African heritage experience, it's unsurprising that they have a relatively poor health physical profile. There are high rates of perinatal mortality, high rates of hospital admissions, twice the rate for high blood pressure compared to the white population, there is a 3 to 4 times higher rate of mature onset diabetes and higher rates of STDs and teenage conceptions and pregnancies. There is a stronger link between the criminal justice system and mental health services for people from communities of African and African Caribbean Communities than for whites or other ethnic minorities. This is compounded by the fact that African Caribbean offenders are almost 50% more likely to receive a custodial sentence and enter prisons with fewer previous convictions than white offenders are. People of African and African Caribbean heritage are on average five times more likely to be stopped and searched than whites and twice as likely as Asians but Home Office research has found that they are no more likely to offend than young whites.

Mental illness is one of the main causes of chronic morbidity and mortality in the areas covered by East London and City Mental Health Trust, the improvement of mental health services in this district has been prioritise in the Health Action Zone Strategy, the HiMP and the East End Plan. These developments have in turn been based on the guidelines within the Government's documents "Modernising Mental Health Services, Safe, Sound and Supportive" (DOH, 1998) and the National Service Framework for Mental Health: Modern standards and Service Models (NSF) (DOH, 1999). All guidelines emphasis the need to address the prevalence of mental illness in communities of African and African Caribbean heritage through the introduction of culturally sensitive services, the involvement of service users, carers and the wider community and the establishment of new models of delivery. People of African and African Caribbean heritage living in Britain are diagnosed as having schizophrenia 3 to 6 times more often than the white population with rates for black men even higher than for the rest of these communities. Communities of African and African Caribbean people have disproportionately higher rates of admission, estimated at between 3 to 13 times higher than whites, into psychiatric hospitals and schizophrenia rates are higher for those born in Britain than in the Caribbean/Africa. The low rate of diagnosis for depression or other neurotic illnesses amongst African and African Caribbean patients has been shown to be a result of lower rates of detection rather than incidence. An increased incidence of mania has been detected among African Caribbean people in Britain and the symptoms of mania can mimic those of schizophrenia. It has been estimated that people in the 11 to 45 age group have the highest risk of suffering form a mental disorder. Almost half the black population in Britain is within this age group. Questions still remain about aspects of diagnosis of mental illness in people of African and African Caribbean heritage and there are ongoing debates about the application of Eurocentric instruments in determining and defining mental illness across diverse cultures.

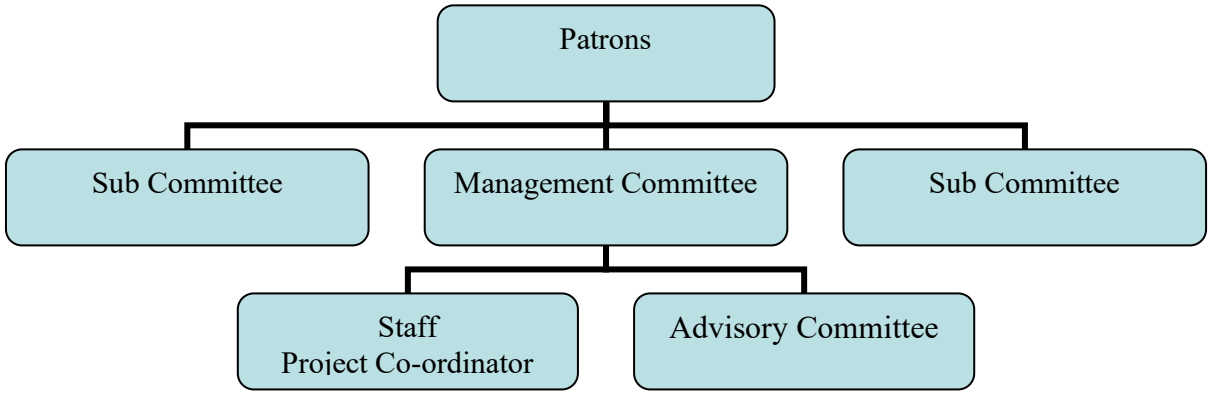
The complex interaction of social, personal, genetic and environmental factors, some of which may be peculiar to the specific historical and cultural experiences of people of African heritage, that have led to the disproportionately high rates of mental illness can only be responded to by a holistic service. A service that is tailored to meet local need and which is defined and delivered by the community it aims to serve. Such an effective response is embodied in THACMHO'S approach. An approach that can draw on the fact that THACMHO is the only African and African Caribbean mental health organisation in Tower Hamlets and on the fact that health and regeneration strategies and programmes in the borough and across east London are seeking to address both social exclusion and discrimination.

5
MANAGEMENT AND STAFFING STRUCTURE

THACMHO is a unique mental health organisation in that it is truly service user led organisation with a management committee solely comprised of users of mental health services who are supported by an advisory board of individuals who are experienced as mental health professionals, managers of health and social care services and as leaders of voluntary and community organisations. This model ensures that service users continue to mould and define the development and delivery of THACMHO and its services whilst being supported to fulfil their roles and responsibilities by a range of committed individuals.

The below chart illustrates the staffing management structure of THACMHO

Management Structure



THACMHO is seeking to establish patrons who would be able to promote the organisation within Tower Hamlets and beyond to assist in raising its profile. The management committee are assisted by sub committees that are working groups to ensure the delivery of key activities. One of these sub committee is the Black History Sub Committee which encapsulates THACMHO's objectives and approach in its work, the second sub committee is a flexible working group that meets to take forward projects and services. Each Sub Committee consists of members of the management committee, THACMHO service users and members of the advisory board. Sub Committees are also able to invite individuals who are committed to THACMHO's aims and who have a specific knowledge of the area under development.

Currently THACMHO only has one paid part time staff member who works with volunteers to deliver the organisation's services.

6.
SERVICES

THACMHO office is situated in E1 but it uses a range of venues across Tower Hamlets to deliver its services, including partnerships with others such as Tower Hamlets College and Mind in Tower Hamlets. As THACMHO currently operates with only one part time staff member it is unable to offer a staffed office, regular drop in sessions, a programme and an emergency number as a way to ensure that users can fully engage with the organisation and its services. Through this method THACMHO is able to offer the following services:

- An events programme that delivers a range of conferences, education and social activities that promote personal development, raise awareness and improve access to services and information, This is a planned and timed programme which in the last six months has included presentation skills training with Tower Hamlets College, an educational visit to Liverpool, a social occasion to a play in central London and attendance at a consultation event led by a national mental health organisation.

- One to one and group support delivered through a regular drop in organised in partnership with Mind in Tower Hamlets and followed up by one to one advocacy and advice work with individual service users and carers.

- A community engagement programme through outreach to hospitals, other African and African Caribbean agencies in Tower Hamlets, the distribution of publicity at locations where mental health services users an the wider African Caribbean and African communities are present. Further THACMHO belongs to a network of mental health organisations including the East London African Caribbean Mental Health Forum which assists in the referral and cross referral of service users and the development of best practice.

- A forum for service users of mental health services to enable the sharing of experiences, ideas and aspirations that are formed into recommendations to influence and inform service practice of THACMHO and other providers of mental health services including statutory providers. THACMHO is recognised as the organisation to consult in the planning, design, implementation and evaluation of services for African and African Caribbean communities in Tower Hamlets.

- A Black History Project within which service users researching the history of the African Caribbean presence in Tower Hamlets, organise and deliver a walking tour open to all and plan other activities which are currently a publication and an exhibition.

THACMHO has been able to deliver the below main achievements in the last two years:

- Change in legal status from an unincorporated service user group to a constituted voluntary organisations with an active management committee and advisory board.

- Secure funding for a part time project worker and attract a core body of 8 volunteers to assist in the delivery of its work.

- Become recognised as the body to undertake consultations with African and African Caribbean mental health service users and their families and have been awarded a grant by Tower Hamlets Social Services to continue with this work. This work has informed both a London wide and East London wide needs assessment.

- Have organised a regular and planned timetable of events that ensures that we are able to offer an accessible and meaningful service to an average of 1,000 service users and their families.

- Participated in an employment event in partnership with Mellow an East London wide mental health project and the Essential music festival, leading to the employment of 6 of THACMHO service users.

- Achieved major milestones in our Black History Project including walking tours open to all and delivered by service users, publication of a pamphlet entitled "Power Writers" as a result of our black history project and the development of training programmes to support our work including presentation skills. This project has also led to the development of new partnerships with the Docklands Museum and Tower Hamlets College.

- Been appointed as the delivery organisation for an African and African Caribbean Mental Health Resource Centre in Tower Hamlets by the East London Mental Health Forum after a robust selection process.

- The continuation of our ability to be 100% service user led with support from an active and committed advisory board drawn from the wider African Caribbean community.

7
STRATEGIC AIMS

THACMHO strategic aims for the next three year aim are part of a longer term mission that seeks to bring about the following outcomes in the longer term:

- Reduction in admissions to hospitals and improved physical well being of African and African Caribbean mental health service users

- The development of community based initiatives that enable the delivery of services that are defined by and effective solutions to the challenges and opportunities of African Caribbean communities.

- Increased opportunities for educational and employment training and support

- Personal and spiritual development to manage own illness

- Increased success in engaging with wider community

- Increase in appropriate use of and access to mainstream services and an increased knowledge of treatment choices

- Meaningful support to carers that will enable their mental, physical and spiritual health to be enhanced and their own support to be more effective.

- An increased awareness and de-stigmatisation of mental ill health and an understanding of the components that promote good health and the involvement of all members of the community in creating and delivering solutions

Below are listed the Project's strategic aims for the next three years, as our next stage in our journey in achieving the above outcomes. These are classed under six headings with 3 aims under each one.

Service User Development

- That an ongoing training programmes to support current and potential management committee members are delivered.

- That THACMHO is able to attract more service users who are able to benefit from and participate in its services.

- That one to one advice and advocacy is developed for all service users who require this support.

Service Development

- That funding is secure to extend the range of activities being delivered under the Black History project to include an exhibition and publication.

- That THACMHO develops increased employment and training opportunities.
- That THACMHO provide at least four consultation events per year.

Organisational Development

- That THACMHO secures charitable registration
- That THACMHO improves working relations between its advisory board and management committee.
- That THACMHO develops a marketing strategy to publicise its work

Human Resources

- That funding is secured to appoint a full time project worker, an administrator and a part time black history project worker.
- That a full range of human resources policy and procedures are developed.
- That staff and volunteers receive development training relevant to their role

Premises

- That THACMHO secures its own independent offices
- That THACMHO is able to secure premises for the development of a resource centre.
- That THACMHO is able to secure a suitable and regular venue for the delivery of its work until the resource centre is established.

Financial

- That a fund raising strategy is developed and implemented to assist the growth of THACMHO and the development of its services.
- That THACMHO's financial policy and procedures are reviewed
- That THACMHO consider if and how income can be generated from its services for example consultation and the Black History Project.

The detailed first year action plan follows. Each of the headings above and illustrates where the efforts of the Project will be concentrated in the coming year.

ELEMENT	OBJECTIVE	TARGETS	CRITICAL SUCCESS FACTORS	RESPONSIBILITY/ MONITORING
Service User	To deliver an on-going training programme for service users who are or wish to become management committee members.	To launch the programme by September 2003. To utilise the Advisory Board skills in its delivery To increase the number of current and potential management committee members.	That staff and advisory members have the capacity to undertake the required action research and writing of the strategy	Project Worker, Management Committee and Advisory Board Production of strategy, nature and range of leaning methods uses and flexibility, numbers participating in the training. Satisfaction with training and evaluation of how this training has assisted personal growth and how it will assist members to participate in other forums
Service	That THACMHO expands the Black History Project as a vehicle to engage up-skill and assist service users to contribute to the wider community.	That THACMHO is able to raise funds to employ a specific worker to develop the Black History Project. That an exhibition is developed. That a publication is produced. That there is a 25% increase in service users.	That funding is secured.	Project Worker and Advisory Board and Management Committee members Those resources are secured and targets met with the year.

Organisational	That THACMHO develops the infrastructure and skills base to enable it to become a charity.	That capacity building support is secured by June 2003.	That a capacity building organisation agrees to support THACMHO.	Advisory Board with support of Project Worker That a capacity building programme is in place and is being implemented.
Human Resources	To appoint the staff necessary to deliver the work of THACMHO	That this is a core area of work for a sub committee. That Job Descriptions and staffing structure are agreed. That funding applications are submitted.	That funding is secured.	Advisory Board, Management Committee and Project Worker That staff are employed to develop all elements of the Project's work programme by January 2004.
Premises	That an independent office for THACMHO is secured.	That funding is secured That premises are identified by March 2004.	That funding is secured as part of wider funding proposals.	Advisory Board, Project Worker That funding is secured by January 2004 and THACMHO moves into centrally located and accessible premises by March 2004.
Financial	That a fund raising strategy is developed and implemented.	To agree the strategy and, complete at least 6 applications by March 2004.	Those staff and Advisory Board members are able to commit time to developing and implementing the strategy.	Project Director Fund raising strategy in agreed and implementation begins by July 2003

11
FINANCIAL PROJECTIONS

Capital Projections

Budget Head	2003/4	2004/05	2005/06
Income			
Fund raising			625,000
Total Income			**625,000**
Expenditure			
Purchase of premises			400,000
Refurbishment costs			150,000
Fees			30,000
Computers/Office equipment			45,000
Total Expenditure			**625,000**
BALANCE			**0**

Capital Projections Notes

The figures provided are based on the costs of purchase of premises, more in depth costings would need to be developed for application purpose during the 2003/4. It is also important to note here that arrangements other than direct purchase should be pursued. For example the renting of property at peppercorn which may be possible through negotiation with Tower Hamlets Social Services which has a disused property portfolio.

Revenue Projections

BUDGET HEAD	2003/04	2004/5	2005/06
INCOME			
Tower Hamlets Social Services	10,000	10,000	10,000
Trust funding	9,000	9,000	9,000
Partner contribution e.g. Mellow	1,000	1,000	1,000
Fund Raised/Generated Income:	11,640	61,405	63, 865
INCOME TOTAL	**31,640**	**81,405**	**83,865**
EXPENDITURE			
PERSONNEL			
Project Co-ordinator	10,000	25,773	26,570
Black History Project Worker (17.5)	2,500	12,887	13,285
Administrator and Publicity officer	2,000	20,619	21,256
Employers NI @12%	1,740	7,113	7,333
PERSONNEL TOTAL	16,240	66,392	68,444
PREMISES			
Business Rates	0	515	531
Water Rates	0	72	74
Light and Heat	0	1,030	1,061
Repairs and Maintenance	0	206	212
Premises Insurance	0	323	333
Rent		3,000	3,090
Cleaning	0	964	993
PREMISES TOTAL	0	7,610	7,794
ADMINISTRATION			
Post/telephone	300	2,060	2,122
Stationery	1,000	1,030	1,061
Publicity/printing	3,000	3,090	3,183
Contribution to administrative support	0	1,030	1,061
Volunteers expenses	500	515	531
Professional fees	1,000	2,060	2,122
Room hire and workshop materials	3,000	3,090	3,183
Petty Cash	600	618	637
Exhibition and publication production	6,000	0	0
ADMINISTRATION TOTAL	15,400	10,403	10,717
EXPENDITURE TOTALS	**31,640**	**84,405**	**86,955**
BALANCE	**0**	**0**	**0**

Revenue Projections' Notes

General

This plan assumes that the Tower Hamlets and other partners will continue to support THACMHO to deliver consultation services and it will be able to find alternative sources for the 3 year £9,000 contribution which it will receive until mid 2004/5. The remainder of the funds will need to be fund raised.

All salaries are include inner London weighting and it is envisaged that the current project worker post will be re defined as the Project Co-ordinator to separate this role from the black history project worker. Employer's contribution has been applied at 12% and decisions on whether salaries would need to be tied to a pay scale need to be made in the coming year.

Costs are estimates based on office and running costs of a small voluntary organisation and an inflation rate of 3% has been applied over the three-year period.

Revenue costs given do not include the include revenue costs for the resource centres as it is envisaged that these will not occur as a budget commitment until 2006/7 given the length of time to fund rise for, secure and refurbish suitable property.

Rent and other premises costs are for current offices, which will need to be covered from April 2004.

Issues for the Future

Long Term Sustainability: Whilst it can be argued that THACMHO could continue to fund raising for survival it is recommended that income generation should also be a feature of its work, for example from sale of publications, for undertaking consultations therefore developing some level of independence.