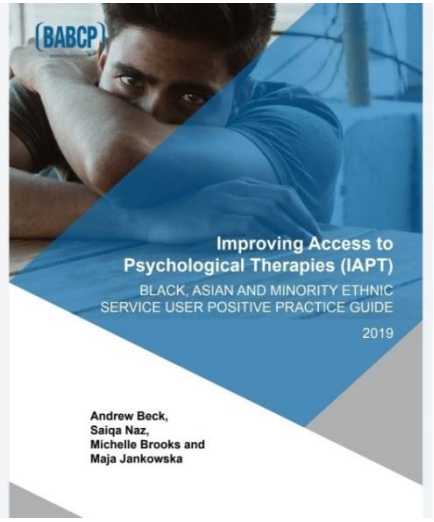
Welcome

- Lines are automatically muted on entry to the webinar.
- Please use the CHAT function throughout the webinar to ask questions and provide comments/ input.
- We are unlikely to be able to answer all questions and will focus on the questions that get the most “thumbs up” as a way to prioritise questions during the Q&A section
- This webinar will be recorded and we will share the recording download links, with the slides, after the webinar to those who are on our contact list and have received the invite directly from the IAPT team (england.mentalhealth@nhs.net).
- We are not providing CPD certificates for attendance and there will be no FAQ

COVID-19 and BAME Mental health



Saiqa Naz- Cognitive Behavioural Therapist, Sheffield Specialist Psychotherapy Service, Build Modify Expand Lead

Chair, BABCPs Equality and Culture Special Interest Group

Co-author IAPT BAME Positive Practice Guide

Board of Editors for The Cognitive Behaviour Therapist and the Behavioural and Cognitive Psychotherapy

Treasurer, Borough of Rochdale Multifaith Partnership

Sheffield Specialist Psychotherapy Service

APPTS

ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

CCQI

Accredited April 2019

Twitter- @Saiqa_naz

Ursula James, Sarah Wood,

BABCP Equality and Culture Workstream Leads,

Sheffield Specialist Psychotherapy Service, Joe Curran, Dr Richard Thwaites, Steve Flatt, Dr Habib Naqvi, Dr Zubaida Ali, Paul Sng, Arun Kapur, Sikh your Mind, Adrian Whittington

Aims- a bit ambitious!

Adapting our work with BAME communities in light of Covid-19

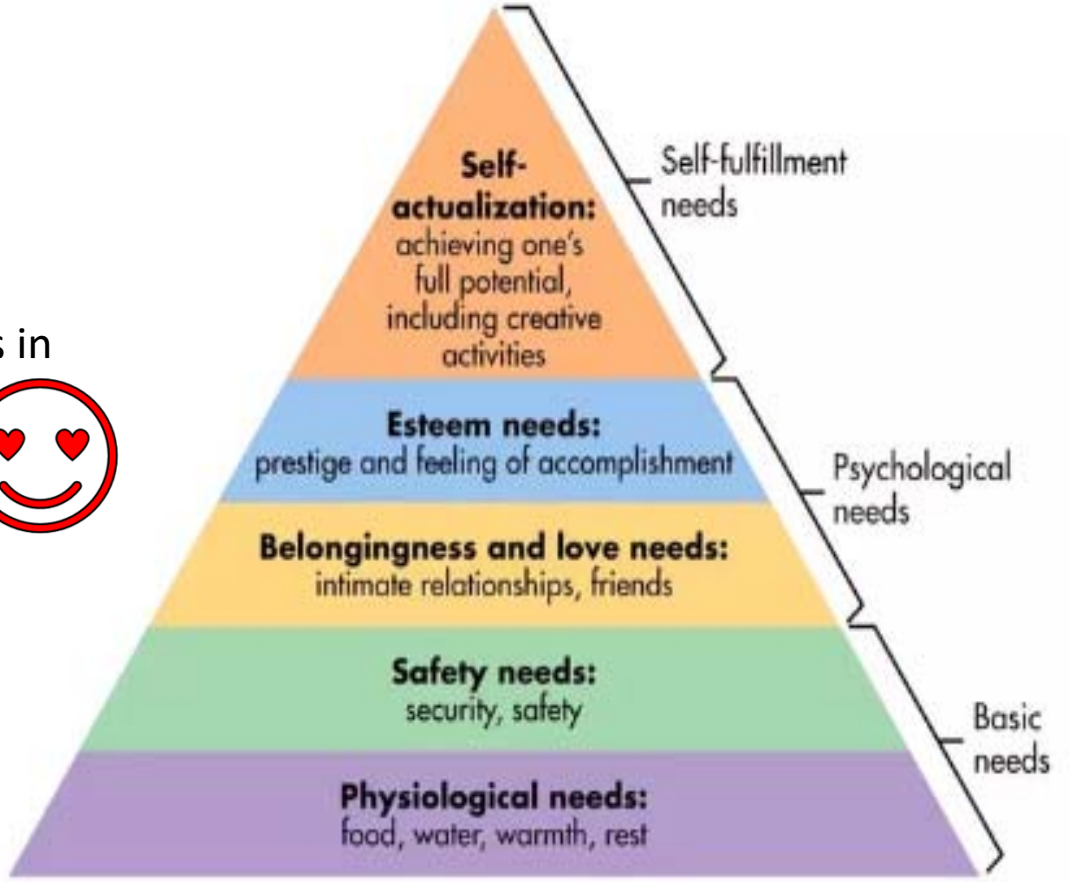
- Move away from stigma and “complexity” as reasons for our struggles working with BAME communities
- Provide a context to understand the needs of BAME communities in COVID-19 and providing culturally sensitive therapy
- Impact of racism
- IAPT BAME Positive Practice Guide, 2019
- Working with interpreters online
- Use COVID-19 to change the narrative on BAME mental health

Please also refer to previous IAPT Webinars

- They're still applicable to BAME communities

Context is important- Health inequalities in austerity

IAPT is very grassroots. It sits in the heart of communities



Any commissioners joining us today?

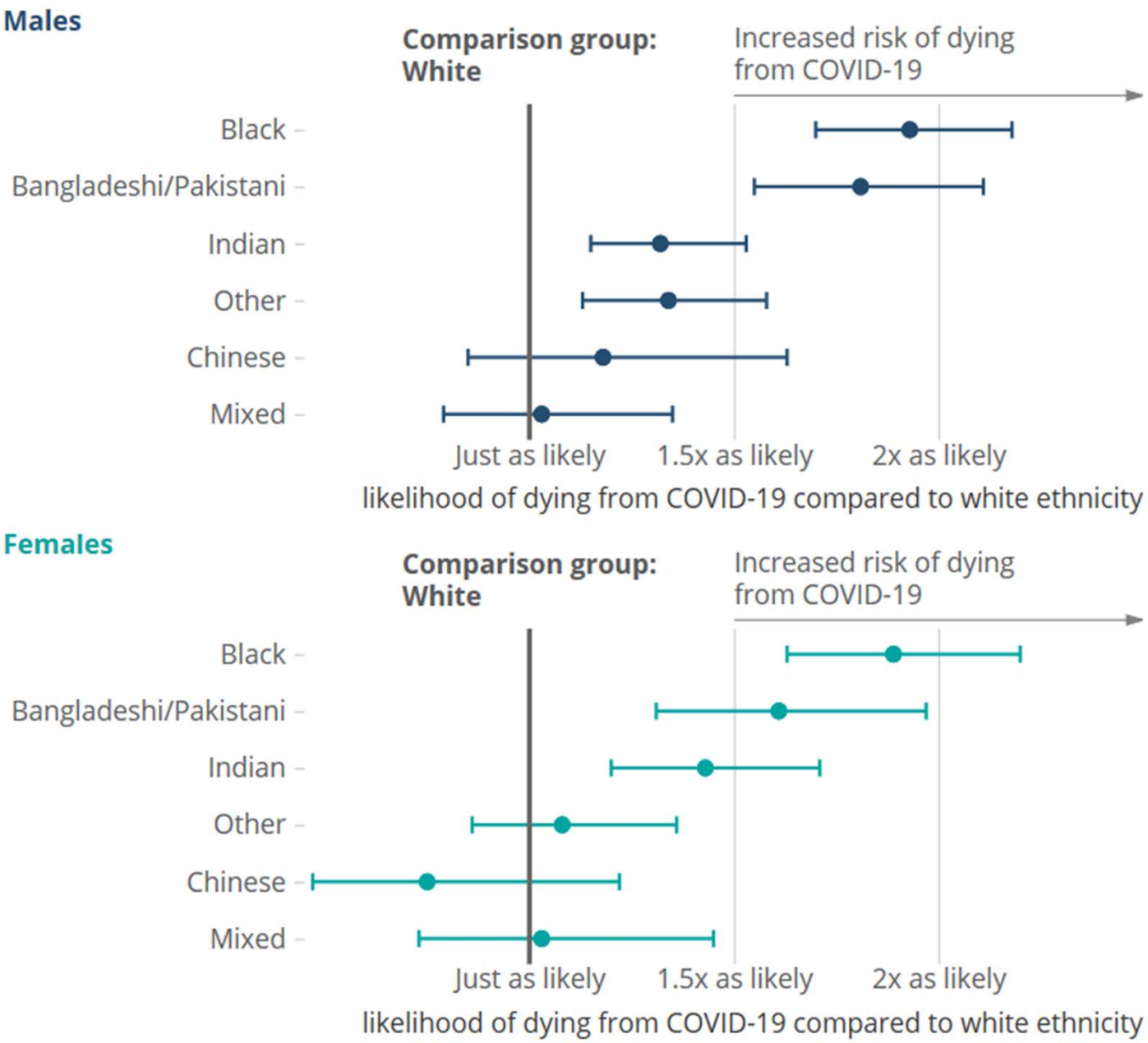
- How can we help?

- If not, please share the video/ slides with them.

- Happy for you to use/ adapt these slides to present to them

Fully adjusted model from ONS

- Adjusting for region, rural and urban classification, area deprivation, household composition, socio-economic position, highest qualification held, household tenure, and health or disability.
- **Therefore, the fully adjusted results show differences in risk between ethnic groups that are specific to those ethnic groups and are not caused by any of the factors listed on which members of the groups might differ.**
- Black males and females are 1.9 times more likely to die from COVID-19 than the White ethnic group.
- Males of Bangladeshi and Pakistani ethnicity are 1.8 times more likely to die; for females, odds of death are reduced to 1.6 times more likely.
- Individuals from the Chinese and Mixed ethnic group have similar risks to those with White ethnicity.



Source: Office for National Statistics

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Cold Spring Harbor Laboratory BMJ Yale

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Comments (2)

OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients.

The OpenSAFELY Collaborative, Elizabeth Williamson, Alex J Walker, Krishnan J Bhaskaran, Seb Bacon, Chris Bates, Caroline E Morton, Helen J Curtis, Amir Mehrkar, David Evans, Peter Inglesby, Jonathan Cockburn, Helen I Mcdonald, Brian MacKenna, Laurie Tomlinson, Ian J Douglas, Christopher T Rentsch, Rohini Mathur, Angel Wong, Richard Grieve, David Harrison, Harriet Forbes, Anna Schultze, Richard T Croker, John Parry, Frank Hester, Sam Harper, Rafael Perera, Stephen Evans, Liam Smeeth, Ben Goldacre

doi: https://doi.org/10.1101/2020.05.06.20092999

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

Abstract | Info/History | Metrics | Preview PDF

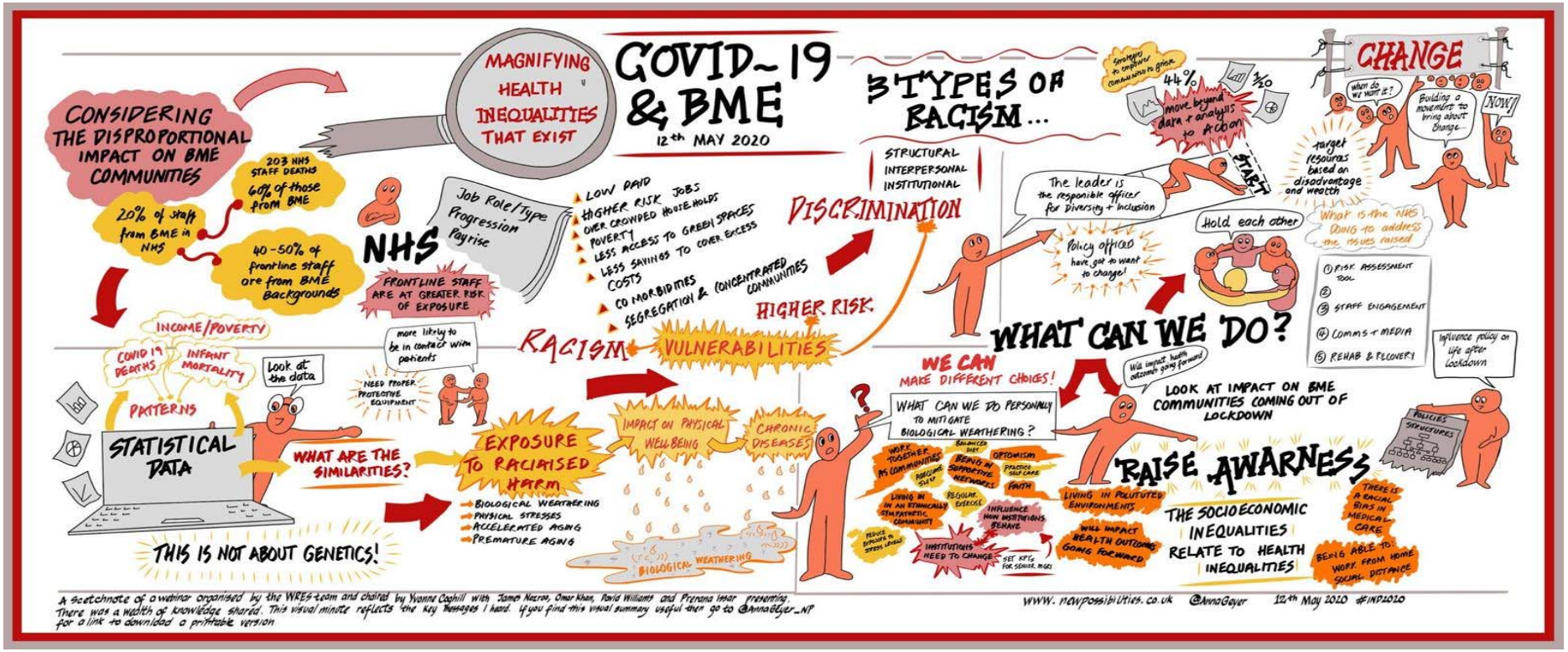
1.44-2.02), with similar findings for Asian people (age-sex adjusted HR 1.93 95% CI 1.73-2.16, fully adjusted HR 1.62 95% CI 1.43-1.82). Conclusions We have quantified a range of clinical risk factors for death from COVID-19, some of which were not previously well characterised, in the largest cohort study conducted by any country to date. People from Asian and black groups are at markedly increased risk of in-hospital death from COVID-19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors or deprivation; further research into the drivers of this association is therefore urgently required. Deprivation is also a major risk factor with, again, little of the excess risk explained by co-morbidity or other risk factors. The findings for clinical risk factors are concordant with policies in the UK for protecting those at highest risk. Our OpenSAFELY platform is rapidly adding further NHS patients' records; we will update and extend these results regularly. Keywords COVID-19, risk factors, ethnicity, deprivation, death, informatics.

Competing Interest Statement

https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1

WRES Webinar

- https://bit.ly/3fcZpqF
- Instruction copy link into browser
- Click watch on the web instead
- Click join anonymously
- This will take you straight to the Webinar.



Data is important as well knowing how to interpret the data

- No clarity on ethnicity on suicide rates
- Check your data. Compare with the local JSNA (Joint Strategic Needs Assessment) data and 2011 Census, although Census is out-dated.
- Any communities not represented in your service? Don’t assume it’s stigma or the need is not there.
- Use secondary care data.
- Quick win- Start collecting 100% data on ethnicity and other protected characteristics

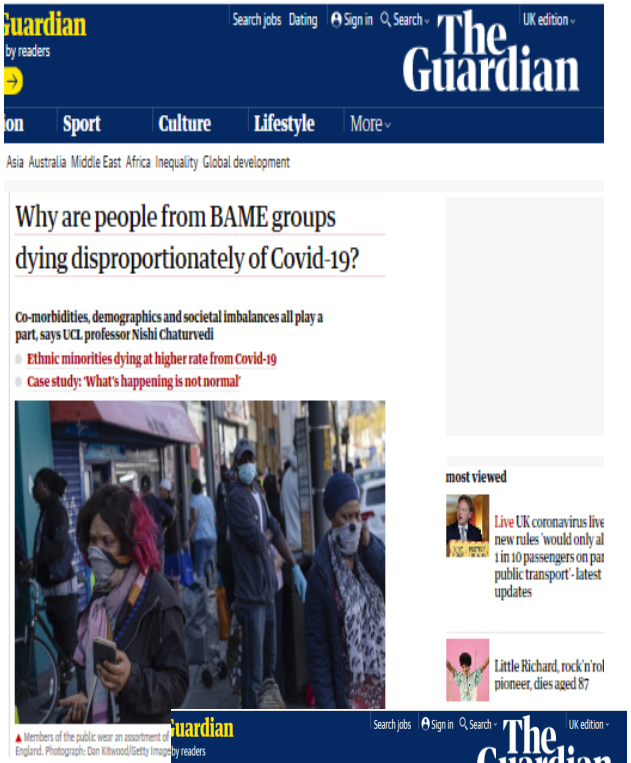
Impact of Covid-19 on…

BAME communities? Missing Eid prayers etc.

On our BAME colleagues?

Therapists- approach/ avoid difficult emotions?

Managing uncertainty? Not knowing what's putting you at risk.



Impact of Multiple losses

- Deaths/ occupational hazards

- Employment> implications of loss of employment

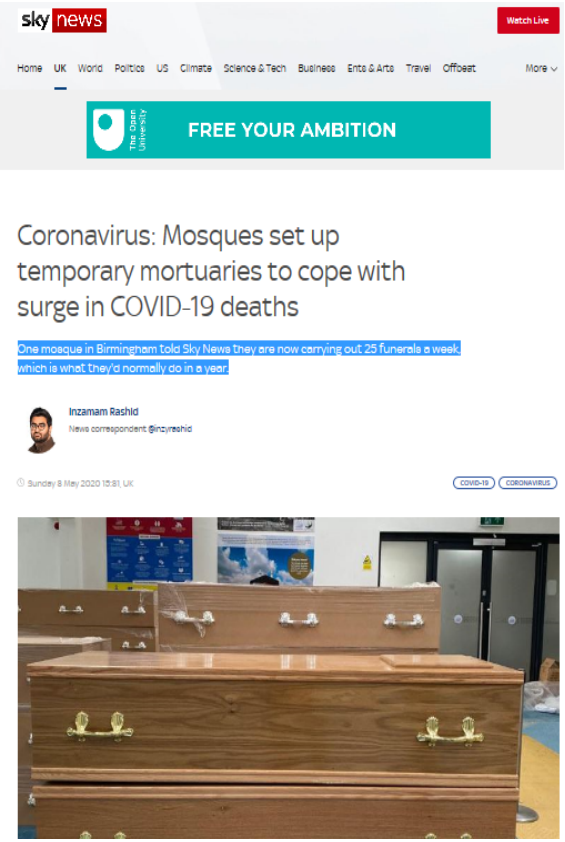
- Experiences of lockdown/ having COVID-19- Tony Lloyd

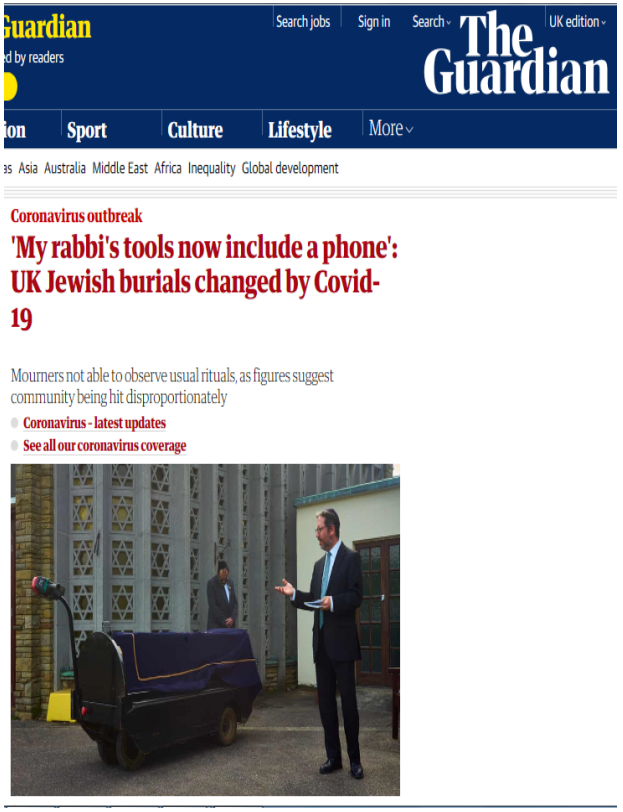
https://www.theguardian.com/world/2020/apr/30/coronavirus-i-feel-a-tremendous-sense-of-humility-mp-tony-lloyd-on-how-nhs-saved-his-life

- Long-term impact on Physical health?

Funerals

People's views of life/ death/ hereafter?
Who have they lost?
Usual experiences of funerals? What happened during COVID-19?
Any guilt?
What are their fears?
Imagery? Might not be able to do site visits- use images (Traumatic Grief Webinar)





Sikh Your Mind-Sikh funerals

The process of a Sikh funeral antam sanskar includes the family bathing and clothing the body at the funeral home and then soon after the funeral will take place. Before the funeral the body sometimes is taken to a Gurdwara and people pay their respects and then a final ardaas (prayer for their soul) occurs at the crematorium. Alongside this a Sehaj Paath (continuous recitation of Sri Guru Granth Sahib Ji) alongside all the proceedings done at home where people would come to pay their respects.

So the impact of Covid means no community grieving as no visits to the house or to see the body. The body will not be taken to the Gurdwara just straight to the crematorium. Similarly family members are not able to bathe and get their loved one ready for this. At the moment, all the clothes that family would get a person ready in are given to hospital staff to put in the coffin as the bodies are being bandaged.

https://www.channel4.com/news/muslims-in-uk-struggling-to-carry-out-burials-within-24-hours

Role of faith

- Work with chaplaincy service/ faith organisations (more authority) to help with appraisals e.g. in Islam the person is a martyr and goes to heaven.
- Community approach- Joint webinars/ groups with local faith organisations. Start outreach work now.
- Less sessions required potentially? Double dose.
- Acts of charity with intention to benefit the deceased e.g. build wells, money to the poor, pray
- Please watch the (Traumatic grief Webinar)

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WHAT CAN WE DO
RESOURCES

CONTINUING BONDS

Alternative ways to remember your friends or family who have died during Covid-19

In our current situation, funerals are not the same.

They may not look like we want and expect them to. Only a few people may be able to attend. There are still important things we can do to mark this time, even from home.

Follow the links below to see how families and friends across the world are supporting each other...

www.bps.org.uk

Is this culturally sensitive?

Activities need to be meaningful

01 LIGHT A CANDLE

02 HOLD A VIRTUAL MEMORIAL

03 MAKE A MEMORY BOX

04 CREATE A FACEBOOK PAGE

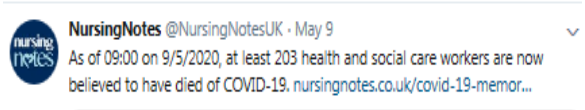
05 GATHER THEIR LEGACY

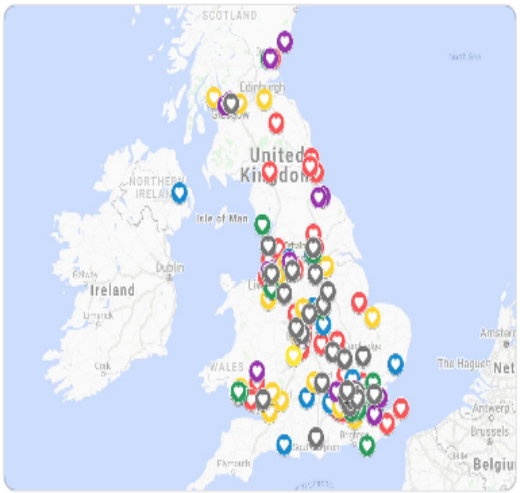
06 PLANT SEEDS

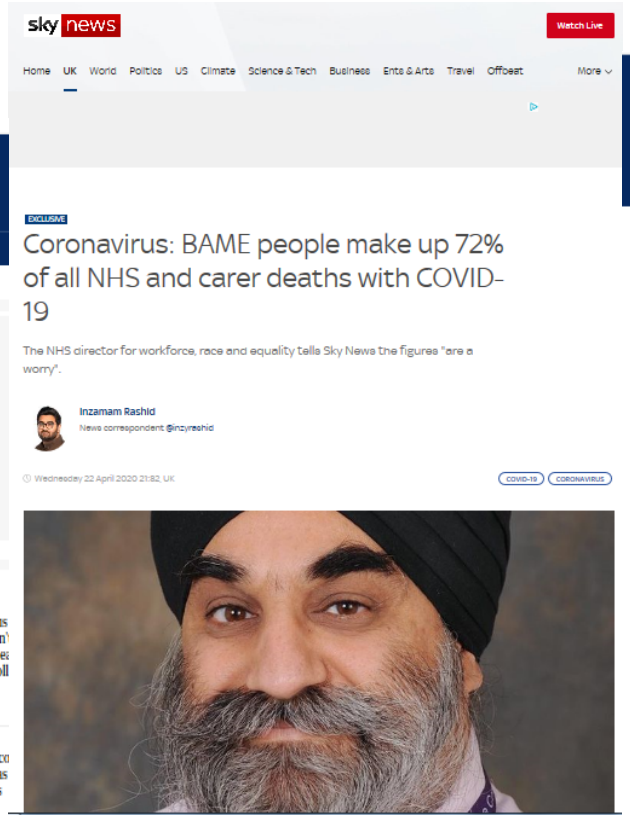
BAME Keyworker experiences-

Going to work knowing you're more likely to die
Scared? Anxious?

What support did they receive?
Were they able to share their feelings at work?
Did risk assessments include bullying/harassment?







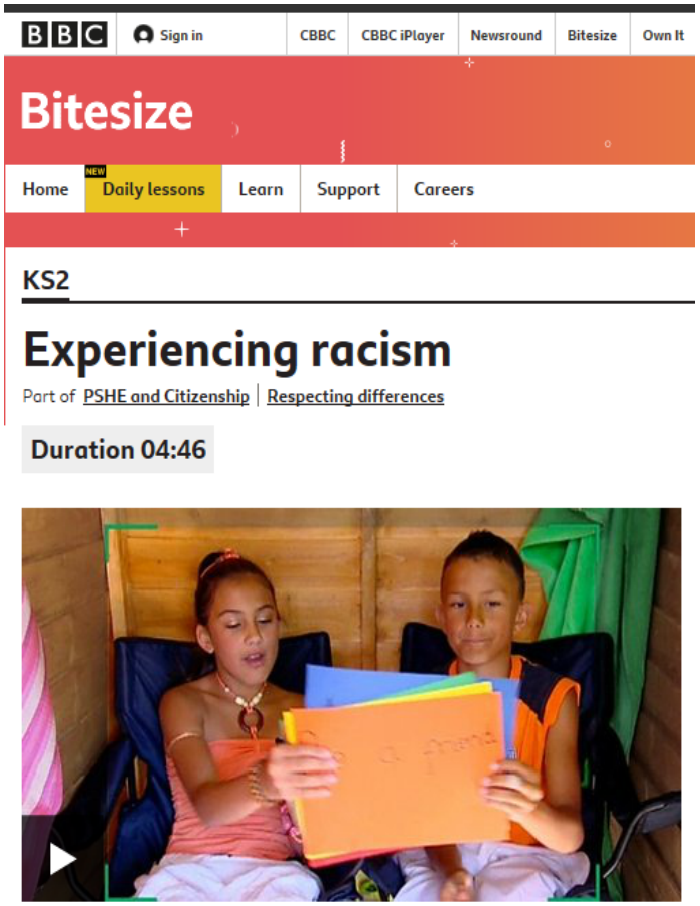
Moral injury? Heightened in BAME keyworkers?

https://www.bbc.co.uk/sounds/play/m000h0gw

More likely to be at the frontline, risk to self and making difficult decisions

Include pre, during and post-covid-19 experiences of racism in assessment, formulation, treatment- validate, don't challenge

- https://www.bbc.co.uk/bitesize/clips/zhvnvcw



https://www.theguardian.com/tv-and-radio/2020/may/14/naga-munchetty-im-not-a-victim-in-any-shape-or-form

Naga Munchetty: 'I'm not a victim in any shape or form'

The Breakfast presenter talks about transforming the way the BBC deals with racism, her successful campaign for equal pay - and why she respects Piers Morgan

by Emine Saner

Thu 14 May 2020 06.00 BST

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When Naga Munchetty moved into TV news, her husband, James Haggar, a TV director, told her: "You need to have a thicker skin. People either love you or hate you, but you need to not take it personally." It is a lesson she has taken into her off-screen life, too. "It's not that I don't care - but it's in perspective." Still, she says, she always assumes "that people don't like me. It's a really weird thing." Has she always felt like that? There is a brief pause. "Yeah, probably. I think I grow on people. I don't think I make a great first impression. I'm comfortable with that. I think people see a loud person who's opinionated and not afraid to say what she thinks."

I like Munchetty. And I think it is because she doesn't try too hard to be - that dreaded word - likable. She has a warm manner and, as a broadcaster, she is smart and can be bracingly and entertainingly spiky. But when I watch her, as one of the four main presenters on BBC Breakfast, I don't detect any hint of people-pleasing. She is foremost a journalist, rather than a TV presenter, but it is more than that (there are plenty of journalists with more than a whiff of neediness). She seems very sure of herself and that is impressive and comforting.

Munchetty, 45, is still working her usual shifts on Breakfast, so her work life hasn't changed much since the coronavirus outbreak began. "I'm so grateful to be working because I think it's really easy to not have purpose or structure during this," she says. "And I love the job." She is not particularly enjoying the slower pace. Today, when we speak on the phone, she has set herself tasks around the house she shares with her husband and three cats: weeding,

Culture of your organisation?
Threat at work- Bullying/ harassment/ discrimination

- WRES 2019 data- BAME staff less likely to access non-mandatory CPD (1.15),
- 29% experienced harassment, bullying, abuse from staff
- 15.3% personally experienced discrimination at work from a manager/ team leader or other colleague.
- 69.9% believed their trust provides equal opportunities for career progression or promotion.

- Check your organisations staff survey results. Unsure if data is collected in non-NHS organisations?

- Lack of psychological safety, especially overseas keyworkers.

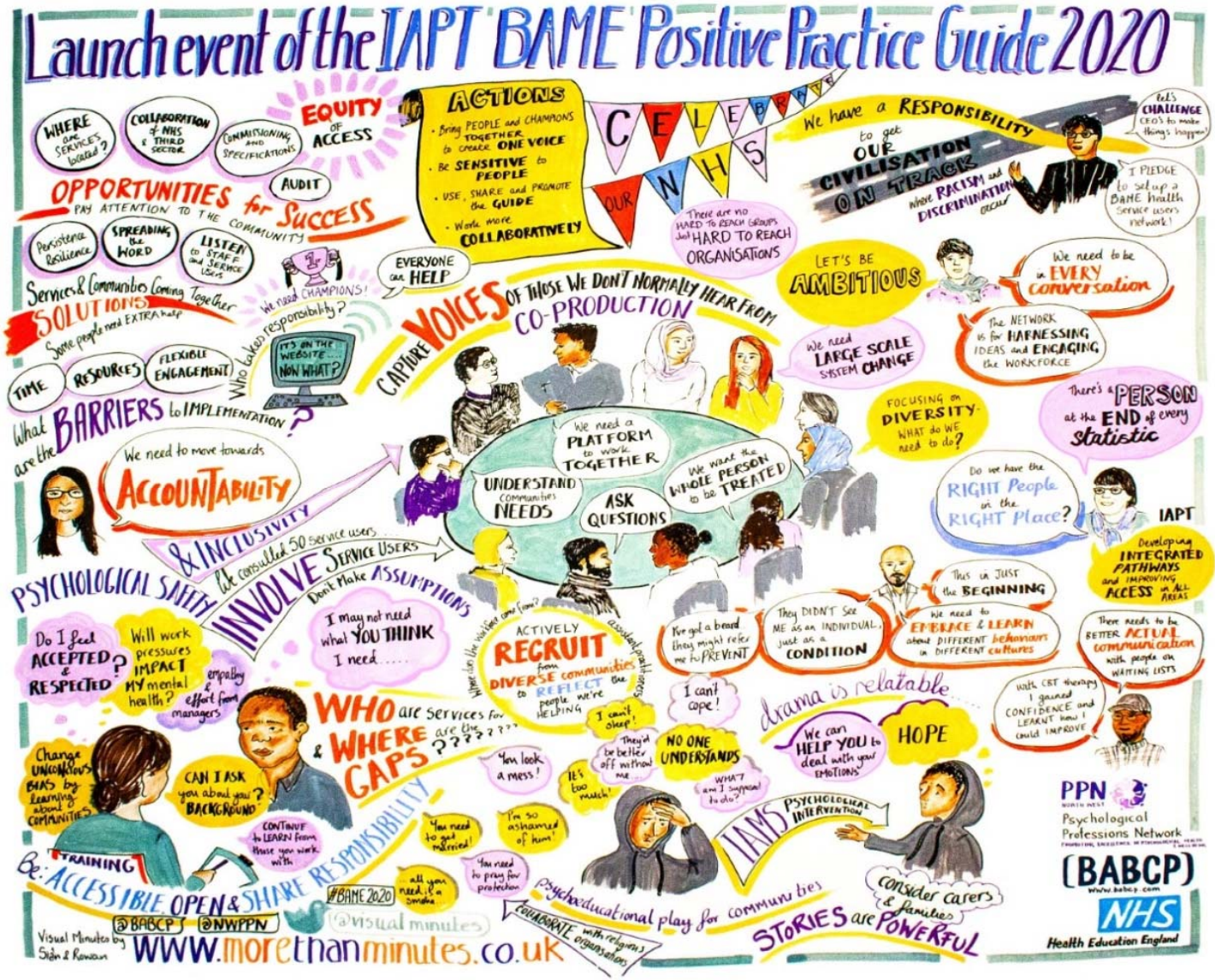
- BAME communities and BAME therapists regularly being discriminated against in IAPT.

- My experiences

Supporting BAME therapists

- Don’t be afraid to challenge discriminatory behaviour towards self/ others
- Speak to your Freedom to Speak Up Guardian confidentially
- Join your BAME Staff Network Groups
- Join the union
- Document any issues, incidents of concern- date, time, who, impact
- Important to complete the NHS Staff Survey or equivalent
- Speak to your GPs

IAPT BAME PPG 2019 (3:50)



https://www.youtube.com/watch?v=iL58EH5KpJY

IAPT BAME Positive Practice Guides

- First guide published in 2009> Did you read it?

This work could have been done over the past 10ys, but need to look forward now.

- V2 in 2019- more comprehensive. BAME communities consulted, more best practice examples, toolkit to set standards of care and measure progress.

- Commissioners NEED to be on board. They're very hard to reach! https://www.linkedin.com/pulse/launch-event-iapt-bame-positive-practice-guide-2020-saiqa-naz/

SECTION 5: AUDIT TOOL

The purpose of this tool is to establish the degree to which services are culturally responsive. It is intended to support IAPT services in improving the work they do with BAME communities.

This tool will be most effective if it is discussed with staff, BAME service user representatives and community organizations prior to use. All these groups are likely to have useful suggestions regarding how the standards can be improved and how areas for development can be best addressed. New standards can be added, based on these discussions.

Using the tool will enable services to understand the demographics of the populations served and begin to describe them. The audit tool will enable services to take a baseline measure of data quality, who is using the service, the different rates of access to the service amongst communities served, and therapy outcomes.

This information can be used as a discussion point for teams and service user or community groups to develop action plans in order to address any problems identified. Further, this audit should be repeated once these plans have been implemented in order to measure whether they have been effective.

Standard	Is the standard met? How has this been evidenced?
1. Improving access	
The service records the ethnicity of 100% of service users	
The service has mapped the ethnicity of the population served using appropriate convergent sources	
The ethnicity of service users reflects the population served	
Where the above is not the case, an action plan has been agreed to remedy this	
The action plan has sufficient input from senior staff to be effective	
BAME service users fare as well as White British service users in their clinical outcomes and level of satisfaction of using the service	
Where this is not the case, an action plan has been agreed to remedy this	
The action plan has sufficient input from senior staff to be effective	
Information leaflets are available in community languages	
Information leaflets have been approved by service user representatives from the appropriate community	
Staff have access to materials to support adapted therapy	
2. Adapting therapy	
100% of the clinical staff group have accessed CPD which included working with cultural diversity	
100% of the supervisors have accessed CPD which included working with cultural diversity (either therapeutically or in terms of providing supervision)	
The service has looked at whether there is a need to develop provision in specific culturally adapted therapies	
The service has shared values and practices to support the provision of culturally responsive therapies	
Therapists have accessed specific training on working with asylum seekers and refugees where these populations are identified as having an unmet need	
The service has a coherent policy for working with interpreters	
There is training in basic principles of mental health and self-care available to interpreters	
Family members are not used as interpreters	
Clinicians are allowed additional time for sessions where an interpreter is used	
Clinical contact expectations are reduced where work involves interpreters	
Interpreters are adequately prepared for the session before the appointment starts and have the opportunity for debriefing	
3. Improving engagement with service users and communities	
Workshops on mental health and accessing help are held with local BAME communities	
Participation groups involve stakeholders who reflect the ethnic composition of the population served	
Stakeholder groups include organisations that reflect the ethnic composition of communities served	
4. Workforce and staffing	
The clinical staff group broadly reflects that of the population served	
Where this is not the case, an action plan has been agreed to remedy this	
The action plan has sufficient input from senior staff to be effective	
The senior staff group includes a range of ethnic diversity that reflects the community served	
Where this is not the case, an action plan has been agreed	
BAME staff have the same access to CPD and career development as white staff	
BAME staff development is guided by the WRES	

Working with interpreters

- If this is the main issue you have at work when working with BAME communities, then consider yourself lucky!

- Recognise this as your privilege as I regularly support IAPT BAME therapists being discriminated against.

- Lack of resources incl. materials, training, supervision, support yet therapists are expected to achieve same outcomes- discrimination IMO.

Working with interpreters remotely

- Developing a 3-way relationship. Can’t ignore the therapist!
- Set-up- confidentiality
- Private room, dressed, not smoking/ drinking, manage pets, childcare
- Equipment- older version of Smartphones, access to the internet
- Use the same platform. Don’t have the patient online and interpreter on the phone.
- BAME people more likely to live in shared housing
- Additional time- deliver full dose of therapy.

- **BPS guidance-**

Working with interpreters (IAPT BAME PPG, 2019)

- The service has a coherent policy for working with interpreters
- There is training in basic principles of mental health and self-care available to interpreters
- Family members are not used as interpreters
- Clinicians are allowed additional time for sessions where an interpreter is used
- Clinical contact expectations are reduced where work involves interpreters
- Interpreters are adequately prepared for the session before the appointment starts and have the opportunity for debriefing

Impact of the interpreter on the therapeutic process and outcomes

- What is the impact on therapy sessions when you're chopping and changing interpreters?
- Disruptive to the therapeutic relationship
- Disruptive to the process of delivering interventions e.g. reliving
- Accessibility- simplify psychological language

Improving experiences of working with interpreters

- Collaboration- Offer training, build on-going relationship with the interpreter agency. Invite them to your meetings/ Masterclasses. Use DNA's.
- Discuss the patient respectfully.
- Block book the same interpreter to enable you to build a relationship.
- Use supervision to reflect on the process of working with the interpreter online

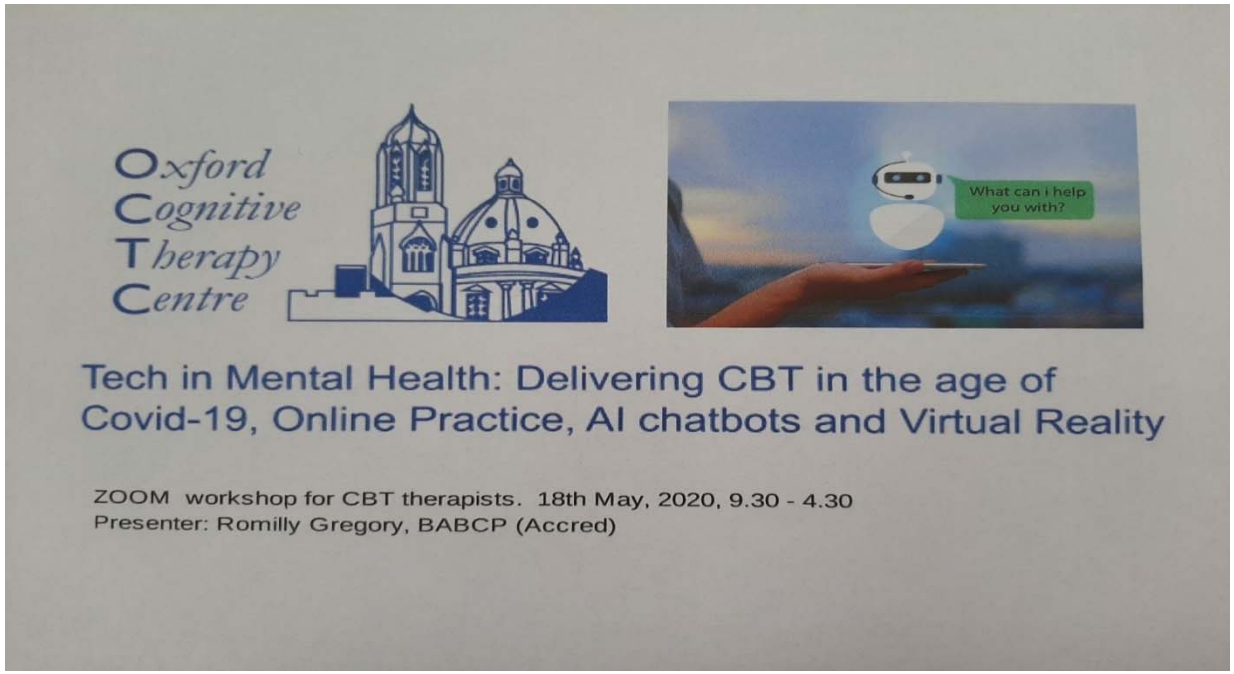
Impact of interpreters on therapy

- Consistency- find your rhythm
- Refugees/ asylum seekers vs migrants/ British-born BAME backgrounds- think about how your experiences of working with them may differ
- Issues might be different- hostile environment ("Low-skilled") for immigrants/ asylum seekers/ international workers
- Refugees/ asylum seekers-violence and trauma, multiple losses, isolation, experience of the immigration system re-traumatising them

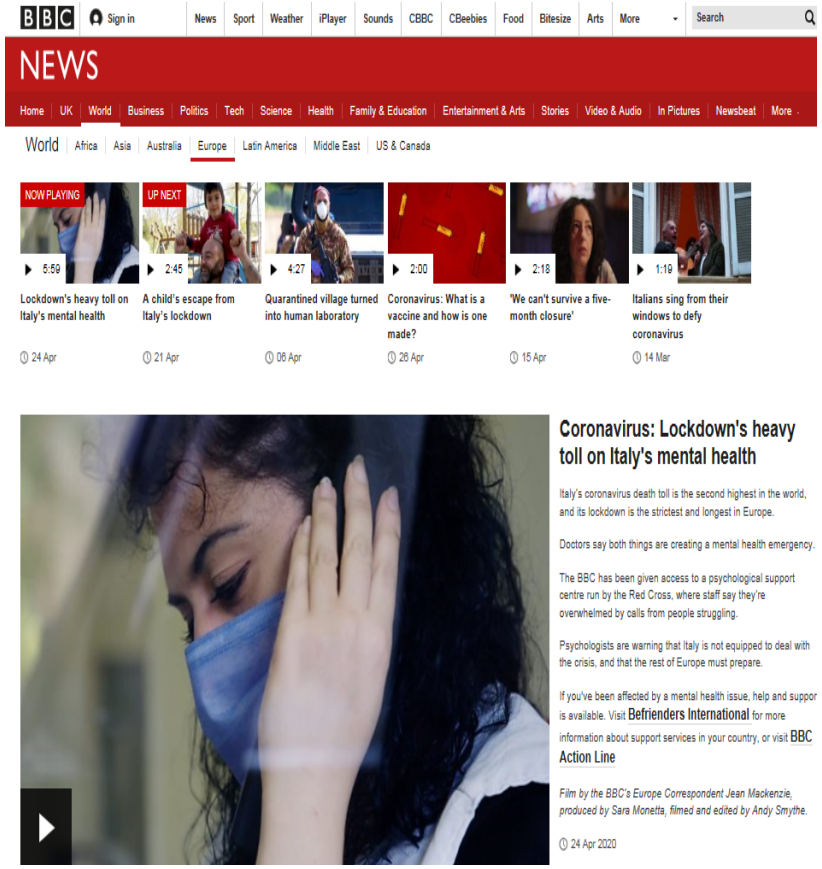
Other treatment options should be available in IAPT incl' face to face when it's safe

Not confident using tech?

Romilly Gregory-
http://uk.linkedin.com/in/romillygregory/



Increased demand on services- are we ready?



- www.bbc.co.uk/news/av/world-europe-52400085/coronavirus-lockdown-s-heavy-toll-on-italy-s-mental-health
- https://www.theguardian.com/world/2020/may/02/coronavirus-britons-health-problems-covid-19

Commissioners **NEED** to resource services

(HOME) (LOGIN)

The Lead Organisation for CBT in the UK and Ireland

British Association for Behavioural
& Cognitive Psychotherapies

(BABCP)

www.babcp.com

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BABCP response to NICE quality standards on the accessibility of health and wellbeing services for black and minority ethnic (BAME) users

The National Institute for Clinical Excellence (NICE) have recently released a new **quality standard** for Black, Asian and Minority Ethnic (BAME) accessibility of health and wellbeing services.

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) welcomes the spotlight being shone on inequalities for black and minority ethnic populations in mental and physical healthcare provision.

However, we think the quality statement could go further in acknowledging the need for increased resources to develop services to adequately meet the needs of the BAME communities.

The guidance helpfully notes the importance of therapists being competent in culturally sensitive assessment, use of different models, addressing cultural difference in treatment plans and working with families from diverse (including non-English speaking) backgrounds.

In order to become competent in these areas and to be supported in using translators, translated materials, outreach opportunities and other culturally sensitive resources, then training, adequate supervision and funding is needed.

Whilst we welcome this attempt to set a standard for good practice in this area, without better funding and clearer prioritisation of targeted resources, training and supervision, services will continue to be "hard to access" for particular patient groups.

Widely Recognised Accreditation | High Quality CPD | CBT Register UK

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BAME people disproportionately affected

- Investing in BAME communities does not disadvantage White British communities
- Improving care for BAME communities will also improve care for White British communities.
- Positive experiences of seeking help will encourage more BAME people to seek help.
- Better health outcomes in a more inclusive culture
- Improved job satisfaction working in inclusive organisations
- Economic argument
- Promotes community cohesion

Let's move forward…

- How do you work with White British people who aren't psychologically minded?

- **Time, time, time! This is why community outreach work is important.**

- Adapt your service model. Use the IAPT manual and IAPT BAME Positive Practice Guide with representatives from your local communities.
- Touchstones in Leeds- Positive Practice example

- Paid feedback for service user engagement.

IDEAS

- Band 8 BAME Leads in each IAPT service. BAME development work should be paid Band 8. Band 7 Step 2 BAME Lead. Develop a network. Easier for IAPT to support them.

- Step 2 given 0.5-1 day/ week for community outreach work. Develop and sustain relationships.

https://notaguru.blog/2020/04/05/a-letter-from-saiqa/

- KPIs for Commissioners and senior managers- don't always understand inclusion- learning need identified? BAME communities needs **NOT** being met at the moment. Still over-represented in secondary care.

- IAPT to collaborate with WRES to look after BAME colleagues.

No Stonewall equivalent for BAME communities

- Please use the toolkit at the back of the IAPT BAME Positive Practice Guide with communities. Can this be monitored at national level?

- Develop a more compassionate and inclusive culture in your services and individual practice.

- Representation matters at all levels- Support development of the BAME workforce- unsure of the number of BAME service managers in the 200 IAPT services? I only know of one.

- Use supervision to reflect on processes other than direct clinical interventions

Commit to becoming an ally

- **Self-study, share your learning. Help build the evidence-base.**
- Advocate for communities. Don’t need to be an expert.
- Mentor people from the local communities
- Reflect on your own experiences of growing up. How much contact did you have with diverse communities? Do you have family/ friends from diverse backgrounds?
- Evidence for unconscious bias training is weak. Experiential learning is best.
- Actively engage with communities. Be aware of power dynamics- You understand the system.
- Mindful of making assumptions. Bridge the gap in communication, turn towards your discomfort, own it.

Delivering cultural competence workshops for therapists

Media representations

News

Drill music videos glorify violence and refer to gangs. County lines gangs are said to be targeting university towns

DRUG TRADE

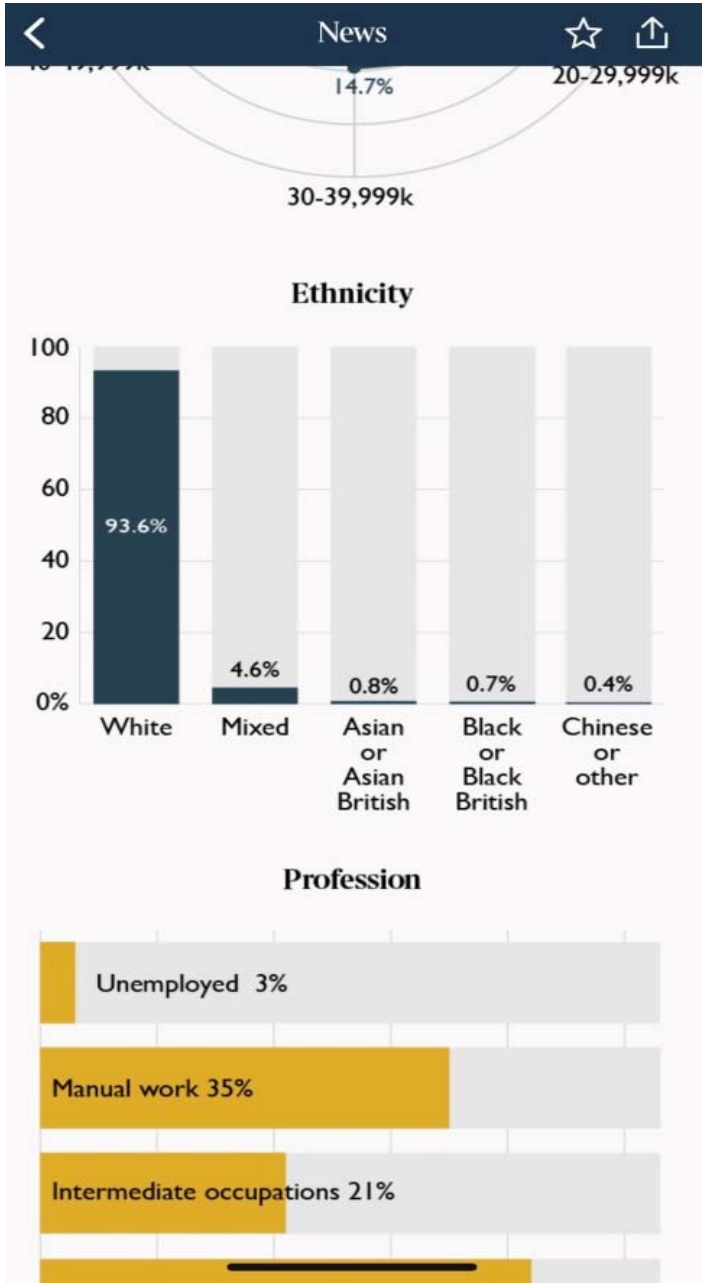
Britain is cocaine capital of Europe

Sean O'Neill, Chief Reporter
Saturday May 16 2020, 12.01am BST, The Times

Cocaine usage in Britain has soared by almost 300 per cent in less than a decade with Britons taking 117 tonnes of the drug last year, a senior investigator has told *The Times*.

Lawrence Gibbons, head of drugs threat at the National Crime Agency, said that the estimated amount trafficked had risen from 30 tonnes in 2011.

"The UK is the biggest user of powder cocaine in Europe," he said. "A lot of the consignments we see coming into Europe — through Spain,



Education rather than criminilsation is the way to stop the demand for cocaine in the UK, a drugs watchdog said
ALAMY

DRUG TRADE

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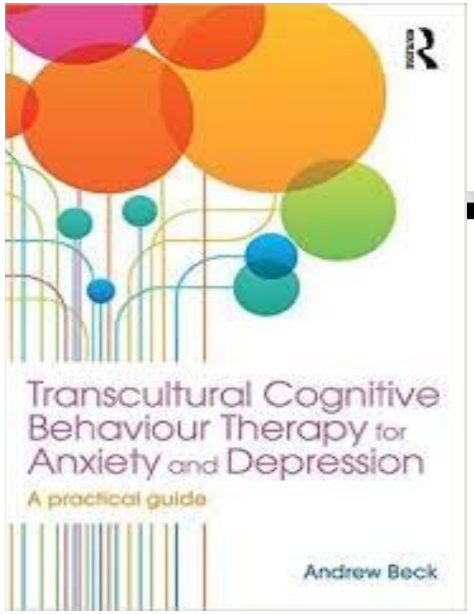
Overcoming unconscious biases?

Have an awareness of religious festivals,
Attend community events
e.g. Visit my Mosque Day,
Holocaust memorial day, develop relationships

Arun Kapur- Heard- Men are also not heard to reach! (0:39)

- https://www.youtube.com/watch?v=w_aNvabDx8s&feature=emb_logo

Thank you!



Twitter: @saiqa_naz

@BABCP

JOIN THE Equality and Culture SIG

equality-sig@babcp.com

Questions?

Resources

IAPT BAME Positive Practice Guide

- https://babcp.com/files/About/BAME/IAPT-BAME-PPG-Short-Version-2019.pdf
- https://babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf

- https://www.nwppn.nhs.uk/index.php/our-work/nw-positive-practice-into-action-launch-event
- Reflecting on the launch event of the IAPT BAME Positive Practice Guide.. https://www.nwppn.nhs.uk/index.php/our-work/easyblog/entry/saiqa-naz

- The need for service change and community outreach work to support transcultural cognitive behaviour therapy with Black and Minority Ethnic communities https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/need-for-service-change-and-community-outreach-work-to-support-transcultural-cognitive-behaviour-therapy-with-black-and-minority-ethnic-communities/5425C78AAD900F840CB93C7339DD7390/share/8a24f2012a6f89eb44dd058aac0f066f54a7d685

- Addressing issues of race ethnicity and culture…and reduce inequalities in mental health provision for BAME service users https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/addressing-issues-of-race-ethnicity-and-culture-in-cbt-to-support-therapists-and-service-managers-to-deliver-culturally-competent-therapy-and-reduce-inequalities-in-mental-health-provision-for-bame-service-users/76077E718302F7E7C58A758AB0232BB4/share/dcae2f7fbaec56e12446f234d23733a698ff45c1

- Understanding Black and Minority Ethnic service user's experience of racism as part of the assessment, formulation and treatment of mental health problems in cognitive behaviour therapyhttps://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/understanding-black-and-minority-ethnic-service-users-experience-of-racism-as-part-of-the-assessment-formulation-and-treatment-of-mental-health-problems-in-cognitive-behaviour-therapy/C3C7754B1C34A0FC12B9B450EB871C2B/share/335a5084e73e1c2cfb1731e7d9cce969f6c78457

- https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/war-trauma-and-culture-working-with-tamil-refugees-and-asylum-seekers-using-culturally-adapted-cbt/BD16CE629AAF2E61AF138C712AB290C7

- Podcast- Coping with stress and anxiety: a spiritual and cultural perspective BABCP Public Engagement and Review Strategy

http://letstalkaboutcbt.libsyn.com/website/lets-talk-about-cbt-outreach-event

- https://babcp.com/files/About/BABCP-Public-Engagement-Review-and-Strategy.pdf

- https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020
- https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto1may2020andregisteredupto9may2020provisional

- https://notaguru.blog/2020/04/05/a-letter-from-saiqa/

- https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2

Q&A

- We will use the CHAT box to select questions posed during the webinar and we will prioritise those which have been most liked or group questions with a similar theme.

Answers to common questions:

- If you have received the invite to this webinar from a colleague, rather than via the national team, you will not be on our mailing list to receive slides and links to the recordings. In order to do so please email England.Mentalhealth@nhs.net requesting IAPT webinar mailing list
- We cannot provide CPD certificates for any of the webinars
- If you are on our mailing list but are not receiving slides etc after each webinar this is usually due to your organisations IT not accepting attachments/files. You will need to discuss this with your organisation.