

# Learnings from a project to engage with Black people detained under the Mental Health Act, Black communities & BHFT staff about health inequalities in Berkshire: methodological issues

## **Executive Summary**

Black people are 3-4 times more likely than white people to be detained under the Mental Health Act (MHA) in Berkshire.. This is a striking health inequality impacting on those detained, their families and their communities.

Berkshire Healthcare Foundation Trust (BHFT) commissioned Mind in Berkshire (MiB) to engage with Black people detained under the MHA in Berkshire, communities and mental healthcare staff to try to gain an in-depth insight in to the lived experience of Black communities with a view of better understanding how this effects them and what can be done to improve their experiences.

Despite our best efforts, the MiB project team struggled to engage directly with Black people detained under the MHA in Berkshire, of which only 269 were identified by BHFT over a 5 year period. The stories that we did manage to gather of the lived experience of the 2 people representing this group who did engage have been compiled in a separate report.

The project was re-scoped part-way through given the difficulties in recruiting Black individuals willing to share first hand experience of Mental Health Act detention, alongside recognising that community engagement was generating useful feedback albeit not covering the precise ground first identified. The community and staff engagement is summarised in a separate report.

There is also learning from the challenges encountered in trying to use the methodology first proposed for this project.

- Internal communication and engagement needs to be broadened before starting similar projects. This includes reviewing any clinical concerns and identifying any possible GDPR clearances necessary.
- Methodology needs to be considered before a project begins from the perspective of all key stakeholders (i.e. bringing together clinicians' and researchers' perspectives at the planning stage) and,

in the case of engagement or research projects, draw on expertise in these particular disciplines. This project was initiated on the basis of deploying a recruitment approach which wasn't, in the event, acceptable to all members of the Trust due to Information Governance and clinical concerns, and the time due process would take with no guarantee the project would be able to move forward as initially proposed. This created significant delays while both sides tried to find a solution cohesively.

## Contents

|  |    |
|--|----|
| Executive Summary .....  | 1  |
| About Us .....   | 4  |
| The Berkshire Mental Health Act Detentions Project.....  | 4  |
| Approach, ethics, and goals .....  | 5  |
| Challenges within the delivery of this Project to engage with Black people who have been detained under MHA..... | 7  |
| Engagement approach.....   | 11 |
| Community mapping and engagement .....   | 11 |
| Staff engagement .....   | 12 |
| Changing the focus of the approach.....  | 13 |
| Appendix A: MHA Detentions Project Participant Information Sheet.....  | 15 |
| Appendix B: resources developed to advertise participation opportunity.....                                      | 19 |

## About Us

Mind in Berkshire is the shared working name of two Local Minds<sup>1</sup> with an established presence in Berkshire, and which work in partnership with communities and community organisations. As members of the Mind Federation, we have ready access to the experience and expertise of National Mind and over 100 Local Minds.

Mind has a successful track record both nationally and locally of effective community engagement in racialised communities and garnering the voices of people with Lived Experience of mental health challenges. In particular, National Mind has worked with Local Minds to produce the *Service Design in Mind* toolkit, setting out a structured approach to incorporating ideas and insights from people with lived experience, and the *300 Voices* report through the Time to Change campaign, which demonstrates the use of a toolkit to engage with young African and Caribbean men.

Locally, the Mind in Berkshire partners have led service design using the recognised Mind toolkits and applying Federation values to ensure Lived Experience is at the heart of developing service provision.

See:

<https://www.oxfordshiremind.org.uk/support-us/involvement/>

<https://www.bucksmind.org.uk/service-user-involvement/>

## The Berkshire Mental Health Act Detentions Project

In 2023, Berkshire Healthcare Foundation Trust (BHFT) invited Mind in Berkshire (MiB) to submit a proposal on collating learnings from Community Engagement & the Lived Experience of people from Black communities who had been detained under the Mental Health Act (MHA) within Berkshire.

BHFT's data showed that, from 2021 to 2023, 11.1% of people detained under the MHA at BHFT were Black. By reference to Census data for Berkshire, this meant that Black individuals were 3.07 times as likely to be detained as white individuals. For the period 2016-20, the proportion of the population detained who were Black was 10.6%, indicating Black individuals were 3.50 times as likely to be detained as their white counterparts. This disparity is similar to that found in other regions of the UK.

---

<sup>1</sup> Buckinghamshire Mind and Oxfordshire Mind

BHFT set up 4 workstreams to review this health inequalities issue:

- I. Case Review of Section 2 detentions (supported by a literature review)
- II. Mapping mental health offerings across localities to identify possible gaps
- III. Community Engagement & Lived Experience
- IV. Cross-workstream analysis to identify drivers of differential detention rates

MiB was commissioned to lead on workstream *III. Community Engagement and Lived Experience*, using the following approaches:

- Gather the views of Black people with lived experience of being detained under the Mental Health Act by BHFT.
- Speak with staff in BHFT who are working on the wards and involved in the process of detaining people under the Mental Health Act.

Alongside this, MiB was asked to support recruitment to an external reference group to work with BHFT (the full development of which was beyond the scope of the commissioned work) so that Lived Experience can be brought into future governance arrangements around this work and ensure accountability to communities.

MiB's work on this project has been led by its Engagement and Development Leads for Berkshire West and Berkshire East. They have drawn on existing expertise within their organisations, particularly from our Equity Diversity Inclusion and Equality Manager, Involvement Lead, and Outreach workers across East and West Berkshire.

## Approach, ethics, and goals

BHFT ("the Trust") asserted at the outset that it was keen for the Community Engagement and Lived Experience workstream to be led by an external organisation, to benefit from an independent gathering of this data, and be able to offer participants the option of contributing anonymously. MiB agreed that this was the right approach as previous experience has shown us that people feel more comfortable to speak freely when provided with anonymity. Alongside this, the Trust was keen to show a commitment to listening and pro-actively acting upon the findings of this work. BHFT highlighted they felt it was critical that they were led rather than leading when undertaking community approaches within this project and they would support as appropriate.

MiB based its approach on using the principles set out in National Mind's *Influence and Participation*<sup>2</sup> and the *300 Voices*<sup>3</sup> toolkits.

*300 Voices* was designed to develop mutual empathy and understanding between young African and Caribbean men and professionals, with the aim of improving service quality, and the experiences and outcomes of people accessing compulsory mental health and other

---

<sup>2</sup> <https://www.mind.org.uk/workplace/influence-and-participation-toolkit/how/methods/service-design/>

<sup>3</sup> <https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/young-black-men/>

services. The focus is on giving people the opportunity to frame their own narrative and identify ‘turning points’ that can change outcomes and improve experiences. It is an explicitly non-judgmental approach that aims to improve community engagement and to address some of the drivers of mental health inequality. It draws on:

- **Storytelling** – giving individuals’ perspective centre-stage
- **Appreciative inquiry** – a focus on change through positivity and finding solutions
- **Restorative practice** – developing collective solutions to repair the experience of harm

The model also embraces Mind’s general approach to influence and participation work:

- **Equality** – across all voices /contributions
- **Diversity** – respecting different preferences for how to engage
- **Accessibility** – of opportunity to participate
- **Reciprocity** – people should feel valued for their contribution

### *Community Engagement & Lived Experience*

To engage with the Black community, we recognised that we would need an approach that was focused, flexible and sensitive to the issues being discussed.

To recruit into the project, we proposed a mixture of:

- Direct communication of this involvement opportunity to Black patients subject to an MHA detention within the past 2-5 years
- Active promotion across BHFT services that currently engage with Black communities
- Advertising the involvement opportunity via public channels and via trusted partners and intermediaries

And then collecting data via:

- Individual interviews – Face to face and/or online or via phone to suit individual preferences
- Focus groups – Supportive safe groups as an option for those who would prefer to take part in a group discussion alongside peers
- Online questionnaire – Allowing for self-participation for those who may have experienced detention first hand (including family/friends who may have offered support throughout detention)
- Web link – Allowing self-referral onto the engagement project

### *BHFT Staff*

The engagement with staff was originally planned for after the initial engagement with people with Lived Experience (which could include family/carer experience). Again, we recognised the need to take into account the sensitivity of this subject for staff and how they may be worried about speaking about it, even with an independent voluntary organisation. Our recommendation was that there be an option of participation being anonymous to allow staff to speak freely and without concern. We also pointed out that staff engagement would be dependent on BHFT managers' ability to give the time and space for their staff to get involved.

### *Report and dissemination*

MiB's proposal included the production of a report on findings. We had some preliminary conversations with BHFT about a Berkshire wide engagement event to promote/discuss the outcomes. This event was not costed for in the proposal. However, as partners, MiB regards this engagement idea as very positive with the view of using the findings to support further learning and development.

### *Reference Group*

Throughout our community engagement, MiB has outlined the purpose of BHFT's proposed Reference Group, and we would gladly support BHFT to develop the Reference Group proposal and a role description to aid recruitment outside of this commissioned work. MiB believe the idea to be refreshing, progressive and in line with the co-production values laid out in the *Service Design in Mind / 300 Voices* toolkits. The first step would be for BHFT to develop full Terms of Reference for the Reference Group with full and equal participation of all members.

## **Challenges within the delivery of this Project to engage with Black people who have been detained under MHA**

The absolute number of people falling within the target demographic for gathering Lived Experience inputs to this project is very small. Data collated by BHFT in October 2023 showed that, for the period April 2016 – Jan 2023, a total of 269 individuals of Black ethnic origin were known to have been detained under the Mental Health Act in Berkshire. This includes people identifying as being of mixed ethnic origin, i.e. White & Black African, White & Black Caribbean and White & Black Other.

The total population of Berkshire per the 2021 Census was 949,776. At a crude estimate, we were therefore trying to reach 0.0003% of the Berkshire population to participate in the Lived Experience data gathering. Even this is likely to be an over-estimate, as people previously detained in Berkshire may not necessarily still be living in Berkshire at the time of this project. Including carers of Black people subject to detention increases the target population, but not by a huge margin. Not everyone with a health need has family members / friends who identify as a carer, and it has been suggested that mental health carers are less likely to self-identify.<sup>4</sup>

Given these statistics, MiB recommended a targeted approach to letting Black people who had previously been detained know about the opportunity to participate. BHFT held contact details for people falling within the target demographic (albeit with the possibility that some of these may no longer be current). It would, of course, have been contrary to the General Data Protection Regulations for these contact details to be shared with MiB, and this was understood and never requested. Instead, information materials were prepared by MiB which could be sent by BHFT to known individuals. This went through several iterations and was reviewed by MiB and BHFT to ensure it conveyed clearly why people would be receiving the information, how their data would be handled, and that they had the right not to take part at all or to withdraw their participation. See Information Sheet at Appendix A.

The MiB Information Sheet about this project has never been circulated by BHFT to known individuals. Concerns about doing this were, firstly, whether consents obtained were sufficient under GDPR requirements for there to be contact with former patients outside of medical necessity. BHFT colleagues worked alongside MiB to try to create a safe and ethical solution, but this remained unresolved. Another concern, raised by clinicians, was that the information prepared for BHFT to send out to former patients might be triggering and cause previous patients psychological difficulty. MiB acknowledged and respected this concern, but felt it important to challenge this on the basis that everyone should be presumed to have mental capacity – and so decide whether or not to participate in a project such as this – in the absence of evidence to the contrary.

Whilst BHFT continued to review its position on whether and how to proceed with direct contact, the Trust proposed a mass marketing campaign about the project with a social media focus. This was not an approach advised by MiB as, based on our experience, we felt this approach seemed unlikely to yield results. However, MiB respected BHFT's endeavours to explore alternative solutions and so supported the mass marketing campaign by producing assets (see examples at Appendix B), re-sharing, and committing to a daily meeting with Trust staff over a period of one month to review social media comments and craft responses. The mass marketing campaign generated a reasonable level of interest in the project from the general public which was positive, and it was hoped this would lead to Black individuals with experience of detention coming forward as participants. Unfortunately, that was not the case.

---

<sup>4</sup> <https://www.mobiliseonline.co.uk/carers-guide-to-mental-health-caring#:~:text=was%20a%20carer%E2%80%9D-Unpaid%20carers%20who%20care%20for%20someone%20with%20a%20mental%20health,to%20identify%20as%20a%20carer.>



BHFT project staff shared that the Trust wished to try the alternative approach of gathering Lived Experience feedback via delivery of a 5 question survey by clinicians at the end of treatment sessions. This approach could, of course, only reach individuals still open to services. MiB was invited to be on hand to be in the room whilst this survey was being delivered if individuals consented. Whilst MiB understood this was an attempt to provide a feedback avenue for patients to share their experience, MiB did not feel there was a role for us in this and so decided to step back from the invite. There had been ongoing parallel discussions between MiB and BHFT's Health Inequalities project team about maximising the learning from the community engagement element (see below) and we felt better placed to focus on this.

Not being able to notify known individuals about this opportunity directly had a significant impact on the project. It has been reported elsewhere<sup>5</sup> that when it falls to client facing professionals within health and care to act as 'gatekeepers', deciding who has the opportunity to take part in research, that research is vulnerable to recruitment bias and particularly poor representation of the most marginalised. In trying to protect their clients, gatekeepers effectively deny people a voice and take away opportunity. However, research professionals have noted that there can still be learning from projects where it proves impossible to access participants as a result of gatekeepers' actions – in the form of highlighting “systemic responses to the threat of disruption” as described by Scourfield (2012).<sup>6</sup>

There is learning in this instance in:

- noting the concern of clinicians regarding this project and the re-engagement of previous clients now discharged from treatment;
- the importance of engaging all internal stakeholders to agree priorities and approach ahead of committing to a project such as this; and
- the importance of fidelity to research methodology in seeking to replicate results, i.e. moving away from the contact approach used in previous studies carries a risk that recruitment may prove more challenging.

This learning needs to inform future plans for community engagement, as changing the parameters of a project once it is in full swing runs the risk of eroding trust especially when working with minority and marginalised groups. This can have longer term impacts and intensify the challenges of establishing trusted relationships with communities.

With regards to the importance of adhering to methodology, it should be noted that the *300 Voices* work was carried out in a geography where Black people are still a minority group, but a much larger minority than they are in Berkshire. In principle, this would have made raising awareness with the target demographic for the *300 Voices* report less challenging. Nevertheless, in that instance NHS providers did make direct approaches to

---

5

[https://aru.figshare.com/articles/chapter/Do\\_families\\_with\\_experience\\_of\\_mental\\_ill\\_health\\_have\\_a\\_voice/Gatekeeping\\_in\\_health\\_and\\_social\\_care\\_research/23776281](https://aru.figshare.com/articles/chapter/Do_families_with_experience_of_mental_ill_health_have_a_voice/Gatekeeping_in_health_and_social_care_research/23776281)

<sup>6</sup> <https://files.eric.ed.gov/fulltext/EJ974851.pdf>

known individuals to assist third sector partners in engaging potential participants for this project.

BHFT accepted a proposal from MiB to deliver a piece of Lived Experience and Community Engagement work which contained the explicit commitment to support the Trust to be working to higher levels of participation with stakeholders in a sustained way. MiB would be happy to support BHFT in their continued exploration of this development and to review the feedback gathered from the clinician-delivered 5 question survey approach to help identify appropriate next steps. However, it needs to be recognised that a survey cannot, by its very nature, deliver patient stories. Such an approach may help to identify issues for further exploration through different methodologies designed to generate richer data.

Survey methodology involves the researcher determining what are the pertinent issues, and then framing questions which are delivered identically to all participants. It is a form of consultation, sitting within Level 1 of the Participation Model shown below. Using a storytelling methodology, on the other hand, gives the participants in a study the power to identify, articulate and explore the issues which they feel are most pertinent to a topic, driving the agenda for the next stage. Engagement wherein people are invited to expand on the issues they deem most relevant to the subject being explored sits at Level 3/4 of the Participation Model.



# Engagement approach

## Community mapping and engagement

MiB's community engagement began with a mapping exercise to generate a list of potential contacts across Berkshire. This involved reviewing contacts generated through previous projects or ongoing collaborations, supplemented by online research and snowballing<sup>7</sup>, to identify those likely to be a conduit to Black adults with experience of accessing statutory mental health services. Contacts were included if they had a remit or expressed personal interest in Black communities, mental health support or both. 138 relevant community groups or leaders across Berkshire were identified.

Where our mapping did not clearly identify community groups or leaders likely to facilitate access to Black people, we used a variety of alternative channels such as sports clubs; the Independent Mental Health Advocacy (IMHA) service; community engagement leads and wider community based leaders.

The MiB project leads then met or spoke with contacts to outline the project, offer a light briefing on the issues to be explored with project participants, and answer any questions. This was aimed at supporting people within community groups to decide on how they may want to engage themselves or encourage others within their own community or family groups to consider this. In addition to one-to-one conversations, reaching out to these contacts resulted in opportunities to raise awareness of the project at 10 community meetings. Just over 100 inputs were gathered from this community engagement.

MiB advised in their project proposal to BHFT that gaining inroads into the Black communities would be a key factor in delivering this project and may prove quite challenging. This is not because Black communities simply don't wish to engage, but because building trusting relationships so as to be able to gather frank feedback takes time in order that barriers can be understood and addressed. The demographics of this community are relatively low across Berkshire, particularly in the boroughs of RBWM and West Berkshire where they sit at 1 and 1.3% respectively (Census data 2021) in comparison to other communities, such as the Asian communities that are 3 – 7% of their respective communities. Within the Black communities, we were then looking to access the sub-group of those people who had been detained (see above).

---

<sup>7</sup> A recruitment technique in which research participants are asked to assist researchers in identifying other possible subjects.

## Staff engagement

Alongside the community engagement as originally conceived, it was agreed between MiB and the BHFT Health Inequalities project team that it would be appropriate to bring forward elements of the BHFT staff engagement which had been scheduled to follow the gathering of Lived Experience stories. The reason for this was recognising BHFT staff as another possible avenue to Black individuals with experience of detention – via community and family connections. MiB prepared resources for the Trust to share internally inviting staff to contact us.

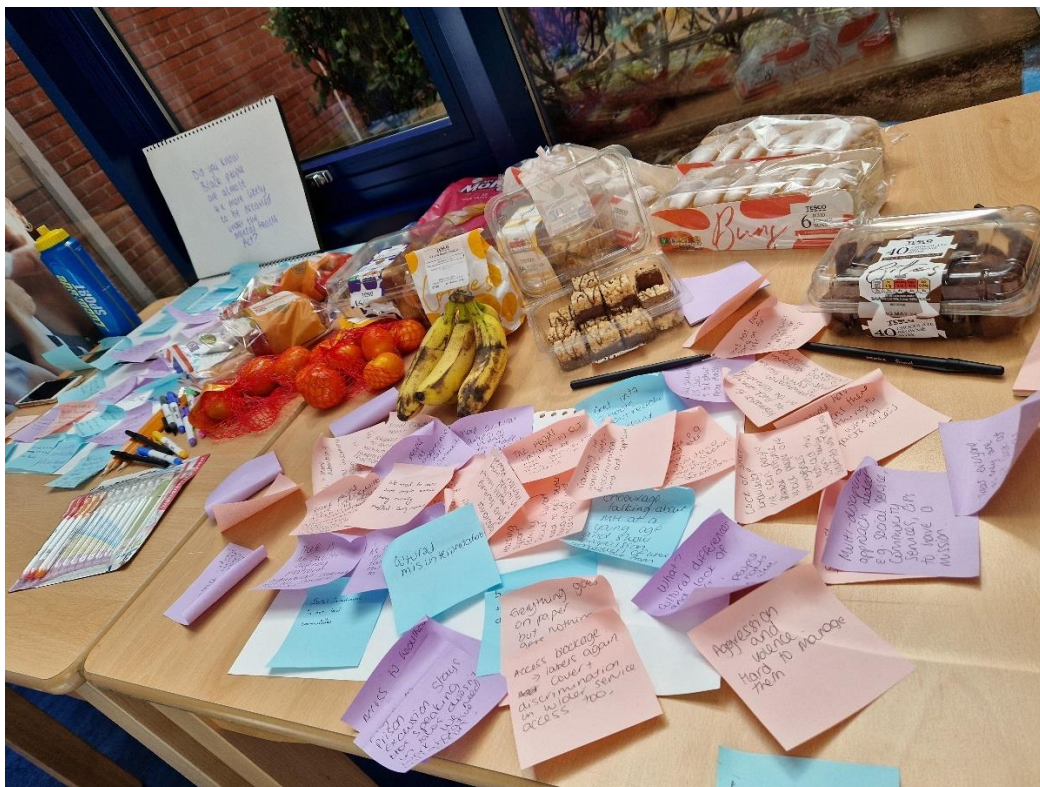
Whilst retaining a BHFT focus, staff engagement plans evolved to include mental healthcare staff employed by other organisations but working alongside the Trust. MiB accepted BHFT's invitation to attend the CommUNITY Forum, an anti-racist assembly facilitated by BHFT and focused on providing a safe and empowering space to platform voices, ideas and find solutions to support the diverse communities across Berkshire. The Forum is attended by a mix of staff, not just BHFT employees, making it an excellent initiative focusing on diversity. We invited attendees to take part in a Menti-meter which was formulated by 3 key questions:

- When you hear the words 'Mental Health Detention', what words come to mind?
- Black people are four times more likely to be detained under the Mental Health Act. Why do you think that is?
- What more should we be doing to support our minority communities with their Mental Health?

We also ran a pop-up event at Prospect Park Hospital on 16.04.2024 in collaboration with a senior BHFT Staff Member who was very passionate about staff having the opportunity to share their voice. The event was informal and allowed facilitators to connect with staff as they worked throughout the day. Informality was key to ensuring staff felt comfortable, and provided opportunities to offer assurances that feedback would be reported in an anonymised way. From this event, we were able to gather approximately 80 inputs from staff in a range of roles and with varying lengths of service and experience, as well as distribute leaflets about the project. (NB: Comments gathered from the Prospect Park event are referred to below as simply 'staff' feedback. The majority of people we spoke with were BHFT employees. However, some were people working at the Prospect Park site, on that day, were employed by other organisations.)

Interestingly, several of the staff we spoke to found it difficult to recall having encountered any Black patients, whether detained or not and said they felt they believed they had seen more patients from other ethnic groups as in-patients. A couple of the staff even queried if the health inequality subject of this project was accurate in its description, as they personally were not aware of the higher rates of detention faced by Black people nationally or locally.





## Changing the focus of the approach

At the outset, this community and staff engagement was primarily aimed at setting foundations and building a stronger rapport as we sought to gather more in-depth accounts of individual experiences of MHA detention. It became increasingly clear, however, that some of the seemingly wider issues which people were feeding back to us were very pertinent to the project's overall aims. Effectively, communities told us that there were wider issues which they wished to voice about the Black experience of mental health, seeking support, and the relationships between Black communities and statutory services. MiB shared this with the BHFT Health Inequalities project team, and it was agreed that it would be appropriate to capture and welcome this feedback.

As agreed, the feedback collected therefore covers wider perspectives of the Black experience, i.e. the context in which mental health inequalities are experienced by this population within Berkshire. This includes comments from people as why they thought it was so challenging to recruit participants to share first hand Lived Experience of detention. It should be emphasised that members of Black communities volunteered their hypotheses and also potential solutions to help overcome mistrust. Those people who spoke to us were not refusing to engage, but sharing their perspective on the steps needed to facilitate wider engagement.

It became increasingly evident that there was important learning to be gathered through giving the wider Black community, and witnesses, a chance to share what they believed was contributing to this health inequality. MiB therefore welcomed and noted the observations offered back when describing the Mental Health Act detentions project, which focused on the wider Black experience of mental health, health care services, and

living as a Black person in Berkshire. Several contacts have come back to us to request updates on the project and been willing to share further reflections. This demonstrates an appetite from Black communities to engage with the Trust about health inequalities and exploring possible solutions. The feedback gathered to date identifies some of the issues to be, firstly acknowledged, and then addressed in order to build effective relationships to take this work forward.

Very few of the people we spoke to through this community and staff engagement identified as having direct personal experience of being detained as a Black person, or being the carer for someone with this direct experience. Some have identified as family members of people with this direct experience and/or have alluded to a closer connection. e.g. speaking in more general terms about a traumatic family history with mental health services. Many of those we spoke to offered theories as to why Black people with experience of MHA detention would be unwilling to identify themselves as such for engagement with this project.

The themes emerging from our conversations are set out in a separate report.

# **Appendix A: MHA Detentions Project Participant Information Sheet**



## **INFORMATION SHEET**

### **Experiences of Black people in Berkshire who have been detained (sectioned) under the Mental Health Act**

We'd like to invite you to take part in our work to understand the experiences of Black people in Berkshire who have been detained (sectioned) under the Mental Health Act. Before you decide whether to take part, it is important that you understand why this work is being done and what it would involve for you. Please take time to read this information and discuss it with others if you wish.

#### **Who is doing this work?**

Mind in Berkshire is a collaboration between two local charities, Oxfordshire Mind and Buckinghamshire Mind. The two Local Minds use the name 'Mind in Berkshire' when working in Berkshire, and this project is being managed by members of staff from both organisations. If there is anything that is not clear, or if you would like more information, please contact [getinvolved@mindinberkshire.org.uk](mailto:getinvolved@mindinberkshire.org.uk)

#### **Purpose**

Both nationally and locally, Black people are more likely to be detained under the Mental Health Act (sometimes called 'being sectioned') than people from other ethnic groups. Mind in Berkshire are seeking to improve understanding about why this is, and what needs to change to make things fairer and better suited to meeting the needs of Black people. To do this, we want to capture the experiences of Black people in Berkshire who have been detained under the Mental Health Act at Berkshire Healthcare Foundation Trust (BHFT). We will have

the opportunity to share our findings with BHFT, and BHFT will be using what we find out to improve the support they provide. This project will set out to:

- collate and describe the experiences of Black people in Berkshire who have been detained under the Mental Health Act and the family members and friends who support them;
- gather insight on the kinds of support that Black people in Berkshire knew about and used before they were detained and after they were discharged; and
- invite Black people in Berkshire who have been detained under the Mental Health act, and the family members and friends who support them, to share their experiences with clinicians and policymakers at BHFT and help them to shape and develop their services and practice.

### **What happens if I agree to take part?**

If you agree to take part, you will be invited to take part in either a one-to-one interview or a focus group with around 4-8 other people. Interviews and focus groups will take place online or in a location convenient to you. You will be reimbursed for any travel costs you incur.

Interviews and focus groups have been designed to allow participants to tell their stories and recount their experiences in their own words. You may be asked about your background and your experiences of living with or supporting someone with a mental health condition; the support or assistance you had before you or the person you support was detained; your experiences of being detained or supporting someone when they were being detained; and any treatment, support or assistance you or the person you support had during and after they were detained.

### **Do I have to take part?**

No. Taking part in this work is entirely voluntary and choosing not to take part will not affect any care or support from either of the Mind in Berkshire charities or BHFT. If you do decide to take part, you can change your mind and withdraw later. You can ask for the information you have shared with us in a focus group or interview to be



withdrawn up until the point when it has been combined with information from other participants and it can no longer be separated out.

### **Benefits and possible disadvantages**

We believe this project offers an opportunity to improve mental health support and care for Black people in Berkshire and to allow Black people in Berkshire who have been detained under the Mental Health Act to have their voices heard by BHFT and to influence positive change in how their services are delivered.

We acknowledge that some people may find talking about these experiences distressing. If you do choose to take part and need support at any time, we will signpost you to appropriate support with a local Mind service or other organisation.

### **What happens to my information?**

Focus groups and interviews will be audio recorded. Recordings will be stored in an electronic folder on an Oxfordshire Mind drive that will only be accessible to members of staff working on this project. Recordings will be transcribed and any potentially identifying information, such as names, addresses and other personal information will be removed. Audio files and transcriptions will be stored using an anonymous filename that will not include any information that will make it possible to identify you. We may use your words in short quotes in written reports, but we will not attribute the words to you or use your name.

You will be offered the opportunity to have your interview video recorded. **You can still participate in this project if you do not agree to be video recorded.** We believe video recordings will be a powerful way to convey the experiences of our participants and may be useful to help shape the practice of clinicians and policymakers. We hope to use excerpts from video recordings in online resources, presentations, and training materials. **Please note, however, that although we will not include your name or any personal details, if you agree to be video recorded we cannot guarantee your anonymity as you may be recognised from video excerpts, for instance by clinicians who were involved in your care.** If you choose to take part but NOT to be video recorded, your participation will be anonymous.

Any information you share with us, including your name and contact details as well as any information you share with us in a focus group or interview, will be kept in a secure folder and only accessible to the members of staff who are working on this project. You can ask for the information you have shared with us in a focus group or interview to be withdrawn up until the point when it has been combined with others and can no

longer be separated out. Signed paper copies of consent forms will be kept in a locked drawer in an Oxfordshire Mind office that is only accessible by members of staff.

We will only retain information while it is needed and for no longer than six months from the date a report on this project is completed. When no longer needed electronic files will be permanently deleted and paper copies of consent forms will be shredded.

## **Appendix B: resources developed to advertise participation opportunity**

Social media posts

Mind in Berkshire / Berkshire Healthcare

**Facebook posts – Organic**

**X Platform (previously known as Twitter)**

# mind in Berkshire



Published by Orlo · Just now · 🌐

Did you know that Black adults are more likely to be sectioned under the Mental Health Act than anyone else?

We're partnering with the charity Mind in Berkshire on a research project to better understand why this is, so we can help improve mental health support for Black people. 💬

Mind are seeking Black people in Berkshire who have been detained under the Mental Health Act in the last five years, and the family members and friends who support them, to share their lived experiences. 🗣️

We want to ensure that they have an opportunity to have their voices heard and to be able to influence positive change in how mental health services are delivered.

Contact Mind to find out more [getinvolved@mininberkshire.org.uk](mailto:getinvolved@mininberkshire.org.uk)



#MentalHealthSupport #Berkshire




**Tweets:**

# mind in Berkshire



**Berkshire Healthcare @BHFT**

...


Did you know Black adults face higher rates of sectioning under the Mental Health Act? We're partnering with Mind in Berkshire to understand why and improve support.  [#MentalHealthSupport](#)

[#Berkshire](#)  Get in touch at  
[getinvolved@mindinberkshire.org.uk](mailto:getinvolved@mindinberkshire.org.uk)  
[@MindinBerkshire](#)



**Berkshire Healthcare @BHFT**

...

Were you aware that Black adults face higher sectioning rates under the Mental Health Act? Join our project with [@MindinBerkshire](#) to share your experiences and influence change...  For more info   
[getinvolved@mindinberkshire.org.uk](mailto:getinvolved@mindinberkshire.org.uk)  
[#MentalHealthSupport](#)



# mind in Berkshire



**Berkshire Healthcare** @BHFT

...

Did you know that Black adults are more likely to be sectioned under the Mental Health Act than anyone else?

We're partnering with @MindinBerkshire to better understand why this is, so we can help improve mental health support for Black people. [getinvolved@mindinberkshire.org.uk](mailto:getinvolved@mindinberkshire.org.uk)







## Have you got experience of being sectioned under the Mental Health Act?

Did you know that Black adults are more likely to be sectioned under the mental health act than anyone else?

Our project aims to explore and ensure that black people who have been sectioned themselves have an opportunity to have their voices heard and experiences listened to. We are also keen to hear the voices of family members or friends who have supported the person who has been sectioned.

We are committed to supporting black voices and empowering individuals to share their stories.

We would love to hear from you. Mind is an independent charity and is working alongside NHS partners to ensure those sharing their stories have a platform to not only be heard but be involved in creating opportunities for change.

We want to assure you that you can take part anonymously if that would make you feel more comfortable. There are also a number of avenues we can provide to support your participation in the project such as:

- Face to Face/ Online meetings
- Email
- Phone/Text

**If you would like to take part please do contact us via the information provided below. Together, we can make a difference.**

**Louis Headley – 07871729297  
Engagement and Development Manger**

**[Getinvolved@mindinberkshire.org.uk](mailto:Getinvolved@mindinberkshire.org.uk)**

 **Mind**  
in Berkshire

[oxfordshiremind.org.uk](http://oxfordshiremind.org.uk)

Registered Charity Number: 261476