SERVICES IN THE CITY

In 2001, nearly one fifth (19%) of Wolverhampton’s population was over retirement age. People of South Asian origin constituted 14% of the city’s population (Office for National Statistics, 2003) (Fig 1 shows religion), with other BME groups making up a further 8%.

The mental health service for older people was organised as three multidisciplinary community mental health teams for three different areas of the city. Families of South Asian origin live in all three areas; the dominant faith is Sikh and the main language Punjabi.

When the Asian link team leader post was set up, mental health services for older people consisted mainly of assessment beds, a memory clinic and day hospital, and a joint social service and healthcare resource centre. Two residential homes provided specialist nursing care for people with advanced dementia.

Harjinder Kaur, who was already an established community psychiatric nurse in one of the community mental health teams for older people, was appointed as the Asian link nurse for the city, initially part time. This nurse speaks fluent Punjabi and English and has knowledge and understanding of all the Asian languages and cultures represented in Wolverhampton. Her remit has been to implement several recommendations of the 1999 multi agency review and the Dementia Plus 2001 report (Jolley et al 2009). Activities so far have included:

- Promoting knowledge, understanding and sensitivity of cultures: the link nurse undertook in-reach developments, where services are taken to people or facilities, rather than waiting and responding to referrals, in health and social services in Wolverhampton, especially in residential and day care centres. Here, she introduced Asian cultural symbols and gave staff some basic training in Asian languages. While useful, this aspect of service development requires constant staff development to take account of staffing and service changes. An Asian carers’ support group (Box 1, overleaf) was set up to provide a social, learning and communication forum for carers of Asian origin;

- Contributing to the development and distribution of information in different formats and languages: leaflets on dementia were produced in each of the four main Asian languages. Audiotapes of the leaflets were developed for those unable to read, or whose preference was for aural rather than visual information;

- Providing outreach within communities: the link nurse developed personal contacts with older people with dementia and their carers in the Asian community. In many cases, she developed these relationships further, via the Asian carers’ support group for which the link nurse was initially responsible, and the more general help and advice she gave while visiting and supporting older people with dementia. The link nurse also gained access to a variety of community venues such as temples, where she provided information and gave talks and presentations. She also sought out facilities such as local radio, newspapers and community publicity rallies, and gave talks and interviews;

- Identifying and making use of vehicles for publicity: other resources such as videotapes on dementia were bought and made available to community groups through Dementia Plus;

- Preparing for client and carer involvement: the link nurse made herself available at all times to people from the Asian community who wanted to discuss how to identify dementia and the procedures for formally doing so;

- Involving communities in the planning process: planning groups involved in health and social services, and the voluntary sector can consult with individual families or with the Asian carers’ support group; here, the nurse acted as a reference point and conduit. Being known to the main agencies, she was able to put them in touch with individuals or groups who are willing and equipped to give evidence from a user or carer perspective from the South Asian community;

- Supporting improvements in primary care: the link nurse contributed to training in identifying dementia and providing appropriate services in three weekly half day sessions, which took place during the project’s early days and included GPs, practice nurses and ancillary staff. It was well received and led to extra referrals to the specialist service; further talks are planned. Links with Dementia Plus were important in establishing follow up research on carers’ experiences;

- Encouraging liaison in acute hospital settings: liaison around older people with mental health problems at the general hospital was functional but not well developed until recently (2004). Issues relating to people of South Asian origin are passed, where appropriate, to the community mental health team for older people, which now passes them on to the link nurse. A liaison service for home treatment was set up with a base in the accident and emergency department at the local hospital;

- Piloting alternative services: the link nurse has been involved in a number of developments, either directly or in an advisory role. These have included introducing Asian cultural artefacts such as pictures and paintings at day care centres, as well as training for staff in elements of language and culture. More services are now

| TABLE 1. CHANGING ETHNIC PROFILE OF PEOPLE WITH DEMENTIA IN WOLVERHAMPTON (PREDICTED) |
|---------------|----------------|----------------|----------------|
|               | Number        | % white | % Asian | % black |
| 1991          | 2,321         | 96.4    | 2.6    | 1      |
| 2001          | 2,732         | 94.1    | 3      | 2.9    |
| 2011          | 2,957         | 90.2    | 6      | 3.8    |

Source: based on prevalence rates from Wolverhampton City Primary Care Trust (2005)

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