Community Mental Health Summit - Your posts

More than 180 service users, carers, residents and others joined our online Community Mental Health Summit on 10 November 2021. Attendees were invited to post comments and questions in a live chat feed. This is what they said – in full and unedited with only names removed.

14:34:00	It's working fine
14:34:07	Just completed it
14:35:13	I was able to see the poll. Many thanks
14:35:44	The poll seems to work.
14:36:06	Better trained Home treatment team
14:36:07	You can enable subtitles at the bottom of your screen
14:36:15	Completed poll and very happy to be involved
14:36:42	Carers involvement a must
14:36:45	not able to send poll
14:36:58	sound mic is banging
14:38:02	I would like hear about how unpaid Carers for people covered by the scope of this plan are to be a) identified, b) supported as Carers & c) have their own health needs identified & addressed. Unpaid Carers are in the front line of health inequalities.
14:38:24	Where should people go to access practical benefits help at the moment (i.e advocacy)?
14:38:38	In relation to Common and Major, there's a conflict with the recognition of Depression.
14:41:11	No sound
14:41:21	no sound in the video
14:41:30	no sound for me too
14:41:32	should we watch it separately through the lnk
14:41:49	Before sharing , press sound and then share
14:42:02	Sorry, I would like to see - better trained home treatment team, long term therapy options. Shorter waiting lists. Emergency centres. Suicide centres. Better trained IAPts staff. Support for carers of young and older adults. CAMHS threshold lowered. Support with costs for those who want to train as professional mental health staff esp from ethnic minorities - my son who is afro Caribbean cannot get help for a masters.
14:42:18	mic icon
14:42:55	Sorry not working
14:43:06	You can watch the video on YouTube at
14:43:24	No
14:43:33	Bad echo
14:43:34	huge echo, sorry
14:43:37	it's echoing
14:43:39	Exho

14:43:54	There's really bad feedback
14:43:54	there so much feedback
14:43:54	The sound is appalling, I'm afraid. Major echo.
14:43:56	some ones got two devices on Zoom
14:43:56	Can we just forget the video and have it summarised
14:43:57	echo
14:44:03	Can a host mute everyone please
14:44:03	Terrible echo I think because you are sharing sound
14:44:09	Muted.
14:44:14	~Not because of microphone
14:44:17	the host needs to mute all
14:44:24	that's better definitely!
14:44:25	From J Yates. I have saved the link and sent myself an email to watch it later.
14:44:27	yes we can Darren
14:44:35	sound is much better now
14:44:45	Please turn your volume
14:44:51	
14:44:53	Down
14:45:12	
14:46:34	Resilience Network
14:47:42	Hi everyone. I am a survivor researcher and resident of Enfield. I am also Researcher in Residence at East London Foundation NHS Trust, as part of the evaluation of the same community mental health transformation there.
14:48:38	Coproduction is the way forward
14:48:48	
14:49:05	What account has been made in the 3 year change programme has been made for the proposed changes to the Mental Health Act?
14:50:41	When you say 'everyone', presumably there is a fundamental threshold for who is going to be receiving this care and treatment?
14:50:44	what support supervision is available for people lived experience joyce
14:51:21	Who is eligible for a key worker? Who isn't? Do you need to be getting treatment from the trust? What about VCS partners?
14:51:40	how will this improve provision for over representation of black people
14:51:47	
14:52:26	What happens to people on the long waiting lists? Will they also suddenly get treatment within 4 weeks? (I think it was 4 weeks that was said)
14:52:26	This sounds very positiveAre you linked into the Aces approach in your teams? Are you also recruiting psychotherapists? What is the composition of the new recruits in relation to ethnic minority communities?
14:52:40	How is a service user who is known to the MH services get a key worker

14:52:50	How will progress & improvements for patients & Carers be measured, assessed, & reported on? How will we all know that a positive change has been achieved? How will the community be involved & informed about progress & improvements?
14:52:52	are service users sitting on the actual policy making committees making these decisions
14:53:12	Carers' tell us how best we can support you.
14:53:24	Hi all *waves*, I'm a University Mental Health Advisor representing the Middlesex University Counselling & Mental Health Service. It's good to be here. Question What provision will these new ways of delivering services meet the specific needs of young adults aged 18-25 and Autistic people who may be studying in Barnet but have mental health needs also?
14:53:27	What support will there be for the key workers to prevent burn out?
14:54:31	What imput have carers had in the next four years changes to MH services
14:54:43	Is there anything being done bout the fair treatment of those with mental health issues at work?
14:55:37	funding for Talk for Health, a a project based in Islington and Camden from Islington CCG is under threat of stopping, just as NE London are seeing its unique value
	what can we do to to ensure it's value is recognised and funding continues?
14:55:41	a lot has been said but its very hard to take it all in. will there be a written/hard copy of what is being discussed
14:55:42	Why is this community expansion happening now, i.e. why did it not happen before?
14:55:42	There is an opportunity to incorporate Open Dialogue and embed it in new service delivery. NELFT is using its it's transformation fund to do this. Has this been considered here, how and what decided?
14:55:45	Are there going to be more *physical spaces* for people to connect and form communities of support? E.g. community gardens, day centres that are pleasant and accessible and available to people from many different walks of life? "Community" is preventative of suffering and emotional distress, but it doesn't just exist, it requires opportunity to form and develop
14:55:50	Is there work being done on employment retention as well as IPS? It seems to be more important.
14:56:28	Does the holistic health practitioners include Reiki Healing practioners?
14:56:33	Any questions we don't get to today we'll answer in writing and circulate that to attendees.
14:57:06	Echoing... - how can we ensure the longevity of successful projects like Talk 4 Health with recognition and funding?
14:57:35	Advocacy services for Camden and Islington residents detained under the Mental Health Act are currently not able to cover demand due to staffing pressures. Are there any plans to increase money allocated to advocacy services to ensure that patients have access to adequate informal representation and support? Thank you.
14:57:44	Q from Chestnuts Comm Centre Attendee… Are there any plans to build a network with BME communities and organisations in North East London?
14:57:55	What improvements are you going to incorporate in your record keeping processes to make them fit for purpose?
14:58:02	Is there a professional on the staff to diagnose and recommend treatment for adult autistic patiuents? We have been con tonually put off and th4e 'local' clinic in Chigwell will not send staff over here.
14:58:07	How will Carers and Family members be involved in assessment, and delivery of, treatment and support?
14:58:13	Can the discharge process be simplified for inpatients
14:58:21	How are we offering talking therapies to the Black MH people.

14:58:33	a lot of talk about prevention but nothing being said that actually tells me how you are going to help prevent a crisis/help maintain mental well being,
14:59:05	How will Carers and Family members be involved in assessment, and delivery of, treatment and support?
14:59:06	we know racism in itself is a big stressor as well as intergenerational trauma from slavery
14:59:08	How are you encouraging trust to Black People who are living with MH
14:59:30	There is an opportunity to incorporate Open Dialogue and embed it in new service delivery. NELFT is using its it's transformation fund to do this. Has this been considered here, how and what decided?
14:59:33	One of the key aims of the CPA was to look at inequalities faced by black people in mental health institutions, on this same subject, have we consider using different approach instead of traditional services?
15:00:09	There was no mention about PTSD and CPTSD care, what extra help hey can get?
15:00:18	What would help Carers Carers UK has excellent research & reports about the nuts & bolts of Carers experiences. Also work in tight partnership with the Carer support orgs, e.g. Camden Carers, Islington Carers Hub. Also Carers UK hasDoH funded programme to raise awareness about Carers in CCG, ICS & partnership organisations. Carers UK has excellent research & reports about the nuts & bolts of Carers experiences. Also work in tight partnership with the Carer support orgs, e.g. Camden Carers, Islington Carers Hub. Also Carers UK hasDoH funded programme to raise awareness about Carers in CCG, ICS & partnership organisations.
15:00:52	A lot is being said about race but no one is addressing severity.
15:01:15	I did not finish.. Benefit for autistic and learning disabled is vastly different so we ned to know which catergory our son comes into. We have also been fobbed off many times over the criteriuon that the patient should decided for himself if he needs treatnment, when if he obviously lacks capacityj he cannot do. He is clearly unable to fill in a benefit form for example.
15:01:25	Q from Chestnuts Attendee… How are you connecting with local initiatives, specifically for the BME communities, e.g. social prescribers and other key workers?
15:01:29	We will publish responses to those we can't answer today on our website over the coming days
15:01:35	PREVENTION is supposed to be part of the transformation. How is that going to be addressed?
15:01:49	Here is a letgter in today's guardian. It is ablut physical disablity but same problem, and mentally ill are not literate and articulate like this guy.
15:02:10	4 weeks its over a year waiting
15:02:30	https//www.theguardian.com/society/2021/nov/09/the-system-is-failing-those-who-cant-work
15:02:32	3 years for some services,
15:02:35	Q from Chestnuts Attendee (Coordinator for Middle Eastern Community House)… Dealing with refugee and BME groups. How can work with NHS MH teams to support our service users/residents?
15:02:37	As well as a recording of today's meeting, we will circulate answers to the questions we didn't get to, today. Thanks for some fantastic questions and comments. We will use all of them in shaping the service going forward.
15:02:42	Prevention?! What about those who are already here?! Everything is going on prevetion and nothing on the latter!!

15:03:19	Addressing equalities of healthcare provision & experiences is critical to the future success of any change programme.
15:04:20	Darren Summers mentioned Commissioned Critical Partners - who are they and what services are they providing?
15:04:29	what about young people
15:04:36	Q from Chestnuts Group (Tottenham Mens With Voices)… How can we access funding to help support our work with BME communities and other local grassroots charities?
15:04:39	How can you ensure that carers are included at all stages but also get adequate support? Often group sharing can help too
15:04:51	to Medhi you mentioned that you were going to address care and needs of population rather than an area. Within every Local authority we have areas of affluence next to areas of high deprivation-so how will this work
15:06:01	We'll publish answers online on our websites
15:06:18	Can you let us know where we will find the recording?
15:06:22	Will eating disorder services be decentralised and made a community service so improves accessibility. Will waiting times improve.?
15:06:31	I am so pleased to hear all your questions. We will endeavour to answer all of them. Each question has significant value for us and will result in improving the services. Thank you
15:06:37	Will you support the expansion of peer-to-peer support groups and networks? These can be less stignatising and more sustainable, and definitely based in community.
15:06:48	Will these things be addressed in the next 3 years
15:06:56	better trained home treatment team, long term therapy options. Shorter waiting lists. Emergency centres. Suicide centres. Better trained IAPts staff. Support for carers of young and older adults. CAMHS threshold lowered. Support with costs for those who want to train as professional mental health staff esp from ethnic minorities - my son who is afro Caribbean cannot get help for a masters
15:07:03	Carers are very important in the lives of people with Mental Health
15:08:53	help what am I doing
15:09:03	Is any of the investment going toward the currently long and problematic waiting lists for diagnoses AND support? Specifically for Autism, ADHD and the neurodiverse spectrum for adults (that ignored, lead unecessarily to job loss/comorbidities/homelessness and worse)
15:10:27	sorry I missed the slide bit - I was doing the spotlighting I am sorry
15:10:48	Check out our FAQs on this webpage for answers to common questions https:////www.beh-mht.nhs.uk/bettermentalhealth
15:10:52	
15:11:25	We had 184 people last time I looked!
15:38:08	there is so much to consider and yet its to short a session
15:38:08	Voiceability are currently recruiting Peer support workers.
15:38:19	Disparities in provision of support for carers
15:38:31	Would you consider meetings with various communities to help identify their needs so that the right facilities are provided with the available money in the next 3 years?
15:38:32	Jess happy to support you to your peer support worker journey if you want to connect with a peer coach
15:38:38	Not sure if not having a break is a great idea....?
15:38:46	FACILITATORS TYPE IN THE CHAT YOUR PRIORITIES

15:39:09	Are thought we were having a break
15:39:12	Side by Side Network is amazing to follow up several opportunities and that's how I found out about peer coaching roles in the first place
15:39:28	...really happy to have a chat about peer coaching .
15:39:36	Training for non-NHS staff is important to help them respond well BUT ALSO to help address inequalities by training BAME staff
15:39:48	Reduce waiting times
15:39:52	Room 12: Thank you to everyone in room 12 for your honesty and well-considered contributions Key priorities are
15:39:56	FACILITATOR FEEDBACK: 1) an effective method of communicating how the services are going to work. 2)Needs to be a F2F component. Places and spaces. A hub, a safe space, with privacy 1) an effective method of communicating how the services are going to work. 2)Needs to be a F2F component. Places and spaces. A hub, a safe space, with privacy.
15:40:23	Self-referral (like a drop-in clinics)
15:40:36	Access to mental health in timely manner with early diagnosis.
15:40:39	Room 18 1. wants more investment in CBT and talking therapy, more one to one therapy and reduce long waiting list 2. Funding for specialise services that train lay people about Mental health
15:40:42	Great to see you!
15:40:53	Thank you Joshua you were terrific facilitator.
15:40:58	room 19. 1.
15:41:11	Group 2 – 1. Co production, working with charities, carers, just like we are meeting here – transparency is important.
15:41:14	Staff shortages in the NHS, properly experienced newly qualified phychtrist.
15:41:22	Surely training more BAME staff is about providing better understanding of and service for BAME users, more than remedying numerical inequalities?
15:41:33	More collaboration and connection with all mental health services NHS, private, VCS provider having joint conversation together with services provider and services users
15:41:34	I agree with drop in. Also can you consider a 24 hour mental health service?
15:41:35	room 5 Communication between different levels at NHS and different departments
15:41:39	Our priorities are: 1) Addressing inequality in accessing MH services and training staff members and carers as to how to reduce this 2) Reducing waiting times BONUS Having discreet self-referral options for MH services (MAIN ROOM)
15:41:46	room 19.
15:41:46	limited staff support burnout limited recourses
15:41:48	Room 12: key priorities are upskilling of front-line staff (making sure everyone is well trained at all levels to deal with complex issues), continuity/ retention of staff/ quality of individual relationships over the quantity of relationships, cultural competence (staff representation and understanding reflecting the community demographics and needs)
15:41:59	Invest in good effective group work
15:42:07	Room 6 Theme 1 - to provide clarity on what the changes will be and how sustainable it will be. The action being around communicating to include all the stakeholders to gain understanding of roles and how they fit into the new world. Theme 2 - How will we maintain

	what is currently a good/excellent service during the period of change. Theme 3 - Some services have been the same for years. How can we ensure that we really think about them and ut in place something that is quite different to meet the diverse needs of the community. There is plenty of data to support this and we need to act on that.
15:42:07	We have found that talking therapy that does not require specific referral really helps and peer support is developed organically,
15:42:20	Joined up services so that routes to what you need are clear.
15:42:27	our group didn't have a facilitator
15:42:33	To ensure that people always have a choice of face to face meetings with clincians and it does not default to digital. Our research shows that it is preferable for most people.
15:42:33	room 13 above about carers and trauma informed care
15:42:51	Funding for specific project for BME and wider group
15:42:52	do you know which room I was facilitating?
15:42:59	Yes more staff are needed to prevent burnout as I have contacted my son's therapist in the past and got no reply. Burnt out staff can't help people!
15:43:01	Room 20 - 1. Funding (what will this look like for current service, will this expand current service), 2. Waiting list - Will the transformation reduce people currently on waiting list. 3. Location of service to client(How will this change to client to location). 4. Key worker assigned - who will that be, will they have capacity. will it be face to face or by telephone
15:43:02	For F2/ please distinguish between paid Carers & unpaid Carers (family & friends).
15:43:18	room 12: another priority was the need for co-production at all levels and greater considerations for different needs that build inclusivity (eg paper resources as well as online ones)
15:43:22	My group did not have an official facilitator!, but we captured some valuable stories and ideas. Peer Support Training/Services are wanted/needed - Making time for people, as well as funding for services needs to be a priority. Person-Centred/Trauma Informed Practice must be the operating framework across services and NCL.
15:43:24	Themes
15:43:37	Peer Support like Talk for Health is commissioned as it is a sustainable model.
15:43:39	Is it possible to connect mental health services with physical health services for supporting patients in a wholistic way?
15:43:39	Increase staffing for Community Rehab services
15:43:43	How are smaller specialised services going to be commissioned so that they are sustainable.
15:43:50	I think the trusts should have an overarching understanding of origins of mental health difficulties I suggest the ACES approach is brilliant it asks what happened to you? rather than why are you feeling like this? /www.londonaceshub.org
15:44:00	Room 11 we need team to diagnose autism and offer care and work pathway, need employers to be aware. Some can read and work, some are unable to work and need residential care. Listen to parents' report of their adult children's behaviour.
15:44:23	cahms poor services for young people needs to be improve.
15:44:24	Funding for Talk For Health beyond end March 2022
15:45:10	Can we expand the number of types of therapy available? eg in Somerset friends have benefitted from Cognitive Analytical Therapy - CAT. Seems much better than CBT.
15:45:17	How do specialised services apply for funding that are required and are not met by large organisations like mind.
15:45:30	I would like to eco additional funding for Talk For Health who train everyone to support in a structure with empathy and be supported

15:45:33	Talk for Health is such a brilliant organisation free to access and transformational
15:45:39	Room 19 - Coproduction - Ensuring there is a clear approach to giving feedback following coproduction, being clear about how feedback has been received and how service design has been adjusted based on feedback..
15:45:45	Priorities from group 17
15:46:35	We also give carers awareness training to NHS staff
15:46:52	MHFA training
15:47:28	MH awareness training
15:49:14	if p support is to be outsourced, e.g. T4H & other initiatives, how does the CCG/ICS manage the governance of facilitators ? I am concerned that outsourced programmes may have groups where people areMH vulnerable & may not have the level of governance & supervision in place to support or refer them on as needed.
15:49:34	I think some carers need psychologically informed support onhow to have healthier relationships with the people they care for - sometimes there is tension and conflict and different priorities. How to manage these, how to not be codependent or an enabler or bad habits, how to maintain boundaries, how to build capacity etc. There could be more training in this. Sometimes the carer is working against the work of the clinical team and the service user is in the middle. It's complicated!
15:49:49	Themes 1. Waiting lists need increased management and shortening, better Mental Health benefits access (much easier & more favourable for physical benefits). Themes 2. Better accessibility before and during and after care/after discharge. Actions. Self referral, better accessibility and preventative measures (identifying triggers and variables that can lead to Mental Health admissions). Skilled support instead of signposting (redefining the term 'signposting' to be more personal & inclusive support) ranging from filling in forms for getting access to the relevant services without having to wait for months (incluiding waiting for the incorrect service) and avoid being bounced around from service to service. Making areas quickly accessible. Maintained support & financial management for patients. Involving service users and carers in the service, incorporating them into different areas across the area.
15:49:59	Our group: We did not prioritise work. when people move from specialised MH services, then they need community support services. Often IAPT is not an option. What changes in the Eating Disorder Service? Concerned that this should be decentralised because the EDS is not very accessible to people at St Ann's. Concerned about the waiting times for EDS, Health and wellbeing support to ensure people with poor physical health do not suffer from mental health problems. Want to ensure people receive a range of support that they need, too. Promotion of Positive Mental Health . Need further discussion about what we mean by a public health approach to mental health. What do we do present an environment that stops/reduces anxiety/depression, etc? Mental health needs to be in a social context e.g. housing, employment, etc. services for 18-25 year olds especially as those who may have received a service from CAMHS but nothing in adults. MH support for parents especially for the first 1,000 days of a baby's life.
15:50:02	From Group 11 - Funding for Talk for Health beyond the end of March 2022 in Islington and potential for expanding the service across all 5 boroughs covered by North Central London. More information on Talk for Health available here
15:50:10	There is a big disparity in Support for Carers across the Boroughs, with very little support in Haringey and no Carers Centre in the Borough.
15:50:18	Priorities from the Chestnuts Community Centre Group…
15:51:13	Day services that are free to access, not means tested are needed.
15:51:16	Concern about the waiting time from CAMHS to adult services. This is very detrimental to those with eating disorders because the wait can be up to a year.
15:51:40	Can Less jargon be considered as it alienates the average person who is not a mental health professional?

15:52:00	A profound insightful statement was made by a person in my group. Any life lost to mental health is a lost life and anything we can do, to prevent and intervene could help people; and we need to be better at this - Training and understanding the lived experience for all staff in LA/NHS would be a good starting point
15:52:02	it helps me to follow what's being said
15:52:44	How will Local Authority Services be involved in these MH discussions?
15:53:05	Will patients or the general population have access (via GPs) to exercise referral, creative and/or holistic therapies proven effective for prevention?
15:53:46	Holistic approach was emphasised in our group, too.
15:54:06	Don't forget South Camden - there are people who live in St Giles, Covent Garden, Holborn, Grays Inn.. Not much "close to home".
15:54:41	Free exercise, yoga, meditation should be available. Not everyone can afford a gym fee. This can support mental health. Will this be considered?
15:55:04	How will you prioritise if there is self referral? Can you be transparent about that for each service?
15:55:37	Don't forget health and healing practices from other cultures.
15:56:02	You can change to SPEAKER View in the top right of your computer screen
15:56:32	Unifying forms makes them longer and more complex, no?
15:56:42	Priorities from Chestnuts Community Centre Group (Haringey)…
15:56:53	Organisations like Talk for Health who provide free training and opportunities for peer support in a structured, accessible form, need to continue to be supported.
15:57:54	I have to go but thanks for a very lovely meeting. sam gordon
15:57:57	Could I please suggest the Universal technique of Anapana and Vipassana - if the team do due diligence to approve this for our staff as well as Patients
15:58:12	Will you be resourcing the community sector to do this work? There isn't the capacity for them to do more for nothing!
16:00:54	Please may I request to save this chat as I believe there are some great questions and comments. Thank you
16:01:28	Chesnuts priorites…… clients not comeing to meainstream services --------- community teams have access but don't have funding ----------- training and awareness to know whats available -------------- Q
	people with LTMH - that are suck in the system - how can we help them ------------- access to ESOL comununittes needing spoken therapy
16:01:39	Yes please save this chat. Load of interesting comments.
16:01:42	The chat will be saved and reviewed. We'll collate all the comments and email you a summary or post and post on our websites
16:01:54	And we'll send you a link to view the video!
16:02:04	Thank you
16:02:11	
16:02:13	https://youtu.be/lL7a_p78Fdg
16:02:32	Thank you so much. It has been an amazing and most beneficial session.
16:02:38	Thank you to everyone for attending, means a lot to have your contributions
16:02:48	Please send also raw version out as there are some nuggets that may not pass the collation/edit/summary.

16:02:53	Thanks to you all, have to leave now. Look forward to the summary.
16:02:53	
16:02:56	Thanks to all the facilitators and organisers. Look forward to having these kind of events more regularly
16:03:15	Thank you
16:03:16	could we see the person who's speaking please. I find it difficult to follow what's being said if i can't see the person's face
16:03:27	There is always an issue about sustainable funding for community and voluntary sector organisations
16:03:30	Please post any further comments here before we close shortly
16:03:50	thank u to all who,attended
16:03:52	The person who wanted to know about peers please remind me who you are
16:03:52	I haven't seen feedback from our group - Some of things we raised. How will plans prioritise Involvement of Carers/Family members in assessment and delivery of treatment and support. The need to focus on hoarding and treating it early, training relevant staff/vol orgs. Difficulty accessing services. And How will opportunity be used to incorporate Open Dialogue approach to treatment, currently being trialled in Haringey, Camden & Islington.
	How will plans prioritise Involvement of Carers/Family members in assessment and delivery of treatment and support. The need to focus on hoarding and treating it early, training relevant staff/vol orgs. Difficulty accessing services. And How will opportunity be used to incorporate Open Dialogue approach to treatment, currently being trialled in Haringey, Camden & Islington.
16:03:57	Thank you
16:04:00	many thanks for this summit and all speakers
16:04:04	... is spotlighted in the top right if you press speaker view
16:04:06	The person who wanted to know about peers please remind me who you are
16:04:21	How will individuals be contacted to be kept up to date. Post where? Not everyone on social media.
16:04:25	Thank you ever so much.
16:04:35	Remember singing and gardening its about COMMUNITY
16:04:37	Thanks all, great session
16:04:40	Thank you
16:04:43	thank you
16:05:10	Thank you. Any info about IAPt or mental health training would be appreciated.
16:05:37	
16:07:11	
16:08:44	An accessible - and for awareness - a comprehensive, searchable, categorised list of services and all referrals methods/opportunities by borough, inc online, directed via the NHS site