North Central London

Community Mental Health Summit

Wednesday 10 November 2021

In November 2021, we asked over 150 service users, carers, residents and others attending our Community Mental Health Summit to share their priorities for transforming community mental health care. This is what they told us (in full and unedited).

Group A

- Waiting lists need increased management and shortening, better Mental Health benefits access (much easier & more favourable for physical benefits).
- Better accessibility before and during and after care/after discharge
- More preventative measures (identifying triggers and variables that can lead to Mental Health admissions).
- Self-referral
- 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 (including waiting for the incorrect service) and avoid being bounced around from service to service.
- Maintained support & financial management for patients.
- Involving service users and carers in the service, incorporating them into different areas across the area.

Group B

- An effective method of communicating how the services are going to work.
- Needs to be a F2F component.
- Places and spaces. A hub, a safe space, with privacy

Group C

- Staff shortages in the NHS, properly experienced newly qualified psychiatrist
- Joined up services so that routes to what you need are clear
- How are smaller specialised services going to be commissioned so that they are sustainable.
- How do specialised services apply for funding that are required and are not met by large organisations like mind

Community Mental Health Summit 2021
Your suggestions (in full and unedited)

Group D

- Limited staff support burnout limited recourses
- Get as many resources as possible in teams to provide patient care.
- The government requirement to be vaccinated may impact on staff numbers.
- Staff are leaving for locum posts because that pays more.
- Lack of resources has demoralised staff and patients.
- CAHMS poor services for young people needs to be improve
- Someone has to sort out CAHMS
- Moving from CAMHS to adult services means people who were having weekly input are seen less frequently
- Day Centres are important - invest in them
- Make it easier for people to use community services
- Day centres provided a sense of community but they lost funding.
- We need to build community.
- Restore day centres as they provided a sense of community.
- Self-referral
- Prevention is missing
- The number of beds being cut means staff having to keep people in the community when they want to admit them
- Ensure safeguarding process does not alienate families,
- As a carer I would like patient to have more rights. Two staff members marched into our home with the police without notice.
- Person-centred care -the patient to have more rights.

Group D

- 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 eg housing, employment etc
- Services for 18-25 year olds especially as those who may have received a service from CAMHS but nothing in adults. 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.
- MH support for parents especially for the first 1,000 days of a baby's life.
- Holistic approach was emphasised in our group, too.

Group E

- Involving community centres for minority ethnic groups is the way forward. ‘Hard to reach’ groups are not actually hard to reach if they are involved in the correct way. There should be practical signposting.
- There should be transparency in the services, so carers and keyworkers are more effective.
- Peer led counselling definitely works so there should be adequate training for this.
- The bigger picture is exciting, but at the same time we’ve heard it all before.
- Help for those isolated, lonely and in Crisis is desperately needed.
- Will this transformation be any different from changes in the past?
- Coproduction with local charities with funding, is necessary. Giving the community a voice, in a similar fashion to how this Summit has brought service users together. Value the opportunity to feedback.

Group F

- Access to mental health in timely manner with early diagnosis
- Communication between different levels at NHS and different departments

Group G

- 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.
- How will we maintain what is currently a good/excellent service during the period of change.
- Some services have been the same for years. How can we ensure that we really think about them and put 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.

Group H

- 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
- 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.

Group J

- Thank you to everyone in Group for your honesty and well-considered contributions: 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)

- 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)

Group K

- Carers training about trauma informed care for staff
- One carer was really interested in the Carer's voice. She wanted the Trusts to get more information form carers and share their voice with the professionals.
- Also, trauma informed care. Some of the team felt that this was a really important topic and it should be used in the professional's work.

Group L

- prevention work to reduce need for statutory services
- ensure small organisations are not pushed out of this big transformation project
- effective information sharing among all services within mental health care and outside

Group M

- Group wants more investment in CBT and talking therapy, more one to one therapy and reduce long waiting list
- Funding for specialised services that train lay people about mental health
- More collaboration and connection with all mental health services - NHS, private, VCS provider having joint conversation together with services provider and services users
- Invest in good effective group work
- Funding for specific project for BME and wider group
- Increase staffing for Community Rehab services
- Trust to fund and initiate project that regularly bring together all mental health services in the borough to include NHS, Voluntary and private services and to include various professionals, carers and service users

Group N

- To have truly holistic care, so that persons are not getting caught up in a network of referral pathways
- To ensure that persons are quickly and easily able to access services – one point of access
- To ensure there is digital inclusion developed through a multisystem approach and to ensure there is always an offline offer (telephone/paper) so persons who are not using digital tech will be able to remain in control of their care
- To ensure priorities of what can be done in a co-produced way and what needs to be done in a service silo.
- To ensure co-production is done meaningfully, not just bodies in the room, ways to be active in the participation
- Ensuring there is a clear approach to giving feedback following co-production, being clear about how feedback has been received and how service design has been adjusted based on feedback.

Group P

- Funding (what will this look like for current service, will this expand current service),
- Waiting list - Will the transformation reduce people currently on waiting list.
- Location of service to client - How will this change to client to location
- Key worker assigned - who will that be, will they have capacity; will it be face to face or by telephone

Group Q

- Communication with carers, family and relatives.
- Equitable access particularly around Haringey.
- Evaluation – especially are we making an impact?
- Early access prevention – very long waiting lists.
- Don't stop start services and needs to be sustainable.
- Appreciate the funding. Move to MH support being holistic – physical health needs, employment, social care.
- Peer support workers / coaches important for change. Sit by your side. Escort through journey authentic.
- Holistic – approach should include nutrition. New approach – provision of nutritional food. Add to training and skill set.

Group R

- Addressing inequality in accessing mental health services and training staff members and carers as to how to reduce this
- Training for non-NHS staff is important to help them respond well BUT ALSO to help address inequalities by training BAME staff
- Reducing waiting times
- BONUS: Having discreet self-referral options for MH services

Group S

- Training and awareness of MH services to help communities know what's available and where to go?
- Engagement with small local charities and community groups, and how can those groups access funding to support their (disenfranchised) service users?
- Are people with long-term MH issues who are stuck in the services, are they part of this new framework/programme?
- Access to services for minority/cultural groups and non-English speaking communities?
- 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.
- 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
- Drop-in centre. Weekly drop in. by themselves. Isolation very big problem. Activities – puzzles, interact.
- Crisis Cafes - One stop shop – volunteers on stand by. Local volunteers e.g. central point.