

Mental Health Summit – Participant Feedback

18th November 2022
Braithwaite Hall, Croydon

Summary of information

- These slides summarise the information captured by facilitators at Croydon's Mental Health Summit on 18th November 2022, these are the views and experiences of attendees from across Croydon and should be viewed as such
- There were 2 break-out sessions in which participants were asked to provide views on the following topics
 - Barriers to access in the community / signposting and treatment in primary care
 - Informing the health and wellbeing strategy refresh – a review of key strategic work programmes
- The information captured here on each of these sessions will be used to inform the Health and Wellbeing Strategy refresh in 2023
- Participants were also asked to provide feedback on the day via an online evaluation form – this form asked participants to reflect on the day and the priorities that should be reflected in the Health and Wellbeing Strategy refresh. A summary of the responses is captured in this slide deck. The questions are included at the end of this pack however only 1 response was received so we are unable to report on this.

Signposting and treatment in primary care

Stories and Solutions

Table 1

Stories

- Mental health first aid
- Practice nurse- mental health nurses in GP practices
- BTP – supporting young people who present on railways
- Money on my mind support for young people as well as adults
- Gap for young people
- Challenges getting people to GPs
- Allowing next of kin to help and have information

Solutions

- Training faith leaders
- Systemic family therapy
- More support after a traumatic event
- Sharing of information about other services e.g., the app available in Croydon
- Website – www.croydon.simplyconnect.uk

Table 2

Stories

- Work with groups of carers- they believe you don't get help you need or comes too late
- Father diagnosed with borderline personality disorder – didn't go to be signposted
- Training for family members and friends as well as professionals
- Not being able to get appointments for signposting
- Stigma- parents not coming forward
- Cared for mother in law with dementia – GP helpful – signposted to voluntary respite
- Friend with bipolar and alcohol issues – caught between primary care and alcohol organisation
- Trust issues- being able to see the same doctor

Solutions

- Putting information and screening tools in everyone's hands
- Listening
- Greater co-working between organisations
- Opportunity to have sufficient time with someone who can listen (mental health practitioner in GP with time and quick access)
- Equip community leaders to know what to do in these situations
- Continuity of care- retention of MH care coordinators
- Well-functioning local hubs which work together and in harmony
- Reduce waiting lists
- Facilitate employment for people with MH issues
- Empower local organisations, churches, kitchens as sanctuaries for MH patients

Table 3

Stories

- Get through to GP for surgery concerns- no call back – left- no reassurance
- Anxiety and fear of losing home went to GP with rosea (redness of skin) – GP promoted talking therapies – 6 weeks for anxiety/ cognitive therapy – waited for 3 weeks for an appointment. Good experience. Signed up for mental health for adults
- GP said long waits in relation to Priory, or taking medication is the only option/ pay for private treatment

Solutions

- Poster with self-help information at the surgery
- People who want to be volunteers connected with groups to help others
- All front-line staff (receptionists) should have MHFA training
- GPs undertaking more time to triage mental health needs
- Longer appointment times with specialised posts

Barriers to access in primary care

Stories and Solutions

Table 1

Stories

- First barrier is to recognise that something's wrong - early education
- Accessing different doctors everytime
- How MH issues impact crime levels
- Hard for advocates to help digitally
- Schools not picking up signs of MH early enough
- Charity - pandemic impacted workplace stress
- Mental health first aid and training - no knowledge of what can be accessed
- Access to GP - regimented times to get appointment - people need immediate assistance - need instant help - only other option is A&E
- Need some flexibility to access
- Language barrier due to Home Office - lack of articulation
- GP not very proactive. Need to make it easier for people without access to advocates
 - Dismissive
 - Not enough training
- No flexibility to the way they think

Solutions

- Create clear signs of where people can access support first
- Sourcing a bigger pool of interpreters to help those who can't communicate
- Longer appointment times and better MH training for GPs
- GPs allowing family to come into the appointment - create a comfortable environment
- Have a MH practitioner at the GP practice to take pressure off GPs
- Schools receiving training in recognition early on - people other than teachers - children need support early on
- Generous care from GPs reading what the best service would be
- Person affected would feel welcome
- Someone per school to help out with early intervention (these things need to be escalated to the council - education dept)
- More faith organisations
- Perhaps a training on an inset day to give education on how to recognise MH

Table 2

Stories

- Carers are not listened to
- Young children with autism - carer burden been told not my problem by GP
- From one place to the other - resorted to self-help
- Dismissive services - minimise the problem - discrimination for mental health concerns - connection
- Accessing GP for help not clear/wasting time
- Discussion of LGBT and ethnic minorities - subtle racism - "I'll speak to you later" and it never happens
- Lack of competition between GPs and other services
- Lack of investment in community resources especially charities
- GPs not referring patients
- Family burdens
- You have to be at breaking point for something to happen
- Social proscribing is not really used effectively: small groups are not very used and are [??] not enough emphasis on ongoing support/rehabilitation over reliance on medications
- Menopause crisis - no menopause clinics in Croydon

Solutions

- Lots of duplication to services could be merged - old organisations pushed out by newer, cheaper ones
- Out of hours services should be funded in the same way
- Lack of social support = rise in need of mental health services
- Focus on young people's careers needs would resolve a lot of those issues
- GP has to be reviewed unannounced
- Lower appointment time
- Mental health practitioners in GP practices
- Support don't punish those living in constant crisis
- Police to be given sufficient mental health awareness/training

Table 3

Stories

- GPs lack of knowledge on referral
- GPs appointments
- A&E mental health patients not ideal venue
- CUH has separate mental health unit –
- Studio upstairs - a first point of call to patients not wanting issue to be on record
- Mental health patient on roof of CUH - CUH phoned a local ward councillor!

Solutions

- Mental health nurses attached to GP practices for initial access. No single point access
- student nurses
- Wellbeing service
- Single sheet directing to services to everybody via locality
- Be Well hubs - doing a directory service
- Better way for voluntary sector to refer into service

Suicide Prevention Strategy

- What's working well?
- Where are the gaps?
- What needs to be improved and what priorities should be considered for inclusion?

Participant feedback

- Early intervention needed. Social workers/ mental health nurses dealing after the event
- Schools need people to listen who are not medicalised
- Parents and safeguarding courses needed
- Look at violence agenda in Lewisham/ Peckham for good practice around suicide prevention
- Can the CYP focus include parents
- Make sure we share the info around suicide prevention initiatives (public health team)

Health and Care Plan – Early Years and Maternity

How would you maximise mental health and wellbeing within these priorities?

Participant feedback

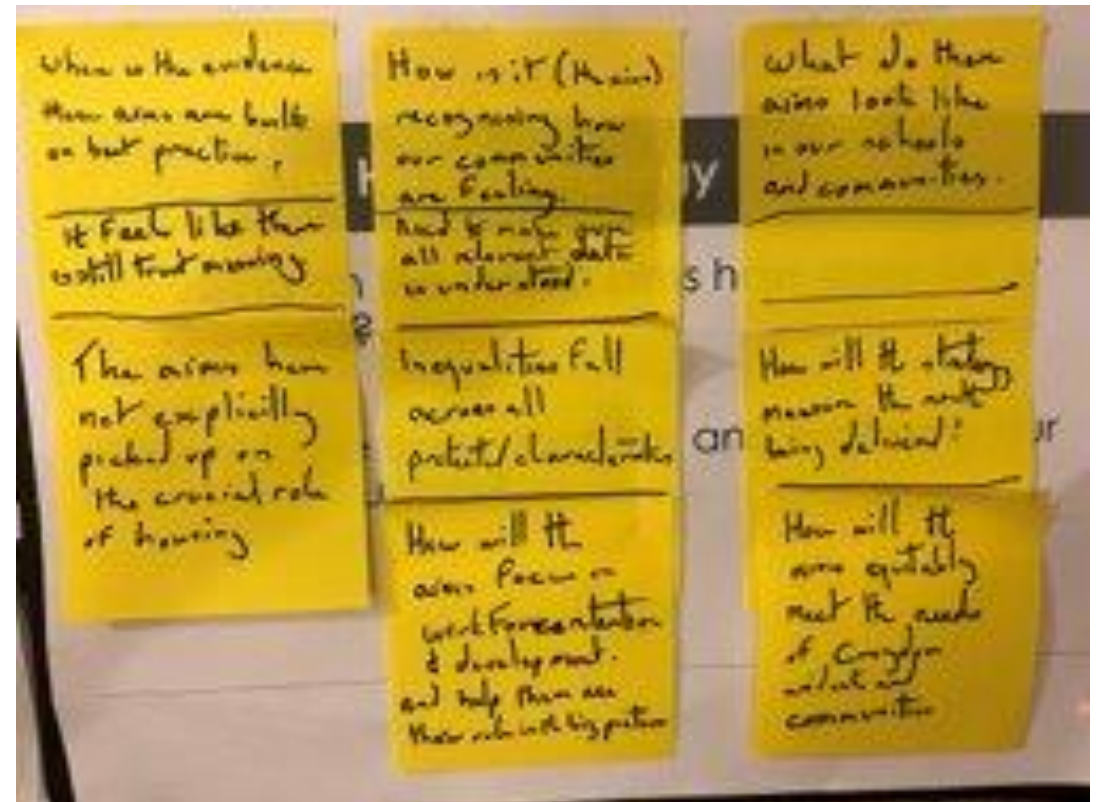
- What is working well - Salvation army under 5s stay and play; community organiser; complete care – older adults x 2; lead commissioner CYP social care; CYP CAMHS commissioner; off the record; One Croydon Alliance
- Why are the 6-week postnatal GP checks not being done?
- Where is the support for LGBTQ+ youths?
- The cut in health visitor sessions i.e., weighing is dangerous – who do new mums talk to
- Focus on supporting siblings as well
- Youth justice inequalities
- School exclusion to be included
- Incorporate mental health topics and discussion in institutions with children but also involve their families as this would help young people to be open about their mental wellbeing with their families

Participant feedback

- Systems working in silos – need one system with less fragmentation
- Gap in services for children aged 0-8/11
- Differences in mental health and Neurodiversity
- Disparity in access – “chosen few”
- Disconnect in how to access early help
- Wait for crisis rather than prevention
- GP as main referrer – need more information & training
- Long waiting lists are off-putting
- Being balanced around service

SWL Mental Health Strategy

- Focussing on the stated aims how does this fit for Croydon?
- How can we build upon this and embed in our roles/communities?



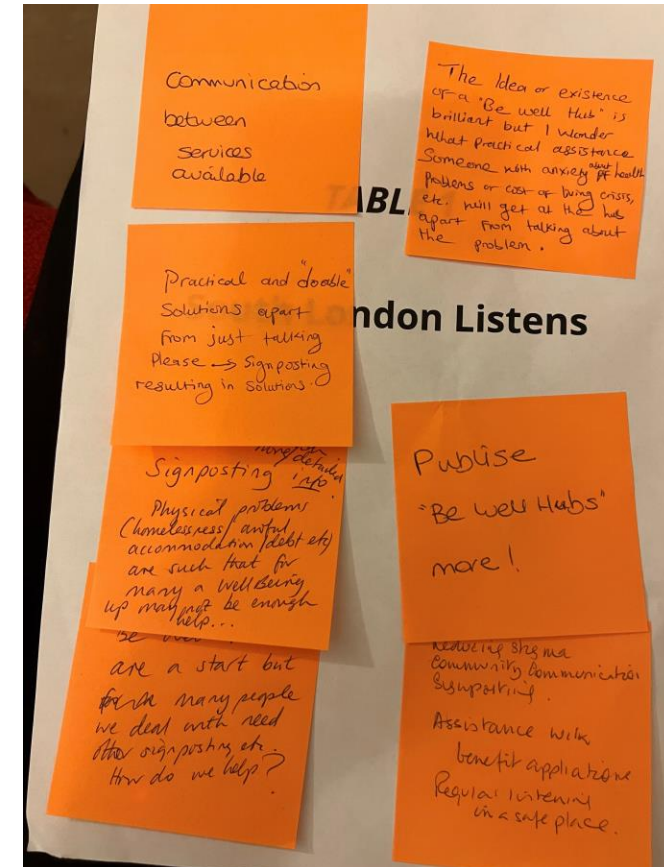
Participant feedback

- Where is the evidence that these aims are built on best practice? It feels like there is still trust missing
- The aims have not explicitly picked up on the crucial role of housing
- How are the aims recognising how our communities are feeling?
- Need to make sure that all relevant data is understood
- Inequalities fall across all protected characteristics
- How will the aims equitably meet the needs of Croydon residents and communities?
- How will the aims focus on workforce retention and development and help them see their role in the big picture?
- What do these aims look like in our schools and communities?
- How will the strategy measure the results being delivered?

South London Listens

Be Well hubs

- Reflections on the opportunities in Croydon
- How could their signposting element support your work?



Participant feedback

- Communications between services available
- The idea or existence of a “be well hub” is brilliant but I wonder what practical assistance someone with anxiety about health problems or cost of living crisis etc will get at the hub apart from talking about the problem
- Practical and doable solutions apart from just talking -> signposting resulting in solutions
- Signposting into physical problems (homelessness / awful accommodation/ debt etc) are such that for many a wellbeing hub may not be enough help
- Publicise “be well hubs” more
- Be well hubs are a start but many people we deal with need other signposting etc – how do we help?
- Reducing stigma; community communication; signposting; assistance with benefit applications; regular listening in a safe place

Reflections and Thoughts

- Has anything been missed that you want to note?
- Your concerns?
- Your hopes?

Participant feedback

- Support in the community following diagnosis
- Concerns raised – more support needed for the family affected by mental health issues
- Signposting people correctly- need more support.
- Breaking cultural barriers within mental health
- Supporting individual carers
- People not being able to come together for support
- GP's aren't getting the information they need
- Financial strain on the individual seeking care

Participant feedback

- Information around services needs to be more accessible and advertised
- Lack of suitable emergency housing once discharged from wards
- Lack of alternatives for the police when dealing with a person in crisis
- The need for more mental health therapies including the desperate need for funding for APCMHT and father therapy
- Ordinary people are unable to access information about services available
- Support groups need to be funded again- many have already been lost
- Hoping for support as a mental health charity with one-year resources to find funding after our current funding has gone
- Links with GP and mental health service and eHealth/ social prescribing

Participant feedback – reflections about the event

- Poor microphone quality – missed some of the speakers
- Create a sub-group with the speakers
- Next time perhaps gain input from the attendees about the agenda
- Not enough time on overall interaction with speakers – more question time needed to keep people engaged
- Knowing that there are times for questions following presentations
- Haven't had in-person meetings for 2 years which has built up frustration

Participant evaluation

1. How satisfied were you with the day?
2. What did you find most interesting?
3. What did you want to hear about that didn't get discussed on the day?
4. What areas of mental health would you like to see prioritised when we refresh the Health and Wellbeing Strategy?
5. Any other feedback?