

# MENTAL HEALTH AWARENESS WEEK 2019 ASSEMBLY FINAL REPORT

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## Introduction

On Friday 17<sup>th</sup> May 2019 Newham Council in collaboration with the ASK User-Led Mental Health Group and the Carers Community Mental Health (CCMH) group held their first joint Assembly to mark Mental Health Awareness Week (MHAW) 2019 and which ran from 13<sup>th</sup> to the 19<sup>th</sup> May. Mental Health Awareness Week 2019 events took place across the UK to talk about the problems and stigmas around talking about and diagnosing mental health issues.

The Assembly was held at the Canning Town Community Neighbourhood Centre & Library and co-hosted by Zhenreenah Muhxinga, Chair of CCMH and by Sandra Amoah, Chair of ASK.

# Content

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- 2. Background &
- structure of the meeting
- 4. Summary
- 5. Evaluation
- 6. Recommendations

#### Support documents

- A Round One responses
- B Round Two responses
- C Round Four responses

## Background & structure of the meeting

In previous years small local events had been held to celebrate Mental Health Awareness Week. However there has been little or no joint planning or co-ordination between stakeholders and as a result opportunities have been missed to maximise the impact of the messages coming out of these events.

In February 2019 a decision was taken to hold a series of coordinated events during MHAW 2019 that would strengthen the messages that these events wished to convey. A working group consisting of members of ASK, Carers Community Mental Health Group, Mental Health Commissioners and the Co-Production team at Newham Council met on a regular basis to develop, plan and carry out their strategy for MHAW 2019.

The format of the Assembly followed the established format of Citizens Assemblies that had been taking place within Newham since September 2018. In Round One the Assembly looked at **what has worked well in mental health provision (in Newham)?** There were 113 individual responses to this question and the full list can be seen in Supporting Documents A where duplicate responses have been combined.



In Round 2 the delegates looked at **what wasn't working well and what were the most important changes that they would like to see for mental health services?** They made 260 individual comments but many of these comments were duplicated and after they were combined 172 comments were taken forward. A full list of comments can be seen in Supporting Documents B.

During the lunch break the Co-Chairs and Co-Production Manager identified 9 main themes from these 260 individual comments and then picked the top 3 priority areas from the number of comments under each heading.

In Round 3 delegates were asked to vote on their top 3 priorities identified and in Round 4 they were asked to comment on how they and the Council could work together to tackle mental health issues.

Three priority areas were chose by delegates and they were:

Priority One - More support for the voluntary sector

Priority Two – Better services

Priority Three – Information, communication and awareness



Within these priority areas we have endeavored to identify the agency or agencies who we feel should be directly responsible for leading on these issues. We have highlighted in colour each comment and allocated the area of responsibility as follows:

			East London		
			Foundation Trust		
			(ELFT), Barts		
			NHS Trust &		
			Newham Clinical		Job
		Joint	Commissioning	Workplace or	Centre
Сс	ouncil	responsibility	Group	employment	Plus

The full list can be seen in Supporting Documents C.

### Evaluation

62 residents/customers/people with lived experience attended the Assembly and 26 gave formal feedback at the end of the Assembly by completing evaluation forms.



Of those completing evaluation questionnaires 96% stated that the event was either Excellent or Good.



#### Recommendations

Throughout the Assembly customers, patients and people with lived experience stressed that any recommendations must be realistic and deliverable. As such the following recommendations are made on the assumption that Newham Council, Newham Clinical Commissioning Group and the East London Foundation Trust will treat them seriously and work with ASK User-led Mental Health Group, Carers Community Mental Health Group and other agencies to deliver improvements to mental health services in Newham. We recommend that:

- 1. All agencies review the recommendations as laid out in Support Document C in order to develop and share action plans on how they feel that they can address these issues.
- 2. All agencies work collaboratively with ASK and the Carers Community Mental Health Group to ensure the views of people with lived experience of mental health issues are fully taken into account when making decisions or recommendations based upon this report.

#### Support Document A

#### **Round One**

#### Round One. What is working well in mental health service provision?

- 1 Women's Group
- 2 Dementia projects
- 3 Payment for holiday
- 4 General attitude (to mental health)
- 5 Glen Road mental health hospital
- 6 Wellbeing group run by INUF
- 7 Mental health first aid training
- 8 Carers Mental Health Group
- 9 Home visits to include families
- 10 Dementia hospital services and patient group
- 11 Mental awareness is good
- 12 Psychology waiting times (through GP) were good.
- 13 Service user led groups
- 14 Newham is a good mental health service provider
- 15 24hr Crisis Line
- 16 ELFT people participation
- 17 Support and response times in A&E
- 18 Cinema card CEA Card
- 19 Designated staff for home visits
- 20 Service user groups work well
- 21 Somewhere to go to get treatment
- 22 Going shopping
- 23 Disabled freedom pass
- 24 Hospital service
- 25 ASK group
- 26 Acute care response is good
- 27 Community centre better offer for residents with mental health
- 28 Recognition of carers and helping them is good

- 29 Work experience
- 30 Clinical analytical therapy (CAT)
- 31 Talking therapies
- 32 Day Trips
- 33 Autism Support Group and Steering Group
- 34 TV is important
- 35 MIND Men's Group is great
- 36 medical teams works well
- 37 Activities
- 38 GP saw patient quickly when he was anxious
- 39 GP awareness Balaam St
- 40 Referrals from GPs'
- 41 Employment support
- 42 Support for families
- 43 Voluntary work
- 44 Hospital treatment
- 45 Socialising
- 46 Media input
- 47 Therapies
- 48 Community input
- 49 Communicating with people
- 50 Quite a lot of services
- 51 Money
- 52 Family therapy

Support Document B - Round 2

Support Document C - Round 4

	Montal Hoalth Au	areness Week Assembly 2019					
	Mental Health Aw	ATCHESS WEEK ASSEMBLY 2015					
	Round 2 - What is	n't working well? What are the n	nost important changes	you would like to see for M	ental Health servi	ces?	
			East London				
			Foundation Trust				
			(ELFT), Barts NHS Trust				
	Council	Joint responsibility	& Newham Clinical Commissioning Group	Workplace/employment	Job Centre Plus		
	Council	Joint responsibility	Commissioning Group	workplace/employment	Job Centre Plus		
Ref	More Support	Services	Benefits	Education, Communication & Information	Environment	Safety	Wellbeing
		Mentalization-based therapy	GPs charging for letters	Mental health nurses	More effort to		Physical health
	more medication	(MBT)	to support MH people		be inclusive	based therapy	should also be
1			with spplying for benefits and services			(MBT)	checked as well as mental health
			benefits and services				mentalmeatth
		Providers losing staff	Work & Pensions (Dept)	NICE guidance	music	Providers losing staff	
	Ongoing support	Waiting times	Benefits	Mental health meetings		Support workers	Finding own path
3	for patients				part of the		
	Staff attitudes	Temporary psychiatrists are	Job Centre	Locations	community Use community	Prescribing of	More services
		sometimes very rude.		Locations	facilities like	anti-depressants	inore services
4					libraries and		
					schools		
	Sectioned	Emergency care needs to	JC+ capability	Communication		Find a way of	Physical/mental
		improve	assessments not	Communication		restraining	health need
			working well			people better	
	Voice of patients	Recovery College	Universal Credit and	Better information,		Dangerous at	Not being able to
	& carers not		other benefis	training & guidance for		night	get out. Stuck in
	being heard			family carers			the home
~							
6							
	Facilities &	Toilet facilities		Stigma awareness raising		Staff support	Stigma
	finance support						
	for families					_	
	Better training	Talking therapy		Sharing information and		Medication	Adjusting to
8	for family Carers			signposting		reviews should be done	cnange
						be done	

Y		Mental capacity Assessments	Education	Mental capacity		
		needed for people who cannot		Assessments	omeone with a	
		deal with decision making.		needed for	AH condition and	
		Families should be involved.		people who	he impact on	
9				cannot deal with	our own health	
9				decision making.		
				Families should	· ·	
				be involved.		
				be involved.		
,	•	lauraturant in annumity		Madiaina	aling for hole	
10 1	Autistic patients	Investment in community	More positive stories	Medicine	Asking for help	
		services		management		
11	Older people	One care fits all	Information in GP	Suicide	Aedication	
			surgeries	prevention		
S	Support for	Shrewsbury Rd never answer	How to find services	Newham	Access to leisure	
12 6	excluded and	the phone		Telecare	acilities for	
+	hard to reach				ulnerable people	
8	groups					
S	Social care	Long waiting list/time for CBT	Raise awareness	Domestic		
12 5	support poor for			violence		
13	MH service users					
ı	Lack of	Therapist own agenda	More education/support	Smoking in		
	provision/suppo		for families	block of flats		
			ior rainines	DIOCK OF HALS		
	rt for children					
	and young					
	people					
		Group therapies in public places	MH First Aid awareness &	Drug taking in		
15 i:	is better		training	block		
P	More	Psychiatrist services	Online access &	Gangs/drugs		
16	education/suppo		awareness			
10 r	education/suppo rt for families					
1	Include & engage	NHS services	Support for people who	Hate crime		
	with the family		are not online	issues		
	Aftercare post	Hub	There is a lot of research	Police need to		
	treatment		that is not in English	listen		
10 1	acatment			insteri		
——.	Ethnicity	More treatment there is not	Training for convice	Seared to entry		
		More treatment therapies not	Training for service	Scared to enter		
19		just CBT	providers around carer	property		
			needs			
E	Better aftercare	Newham A&E	Raise awareness of	Drinking		
20 <sup>F</sup>	post discharge &		Patient Participation			
- r	reengagement		Groups (PPG) and GP			
			surgeries			
P	More funding	Appropriate services where	More literature	Anti social		
		patients are able to choose the		behaviour		
21		gender or culture that they feel				
		comfortable with				
		Newham Talking Therapies	Mental Health IAG needs	Bullying in the		
	MIND	Herman Taking merapies	to have a list of resources	workplace		
22 F			to have a list of resources	workplace		
<u> </u>		Aftersone for next the second	Line the superior of	_		
		Aftercare for post therapy	Using the experience of			
23 c	cultural barriers		people with a lived			
			experience			

Supp	port for	Social workers	 Better training for staff,		 	
a socia	ial interaction		families & general public			
24						
The	way users are	Better co-ordination between	 Support & control			
25 man		schools and social care services				
Day	,	Assessment process needs	MH training for council &			
		reviewing. Problems in a	health staff, co-delived by			
26		number of areas including GPs.	people with lived			
20		number of areas including GPs.				
			experience of MH			
		Need and a design of the state of the second	 Complete the second second			
27 Outr	reach support	Need support & better advocacy	Complaints procedures			
<u> </u>		services	 - · · · · · ·			
Lack	k of	Peer support services	Communication with			
28 supp	portive		health professionals			
	ups in					
	vham		 			
		More innovative services	Newham Council website			
29 is be	etter					
30 Less	s cost cutting	Home Treatment Team -	Resident voice			
		honesty	 _			
Finar	ancial support	Lack of respect and not being				
31 for fa	family carers	listened to				
32 Men	ns group	More early intervention				
<sup>52</sup> fund	ding	services needed				
Peer	r support	More and better funded				
33		Assessment & Brief Treatment				
		teams (ABT)				
34 Care		Lack of activities				
35 Hous	ising	More preventative services				
36 LBN	Officer	Continuity of staff				
supp	port					
Onlin	ine support at	Awareness raising workshops				
37 libra	aries	indicates raising noncorops				
38		Social care				
		Better communication between				
39		services				
40		GPs				
		MIND has no presence in				
41		Newham				
42		Capacity				
		Services not making best use of				
43		information				
44		Attitude towards family				
45		members				
		MH enablement poor				
46		Care Plans				
47		Lack of outreach workers				
48		MH Targets not being met				
49		Too much bureaucracy				
50		Poor collaberation between				
		service providers				
51		Appointments being cancelled				
21			1			

		1			 
52	Young people			4	
53	GPs				
54	Support workers				
55	Men's Group term time only				
56	Need more holistic approach				
57	More frontline Council staff				
58	School services				
59	Newham Telecare				
60	Workplace (has) own agenda & are rude				
61	Workplace no understanding				
62	Work related MH				
63	Working people				
		 +		4	

	А	В	С	D	E
1		=	ess Week Assembly 2019		
2					
			lived experience and the Cou	uncil work together to	
	tackle M	ental Health issues?			
3			East London Foundation		
			Trust (ELFT), Barts NHS	Workplace or general	
4	Council	Joint responsibility	Trust, Newham Clinical	employment	Job Centre Plus
		. ,			
5					
6					
6					
7					
	Ref	Priority 1 - More	Priority 2 - Better services	Priority 3 -	
		support for voluntary		Information,	
		sector		communication and	
8				awareness	
1		Introduce a recovery	Early intervention with	Follow up	
		college for residents	therapy is more		
		and carers e.g. in	helpfuldon't wait until it		
	1	Haringey there is a	gets to crisis or relapse.		
		service like this	more early help please		
9		Mana funding for	Talking Therewise after	Oasis	
		More funding for benefits advice	Talking Therapiesafter sessions end people have to	Udsis	
		bellents advice	wait 9 months for further		
	2		sessions need support in		
			between for people with		
10			МН		
10		Voluntary services and	Prevention services needed	Contact centre	
		•	to ensure people know		
	2	in hiring professional	more about MH issues and		
	3	staff e.g. sitting on	what they are suffering		
		interview panels	from		
11					
		Listening to the lived	ABT is a good team for us-	No internet	
		experience of carers	no one knows about them.		
1		and their concerns for	They need to be able to		
	4	the service user thay	provide longer courses of		
		care for	treatment. Then you're left		
			with an 8-month gap before		
			they see the CRT		
12		Service user advocacy	There should be CTB for	Local groups	
		where the advocacy is	specialist conditions	Local groups	
1		service user-led and	including psychosis		
	5	they are given choices	disordersneed specialist		
	-	of how they want their			
		care to be planned			
13					
<u> </u>					

	А	В	С	D	E
14		Priority 1 - More support for voluntary sector	Priority 2 - Better services	Priority 3 - Information, communication and awareness	
		More awareness of one- to-one sessions for people, to understand mental health better	Preparing you for activities for other activities-talking to other agencies, goint to medical appointments, working on your communication skills, anxiety management. I have major anxiety before appointments. It is hard to attend appointments.	More awareness - What is mental health	
15	7	Training and awareness provided, around dementia and memory loss, through the voluntary (sector)	More outreach and visits to help people with finding work and accessing services	Members complaints	
16	8		More availability of easy to reach venues for regular gatherings or activities	Lack of care	
17		Residents to be able to voice their concerns and issues through voluntary services	MH patients need help to get into jobs and placements. Need more support to find work, stay in work, do voluntary work in the community.	More open days	
18	10	Mental health Council officers, staff and Councillors should take someone with a lived experience around/into the work environment to inform decision making and person- centred planning	Services need to have good, reliable and appropriate services. Text me if this works better for me. If you always call me, don't expect me to read my emails if you've cancelled.	GDPR	
<u>19</u> 20	11	Residents to share their experiences, which is listened to by the Counci	Building empathy and understandingnon- judgmental services and support	Improve mental health awareness	

RefPriority 1 - More support for voluntary sectorPriority 2 - Better services Information, communication and awareness21I used to be a member of ASK and the Council withdrew their funding. There used to be a large membership.Physical issues lead to MH issues in some cases and the council must learn to support people with that by being more aware of the causes of MH in individual cases.1212Sandra is keeping it together - worked well when there was funding. If the priority is MH why withdraw the funding?Need to educate people about MH. especially in schools colleges and workplacesso people can spot MH issuesFeedback - lived experience23Council should work with the voluntary sector more byNeed raising awareness amongst parent groups and families so they canHousing	
21       sector       communication and awareness         21       I used to be a member of ASK and the Council withdrew their funding. There used to be a large membership. Sandra is keeping it together - worked well when there was funding. If the priority is MH why withdraw the funding?       Physical issues lead to MH supervise support people with that by being more aware of the causes of MH in individual cases.         22       More discussion/forums between the voluntary sector, residents and the Council workplacesso people can spot MH issues       Feedback - lived experience         23       Council should work with the voluntary       Need raising awareness amongst parent groups and       Housing	
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22       Image: Structure of the priority is MH why withdraw the funding?       Image: Structure of the priority is MH why withdraw the funding?         13       More discussion/forums between the voluntary sector, residents and the Council       Need to educate people about MH. especially in schools colleges and workplacesso people can spot MH issues         23       Council should work with the voluntary       Need raising awareness amongst parent groups and       Housing	
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22       13       the funding?         13       More discussion/forums between the voluntary sector, residents and the Council       Need to educate people about MH. especially in schools colleges and workplacesso people can spot MH issues         23       Council should work with the voluntary       Need raising awareness amongst parent groups and	
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23     Council should work     Need raising awareness     Housing       with the voluntary     amongst parent groups and     Housing	
Council should workNeed raising awarenessHousingwith the voluntaryamongst parent groups andHousing	
with the voluntary amongst parent groups and	
14   sector more by   families so they can	
providing funding for recognise MH issues and	
24 the groups access services	
Work experience to get Repairs	
references, and vocational	
certificates to improve	
15 employment opportunities	
for people with mental	
health conditions	
More mental healthNo email responses16champions in differentfrom Social Workers	
26 Services Newham phone	
It's useful talking about MH system	
conditionsits beneficial to	
get out and chat and share	
ideas and tipsmore	
17 informal meetings would	
helpfulreduce isolation	
and increase	
supportcoffee mornings	
27 as well	
Individual concerns need to         Council 1:1's	
28 be addressed	
Like Alcohol Anonymous, Local area 1:1	
19 there should be anon	
groups for MH service	
29 Users	

	А	В	С	D	E
	Ref	Priority 1 - More	Priority 2 - Better services	Priority 3 -	
		support for voluntary		Information,	
		sector		communication and	
30				awareness	
50			If you don't know you have	1:1's with residents	
			a MH condition, it can be		
	20		stressfulneed early		
	20		diagnosis and support		
24					
31			Provide shared feedback so		
			people can see that		
	21		sometimes there is	name	
	21		someone worse off		
22			someone worse on		
32			Need more respite and	Accessing Social	
	22		Need more respite and	Accessing Social	
	22		activities that are run by	Worker	
33			voluntary groups.	Voicemeileust	
			Come of the Add	Voicemail system	
			Some of the MH		
			medication can create		
	23		obesity and other		
			conditions regular		
			review of medication and		
34			health checks are vital		
			GPs need to be doing more	Services need	
			Social Prescribing - e.g. for	reception staff to be	
			fitness classes/ other	well trained e.g. called	
			activities - rather than	Workplace and told	
			medication	the reception that I	
				was unwell and could	
	24			not attend, the advisor	
				later got upset for not	
				letting them know I	
				was unwell at work	
				when I was not	
				actually going to see	
				them>	
35					
			Need physical health	Permanent work	
	25		checks regularly for people		
36			with MH needs		
			Voluntary groups have	Workplace moans at	
			some activities, but people	you if you are latebut	
	26		don't know about them.	they don't think it's a	
				problem if they are	
37				late	
			MH should be on the		
	27		agenda all the time not just		
38			one week		
	20		More meetings and events		
	28		and information to reduce		
39			stigma and build awareness		
			0		

	А	В	С	D
Re	ef	Priority 1 - More	Priority 2 - Better services	Priority 3 -
		support for voluntary		Information,
		sector		communication and
40				awareness
			More funding to be	
	•		available for local	
	29		voluntary services to make	
41			them more effective	
41			Cutting on service user	
			groups - feels like they are	
	30		picking on people who are	
			not in a position of power.	
42				
			Prince Harry and other	
			celebrities can help reduce	
			stigmamore training and	
	31		understanding neededits	
	-		not just people feeling	
			sorry for themselves	
43			Need more publicity about	
	32		clinical analytical therapy. It	
44	52		saved my life	
			More funding from central	
45	33		Government	
			MH treatment families	
			need to be included in	
	34		every part of the	
			process/treatment/social	
46			care	
			More multi-disciplinary	
			approach - needs to be holistic and consider your	
			MH, physical health and	
			situation (IHI model - this is	
	35		a pyramid that includes	
	-		community, mental health-	
			part of the population	
			health goals).	
47				
			People who have panic	
			attacksneed to keep an	
	36		eye on them. If they are	
			unableto leave their homes,	
10			they need support to go out	
48			The council should inform	
			the community of what	
			other voluntary	
	37		organisations for mental	
			health provision are out	
49			there.	

	Α	В	С	D	E
F	Ref	Priority 1 - More	Priority 2 - Better services	Priority 3 -	
		support for voluntary		Information,	
		sector		communication and	
50				awareness	
50			Treat MH the same way as	awareness	
			physical issuesby		
			recognising its part of the		
	38		personvalue the whole		
			personfocus on positive		
			attitudes and strengths		
51					
			Befriending services are		
			needed to support people.		
	39		GP surgeries used to have a		
			lot of support clinics		
52					
52			The council needs to work		
	40		with the whole family not		
	40		just the individual with MH		
			issues.		
53					
			Educate people about MH		
			triggers work with		
			employers and		
	41		occupational health		
			peoplemore training and		
54			awareness please		
54			For the Council to work		
	42		with the voluntary sector		
			that provides advocacy		
55					
			There is a need to see the		
			same staff member, to		
			many council workers		
			leaving and we do not get		
	43		to see the staff member we		
			have built up a trusted		
			relationship with		
56					
			Council needs to offer more		
			support by checking up on		
	44		people with MH issues		
57					
			For the Council to provide		
	45		more advocacy		
58					
			Bringing back day		
			opportunities for people		
	46		with mental health (issues)		
50					
59					

Ref       Priority 1 - More support for voluntary sector       Priority 2 - Better services information, communication and awareness         60       To train the community on how to engage with people with mental health and health         61       To train ther to have an understanding and awareness of mental health         61       All council staff should have and understanding the with benefit and debt problems         62       Need more advisers to help oping         63       Need more advisers to help oping         64       So         65       Council staff need more corproduction exercises we control training in listening skills. Attend events         65       There is a lot more produce better co-designed sposition - is it on money? More Coproduction to produce better co-designed sposition - is it on money? More Coproduction to produce better co-designed effective use of funding.         68       So         69       So         69       So         61       So         62       So         63       So         64       So         65       There is a lot more produce better co-designed services will result to better designed and more effective use of funding.         65       So         66       So	 E	D	С	В	А	
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50wavereess61To train the community on how to engage with people with mental health and train them to have an 		Information,		support for voluntary		
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Residents should have						
surgeries where there is a						
56 selection of professionals			-		56	
who will address concerns			who will address concerns			
70						70

	А	В	С	D	E
71	Ref	Priority 1 - More support for voluntary sector	Priority 2 - Better services	Priority 3 - Information, communication and awareness	
72	57		Person budgets- should be expanded to adolescents. It is good for giving some control while providing an intervention Brief people about what will happen before you go there r.g. Workplace letting you know what to expect. I turned up and was put on the telephone talking to a stranger and did not know what they wanted me to do or say. They are supposed to help you find work-but they don't find out what you find stressful or difficult e.g. talking on the phone. I find it hard and don't understand what the other person is saying to me. I need some preparation.		
73					