

NHS Croydon CCG

Feedback from BME grassroots groups

August 2018

Longer, healthier lives for
all the people in Croydon



Introduction

On 18 July 2018 Croydon CCG held an event with grass roots BME groups to talk about existing and new mental health services commissioned by NHS Croydon CCG. The purpose of this meeting was to provide an opportunity for service users, carers and Croydon residents to share their experiences and to participate in conversations which will help influence future commissioning of mental health services.

The event was well attended, with approximately 90 people coming from a range of community and voluntary groups from the BME community.

The contributions of the participants ensured that the discussions were both lively and highly productive, covering four key areas:

1. Identifying barriers to accessing mental health services; to improve and develop effective care pathways in community and statutory services
2. Raising mental health awareness through the promotion of social inclusion and positive well being
3. Challenging the stigma of mental health amongst statutory, voluntary and community sectors
4. Opportunities to create timely needs assessments with BME communities to identify gaps in service provision

This report captures the responses made by the participants in answer to the following questions:

- What needs to change?
- How can we support you to manage your mental health?
- How can the system support someone with severe mental health issues?

The responses and have organised around seven key themes.



Active
Signposting

Developing the
team

Partnership
working

Raising
awareness

Support self
care

Quality
improvement

Social
prescribing



Active signposting

- Difficulties accessing services, don't get what you need, information isn't given to me in a way I need it
- Better access to user led groups
- Get the information out to help people make choices
- Create a central point of access and a central database directory
- Needs to be a follow up after signposting
- Need to know what services are available supported housing
- Putting someone who has been discharged into shared housing without support is not an option
- Hear Us and Off the record – they helped find information about what services were available
- People are left to navigate a complicated system alone
- A proper signposting service needs to be made available
- Patients should not be left alone to navigate through a complex health system



Developing the team

- There should be better GP awareness of how to support someone in crisis
- Do more in GP surgeries, such as having link workers in the Practices
- Don't leave out the smaller organisations as they can help people in the community
- GP's management of mental health is not always very good which can lead to more cases of crisis
- Services and staff could be more representative
- Decision makers need to more representative of the people and communities in Croydon
- GP's need more training in mental health to equip them to deliver a better service, understanding about physical and mental health differences culturally
- Broaden the workforce in order to spread demand more evenly across mental health services and connect the patient directly with the most appropriate professional



Partnership working

- People moving between teams means that patients can get lost in the system
- There is a lack of continuity when people transition from children to adult services
- Professionals should work together to help people with mental health problems
- There should be a system to ensure continuity of mental health care when someone moves into a different borough
- Bring community organisations together, utilising existing community groups to help promote service and invite professional to come and provide talks – building clinical and social networks
- Know what other people are doing already and use this to compliment the introduction of new services or interventions and in doing so adding value to other relevant activities to keep people well
- Some synergy between non-statutory organisations – incentivise non-competition
- Joined up working hub models based on housing and benefits support to prevent the loss of home and or being place in suitable alternative accommodation to prevent homelessness
- More integrated approaches to community solutions more collaboration and sharing of information
- Person centred approach required to treating patients including family carers, agencies looking at communication, medication, advocacy, waiting times, stigma
- Create partnerships and collaborations with key providers in the local health and social care system



Raising awareness

- Need to raise awareness of mental health, people don't think it's an issue, stigma about it, include families, schools, teachers and PSHE citizenship classes
- Destigmatising societal and cultural stigma– talking about poor mental health and normalising it
- Help raise awareness amongst GP's about domestic violence
- Workshops and open meeting to accommodate cultural practices of specific target groups to deliver support e.g. barbers, dominoes and other games
- Do more work in schools to make sure children and young people are able to talk about mental health issues
- Start early educating children and young people about mental health
- Using community infrastructure better, faith group and barber shop
- Improve the general awareness about mental health and reducing the stigma attached to it



Support self care

- Give mental health service users more choice and involvement in their care and support options
- Support should be provided to care for the person at home
- Patients need to be given choice
- More support for carers to avoid becoming overburdened
- More support for carers, someone who can explain what help is available, benefits and other organisations, including follow up sessions to make sure they are ok
- Take every opportunity to support people to play a greater role in their own health and care by signposting patients to sources of information, advice and support in the community



Quality improvement

- There should be more services for people with a dual diagnosis
- Lack of staff has resulted in long waiting lists
- Referral waiting times too long particularly for teenagers – Croydon has a huge population of children and young people
- Use projects like Best Start to help parents
- Hard to reach patient groups are falling through the net and go untreated
- Needs to be a follow up after signposting
- Promotion of employment through volunteering
- Waiting list to receive counselling too long, there should be an immediate referral for someone experiencing trauma
- Outreach work – prevention, engage communities help the community understand mental health



Social Prescribing

- Make funds available for small community and voluntary organisation to support mental health awareness
- Train small community groups and voluntary organisations to provide support to their communities
- Using community infrastructure better, faith groups and barber shops
- Help people to get better by signposting to relevant services which are best for them
- Change of lifestyle in the community – promoting wellbeing and public health services
- Create networks to reduce social isolation
- Mindfulness classes
- GP's need to get better at giving mental health support and advice – not every patient needs a prescription
- Using the experience of community assets – using what is available already to gain a greater understanding of communities' requirements, based on creating services or intervention which are people led, designed and delivered
- Learning from expert's experiences and using their skills and assets to meet communities need
- Use referral and signposting to non-medical services in the community that increase wellbeing and independence

