Camden BMER Mental Health Partnership Summit 2014

Camden and Islington NHS
NHS Foundation Trust

Camden

NHS
Camden
Clinical Commissioning Group

healthwatch
Camden

voluntary action camden

Content

Camden Black and Minority Ethnic and Refugee Mental Health Partnership Summit: 1st September 2014

Speak Your Mind

Introduction

The summit was organised by Healthwatch Camden, Voluntary Action Camden, Camden Clinical Commissioning Group and the Camden and Islington NHS Foundation Trust. The aim of the day was to bring together representatives of Black, minority ethnic and refugee (BMER) communities to identify how mental health services can better meet the needs of BMER service users. It was facilitated by Alison Navarro.

To open the conference, representatives from each of the partner organisations said what they were doing to improve services and how they would take forward the outcomes from the summit.

Welcoming people to the conference, **Frances Hasler, Director of Healthwatch** Camden explained that Healthwatch's role is to provide a voice for people who use health and social care and help them navigate their way through services to find these that best meet their needs. As an official yet independent body, Healthwatch can amplify the voices of individuals and organisations and ensure that their views, preferences and concerns are taken into account by the people who commission and deliver services locally. It has identified mental health as one of its priorities and is particularly keen to hear from BMER users of mental health services to provide us with evidence of needs and gaps.

Today's summit is part of that process. In two weeks time, Frances will be speaking to the Council's Health and Adult Social Care Scrutiny Committee and will share with them the information that comes out of today. As a member of Camden's Health and Well-being Board, Healthwatch will also feed your views in there and ensure that they are heard and addressed across the whole of the Borough.

Speaking on behalf of **VAC, Somanah Achadoo** highlighted the work it does to support voluntary and community organisations in Camden and in particular the Mental Health Community Development Service. This service reflects VAC's longstanding commitment to working with BMER communities at the grass roots to improve access to mental health services, reduce stigma and promote mental well-being.

Since taking on a new contract in 2013, VAC has ran nine Mental Health First Aid training sessions for 113 people, and trained nine Mental Health Champions in Mental Health First Aid. These volunteers are able to raise awareness of mental health, and the services available, in their communities. VAC also convenes the local BMER Mental Health Network to enable service users, voluntary and community sector organisations to influence commissioners, and service providers, and share examples of good practice. This summit aims to build on this: we want you to have your say and tell us what the next steps should be. We know what the barriers are, we want to know what can be done to overcome them.

Colin Plant, Director of Integrated Care, Camden and Islington Foundation Trust began by saying that providing better mental health services for people from BMER communities has been a key issue for the trust at least 30 years. Although there has been some progress, there is still a long way to go: people of Black origin are still over-represented in in-patient

services, particularly in coercive treatment, while people of Asian origin are under-represented; and BMER communities remain fearful of mental health services.

The Trust is committed to improving staff training, so they have better awareness of the needs of different groups and better understanding of different cultures. It has begun to introduce alternatives to coercive treatment, with the South Camden Crisis House and the Improving Access to Psychological Therapies programme going some way towards this. And it is committed to working with the Black Women's Forum and other user groups to develop services that really meets their needs. There is a lot to be encouraged by, but a lot more to do. This conference will help the Trust to do it right.

Summing up, Frances made it clear that mental health is a strong priority across the whole of the borough, as well as for each of the partners and participants at this summit. Coming together at events such as this really matters because it helps to make change. Sharing our stories, helps to make change. This summit is an opportunity for people to really speak their minds and say:

- What are the gaps?
- What more needs to be done?.
- What can we do to make a difference?
- What should our priorities be?

BMER Communities and Mental Health in Camden

As a background to the discussion, Jonathan O'Sullivan, Director of Camden and Islington Public Health presented demographic information about health needs and inequalities for BME communities in Camden. Key facts from this presentation are given below, the complete slides are available at http://www.vac.org.uk/projects/mental-health/#bmereport

Of the 225,000 residents in the Borough,

- 34% are from BME communities
- 22% are from non-British white communities (Irish, New World, Eastern European). It is worth noting that the proportion of Eastern European population is on the increase.

While different communities have different experiences of health and health care, where people live also really effects their health. In Camden this is linked to deprivation: 24% of residents live within the 20% most deprived areas of England.

The difference in life expectancy for people living in the richest parts of the borough compared to those in more deprived wards is 13 years for men and 8 years for women. People in the most deprived wards are

- twice as likely to die from heart disease;
- 50% more likely to have a long term health condition
- 70% more likely to be admitted to hospital for alcohol-related reasons; and
- have an 83% higher prevalence of serious mental illness.

Mental Health in Camden

With an estimated 3,496 patients on GP practice registers with a Serious Mental Illness (SMI), Camden has the third highest prevalence of SMI (1.38%), significantly higher than the London and England average. There is also an estimated 36,600 adults with common mental health conditions (depression and anxiety) in the borough.

Different age, gender and ethnic groups have different rates of diagnosed mental illness:

- prevalence of SMI is highest in men aged 45-54 years and women aged 65-74 years.
- prevalence of SMI is highest in Black or Black British communities (4.8% in men and 2.7% in women).
- Rates of SMI are lower in Asian or Asian British women, Other/Mixed ethnicity women and Chinese men and women.

The higher rates of serious mental illness in Black communities and the under-representation of other groups needs to be understood in the context of how communities perceive mental health and how they access services. And this can only be done by engaging with the communities themselves.

Mental health conditions are associated with increased risks of poorer physical health outcomes. For example, among people with heart disease or diabetes, depression doubles the risk of death. The impacts become even stronger for people with serious mental illness:

- On average, a young person or young adult diagnosed with schizophrenia or other psychotic illness will die 15 to 20 years earlier than their peers. Causes of death among people with serious mental health conditions are the same as for the general population.
- Local analysis shows people with serious mental illness in Camden are 3.9 times more likely to have depression, 3.3 times more likely to have COPD and 2.9 times more likely to have diabetes, compared to the general population

The reasons for this are complex, but it must be emphasised that people with a mental illness are dying from the same diseases as the rest of the population, eg coronary heart disease or cancers. This means that their physical health needs must be taken seriously, as well as their mental health needs.

What this tells us is that mental health is about us: how we live and how we help each other. We need to take a holistic view, using demographic evidence and understanding the views and experiences of service users themselves.

C& I Foundation Trust Race Equality Vision – Improving at Local Level

Amit Popat, Race Equality Advisor to the Trust, urged participants to talk about solutions, not just focus on problems: they are the ones who can help to develop and deliver the Race Equality Vision, in partnership with the Trust. What is needed are some specific, measurable outcomes that can then be used to hold the Trust to account. One outcome from the summit should be an action plan, so that everyone is clear about what is going to happen as a result of today.

There is a danger that when communities focus only on what statutory organisations are not doing or what they are doing wrong, they are seeing themselves as victims, not as people with the power to change things. We need to believe that we have the power to change things. You are the ones with knowledge about what BMER communities and service users need; you know what changes are needed, so you should be setting the agenda.

But you also have to recognise that even when individuals and institutions want to change, they won't get it right all the time. So it is important to take the long view and work together to find solutions. Communities need to support and coach the statutory sector to help them change.

The Equality Act is a really important tool that you can use to do this: statutory bodies now have a legal duty to develop their vision for equality and say how they will implement it. There is a real opportunity for community groups to work with the Trust to make this happen.

Speaking your mind: Sharing your issues

Working in small groups, people were asked to discuss:

- What are the challenges for BMER communities in accessing mental health services?
- What are the gaps in services?
- Do we have any examples of what works?
- Who can bring about the changes that are needed?

The key themes, issues and recommendations from those discussions are given in detail below.

1. What are the challenges for BMER communities in accessing mental health services?

Understanding within the community

Mental health is often poorly understood and may be viewed quite differently by different cultures and communities. Indeed, some do not recognise mental health as an issue. But a common theme is that for many there continues to be a stigma attached to mental illness, it is considered shameful. This in turn can undermine a person's sense of belonging and identity as well their willingness to seek help. One person, for example, described the experience as emasculating, challenging his identity and role as a Black man.

This lack of awareness of mental health and the stigma associated with it can make it harder for people to recognise their own symptoms or for them to receive support within their community, let alone access services. Family and friends are often the first place people turn to for help, but the shame and stigma associated with mental illness can mean that this support is not forthcoming, ineffective or even negative.

Women from south Asian communities, for example, will not necessarily confide in other members of their family, especially if they live with in-laws who are often the cause of depression, or have come to join their partners in the UK and find themselves totally isolated or even abused. They are more likely to present to GPs with other symptomatic illness rather than identify as having mental health needs, which could partly explain why they are under-represented in mental health statistics.

Fear of mental health services

When people have limited knowledge of mental health services or patient pathways, seeking professional help can be confusing and scary. What people want is to be made welcome and someone to talk to who will listen and understand them; what they don't want is to be judged or patronised, but too often this is the reality. Without good information in their own language and access to interpreters, this is particularly difficult and frightening for those whose first language is not English.

GPs as gatekeepers

It was suggested that there are 'lots of problems' with GPs, both getting an appointment and feeling able to discuss mental health issues was said to be difficult. GPs are gatekeepers to mental health services, but they are not always aware of what is available, they too lack knowledge of care pathways and are not well-linked into community support networks.

Professional attitudes

Professional attitudes can compound the difficulties BMER people face in accessing mental health services. The professional culture is not seen to be about listening and understanding, but this is what is most important to service users. NHS staff need to listen to what the person is saying and to be aware that someone who is communicating aggressively or anxiously may actually have a mental illness and need help.

Participants also talked of their experience of racism and the frustration that people who are second, third or even sixth generation are still asked where they come from and get a surprised response when they say Camden.

Lack of voice

Not enough is done to capture what works for service users from service users themselves. They, and their families lack a voice in decisions about policy and planning and are not consulted early enough in the planning process to enable them to have real influence. For example, they would have liked to have been consulted about the Recovery College *before* it was set up. More generally there is a lack of representation, particularly from those who are not members of forums. More needs to be done to capture these 'silent' voices.

2. What are the gaps

User- and community-led projects

Voluntary, community and faith groups could play a positive role in raising awareness of mental health and building appropriate support at the grass roots. Community groups with a holistic approach and open access, such as Kings Cross and Brunswick Neighbourhood Centre, could, if properly resourced, help people with mental health problems develop coping skills in a sociable and non-stigmatising atmosphere. User-led services, including peer support (especially for men) can also be effective, but more are needed ('a whole army').

Integrated services

There is a large gap between mental health services and BMER communities: health services need to work in partnership with community groups to overcome this. At their best, these groups understand the communities they serve, know their needs and the barriers they face, and work with them to address those needs, either by delivering services directly or advocating on their behalf. They could play a bigger role than they currently do in bridging the gap between the grassroots and the statutory sector.

More healthcare professionals could provide services in community settings, rather than expecting service users to come to them. This would help make services more accessible for service users and their families; enable professionals to see people in a more 'everyday' context; and could help to reduce stigma. More pre-crisis support for people in need but not (yet) in crisis would make a difference, particularly if there was good integration between the different levels of support, from grassroots to acute hospital care.

There is also a gap between the two boroughs: although the Trust works across Camden and Islington, other services and support are borough based, leading to inequalities in access.

Information gap

As noted above, service users, their friends and families need better information about mental health and the range of services available. This information should be accessible in their own language, including by 'word of mouth' and not just in written form. There is also a need for more information about mental health promotion, as one group said 'there are lots of leaflets about healthy eating and exercise, but not about meditation or mental well-being'.

But it is not only service users who are affected by this information gap: different agencies and sectors are often unaware of what each is able to offer and therefore unable to refer people to alternative forms of help and support. A mapping exercise covering all relevant statutory, voluntary and private sector organisations would be a useful starting point that could develop into a directory of local services and support.

Culturally sensitive services

A recurring theme in these discussions was the need for culturally sensitive services, which understand and take account of people's religion, beliefs, cultural practices and heritage. This includes, for example, advocacy and counselling services in people's own languages. It also means challenging ethnocentric approaches and recognising that western therapeutic models do not work for everybody. The most effective way of doing this is by ensuring that users from different communities are involved in the design and delivery of those services.

Staff training

Working in an area as diverse as Camden and Islington, staff need to be given training on cultural sensitivity and the importance of understanding and reflecting on people's ethnic, religious and cultural heritage, not fitting everyone into the same box. This should be available not only to health professionals, but to council staff, police and those working for agencies such as job centre plus as well.

At the same time, people in the community need to have a greater awareness of mental health issues, so they know who to talk to and who can help.

Wider determinants

Given the evidence of inequalities in health, solutions must address the wider determinants. For example, ensuring that people can claim benefits to which they are entitled; helping people to find good jobs and stay in work; addressing issues around housing and the environment and community safety.

3. Do we have any examples of what works?

In response to this question groups identified some specific services, namely

- Bridge Project (now decommissioned)
- 'Tree of Life' model developed by the Dulwich Centre
- Jules Thorne Day Centre
- Crisis House and Teams
- Home Start support for vulnerable families
- Key Changes

- Support schemes such as ‘Travel Buddies’

Most groups, however, identified ways of working that really made a difference. This included:

Services delivered *in* communities where professionals, communities and users work as a team, with open communication and good collaboration.

Good support in communities and GP surgeries, provided by both paid workers and volunteers

More doctors, counsellors and other professionals recruited from BMER communities and training by BMER communities for those who are not.

Person-centred care where:

- service users are listened to, treated with respect and involved in decisions about their care;
- professionals see the whole person, not just a medical problem;
- care pathways are identified, monitored and reviewed regularly; and
- recovery plans agreed with, and owned by the service user.

Creative approaches that allow users to express themselves in the medium they feel most comfortable with eg art, music, writing, or social media (such as Key Changes).

Service users being involved in planning and designing services *from the outset*

4. Who can bring about the changes that are needed?

There was a strong consensus that it is everyone’s responsibility to bring about these changes. This was summarised very well by one group who said:

‘All agencies who are stakeholders (eg professionals, voluntary and community sector, service users, carers, statutory sector) need to be involved, informed, responsible for making the changes that are needed. Communication and collaboration between these agencies is also very important.’

Panel Q & A

Members of the Panel: Frances Hasler, Healthwatch Camden; Debra Holt Camden CCG; Somanah Achadoo, VAC; Colin Plant, C&I Foundation Trust; Jonathan O'Sullivan, Camden Public Health; Amit Popat, C&I Foundation Trust

How can we address the underlying social inequalities that reinforce mental illness?

(JOS) This year's Annual Public Health Report identifies the wider determinants that are really crucial in terms of people's mental health and well-being and sets out what we are doing to address these this includes:

- strong support to women during pregnancy and early years, where there is scope to improve parenting and attachment;
- recognising the link between academic performance and socio-economic inequalities and putting new resources into schools to promote mindfulness and resilience;
- improving housing, community safety and community cohesion and trust which we know are really important in terms of mental health.

How do you make use of user-led organisations' expert knowledge of the service users they engage with, particularly if the BME community is over-represented in MH services?

(DH) The CCG is keen to co-produce a model of working that ensures that evidence from users and recommendations from events such as today inform our plans. There is someone within the CCG whose role is to engage with the Black Women's Forum and other networks and feed that back into the system.

We want to keep up the momentum and for you to help us develop and deliver services, involving user organisations in a paid capacity.

(SA) Users voices need to inform planning, that is one of the solutions to improving access and reducing inequalities. At VAC we provide training, support and build the capacity of user groups to help them raise issues and concerns more effectively. Mental health champions help us to reach users and gather intelligence from them about what their needs are.

Partnership with users is really important. Communities themselves have a lot of solutions, so it is important that their knowledge and expertise is valued and they are seen as equal partners.

Who is responsible for equality of access to BME communities – what is the role of the VCS in this?

(FH) Every statutory body is covered by the Equality Duty and that means that every single person has a duty to promote equality of access.

Those outside need to make sure we think about equality in carrying out our influencing role and help us to hold the statutory sector to account. The Equality Act means that we have the backing of the law, which is potentially very powerful.

(SA) Voluntary and community organisations need to work together to ensure the Equality Act really works for us. At VAC we need to make sure we work with a wide range of organisations, including faith groups, to improve equalities.

What has the panel done to change the stigma attached to MH services and what resources have you used to deliver change and to maintain sustainable employment for service users? How do you educate the BMER community and others against the stigma?

(CP) For the Trust, this shouldn't be in one place, but part of everything we do, all services should be working to promote sustainable change and access to employment is part of that. All care plans should look at good, practical employment solutions.

(SA) In terms of reducing stigma, VAC works with community groups to deliver stigma and mental health training. We have also worked with the Somali, Bengali and Irish communities to get a better understanding of cultural and religious perspectives on mental health in those communities.

We also start from where communities are. For example, people are interested in learning about dementia, so we can use that as a way in to talk about mental health more generally with communities who otherwise wouldn't discuss it.

How can the diagnosis process be improved so that people are receiving the right diagnosis at the right time (quickly)?

(CP) One way is ensuring that people have a good route in to services and understand what happens if you ask for help: there is not enough information about what happens once you get into the system and this can stop people from coming forward.

Giving more power to the user and ensuring they are informed. That doesn't happen at the moment – we have a plan to improve the Trust's website, so that people can find out about the experience they are going through and what they can expect if they ask for help. But its not just about the website, people also need face-to-face contact and information to be freely available in different formats so that the myths about mental illness disappear.

What are you doing to support the development of culturally sensitive services such as counselling or advocacy and to encourage applications from staff from a BMER background?

(CP) We have some good examples of sensitive training and we want to build on that systematically so it applies to all services. Access to counselling and IAPT is improving but these services are still not as accessible as they should and we need more alternatives. The fact that people can now self-refer to IAPT has been powerful and it has increased take up by BMER communities

(JOS) Most mental health conditions are not treated in an acute trust setting. We now have a much more integrated service for children compared to 10-15 years ago. It is now part and parcel of what schools offer and delivered by a holistic team who engage positively with children and young people. The service has undergone a real rebranding. It is now delivered in everyday settings, we bring in professionals where needed and everyone works together to reduce stigma.

In the current economic climate there is less funding, particularly for voluntary and community organisations. Where will the extra funding needed come from, especially for BMER groups?

(DH) Camden is actually richer than other boroughs and has £16 million of new money for mental health services. The CCG is particularly interested in identifying new and innovative ways of working that will target groups that are under-represented. We want to hear your views on how to do that.

(FH) Small pots of money can be very powerful. There is a need to combine resources so that we can use them more effectively and work together to raise awareness of the need for more money overall.

(DH) The CCG may have a contingency pot of small grants for good ideas.

(SA) VAC is working with GPs to encourage social prescribing, using community volunteers to support people and engage them in social activities. Its currently at the pilot stage.

What is going to change this time as a result of today? What are the main actions for an action plan? How will we know the impacts?

(AP) The leadership within the Trust is committed to making these changes. The key thing will be capturing the intelligence gathered today and turning it into clear race equality outcomes, not just for the trust but for all partners. In the future we will need to come together again to look at the impact. We can then say, this is what you asked for, this is what we did as a result.

(CP) I personally commit to circulate this agenda at a senior level in the Trust. We also need voluntary and community organisations to remind us of our commitments and to work with us in taking this forward.

(FH) We need to make it a Camden thing, not just a Trust thing. The Health and Well-being Board needs to look at how we tackle this and how we make progress. Everyone there needs to sign up to what this summit has come up with. We need to look at everything from training to procurement policy, so we can procure more services from user-led organisations.

Rights are sometimes withheld from service users, for example if they want to go to tribunal there is no private space where they can talk to their lawyers, only the open ward

(FH) Advocacy is important, it is one thing having rights on paper, another thing being able to exercise them. People need to know their rights, know where they can go for help and have the physical space to talk and seek advice.

(DH) The CCG is currently scoping advocacy services and so will be asking about this now.

(CP) I had thought there was private space in wards: I will go away now and check this.

Other contributions from the floor:

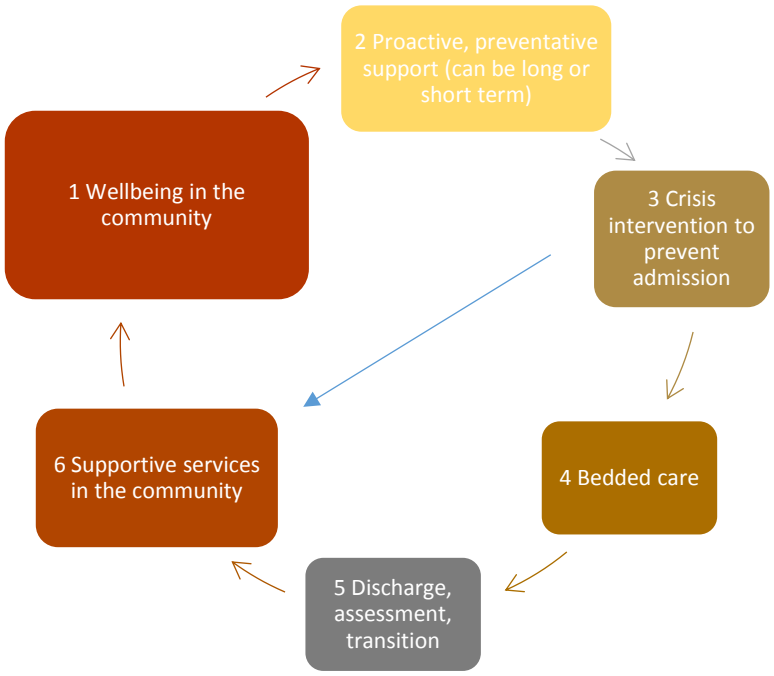
- As a result of today a Black Men's Forum has been set up in Camden.
- We need to be clear who is included: the Irish community has particular mental health needs, but is not always recognised as 'BME'.
- If issues are not dealt with when people are young, they can just pile up so the problem gets bigger. We need to listen to the person and find out what activities will help them.
- Scandals such as Rotherham effect everyone, they highlight the importance of working with mothers and children and therefore of paying particular attention to women's needs.
- In Islington funding cuts have resulted in the loss of groups with long roots into communities, making it much harder for those communities to be empowered.
- Planning must be inclusive, we need more Black people in positions of power, and on the Panel, if we are to have an equal voice.

Next steps

The next step will be to circulate this report widely and use it to develop an action plan, building on the high level of commitment and expertise among participants. The summit has once again highlighted the significant gap between mental health services on the one hand and grassroots communities on the other. It has also identified ways of bring the two together to develop services that are more accessible to people from different communities and cultures and more sensitive to their needs. There is much here that could form the basis of a constructive and challenging plan for commissioners, providers and community groups, with clear actions for change.

However, as well as implementing specific actions, e.g. involving users and communities in planning services and training staff, there is also scope to develop a more holistic approach. One that starts with communities rather than services. Promoting mental well-being in communities, while drawing on professionals where needed, could be a more effective way of challenging stigma and promoting care that is integrated not only between different health services, but between those services and people's lives.

The 'six box' model of care is a way of thinking about the different elements of a care pathway. There is still a place for inpatient services but the assumption is that most care takes place out of hospital, and that **care starts with people being enabled to look after themselves within a supportive community.**



The Trust has already begun to do this with Child and Adolescent Mental Health Services. Maybe it is now time to extend this further to cover all mental health services. A rebranding that sees voluntary and community organisations as the frontline in promoting well-being and supporting users and their families outside of acute settings.

Camden BMER Mental Health Partnership Summit 2014 Evaluation

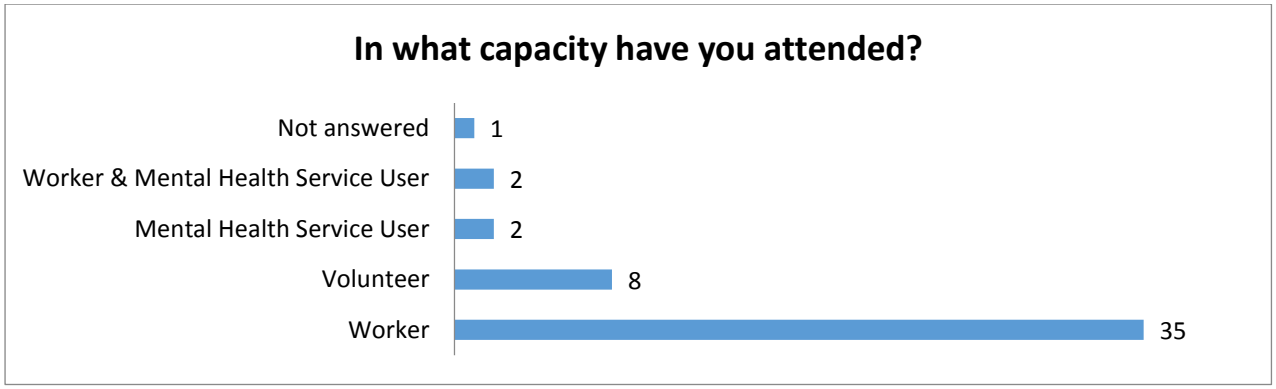
Date: Monday 1st September 2014
Time: 10am -4pm
Venue: St Pancras Hospital Conference Hall

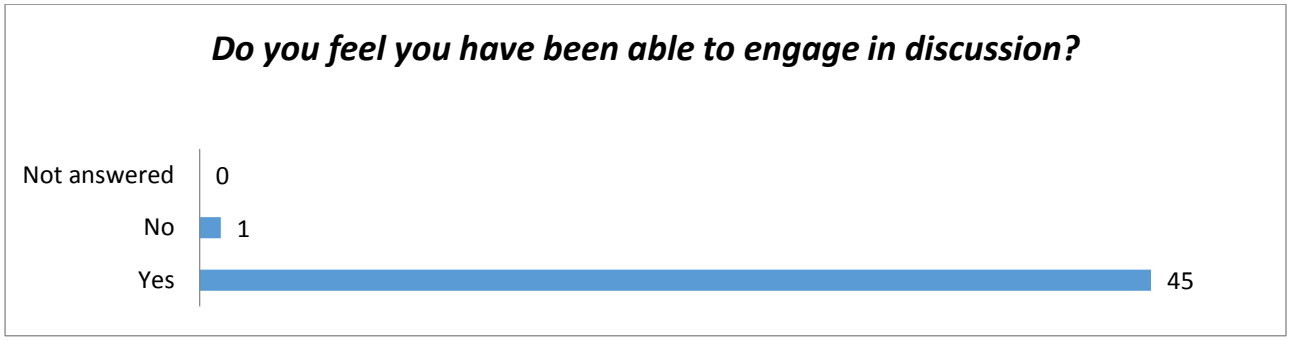
No. of participants signed up: 76
No. of attendees: 78
No. of feedback forms received: 46

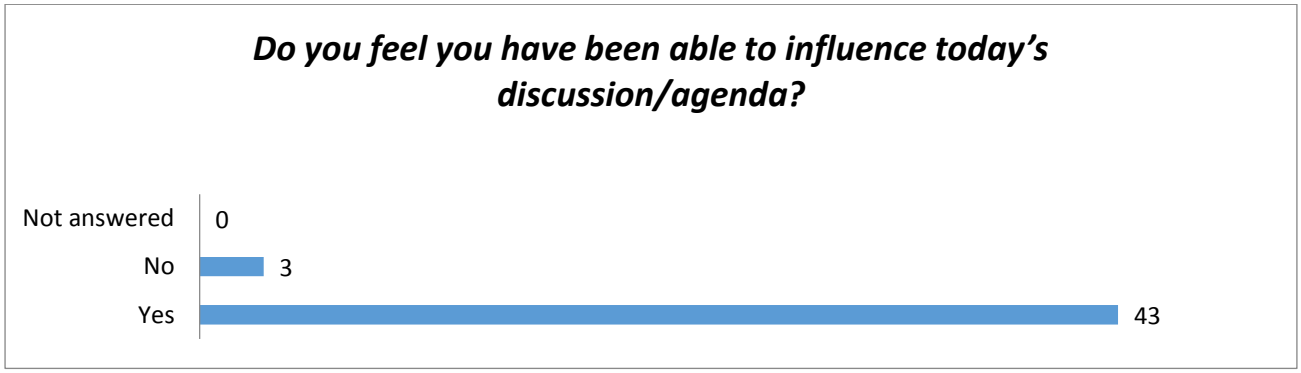
Organisations represented:
Age UK Camden, One Housing, Camden Citizens Advice Bureau, Voluntary Action Camden, Somali Womens Focus Group, Shadow Womens Centre, Camden & Islington Foundation Trust, Camden Carers Centre, LBC - Housing and Adult Social Care, VoiceAbility, Nubian User Forum, African Health Forum, Hillside Clubhouse, Mind Yourself, Tavistock & Portman NHS Foundation Trust, Camden Clinical Commissioning Group, Key Changes, Camden & Islington Public Health, Healthwatch Camden, WAND UK, Middle Eastern Women and Society Organisation, Harmood Children Centre, Centra Care, British Malian Educational and Therapy Arts Centre, Camden Chinese Community Centre, CSV-RSVP, CARIS Islington Churches Cold Weather Shelter, Hopscotch Asian Womens Centre, St Mungo's Broadway, iCope, West Hampstead Womens Centre, Sante Refugee Project, Homestart Camden, St Luke's Church – older people project, Drayton Park Womens Centre, Kings Cross & Brunswick Neighbourhood Centre, Somers Town Community Centre, Certitude, Camden Futures, Rivers Crisis House, Family Service, Recovery College, Emergence.

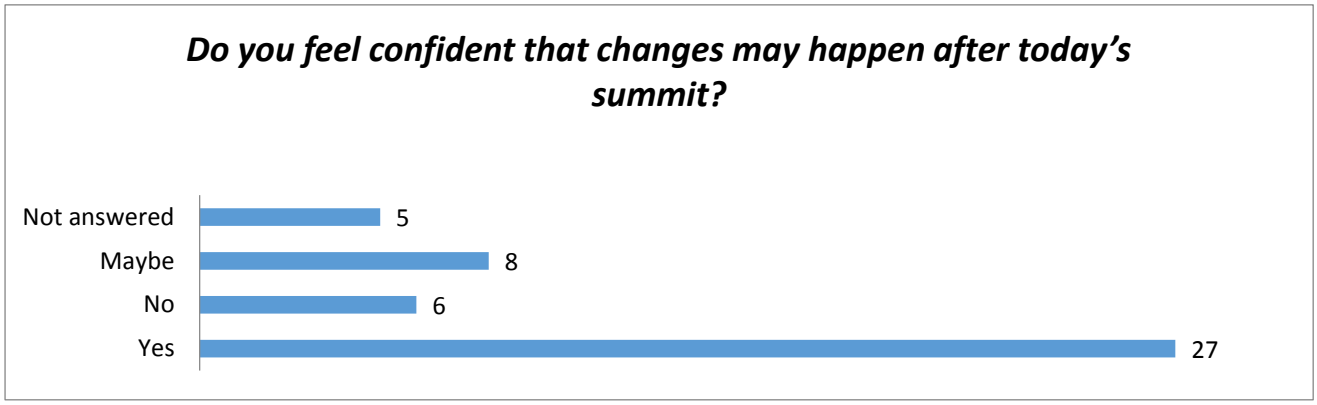
Presentations:
- Frances Hasler - Director, Healthwatch Camden,
- Colin Plant - Director Integrated Care, Camden & Islington Foundation Trust.
- Somanah Achadoo - Operations Director, Voluntary Action Camden.
- Jonathan O'Sullivan - Deputy Director Camden & Islington Public Health
- Amit Popat - Engagement, Involvement & Equality Lead, Camden & Islington Foundation Trust.

Facilitators:
Maureen Brewster, Sue Dowd, Ann Wolfe, Somanah Achadoo, Angela Edwards, Debra Holt, Shelly Khan, Martina Rusnakova, Amit Popat, Isabel Fernandez-Grandon, Francis Hasler, Alison Navarro


In what capacity have you attended?
Not answered
1
Worker & Mental Health Service User
2
Mental Health Service User
2
Volunteer
8
Worker
35


Do you feel you have been able to engage in discussion?
Not answered
0
No
1
Yes
45


Do you feel you have been able to influence today's discussion/agenda?
Not answered
0
No
3
Yes
43


Do you feel confident that changes may happen after today's summit?
Not answered
5
Maybe
8
No
6
Yes
27

What were your aims in attending the Summit?

Learning and Information: around services and access

- To gain knowledge, to improve gaps in services and be able to address improvements
- To obtain more information and understanding on current mental health services and planned initiatives
- To learn, observe and contribute
- To know more on progress made on mental health stigma changes and outcomes for service users and future outlook for mental health users
- Increase awareness of mental health needs and gaps in services, availability and access
- Find out more about BMER mental health services in the borough, create links for the future
- To understand challenges BMER communities have in accessing mental health services
- To understand the issues and access for BMER service users
- More information and discussion on pan-London mental health funding
- To hear from voluntary and community sector organisations, service users and carers about what they feel barriers to access are and solutions

Knowledge and understanding

- As a speaker to give and receive information and views about BMER issues around mental health
- To know more about mental health issues in Camden, express the difficulties we are encountering
- To increase understanding of barriers
- Increase awareness of the changing outcomes, report issues that BMER face, to see what works well, holistic approach
- Raising and promoting learning about mental health

Networking

- Wanting to be part of a change, networking
- Network and learn
- To be able to connect with other groups, to understand what is happening, find a voice to help to see this necessary change becoming real
- To encourage communication
- Engage with partners
- To hear news/ideas from voluntary groups and service users
- To find out how we can work better with service users to engage in BMER issues in a useful and productive way

Make changes and influence agenda

- To educate, listen, engage and embrace change
- To gain insight into changes that need to take place from across boroughs
- To make changes
- To learn and seek to influence the agenda in the community supporting the mental health clients, to pursue change through available resources
- To know what the current plans are, community organisations should be the heart of new services
- To see that future policy and funding incorporate the issues that concerns BMER directly and make it understandable and transparent to see and use
- To help with changes to mental health services including substance misuse

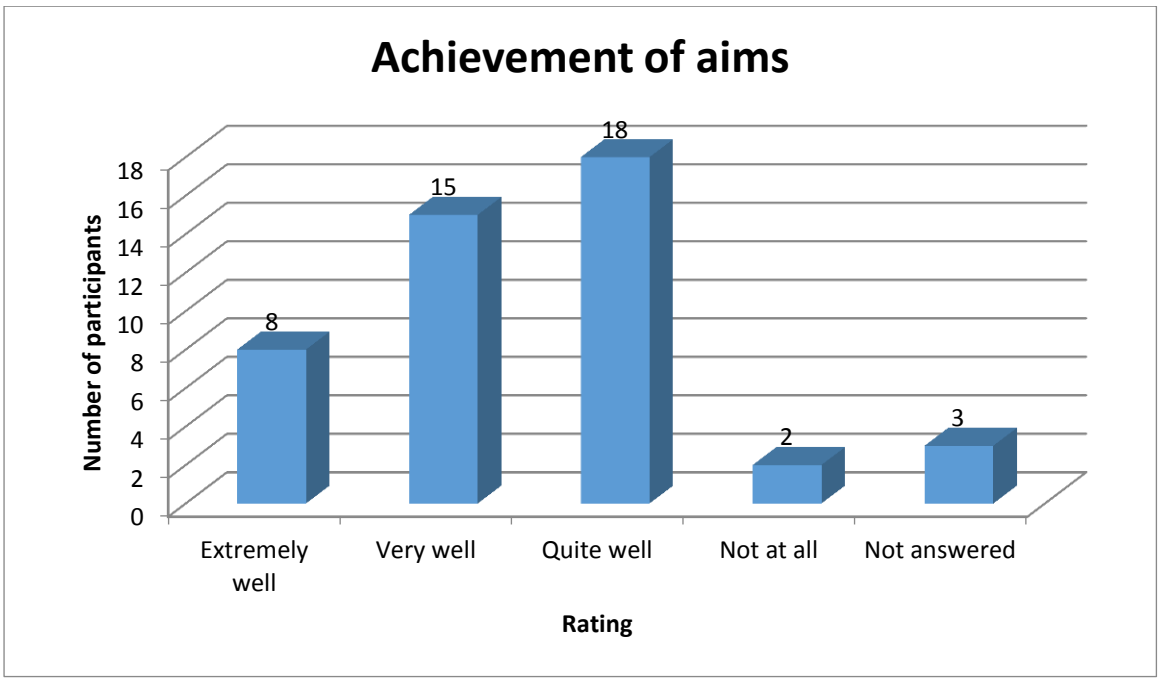
Giving a voice

- To give voice to asylum seekers/refugees
- To make sure I have a voice for my community to represent them and influence change
- To represent the views and experience of Irish people, to understand the experience of other BMER communities
- To find out how the partnership works or will work to address issues abound BMER mental health
- As panel member to see what questions the floor has

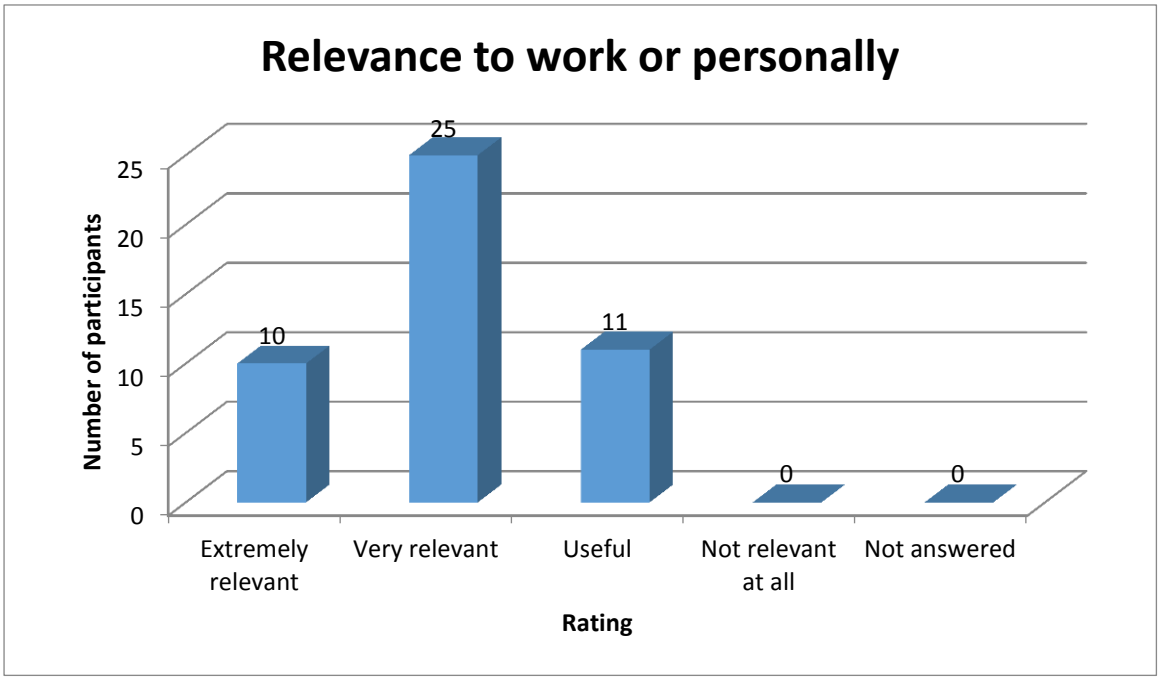
Learning and Information: around BMER communities and engagement

- Learn more about BMER community issues, to be able to apply it to work
- Learn different perspectives on BMER issues and solutions
- More information and discussion on culture and religion
- To show panel the gaps in the mental health services for BMER community
- Learn about BMER health and updates
- To understand how the various organisations are accessing BMER communities affected by mental health
- To increase understanding of current issues in BMER mental health in Camden
- To hear first-hand accounts of how the BMER communities are coping, struggling, engaging or not (why not)

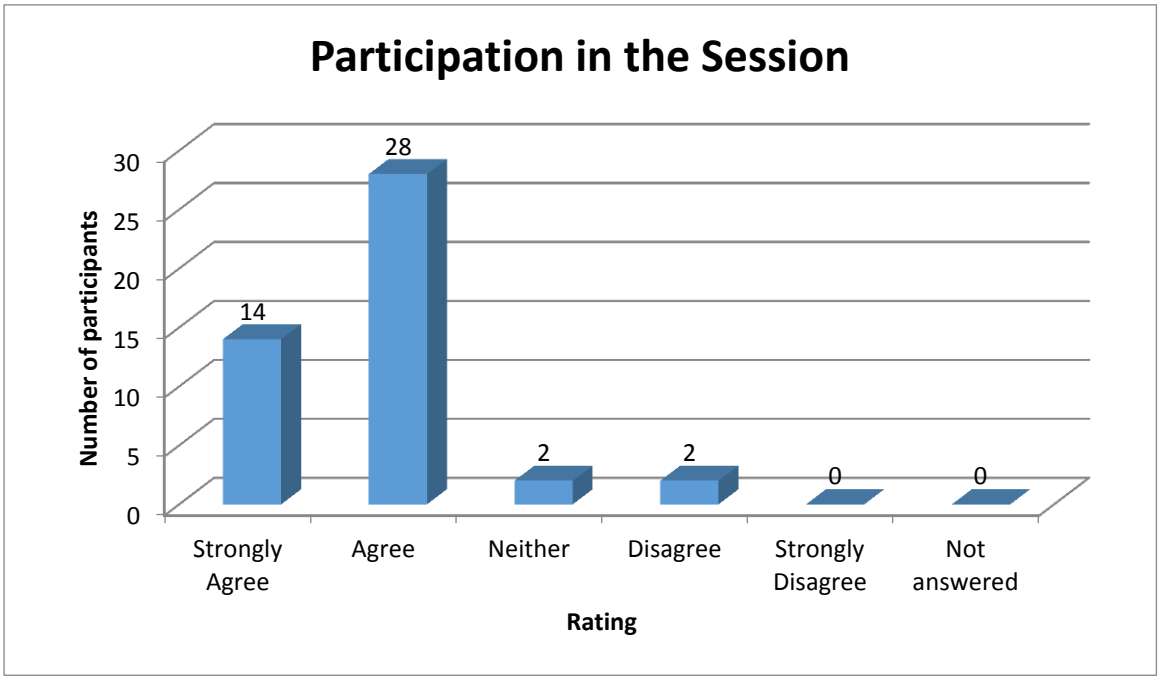
Q. How well did you achieve the above aims?



Q. How relevant was the session to you personally or your work?



Q. Do you feel you were given enough information today to take part in the Session?



Q. Could we have done anything different?

Panel discussions • Have someone in the panel not just BMER representatives but maybe BMER disabled or war refugee • More women on final panel, more BMER on panel • Include African, African-Caribbean on the panel
Service user involvement • Allow the service users more time to talk about what works • Would like to have more service users present to talk about what had worked well, felt quite top-down – statistics rather than individually driven
Operational issues (on the day) • Better facilitator on table, qualitative research presentation, case studies illustrating challenges BMER have in accessing mental health services • Quiz at the beginning was unnecessary • Group discussion – large groups in small space • The quiz was well put together, but having the answers in front of us stifled discussion • Small rooms for different discussions • More space in training area • More time to ask questions

• More on substance misuse, gender, abuse and violence • More cross-cultural communication examples • Yes – look at broader ways to provide mental health services for BMER community
Other • I am interested in hearing more on peer mentors • To confirm place at this summit by emails as promised • Well done • To take the evidence and feedback and incorporate it in next policy • Can't recall getting an agenda (maybe I didn't see it) • Alison was very good • More seminars

What issues were not addressed or need further discussion?

- Advocacy services for Islington
- Pan-London mental health action plan/resources, comparisons – inequality
- Addressing cultural imbalance on the BMER – this is a very diverse group, despite the diversity?
- Tackling challenges to barriers
- Specialist mental health services for BMER communities
- The patient side/user as more able to make the point and possibly identify few solutions
- Families of service users
- Asylum seekers
- Funding for small groups, spending money differently to save money in the long term as small groups know their community better, they can support in providing the services
- Feedback from the 1st summit
- Borough boundaries, other demographic barriers in accessing services
- Making it work
- Changing Outcomes Report - to increase awareness of what the NUF did
- None

Ethnicity	**Please tick**		**Ethnicity**	**Please tick**
White British	9		Indian	3
White Irish	2		Pakistani	2
Any other White Background			Bangladeshi	2
Mixed White and Black Caribbean			Any other Asian background	1
Mixed White and Black African	1		Caribbean	6
Mixed White and Asian			African	9
Any other Mixed Background	3		Any other Black background	3
Chinese	1		Any other Ethnic Group	2
Not known/Not provided			Please state: Mediterranean, Jewish,	
Not answered: 4				

Disability		
Do you consider yourself to have a disability or a long-term health condition?	**Yes 6**	**No 32**
Not answered: 8		
Religious beliefs (please tick on box)		
Buddhist		3
Christian		12
Jewish		2
Muslim		5
Sikh		
Hindu		4
Other Religion or Belief (please state)		
No Religion		12
Prefer not to say		2
Not answered: 5		