Thurrock Mental Health Service User and Carer Forum

Monday 14th March 2016

Minutes

Attendance:

Wendy Robertson (WR) Thurrock Mind

Marie Budge (MB) CARIADS

Debbie Soma (DS) World of Work

Andrea Valentine (AV) Healthwatch

Toni (T) Thurrock Mind, Service User, Trustee

Jeanette (J) Thurrock Mind, Service User

Susan (S) Thurrock Mind, Service User

Harpal (H) Thurrock Mind, Service User

Kathryn (K) Thurrock Mind, Service User

Malcolm (M) World of Work, Service User

Apologies

Ian Evans Thurrock Coalition

1. Welcome, introductions and apologies

Wendy welcomed everyone to the meeting. Apologies received from Ian Evans.

1. Matters arising from the previous minutes of 11.01.16

LM has completed actions and liaised with MS to advise of all service users who are awaiting outcome or potentially eligible for a PHB/SDS. MS updating LM with progress. RH not present to comment on whether action was taken regarding informing Cllr Barbara Rice.

1. Updates

WR gave an update regarding the Suicide Prevention Strategy. WR fed back to the multi agency group meeting the comments and suggestions from the workshop held with Service Users of Thurrock Mind. These included the importance of early intervention, a service user’s recent bad experience of accessing Southend Hospital A&E and the request for a safe haven to go to when in crisis, especially in the evenings and at weekends. The six local priorities match national priorities and have been identified as follows:

 **Reduce the risk of suicide in key high-risk groups**

**Tailor approaches to improve mental health in specific group**

**Reduce access to the means of suicide**

**Provide better information and support to those bereaved or affected by suicide**

**Support the media in delivering sensitive approaches to suicide and suicidal behaviour**

**Support research, data collection and monitoring**

The participants of the forum highlighted the need for appropriate training for people who are first responders. Also, that directing people to their GP when in crisis is not helpful if the GP does not have an available appointment.

WR explained that the document would be go out to public consultation soon.

 WR provided an update from the Mental Health Operational Group. The main focus of the breakout groups today (The Personalisation Pathway) was in response to a key point raised at the group that a clear pathway is needed for people to access PHB/SDS with clear accountability for who does what.

WR provided an update on the Recovery College and a draft of the prospectus detailing possible workshops was made available.

1. Discussion and Breakout Groups

Care Act eligibility criteria was distributed. Service users were able to identify areas that they did and did not require assistance in. Please see attached appendix for summary of points raised and discussed in two breakaway groups.

1. AOB

5.1 AV thanked the forum for allowing her to participate in discussions. She explained that she was new to her role and it had been helpful for her to understand some of the issues facing people experiencing mental health problems. AV said that Thurrock were planning for integrated Health and Wellbeing Centres which would provide easy access to district nurses, GPs, consultants and diabetic services. She recognised that it would be preferable to have a mental health professional available. AV informed the forum that Grays Walk in Centre would close on 31st March 2016 and that there were four health hubs available at weekends. Appointments were needed to attend the health hubs and could be made via the GP out of hours service or by dialling 111. Medical records would be accessible to health hub. AV handed out leaflets for: ‘Thurrock CCG Working together for a better future – engagement document’ and ‘Public meeting Tilbury Health, Tilbury Community Association, Civic Square, RM18 8AA Tue 22 Mar 6.15pm-9pm’.

5.2 KB said that she did not think that service users should contribute £1 to attend people’s space at Thurrock Mind.

5.3 Date of next forum meeting Monday 9th May 1.30pm-4pm at the Beehive.

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**Summary of Points Raised by the Breakout Groups**

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| **The Personalisation Pathway****What would this look like? What would happen at each step?**Not necessary to go via GP for referralAccessible via:local hubsThurrock MindCare coordinatorSupport worker at Grays HallCouncilSocial workerEasy ‘free’ access – initially all that might be needed is a talk and a cup of tea Competent workers who understand and do notjudgeAge appropriate workers – at 64 do not want to discuss with a 20 year old**What is the Eligibility Criteria?***This was distributed*This needs to be widely communicated as not everyone has a care workerThis should not be rigidly adhered to but flexible approach needed as people with mental health may not meet the criteria but still need help People are slipping through the netNeed to look at the bigger picture Anybody who goes to their GP with low mood and/or are on antidepressants should be able to have an assessment**What timescales would there be?**referral to assessment – asap, ideally one to two weeks with regular contact in between (informed that it is being dealt with, correspond so feel being supported and reassured)after assessment – panel should meet weekly thus supporting complex needs as an emergency and so would not have a influx of inpatientsoutcome of panel – patient and provider should be informed on the same day and support commence immediately. Payment should be in place within two weeks and backdated to start date of support.Copy of assessment/support plan to be given to service user and they should sign it  |

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| **The Personalisation Pathway****Who would be involved?**PatientSomeone who knows the patient well – advocate, friend, family, translator/interpreter**What support would you need?** Regular activities that prevent isolation, matched to the individual:Dancing (argentinian tango)Befriender/peer supporterLocal churchesWomen’s InstituteIT skills – also delivered in the homeGymCookingDramaSwimmingMindfulnessHolistic therapyAcupunctureYoga**What other options would you have?**Local Samaritans walk-in or based at hubsChampions trained in the local community to support/talk about mental health (possibly with own lived experience) and know the system – not speak like they learnt it from a text book. Based at hubs or with Samaritans.Sticker for champions could be placed in the window/shop front to show people where they can come to talkMore activities at Thurrock Mind including discussion group of topical issuesEmployers and front line staff need training to spot the the signsPrevention is better than cureAdvocacy supportMore support for drug and alcohol usersMore explanations of training/education available |