

Summary of feedback from SLaM Partnership Time Equality event, 17th November 2015

Venue: Rooms 1 and 2, Lewisham Town Hall, Catford, SE6 4RU

Introduction

The Trust held an event on 17th November 2015 to give an update on the delivery of its equality objectives. We gave information on work done to deliver objectives; the experience from groups of service users and details of on-going work.

1 The participants were asked to share their feedback in table discussions on how SLaM doing is on equality?

1.1 What is good?

- Peer support work provides a trusting environment and safe place to talk
- Getting rid of jargon
- Involving service user in carer improving the quality of SLaM services through involvement in mock CQC inspections and the recruitment of staff
- Willing to listen
- Service user input – Co-facilitation
- Empowering people – giving people coping mechanism not pushing away.
- Spiritual & Pastoral care course brings people together
- There is an Equality & Human Rights steering group
- There are examples of good practice in this event today
- Learning from others and sharing best practice
- Mental Health promotion is reaching out wide. This is an area to push/pay attention to
- Spiritual & Pastoral course – connection with faith groups, needs to be developed (ongoing programme needed)
- Intranet site is a good resource
- Good volunteering opportunities
- Southwark Carers had received positive feedback from carers that SLaM takes a holistic approach

1.2 What needs to be improved?

- “Everyone knows” MIND, Alzheimer society, nobody knows SLaM
- Out of hospital support
- Referral to psychotherapy – communicating with GP, care coordinators, general communication between clinicians
- Lack of understanding/training to GP
- Films around recovery & wellbeing
- Understanding within SLaM of people’s spiritual/religious need
- Improve access for BME groups earlier – empower communities & families
- BME can go through police. We need to break down barriers / stigma
- Not just medication/sectioning. You need to increase access to the Recovery College, peer support and befriending
- Reduce the gap – Mind the gap between youth & adult services
- Intranet - needs to be filtered out
- More volunteering and apprentices

- Premises need to be for for purpose & accessible particularly for example, for interviewing, wheelchairs
- Continuation, reviews on good practice, evaluation of work and the funding to implement improvements
- Better promotion of the range (corporate image)
- To capitalise on information to reach all in community (especially those who need it most)
- Has SLaM's Equality & Human Rights Group got any teeth?
- All CAMHS should adapt the 'model' of developing a transition clinic for supporting young people with learning difficulties to transition to learning disability community teams
- Dementia model need to be adapted further in terms of cultural perspective
- CAMHS: black boys need to be encouraged to get involved more
- More support with Pastoral care by churches – training to members
- Testing BME people for dementia using appropriate cultural references, considering family views and getting their help in assessments for insight into cultural
- Black British – most of mental health problems are occurring with people born here
- A lot of Black service users feel disengaged by services and the police, they feel done to, the need care not therapy, community based peer-support. Funding is an issue but we need to create more spaces in the community
- 25+ black African/Caribbean tackle mistrust.
- Stigma: in all communities but in there it its more prevalent in BME communities
- Need intervention prior to crisis. Mental health problems in young men and anxiety can be seen as 'anger' – cultural differences in language (Eurocentric testing). Barriers to getting services like being seen as violent not in distress
- Person's needs not recognised by other services & not being referred

1.3 What can help achieve this?

- Improve service provision and communication between services
- Involvement of service users and carers
- Training for GPs
- Films information to schools, employers to understand MH. For young people to understand MH before they have stigma. Employers to understand how to support their staff
- 'Pop up' shops and focus groups
- Disabled go. There is more to do
- Ask communities. Prioritise positive dialogue (cases, families).
- Different expectations – Connections, Process & activities (a co-ordinator to understand)
- Hold meetings at different times
- Max out (Southwark) – Link to services
- Black males(role models) needed i.e. for CAMHS & into psychology

- Tackle mistrust and over-representation
- People going into schools/community and do group adult education

2. How can SLaM continue to build relationships with the communities it serves?

- We need to reach ALL faith communities with the mental health message
- Road shows – catch people passing (markets, railways, shopping centres) by variety of materials Inc. self-help, sign posts, awareness, joint ventures
- Need to reach youngsters and teenagers with more therapies, working in school (stigma), free telephone support
- Need a BME manifesto, Demands and a process to join up the dots
- Consultation = ACTION = OUTCOMES (essential)
- More work to be done by SLaM – This should be part of the job for all staff not just an add-on for some
- Community hubs where people can get peer support run by trained peers (ex. Athena project)
- 3C's – Hands on community work
- Communication – join up, needs, wants & engagement
- Peer led initiatives – safe space (form better relationship) – not clinical – someone listening & signposting
- We have not said much about work for OLDER PEOPLE OVER 60.
- Not learning from Muslim community – gender clinicians
- Gender mix of staff, ward to in right
- Good to approach via faith group, GP surgeries
- SLaM need to engage with schools on mental
- Supporting local communities to support & develop community members – develop means of helping, safe place – stigma about going to a clinician

3. Grading SLaM's equality performance using the Equality Delivery System 2.

Participants were also asked to rate the Trust's performance using Equality Delivery System 2 grading and tell us why they gave us that score. The table below explains these grades.

Colour	EDS Grade	What this grade means about our performance
Red	Under-developed	We are doing very badly
Amber	Developing	We are doing OK but we need to do better
Green	Achieving	We are doing well
Purple	Excelling	We are doing very well

3.1 Involvement in care: How did people rate our progress and why?

EDS Grade	Number of grades	Reason for this rating
Excelling	2	<ul style="list-style-type: none"> • Collating data better but not translating into effective an appropriate policies • Research, SLaM needs to research use of herbs e.g. valerian and vervain as therapies
Achieving	2	<ul style="list-style-type: none"> • Connect through doing something different, music, drama, gang culture • Made good progress - sexual orientation
Developing	8	<ul style="list-style-type: none"> • Development in some groups but good progress • Developing because I have not seen enough evidence relating to protected characteristics • More engagement with faith groups toward mental illness and support • Becoming more involved • Working with religions and faiths through Spiritual and pastoral course • More respect, opportunities for carers and family friend, co-production work • CAMHS. LD transition into adult services. This model should be replicated across CAMHS: transition clinics • Need to treat young black men/people with more respect and offer them choices and input into their care. Offer more talking therapy and less medication
Under - Developed	4	<ul style="list-style-type: none"> • More people to work with young people. SLaM need to open more so we know they are there to help • Youth involvement. Up and coming doctors from all backgrounds and encourage interest in psychiatry • Because of community treatment orders, sectioning and discrimination • Not translating the BME community voice adequately

3.2 Dignity and Respect: How did people rate our progress and why?

EDS Grade	Number of grades	Reason for this rating
Excelling	1	<ul style="list-style-type: none"> • Excellent in humanising and enabling SU to be included in Spiritual and Pastoral and other activities
Achieving	3	<ul style="list-style-type: none"> • Yes in achieving Equality objective • I have attended a lot of courses this year and have been very impressed with them all. Keep up the good work • Achieving based on presentation today
Developing	0	
Under – Developed	4	<ul style="list-style-type: none"> • No! • Experiences of BME Services users, family and community are still very negative • Miscommunication and cultural perceptions still leading to racist stereotyping in provision and approach • No human rights

3.3 Recovery: How did participants rate our progress and why?

EDS Grade	Number of grades	Reason for this rating
Excelling	1	<ul style="list-style-type: none"> • Recovery College • People need help and Slam is giving that help, keep the god work you are all doing
Achieving	2	<ul style="list-style-type: none"> • Based on what I heard today • Recovery College and service user engagement generally e.g. during recruitment
Developing	3	<ul style="list-style-type: none"> • Meet the needs of mental health users • Service users and carers need to be involved at all levels, development and engagement • You are always looking at new ways
Under - Developed	5	<ul style="list-style-type: none"> • Ethnic minorities along with main stream • Very little evidence of BME young people are involved, achieving their desired outcomes • Community involvement • Help to get off medication • Better support and development of black staff in leadership roles from the community

3.4 Safety: How did people rate our progress and why?

Dignity and Respect	Number of grades	Reason for this rating
Excelling	0	
Achieving	5	<ul style="list-style-type: none"> • Are people from all characteristics present? Do they feel safe to attend this event? • Some service users are not here • To maintain contact with community and voluntary sector • Achieving well but need to have these forum every 6 months • Excelling because of the service SLaM is giving
Developing	4	<ul style="list-style-type: none"> • Stop paying up service. Put in the resources, put in the manpower. Fund the community projects. Fund the services to deliver equality properly • I cannot say more than this as I do not have the evidence • Good for some groups. Still, development needs to occur in others • Transition of discharged service users to GP. Still need OT or coordinator support for a while
Under - Developed	6	<ul style="list-style-type: none"> • Black African and Caribbean users are still misdiagnosed, over-medicated, not enough talking therapy offered • Black African, African Caribbean young men still over-sectioned, over-medicated • Racism; understanding needs to be a requirement of SLaM leadership • In inpatient services: lack of respect of age, language, experience of Mental health • CMHT and Psychology services: SU suffer emotional assault, racism