

**A workshop took place to discuss the Thinking Together Report Construction with Brighter Berkshire, Open for Hope, West Berkshire Public Health, Adrian Barker (Newbury CCG Lay Member) and Healthwatch West Berkshire. A set of key points were taken out of the report & recommendations are listed below.**

There are two key separate and linked issues which were explored. Based on the feedback analysis on the day the recommendations are:

1. Improving whole population mental health and wellbeing
2. Improving mental health support and services

#### **Key points raised**

1. People would like information, support and signposting for support to be better and more visible.
2. People asked that there is a greater connecting with wider community for mental health, embedding thinking about it in areas like education, business, housing, etc. This was felt to help reduce stigma and also come up with solutions to wider living for people with mental health issues
3. There is not enough mental health awareness which would help tackle stigma and engage wider population in support.
4. People would like more choice and options out of hours (9-5) for getting support.
5. When having appointments with mental health services, they would like not to be rushed, this has been highlighted as a big issue in a number of areas previously.
6. People expressed a desire to be involved from the beginning in the design and development of new services or changes to current services.

7. People working in the voluntary sector feel under huge pressure with increase process to secure funding and uncertainty about funding. They would like to see a more sustainable approach to supporting the voluntary sector.
8. It was expressed that not all professionals treated service users with respect and it was difficult for people to complain about this.
9. There is a lack of social prescribing in West Berkshire which may be more beneficial than medication.
10. A number of people expressed concern about the effectiveness of the crisis team. Similar issues have been highlighted in the report done by Healthwatch Wokingham (reference 2, pg. 31)
11. There is very little support for carers locally, no support groups information or breaks offered.
12. People want more co-productive events like 'Thinking Together' to have a say and have services reviewed regularly.
13. Statistics linked to suicide and the reality seem to conflict. We need better understanding of the real suicide rate and the issues leading to suicide.
14. We need to understand figures in public health outlining 60 people with a diagnosis of mental health issues died prematurely in West Berkshire last year. These are people who will be known to services. West Berkshire is worst performing in southeast on this parity issue.
15. Decisions about funding for mental health could be more open and transparent and shared with people who use services or voluntary sector. For example, increased funding for A&E mental health whereas if additional funding was to support people in mental health crisis, alternative better value for that resource could be made before A&E support is needed.

## **Recommendations**

1. Reduce stigma and discrimination across whole community. Community leaders need to take a more active and visible role with this to help engage wider community partners in areas like businesses, school arts, sport for example. This will help community ownership and resources for any mental health support that may be needed.
2. Increase visibility and use of mental health information and support not only in mental health service specific support but wider wellbeing support such as activities linked to the arts, sport, etc. for example a one stop shop website which is heavily promoted in the community and/or a centre for wellbeing visible in town.
3. Increase use of social prescribing. ‡(see reference)
4. Improve partnership working between system leaders and patients and public and support more co-production.
5. Increase number of collaborative meetings like 'Thinking Together' with public, people who use services and people who make decisions about service delivery. These meetings need to be delivered by someone not embedded in services to give a level of autonomy and independence and facilitate better equality in conversations.
6. Review all preventable deaths of people known to services to better understand some of the areas where we might improve.
7. Get better understanding of true number of deaths by suicide through reviewing deaths with a verdict of accidental, misadventure, or other where it is possible it may have been suicides.

Improve support for people in mental distress out of hours, for example a safe haven café/ crisis café \*\* or evening sanctuary or designated safe haven places which are accessible and someone may get some face to face support from either peers, volunteers or professionals. (\*\*see reference section)

8. Increase opportunities for people who use services to provide feedback on their care.
9. Increase support opportunities for carers.
10. Increase support for the voluntary sector community.
11. Explore pooled budget for mental health to make use of better whole system support for improving mental health and mental health service options.
12. **Set up a Mental Health Action Group** who will have representation from different parts of the community including business, schools, police, the arts to help create sustainable improvements to mental health in the community of West Berkshire, who have funding and delegated authority to make many decisions or recommend decisions direct to the health and wellbeing board. Initially funding could come from council and health but with the inclusion of business that could benefit from joint funding where it can be demonstrated that benefits will be for staff, students, etc.

**(Session 5 Table - Impact/Cost/Ease to implement)**

High/Low/ Easy	High/High/Hard	High/Medium/Easy	High/High/Easy	Medium/Low /Easy
Brighter Berkshire Campaign – events and support it	Pooled budget for MH	Directory of resources available (including paper copy)	More financial support for local support services (3 <sup>rd</sup> section)	Raising on-line profiles linking to social media
More Thinking Together events	Train all staff to understand MH and build skills	More investment in peer support	Community networking	Thinking Together events
Health prevention with people with MH problems	End DWP fit to work assessments	Out of hours support- face to face cafes – Crisis Café	Pay for more people not just volunteers	Dropping centres
Social network (Facebook, Whatsapp, group chat)	Longer medical appointments			Better use of You-tube
Connecting service users with services-ensure update information	Replicate patient information point across the district			
Tackle Stigma	More specialist support workers			
Publishes social care information points through sign post cards	Shorter waiting list			
Website for wellbeing	Mental Health First Aid			
	Solve all MH issues			
	Change the government			



**Brighter Berkshire**  
2017 Year of Mental Health

**healthwatch**  
West Berkshire

Reference:

Healthwatch Thinking Together video link

<https://youtu.be/18qrHEALnys>

Healthwatch Wokingham report on Crisis services

<http://healthwatchwokingham.co.uk/wp-content/uploads/2016/04/Voices-In-the-Darkness-Report-Jan-2017.pdf>

Brighter Berkshire Video Link

<https://youtu.be/CaGycVoQZOY>

\*\* [Guardian - Late-night cafe can keep people with mental health problems out of A&E](https://www.theguardian.com/society/2015/dec/01/mental-health-problems-late-night-cafe-not-a-and-e)

<https://www.theguardian.com/society/2015/dec/01/mental-health-problems-late-night-cafe-not-a-and-e>

Bracknell Model [http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23\\_05\\_17.pdf](http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23_05_17.pdf)

[http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23\\_05\\_17.pdf](http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23_05_17.pdf)

Social Prescribing

‡ <http://www.centreforwelfarereform.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf>

### **Expanding treatment options**

Research by the Mental Health Foundation found that 78% of GPs had prescribed an antidepressant in the previous three years, despite believing that an alternative treatment might have been more appropriate. It also found that, of the whole sample, 66% had done so because a suitable alternative was not available, 62% because there was a waiting list for the suitable alternative, and 33% because the patient requested antidepressants. Of the GPs surveyed, 60% said they would prescribe antidepressants less frequently if other options were available to them (Mental Health Foundation 2005).