**Mental Health Joint Specific Needs Assessment – June 18th 2014**

Background

A workshop was held to specifically look at reviewing and inputting into the chapter on ethnicity.

During the course of the workshop, people were asked 3 key questions, they were also told to utilise post it notes to capture any relevant points that did not fit into the remit of the day but were relevant to the mental health agenda.

**WHAT ARE YOU SEEING?**

* Old contracts
* Significant demographic change
* Impact on universal and specialist services
* Children and families with an underlying mental health problem
* The setting that CYP and parents are seen informs accordingly – much better presentation in their home
* CCG/CYPS receiving referrals via CAMHs who are not able to access CAMHs due to high threshold and being referred to universal services
* Trend re sexual orientation / gender identity
* Self-harm – young Asian women , need for early intervention
* Increase in demand for services
* For south Asian population, link to DV and presenting to VCS
* Stigma a huge issue for African / Caribbean
* Community perceptions problematic
* Confidentiality
* Single parents particularly vulnerable
* Socio – economic factor
* Impact of drug use on CYP and families
* Khat and Skunk ( to a lesser degree Poppy seeds )
* Late presentation and pathways for African Caribbean community still too many, too late via criminal justice system
* Language and cultural barriers, not having the right / any vocabulary
* Prerogative term
* Impact of austerity measures and people not well enough to respond
* How MH issues are presented, often different issue presented.
* Weekly youth group over 30 people attend
* More young people attending the drop in services
* Older people very isolated
* Roughly 30% more people from BME communities accessing the services
* More asylum seekers
* About half of the people have experienced some kind of trauma
* High suicide ideation displayed – “rather be dead than gay or trans”
* People have more protected characteristics, often 3 or 4
* Approx. half of all city clients are BME ( LAMP )
* The Centre project – about 80% male clients 35-60
* Mixed ethnicity, reflective of local community
* Lot of self referrals
* LASS seeing an increase in numbers from the EU
* HIV, but with lots of social issues. Employment / immigration
* Seeing more young people
* Access, language barriers, especially for new arrivals and refugees
* Lack of care pathway
* Lack of awareness of services for carers
* Lack of assessment for BME carers
* CAMHS, referrals through different services
* Punished i.e. excluded from schools
* Worry about the stigma and labelling
* More young black men accepting a caution, admitting a crimes
* Cultural beliefs vs mental health problem?
* Need to acknowledge the issue before accessing MH services
* Bullying in schools. 6,000 open cases ( psychology services )
* Children and parent-led prevention
* A very different Leicester
* More diverse
* Younger
* Families / women under pressure, impact on the families and young people
* Late presentations
* Fear
* Stigma
* Poor outcomes
* Unclear new and emerging needs
* People not engaging with services
* Go into hospital and don’t know where to go when come out

**WHAT ARE THEIR NEEDS?**

* Overlaying of health pathway and crime pathway, esp. in criminal investigations

**WHO ARE WE MISSING – WHAT ARE THE GAPS?**

* Need to have more detailed analysis within communities / demographics and current providers
* Intersectionality
* Hate crime / fear / anxiety
* Those slipping through the net
* 18-25 in particular are dropping through preventative services net, so more expensive and poor long term prognosis
* Refugee and asylum services particularly those escaping persecution on grounds of sexual orientation / gender assignment/ hiv status
* Community referrals / confidential advice guidance and signposting
* Befriending services when culturally appropriate – not appropriate for all
* Accessible information
* Children and families approach – lacking in family cases.
* Impact of families and carers
* Issue of BME groups and confidentiality of MH problems. i.e. some south Asian women
* Holistic approaches, meeting individual needs
* LGBT community, hostile reaction from family members, or strong faiths ( “Shame culture” )
* Signposting to other support groups i.e. LGBT info and community led organisations
* Social prescribing
* 0-12 and early prevention services gone, making savings now but what about long term outcomes
* Integration of commissioning
* Supporting community and voluntary sector to refer cases
* What is normal, not straight forward when looking at cultures
* Rainbow and Dove incident – LGBT community didn’t know where to go to get support – Critical incident team of support / signposting???
* Curriculum in schools
* Young people critical point for prevention
* Monitoring issues – LGBT information not available
* More integrated systems
* Still not doing enough to tackle stigma
* Information sharing protocol between health providers and VCS
* Need for both generic and specialist services.

**POST IT NOTES**

* Cultural competence of staff regardless of background
* Somali, Roma, Afganistani communities
* Hidden carers need support, often they won’t speak out ( LCC, CCG engagement manager )
* Easier access ( referral system) to mental health services
* Improved co-ordination of services at a local level
* Invest in early intervention for children and young people
* Camhs
* But manager have ……. For those with the most need
* Invest ……. In primary care
* VCS groups ( especially smaller providers ) linking with health services
* Recognising the value of VCS services
* Appropriate services delivered by appropriate people
* User / Carer led services
* To embrace risk to allow people to live
* Take services into places of worship, community centres
* Engaging communities, Eastern European
* Sub Cultures and sub Communities
* More localised specific prevention services
* Mental health promotion and awareness – targeted.
* Multiple discrimination issues add to the complexity
* People may not access “Mental health” services – STIGMA!
* Families experiencing greater emotional needs
* Invest in parent, infant and child mental health early intervention services
* 0-12 gaps in the city to be plugged re. Mental health.
* Gaps between referrals between community services and statutory services
* Carers / families don’t identify their needs which are usually picked up through visits to the home to see the person being cared for.

Following the feedback from the workshop, and the questions that were asked, people were asked to write what they felt was the key priority for Mental Health services.

**PRIORITIES**

* Improved pathways and intervention between stat / non stat
* Better awareness amongst GP’s as to what services are available and how to refer / eligibility
* To ensure that commissioning of early intervention services continues in the time of cuts
* Equality monitoring needs to capture all protected characteristics
* Developing primary and local MH services
* Services centred around the person not the other way round
* Use joint spSNA
* Joined up thinking before any decisions are made about the budgets and services
* A service that looks at early intervention, don’t worry about measuring targets
* Work with children and young people in schools / community centres
* Mapping to look at causes of Mental health – is it poor housing or no job
* Networking of services
* Campaign to address stigma in young people and older people
* Invest to save
* Network of services in the city
* Joining dots
* Better needs analysis in universal / preventative / early intervention services