



Voluntary Action Camden

Mental Health Network Meeting: Minutes

Date: 4 December 2007

Present:

Maureen Brewster (VAC) - Chair
Josie Reeder (VAC) - Minutes
Jean-Luc Revest (Camden PCT)
Steve Bynon (Fitzrovia Centre)
Alexy Cope (Victim Support Camden)
Cordelia Mayfield (ARP Women's Alcohol Service)
Alasdair Lees (Camden PCT PPIF)
Jeremy Arnold (One Housing Group)
Richard Johnson (SPH Housing)
Anna Stinson (ICAP)
Aiden Maloney (CIPF)
Rebecca Wright (One Housing Group Camden Floating Support)
Robert Holman (LB Camden)
Anastasia Patrikiou (Age Concern Camden)

Guest Speaker: **Hari Sewell** (The Care Trust)

Apologies:

Lucia Way (Overtones)
Ora Dresner (CPU)
Zaheer Afridi (Highgate Newtown)
Angie Teh (Camden Chinese Community Centre)
Alice Mugabo (Positively Women)

		Action
1	Corrections of last minutes (3rd Sept) Alasdair Lees' name missed off.	
2	Matters Arising <i>Review of Psychological Therapies</i> Feedback from PCT is that long term therapies will be considered. AM made point that it works for some but not for everyone. He fears that national agenda is for CBT and that this will influence local agenda heavily. His members who deliver psychological therapies say that CBT doesn't	

	<p>meet the needs of BME communities and the economically challenged. There needs to exist a range of approaches. This was stated by the Review but there remain concerns that the emphasis will all be on CBT and CCBT.</p> <p>RH said CBT is always quoted as being evidence based which implies other therapies aren't - this isn't the case.</p> <p>AM said there is a responsibility on practitioners of other therapies to develop evidence and that just because evidence isn't there doesn't mean it doesn't exist.</p> <p>AS reported that ICAP are seeking funding for developing a way of measuring evidence.</p> <p>RH stressed the importance of the Providers Network and of pushing BME agenda on this.</p> <p>CORE Issue was raised that this has limitations for BME groups and the importance of including the narrative aspect was stressed. MB asked AP if this was the case. AP reported that the POPP evaluation tool is totally inappropriate for BME clients, and she also believes CORE to be inappropriate. AM said that recovery is subjective and can't be recorded in quantitative terms but ought to be qualitative.</p> <p>Primary Mental Health Care Workers (previously know as Graduate Workers) JR reported that 6 workers are now in post at the PCT, based at various GP practices in Camden offering self-help style low intervention therapies.</p> <p>STR Workers publicity RH says it's been printed. JA said it's being distributed as we speak. RH said that publicity from day services could be improved to include what STR is and when it's appropriate. He expressed the need for more of a push on the publicity.</p>	<p>AM to take forward to Providers Network</p>
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	<p>AL reported unease among service users about STR workers and whether they are best qualified.</p> <p>JA said that their STR workers need 2 years minimum experience as floating support workers in the community – he’s 100% convinced of appropriate level of training and expertise.</p> <p>AM said that if service users are concerned we should be asking them what they would like in a STR worker. RH said they are engaging service users for this and that following the closure of Jamestown all service users got an STR worker and feedback has been very positive.</p> <p><i>Mental health and learning disabilities</i> It was decided to invite someone leading on this work-stream to the next meeting.</p> <p><i>R&R</i> The current remuneration is £7 per hour but no one will earn more than £20 per week (this is under the local authority but other organisations may be different). Fear is that if this affects benefits it may discourage service users from being involved. RH said concern is more about the amount of bureaucracy involved. The scheme needs to be monitored to see if it affects service user involvement. LIT has agreed the scheme but it has not been implemented yet. AM pointed out that the reward needn’t be financial and that maybe the time-banking model is appropriate to use here.</p> <p><i>Advocacy</i> RH reported that the contract for both community and hospital advocacy services has gone to Islington Mind, effective from January 1st 2008. The PCT gave an additional 41,000 so the total contract is around 200,000. Community languages are available – Islington Mind have staff with these languages and it’s embedded in the</p>	<p>RH to follow up and report back at next meeting on service user feedback on STR workers</p> <p>JR to invite a worker to next meeting</p>
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	service specification.	
3	<p>Presentation from Hari Sewell Hari Sewell gave a presentation on “Delivering Race Equality”. Presentation has been circulated by email.</p> <p>Questions for Hari:</p> <p>1. Comment: CBT has been criticised for not addressing cultural issues – it is hoped that the Care Trust will recognise that a range of culturally sensitive therapies is essential.</p> <p>2. Young black men are over-represented in inpatient wards but under-represented in day services – why is this? HS – Agreed that there are problems engaging with those eligible for assertive outreach.</p> <p>Are centres not taking on black people, not culturally sensitive enough? HS – Each individual care plan should say why, but services do struggle to engage people to do something different. Standing out in day centre increases the stigma of being ill and black. Workers haven’t found a way of doing something creative to address this.</p> <p>3. BME are under-represented in front-line staff. What % of frontline staff at the Care Trust are BME? HS – 30% of workforce. Up to 50% in some inpatient areas which has led to some entire shifts of black staff in inpatient services.</p> <p>CDWs – MB reported that VAC will be recruiting CDWs to work with BMER communities. Josie is one of those workers. Short-listing took place yesterday and VAC has received 47 applications. Interviews are on Thursday and the workers will hopefully start at the beginning of January. They will be a resource to work on the DRE programme.</p> <p>HS’s presentation will be emailed out.</p> <p>All reports mentioned can be found online except “Breaking Circles of Fear” which you</p>	

	need to purchase.	
4	<p>LIT Work Programme</p> <p>It was acknowledged that the paperwork was sent out very late and that attendees had not been given enough time to read through the agenda and work programme. This was due to VAC receiving the paperwork late from LB Camden.</p> <p>AL raised this as a serious issue and JR agreed that it's impossible to read all this paperwork during the meeting itself and that attendees need to receive it in advance.</p> <p>RH agreed that next time the papers will be ready on time at the next meeting and JR reported that next year's meetings have been scheduled closer to the LIT meetings in the hope that this ensures the paperwork is sent out in time.</p> <p>7 – has this report been written? RH said he'll find out. There is continuing pressure to include mental health on the LSP agenda.</p> <p>13c – AS raised issue of how VCOs that aren't currently involved with commissioning can get information on it and gain opportunities to be involved.</p> <p>AM replied that he sends out updates to CIPF members that include details of such opportunities.</p> <p>AS asked if commissioners think about trying to make contact with VCOs they don't currently have contact with.</p> <p>MB raised issue of whether voluntary sector reps are supported when they sit on commissioning boards/groups. This is the purpose of this meeting – to support MB in her role as rep on the LIT.</p> <p>It was agreed that there is a need to continue to encourage commissioners to consider smaller VCOs and not just commissioner the ones they know.</p> <p>MB raised the point of VCOs raising their own profile with commissioners and the possibility of them becoming preferred providers.</p> <p>AS reported that work has been done on this</p>	<p>RH to send out papers earlier</p> <p>RH to report back</p> <p>MB to feedback this concern to LIT</p>

	<p>in Birmingham.</p> <p>14 – RH reported that at last LIT meeting it was decided that an employment strategy for mental health users should be launched within the next 6 months. The draft strategy is going to next LIT meeting. The strategy looks at need and how to meet it. AM raised the issue that there’s no point putting people into employment if the employer isn’t ready or if it has a detrimental effect on the person’s mental health. It was agreed that the employer needs to be supported to and that there is a need for CMHTs to engage in this more.</p> <p>15 – AL hopes that the fact that many suicides are unknown to mental health services is covered in the strategy.</p> <p>17 – Mental Health Promotion Strategy is being reprinted to give it a higher profile</p> <p>21 – there was clarification that dual diagnosis refers to people with mental health and substance misuse. The Pathway hasn’t been produced yet</p> <p>21 – CHOICE, the “you” refers to the LIT</p> <p>19 – AL asked if “sexuality” could be added to reflect whole diversity</p>	<p>RH to email me the strategy for circulation</p> <p>MB to ask at LIT and report back</p> <p>RH to get an update</p> <p>RH to get an update</p>
<p>5</p>	<p>LIT Agenda MB explained the agenda.</p> <p>Personality Disorder Services Draft strategy is going to be submitted to the LIT.</p> <p>POPPs RH explained POPPs. Projects are now being assessed as to whether they are sustainable and can be given further funding.</p> <p>Finance mapping</p>	<p>RH to send to me to distribute</p>

	LIT needs to submit a break down of how mental health services in the area are funded.	
6	<p>AOB AS how what happens at the LIT is fed back. JR explained that LIT minutes will be sent out and that MB will update at next meeting.</p> <p>JA asked if VAC can ensure they send papers out to everyone even if they don't attend a Mental Health meeting. JR agreed.</p> <p>RJ asked if we address Mental Health issues for children and adolescents. MB mentioned the "Sort out Stress" programme for young people.</p>	<p>JR to send out minutes</p> <p>JR to clarify with PCT what CDWs role in CAMHS should be</p>
7	<p>Date of Next Meeting: February 28, 10am Venue to be confirmed</p>	