

## Consultation Feedback Summary

### 1. Introduction

- 1.1 The first draft of the Mental Health Strategy was presented to the Mental Health Subgroup on 18 July 2016. The Strategy was well received and actions were agreed to ensure a thorough and robust consultation process.
- 1.2 Subsequent iterations of the Strategy were consulted with the following areas:
- Learning Disabilities Partnership Board
  - Children and Maternity Subgroup
  - Employment and Opportunity Forum
  - NELFT MH and LD Community of Practice
  - Cllr Worby - Cabinet Member for Social Care & Health Integration and Chair of Health & Wellbeing Board
  - Cllr Fergus – Mental Health Champion
- 1.3 In addition to the above, the Strategy was consulted with the following Service User forums:
- Patient Experience Partnership
  - Richmond Fellowship - Working Together Group
  - CCG Patient Engagement Forum
- 1.4 The Strategy was uploaded to Barking and Dagenham's Consultation Portal with the link communicated widely, including via Barking and Dagenham Council for Voluntary Services and also as part of the engagement activities for World Mental Health Day on 10 October 2016.
- 1.5 The public consultation closed on 31 October 2016 with four people having commented on the Strategy via this channel.

### 2. Feedback

- 2.1 Feedback and comments on the Mental Health Strategy 2016 – 2018 were provided via a range of different means. The list below is intended to provide a rounded summary of the key themes which emerged through the consultation process.
- 2.2 All feedback received throughout the consultation process was considered to inform the latest version of the Mental Health Strategy 2016 – 2018. A number of suggestions were directly incorporated into the Strategy or were reflected through amendments. Other points were referred to the most relevant service areas.
- 2.3 As expressed in Section 10 of the Strategy, its publication is not the end of the process. The Strategy will be periodically reviewed and adapted to meet the changing landscape of the local health and social care economy. This will be reflected through the actions and targets laid out within the Strategy.

<b>Summary - Patient Experience Partnership</b>	
<b>Comment</b>	<b>Action / Feedback</b>
The “five ways to wellbeing” are very good. Promoting them will be helpful. They complement the “eat five a day” for physical health.	Noted.
I think there needs to be more on physical health. Exercise is good but it’s only part of the solution. A lot of service users ignore their physical health; from simple things like eye tests right through to the more serious things. Some GP’s also ignore physical health when dealing with mental health.	More has been included in Priority 1 on this. Particularly with reference to people with long-term physical health conditions such as diabetes, dementia and cardiovascular diseases, who may also have mental health problems. Reference is also made to the government’s mental health outcomes strategy No Health Without Mental Health which placed considerable emphasis on the connections between mental and physical health.
It’s good to see that suicide is being addressed in this strategy.	Noted.
Priority Three, the title is good as it suggest that work is not the be all and end all; that meaningful activities are equally as important. All too often employment is over emphasised and that can make service users who haven’t reached that point feel diminished in some way.	Noted.
Bearing that in mind the Focus Areas (priority 3) could do a lot more to reflect the broad range of meaningful activities; for example developing social networks and being a Carer. There’s a big emphasis on employment here it needs to be balanced with other meaningful activities.	Priority 3 has been rewritten and reflects more of the services available in the borough. The work of the Richmond Fellowship, for example, supports individuals to enable them to overcome barriers and achieve their desired vocational goals including involvement in social activity, education & training and voluntary or paid work.
I think it’s good that this strategy will be reviewed with service users and residents.	Noted.
I think it’s very good that all the different agencies are getting	Noted

together to do something about mental health.	
People with mental health problems often struggle with managing their finances and with looking after their home environment. There needs to be more support in these areas.	The Council's Commissioning team will work with Housing and NELFT to ensure support for people in contact with mental health services receive support to help maintain their tenancies through the retendering of the Floating Support service
There needs to be more about challenging stigma, awareness raising and education about mental health. You also need to do something about the media.	We will be holding activities and events to promote mental wellbeing during Mental Health Week/on World Mental Health Day including the Five Ways to Wellbeing which will work to tackle stigma. We will also be promoting positive messages through our marketing and communications team via social media.
Reducing isolation is very important.	This is address in Priority 3 within the MH Strategy and is part of the Council's wider focus on how digital solutions can reduce isolation.
Suicide: How can you prevent someone from killing themselves unless they're on a section in hospital?	Public Health are conducting a suicide review to understand who is at risk of committing suicide and where and when suicide could happen. A suicide prevention plan will be developed that will include interventions based on the suicide review for high-risk locations and high-risk groups of people in Barking and Dagenham.
There needs to be more about social support, friendship building, confidence etc.	The local Prevention Approach works to promote social support, along with the Councils priority to enable social responsibility
I enjoyed reading it.	Noted
I strongly agree that having a "safe, secure and comfortable home" is of paramount importance to good mental health.	Noted

<b>Summary - Working Together Group, Richmond Fellowship</b>	
<b>Comment</b>	<b>Action / Feedback</b>
It's good that the Council are doing something about mental health.	Noted.
We'd like meaningful volunteering, part time work initiatives, part time job trails that don't affect benefits.	Referred to Regeneration Manager, Employment and Skills. Additionally, this feedback will be considered as part of the mental health vocational support retender.
To get back to work I'd need even more training in confidence building, stress management and other things like interview skills.	Referred to Regeneration Manager, Employment and Skills. Additionally, this feedback will be considered as part of the mental health vocational support retender.
Employers need to know about Mental Health First Aid	Referred to Regeneration Manager, Employment and Skills and discussed through Mental Health Subgroup. Additionally, this feedback will be considered as part of the mental health vocational support retender.
We need training in computers.	Future options to enable residents to improve their computer skills are currently in development. Dagenham Library currently offers residents with support as a UK Online Centre.
I don't know anything about the Care and Support Hub (or Band together).	Referred to Information and Advice Manager, Integration and Commissioning
How about the final destination of recovery is sustained Wellbeing? That would include employment, independent living, caring for others, maintaining friendships and many other things. And after all, the goals of recovery need to be defined by the individual who's recovering not by someone else for them.	Section in Strategy amended to read "...sustained wellbeing which includes may include employment, independent living, maintaining friendships and many other things defined by the individual.

<b>Summary - Joint Children's Commissioner, Clinical Commissioning Group</b>	
<b>Comment</b>	<b>Action</b>
It mentions that it does not focus on Children and Young People but the NHS Five Year Forward View does refer to this throughout so the Strategy seems less complete without this element. It may be better to bite the bullet and state that any MH strategy cannot be aged limited – all this issues around My Life; My Home etc impact across all ages.	Both the CAMHS TP and the MH Strategy are in their infancy and will need to be developed further to account for the evolving landscape of health and social care. Future intention may be to bring the two areas together are a 'life course' strategy.

<b>Summary - Patient Experience Forum</b>	
<b>Comment</b>	<b>Action / Feedback</b>
Is the strategy going to look at improving access/services for those in full time work (evening and weekends), lots of great services only available during working hours weekdays often at the exact same time and date so no flexibility.	Talking Therapies have increased their accessibility. Additionally, all NELFT services are exploring the feasibility of amended working hours to improve accessibility.

<b>Summary - Healthwatch</b>	
<b>Comment</b>	<b>Action</b>
The picture of the clasped hands doesn't work for me as I don't make the connection between it and the mental health strategy.	Image changed and approved by Mental Health Subgroup.

<p>On page 4 there is no direct reference to the mental health needs assessment used on page 5 – perhaps that could be mentioned to bolster the link between the 2 for those who may not know?</p>	<p>This has since been amended to reflect the MHNA.</p>
<p>The impact of physical health issues on mental health well being could be raised as an area to focus on too; perhaps highlighting the numbers of individuals with physical health conditions that access talking therapies as a preventive/supportive measure.</p>	<p>The use of Talking Therapies, particularly for those with LTC's has since been included.</p>

<p style="text-align: center;"><b>Summary - Mental Health and Employment Forum</b></p>	
<p style="text-align: center;"><b>Comment</b></p>	<p style="text-align: center;"><b>Action</b></p>
<p>Insufficient acknowledgment of people past retirement age and those too unwell to consider employment</p>	<p>The strategy is for all adults, including those past retirement age. This priority recognises that employment may not be realistic for all, hence the focus on meaningful activities.</p>
<p>Various services and their resources are omitted.</p>	<p>This entire has since been rewritten with the assistance of the Regeneration Manager, Employment and Skills.</p>