

**Minutes of a meeting of Wandsworth BME Mental Health Forum held on Thursday 17 November 2016 2.00pm Balham Library.**

**Present:**

Malik Gul (Chair)	WCEN
Nadeene Morris (NM)	WCEN
Martin Haddon (MH)	Health Watch Wandsworth
Dorrett Boswell (DBS)	BME Advocate
Antonia Buamah (AB)	The Hope Atrium
Darren Fernandes (DF)	SWLSTG
Joan Robinson (JR)	Seventh Day Adventist Church
Joy McPherson (JM)	Carer
Lystra Charles (LC)	The Hope Atrium
Delia Fitzsimmons (DF)	Health Watch Wandsworth
Natalie Gibson Wilson (NGW)	Lynwood Christian Fellowship
Ukaku Kalu (UK)	Service User
Isabella Kpobie (IK)	SWLSTG
Shenade Windebank (SW)	Wandsworth Cares Centre
Darren Blades (DB)	Thames Reach
Christine Lewis (CL)	Family Carer
John Morrill (JM)	Wandsworth Care Alliance
Freddie Brown (FB)	NTA Church
Devan Deeran (DD)	BME Advocate
Jeremy Walsh (JW)	SWLSTG

**Apologies for Absence:**

Stephen Joseph
Juliette Matthews
Kofi Williams Osafo
Lana Samuels
Carlis Douglas
Mia Morris
Sarah Gibson

## **1. Welcome & Introduction:**

Members introduced themselves and new members were welcomed

## **2. Minutes of the previous meeting**

Accepted as a true and accurate record

## **3. Matters Arising**

### **CCG equality impact assessment**

Concerns were raised about the CCG equality impact assessment (EIA) into the Battersea PACT, which declared that equality and diversity in regards to (race, religion, faith...) were not applicable factors. Members were concerned, that if this is the standard of EIAs within our mainstream services, then programmes are being approved without due consideration to their impact on diverse communities.

It is a statutory duty to protect all 9 equality characteristics which are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and to demonstrate that they are doing so.

The Chair mentioned that the Forum will invite the range of local public agencies to participate in the Forum.

## **4. HOBV 8 Black Mental Health Conference**

There was good feedback about the conference with members calling it impressive, deep, well organised and educational. However next year it is important to encourage more young people to attend and make it more inclusive for those with disabilities.

The Chair explained that the organisers captured the top 10 key pledges arising from David Bradley's (CEO SWLSTG MHT) presentation, which were circulated to the Forum.

These were:

1. More support needed for staff to engage in difficult work
2. More focus needed on other therapies, rather than medication, including more activities
3. More information for carers and service users to be made more readily available
4. Is the right type of training in place for staff who are diagnosing in communities of diversity and culture?
5. Need to raise awareness amongst staff, and provide training, on the challenges and issues in Wandsworth's diverse communities
6. Increase access to Talking Therapies
7. Patients should be listened to and communicated to more regularly
8. Need for Day Centres - to socialise, combat isolation and help with benefits etc
9. How is the Trust being held accountable for promises made at previous conferences?
10. We should be working with schools!

The Chair asked what 3 or 4 topics from the list people would like the Forum to work on so we can monitor and report back at next year's conference. WCEN will also set up an online forum to collate ideas to keep the conversations going across a wider community.

Members agreed that the 4 main topics to focus on over the year are:

1. Working with schools
2. Raise awareness amongst staff, and provide training, on the challenges and issues in Wandsworth's diverse communities
3. More focus on other therapies, rather than medication, including more activities
4. Patients should be listened to and communicated with more regularly

Discussion:

DB felt that it is important to look at other therapies rather than just the medical model. More conversations need to be had about bridging the gap between the Trust and the community. We also need to start valuing service users because they are not being listened to in terms of outcomes and recovery. Perhaps the Trust could start looking into better communication tools as most service users now have smart phones, this could be a way to set reminders for medication and gather feedback via online surveys.

CL suggested that the Forum needs to establish whether staff within our mainstream agencies, have the training and capacity to adequately understand diversity and the challenges experienced by multicultural communities.

Those employed to do the Single Point of Access Assessments need to be properly trained so that they are responsive to diverse communities.

**Action Point:** The Chair advised that these discussions will be reported back to the Mental Health Trust and that this item will be reported back to the next meeting.

## **5. Equality and Diversity**

JM from Voicing Views spoke about the work he is doing with the LGBT community in Wandsworth. JM relayed figures involving suicide, drugs, self harm and ill mental health especially within the BME community, which portrayed a worrying picture. There are various reasons for this but family rejection seems to be at the top of this list.

Trust staff need to be trained to ask personal questions in a non judgemental way like the way the nurses are trained at the GUM clinics.

FB mentioned that in his experience the church is trying to understand and accept homosexuality.

IK added that the Trust will need to show competence and evidence that they are providing good experiences and better outcomes for the 9 characteristics. The Trust needs to celebrate diversity and put cultural training into practice.

The Chair summed up by saying that the issues of LGBT remain taboo in many communities, and remains a challenge to have open conversations. However, there does seem to be more of an acceptance and it is important that we keep exploring these issues. The matters are not whether someone is LGBT or not, but if they are experiencing difficulty or hardship, then we must be open to providing help, support and services.

## **6. Talk Wandsworth**

Jeremy Walsh (Service Director SWLSTG) reported that the Trust has been successful in its bid to provide the IAPT (Improving Access to Psychological Therapies) service from April 2017. The service will no longer be called IAPT but will now be called Talk Wandsworth. Talk Wandsworth will be delivered in various locations across the borough including community organisations using a coproduction approach.

Counselling, psychodynamic and CBT therapies will be offered via the Awareness centre  
Single point of access teams will integrate with community mental health teams. All staff will be expected to be champions in engaging with the community

**Action point:** The Chair suggested running a workshop to have a more in depth conversation about the new model.

## **7. Date of future meetings**

19 January 2017

16 March 2017

18 May 2017

20 July 2017

28 September 2017

16 November 2017