

Healthwatch Assembly May 2018 - Health Inequalities



In May 2018, we held one of our quarterly events which 42 members of the public attended. There were introductory presentations from Wandsworth Council about health inequalities and then we had each table discuss three different questions as a group. Our volunteers facilitated the discussions. The first question asked people about their own experience of health inequalities. The second question looked at specific communities and the challenges they might face getting the care they need. The third looked at how these challenges could be overcome at an individual, community and organisational level.

Below we have summarised key themes from the discussions. Notes from the discussions can be found in Appendix 1 (page 7).

Key themes

- People with physical disabilities (e.g. those who use wheelchairs) can find accessing health services difficult where GP surgeries do not have adequate disability access. People with Alzheimer's disease and mental health issues also mentioned difficulty accessing services.
- Complicated processes for accessing care and excessive form filling can be a large burden on particular groups (e.g. carers) or act as a barrier to accessing care for others (e.g. migrants who do not speak English). GPs were often mentioned, particularly because they are seen as 'gatekeepers' who control access to other services and may be a barrier for some people.
- Some people do not access health services out of fear of negative consequences resulting from contacting health services (e.g. stigma or discrimination).
- Some patients struggle to access information about health services. For example, patients without access to a computer may struggle to access information online; patients that do not speak English may not be able to understand information about health services; patients with sight loss may not be able to read written communication.
- Health communications need to specifically target hard-to-reach groups, taking into consideration the values and norms of different cultural groups.
- Waiting times for primary and secondary care vary between different surgeries and hospitals, which may exacerbate health inequalities if waiting times are longer in more deprived areas.

- The members of different groups that are at risk of health inequalities are diverse (e.g. mental health, LGBT, BME) and focusing on the group as a whole may result in oversight of particular issues.
- Inter-related, or additional, health conditions or diseases (physical or mental) among patients in particular groups can exacerbate health inequalities as patients face larger numbers of barriers. For example, a physical condition might trigger a mental health issue. Similarly, there is a high prevalence of mental health issues among LGBT people and those with learning disabilities often have related physical health problems.
- There is a need for more training among health professionals for them to gain a better understanding of different patient groups and how best to communicate with, and treat, them - particularly those with mental health issues and/or learning disabilities, and members of the LGBT (especially transgender) and BME communities.
- Carers face particular challenges looking after their own health (e.g. diet and exercise) and may need additional support in terms of respite care or social and emotional support (which can take the form of support groups or opportunities to interact with other carers).

Summary of challenges faced by particular communities

Mental Health

Participants highlighted the fact that physical and mental health issues are often interrelated (i.e. one can lead to the other). Of particular concern was the fact that mental health issues can lead to physical health issues and that long-term physical health problems can lead to mental health problems. Participants reported a lack of integration between different health care services for patients with both mental and physical health issues.

Participants reported that when health providers treat patients with mental health issues, they often adopt a narrow focus on that issue rather than considering patients' needs holistically. They emphasised the impact that life circumstances (e.g. poor quality housing and unemployment) can have on people's mental health. Some participants were also concerned that medication is over-prescribed while other potentially more effective, but also more resource-intensive, interventions (e.g. talking therapies) are under-utilised.

In terms of health inequalities, participants identified a link between poor mental health and health inequalities in so far as people with mental health issues may face particular challenges accessing healthcare services if they are unwell on the day of their appointment(s). Patients with mental health issues may also experience communication challenges (e.g. expressing themselves) when accessing health services.

Lastly, participants reported stigma and GP failure to identify mental health problems as barriers to accessing mental health care.

Generally, the stigma surrounding mental health seemed to be creating barriers, from the patient admitting to needing and seeking professional help, to the interactions with professionals who have to diagnose and support them. The stigma and the effects of mental health issues do affect other aspects of living, such as housing and employment status.

LGBT

Participants highlighted that the term LGBT encompasses a diverse group of people with different health challenges, although there may be some common experiences. They also said that there is a lack of awareness among health professionals (as well as teachers and parents) regarding the challenges that different LGBT people face. In particular, they suggested that health professionals lack training in how to treat LGBT patients, especially people who are transgender.

As the LGBT community is growing and expanding quickly, the available data about the issues they face remains outdated, and often family members and professionals (e.g. teachers and/or clinical professionals) do not have enough knowledge to support them. This suggests that there is a need for education around peoples' sexuality and how it affects people differently.

In terms of barriers to accessing care, participants suggested that LGBT people might delay or avoid accessing health services because they fear that they may encounter discrimination. They also said that there is stigma around certain health conditions that are of particular concern to the LGBT community, such as HIV.

Lastly, participants highlighted the high prevalence of mental health issues among LGBT people. A large proportion of LGBT patients experience multiple sets of barriers that result not only from being part of the LGBT community, but also from having mental health issues.

Carers

Participants agreed that some carers are overlooked, particularly young carers of school age who may not be identified as carers. In some communities, particular conditions are stigmatised so people may not see themselves as carers and will not seek help or support as a result.

Some felt that carers do not have the time to adequately take care of themselves. They tend to overlook consideration of their own physical and mental health and wellbeing in order to take care of another - often to their own detriment. In particular, it was noted that carers may struggle to eat healthily and exercise regularly and that they may also experience isolation. They might miss their own medical appointments because of their caring responsibilities. Participants stated that carers are only offered an assessment if they ask for it themselves.

Lastly, participants highlighted the financial burden that caring can place on an individual.

BME

Participants highlighted the diversity among people identified as BME and noted that the grouping of all BME people together may result in specific issues being missed.

Participants reported that people from some ethnic minorities may be afraid to access health care services if they are experiencing domestic violence. They suggested that cultural beliefs regarding illness may also influence whether or not they decide to seek care.

In terms of health communications, participants said that health information may not be relatable for some BME groups. In addition, language may act as a barrier to accessing services. For example, participants highlighted that this might be a particular barrier for women who do not speak English and who have to rely on their husbands or male family members when accessing health care services.

Participants noted that there is stigma around certain health issues that are also cultural issues for some BME groups. Particular examples given of where cultural issues interact with health were marriage between relatives, female genital mutilation and approaches to ageing.

Learning Difficulties

It was agreed that people with learning difficulties often have a high prevalence of health issues. They may also face challenges associated with health promotion and it was suggested that they may be easily influenced by others in their health behaviours (e.g. diet, drugs, alcohol, smoking). People also noted that medications prescribed to patients with learning disabilities may have

negative side effects that impact other things, for example how they are able to manage their weight.

Participants reported various barriers that people with learning disabilities face when trying to access services. They noted that some health professionals may lack knowledge and understanding of how to speak to and treat a patient with learning disabilities. For example, they may assume that a person with a learning disability lacks intelligence. They also suggested that health professionals may lack time and/or patience during consultations with patients who have learning disabilities.

At the health system level, participants reported that organisations do not always have the resources to support people with learning disabilities.

Summary of suggestions around how to overcome these challenges

Mental Health

Participants highlighted the need for more talking therapies and increased access to support groups as well as increased awareness of existing support networks. They suggested that the voluntary and community sector could be more involved in advocacy, commissioning of health services and reducing stigma.

Participants thought there should be increased training for health professionals across the health care system in how to treat patients with mental health issues (e.g. understanding the problem and avoiding assumptions). They also emphasised the need to increase awareness among health professionals regarding barriers to accessing health and care services for people with mental health issues.

Patients with mental health issues would also benefit from greater awareness of the services available and support groups. Participants suggested that there needs to be more effort to reduce the stigma of mental health issues. NHS and other statutory services may need to review other successful models for reducing stigma from other health care programs to see what worked and how successful strategies could be similarly applied to mental health care. As mental health issues affect a wide range of individuals, greater diversity in recruitment of staff working in these services may be needed.

LGBT

Participants recommended increased training for parents, teachers and health professionals in how to care for LGBT people. In particular, they highlighted the importance of challenging stereotypes and educating medical professionals about people's sexuality. It was also mentioned that parents may particularly need more support to help their children with issues or questions relating to gender and sexuality.

Others suggested that awareness training across all services, including voluntary organisations, the NHS and councils would be beneficial.

Carers

At an individual level, a big challenge is that people need to understand and acknowledge that they are carers before they can seek help. Participants highlighted the importance of support networks for carers, including safe places to talk and interact with other carers. They also emphasised the need for better respite arrangements and highlighted that when requests for support are refused a carer may have no other respite options.

In terms of the voluntary and community sector, participants suggested that they could help to identify carers and refer them to appropriate services (e.g. the Carer's Centre). They also

suggested that faith groups could help to identify and support carers and educate their congregations regarding available sources of support for carers.

Participants also noted that front line staff should be made aware of the support available to carers so that they can refer carers to appropriate support networks. It was also suggested that a carer's pack containing all the relevant information they will need regarding available resources and support should be provided to all identified carers. Overall, it was felt that more support is needed to help carers take care of themselves.

BME

Participants noted that health champions working in, and drawn from, BME groups are effective. They also pointed out that some BME people tend to rely on family and friends for support rather than health services, which would back up the need to train people from within their communities, rather than from outside.

Cultural circumstances can create challenges in recognising mental health issues among BME people and in BME carers' understanding of themselves as carers, so there is a need for more education about these issues within these communities. Additionally, the application form for support for carers should be simplified to remove any barriers to carers accessing support.

Conclusions and recommendations

Awareness raising

Participants highlighted the need for tackling the stigmatisation of particular health conditions and patient groups as well as the need to improve access to services for particular patient groups that are at risk of experiencing health inequalities.

They emphasised the need to educate health professionals about a) the issues faced by particular patient groups and the diversity of health needs within those groups and b) how to communicate with patients from particular groups to improve access to services.¹

Participants highlighted a need to raise awareness about where and when to access services and that stigma of accessing services needs tackling within community groups themselves.

Accessibility

¹ **Further evidence and case studies:** A systematic review on the effects of training for healthcare students and health professionals on LGBT healthcare issues found that training enables the provision of information and improves the skills of healthcare providers, which may result in improved quality of healthcare provision for LGBT people (Sekoni et al., 2017). The review identified short-term improvements in knowledge, attitudes and practice in relation to sexual health and LGBT-specific healthcare, among both students and professionals, following training. The results of this review suggest that the introduction of training for students and health professionals on the health needs of particular patient groups may improve healthcare provision for those groups.

Similarly, a Cochrane review on the effect of cultural competence training for health professionals to address health inequalities found low-quality evidence of improvements in the involvement of culturally and linguistically diverse patients (Horvat et al, 2014). The educational interventions aimed to ensure the provision of equitable and effective health care, particularly for patients with culturally and linguistically diverse backgrounds. The studies included in the review either indicated support for the educational interventions or found no evidence of effect. However, the authors concluded that additional research is required to determine the core components of educational interventions to improve cultural competence.

Sekoni et al. 2017:
<https://onlinelibrary.wiley.com/doi/epdf/10.7448/IAS.20.1.21624>

Horvat et al. 2014:
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009405.pub2/full?highlightAbstract=inequaliti&highlightAbstract=health&highlightAbstract=inequalities&highlightAbstract=inequ>

Access to services for particular groups, including the accessibility of the physical environment and health communications. Processes and pathways for services could also be considered for review, as many people mentioned difficulty with form filling, especially patients with disabilities and/or their carers. The priority focus might be on service providers that act as gatekeepers to other services, such as GPs and social workers.

Services needs to be perceived as places that will understand the perspective of the groups they are aiming to serve, without judgement or stigma. They should work, and have direct links with, the community through signposting and referrals, which may help to create greater confidence in accessing services and could also ensure that different patient group's needs are better communicated. Providing advocacy for particular groups to help them access services may also be needed if understanding of issues amongst professionals is limited.

Holistic and person-centred approaches

Consideration of a person's unique circumstances is needed to generate effective solutions that can remove barriers to accessing health services. All professionals and services involved in health and social care should be considered in the solution to health inequalities. People mentioned that inequalities can be inter-related, for example, the stigma and effects of mental health issues can affect other aspects of living, such as housing and employment status. Often mental health issues are regarded as the sole cause of a person's problems, causing other relevant issues that may be affecting their health and life circumstances to be overlooked by health professionals. Participants suggested that wider consideration of how someone's background or life circumstances affect them might bring about more holistic solutions.

Holistic person-centred approaches may also allow for consideration of variations in experiences and challenges within different groups of people who may be at risk of experiencing health inequalities.

Further research and work with the community

There needs to be a better understanding of the barriers to accessing services for the different groups discussed. Working up solutions alongside community groups is likely to lead to solutions that are relevant to those groups and the issues they face. The resulting solutions may be more likely to succeed and could also improve understanding between professionals and the community in the process. It could be beneficial to involve staff at all levels in this process.

Specific areas that could be investigated based on what people told us:

- How to communicate information to people who access care or receive written communications
- Understanding how stigma can be reduced
- Understanding the challenges different groups face in order to raise awareness and train staff
- Understanding the holistic context and journey through the system for certain individuals
- Developing community links or partnerships
- Accessibility and access challenges

Appendix 1. Notes from the sessions

Topic 1.

Experiences of health inequalities

We would like people to discuss their own experiences of health inequalities and the experiences of people they have supported. Ask them to specify which group of people they are talking about and make sure it is clearly noted. The notes can either be directly on to the flip chart or on a sticky note

Experiences of health inequalities (general and any group of people):

(Group One)

- People in wheelchairs and with physical disabilities are finding it difficult to access GPs. (Once they get to the surgery in terms of physical access.)
- Surgery- when trying to refer clients with mental health problems, health trainers found that the Clinical Manager of that specific surgery was not happy that they were referring patients to that specific surgery (due to the amount of GP time that it would take up).
- For some people, when they are sick, they are afraid to seek help in case they are asked about their status in the UK. (Immigration status).
- People from an ethnic minority may be afraid to approach authorities if, for example, they are experiencing domestic violence.
 - Their belief systems (e.g. cultural beliefs) may have an impact on this (e.g. the belief that a husband is the head of the household, or an illness is due to the devil).
- Unemployment can have an effect on inequalities,
 - E.g. some people may feel that they cannot or are unable to apply for a specific job because of where they live, immigration status, etc.
 - This can also have an effect on their mental health.
- LGBT:
 - E.g. People who are transgender
 - The training that professionals may lack may affect the way they treat people
 - Professional should not shrink back.
- Carers:
 - When you try to get them to look after themselves, they are often occupied with looking after the person they are taking care of.
- Preferential treatment given to some area of health.

(Group 2)

- Inclusion: Ways of facilitating inclusion:- Generate and Lifeways are helpful organisations
- Various strands of influence in how decisions are made
- How do we get people involved?
- WCA - Wandsworth Care Alliance is trying to make things happen
- Share - has tried to invite people in - people in the community and especially those with disabilities
- Share students - There is an issue of awareness and access regarding healthcare. (They are now champions of people with autism and there to help them with access to work and training). They empower their students.

- Focus Groups could help people access health services with more success.
- Benefit Inequalities: Difficulties in understanding and processing forms - with no carer or help what do you do?
- Wheelchair access issues - assured of disability access and on experience this is not the case
- EU citizen inequalities
- Difficulties accessing online information if you have no computer or not ability to use a PC
- Appointment times - hard to change if inappropriate to health needs without incurring long-term waits
- Learning Disabilities being more prone to diabetes. The cause factor is that it becomes hard to manage the complexities of the changes needed
- Sexual Health attitudes - Often old fashioned and lacking in knowledge and information.

(Group 3)

- Waiting times for hospital appointments are dependent on where you live
- Data regarding LGBT. How is it interpreted, where does it come from, how reliable is it?
- A need for accuracy of local statistics not to be relying on nominal data.
- Disclosure - stigma can all be barriers
- Individuals need to feel safe to disclose and know where there will be no repercussions
- Training for mental health staff on how they may need to approach and talk with different equally characteristic groups. (Most Afro-Caribbean's who enter mental health services are through forced referral than voluntary means).

(Group 4)

- Change of provider is viewed by patients as a loss of service (if not handled properly) and can negatively impact health
- English being a second language is a huge barrier to access information to help themselves to improve their own help
- Being a carer often means they do not have time to look their own health
- Postcode lottery of GP surgeries - there is a huge difference in waiting times and services available.

(Group 5)

- Most health inequalities come with mental health
- Accessing general health services, e.g. GP's
- Most mental health illnesses progress to physical illnesses
- Learning Disabilities are at a higher risk of diabetes / a passport concept is being implemented in hospital care for patients with LD - although the effectiveness of this is in question as they are often out of date
- Mental Health is often blamed for everything else as opposed to looking at all conditions holistically
- The implications of understanding living with a condition
- People don't know what they don't know
- Language and education
- Way in which patients are communicated with, e.g. those with sight loss - sending letters than cannot be read.

(Group 6)

- A diabetic lady who is also disabled asked about her weight regularly and was not able to weigh herself. She was asked to come to hospital to be weighed
- The point was raised that the number of times was hard for her to attend.
- More prone to disease from inactivity as it was not easy to exercise without assistance... What are her options?
 - A hoist in the hospital hydrotherapy pool (St George's, Physio) has been broken since last September 2017
 - Would this apply to older people and others with ailments?
- Accessing community services - people disabled/seniors with Alzheimer's
- Carers not always available to escort to centres where exercise is provided. There is a need for more volunteers (DBS checked) to support/escort.
- Use of inappropriate statistics, i.e. 1 in 4 victims are over 65
- People with Dyslexia, visit GP but GP does not know who to contact / refer them to for support
- Information is not readily available. The huge emotional impact of this becomes a health issue if not dealt with promptly. (Partnerships: Wandsworth - had conversation with GP s who say hard for them to do given time (appointment) constraints.) How can we get round this? Short video played in reception?

(Group 7)

- Mental Health
 - Poor services - access to physical health
 - Diabetes care for mental health
- Targeted funding
 - Enable - Better access to increasing health outcomes
- BAME Student - Access to mental health in education
- Government Policy in non-British Nationals
 - Inequalities in accessing services
- Access to GP services and funding for GP practices
- Correlation on Quality of Life alongside Life Expectancy
- School Nurses / School health promotion.
- Differential diagnosis and treatment based on age / attitude to age.
- Decisions on proposal / prevention treatment based on assumptions / traditions rather than individually-based evidence. E.g. black, middle-aged women; and the opposite, i.e. opinion disregarded on mental health by virtue of age, self-presentation, deafness.
- Atypical symptoms / presentations exacerbate inequalities if the norm is based on other population.
- Prejudice against former smokers and other supposed own fault problems.
- The hard to reach are not referred out to.

Topic 2.

Specific challenges and over-coming them

Questions the group will need to answer:

- 1) What are the challenges and barriers for this group to getting the health and care they need?

Mental Health - Specific challenges for this group?

- Clinicians may not look beyond the mental health label.
- Dual or multi-diagnosis note being dropped between two or more disciplines. Lack of departmental interaction.
- Mental Health conditions arising from (other) long-term conditions.
- Mental Health conditions affecting ability / to properly access or seek other help. Not being reached.
- Social / family attitude to people with mental health:
 - Regarded them as unreliable on other health symptoms
- Overuse of anti-depressants rather than prescription
 - Less invasive; if not taken up, a person is regarded badly and uncooperative.
- Medication is often the easier than options that might be more effective and require more engagements of the NHS.
- More training for medical staff to understand the barriers faced by mental health affected people.

Mental Health - Specific challenges for this group?

- Medication (correct medication and side effects)
- Outside issues effecting Mental Health: Housing, employment, etc.
- Diagnosis (Reality of Disorder)
- Access to medical records.
- The way the Mental Health Act is used to section people.
- Also treatment as inpatients under section
- Violent Patients Scheme - Continuity issues
- Access to talking therapies
- Stigma
- Losing children
- Dual diagnosis
- Issues around holistic care

Mental health - specific challenges for this group?

- Asking for help - stigma
- Transport
- Multiple diagnosis - energy, motivation
- Depression can lead to inability to self-care
- Problems in communication - expressing self
- Listening skills
- Getting the information - GP referrals; times to wait
- Eating disorders - funding
- Location - distance
- Unwell on day

LGBT - Specific Challenges for this group?

- Wide group - not all share the same challenges

- Lack of accurate data compounds problem
- General ignorance of challenges they face
- BME groups - stigma, cultural barriers
- Fear, denial
- Trans can be different for different people - not always completely from one sex to another
- Teachers in school - how are gender issues tackled - support available or do teachers shy away from it. Same for parents, how to approach?
- Fear of accessing services - may encounter discrimination
- Education around people's sexuality both for medical staff and individuals
- Two lives - open / closed
- Challenging stereotypes
- Appropriate language for different audiences
- 40% prevalence in mental health services
- Stigma around HIV

Carers - Specific challenges for this group?

- Time for themselves
- Diet and exercise
- Missing own medical appointments
- Carers are only offered an assessment if they ask for it
- School age carers are easily overlooked
- In some communities some conditions are stigmatised or not recognised therefore carers will not get help
- Trend for early hospital discharge, carers avoiding hospital or treatment or pushing for early discharge
- Becoming a full time carer puts them in a lower socioeconomic status.

Carers - Specific challenges for this group?

- Looking after themselves is not a priority for many carers - they feel the person they care for is more important. This perception needs to change.
- TNC (Glenburnie Rd) - not offered additional support, but is available through Carers' Centre. All unpaid carers are eligible - do they know? Do they have time to access? How visits are available for those who can't leave their charge.
- Isolation - social, mental health, self-care
- Post carer life - training, confidence, further education
- Carers week - do people know about it? Advertising
- Better respite arrangements
- No respite - when support is refused

BME (Black and Minority Ethnic Groups) - Specific challenges for this group?

- Should we treat BME as a homogenous group?
- Risk missing specific issues
- Promotional material for health activities / services do not always relate to BME groups
- Issues of culture and stigma. Champions working in and drawn from BME groups/communities are effective
- Reliance on family and neighbourhood support and advice rather than health services. Role for training up people in communities

- Difficulty of tackling big cultural issues, e.g. adverse health consequences of inter-relational marriages in some cultural groups, e.g. FGM Female Genital Mutilation, and approaches to aging.
- Language barriers especially amongst women. Creates difficulties if women are reliant on their husbands/male members for health issues.

Learning disabilities / difficulties - specific challenges for this group?

Bowel cancer screening / cancer screening at St George's - currently looking at ways to 'attract' people with LD to get screening. It is a key group that they focus on.

When they want to get work / voluntary position, a lot of organisations don't have the resources to support people with LD (e.g. interpreter)

- Working with carers would be beneficial (in trying to work with people with LD) this could lead to better outcomes
- Organisations who employ paid carers should be involved too.

Those with LD are more likely to have more health needs - the challenge may be in trying to get through to them to live more healthily.

- Health trainers may be key in helping people with LD

People with LD may be easily influenced (in terms of diet / food; drugs / alcohol / smoking)

Medications they may be taking, may have an impact on their health (e.g. weight gain)

Do some health professionals lack knowledge / understanding of how to speak with / treat a patient with LD?

- This could be a barrier
- Health professionals may not have the patience, or take the time to find out what the person needs
- This could be helped by incorporating and involving specialist services.

A barrier could be the perception of LD

- When people hear the words "learning disability", they may have a perception that that individual lacks intelligence
- This may be internalised by the person with a learning disability

Topic 2.2

2) How could these challenges be overcome and what would make a difference?

- a) How could an individual overcome or be empowered to overcome the challenges?
- b) How could the community and voluntary sector support?
- c) How can statutory organisations support?

Mental health - how can these challenges be overcome?

a) By the individual

- More talking therapies
- Need to know about wider support / wider network
- Access to support groups

b) By volunteer / community sector

- Get more funding
- Better awareness to how your service can be more inclusive
- More advocacy (very patchy for MH)
- Do more about stigmatisation
- Get more involved in commissioning cycles (not just before the commission)

c) By statutory support (e.g. NHS / connect)

- More senior user involved on steering group commissioning
- Look to what might have worked well for service users input in other conditions as a model (e.g. HIV)

Mental Health - How can these challenges be overcome?

a) By the individual:

b) By the voluntary / community sector:

- Organisations should do more to engage
- To research groups most likely to suffer mental health and work to reach them

c) By statutory support (e.g. NHS/council):

- Greater provision of training to understand the problems / avoid assumptions etc.
- Seek diversity in recruiting staff (so increase understanding and more challenged groups.)
- Rainbow layout.

LGBT - How could these challenges be overcome?

a) By individuals

- LGBT awareness training

b) By vol / community sector

- LGBT awareness training
- Support for parents to help them with issues relating to gender / sexuality questioning in their children

c) By statutory support e.g. NHS / council

LGBT awareness raising for healthcare staff, including GPs and teachers

Carers - How can these challenges be overcome?

a) By individual

- Diet - exercise - motivation
- Knowing when I need to go to get help
- Insight - getting to the primary point
- Complexities of multiple appointments - hard to keep track - young men so reluctant to seek help - physical
- Mental health - giving an app to youngsters and groups
- Safe place to talk and interact with common interest

b) By vol / community sector

- Upskilling carers
- Support structures in place
- Schools - MH 1st aider in the workplace
- Campaigns - royal championing mental health
- More professional helping - high staff turnover
- 24/7 anonymous

c) By statutory support e.g. council / NHS

- GPs are under skilled in identifying mental health and they are supposed to be the gateway
- Gaps in mental health SRVs - particularly stepping up and stepping down - research in Wandsworth shows successful number of completed suicides last month

- Reference suicide prevention strategy

Carers - How can these challenges be overcome?

a) By individual

- Acknowledge they are a carer
- Empower themselves with a carers assessment and referral to the carers centre

b) By vol / community sector

- The carers centre and lots of other voluntary groups offer support
- Voluntary orgs to help identify and refer carers to the carers centre
- Those supporting voluntary orgs eg. The carers centre to self-promote
- Faith groups identify and support carers and help equip congregation with information of who they can go

c) By statutory support e.g. NHS / council

- Front line staff to know about carers assessments and vol orgs that they can refer to

BME - How could these challenges be overcome?

a) By individuals

- Implies blame
- Responsibility lies with statutory and community to educate and work with individuals

b) Voluntary / community sector

- A1 + A2

c) Statutory support - e.g. NHS / council

- A1 + A2

Carers - How could these challenges be overcome?

d) By individuals

- Perception - 'Am I a carer?'
- Register - access to more info / support - Carers Centre

e) Voluntary / community sector

- (No response)

f) Statutory support - e.g. NHS / council

- Carers pack, containing info they'll need, contact info
- Less form filling, make applying for help easier