



Third Sector Mental Health Services

CARDIFF AND VALE MENTAL HEALTH
FORUM

KEY ISSUES FOR 2023

Mental Health Forum - What is it

- ▶ Network - 100 + third voluntary sector member organisations with an interest in mental health- 30 contacts operating in either in part or wholly in the Vale of Glamorgan- range, - size and service
- ▶ Share information & good practice/debate/ needs, development, partnerships /Voice/MH Promotion/Co-production/involvement

Interest groups inc.

- ▶ Vale members- 30+ -also within
- ▶ Carers - 25
- ▶ Older people - 20
- ▶ Counselling services - 22
- ▶ BAME/Housing/Co-occurring

Social Services & Wellbeing Act- / Together for MH Action Plan

Role for 3rd Sector

- Increased level of early intervention / prevention services /wellbeing
 - Better access to information, advice & community resources
 - Voice and Collaboration - 'What matters to you matters to us'
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- ▶ Reducing health inequalities,
 - ▶ Strengthening co-production and supporting carers
 - ▶ Strengthening protective factors- prevention and wellbeing
 - ▶ Supporting people in crisis
 - ▶ Supporting access to community services

Key

- ▶ **Partnerships/resources-** 3rd sector / statutory/within the community

Development - MH Forum

- ▶ Services need to be:

- ▶ Co-produced
- ▶ Person centred
- ▶ Connect
- ▶ Holistic
- ▶ Community focused

Key - Wider Partnership Working

- ▶ Reflecting

- C&V Charter for Mental Health

Hot Topics / Pressing Issues – Summary March 2023

- Money for resources - costs increasing
- Cost of living impacts on individuals we support- impact on mental health../ Benefits- PIP- process too long / drawn out before decision
- Long Waiting lists and backlogs for services - statutory and voluntary
 - Access for minority ethnic -Problems getting heard...easily overlooked
 - Carers waiting longer for respite- overstressed, overwhelmed
 - Few carer social workers?
 - Long gaps between assessment and support
 - People feel let down at point of contact...may have taken a lot of courage to contact in first place and then waiting time off the scale
 - Difficult accessing Community Connectors
 -Leaves people feeling...'does anyone care'...no-one wants to help'
- Lack of community connections
- Breakdowns in Communications
- Substance misuse and mental health- people still not able to access any help from mental health services
- ▶ The impact of the pandemic on demand (and supply) plus the move to telephone rather than in person appointments

Service trends...

- ▶ Referrals:- increasing 3rd sector waiting lists/statutory referrals
- ▶ Nature of referrals
 - High Nos of co-occurring referrals - mental health substance use/sometimes inappropriate referrals
 - Moving back to face to face -Some services still online but face to face services increasing.
 - Any social prescribing needs to occur in partnership, recognizing the importance of local community and peer led development in meeting unmet needs at the local level

- ▶ *'Here at CUBE we've seen a 70% increase in children's referrals from CAHMS and GP's over the last 12 months'*
- ▶ *..majority self-harming/suicidal thoughts...*
- ▶ *..before lockdown average age 11-15- now some as young as 5-6.*

- ▶ *Cube Family Support side by side Service*
- ▶ *'CUBE is not a crisis service, but we are seeing Families with nowhere else to go with parents frustrated with the system and they report no or not adequate support elsewhere. '*
- ▶ *Our whole family support project Side by Side service has expanded, and we have worked with 10 families over the 6-month programme . We are now working with our next cohort of families. Side by Side is a 6-month coaching and mentoring outcomes based whole families service, delivered, and supported by trained mentors and coaches with lived experiences.. this programme is a hybrid programme developed between CUBE and TACSI. https://www.tacsi.org.au/our-work/case-study/peer-to-peer-training-cube-centre-wales?utm_source=facebook&utm_medium=social&utm_campaign=cube&utm_content=mar-22*
- ▶

Gaps in service support

- Include...
 - Support for carers
 - Range of counselling low/high- connections- those with long term illness

Physical Access to Services:

- Transport costs- Those with disabilities increasingly unable to afford costs/find means to access services appointments/ cost of living impact on those without resources.
- Connecting where people are at.

Stresses, risk, wellbeing factors

- Economic Impact: Cost-of-living pressures on top of covid impact- /
- Importance in referencing social determinants of health / culturally appropriate.
 - ▶ Social interaction crucial to wellbeing - identity/sense of self/loneliness- importance of face to face as well as online interaction, groups.
 - ▶ Impact of social determinants of health- need to be focal consideration of service provision.
 - ▶ Looking at Social Care in Wales review- importance of social care

What is needed- Information and access

- Access to Information- Digital impact: - need for physical hard information/ non digital forms of communication
- A large number of citizens/clients cannot access digital information- due to cost pressures, (phones/internet data) mental health, language/culture, skills, not preferred mode of access.
- Physical information in form of leaflets/physical directories still a necessity for many people/communities in order to access services/information.
- Impact of moves to any online service delivery- there need to be alternative options built into all systems. Those without wifi access can be denied access to the NHS.
- Service Mapping: There is a continuing need to map services. When additional layers are added on, it's not necessarily clear how they fit together for people with lived experience and service staff, despite pathways mapping- goes across agencies.
- Joint training - to inform/connect.- (MHF training programme has been open to some LA staff)

PREVENTION - Crucial to invest in PREVENTION-

- Formal / informal routes connecting to primary locations and communities through lifecycle.
- Preventative services inc. groups and peer led / self-help groups, (to avoid circular needs/perpetual cycle and through generations) - 3rd sector in position to support in partnership and development of peer led groups.
- Primary Care: GPs in crucial position as 1st point of access- therefore services need to be accessible, informed, culturally appropriate.
- Co-production- key to all service development and delivery on all levels, individual-delivery, development, commissioning and evaluation
- ▶ Lived Experience Service Monitoring and evaluation needs development

Local Partnerships with third sector crucial

- Collaboration is a preventative activity: prioritise time to make links with other organisations and strategies to be informed of systems, process, services- ensure this is an adequate part of statutory and third sector functions through service specs, indicators and supervision, implementation of care plans etc.
- Build in / incentivise co-production- through co-produced plans at individual, operational, strategic level. (cavamh has been working in partnership with VoGC mh social work team around co-production)
- Work together on equalities implementation- LAs, health, third sector, lived experience, diverse communities / equalities characteristics groups.
- Develop organisational /community partnerships to deliver co-produced local services covering geographical and BAME communities / communities of interest.
- MHF members developing actions / partnerships to meet these challenges and welcome VoGC participation.