

Launch event of the IAPT BAME Positive Practice Guide 2020 Feedback form

Taking mental health to the heart of BAME communities Slido feedback

Outcomes from the day:

- Actively seek to establish an IAPT patient council to influence service design - seek financial resources from quality improvement initiatives
- Discuss the audit with my senior team
- To complete the audit regularly
- Use audit to compile any future business cases
- Seek a meeting with workforce planning colleagues in GMSC to revisit discussions and strategy of champions and implementers
- Carry out the audit tool and prioritise from there
- Take responsibility for keeping it alive in my role, disseminate in service and flag with our commissioners
- Feedback to the service so whole team can work collectively; may be do some awareness about mental health problems to BAME involve them; to promote service users experiences
- I can inform my colleagues of the importance of utilising the BAME PG. I feel it is imperative for me to facilitate BAME discussions at work more regularly in order to create awareness and cultural sensitivity
- Engagement with BAME in the community in order to understand their subject cultural needs and how they prefer to have these needs met
- Email guide around all team members
- Bring back to local operations meeting and discuss with senior management re possible audit
- Add to CPD plan for this year
- Give short presentation at team Business meeting introducing the guidance and opening the discussion with the whole team
- Carry out the audit tool and prioritise from there
- Meet with clinical lead following today to feedback and devise a strategy locally to put some of the suggestions in action

Questions raised:

- Work related wellbeing policies will they make a difference. As targets will not change.
- Need to see individuals as a whole holistic approach. Often carers or family members mental health is ignored?
- The issues we face are not just from IAPT services/Managers/ Leads but also from BAME colleagues, how can we come over this for them to get involved without having to do a lot of work myself?

- Data metrics hide a lot of poor performance just a tick box exercise to meet targets. When will data analysis be interrogated in order to get a true picture
- Will social prescribing saturate community assets and a copout? Will Patients be put in danger? Who can refer? Threshold?
- What measure do we need to encourage BAME community to access services?
- When will educational institutions make it compulsory to have cultural competency as a compulsory module?
- Commissioners hide behind equality and diversity impact reports! BAME we are not an afterthought or an add on. When will you commissioners do this correctly?
- Communities are changing in localities, at what point would you become culturally competent?

Comments from the day:

- Significant life events such as bereavement, relationships breakdown the individuals may require early intervention
- Single parent family fear accessing services in the worry of children being taken off them!
- Early intervention is vital, yet other possible problems or habits may further compound mental health problems. Debt, housing issues etc
- Equality and diversity impact assessment do not always prove that the correct service has been commissioned
- Religious organizations do not represent the voice of a particular religious groups or ethnicity. For example, not all people do all go to mosque/church/synagogue etc
- Religious organizations can compound true mental health issues. Often cultural practices get confused with religion.
- There needs to be a significant power shift paradigm for CCG to be restructured to have true collaboration
- Co-production with communities is not done in the correct narrative because you have gate keeper VCSE organisation
- Co-morbidity illnesses are greater in isolation if you are lucky. Yet if you have an addiction related problems service will refuse to see you. His condition further will be compounded.
- Do not confuse mental health issues with safeguarding. Not all mental health issues make people violent
- VCSE organisation are not the voice of the community, yet CCG consider this as engagement!
- The process of joining professional networks or groups by default you exclude majority of local people due to complicated application process. When will this prehistoric process change? Without change progress will not be made.
- Experts by experience is becoming more tokenism, at what point will you value these valuable assets
- Hard to reach communities is a lack of understanding of ethnographic understanding local population demographics