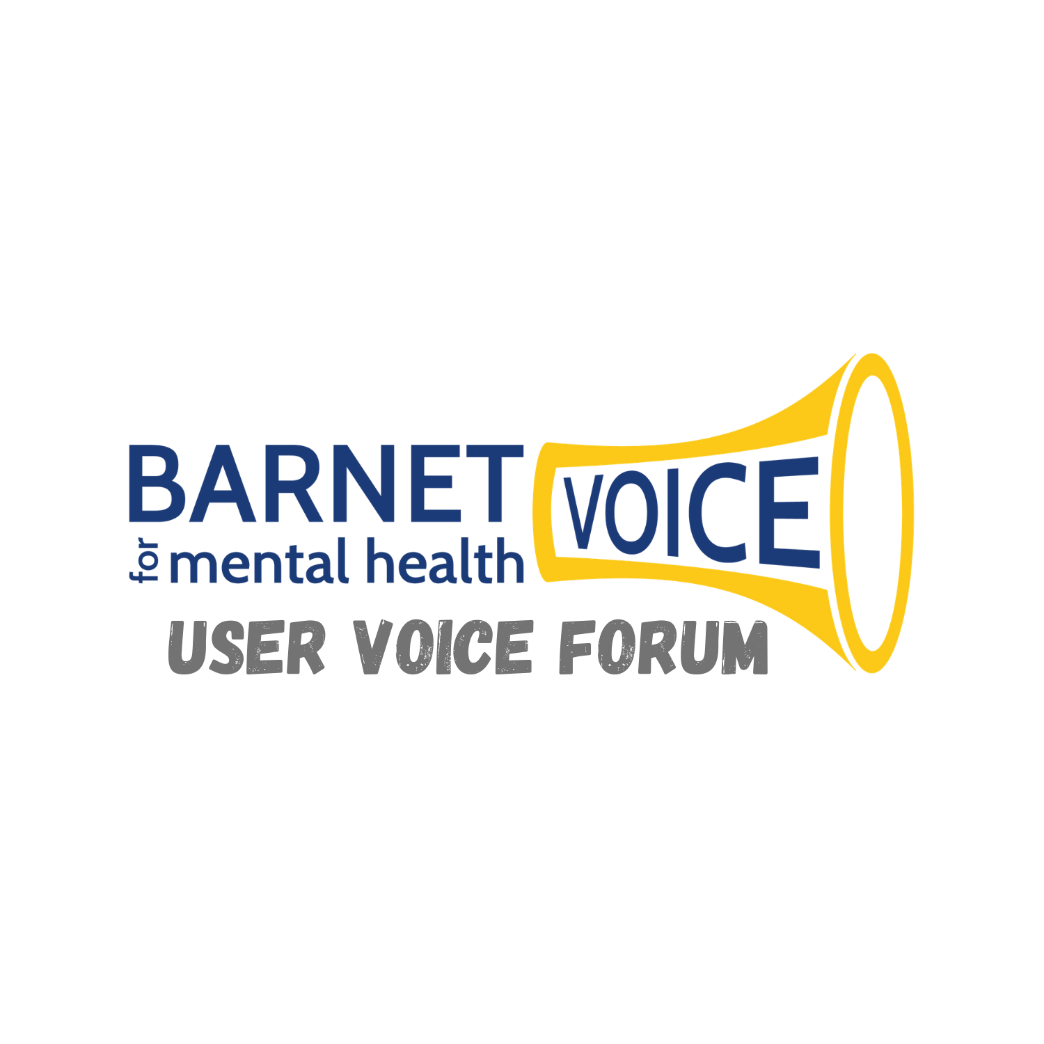
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**Barnet Voice Forum minutes – 12/05/21**

**Chair**

Caroline Collier - CEO, Inclusion Barnet

**Scribe**

Margaret Smith - Project Assistant, Inclusion Barnet

**Present**

Claire Fisher - Operations and Communications Lead, Inclusion Barnet

Banos Alexandrou - Research and Policy Manager, Inclusion Barnet

Elsie Lyons - Co-Chair, Inclusion Barnet

+12 members and friends of Inclusion Barnet / BVMH

**Apologies**

Eve Byers - User Voice Project Lead, Inclusion Barnet

**Introduction**

The group was informed that the plan of the meeting was to get the views of those present. The discussion would focus on what is lost when mental health services close and how we can best amplify the voices of those affected.

The views of the group would be used to design a position paper and a survey. The survey would be sent out to our mailing list.

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Members were generally agreed about the fact that they were worried that their voices would not be heard. They were worried about their power to influence things and the CCG.

Claire remarked that the more small groups which come forward with member based evidence asking for change, the harder it is for the CCG to ignore them and it would make a difference.

*Action Point: Caroline said that Inclusion Barnet does do enablement work with the Trust. They said that where engagement is taking place, this ought to be publicised more in newsletters etc.*

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Member 1 talked about the bad experience that they had had with services, in particular with the Crisis Teams. They said that the Crisis Team in Barnet was particularly bad compared to, for example, the Crisis Team in Newham, both teams of which Member 1 had had direct experience. With the Barnet Crisis team it took 4 days for anyone to get back to them and they ended up in A&E (whereas with Newham a doctor rang them back within 1 hour).

It was pointed out as well by Banos, who had personal experience, that within the Crisis teams he used there was a lack of communication between staff members and patients, information was not shared properly.

Member 1 had no trust in the ability of the staff to do their jobs properly. They felt that the social worker had more influence than the psychologist in Barnet NHS Trust. More than one forum service user said the Crisis teams were not available 24/7 as they stated, or you couldn’t get through to them. They were clearly under resourced. Member 1 felt that the service could act as a trigger for ruining your mental health rather than helping you.

In addition the suicide rate needs to be taken seriously as many people who feel suicidal phone the Crisis Team. People shouldn’t just be given medication and sent away. Member 8 and Member 10 used to run a Mind and Mood support group which offered a course on suicide in 4 hospitals in Barnet to trainee psychiatrists. They felt that the trainees didn’t know enough about the human dimension, what leads people to end their lives.

*Action Point: Caroline said that there is a need for safe services. We need to acknowledge that policies and procedures are being followed properly. Staff need to be appropriately trained for example in things like safeguarding etc.*

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Member 7 commented that a lack of funding was reflected in the poorness of services in Barnet, despite Barnet being the second largest borough by population size and also being one of the wealthiest boroughs in London.

Member 7 also said that the Trust was too heavily reliant on the charity sector.

Member 3 was concerned about day centres for people with autism closing as day centres take a lot of pressure off families having to act as carers.

Member 5 mentioned that since they started working with Barnet Voice, they find services closing down every couple of years. They said that you need a year or two to build a foundation, people develop a routine, people depend on services and feel better. Over the past 5-6 years more services have closed than opened up, for example Space2Be and Eclipse have closed. Where are people supposed to be?

In the future contracts should be given out for longer or service users should be asked what they want when renewal comes for example a change of government or MP. Member 5 feels that when services close, all their work has gone in the bin. They were however reassured by Member 12 later in the meeting that the work that they did was helpful still.

Member 1 said that services are important because there are places where you can share with others, when you’re alone all you have is your own mind and it can turn negative. However when you share you realise that others are in the same boat, that it’s not just you.

Member 7 felt that the government are encouraging people to get back to work and to get back on their feet yet are closing down services for example at the Richmond Fellowship. Excellent admin, IT and graphic design courses that they used to run have been discontinued. When these courses and services help you to learn new things, gain confidence and get employment, it seems contradictory to close them.

It was pointed out that charities have to waste so much of their money trying to secure more funding.

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It was agreed that the information about services that is distributed needs to be clearer. The available information on websites is so often not good or not clear enough. This makes the services look too fragmented.

Member 4 tried to look up Mind Crisis café and found the web page was not available this past week. They had also heard of a Recovery College opening in Barnet but didn’t know how to access it.

Member 1 found that when the decision was made not to section them, they were just given a list of phone numbers which they felt was very unhelpful.

*Action Points: Banos observed that we need to create new directories of services.*

*Caroline to talk to Mind about sorting their website out.*

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A member stated that it is important that services are spread evenly across the borough and not just concentrated in one location, for example Colindale, because it’s difficult if you don’t live there.

Member 4 said that what has been bad in Barnet is the gap between the statutory and the voluntary sector. Communication hasn’t been good between them and it’s like 2 different worlds. Member 4 said that they had to tell medical staff about what’s out there in the voluntary sector.

*Action Point: Having a better signposting system.*

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**Points for further discussion from the Zoom ‘chat’**

The impact Covid has had on the closure of services.

Concern about rural services closing.

Making health everyone’s business.

Collaborative partnership.

Evidence based decisions.

Considering everyone’s needs across the life course.

Co-design approach.

*Action point: Caroline said that in a future meeting or survey, she would like to discuss where change needs to happen and how it should happen. There is a sense that some people want change incrementally*