South London Mental Ill-Health Prevention and Recovery Programme

community and voluntary sector mental health activity audit:

Kingston stakeholder interviews report
October 2021

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Background

In summer 2020, the South London Mental Ill-Health Prevention and Recovery Programme was formed in response to the impact of the Covid-19 pandemic on mental health and wellbeing. The programme is supported by south west and south east London Integrated Care Systems (ICS), all south London NHS mental health trusts, local authority partners (councillors and leaders), Healthwatch organisations, Citizens UK, and voluntary and community sector organisations.

Together we launched the South London Listens (SLL) campaign on 10 November 2020. Over the four-month campaign we heard from over 5,700 people who told us how the pandemic was affecting them, their families, and their communities. Four priority areas emerged:

1. Social Isolation, loneliness, and digital exclusion

2. Work and wages

3. Children, young people, and parental mental health

4. Access to mental health services

On the 16 June 2021, the SLL community invited all partners to their summit asking decision-makers from the NHS and local authorities to pledge support to 22 pledges underneath the priority areas. 800 people attended the event, including 150 community leaders and 19 NHS and local authority decision makers.

The next step of this work is the development of a South London Listens Action Plan for the 2-year programme – which was published on Friday 29 October 2021.

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The four priority areas, community asks and system pledges

PRIORITY 1) SOCIAL ISOLATION, LONELINESS, AND DIGITAL EXCLUSION
Community 'ask's:

Develop a mental health champions programme

Develop a social isolation and loneliness strategy

Wider priority pledge - Commit to spending time with community institutions as part of staff induction and training

The four priority areas, community asks and system pledges

PRIORITY 2) WORK AND WAGES
Community 'ask' - Accredit as a Living Wage Employer across the NHS and Councils

Wider priority pledge (1) - Commit to working together to co-produce a set of anchor institution pledges to support local communities with employment

Wider priority pledge (2) - Host careers days with support for people to complete job applications and prepare for interviews.

Wider priority pledge (3) - Support local procurement of goods and services

The four priority areas, community asks and system pledges

PRIORITY 3) CHILDREN, YOUNG PEOPLE AND PARENTAL MENTAL HEALTH

Community 'ask' (1) - Improve the interaction for people whilst they are on the CAMHS waiting list by developing a 'virtual waiting room' which would include a more interactive process, ensuring people know where they are on the waiting list and curating their path so they can access bespoke digital tools.

Community 'ask' (2) - Support and resource parent groups to offer peer-to-peer and co-produced mental health support.

Local authority pledge (1) - Agree to produce and share accessible information with schools about the support available on mental health

The four priority areas, community asks and system pledges

PRIORITY 4) ACCESS TO MENTAL HEALTH SERVICES
Community 'ask' (1) - Put Mental Health Practitioners into the community within trusted institutions to a) Make registering for and accessing services easier and b) Build trust and enable feedback from the community back to the NHS
Community 'ask' (2) - Develop a culturally capable workforce by inviting community institutions to train staff

NHS pledge (1) - Support and resource people to work directly with community groups who experience disadvantage to improve access

NHS pledge (2) - Provide accessible information on mental health services and support available

Local authority pledge (1) - Support the Safer Surgeries Initiative

Local authority pledge (2) - Facilitate mental health awareness training to frontline staff (receptions in housing departments for example) and make accessible information on mental health support available

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Kingston mental health activity audit methodology

South London and the Maudsley Trust, on behalf of the South London Mental Ill-Health Prevention and Recovery Programme has contracted Healthwatch organisations across south London to carry out an audit of community and voluntary sector (CVS) activity in their area relating to the series of mental health prevention pledges made at the Community-led summit on 16 June 2021.

Healthwatch Kingston completed a desk-based audit for our borough and submitted the template of our findings to further inform the South London Listens Action Plan. As part of this work, we undertook a series of interviews in September and October with stakeholders and engaged members of the Mental Health and Wellbeing subgroup of the Kingston Communities Taskforce, and members of the Kingston All Age Learning Disability Partnership Board.

This report provides high-level feedback from these engagements. **Thank you to all and stakeholders interviewed:**

- **Liz Trayhorn**, Public Health Principal: Mental Wellbeing and Older People's Health Improvement, RBK

- **Lakhwinder Gill**, Older People Health Improvement Lead, RBK

- **Sanja Djeric-Kane**, Chief Executive Officer, Kingston Voluntary Action

- **Rianne Eimers**, Chief Executive Officer, Mind in Kingston

- **Isik Oguzertem**, Director, Refugee Action Kingston

- **Pippa Mackie**, Chief Executive, Citizens Advice Kingston.

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Kingston mental health activity audit interview questions

We asked stakeholders to review our desk research across the four SLL priority areas and we incorporated feedback into our reporting.

PRIORITY 1 - Social isolation, loneliness, and digital exclusion

PRIORITY 2 - Work and wages

PRIORITY 3 - Children, young people, and parental mental health

PRIORITY 4 - Access to mental health services (particularly migrant, refugee and diaspora communities)

We then asked three additional questions:

a) What is your sense of provision in Kingston in the priority areas?

b) What do you think our strengths, challenges, and opportunities in these areas are?

c) What do you think about the community 'Asks' and system 'Pledges'?

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What is your sense of provision in Kingston in the priority areas?

Stakeholder feedback on PRIORITY 1 - Social isolation, loneliness, and digital exclusion:

- The mental health and wellbeing subgroup of the Kingston Communities Taskforce hosted a workshop on loneliness and social isolation and now a group has been set up to look at this.

- RBK with other stakeholders are mapping different areas of provision, exploring enablers to reduce social isolation and loneliness, such as access to green spaces, outreach to communities needs to be increased to support people into services but resource is lacking, and where best to use digital versus non-digital methods for engagement and provision and is a lack of tailored support.

- BAME communities are under-represented in engagement work in this area and there is a lack of intergenerational work between younger and older people.

- There is a lack advertised support in finding and using community transport to help people connect or general support to get out and about and this is currently, not seen as a priority.

- It would be helpful to expand upon successful models for 'check in' services that were used in response to Covid-19.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 1 - Social isolation, loneliness, and digital exclusion (continued):

• There is provision out there but the whole process needs more attention to make sure that those experiencing isolation are identified. There needs to be more people identifying people who are isolated and making sure they are put in touch with groups. There are lots of community groups operating and they are promoted on Connected Kingston, but this is a key area we could develop more.

• Evidence from surveys show that Black, Asian and Minority Ethnic groups that don't feel able to access to all existing services. It would be a helpful to do more targeted work with these communities to co-design services.

• Connected Kingston works, and there is a process where people are put in touch with groups. Not sure it's completely comprehensive with a clear pathway. Communication needs improving between groups.

• For people with longer term Mental Health issues and older people, digital inclusion is a real challenge. Those who attend our drop in cafes find it really challenging to use social media, or video platforms to talk about the Mental Health issues. We had some training opportunities and help to provide access IT equipment. For others it's about privacy, particularly in some over 60s.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 1 - Social isolation, loneliness, and digital exclusion (continued):

- Younger people have also struggled with social isolation, loneliness and digital exclusion, but this tends to depend on the severity of Mental Health issues. The more complex cases are, the harder they find it to use digital equipment and the more they prefer face to face.

- Telephone is OK and some people have preferred this. Feels more anonymous, but for others there is a need to be more personal and they need face to face.

- Lots of people did not have privacy at home when accessing counselling support. Some people had to sit in cars to get privacy when accessing emotional support or consider other creative ways to get privacy when accessing support.

- Enhancement of existing work to combat isolation such as befriending schemes and the Kingston Stronger Together Hub are good ways of working but are nowhere near the level of provision that is needed. Reviews of client experiences indicate that for many people, struggling with their Mental Health in Kingston, it's a real challenge to access services. People are working hard, and individual service provision is good, but there isn't enough of it.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 1 –Social isolation, loneliness, and digital exclusion (continued):

- We have quite good courses for helping people develop skills.

- Digital exclusion or digital inclusion? We have noticed a switch, there appears to be less of a skills barrier now, the issue seems now to be mainly economic.

- Digital access has allowed us to broaden our geographic reach and cement the regular participation of some clients who overwise would not be able to access services.

- The drawback is access and barriers relating to access, such as, hardware/software and utility of internet connection, income without the means of disposable income to upgrade devices on a four/five-year basis, access to good Wi-Fi connection etc. There is a risk of falling into digital exclusion even if you were included at one point.

- It important that we don't fall into the assumption that the refugee community is IT illiterate. The challenges are less about training and more about empowering refugees to be able to feel confident to search for things that aren't in their own language, and removal of income barriers would help enormously.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 1 - Social isolation, loneliness, and digital exclusion (continued):

- Our client base has already suffered with isolation before the pandemic this is linked to a range of things, but an obvious challenge is language barriers.

- Refugees and asylum seekers may only meet new people when they are forced into a situation, such as registering a child in school.

- We are working to overcome isolation, loneliness, and digital exclusion with a mix of digital and nondigital exposure.

- We run a 'Weekly Walk and Talk' in Fairfield park. This helps to keep a pulse on the finger of the community and find to out what is going on. It can help us informally identify new needs. It is a chance to people to meet and interact with other members of the asylum seeking and refugee community. This is a compassionate and qualitative way of making sure we remain connected to the individuals and not just remaining behind a screen.

What is your sense of provision in Kingston in the priority areas?

Stakeholder feedback on PRIORITY 2 - Work and wages:

- There is a plan that has just been created, looking at all the groups who have been impacted by job losses, and putting them in touch with training etc. Kingston is an affluent place. The job losses through Covid-19 have mostly impacted less skilled people – a lot more work needs to be done to develop skills and support them.

- RBK have signed up to the living wage. It would be good to encourage local businesses to sign up to the living wage. It would be good if we can influence our contactors and service providers to RBK in similar ways as we did with the TTC Employers Pledge. It's great that people have signed up to it and a shame the initiative doesn't exist anymore. We need to think about locally how we progress that, given that also there is a review of the Mayors London Healthy Workplace Charter. There was a framework available to us to promote local business to do good work in that area. They haven't decided yet what the Mayor is doing with that. We have been pretty good in Kingston promoting it.
We will continue to do so. We may have to create our own version, if the London thing doesn't exist. There is still quite a commitment to doing things in this area.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 2 - Work and wages (continued):

- Mind in Kingston work a lot with Balance – they support people with Mental Health and Learning Disability to access job opportunities.

- Most of the clients we support are long term unemployed and are not massively ambitious to become employed, this is linked with age, lots are closer to retirement age.

- Mind in Kingston are part of a south west London wide project linked to hospital discharge service. We work with Hestia, and Brent, Wandsworth and Westminster Mind – supporting people who have been discharged from hospital (Springfield/Tolworth). We need a holistic network of support for people. There is good work going on, but is it captured in a discharge leaflet? There is a potential signposting/pathway gap.

- There is lots of understanding now about interest rates, credit, access to info etc. Financial literacy is less of an issue now. Main issue is poverty/low wages. No matter how good you are at managing your money, if there is not enough, there is not enough. People on low income who struggle with money are going to have poor Mental Health. Lots of people on welfare benefits will also be in work, including single parents, balancing the books, eat/keep a roof over their heads is a challenge.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 2 -Work and wages (continued):

- Why wouldn't we call on commissioners to sign up to the London Living Wage and a positive approach to busting stigma around Mental Health in the workplace.

- We need to educate employers about the benefits of working with the refugee population. Gaps can be filled, providing diversity and different skill sets.

- On the other hand, our clients are in a situation as they have been unable to work for a while, have family commitments, refugee status etc. they will still continuously be left out of the employment markets.

- Our employment adviser will work with 100 clients, and as we go through the stages that number will drop. Those who can produce a competent CV, with strong English language skills are strong enough to engage in an interview, those whose market skills are in demand for a dignified and sustainable job. We can find that out of the 100 clients our final employment number ends up at around 12. This is still a strong outcome given the limited resource that is being invested in this. That's still 12 people who are now paying taxes, who are not relying on solely Universal credit, able to provide a better life for their children.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 2 -Work and wages (continued):

- Refugee Action Kingston provide wrap around care. The means anything from initial arrival emergency assistance, all the way to support for a citizenship application, counselling, who to write to for those from an illiterate background.

- There is a definite need for ESOL courses – we are one of the few providers that go all the way to entry one. Statutory services don't provide at that level of entry one. The issue is that there needs to be a basic minimum ability that the clients acquire before they can access these services.

- The government has created a two-tier refugee system. Those who arrive on a resettlement programme, like the Syrians from five years ago and the Afghan refugees now. They will receive a custom-made package of support. One element of which includes private and dedicated tuition at a local college or university for ESOL. This costs £850 per person. The irony is, those learners who are not attending college, but attending our classes and our other activities, their English improves faster. They are using their English in practical way with other second language speakers.

- Citizens Advice Kingston have a lot of contact with families and it's clear that challenges of poverty for young families and more acute.

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What is your sense of provision in Kingston in the priority areas?

Stakeholder feedback on PRIORITY 3 - Children, Young People and Parental Mental Health:

- There is a lot going on - this is all in the Mental Health Joint Strategic Needs Assessment – but the process of referral isn't necessarily working. There is a lot of good work, e.g., the mental health in schools programme – lots of schools in Kinston have signed up and they are all looking at what they need to do. They are developing lots of great initiatives – in terms of supporting parents, identifying children, providing resilience.

- We have a Child and Adolescent Mental Health Service (CAMHS) that's completely overwhelmed. Long waiting list. Schools are struggling to cope while referred children and young people are on a year long waiting list.

- There needs to be better joined up working between the teachers supporting the children, and the CAMHS services – Waiting times for access to CAMHS is a problem. While children and young people are waiting there should be more free counselling for children locally. There is very little. There has been in the past. Now only 20 places per year – this is a massive gap in provision.

- There is need for more support with parenting provision for children with ADHD/ASD, and more support required for parents of children and young people from our Black, Asian and Minority Ethnic communities.

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What is your sense of provision in Kingston in the priority areas?

PRIORITY 3 - Children, Young People and Parental Mental Health (continued):

- More work could be done finding out if the Achieving for Children (AfC) Parent Services are being used/working for parents providing support. And more work needs to be done to support parents to understand their children's mental health and how to support their children. Parents having to go private as waiting list is so long. Many children need help now, when in crisis but waiting list is so long. There is a need to develop peer support for parents of children who have mental health issues – good for while they are waiting for Child and Adolescent Mental Health Service (CAMHS) or in CAMHS.

- Mind in Kingston provide mental health awareness training in schools – mostly secondary school. They have done some work with primary and the children's centres. Nothing much in the last year and half due to Covid-19. Mind in Kingston would visit the schools and provide an interactive session with the young people. We don't especially target parents – but many of Mind in Kingston's clients are parents and we can make referrals to other organisations that support parents.

- Pandemic had had a negative impact on young people and mental health issues have caused disruption to schooling. A lot of our mental health programs are for 18 years and above so Healthwatch Kingston's Youth Out Loud! get involved with work in schools for 13–17-year-olds.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 3 - Children, Young People and Parental Mental Health (continued):

- Custom-made support for children and young people of refugees and asylum seekers is not there. When we do have projects like the recent fuel program it seems to be more inline with a need identified by AfC, rather than the needs of refugees and asylum seekers.

- I think even the smallest project with children is always worthwhile. The impact is more long term. Even one nice day out can mean little to an adult but can mean the world to a child. There does seem to be a gap in this area for children of the asylum, seeking and refugee communities.

- There is a definite need to support the mental health of parents. Many families are struggling. The struggle reflects on the children. We also know that when someone comes to check on them, that people put on a public face – as if all is OK, and this is not just the case in the refugee and asylum community.

- It is hard as there is a language barrier. Even when you have an interpreter, if you are talking about mental health there can be a lot of apprehension from clients about sharing personal stories. Cramped housing means people can't speak comfortably if support is provided digitally or at home.

What is your sense of provision in Kingston in the priority areas?

Stakeholder feedback on PRIORITY 4 - Access to Mental Health Services (particularly migrant, refugee and diaspora communities):

- Things have changed dramatically in the last six weeks. Prior to this conversion would have said that mental health provision was fairly limited for refugees and asylum seekers. Now there has been a recognition, since arrivals from Afghanistan, that mental health needs are acute.

- One of the unique circumstances Refugee Action Kingston (RAK) clients come to us with is that they have experienced a greater sense of separation and loss compared to many other UK born residents. Having the standard set of 10 NHS counselling sessions and then ending the process after 10, no matter what, reinforces a sense of abandonment.

- What RAK offer's is in addition to the 10 mental health support sessions, we keep it open, so that clients can access further support as they need it without feeling abandoned. We have some clients who are with us for 18 months.

- Improvements in our client's mental health has less to do with the availability of the sessions and more to do with outcome of their asylum applications. We see a marked improvement in mental health outcomes after a successful asylum application. All these things are linked together.

What is your sense of provision in Kingston in the priority areas?

PRIORITY 4 - Access to Mental Health Services, particularly migrant, refugee and diaspora communities (continued):

- Although work has been done to improve mental health support, more work could be done. There is a lack of free counselling across the board and more needs to be done to provide interpreting. Refugees and other migrant communities are more likely to be in crisis.

- The RBK community development team have re-established the BAME Mental Health Forum.

- Building upon the targeted community engagement work begun through Time to Change Kingston (a partnership coordinated by Healthwatch Kingston), Mind in Kingston have recently started a project with the Tamil and Korean community, 'The Magpie Project'.

- Mind in Kingston are also funded by the Royal College of Psychiatrists as part of the 'Advancing Mental Health Equalities Collaborative'. This supports organisations to focus on rotes to improve access to mental health. The work doesn't have to just be for BAME communities, it also includes Learning Disabilities , women, dual diagnosis, anyone who may find it hard to access support. MiK are doing this in partnership with Mind in Croydon, over three years.

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What is your sense of provision in Kingston in the priority areas?

PRIORITY 4 - Access to Mental Health Services, particularly migrant, refugee and diaspora communities (continued):

- Citizens Advice Kingston (CAK) work closely with Kingston Race and Equalities Council (KREC) and Refugee Action Kingston (RAK), who give support and guidance to CAK in this area, and there is signposting advice on the CAB website to community networks for these groups.

- Not sure how good the community is at adapting access to info/services for people who don't have English as a first language/people who have home-country traumas prior to arriving in the UK.

- If you don't have English as a first language navigating the welfare benefits system is nightmare.

- It is easier to access interpreting services through zoom or telephone conference call, than it would have been if they clients turned up in office. CAK data shows working remotely has made services more inclusive for many but that it is important to ensure local knowledge within advice and guidance provision.

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What do you think our strengths, challenges, and opportunities in these areas are?

Stakeholder feedback:

- Kingston's strength is that it has lot of groups and organisations who are enthusiastic and RBK is supportive (an example is the Kingston Stronger Together Covid response which showed how well people can work together on a shared theme or concern). That said, a general challenge is that mental health services and support could be more joined up and there is a need for clearer pathways to care and support.

- Everyone needs to understand where they fit in the network of provision and how they need to work together and signpost to each other – there is a tendency to operate in silos/organisations – not everything needs to be delivered by one organisation, better to develop partnership working and collaborate across organisations.

- Kingston is an affluent area – stronger foundation in terms of statutory services, with good signposting, people can get help from other providers.

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What do you think our strengths, challenges, and opportunities in these areas are?

Stakeholder feedback:

- The SWL Mental Health Transformation Plan roll out to Kingston in 2022/23 is an opportunity to build upon and refresh how our Community Mental Health services and support operate.

- The refresh of the 'Thrive Kingston' Mental Health and Wellbeing Strategy is another opportunity to bring the various stands of our mental health work (local/regional) together.

- The refresh of the Mental Health and Wellbeing JSNA has identified gaps and actions to address these need to be costed.

- Ownership of the refreshed Thrive Kingston' Mental Health and Wellbeing Strategy needs to sit with the HWB and progress against a costed action plan needs to be monitored by the HWB. The 'Thrive Kingston' Mental Health and Wellbeing Strategy also needs to be reflected in the emergent SWL All Age Mental Health and Wellbeing Strategy.

What do you think our strengths, challenges, and opportunities in these areas are?

Stakeholder feedback:

• Opportunities in Kingston include the development of community hubs and outreach can be attached.

• It would be helpful to look explore how to develop intergenerational work.

• The way resources are allocated is challenging, this could be done in a more participatory way. With very little money going directly to a small charity, a lot can be achieved. But when mental health money is used to finance staff members in the council – strategists, consultants etc. – there is nothing left to hand over to the charity to do the work. The oversight needs to be replaced by collaboration. Trust that the charities can deliver those services. If there is a concern about the quality of delivery, the answer is not recruiting more people on the council side – you can have spot audits, sample checks, sanction mechanisms for non-compliance with contracts etc.

• Meeting with 10 council staff every 6 weeks for a project that costs 100k just doesn't seem to make sense in many ways.

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What do you think our strengths, challenges, and opportunities in these areas are?

Stakeholder feedback:

- Collaboration between Healthwatch and local specialist organisations would be beneficial e.g., local organisations have received so many questions from clients about things like the vaccine that we they have a database of what client's concerns are and what needs to be addressed.

- There is a need for stability in provision via consistent funding over a period of years (rather that limping from year to year with extension contracts) in order to build upon institutional memory over the years.

- Important to build upon local desire to work together, and partner up with other organisations: making use of people expertise and knowledge, not duplicating or reinventing the wheel. The challenge is to make this work with commissioners, and commissioners don't often have the same ideas, as people on the ground who see what is happening on the ground.

- Covid has changed the way a lot of people work. It is often used now as an excuse to not do things the same way it was done before. NB. One size doesn't fit all e.g., doing thing remotely.

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What do you think our strengths, challenges, and opportunities in these areas are?

Stakeholder feedback:

- Some barriers between vol sect and stat providers have been eased / gone completed. The introduction of the ICS makes everything feel unstable and it has become challenging to navigate. This is daunting for those who have been around for while.

- There are challenges from a lack of institutional memory at RBK. Integrated care systems. Lots of change. Challenge – how we make sure the people who are making the strategic decisions have a thorough grounding in facts and value of the systems, processes and agencies already here is.

- Local stakeholders have a shared endeavour - keeping local people safe. There needs to be a reboot for providers on how we work more tightly and interact with each other. That combined the with RBK Seizing the Moment, and the pledge to change culture, support, introduce different mechanisms for funding is a strength in Kingston now, This provides opportunities to build and continue to develop.

What do you think? Email: info@healthwatchkingston.org.uk

Healthwatch Kingston – About us

Healthwatch Kingston upon Thames is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

Healthwatch Kingston upon Thames is part of a network of over 150 local Healthwatch across the country. We're here to listen to the issues that really matter to people in Kingston and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

It's really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

Tell your story/Get help

Tell us what you think about NHS and social care

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