Notes from Brent low level mental health workshop
18th November 2020

Headlines

- Themes
    - Focus locally not borough-wide
    - Be aware of stigma around asking for help
    - Engage with existing volunteers - i.e. don't have focussed "mental health volunteers"
    - Need to understand there is lots of pressure already on vol sector - can't add to that
    - Supervision and safeguarding are key
    - Communication is critical
    - Need to be careful about language (e.g. "suffering" and use of "mental health"
    - Ensure we are learning from previous [projects e.g. Tobacco chewing?

- Ideas for things we could do
    - Develop common training standards
    - Review communication around what is available - both in terms of is the information there (at hyper local level) and how is it share and accessed
    - Map assets - services, organisations and places
    - Are the community champs "equipped" to signpost around Mental health issues?
    - Better understand what is already being delivered both through the Health Inequalities work and other projects
    - Providing support digitally
    - Equip community champions to be able to refer and signpost (training, availability of information etc)
    - Can we take services currently delivered in statutory settings (e.g. hospital wards) out into the community - with support of volunteers?
    - What is the role of volunteers in Mutual Aid Groups to support?

Notes from Breakout room one (Aran Porter)

- We should focus on supporting volunteers who represent the community they are supporting, this is particularly important when there are issues with language but also in regards to having an understanding of the cultural aspects of a community that may impact on how people live with low level mental health and are able to open up about it.
- There was challenge from Tom Hughes-Hallett that sometimes it can be useful to have volunteers outside of the community to provide support
- Stigma in regard to discussing and admitting to having mental health issues is something that needs to be highlighted and volunteers supported appropriately to know how to understand these and how to address them. There was also discussion on how the role of religious institutions and individuals within these institutions can play in breaking down these barriers and 'normalising' low level mental health.
- Focus should be on engaging with existing volunteers and giving them the skills and capabilities to support residents with low level mental health, this also removes the aspect of them being seen as 'mental health volunteers' and so that mental health support is part of the wider package of support volunteers and community champions can play. The group

highlighted the positive aspects of working with volunteers with 'lived experience' of low-level mental health so they have able to relate to the residents they are supporting.

- Need to also recognise the pressure current volunteer services are under currently and so this programme needs to not just add onto the workload but needs to ensure it comes with the appropriate support.
- Focus needs to be on developing a common standard of training that then allows for flexibility to be relevant to the different communities that will be served by the programme
- Volunteers providing support for low level mental health need to be supported with supervision. This could be in the form of facilitated peer support and an on-going training programme that can be shaped to the evolving needs of the volunteers.
- There needs to be a clear route for the volunteers to discuss and highlight any safeguarding issues

Notes from Breakout Groups two

- Communication is a big issue. Lots of volunteer activity but not coordinated and all available resources not in any one place -A directory of available services would help.
- Need an ongoing training ads support programme for volunteers
- Communities need to know what to expect from Volunteers and volunteering services
- Lots of good examples already exist eg Zoom coffee mornings virtual mosque meetings should build on these projects
- Learning from previous cross community projects using volunteers eg Tobacco chewing project
- Role for volunteers to refer people back into services to speed up referral
- Need to evaluate previous and new projects
- This can be best achieved if communities work together.

Notes from Breakout room 3 (Giles Piercy) - where should services be delivered

- Teresa senior therapist from CNWL – in past have made good use of places of worship for delivering services
- CVS used to have good information about availability of space - has this gone now
- Amira Ben Omar - "community voices" capturing stories about support that is available
- Robert Morris - Jubilee Park - community makes good use of their space - but not everyone is ware
- Veronica? - real opportunity to provide support digitally - befriending zoom calls etc - need to match request for support with local volunteers - by ward / neighbourhood
- Thandie Lawrence (Community Champ) - don't feel "equipped" to help signpost people to services - more needs to be done to inform about hyper local provision
- Need more done in terms of mapping hyper local assets
- Sophie Johnson - service manager Brent Citizens advice - do lots at Park Royal (Hospital?) where they work in wards - need to discuss potential to also take out in to the community
- Concerns about the capacity and capability of volunteers
- Communication is key and needs to be improved