

Haringey's mental health mapping workshop

Welcome



- Housekeeping
- Purpose of today learning and outcome focused – what is currently available, what else do we need to do
- Partnership working
- How the evening will be structured
- We need your input on what else is available;
 strengths and areas for development



Agenda Item	Lead	Time
Welcome and introduction to session	Will Maimaris and others	5.45pm-6pm
Overview of some key mental health support services in Haringey	 Short presentations from: Bridge Renewal Trust Mind in Haringey Haringey GP Federation Whittington Health IAPT service Barnet and Enfield Mental Health Trust and Adult Social Care, Haringey Council 	6pm-7pm
Tea Break	All	7pm-7.10pm
Workshop Table Exercises	All	7.10pm- 7.45pm
Closing remarks	Will Maimaris	7.45pm-8pm



Haringey at a glance – with deprivation map

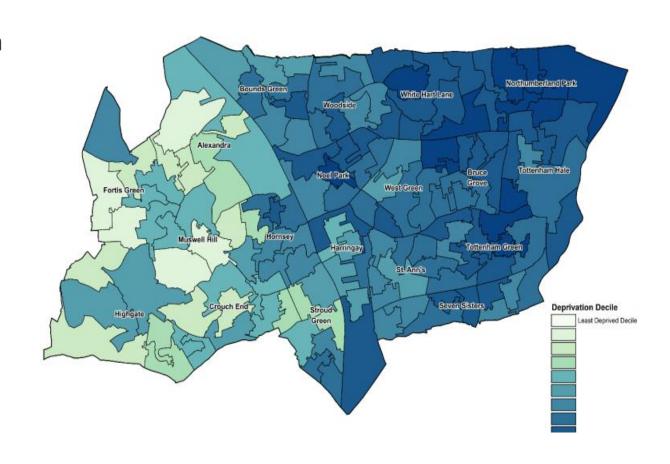
264,200 population (census)

4th most deprived borough in London with significant health inequalities

Key ethnicities: Black African (9%) and Black Caribbean (6%) (Census 2021)

Top 5 languages spoken (other than English):

- Turkish
- Spanish
- Polish
- Romanian
- Portuguese





Population mental health need

Complex needs

Rising risk and need may need support

At some risk – need to maintain mental wellbeing

from services

For example

Severe Mental Illness diagnosis in Haringey: 1.4% or 4,400 people (cf. London: 1.1% and England, 0.9%)

For example

Depression prevalence (18yrs+): 9%

- 24,000 people

Adult population: 191,300 residents aged 15 to 64yrs (2021 Census)

27,700 residents aged 65+ (2021 Census)

- Adults reporting social isolation: 46%
- Adults reporting loneliness: 34%



At risk population groups

The population groups in the table below are at greater risk of experiencing mental health problems and may be exposed to economic, social and environment circumstances which contribute to these problems.

Population group	Prevalence in Haringey (where known)
People with learning disabilities	1,090 people in Haringey are living with a learning disability
People with physical disabilities	Around 19,500 people, or 10% of the population aged 16-64 yrs.
Homelessness	2,600 households in Haringey (24.5 per 1,000) are living in temporary accommodation which is the third highest rate in London.
Substance misuse	Estimated 1,355 crack cocaine and 1,625 opiate users in the borough
Ethnicity – minoritised communities	67% of the Haringey population are from a non White British ethnic group compared to 61% in London.
Survivors of domestic abuse	Between April 2021 to March 2022, the rate of domestic abuse offences reported for Haringey was 12.4 per 1,000 of the population, which equates to 3,292 offences.



Example of digital offer - Good Thinking



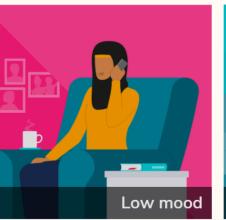


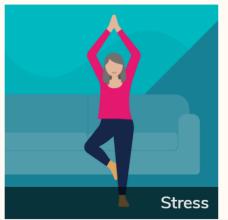
most common mental health conditions: Authorities, London's NHS, PHE, is

Good Thinking provides online mental Good Thinking is the first city-wide digital wellbeing self-care for Londoners mental wellbeing service. It was developed through digital tools that support the for Londoners through a partnership of Local anxiety, low mood, sleeping difficulties supported by the Mayor of London and and stress. delivered by Healthy London Partnership.











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Community Based Wellbeing Activities & Digital Mental Health Offers

Simon Phillips Head of Programme Delivery **Tottenham Talking**

Mental Wellbeing (Health Neighbourhoods)

NHS Charities – Mental Wellbeing



Why and Who

Aims

- All our services are co-produced
- The overall aims are to support people to achieve personal goals, manage their wellbeing and provide motivation for change
- Activities support meaningful occupation, community connection and belonging – all fundamental to mental wellbeing
- Some are specifically aimed at tackling Covid-linked health inequalities

Who are the services aimed at?

- Communities that do not access mental health services
- People from the most deprived wards of Haringey, young people, asylum seekers and migrants
- Black, Asian and Minority Ethnic men
- People with an experience of homelessness, and adults with more complex needs





How and What

Partnerships

- We work with local organisations
- In particular, grassroots and social enterprises as they are embedded in and delivered by communities
- They offer a mix of technical expertise, lived experience, and cultural sensitivity and awareness





Activities

Creative – art, sewing, writing; Physical – sports,
 movement, yoga; Skills – cooking, nutrition, baking; Social – forum, peer support groups; Nature – walking, tree planting

Digital Inclusion

One project addresses digital inclusion through provision of equipment, data, and skills, helps people to access online support

Godwin Lawson Foundation have created an app

The app allows young people to record their thoughts & feelings, and things they find hard to talk about.









Impact

- 300+ sessions have been run
- 900+ different individuals have attended sessions
- 3000+ attendances at sessions

A person in mid-fifties who had underlying health issues and then had covid. Long term unemployed. Life was challenging and mental health suffering. Joined the slow walking group. Their sleep has improved, not so stressed and have lost a little weight. Overall feeling very positive now after feeling very stuck.

One young person came to football at You vs You; broke down as medication was making playing difficult; staff supported them to speak to doctor to review medication; reduced and now able to take part and improving mental wellbeing as a result.



Benefits of community-based activities

- They are safe spaces, "nobody wants anything from you"
- More time to build relationships
- People can join in at their own pace and are treated as individuals, not judged
- They are not 'official' spaces. Some communities have strained relationships with authority, current or historical
- Provide services that can fill gaps in recovery, or something to do while on waiting list for talking therapies
- Target specific groups and activities
- Stepping stone to statutory services, like group therapy. Activities help people to build confidence to engage in group therapy or other statutory services

Bridge Renewal Trust

If you would like to know more have a chat about this work, please contact me at:

Simon Phillips, Head of Programme Delivery simon@bridgerenewaltrust.org.uk





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- Mind in Haringey has been supporting those in Haringey experiencing mental health issues since 1989
- Last year we supported over 5000 people.





Haringey Wellbeing Network

Well People, Well Haringey.

Contact us now to find out more:

Call :0208 340 2474 Text/Phone: 07508 511 128

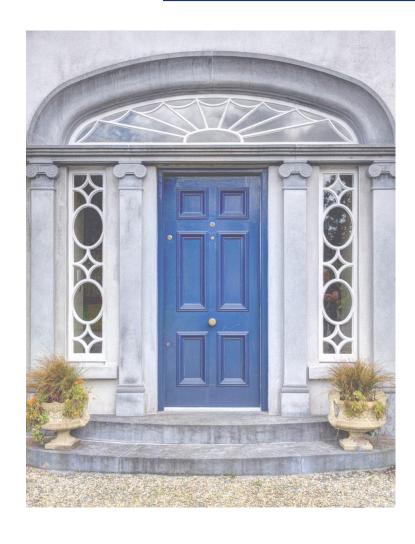
Email: HaringeyWellbeingNetwork@mih.org.uk







The Haringey Wellbeing Network is the "Front Door" for community mental health services for Haringey.



Aim:

The network aims to:

- support people with mental health in the community
- Improve emotional resilience
- Improve social connectedness

We focus on helping people achieve positive fulfilling lives.



Mental Health Services Available for the Haringey community

1. Wellbeing Activities



12-week Rotations

2. Wellbeing Advocacy



12-week Engagement

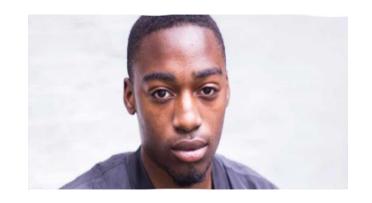
3. Social Prescribing & warm handover be more active support your mental wellbeing live well & more independently be more socially connected x3 Contacts

4. Peer Support



12-week Engagement /Ongoing

5. Young People



Leaving care /CAMHS

6. Mental Health First Aid



½ Day or x2 Day Training



• "that coming to a group has been a *life saver*. Just meeting other people in similar situations has given me different ways of coping and knowing that I'm not alone has been very comforting."



How to Access support?

The Haringey Wellbeing Network is open to anybody who is:

- aged 18 and over, and
- a resident of Haringey OR registered with a Haringey GP
- Young people aged 16-21yrs who have accessed CAMHS and leaving Care.

How to access services?

- 1. Call us complete a referral form over the phone.
- 2. **Email us** Can email and obtain/send a referral form
- 3. Website Referral form can be completed online www.mindinharingey.org.uk

Professionals, please ensure a risk assessment is attached with referral form.

Call :0208 340 2474 option 1 Text/Phone: 07508 511 128

We accept self-referrals, professional referrals and friends & family referrals.

Email: HaringeyWellbeingNetwork@mih.org.uk



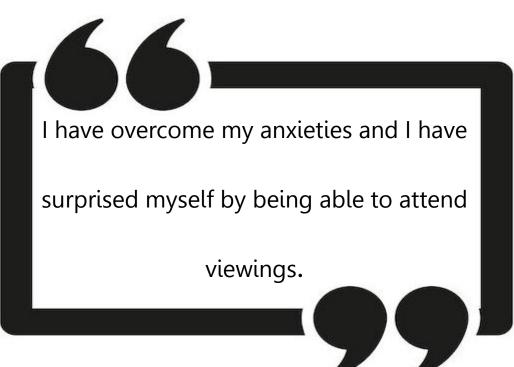


SMI, BAME Community Wellbeing Advocacy

BAME Community Wellbeing Advocacy: Introduction to the service

- Wellbeing and Advocacy for those living with Severe Mental Illness (SMI)
- Unique as clients are also part of a cohort of individuals with neglected physical health
- Physical health checks are carried out by Federated for Health clinicians and health professions either at client's homes or GP surgery
- Encourage clients to undergo physical health checks, advocate for them, encourage to partake in wellbeing exercises for their mental health

SERVICE USER QUOTES

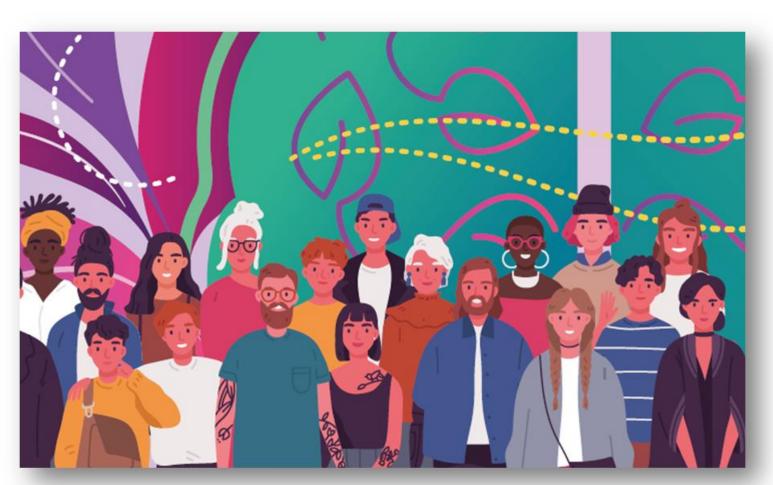




The service is
the real deal

Safe Haven Helpline

Crisis Café



0800 953 0223

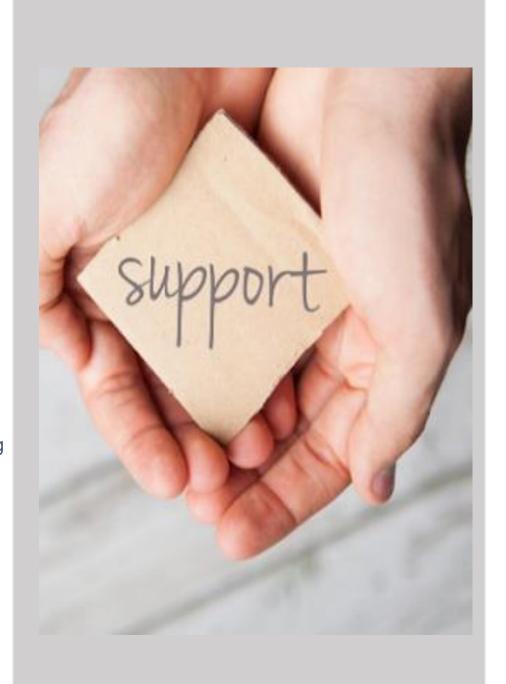
7 Days a week 5-9pm

Out of hours leave a message or text: 07943 156 973

Email: Safehaven@mih.org.uk

SAFE HAVEN AIMS

- To support service users who are vulnerable/isolated.
- To work with users to develop selfmanagement skills and reduce their crisis and isolation.
- To delivery a non-medical approach.
- Act as an alternative to hospital admission or A&E attendances
- To provide a safe space and a listening ear.
- Link people to long term support to address their holistic needs.
- To be part of a coordinated community based mental health service in Haringey.



SAFE HAVEN -BENEFITS FOR SERVICE USERS

- The Service offers the following:
- Safe space to talk (4 contacts)
- Nonjudgmental approach
- Compassionate support and offering hope.
- Reducing isolation & crisis
- Providing active listening
- Supporting individuals to reconstruct their social networks through linking into local services
- Helping the user to learn from a crisis by building on their:
 - -strengths
 - -resilience
 - -support networks (existing and new) and
- learning from previous crises.



Who can access this service?

- Anyone aged 18+ and lives in Haringey.
- Anyone who perceives themselves to be in mental health crisis or requiring support.
- Anyone who presents or have attended A&E in a mental health crisis and do not require medical interventions?
- As part of someone's active care plan under the A&E high frequency user programme or as part of the open dialogue pathway.
- As a support destination following triage from the BEH crisis telephone service and/or after a face to face contact with liaison psychiatry, CR/HT and or a Mental health assessment including s136.
- For users and carers who are being stepped down or who are discharged from secondary care mental health services and require some support during a period of mental health crisis.

How to Access the Safe Haven

Referral Form Available:

Haringey council & Mind in Haringey website or call in.

Self referrals

Statutory / Council
Services

IAPT

BEH Crisis Helpline /
Crisis Resolution
Team (Step Down)

Voluntary & Community Sector

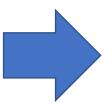
Primary Services

Secondary Services





Safe Haven



Call into service



BEH Crisis Helpline /
Crisis Resolution
Team (Step Up)

Haringey Wellbeing Network

Clarendon Recovery college

THEMES

Anxiety

Food Shortage

Depression

Loneliness

Suicidal Ideation

Isolation

Domestic Violence

PTSD

Housing Issues

Some of our other projects and services





REACH AND CONNECT Community Connector Project

Commissioned April 2019 – 8 Community Connectors
Contract renewed April 2022 – 6 Community Connectors
Managed jointly with:





IMPROVING MENTAL WELLBEING IN HARINGEY

Sewn together





A project Addressing health inequalities with our Grassroot organisation's Youvsyou, Hopec, Community cook up, TCCA and





Welcome to



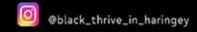
















TOMECOOKED

Myends The Mayors office programme to reduce youth violence with Violence reduction unit and Community Partners in Tottenham Ha

"Helping hands" Community Care Coordination Project

- To respond to the high volume of people that attend A&E frequently
- Clients attend A&E due to experienced mental health difficulties
- Clients will be identified and triaged by North Middlesex Hospital A&E and referred to us
- It is estimated that these clients can use other help in the community but do not have the knowledge or resources to do so



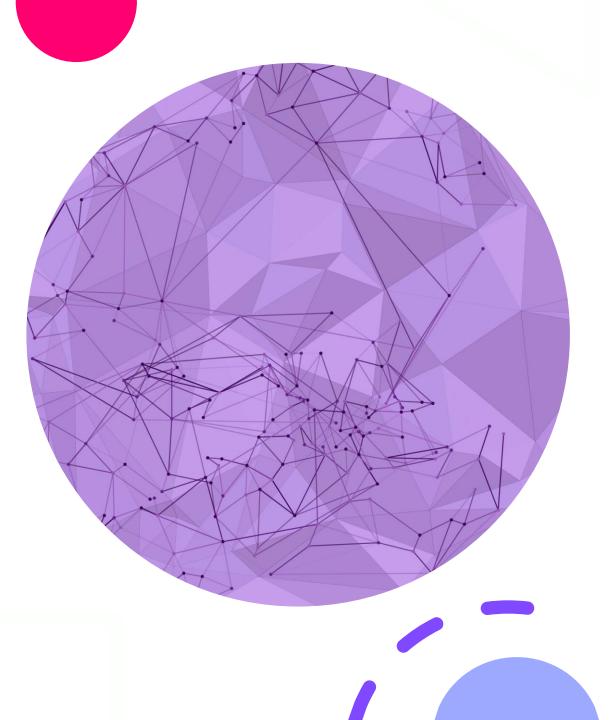




BLACK HISTORY MONTH WELLBEING & ACTIVITY PACK

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HEALTH & WELLBEING Info Pack

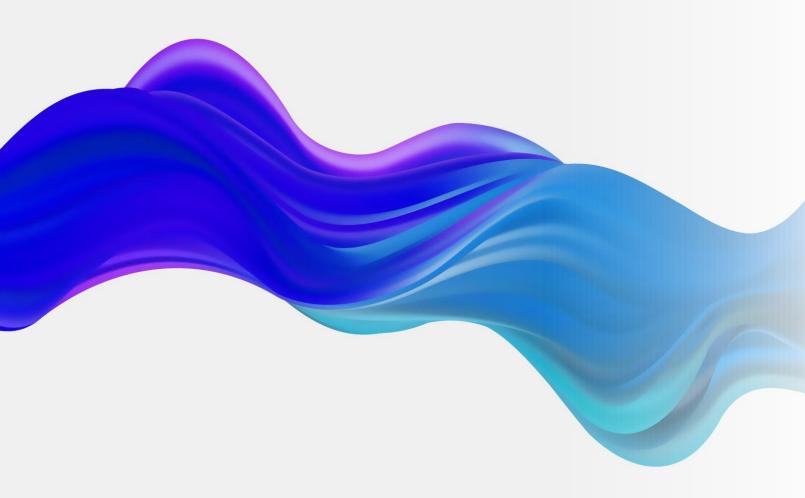


MIH Counselling Service

- We continue to strive to deliver both accessible and affordable services to the residents of Haringey and surrounding boroughs offering:
- Low-Cost Daytime Service (general service)
- Evening and Saturday Service (general service)
- Young People's care leavers Service (funded service Haringey Council)

Haringey Suicide Prevention Group

- Established in 2015
- Broad membership of statutory and nonstatutory bodies
- Creating a suicide prevention action plan for the borough of Haringey
- Sharing knowledge and coordinating activities to prevent suicide and support those bereaved by suicide
- Overseeing data on suicide at a local, London-wide and national level
- Reviewing needs, gaps and opportunities in provision
- Bringing together individuals, groups and agencies working to prevent suicide.





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Haringey GP Federation An introduction

February 2023

Contacts:

Marian Salek, Head of Integrated Services: marian.salek@nhs.net Natalie Cole, GP and Clinical Lead SMI Physical Health Check Service & GP@The Grove: natalie.cole12@nhs.net



Our vision and aims





A healthier and happier population through strong and innovative general practice



Improve health outcomes through boroughwide primary care services, particularly where there are health inequalities



Strengthen and support our member practices, enhancing the care for our population



Collaborate with system partners, developing new models of care together to meet patients' needs



Represent general practice in the wider system, ensuring an effective and consistent voice is heard

M

We work with and on behalf of our member practices to ensure access to high quality, responsive and accessible NHS health services

Delivering at scale and integrated services













Innovative

Collaborative

Address health inequalities

At scale services



















Workforce development



Enabling the recruitment, retention and development of a strong and sustainable primary care workforce in Haringey

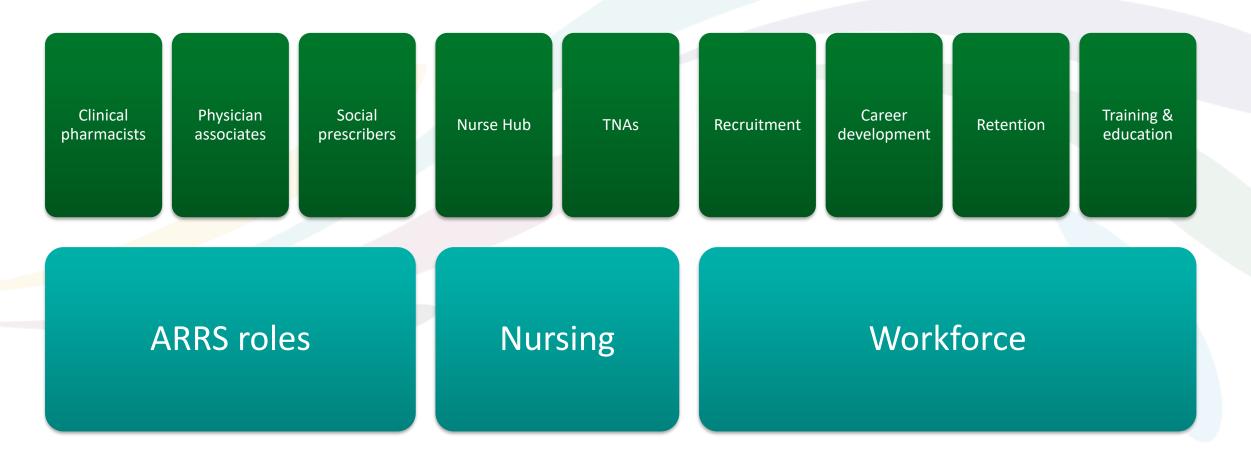




Workforce transformation - examples



We are working to expand and transform the workforce offer in line with national and local priorities



Supporting member practices to deliver positive patient outcomes





SCHEME





CHILDHOOD VACCINATIONS



NURSING ASSOCIATES



GP SPIN FELLOWSHIPS

PRACTICE & PCN SUPPORT

QUALITY IMPROVEMENT SUPPORT TEAM

Support which meets practices' needs in the changing landscape of primary care

Tailored solutions which help meet targets and enhance the patient care provided



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Haringey IAPT Let's Talk

Sarah Ellard & David Ilott

Contact:

David Ilott, Whittington Health NHS Trust: david.ilott1@nhs.net Sarah Ellard, Deputy Clinical Lead, Whittington Health NHS Trust: ELLARD, sarah.ellard@nhs.net





What do we offer?

- Cognitive Behaviour Therapy for Anxiety and Depression up to 16 sessions
 - Counselling for Depression including Dynamic Interpersonal Psychotherapy (DIT) and Interpersonal Psychotherapy (IPT) — 10, 16 or 20 sessions
 - Couple therapy for Depression
- EMDR (Eye Movement Desensitization and Reprocessing) Therapy for Trauma – up to 20 sessions
 - Mindfulness Groups
 - Long Covid Group

CBT informed groups for worry, stress and low mood individual Guided Self Help (CBT informed) with bespoke digital materials (Silver Cloud) — up to 6 sessions





For whom ...

Our remit is to work within N.I.C.E guidelines offering evidence based psychological interventions for people struggling with common mental health difficulties –like worry, OCD, trauma, PTSD, panic or low mood and depression

We cannot work with people struggling with

- Acting on suicidal thoughts and plans
- Potential symptoms of psychosis or another SMI's
- Long-term and severe interpersonal struggles affecting a person's ability to work and have relationships
 - Drug and alcohol dependency

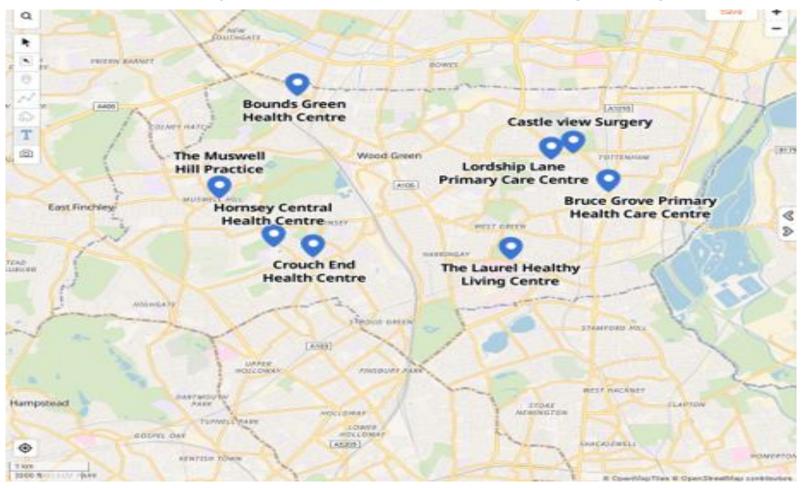
AND we do sign post and liaise with other services -

We work with 'No wrong front door'





Where ... in person, on video and by telephone







Our Liaison and outreach work ...

Haringey IAPT outreach mind map







Equality and Equity of Access

- Monitoring of equity of access
- Embedded diverse interview panels (recruitment)
- Information/materials throughout pathways in a client's own language
 - Therapists working in client's own language
 - Working with interpreter
 - Culturally sensitive/appropriate training







For how many people

In the last 12 months IAPT worked with

10,235 referrals

7,270 people had at least one appointment with us

99 outreach groups

36,000 Attended Appointments





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Haringey Community and Urgent Care Mental Health Services (including mental health reforms)

Mark Pritchard (Barnet Enfield and Haringey Mental Health Trust)

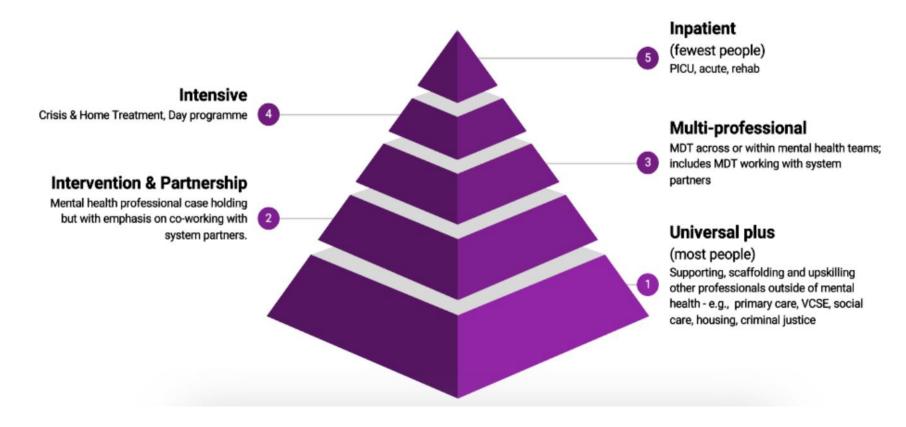
& Claire Bland (Haringey Council Adult Social Care)



Where do Haringey Residents receive Mental Health NHS Trust support for mental health issues?



A University Teaching Trust



Most Haringey Residents experiencing mental ill health are supported by their GP.



Residents requiring low levels of support for the fring Trust mental illness to maintain wellbeing

Low Level Support available from Services.	How Residents Access this Service
 Haringey Wellbeing Network (Voluntary 	All Self Referral
Care Sector Provision)	
Recovery College	
 Tottenham Talking. 	
 Connected Communities 	
Haringey Mental Health Practitioners based in Primary Care	GP Referral
IAPT (Improving Access to Psychological Therapies)	Self Referral



Haringey Residents requiring Moderate support for their Teaching Trust (1) mental illness to maintain wellbeing (1)

Moderate Level Support available from Services.	How Residents Access this Service
Core Community Mental Health Teams, an	GP referral
integrated MDT with:	
 BEH clinicians 	Referral from Urgent Care Pathway
 VCS staff, including: 	(Crisis Telephone Service, Haringey
 Hestia Community Engagement 	Crisis Team, Liaison Psychiatry
Workers	based in acute hospital).
 Peabody Floating Support Workers 	
 Twining Employment Specialists 	(Currently running a Trusted Referrer
LBH Social Workers (who undertake	pilot with Connected Communities
Care Act Assessments & Reviews)	referring directly)





Residents requiring Moderate support for their reaching Trust mental illness to maintain wellbeing (2)

Moderate Level Support available from Services.	How Residents Access this Service
Other integrated BEH & LBH Community Services:	GP referral
 Early Intervention in Psychosis Team Older Adults Community Mental Health Team (incl Memory Service). 	Referral from Urgent Care Pathway (BEH Crisis Telephone Service, Haringey Crisis Team, Liaison Psychiatry based in acute hospital).
LBH Supported Accommodation via Housing Pathway	Via Haringey Council Housing Officers
Crisis Café (Safe Haven)	Self Referral





Residents requiring High level of support for the infraction trust mental illness to maintain wellbeing and safety

Crisis Resolution & Home Treatment Team (CRHTT)	24-hour Crisis Telephone Service: 0800 151 0023
Crisis Prevention House (Currently at Fortis Green)	Self referral via 24-hour Crisis Telephone Service: 0800 151 0023
Blossom Court in-patient unit.	Gatekeeping via CRHTT after exploring all options.
LBH Approved Mental Health Professionals Service	Referral from: BEH/LBH Community Teams, CRHTT or Met Police
Crisis Café	Self-referral





Draft Mental Health Bill

A University Teaching Trust

Some key recommendations:

- Create a new, statutory, Mental Health Commissioner post
- Change to the criteria for detention higher risk threshold
- New definition of "appropriate medical treatment" treatment must have a reasonable prospect of alleviating, preventing the worsening of, the person's mental disorder
- Ensure mental illness is the reason for detention under the act, and that neither autism nor a learning disability are grounds for detention for treatment of themselves
- First period of section 3 detention reduced from six to three months
- Abolish community treatment orders except for those involved in criminal proceedings/sentencing





A University Teaching Trust

Draft Mental Health Bill

- Replace Nearest Relative with the right for the person to choose a nominated person look after their interests when not able to do some themselves
- Expand role of IMHA to offer a greater level of support and representation to every patient detained under the Act
- Extend the amount of time patients can apply to the Mental Health Tribunal and make automatic referrals more frequent
- Pilot culturally appropriate advocates so patients from all ethnic backgrounds can be better supported to voice their individual needs
- Introduce statutory 'advance choice documents'



A University Teaching Trust

Draft Mental Health Bill

Proposed timeframe

- Implementation will be staged.
- First duties to be introduced (expected mid 24/25):
- The new detention criteria, including for people with learning disabilities and autism
- Nominated Person
- Automatic referral of formal patients for advocacy IMHA.



Future Work: Community Based Mental Health Work

- 1. Improving the Front Door to Community Mental Health Services
- 2. Developing a non-GP referral route into services
- 3. Learning from the experiences of residents with severe mental illness through a Community Engagement Project with **Bridge Renewal Trust**
- 4. Ensuring every resident receiving support from BEH Community Services has an individualised Dialog Plus Care Plan



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- 1. Introduce yourself
- 2. On your tables, answer the following 2 questions on your flipchart paper
 - What services are you aware of that have not been mentioned here?
 - ? What are the strengths of existing services and what are the main gaps?

3. After 25 minutes, we will ask for feedback from each table.

Please feedback one key strength in our mental health offer and one area we need to work on



Closing remarks