**Thurrock Emotional Wellbeing Forum**

**For Individuals, Families and Carers**

 

**Monday 14th August 2017, 2.00 – 4.00 pm**

**Thurrock Mind Crown House, Crown Road, Grays**

**Attendees:**

Ian Evans (chair) Harpal Kang

Karen Haltham (minutes) Mario Anno

Leanne Edgell Maxine Southgate

Julia Wright Danielle Kay

Roy Lambert Barry Lord

Christine Ellisdon Katherine Kontis

**Apologies:** Loraine Coleman

**1. Welcome and Introductions**

Ian welcomed everyone to the meeting and introductions were made.

**2. Minutes and Matters Arising from the Previous Forum Meeting**

The minutes were read and agreed as a correct record.

Discussion took place with regard to who is invited to the meetings, and how to encourage more users of the services and carers to attend and to not have too many professionals to make open discussion easier. Leanne advised that invites are sent to all people on Mind’s databases.

It was suggested it may help if the Forum had a Facebook page, this was agreed. **ACTION: Ian and Karen to set up**

It was agreed to change the Forum’s name to “**Thurrock Emotional Wellbeing Forum**, for Individuals, Families and Carers”

The Logo to remain the same.

**3. Presentation – Suicide Prevention Strategy and Action Plan**

 As Funmi Worrell has not arrived at the meeting Ian went through the “Let’s Talk about Suicide” Presentation, a copy attached. **ACTION:** Karen to attach copy of presentation. It had been agreed for Southend, Essex and Thurrock to come together to produce a Suicide Prevention Strategy, with each Council having their own Action Plan written by their Public Health department.

  It was decided to discuss and feedback as one group, comments from the presentation included:

* Mind is not a crisis agency and would signpost to GP or A&E.
* GPs can refer direct to the Crisis Team, severe attempts would be brought in by Police to GP/A&E/Duty
* A&E have to assess risk.
* There is no money for a crisis service within Thurrock Mind, leaving a big gap in the service of those in crisis.
* Housing— Homeless people are more vulnerable, especially if they have mental health issues.
* There are big gaps in service everywhere.
* The Suicide Prevention Strategy and Action Plan – This will be taken to and monitored by Thurrock Health and Wellbeing Board. The purpose of the Health and Well-being Board is:
* to improve health and reduce inequalities
* to develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda
* to determine the health improvement priorities in Thurrock

The board meets a minimum of 6 times a year. Meetings are open to the public, although for some items the press and public may be asked to leave.

You can find details of the purpose and membership of the Health and Well-Being Board online, along with all Health and Well-Being Board agenda, reports and minutes on the Thurrock Council Website.

The board works at a strategic level, with actions being delivered through existing partnership arrangements – which may at times include the establishment of 'task and finish' groups.

The decisions and work of the board are scrutinised by the Health and Well-Being Overview and Scrutiny Committee, and other overview and scrutiny committees as appropriate. HealthWatch has a scrutiny function.

Thurrock Councillors, The Directors of Adult Social Care, Housing, Pub;ic Health, The Independent Chair of the Thurrock Adult Safeguarding Board, Representatives from Basildon Hospital, the Clinical Commissioning Group, GPs and Basildon & Thurrock University Hospital sit on the Board.

**Feedback from the Forum on the Thurrock Suicide Prevention Action Plan as a whole:**

Forum attendees broadly agreed with and welcomed the 6 Key Areas and Recommendations for Action, but suggest the following points also be included and considered in the Action Plan for Thurrock:

**Additional Recommendations:**

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| 1. **Reduce the risk of suicide in high-risk groups** – include young and middle aged men and specific occupational groups as well as those known to MH services, with a history of self-harm and people in the criminal justice system.
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* It is good that the Plan includes men and women. An important question to address is: “How can we engage men re: prevention?”
* This is an opportunity to develop Impact and awareness training, across key groups and to raise the awareness and understanding of employers, so that individuals feel more able to be open with their employers.
* GPs should also be asking more questions, and more inquiring e.g. talking to widowers etc. In terms “high risk” groups - who assesses, and what is the threshold?

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| 1. **Tailor approaches to improve mental health in specific groups** –take a specific focus on suicide AND a more general approach looking at mental health and wellbeing across the wider population and marginalised groups.
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* In terms of reaching the wider population - There needs to be a Local Authority supported, frontline User-Led awareness campaign of training and publicity that is presented and delivered by individuals, families, carers and surviving family members. It could be advertised in gyms, hospitals, clinics, vets and shopping centres and other public places and on board public transport, e.g. buses.
* For groups to be accessible out in the community. Any groups or projects will be most effective if sharing and building upon peer support and lived experiences.
* Increase awareness of the Recovery College. Set up pop-up information stands at local supermarkets, such as Morrisons, sports centres, public toilets, pubs, etc
* Engage with Young Adults as a means to early intervention and prevention, provide education and understanding of Mental Health issues at a younger age.
* Inclusion suggested advertising to parents of teenagers on issues of depression and self-harm

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| 1. **Reduce access to the means of suicide** – The focus for suicide by hanging has as its focus inpatient and criminal justice custodial settings both of which have been the subject of recent inspections. But within broader community settings some action can be taken to reduce suicide frequently used locations and managing clusters. Do more re: other areas of built environment e.g. Jumping spots
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* Maxine Southgate reported to the forum that she has attended suicide prevention training—there is now a phone box at Beachy Head with The Samaritans phone number in it, this has had a positive effect in reducing the numbers of suicides and attempted suicides.

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| 1. **Provide better information and support to those bereaved or affected by suicide** – Broaden the structured support to ensure it is available to all, not just pupils in schools, or occupational support for staff affected by suicide in their clients. For other groups the current support is ad hoc, with significant reliance upon the voluntary sector
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* Include as part of the curriculum in Personal, Social and Health Education (or equivalent) classes in high school.
* Increase the availability of specialist advice and information by adequately supporting the voluntary sector and organisations
* Utilise the existing groups such as SOBS - Survivors of Bereavement by Suicide, based in Brentwood, with a view to perhaps setting up a Thurrock branch.

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| 1. **Support the media in delivering sensitive approaches to suicide and suicidal behaviour** - As well as supporting the media to report suicides responsibly, attention must be directed to informal social media, and how suicide is portrayed. Key action is implementation of Editors’ code of conduct relating to suicide reporting.
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* Television programmes and campaigns that address issues sensitively (e.g. through relevant storylines on soaps such as EastEnders) can be particularly effective at raising awareness and getting messages out to the wider population. Southend, Essex and Thurrock should approach their respective media outlets about portrayals and reporting locally.

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| 1. **Support research, data collection and monitoring -** Local, as well as national data and research must be used. Reliable and timely suicide statistics are the cornerstone of any local suicide prevention strategy.
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* The data sets need to be reviewed and be newer than 2014 if possible, to give a more accurate picture.
* The Action Plan should be reviewed at least yearly to assess progress and actions. Progress should be reported to the Forums and Groups that were consulted, as well as the Health & Wellbeing Board

If anyone thinks of anything else they would like to add please contact Ian or Karen.

**ACTION: Karen to send a copy of the full action plan out with the minutes.**

4.  **Coffee Break**

As the meeting started late it was agreed not to have a break.

5.  **Feedback from Breakout Groups re Suicide Prevention Strategy**

This was included under item 3.

**6. Any Other Business**

None

The next meeting will take place on:

 Monday 20th November 2017 2.00 pm to 4.00 pm

at Thurrock Mind, Crown House, Crown Road, Grays