

# BREAKING DOWN BARRIERS

An inter faith conference

Held on 16 November 2016

At Quay Place, Ipswich

Facilitated by EEFA, NSFT, Healthwatch Suffolk and Quay Place



Norfolk and Suffolk   
NHS Foundation Trust



The logo for Healthwatch Suffolk, with 'healthwatch' in a bold, lowercase font and 'Suffolk' in a smaller font below it.



## **BREAKING DOWN BARRIERS at Quay Place, 16 November**

### **Let's talk about mental health**

- 10.00**      **Welcome and Introductions to the day from sponsoring bodies**
- EEFA – David Capey, Director
- Quay Place - Ginny Idehen, Manager
- Healthwatch Suffolk– Andy Yacoub, CEO
- NSFT– Kate Holmes, Spiritual and Pastoral Care Lead
- 10.10**      **Telling our stories**
- Anecdotes about mental health – 6 speakers (5 minutes each)
- 10.40**      **Discussing our experiences**
- Small groups
- 11.20**      **Coffee**
- 11.40**      **Exploring channels of help (Healthwatch led)**
- Small groups
- 12.10**      **Responding to feedback . Launch of NSFT Spirituality Strategy.**
- Panel
- 12.45**      **Lunch**
- 13.45**      **Looking forward**
- Speaker: Graham North from the Spiritual Crisis Network
- 14.15**      **Moving on**
- Discussion in small groups on the support faith communities can offer and the next steps
- 2.45pm**      **Winding down**
- Feedback with panel
- 3.00pm**      **Tea and close**



## REPORT ON BREAKING DOWN BARRIERS: 16 November 2016

About 50 people attended this conference organised by EEFA, NSFT and Healthwatch Suffolk, at Quay Place, Suffolk Mind's newly opened Heritage and Wellbeing Centre. The attendees included representatives of local faith communities – Buddhist, Hindu, Humanist, Jewish, Muslim and Sikh along with Christians from various denominations and others who did not identify with any particular organised religious grouping.

The purpose was to raise the profile of mental health among faith communities in Suffolk, to identify any barriers which prevent people from recognising and responding to people's needs within their communities and to enable support services and other channels of help to acknowledge and meet those needs.

Ginny Idehen, General Manager of Quay Place welcomed delegates to Quay Place and Kate Holmes, NSFT Spiritual and Pastoral Care Lead, then introduced the theme and shape of the day. Andy Yacoub, CEO of Healthwatch, was unable to attend but sent a message of support.

### **Session 1      Sharing our Stories:**

Cynthia Capey from EEFA introduced 4 speakers to set the scene and stimulate discussion:

1      Lydia Tse spoke about the Chinese community which is composed of people from many different religious paths. She described how mental health problems are usually kept private, not least because people feel that they might lose their jobs. The national Chinese Mental Health Association visits Ipswich every year to provide information and counselling. However, there are problems in accessing help because of language difficulties and the cost of private counselling.

2      Angela Gittens, a retired mental health nurse, described the health programme within her Seventh-day Adventist church and the ongoing system of mutual support and pastoral care which is provided. They run regular social events for seniors, and members of the congregation including those with memory problems are encouraged to contribute to the activities and administration of the church according to their mental and physical capacities.

3      Sucha Singh, from the Sikh community, gave his perspective as a landlord, with tenants from many different backgrounds, with various problems. It is very hard to access help for them unless they request it. He quoted the case of a longstanding tenant whose condition had deteriorated, posing a danger to himself and a health risk to other tenants. After intervention through SIFRE's contacts in social services, the GP eventually visited, but shortly afterwards a fellow tenant called the emergency services who broke in and found him dead.

4 Sara Ali, a Kurdish refugee from Iraq, now an interpreter for others, described how difficult it is to arrive in this country, after terrible experiences, losing contact with family, being homeless and in some cases, not knowing English. She personally had flashbacks and had needed somebody to talk to. On one occasion she had ended up in the hospital casualty department after inadvertently overdosing.

Delegates then held round table discussions and shared their own stories around mental ill health.

## **Session 2 Exploring channels of help - problems and solutions**

Barbara Richardson Todd, a Healthwatch Trustee, introduced two service users, Rob and Noel, who described the difficulty they had experienced in trying to access mental health services and the importance of support from their families.

Delegates were then invited to move their discussion on to consider where people might go for help: the internet, the GP, their faith leader, Wellbeing Suffolk, Suffolk Mind or Suffolk Family Carers, to mention but a few, and also to suggest what are the problems with channels of help which can act as barriers.

### **Feedback from table discussions included:**

- Education on mental health is needed to counteract stigma and promote understanding.
- Improve access to services in communities which are difficult to reach.
- Build community capacity, for example, in schools.
- Need to do awareness raising because people who need help do not know to whom to go.
- Some faith leaders are a problem so faith communities need education in mental health.
- Psychiatrists who see religion as a problem do not help. Mental health staff need to accept the importance of spirituality. They should find out how faith helps recovery as it has been shown that it helps recovery for all sorts of illness.
- Difficult to access services if homeless.
- Mental health services should work with the police and different agencies need to network and communicate to give a positive message (This does happen in Ipswich).
- Involve Police Community Support Officers in care planning.
- Difficult to help an individual who does not recognise their own issues. Need to find a trusted and determined advocate.
- People on front line need training in mental health.
- Make psychiatric services available in Accident and Emergency and at GP practices (Note: this is the case in Suffolk but not Norfolk).
- Suggest a community hub to which people in distress could be referred.
- This group should write to the Police and Crime Commissioner against recent changes in role of PCSOs.
- Suggest to Care Quality Commission that mental health care is reviewed because whole system is wrong.

### **Session 3      Moving on      Kate Holmes**

Graham North of the Spiritual Crisis Network described his personal experiences and offered his own vision of community hubs and spiritual wards. Following on that, delegates returned to their tables to share their vision for improving services.

#### **A vision for the future included:**

- Reduce stigma
- Take mental health as seriously as physical health
- Early identification and appropriate intervention
- One stop shops or community hubs providing physiotherapy, psychological therapies, signposting, social workers, benefits officer, police where people could get together. Like a Citizens' Advice Bureau for health; possibly walk-in, staffed 24/7.
- Multi faith chaplaincies
- Schools to provide spiritual education from an early age
- Schools to teach children coping mechanisms
- Community bonding, including spirituality, to be deepened

At the end of the conference Ravi Seenan, NSFT Head of Equalities launched the new NSFT Spirituality Strategy, Punna Athwall from Ipswich Faith and Community Forum thanked the sponsors for their support, and Jon Neal of Suffolk MIND and Cynthia Capey of EEFA responded.

#### **APPENDIX: Next steps by NSFT**

- NSFT Spiritual and Pastoral Care Leads to raise mental health awareness among faith communities
- NSFT CAMHS services to extend their work into schools
- NSFT Spiritual and Pastoral Care Leads to enhance awareness of spirituality amongst NSFT staff
- Relations between NSFT and Police Community Support Officers to be improved.
- Psychiatric services to be extended to Accident and Emergency Centres and GP practices in Norfolk