

Number of responses: 9

ID	How far do you agree with the proposal to cease subsidising the current Mental Health First Aid training programme at an annual cost of £8,500, and to deliver the training through a 'West Berkshire Wellbeing' traded service from 1 April 2019?		What do you think we should be aware of in terms of how this proposal might impact people? For example, do you think it will affect particular individuals more than others? Please refer to the Equality Impact Assessment (EqIA) to see what has already been identified.	If the decision is taken to proceed with this proposal do you have any suggestions for how we can reduce the impact on those affected? If so, please provide details.	Do you have any suggestions on how we might save money or increase income, either in this service, or elsewhere in the council? If so, please provide details.	Any further comments?
	Response	Please tell us the reason(s) for your response.				
1	Strongly disagree	Making MHFA training harder to access by adding additional costs will affect its up take and is in direct contravention of the Health and Well Being Board targets to improve the outcome of those suffering with MH issues. It is also add odds with national policies to help reduce stigma and effectively shows MH does not matter to WBC	The mentally ill will be adversely affected by reducing the awareness of those trained to recognise the signs of MH before it reaches a crisis. It could result in more deaths and sue of acute MH services.		Pay for it from BCF but consult with partners formally in first place	
2	Strongly disagree	<p>The Health and Wellbeing Board, a statutory body in its own right and also a sub-committee of the Council Executive, currently has two priorities, one of which is mental health. Since these cuts apply in 2019-20, does that imply that mental health will then be no longer a priority? Is it considered that it will all have been dealt with by then? Is there any shared understanding of what is meant by 'priority'? This is not a rhetorical question. 'Priority' can mean a number of different things such as an ordering of expending time, money, or other resources, or the selection of some things to be done to the exclusion of others. In what sense was mental health a priority? That more money should be spent on it, time and attention devoted to it, or something else? How is this cut to be understood in that context of the answer to that question?</p> <p>The Health and Wellbeing Board has set up a sub-committee, the Mental Health Action Group. Its predecessor body, the Mental Health Collaborative produced a strategy. Broadly, it proposed moving from treating symptoms to prevention of problems in the first place. To break into the circle of increasing the effort on prevention without initially reducing spending on much needed services, it proposed making more use of the resources that exist within the community. Mental Health First Aid training does exactly that, in two ways: it helps reduce the stigma attached to mental health, which is a major barrier in being able to deal with it; but it also provides people in a range of voluntary and professional services with the skills to help people, in some cases preventing problems getting worse or signposting them to services where their problems can be nipped in the bud. This proposed cut therefore goes in completely the wrong direction: it is likely to exacerbate problems rather than preventing them and increase costs rather than decreasing them. The argument that the people and organisations will be able to pay for the courses misses the point that there is a collective, social benefit to be gained from them (including reducing service costs for the council, health service, criminal justice system etc.) which therefore justifies a subsidy for the provision.</p>	Mental health disproportionately affects particular, typically vulnerable, groups. That includes people with physical disabilities and learning difficulties. People from ethnic minorities have up to five times more risk of psychotic disorders than the white British population according to research published in the journal Schizophrenia Bulletin (https://www.ncbi.nlm.nih.gov/pubmed/28521056). Non-heterosexual adults were twice as likely to report symptoms of poor mental health (such as anxiety or depression) as heterosexual adults in a pooled analysis from five different surveys involving over 94,000 adults, of whom 2.8% were non-heterosexual (http://www.nationalelfservice.net/social-care/equality-and-diversity/queer-in-the-head-do-lgb-people-in-the-uk-have-poorer-mental-health/). 45% of trans pupils have attempted suicide and 84% have self-harmed, while 9% have received death threats at school, according to a survey of 3,700 lesbian, gay, bi and trans young people by Stonewall. Other groups susceptible to mental health problems include looked after children, carers, abuse victims, homeless people, those with substance abuse problems, isolated frail elderly and people with complex and long term conditions.		I do not have sufficient information about the workings of the rest of the council to be able to suggest any better area for cuts. More general options for increasing income would be to increase council tax, holding a referendum, as required by central government, if necessary. The council might also wish to lobby central government and inform them of the harm being done by their cuts. It could also lobby, directly and through the LGA, for a fairer, more sustainable and more decentralised system for funding local government, which increased the extent of local control. One way of reducing costs longer term would be by reducing demand on services through investment in prevention, which is the opposite of what these cuts are doing. The council should be considered social costs more broadly and working more effectively with other bodies, including health, criminal justice etc. to pool resources and invest for longer term benefit, particularly in prevention.	I understand that the Health and Wellbeing Board wasn't consulted in advance about the proposed cuts. Was that an error or an indication of the regard in which other parts of the council regard that body? What does it say about having a joined up, strategic approach?
3	Disagree	It seems like the wrong thing to be doing, but without details of the "West Berkshire Wellbeing" service WBC propose the small saving of £8500 is difficult to judge.	WBC need to swear that no-one will be worse off as a result of the proposed change of provision.		WBC should try to get more funding from the government to enhance the provision of Mental Health related measures.	

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4	Strongly disagree	prohibitive prices for charities in such a vital area Charities are likely to be increasingly supporting clients signposted to us to save LA's money at the same time grant funding is decreasing. You are asking us to pay to support your clients.	will reduce training in a vital areas and puts barriers in place	- advertise spaces that are not taken up for free	no	
5	Strongly disagree	Particularly cutting the mental first aid courses	the cost benefit of providing mental first aid courses	Fund Halthwatch and Eight Bells for mental health to run courses	local lottery turn off council lights turn off road lights when Christmas lights are on	I really don't believe that public views will make any difference to what the council will do. It is time that the members stood up and backed an over budget spend en masse or resign. The Government needs to know how the cuts affect disproportionately vulnerable people.
6	Strongly disagree	You have already made huge and sustained cuts to many support services over the last few years which in many cases have hit the needy the hardest. It's time to stop this, and to focus limited funds on those who need them most. I cannot support any of the above cuts and urge you to find savings elsewhere or re-allocate funds from areas that will not impact the disadvantaged.				
7	Agree	This seems like a good proposal to charge for training courses,.			Charge proportionally for companies depending on number of employees.	
8	Disagree	I am most in favour of many services whereby they assist people who by no fault of their own have a dependency or rely on another service to get through daily life				
9	Strongly agree					