

# What's Going on Event

## **Mental health providers, service users and supporters learning from each other**

Keep Safe Keep Sane, New Hope and St Mungos Broadway worked together to bring mental health service providers and the people they support together at this unique event in Bath on May 13<sup>th</sup> 2015

As a group we wanted to create an opportunity for anyone affected by mental health issues to talk directly with the mental health service providers and find out what was going on in the BANES area. The event enabled people to hear, from people directly responsible for services, about what they provide and their plans for the future; giving people affected by mental health issues the opportunity to give direct feedback.

In the BANES area we are very fortunate that all service providers are very approachable and happy to come and talk freely with service users and carers. The service providers and commissioners that attended were:

**Andrea Morland** - Commissioner

**Iain Tulley** - Chief Executive of Avon and Wiltshire Partnership (AWP)

**Bill Bruce-Jones** - Clinical Director BANES AWP

**Liz Richards** - Managing Director BANES AWP

**Paul Wilson** - Head of mental health services for Sirona

We would like to thank everyone who attended for giving their time to come to this event and for being so honest with their answers and feedback.

The 90 people attending joined one of the following discussion groups:-

- 1. Carers involvement in supporting the people they care for when the person becomes unwell**
- 2. Support for people who are not ill enough to access AWP but too ill for GP to feel confident in supporting**
- 3. Client and carer involvement in the shaping your service delivery**
- 4. Working together - discharge from services**
- 5. Working together - entry into services**

The service providers spent time with each of the discussion groups answering their questions.

The event would not have been possible without all the volunteers who made the evening happen with food, drinks, signing in, setting up etc. A special thanks to volunteers Laura, Caroline, Eddie, Simon and Mary who did a great job of facilitating the discussion groups. Also thanks to Jackie, Philippa, Lisa, Ronnie and Sue for taking and writing up the notes.



A discussion group.

What follows is a summary of what was said on the night.

## 1. Carers involvement in supporting the people they care for when the person becomes unwell

Core themes from the discussions were:

- Carers want to be recognised by professionals as a resource, listened to and taken seriously.
- When a person becomes unwell and is struggling to identify risks, the professional should seek carers' views on what is going on for the person they support.
- Carers acknowledged that they may not be able to be told details about the person they support if that person doesn't want things to be shared.
- Professionals to always have the service users' history to inform treatment and support planning. The service user, carers, other supports and other professionals can provide this.
- Carers would like to be kept up to date with developments about the person they support and where possible involved in planning for the future.
- Carers would like to see better support planning across teams and services, especially when people are coming into or out of services. Wherever possible carers would like to be involved in support planning, and always when the main support role is about to become them again.

## 2. Support for people who are not ill enough to access AWP but too ill for GP's to feel confident in supporting

The group's participants said they learnt a lot. Below is a summary of the areas that were covered:

### GPs

- **Assessments** – there are different thresholds and there is no 'standard', it is a human judgement but it definitely needs to be more consistent.
- **GPs under huge pressure** - Key to this is really joined up partnership work between all mental health providers. Less money in the system. We must provide the best we can with what we have.
- **Wraparound care** - Daisy Kerling GP on the Clinical Commissioning Group is looking into.
- **GP clusters** are using virtual ward rounds to explore mental health issues – this is working well.
- **GPs feeling confident and supported?** – Participant's son with the GP for 20 years, but feels his issues are not being addressed. GPs need to feel more confident about providing support to everyone needing long term support. AWP's PCLS to provide this support.
- **GPs cannot know everything** - There are 27 GP practices and 100s of GPs! They are all different and can't know everything about mental health. GPs are trained by and seek advice from PCLS. More training around specific conditions such as eating disorders anti-psychotic medication is required.

### AWP

- **AWP recovery service** - For a service user to access the AWP recovery service, the question to ask is 'do they need a care coordinator'
- **Social prescribing** - to be more embedded within AWP's PCLS team to achieve greater consistency.

## Everything else

- **Bottom up changes to future developments** - Participants liked the idea of a bottom-up solution to having more collaboration. The Bristol project was a 'big bang' solution. Here we have the opportunity to develop something from the bottom up.
- **Talking therapies and Wellbeing College** – seen as positive recent changes. Talking therapies has changed significantly, with a greater range of options. The Wellbeing College is very important to social prescribing
- **Knowing what's available** – a number of people didn't know that Sirona provided mental health services, there was a commitment from Sirona to improve the information they provided. The B&NES council webpage is being updated. It was also acknowledged that the AWP website is not up to date.
- **Parity of esteem** - mental health needs to be treated on a par with physical health – this is not currently the case
- **Recovery navigators** – Provide support to people discharged in Bristol. Participants liked the idea of this happening in B&NES.

## 3. Client and carer involvement in the shaping your service delivery

The group felt that more involvement would make services better, specific areas included:

- a) Improve the support and information in the early days for service users and their supporters
- b) In planning across B&NES commissioned services
- c) AWP teams including the Intensive team

The discussion was split into two main sections:

1. "What needs to be improved on and where people can get more involved?"
2. "Our ideal world".

### 1. What needs to be improved on and where people can get more involved?

**Being listened to** helps people feel involved and currently we don't feel listened to. The ability for staff to use more common sense, take on board information given to them and involve service users and carers more in assessments and care planning, they are both experts by experience.

### Improved communication with the intensive team

- How do they decide when to turn up at a crisis in the community?
- What communication can service users and carers expect?

We want to see more carer and service user involvement with the intensive team to improve these areas.

**Floating support?** What has happened to this? There appears to be less support available in B&NES leaving us feeling vulnerable.

**Wellbeing College – more information** - The group talked about wanting more information on this and for GPs to be social prescribing the Wellbeing College to patients. Can people who've used the college spread the word?

**Peer support/mentoring** - To make it easier for people to access social care, especially when they are first 'diagnosed' and not well enough to find the support available but not poorly enough to be allocated a support worker.

**Stigma and stereotyping** - The impact of and the lack of understanding about mental health.

**A Place of Safety** - in Bath was discussed, along with continuity of care.

**Confidentiality** as the main topic for a conference in June - we can't wait.

#### **Our ideal world**

- **Specialist staff training** - for everyone who needs it, delivered by staff and people affected by poor mental health.
- **24 hour access to the intensive team** - Confidence in this.
- **Intensive team & suicide prevention** - Service users who have lived experience of feeling suicidal working alongside and or training the intensive team (to include carers).
- **Joined up services** including comprehensive information accessible within primary care.
- **Whole family support** - More of.
- **Commissioning process** - Involvement of clients and carers.
- **Housing gateway process** – To change to be affective and easy to use. Please consult with people who have used the system to simplify and improve it.
- **More staff on the ground** - Especially floating support staff and the intensive team.

## **4. Working together - discharge from services**

Problems identified by this group discussion included the lack of support on discharge (from prison or hospital), and the danger of people falling off the radar. Stigma and prejudice were also discussed, and the need for better collaboration between mental health services and agencies.

**“In hospital with cancer – cards, flowers etc  
In hospital with poor mental health - NO cards no flowers”.  
A very different response**

**Comment from group member**

#### **Working together - entry into services**

- Training by people who are experts by experience is happening in a few services, but should be standard for all services including the Police and AWP.
- Future – senior representatives from the Police and ambulance service with a genuine interest in mental health to attend this event.
- The Carers’ Charter is enabling tricky conversations to happen, and the Service User Charter can hopefully do the same.

A group member said “Sycamore ward has improved “leaps and bounds” but problem now is when people leave they can feel dumped”. The group acknowledged the pressure is huge as not enough £££ to go around.

## 5. Working together - entry into services

### Discharge from inpatient wards and prison

- **Hope** - Importance of giving people hope “You will get better”
- **Planning** - Exits need to be properly planned
- **Feeling held** - within community
- **Resilience** must be present in community as well as in the individual – otherwise vicious circle – crime – ill health etc
- **Access** - to a range of options /providers. Julian House run a “gate” service – and would like to work closer w MH services
- **Recovery** - Length of time it takes must be appreciated
- **Re-enablement service** - utilise
- **Peer involvement/peer development** - Develop opportunities for
- **Wellbeing House** – please utilise
- **First time** - get it right

Without the above there is a danger of people falling off the radar – e.g. discharge on to the street and readmissions

### How to reduce stigma

- **Go into schools**
- **Stronger links** between AWP, Sirona and other orgs
- **Collaborative working/commissioning** - Greater range of services e.g. in Bristol where there is collaboration of 15 services with AWP. To stretch resources
- **Start really young** – In primary schools using peer educators
- **Positive stories in media** needed –AWP have invited File on 4 into fromeside. Stigma is made worse by poor media stories.
- **Mental** - The word doesn't help
- **Commissioners to help** – commission more joint training from staff and experts by experience
- **Early Intervention team** going into schools – this and other good practice needs highlighting
- **More fun along the journey!** - E.g. the Wellbeing festival – Music - being lighter about MH e.g. comedian Lizzie Allen who was booked for AWP B&NES event

### How to promote more of the good experiences

- **More positive press stories** - Get out there
- **Start in schools**
- **Role models** - Use the good role models we have – e.g. the MIND poster with lots of well known names from different spheres
- **Everyone has mental health** - Making the link with each person's personal connection with mental illness
- **Share positive stories** - Group member shared their positive experience - Excellent GP, followed by courses and then voluntary work
- **GP's - share the good practice** – poor variation in diff GP practices needs to change

### Better collaboration

- **Homeless hostels** to be a safety net not a discharge route
- **Supporting peers** - Importance of
- **Partnership is written into Specs for tenders** - commissioners keen to improve this

## **Conclusion**

### **The event Co-production at its best**

The event was planned by Bev a volunteer and Ralph St Mungo's staff. Thirty volunteers ran the event with a some staff. The event was chaired by a carer and the workshops were facilitated by volunteers from KS2 and New Hope, who are experts by experience. Staff from Healthwatch, Bath Mind, Soundwell, Creativity Works and Sirona took notes, and of course 90 people attended the majority of whom were service users and carers.

Many people who attended enjoyed the event commented on being surprised and impressed by the openness and honesty commissioners, mental health providers and everyone else who attended. Some quotes from the people who attended:-

**"Putting names to faces has been useful"**

**"I am impressed by the openness of the speakers"**

**"This event has a great atmosphere"**

**"We learnt a lot"**

**"I believe in the sincerity of all who spoke"**

**"I am glad I live in BANES"**



**Bath & NE Somerset providers and commissioner waiting for Bev to finish, before it's their turn to address the audience**