

DISCOVER!

Conversations to create a new mental health strategy for North Yorkshire and York

DISCOVER! Engagement Programme

26 September 2014, Café Sessions at Northallerton

1. INTRODUCTION AND CONTEXT

DISCOVER! is an engagement tool designed by the Partnership Commissioning Unit (PCU) to support the commissioning of mental health services in North Yorkshire and York. DISCOVER! asks a critical question of anyone who has an interest in the provision of mental health services (service users/carers, NHS/local government organisations, voluntary partners, and local communities) – ***“what is your best experience of mental health services and how can we do more of that?”***

DISCOVER! was developed in response to two important aspects of our commissioning responsibility – to find out what really matters to service users/carers about their mental health support, and to build the practice (ways of thinking/being/doing) of commissioning teams across the 4 North Yorkshire and York Clinical Commissioning Groups (CCGs) to engage with service users and communities in a meaningful way.

DISCOVER! is based on the principles of Appreciative Inquiry (AI)¹ a highly engaging, sense-making tool which inquires into what works well in any given situation and uses that as evidence to build strategies for change. DISCOVER! is based on the first stage of AI which uses stories from people’s personal experience to draw out good practice which can be used for future planning.

2. INFORMATION GATHERING AND ANALYSIS

A range of approaches have been utilised for feeding back and distilling peoples’ experience of mental health services, including café sessions in different localities, the **@PCUDiscover** Twitter account, the DISCOVER! postcard and a dedicated email address.

This information has been collated and analysed and it forms the initial emerging themes which are presented for consideration in this paper.

¹ The Appreciative Inquiry Handbook, 2008 by David Cooperrider, Diana Whitney, Jaqueline Stavros

3. FORMAT OF REPORT

The aim of this report is to feedback the findings and emerging themes to stakeholders and to check that this reflects the nature of ongoing discussions that are taking place. In some localities community groups have also held their own DISCOVER! events and the outcomes of these discussions also form part of the feedback. This is also an opportunity for further thoughts and ideas to be incorporated.

The main body of the report focuses on the emerging themes from all feedback mechanisms. Appendix A lists comments made on the tablecloths and flipcharts by participants at the café sessions, and Appendix B details comments received via the postcards, Twitter and email address.

Feedback on the initial analysis outlined in this report is welcomed and will enable the PCU and CCGs to refine the themes and principles that will be used to underpin the commissioning of services in the future.

4. PATIENT EXPERIENCE NETWORK AWARDS PROGRAMME

We are delighted that the *DISCOVER!* engagement programme was a finalist in two categories in the 2014 Patient Experience Network National Awards held in Birmingham in March.

We are continuing to roll out the DISCOVER! engagement programme into Children and Young People's services, and issues raised in the CAMHS session at this café have also been shared with this commissioning team. We are also working with North Yorkshire County Council to develop further events during Summer 2015 to look at mental health services in rural communities.

In addition, the emerging themes and the issues that have been raised throughout the DISCOVER! engagement programme have been fed into our teams to inform the development of service specifications and commissioning decisions.

Recently your comments have also been used in the development of the draft North Yorkshire Mental Health Strategy which is out for consultation over the summer months.

DISCOVER! Emerging Themes and Guiding Principles

Tackling cultural changes

- Reducing stigma attached to mental health issues
- Changes in terminology and language used – ‘emotional health and wellbeing’.
- Importance of raising awareness
- Reduce stigma in communities, awareness, relationships in organisations and intervention
- Perceptions about mental health as an “issue” or a “problem”
- Too many labels!
- Rebranding mental health centres – Wellbeing or Living Well centres. Whole community access
- Limited resources – beliefs regarding what NHS should pay for and what individuals should pay for. Cultural change
- Creative thinking and positive risk taking
- Organisational values important – recruitment and retention of staff
- Raise awareness with employers. Welfare support at work
- Promote mental health awareness in schools

System integration

- Commissioning around social context
- Health visiting and school support – important to CAMHS
- Integrated commissioning strategy – ‘living your life in a community’
- Integrated thinking and strategies at all levels, in all organisations
- Commissioning strategies that encourage pilots, learning and experimentation
- Leadership in integration – commissioning for connections rather than separate parts
- Co-located teams that work as one – not separate teams
- Housing and education services need to be partners in early stages of diagnosis (where necessary)
- Currently perceived threat to integration – needs resisting and addressing
- One stop shop – looking at health and wellbeing across the board. Moves away from medical ‘labelling’ and promotes integration at a number of levels
- Help with finance issues would be helpful
- Multi-agencies working together
- Carers support as important or possibly more important
- Connection to Care Homes – assessment, diagnosis and care plan
- Single budgets, single access route, shared teams

- No barriers to integration
- Closer working between NHS and Local Authorities
- Police, Youth Justice, Social Care, education and voluntary sector working with health to address complex social issues eg: drug misuse, dementia, domestic violence etc
- All agencies working together for a proactive approach to prevention from an early age and keeping people well

Person-centred models

- Child or adult centred approach is crucial
- Look at whole person – mental and physical health (not one more important than other). Everyone is an individual
- System works against rather than in support of service users. This needs to change so system is focussed on service user
- Continuity and consistency of care is an integral part of this
- Empathy and understanding - important factors within a care relationship
- Access to services isn't always easy and sometimes difficult to know how to navigate the system
- Early intervention is important. Right intervention, right place, right time
- Single point of access to a range of mental health services
- Use of Third Sector to support the person as a whole. Eg: buddy schemes
- Out of hours support – not much outside 9-5 Monday to Friday
- Person centred sustained recovery
- Long waiting lists for psychological services. Not appropriate to wait until 'crisis'
- Availability of key workers or access to someone 'just to chat with' – can sometimes alleviate a crisis
- Counselling – needs to be at regular intervals and include re-assessment if there is a down turn or improvement
- Mental health records need to be made available when patients are admitted with physical problems. Physical and mental health notes should be seen together – medication etc
- Flexible support. Responsive to individual needs
- Early diagnosis is important
- Shared care agreements – clear responsibilities
- Life stories – use of iPads and technology
- Social integration – normal life maintenance
- Early support and access whether people have a diagnosis or not
- Personalised, social, needs support. Not necessarily medicalised
- Locality commissioning – tailored to needs. Quick and easy access to services
- Carer and families should be involved in decision making
- Crisis support needs to be improved – often feels like being 'passed around'
- Physical and mental health – 'Passport'
- The right support structure in place after discharge

Transitions

(from Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) and between services)

- CAMHS – adult transition. Attitudes and cultures are very different (similar issues at adult and older adult interface)
- Transitions effect people's identity
- Between services, ages and recovery – should be seamless
- Issues with eligibility and criteria in transitions
- Questions about why a transition is necessary at all
- Continuity of relationships in transitions
- Transition from acute to community – improvements required
- Transitions and gaps – usually supported by Third Sector. 'Plugging gaps'

Training, research and education

- Training in mental health important and can help in raising awareness.
- Need to engage with professional training and reflect on workforce and recruitment.
- Training and education can help the prevention and awareness agendas.
- A trained activities co-ordinator with in local communities would be really valuable.
- Further research into medication, genetics, how the brain works is required to inform models/medication for recovery.
- Involve carers/service users in recruitment and retention of staff.
- Training of GPs and health professionals.
- Signposting – carers initial support at early assessment. Lack of information to help navigate the system.
- Professionals networking across a range of specialties.

Communication

- Open and inclusive conversations involving clinicians, service user, families and carers
- Interpersonal, between clinician and people, social – all key and part of whole
- Medicalised language often used. Needs to be clear and easily understood
- Need to improve information given to parents/carers/families
- Communication between teams means all people aware of each person's needs
- Good relationships between GP, specialist professionals, service user and carers/families are crucial and are facilitated by clear communication

- Signposting across and between services and CAMHS and Adult MHS needs to be improved
- Access to information – central source of information
- Maximise use of technology – Apps
- Directories
- Knowledge of what's available and where
- Integration and communication between all professionals/services could be improved
- Ways of sharing information between agencies/teams needs to be addressed
- Dementia-friendly practice is about communicating with people in sensitive individualised ways – improves experience
- Creative arts – community focussed, easy to get to (local), and easy to stay (trust-building), less stigma if not 'clinically based'
- Cutting through red-tape/barriers and talking directly to carers and families
Clinician sought consent in a positive way and enabled family involvement, compassion and personal responsibility

Developing communities

- Support for carers – within medical profession but also as part of a whole community approach
- Recovery Colleges – generally seen as a valuable resource
- Benefits from sharing experiences eg: day centres, groups etc. Issues with cut backs. Benefits in helping with confidence and isolation
- Respite for carers – building resilience by receiving appropriate support from the 'community'
- Services closer to home – due to cut backs it is necessary to travel further to access services, join groups. Transport issues with travelling further afield
- Making the most of existing community support and nurturing dementia friendly communities
- Informal existing support, needs financial support
- Educating community awareness
- Having a bed or other services available as close to home as possible
- Support based within the local community using community resources
- Communities – role in providing support, structure and routine
- Commissioning strategies tailored to local context in the area

- CAMHS – adult transition – attitudes and cultures are very different (similar issues at adult/'older adult' interface)
- Commissioning for connections between services
- Transition affects people's identity
- Stigma around taking child out of school
- Child or person-centred approach
- Families being able to articulate need
- Parents then enable GP (eg) to communicate – so health worker is able to do best job

SUMMARY THEMES

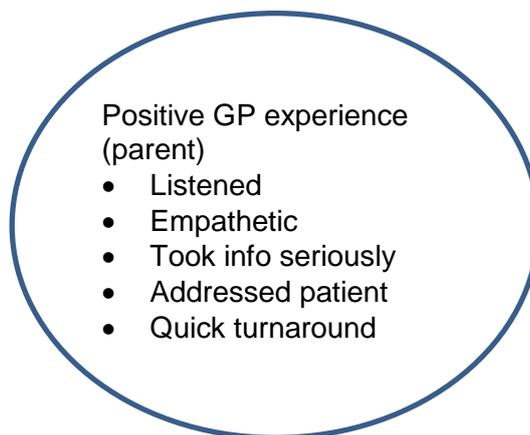
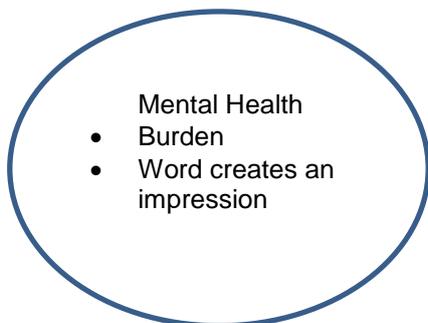
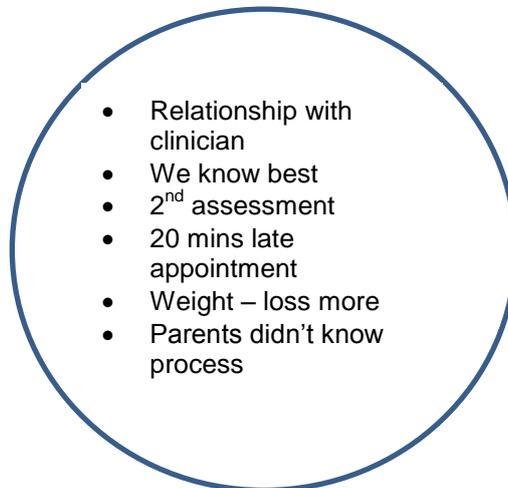
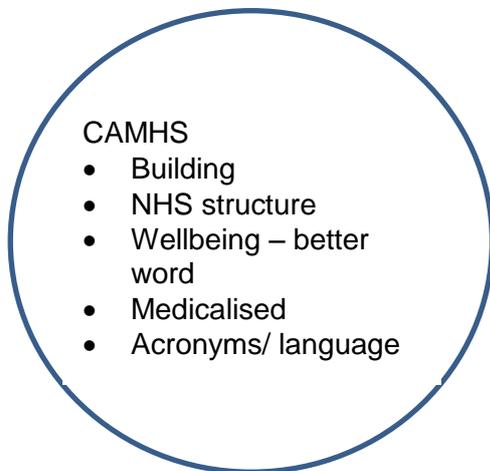
- ✓ Culture change (Stigma in communities, awareness, relationships in organisations and intervention)
- ✓ Communication (interpersonal, between clinician & people, social)
- ✓ Transitions (age, between services and recovery)
- ✓ System integration (leadership, integration ie: commissioning for connections rather than separate parts)

Tablecloths

Key:

- Stigma / culture
- Importance of contact/reception/experience
- Language/jargon
- Patient-centred —————> medical. Unprofessional behaviour
- Varied response NHS medical
- Lack of training NHS staff on NHS
- Waiting timeliness
- Parity of esteem
- Lack of info to patients
- Inter-dependent approach
 - What can the family do and work on, as well as the CMHT
 - Family
 - Person-centred approach
 - Parents marry with the child
 - Best person in the team to see the individual based on needs/personality
 - After school appointments
 - Why one team separated? Adult – children (as one team)
 - Co-located teams that work as one!

- Communication between teams means all people aware of each person's needs
- After session suggestions



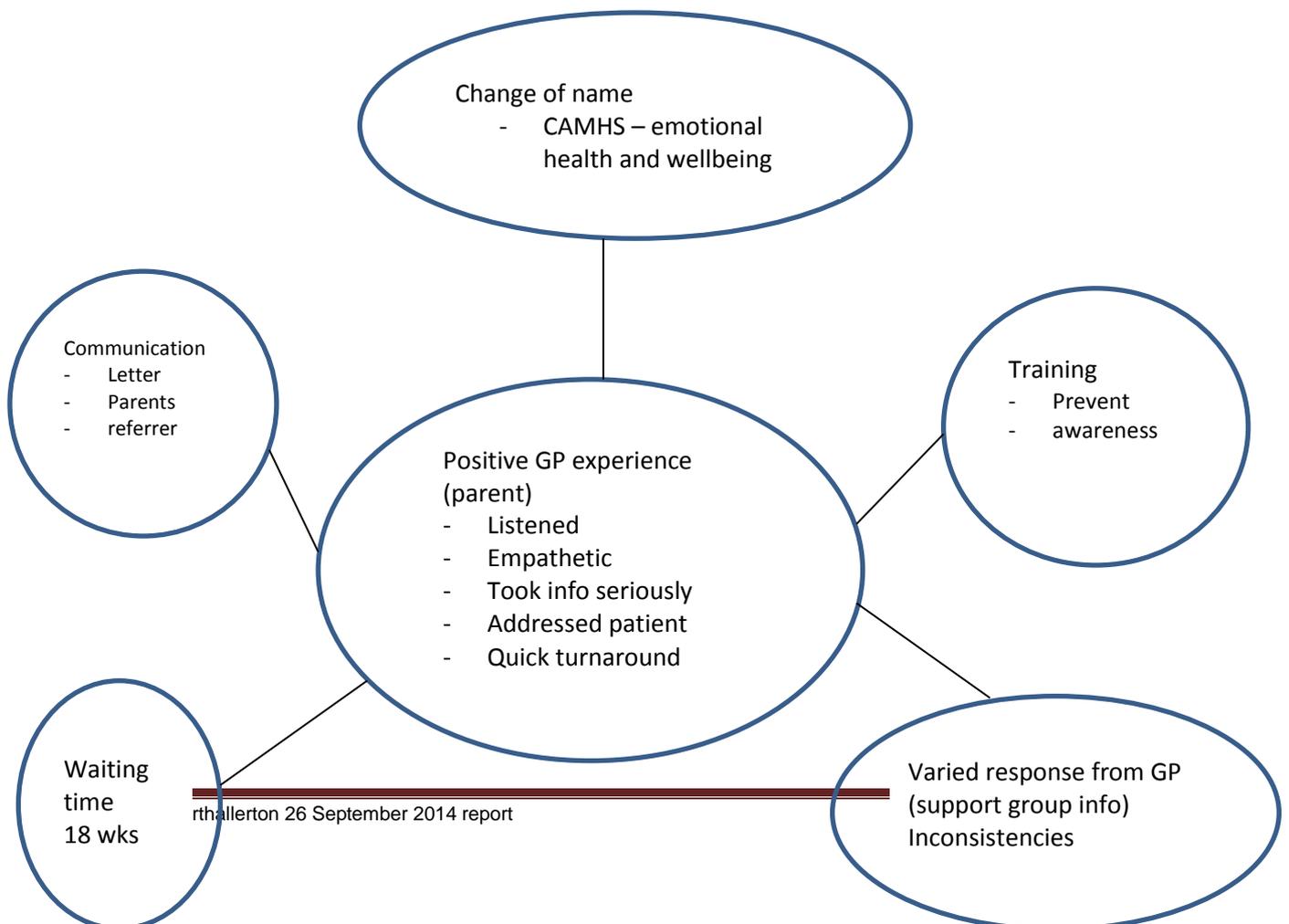
- GP weigh every week – parents didn't agree
- + after sessions
- Early intervention not CAMHS
- Supportive GP important. Good experience
- Relationships of clinician to child
- Varied response from GP (support group info – inconsistencies)
- Training – prevent awareness
- Parity of esteem
 - Mental/physical health as one
- Transition CAMHS to Adult MHS

- How to reduce stigma?



SYSTEM – works against rather than in support of service users
 CONSISTENCY – of support is more important in mental health than in clinical

- Early referral from GP
 - Timely
 - Surprised – no struggle
- Initial assessment
 - Involved mother and daughter
 - Daughter had separate sessions
 - Initial support good
 - Next assessment some time to talk separately with daughter about next steps
- More involved in sessions – know what to do
- Might have helped to have separate conversations



- Struggling – supported accommodation ongoing secondary services (male), couldn't get that (blockage), inability to get support. Don't fit criteria. He went down a different avenue/different path in life. Transition into mental health services
- GP Child protection Consultant
- East – West
- Careers services ???
- Signposting across services
- Commitment of staff – more than job
- Supportive
- Transition? Mental health vs clinical. Who is important?

Being early }	Schools/normalise Video clips (Scarborough video on YouTube) Where to go ReThink	{ For kids
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Low level Wellbeing projects in schools <ul style="list-style-type: none"> • Engaging at these levels • Structure with curriculum 	Low level <ul style="list-style-type: none"> • Parenting classes • 'extended family' • Family group conferencing (Australian) • ?informed generalists?
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Transition to adults = crucial – elide disparate criteria/eligibility

Housing

MARAC – multi-agency risk assessment
Except children to be referred to CAMHS
Problem solved!

Within NHS

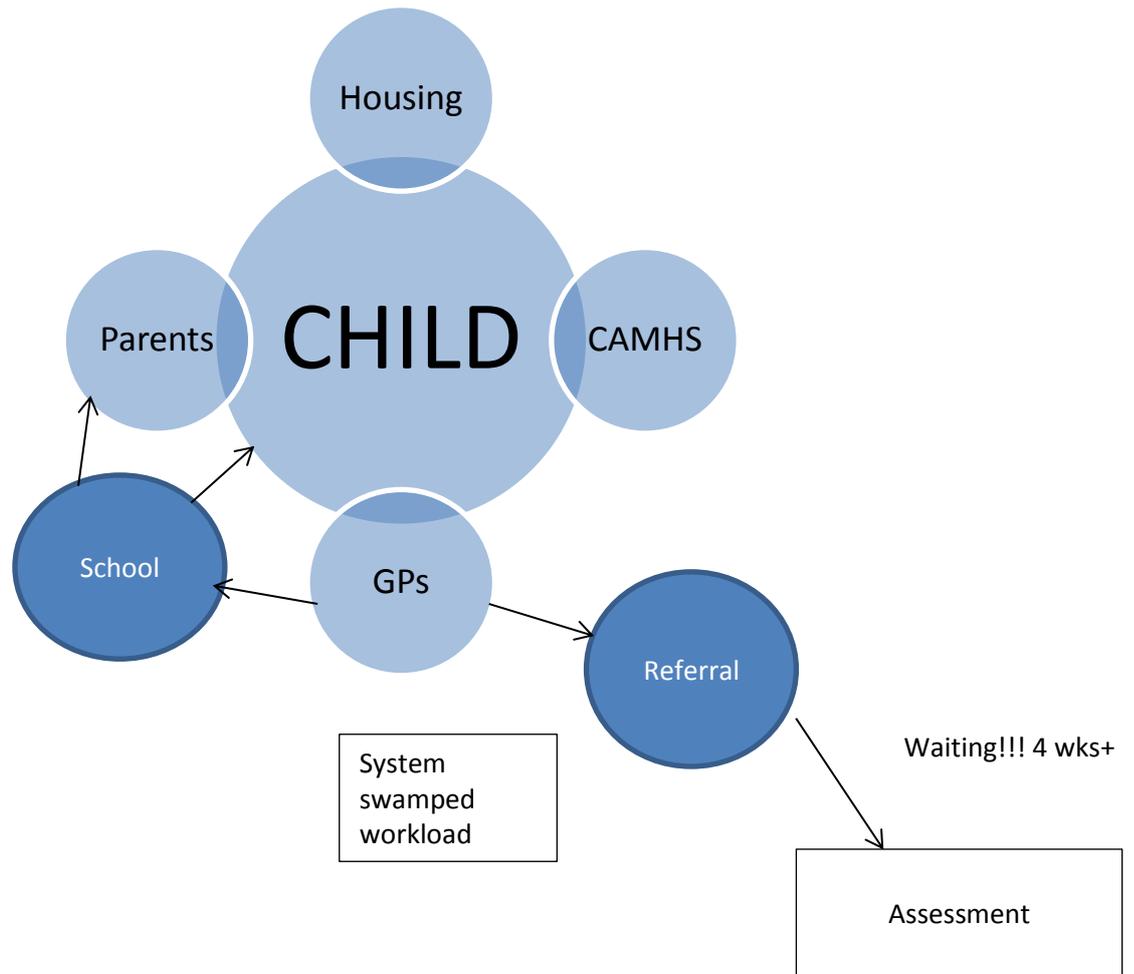
- Acronyms/language
- Mental = mad
- Tiers = specialist

- Get worse!! - gateway/exclusions
- 'you fit my process' (to child) – adults know better
- Why is there a transition at all

Perception/stigma/"issue"/"problem"
Ticking the box for thresholds

Services to manage labels

LANGUAGE



SESSION ON GENERAL MENTAL HEALTH SERVICES

Summary – key themes

- Healthy respect for the demographics, tailoring services to communities
- Not necessarily framework that needs to change but allocation of resources
- How do we know what's out there?
- Information, resources, directories
- One-stop shops – looking at health and wellbeing across the board
 - Moving away from 'medical' labelling
 - Integration at a number of levels
- Use of third sector to support people with more than just health needs eg: MIND buddying system in Scarborough A&E – some positive feedback
- Live feedback from service users
- Each patch involves Public Health
 - MINI index
 - Deprivation
 - Social and health care information and analysis of data – plans
- Feedback to those commissioning

Tablecloths

- GP lack of empathy and understanding
- Recovery College – 'wellbeing'
- What's your best experience as a carer – varied feedback from carers
- Regular contact – willing to engage. Access issues
- Early intervention, more cost effective
- Right intervention at the right time
- Numbers of psychologists verses number of patients they see on individual basis
- What we could have – not what we've always had
- Supporting the support networkers
 - Carers
 - Communities
- Access to information
 - Central source of information
 - Use of technology – an App!
- Primary care psychology
- Carers support
- Integrated health and social care crucial. Threat to integration currently – needs resisting.
 - Better understanding of service user needs
 - Comparative £ spend – local social care = very low. No further investment
- Challenges for commissioners to understand local population
 - Need to tailor services provided. Harrogate/Whitby
 - Single point of access to range of mental health services

- Developmental disorders/ASD
- Rebrand mental health centres – wellbeing or Living well centres
 - Less stigma in wording and whole community access
- Education – everyone is on a mental health continuum
- Open dialogue
- Support available Monday to Friday, 9am to 5pm – not much out of hours!
- Remove stigma of “the ward”
 - Open days for the ward
 - Change the name
- Positive ward experience – public stigma of the ward
- Isolation/inclusion – stigma
- It all joins up – person-centred sustained recovery
 - As part of my community
 - Safe to move on
 - Control
 - Opportunities being available
 - Acceptance
- Sustained recovery
- Medication – information – encouragement to develop health and wellbeing
- Finance – feeling more in control
- Overcoming fears – positive reinforcement
- Getting supported accommodation
- Open conversations with providers
- Good/therapeutic day services
- Long waits for service
- Support from organisations/professionals for peer-led initiative/groups
- Encouragement, empathy – talking/listening therapy
- Independence – understanding – knowledge
 - Honesty – getting the right treatment
 - Support – holistic approach – correct communication
- Acceptance
- Security – support staff – family/friends. Freedom – being treated as an individual. Staying alive
- Someone to talk to
- Improved confidence
- Inclusion
- Safety – especially when feeling unable to keep self safe
- Supported in doing new things

Summary – key themes

- Training of GPs and health professionals
 - Confidentiality
 - Flexibility with patient
- Carers
 - Initial support at early assessment
 - Lack of information and how to manage the system, especially for new carers and how to change mental health nurse (if necessary)

- GPs – integration and communication with other professionals need to be better
 - Transitions and gaps – 3rd sector
 - Physical and training role in plugging gaps
 - How to raise awareness of employers and to support service users and clients
 - Helpful to have welfare support in work place
 - Lots of issues with Ward 15
 - How to bridge the relationship between ward staff and community
 - Ideas and activities run by same person as in ‘outside’ community (continuity)
 - Transition to community not working well
 - Lack of support for carers – how to manage
 - Home Treatment Team – not always activated when needed
 - IAPT waiting lists – good
 - How information passed onto others – practical issue for PTSD
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- Stigma – community awareness, culture
 - Employers – when employers have good support and staff who put themselves as ‘service users’ and ‘carers’
 - What message can providers/commissioners give to employers (community & awareness raising)
 - Request to health professionals (eg: when appointments are cancelled and no follow-up)
 - It’s good.....
 - When it gets carried out/followed up
 - When you don’t have to follow it up
 - When basic admin etc happens
 - When expectations are well managed
 - What helps?
 - Psychological therapies – benefits for individuals
 - Really important and access to user matters
 - Family work
 - Issue is that waiting list is too long
 - Lives change and needs change. IAPT waiting list is not flexible enough.
 - **Crisis support** – not working well. Passed around. High criteria for ‘crisis’. Crisis line – purpose is to signpost not work with crisis.
 - Street triage – positive initiative supported by the Police.
 - Third Sector role & how money is focussed. Ability to work with statutory roles (Still need support and Third Sector often provides this).
 - GP and relationship with them
 - Communication between GP and Psychologist needs to be improved for some patients
 - Weekly script if overdose history

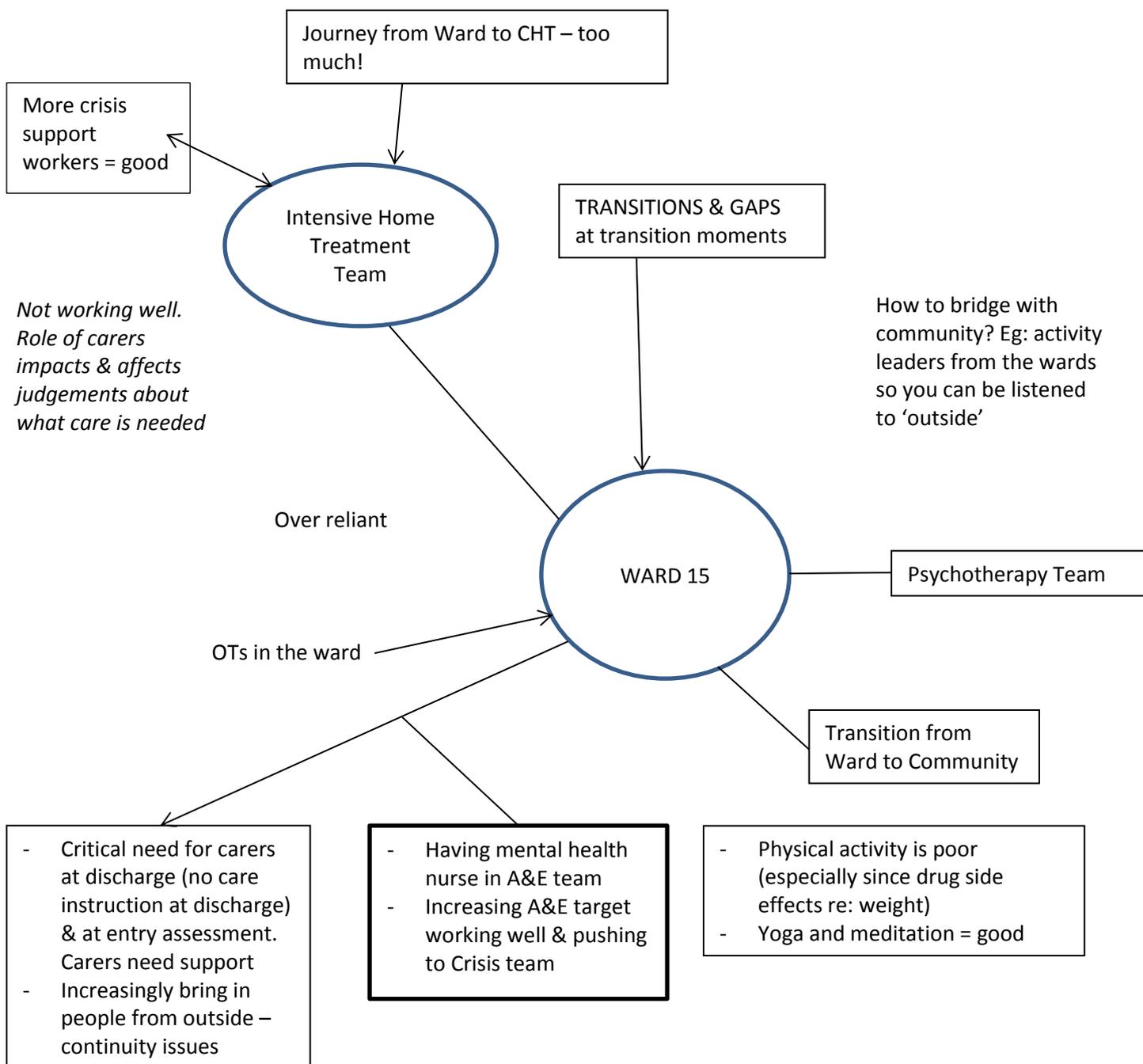
- A particular issue – PTSD having to recount and repeat story. This is unhelpful and what helps is when the story is passed from one provider to another so patients don't have to repeat it.
- Have the physical needs of a person with a mental illness being taken into account (“Passport”).

- Carers’ Policy and care
 - Need for carers to have 1:1 conversations with professionals
 - Continuity of relationship
 - How to navigate when you first enter the system
 - If unhappy with Care Co-ordinator – no guidelines for carers to change the relationship or the person. It would help to have guidelines
 - To assess for carer support should be considered at early assessment stage – not just focus on client
- What helps?
 - Social integration
 - Seeing the person – strengths and faults
 - The relationship with carers – trust
 - Central relationship – acknowledges the specific needs and tailors
 - Sound information
 - Importance of Co-ordinator
 - Perseverance – professional and service user
 - Openness and confidentiality
 - Power of Attorney on record (“Passport”)
 - When this is followed through
 - Ways of sharing information
 - Staff/family
 - What do we need to know to help us?
 - Family not seen as legitimate to be given information – why?
 - Staff training
 - Importance of seeing the person in their whole context not just being the care co-ordinator for the service user – families and carers also need relationships
 - Focus on wellbeing of both physical **AND** mental health
 - Staff confidence and training
 - Carer awareness
 - Communication
 - Confidentiality
 - Managing expectations eg: GP and Community Mental Health Nurse

Summary – key issues

- Sensitive locality commissioning – tailored to needs
- Quick and easy access re: waiting times
- Better and honest conversations between commissioners and providers
- Continuity in relation to transitions

- Specialist services – re: autism and Asperger’s
 - Importance of communities and their role in providing support and structure.
 - Commissioning – who is best placed to deliver what people need eg: Third Sector – communities, not always statutory or clinical services
 - Integration – single access route, single budgets, shared teams
 - Links with local communities
 - Linked health and social care budgets and teams and issue of psychological access – IAPT
 - Quality staff and organisational values to attract and retain staff
 - When commissioning strategies are tailored to local context in the area
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- Continuity through age ranges
 - Whole community responsibility
 - Third sector roles - and who may be better to deliver
 - Raising awareness in the community
 - Structure eg: MIND & community resources
 - Integration + £ - whose £ is it (health/social care) and the energy it takes to work out which proportion belongs where! The amount of energy in the fight to give. Examples of where it works well – partnerships
 - Transitions – CYP = transition centred. Needs to be prepared to developmental needs not age needs
 - Integration
 - Community based teams with diverse and integrated skill set
 - When IAPT and primary care mental health services are jointly commissioned – waiting lists quicker???
 - Continuity is good
 - Good investment in staff and valued
 - When staff training is a quality indicator.
 - People are valuable & therefore organisations need to attract re: leadership of service
 - How can Local Authorities influence health commissioning and assure holistic approval of allotments.



CONVERSATIONS ON DEMENTIA SERVICES

- Crucial role of carers
 - Training
 - Decision making
 - Strategies
 - Legal position – advice – consent
 - Staff – human, warmth and compassion
 - Culture & training for staff
 - Workforce – organisations + values + conditions which will attract good staff
 - Commissioning for a workforce – readdress for care
 - Role of social services and joint relationships
 - Psychology services – what do people need
 - Critical role of GPs
 - Training – relationship – front line staff
 - Balance of medical model v community model
- Rewards good practice care
- Social care training for mental health professionals
- Information & choice v risk
- Become a membership of Trust
- Works well when carers are involved and trained eg: to do interviews for mental health workers. Talks to trainees. Inspection validation visits. CQC inspections, mystery shopper etc
- Respect for carers – valued and listened to
- Canvas talking to trainees – I was included. I had a good solution
- GP – crucial role as starting point
- Legal aspects
- How do you want the culture and values of the Trust enacted.
- How to make sure people value training? Organisational Development and training re: values and cultures
- What helps you do your job and be attracted to jobs?
 - Supported by managers
 - Well-resourced and expectations good
 - Connected to the wider-world
 - Good career pathways & opportunities
 - Making the difference: awards – recognition and rewards, fun, thanks, community rewards
 - Training and opportunities investment
 - Organisation and leadership
 - Management
 - Are consistent with values
 - Leads by example
 - Mental health management & dual system

- Front line training for human skills
- Humanised communication skills
- Not fully integrated
 - Barriers
- Carers meetings on the ward
- System entry
 - Roles of service users/carers – employed
 - COGAR
 - Training embedding values and culture
 - Recruitment – humanity and warmth at restructured level
- When service user and patients are involved in training of staff at Colleges and Universities

- Commissioning questions
 - What kind of relationship do you have with service providers, users and training institutions
 - Support
 - Workforce development (eg: humanity and people skills)
 - Communication
 - Using organisational values in interviews, trying to gauge who people are as people
- Earlier input from social services would reduce length of stay
- Importance of training front line staff including admin & reception staff
- GPs are key to process
- Isolation
- Importance of clear but sensitive language
- Included (in decision making)
 - Had good solicitor – Power of Attorney advice
 - Advice to carers
 - TEWV pathway
 - Embedding the values training

- GP referral team (NHS)
 - Allocation – appointment letter to service user and carer (if implied consent) – referral for neuro imaging takes place at same time – service user may say don't give consent – risk assessment

- Carers involved in recruitment and selection of staff, “mock CQC inspections”, overview etc. “You're only as good as the worst thing you have ever done.”
- Negative – reduced input from North Yorkshire County Council Social Services. Positive – promotion of personal budgets
- Choice v risk = dilemma
- Payment for carers and service user involvement
- Humanity and warmth – how do we commission for these?
- Older people need neuro psychology but also psychological formulation with all eg: hoarders
- Lack of psychological services
- Psychologists tend to be based in a place. Don't go to the patient

- Importance of recruitment processes – quality of applicants
- Issues of confidentiality cause anxiety – need a common sense approach
- Feel MHSWs embedded in teams would help
- How does the assessment connect to some services eg: Care Homes
- Research
- How do we create the kind of working we need and involve service users – multi-working, warmth and humanity
- Poor relationship with CCGs in some cases – funding formulas!!

COMMENTS / FEEDBACK RECEIVED

DISCOVER! asked the question ***‘What is your best experience of mental health services and how can we do more of that?’*** Comments / feedback was received by a variety of methods including the DISCOVER! Postcards, dedicated email address and Twitter account.

Comments received (Hambleton, Richmondshire & Whitby specific)

- “Attending Centre Point mixing with members and staff and issues that trouble me. Helps to talk through with supportive staff. There are good arts and craft classes and computer groups to enjoy and trips out!”
- “Centre Point in Northallerton has been my life line for approx. 10 years. The place and the people have given me back what I had before becoming ill. I have also found skills that I didn’t know I had. It’s a place to feel safe and be able to be myself. Don’t think I could cope without it. The thought of it closing is very frightening.”
- “Attending mental health support (Centre Point). Socialising, art classes, trips away. Meeting up with friends, lunches and laughter, and of course the staff.”
- “We have had 3 referrals to Brompton House with my son before he began seeing a professional who has been a very important part of helping him overcome his anxiety and depression and keeping him safe. With this support he is now able to attend and succeed at school. My daughter has had 2 referrals and is now on medication for her anxiety which is helpful, but the CBT was not. She found the sessions with a hypnotherapist much more successful. We did try a family therapy session which was positive but the logistics of getting everyone together at the same time during office hours just isn’t possible, so we haven’t been back. On the whole we have found our interaction with Brompton House very positive.”
- “Firstly it is necessary to identify what type of mental illness is involved for each individual and then to treat and to provide after care appropriate to that illness. Do not lump all mental illnesses together and treat as one. Do not lump all people with one type of mental illness with others with different types, such as Mind do. This causes more problems than solutions. Only people with similar mental illness need to be grouped together to provide benefits.

Day care centres are/were a very helpful aid however these have been cut back / closed leaving many vulnerable people alone. These centres not only provided a change to routine to people with a mental illness but also allowed full time carers to either carry out some necessary duties for the cared one without home restriction or can even allow some respite for the carer for a few hours.

Problems with current day centre workers is that some do not appear to be trained or motivated in this type of work. Training should be enforced so that they

know how to occupy the minds of people with mental illness for the few hours they need to, although meeting old and new "friends" appears to be the main focus for and of the mentally ill.

People with mental illness don't judge, and benefit from listening to the experiences from those with similar problems. It allows them to feel safe, secure and allows building of confidence, all overlooked or dismissed in current day care centre considerations.

Due to closures of some centres it is now too far to travel and previously provided taxi services have stopped for some individuals, discrimination within your own organisation. The changing of people's attitudes is necessary to remove stigma and discrimination, but must start within. Government - (cuts), and society are the two biggest offenders.

These vulnerable people can lose confidence quickly and completely resulting in loss of ability to socialise and meet new friends or even old friends. So the day care centre is vital not only for helping these people forward but also to help prevent them from going backwards.

Most day care activities are group orientated which help people with mental illness to try some activities that they would otherwise not attempt, whether this being choir practise, pottery or day trips.

What is really needed is a trained activities coordinator who can entertain/motivate groups and individuals of varying ability and interest.

Key workers should be available to the individual at least once a fortnight carrying out 1:1 activities to further boost ability and confidence, and to also provide a welcome ear, providing some outside news and even a shoulder. The KW needs to be trained in the area of illness that would benefit the individual as well as having that "je ne sais quoi" which would allow individuals to open up and be comfortable.

Counselling: needs to be at regular intervals once every 2 weeks and only time interval to be extended if illness improves, but then reassessment needed to minimise downturns.

Physical illnesses also need to be taken in to account for all groups and sessions.

Mental Health records need to be made available at hospitals when these patients are admitted for physical ailment. Mental Health is rarely taken in to consideration both because Mental Health notes are kept away from physical hospital notes and Dr/nurses have a distinct lack of knowledge with Mental Health when they deal with physical.

NYCC Carers/carers resources both issue "carers cards" but both assume Mental Health medication is few in number and stable for an individual. This is often not the case with patients having many medications which can change

frequently making the cards fairly useless. A better method is required but i don't have an answer yet but i am thinking about a better system.

Medication: Even today's medications are only capable at best in providing a stable or as close to stable, condition for some of the time.

Research in to genetics, parts of the brain not functioning correctly or other parts of the body not responding correctly to brain instructions for chemical production/release needs a lot more work and appropriate new medication produced to achieve closer and longer stability.

By tackling only part of the Mental Health problem may tick a few boxes but will not really help to solve a major issue.

Both medication and care both need to be improved greatly to offer any real hope to those who currently suffer, those who will suffer at some later time in their lives and of course their carers and family.

This may be the first step of a marathon”.

General comments received (localities not specified)

- Support from all staff and other peers within the group. I've learned new skills and look forward each Monday to attend the group. Without all of the above I would probably be unwell mentally now.”
- “Enabled me to join a forum to use my voice. Confidence to do voluntary work in a charity shop.”
- “Really good to be able to access MHS for a chat to other service users & staff etc (crafts). You can improve this by making access free at the point of service ie: fund the place. Mental Health support does provide an essential service.”
- “I enjoy accessing mental health support to talk to other people and staff and to do crafts. It would be good for this service to be free of charge at the point of access. Being here keeps me positive.”
- “What is most useful is being able to meet in a day centre to get help if needed and friendship.”
- “Excellent follow up support after prognosis and care planning. For my longer term needs with chronic mental health problems – could avoid medical interventions.”
- “What works is when social services care co-ordinators liaise and communicate well with all parties. This leaves the ‘carer’ in the role of simply being a caring relative rather than filling in gaps in the care package provided.”
- “Skills for living very important. Not ‘one off’ demos. Takes between 30-90 days to change a habit.
 - Shopping on a budget
 - Low cost meals
 - Healthy food & snacks”

- Getting involved with creative community-based activities such as music therapy, starting a band and using a recording studio. To do more, I suggest providing more government funds so that projects are more accessible to everyone.”
- “Availability of local respite care is essential. Ability to contact a named support worker: rather than turn up at A&E when desperate. (Daytime) activities that reduce isolation. Involvement of families and other supportive organisations in an individual’s care.”
- “More use could be made of retired people with skills and experience ie: retired teachers. Could help with mentoring and liaising with employer when clients return to work or help teach new skills. Need to be appreciated though! Expenses paid / small wage?”
- “Once a label is given no-one looks for co-existing conditions that can contribute eg: other specialists should be involved like neurologists / immunologists at least once, at the beginning.”
- “Care co-ordinators could become more involved in the personal finances of each individual they are looking after. Get best value in care package. Discuss with carer any shortfalls. Make sure no financial abuse.”
- “Spoke to Care Worker in Essex who worked for private organisation (used personal budgets) she said that they always asked service users what their personal dream was and aimed to get as close to that as possible.”
- “Swimming, relaxation, socialising & meeting friends.”
- “Relaxation, arts and crafts, lovely staff.”
- “More innovation in research and links between mental health and physical health. Evolution of medicine summit (8-15 September). Role of epigenetics.”
- “Mental health support helps me to keep well. I love to meet my friends and staff and if I need to talk there is always someone to talk to. I enjoy the quizzes.”
- “Being a mentor for Hull and East Riding MIND. Great service.”
- “Clinical psychology at Pain Clinic with a clinician who taught me techniques to manage pain and be in control of my response to the chronic pain I was experiencing. Increased access to psychological services.”
- “Pay more attention to physical ailments.”
- “Efficient working in a way that gives wellbeing and progress cradle to grave.”
- “Joint working.”
- “Access to other services.”
- “Activity.”