DISCOVER!

Craven café: Thursday 25th June 2015

Workshop Feedback: themes and potential outcomes

Thank you for your attendance and input at this event.

All bullet points listed in this document are quotations taken directly from what was written on the tablecloths. They have been categorised under three general headings: communication & collaboration; wider determinants to mental health & wellbeing; and ideas to improve mental health services.

Communication & collaboration

Effective communication was a frequent discussion point and appeared to be a common route cause of many issues that were mentioned. Discussions sparked a general agreement that improving communication – on both an individual and organisational level – could be a big step forward in shaping and improving local mental health services. Documented below are quotations which were written on the tablecloths:

Enhancing communication on an individual/local level

- Establishing informal networks within communities
- Group meetings – sharing individual understandings; encouraging the experienced and inexperienced to meet with each other, developing an element of trust within communities, to operate in a comfortable environment
- Establishing a community navigation role to improve local communication
- Raising public awareness – positive mental health promotion in local villages where services may be difficult to access

Organisational (strategic) level

"Joint working is so important in developing Craven"

"Ensuring that all key audiences are reached"

- Create and take opportunities for sharing knowledge – via marketplaces, for example
- Encourage all organisations to publish an official Organisational Structure, so that people can gain clarity on what services are available, what is being commissioned, where responsibility for particular issues lie, what roles other people carry out etc. Craven in particular, for example, needs referral information – who to contact and what exactly is provided. This feeds into the process of collaboration.
- Improve accessibility to services by extending or making communication methods more thorough – we shouldn't just use online methods
- Improve circulation lists (for events and knowledge/current awareness) - it's not so much about the amount of promotional methods we use, but rather ensuring that all key audiences are reached
- Getting the most out of events and consultations: ensure backgrounds and relative information is communicated properly prior to events, to reduce vagueness surrounding its purpose and enabling more effective engagement with and from attendees
- Thorough cascading of information within organisations – improve communication in hierarchical settings to avoid information threads getting 'lost'
- Establishing and maintaining good relationships with the Police (and other services/organisations); liaison with Police Commissioners about implementation across North Yorkshire – review effectiveness of services, expensiveness and individual experiences
- Could North Yorkshire be more forward thinking? Using the Leeds models as inspiration, for example – establish links and relationships to share what works best
- Better sharing of information (more proactive and formalised) – including skills and knowledge

- We need to establish collaboration between agencies
- More joint/partnership working is needed, to enhance information sharing and the capacity for learning from other areas
- Training for non-statutory services (Police, schools, workplaces – awareness raising, and perhaps the inclusion of Mental Health First Aid training/drug training): communication via training which could produce consistent understanding and awareness across all domains

Verbal approach

- Warm & welcoming telephone staff (the 'little things' such as attitude & mannerisms of frontline staff can provide a huge difference in feeling encouraged to take that first step in accessing services)

Examples of good practice

- Clinical Commissioning Groups in North Yorkshire – good work; we could promote this & establish continuation of this work
- Healthwatch feed information to Horton Café
- Utilising the Mental Health Forum for effective communication and knowledge sharing

Wider determinants of mental health & wellbeing

Acknowledging wider determinants of poor mental health and indirect effects on wellbeing were often referred to, as a means of establishing root causes and targeting individuals and groups who may be more likely to experience mental health problems. Listed below are the issues and quotations that were written on the tablecloths:

Rural issues

"Children can be deprived of sufficient social contact from early on, causing problems which develop as they grow"

"Elderly people become socially isolated"

- Transport: bus route cuts in areas such as Helmsley have made it incredibly difficult to get to and from places, let alone access mental health services. This confinement can reduce quality of life, for children and the elderly in particular; children can be deprived of sufficient social contact from early on, causing problems which develop as they grow – deprivation, lack of social interaction. On the other end of the age scale, elderly people become socially isolated.
- Reducing loneliness & isolation: is it possible to establish a North Yorkshire steering group for this? It would also be useful to investigate funding, of a similar budget used for Horton Community Café - targeting those who are retired, and the elderly
- Could there be funding for a 'special' travel service?
- There is a need for more daytime activities for people with learning disabilities and mental health problems in Craven

Reducing stigma

"Anyone can suffer from poor mental health or distress"

"Services should promote acceptance"

"Person not age: separating the elderly and young people into separate services can be counter-productive in reducing social isolation and reduces community value"

- Terminology – we should be careful with words and labels like "illness", "wellbeing", "mental", and "health". They can be misleading and spark stigma, or assign labels, drawing attention to a 'difference' between those with mental health problems and those without. Wording should be chosen to promote acceptance.
- It is important to refer to mental health <u>& wellbeing</u> (rather than just focusing on diagnosis of mental 'illness', emotional support for people suffering from bereavement, for example, should also be focused on)

- "Person not age": we could encourage the elderly and the young to help and meet with each other – rather than just having 'coffee mornings for over 60s with mental health problems', or adolescent services, perhaps provide a service which can bring everyone together; separating the elderly and young people into separate services can be counter-productive in reducing social isolation and reduces community value

Ideas, proposals & potential outcomes for future services

From the group discussions, issues detailed above and personal experiences disclosed at the event, ideas were developed regarding: additions or improvements to current services, fresh approaches, and building on positive experiences of good practice.

Potential improvements to current services

"Improvement in crisis support is essential"

"Patients have had to use Police cells as temporary replacements for hospital beds – this is not acceptable"

- Improvement in crisis support is essential - (emergency telephone numbers)
- We could do with more support workers
- A more frequent drop-in service would be helpful
- Capacity (not enough beds; patients have had to use Police cells as temporary replacements for hospital beds – this is not acceptable)
- We need a wider choice of talking therapies
- Services need to be made more accessible, particularly in rural areas
- Access to mental health services is very quiet, in the mental health team at the Craven Centre – how do we improve this?
- Consistency when seeing GPs: *"seeing different Doctors each week slows the recovery process and makes it harder to open up as you need to find the courage again to explain your problem from the beginning ☹"*

- Mental Health services for older people need to be increased/made more appropriate as there is a perception that disproportionate emphasis is placed on adult mental health services

New ideas

- Single point of contact = good, single point of access = ineffective
- Use of the Carers Resource to feed into services
- Tees Esk & Wear Valley (TEWV) Recovery College to include older people & CAMHS transition?
- Clinical Commissioning Groups to commission the NHS Mental Health Service provider to be the mental illness treatment centre & abide by Mental Health Act duties; to be commissioned as the Recovery College Provider?
- Rural Community Support Groups where inclusion is at the centre, helping to eliminate stigma
- Gain resources to access services that are not provided by statutory organisations – this will open up more choice

Tailoring services (person-centred approach)

"Craven is different to other areas, and each area is different from one another, therefore we need local tailored services"

"Supporting the individual seems to be the most important part of recovery"

"Choice is a prerequisite of a person feeling they have some control"

- Mental health care for individuals with learning disabilities – accommodated from mainstream services or a separate tailored service?
- Dual diagnosis of learning disabilities & mental health – the two often become disconnected, therefore a 'dual diagnosis' may be more effective
- Drug & Alcohol mental health services
- Person-centred services

- “Craven is different to other areas, and each area is different from one another, therefore we need local tailored services”
- “Supporting the individual seems to be the most important part of recovery”
- “Choice is a prerequisite of a person feeling they have some control”
- People with learning disabilities need better access to mental health services

Attitudes & approaches to service provision

“Rebalance the domination of psychiatry power/control over service users”

- The use of bottom-up and top-down approaches
- Rebalance the domination of psychiatry power/control over service users by means of giving the responsibility for WRAP/CPA back to service users/carers
- Safeguarding is essential for vulnerable individuals but it shouldn’t be looked at as a back-covering/shifting responsibility by individuals or organisations
- People with learning disabilities and mental health conditions: there is an evident need for joint working between CPNs and Community Learning Disability Nurses
- “Holistic approach is required”
- There needs to be more of a link between mental health and drug/alcohol consumption: dual diagnosis
- The medical model of health is important, but we need to also look beyond it
- Recognition is needed that addressing and funding mental health support is in line with government priorities regarding the promotion of employment and economic growth

Examples of good practice from personal experiences

- New Personality Disorder Unit in Airedale → increase in tailored care
- Good example: AWC hub – 'speed dating' session
- Moor Lane, Burley Wharfedale Hospital: "wonderful support, lots of appreciation to that service. It provided something better for people on the streets, reducing drug consumption and crime - could it re-open or could something similar be commissioned?"
- Bradford District Care Unit (new Personality Disorder unit) – positive decision-making and a strong evidence base
- First Response (community mental health teams)
- Patient Participation Group (PPG)
- *"Seeing a Psychiatrist who worked with the elderly helped considerably because it was a flexible service; if and when, not strictly structured. This gave me personal control, rather than service control"*
- Implement support/clinical supervision for carers
- Create more befriending services
- *"Making one feel they are moving in the right direction"* (Lynfield Mount: for personality disorders – mixture of EPG, physical, nursing staff)
- Social prescribing
- Mental wellbeing is important to the economy (mental health & work). *"A good example of practice is the Mindful Employer Charter"* (can this be extended?)
- *"'Stepping Stones' is a good project"* – there is a need for more daytime activities for people with learning disabilities and mental health problems in Craven
- Strong and committed VCS – sustainably funded by commissioned projects & delivery service

Wider training

- Wider awareness of drug & alcohol misuse (via Drug Train). More roles should be equipped with more mental health training (Mental Health First Aid, Applied Suicide Intervention Skills Training, etc.)
- Training workshops

- training for non-statutory services such as the Police, schools, workplaces – awareness raising

Inspirational written work

- Work by Seamus Breen – informing and inspirational work, such as the Health Service Journal

Summary

At the end of the session, thoughts were gathered onto a separate sheet collating the key themes and issues identified by each table, from what was discussed throughout the day:

- Terminology
- Organisational clarity (who does what?)
- Communication (in the public and organisationally)
- Transport
- Refocus on “health” rather than “illness”
- Good practice & learning from other areas
- Joint working & partnership (systematic – learning disabilities, drugs & alcohol)
- Single point of access – NO; single point of contact – YES
- Mental Health training for non-statutory services (Police, schools etc)
- Safeguarding (to drive good practice)
- Informal/local contacts
- Co-location – one stop shop
- Giving control to the individual, rather than the service