

Community Mental Health Services, Priorities and What Matters to You?

Report

Introduction

On the 19 April 2022 Janet Hayes, (HSCP Adult Services - Head of Planning and Performance) welcome attendees to the first of three Locality Engagement Forum's (LEF's) online Citywide Engagement Sessions. This session focused on Glasgow City Health and Social Care Partnership (HSCP) Community Mental Health Services and priorities along with an open discussion on supports and services in the community. The points raised through discussion, needs highlighted and concerns noted will contribute to the new Glasgow City HSCP Strategic Plan 2023 which is presently being reviewed and updated.

Community Mental Health Service and Priorities - Colin McDonald (HSCP Head of Adult Service South) and Beverley Grantham (HSCP Community Service Manager South)

Colin introduced the session with a summary of the range of Community Mental Health teams and services provided in Glasgow:

- 3 Primary Care Mental Health Teams (North West, North East & South)
- 10 Community Mental Health Teams
- 3 Crisis Teams (North West, North East & South)
- Online Cognitive Behavioural Therapy (CBT)

The assessed services and interventions provided comprised of Dialectical Behavioural Therapy (DBT), Mentalisation-based therapy (MBT), Bipolar HUB, Peer Support, Therapeutic Group Work, Carr Gomm support services and psychotherapy services.

Colin highlighted the wide range of staff in the multi-disciplinary teams including: Consultant Psychiatrists, Junior Doctors, Nurse Team Leaders, Staff Grade Psychiatrists, Occupational Therapist, Community Psychiatric Nurses, CBT Therapists, Psychologist and Administrative support. He also briefed the session on a nationwide staffing shortfalls and vacancies of consultant psychologists in particular, recruitment and retention issues relating to all staff positions and the fact that we have an ageing workforce which is a major concern. The HSCP is working closely with Higher Education institution in order to fulfil future staff requirements. He described using colleagues such as phlebotomy service, pharmacy, peer support workers and technology in order to make the best use existing staff resources.

Colin was interest in participants views on the current staffing make up of Community Mental Health Teams – is that what they should look like in the future or is there other disciplines or staff required to meet the needs of patients, service users and carers?

Beverley advised that during the Covid pandemic services had to adapt due to restrictions however Community Mental Health Teams remained open throughout and continued to provide services - prioritising the most unwell and vulnerable patients. Teams utilised digital platforms where necessary, home visits as required and maintained crisis responses services. In the early days of the pandemic some staff were temporarily redirected into wards in order keep front line services such as hospitals open. Community Teams are now back to full staffing levels as they are essential for discharge from hospital, supporting and maintaining people in the community.

It was noted the two, now permanent, Mental Health Assessment Centres opened at the start of the pandemic and have proven to be great asset to colleagues, partners and patients adding the 'robustness' to the service.

Beverley detailed the priorities for Community Mental Health service as:

- Rebuilding Community Mental Health Services
- Maintaining and building on staffing profiles – looking after the welfare and upskilling staff
- Monitoring waiting times from referral to assessment to treatment which had slipped during Covid. Aiming get back to referral – assessment – treatment/service within 28 days
- Restabilising health clinics – making them more robust and looking at the diversity of delivery to include phlebotomy staff, physical well-being etc
- Improving access to peer support workers with lived experience
- Delivering access to employability services ie Restart programme, Occupational Therapy support, supporting people to remain in employment
- Working in conjunction with 3rd sector providers to support the community – partnership working

What Matters to You?

Janet Hayes opened the session up to comments, questions and experiences.

Discussion 1

A participant highlighted the struggle to get access to services if you are living with a personality disorder – clinics removed during Covid, very little support for people living with a Bi-polar condition. Only certain types of personality disorder seem to be treated. GP's don't want to know issues faced by patients and they also don't know what supports and services are available in the community. The benefits agency and DWP are really difficult to deal with leading to economic issues/difficulties and the advocacy service not available to people affected by a personality disorder. People are left to 'get on with it themselves'.

Colin acknowledged that it has been a challenge for everyone during Covid and some people can 'fall' between services. Community Mental Health Teams strive to achieve recognised service standard and its essential the staffing shortage is addressed. A Consultant Psychologist had been seconded to the Scottish Office to look at this particular concern.

Gordon McInnes, Mental Health Network Greater Glasgow, (MHN GG) advised that the Mental Health Network supports a Personality Disorder Diagnosis Reference Group aiming to reduce admissions and look at how best to meet needs with community based supports – What would services look like? He welcomed anyone in the meeting to contact GG Mental Health Network to get involved. Contact gordon@mhngg.org.uk It's important to hear the voices and experience of people who are socially marginalised living with long term conditions. Beverly added it's important to have conversations where services are not meeting needs.

Discussion 2

The second discussion centred on the points raised by a parent carer whose teenager is about to transition from children's service to adult services and so far there has been no information on how and when it will happen or what and where service will be provided. This young person has an autism diagnoses, has behavioural issues, self harms, has attempted suicide and has been further distressed by Covid restrictions. The family were initially assessed as not needing a service however services are now in place. This contributor felt that services were very 'fractured'; concerned the length of time it takes to get a CAHMS assessment and even longer time to receive a service and was disappointed that during the presentation carers were not mentioned once. Carers are critical to the success of any care plan.

The difficulties experienced by this contributor were present before Covid and there has been no progress or improvement. It's hard when your son/daughter is rejected by services on numerous occasions.

Colin agreed a 'joined up' approach is needed both ends of transition – young people to adult services and adults services to older people's services. Transitions are challenging in Glasgow due to the size of the organisation however the whole system need to work better. There is early work going on just now looking at neurological pathways and how they can be improved.

Gordon added that carers was very important and advised that Glasgow Association for Mental Health (GAMH) had been commissioned to develop information resources for carers. Gordon advised there was two Carer engagement session are scheduled – online on 4/5/22 and in person session on 28/4/22. If anyone was interested in getting involved in this engagement opportunity contact gordon@mhngg.org.uk

Discussion 3

Another carer contribution focus on lack of support and services in NW Glasgow for carers looking after someone with dementia – you have to travel to Bridgeton or South Glasgow for support. They also worried that an assessment was carried out on their parent who was at the time affected by dementia and aphasia and was not able to fully take part in the assessment. She agreed with the previous discussion – there needs to be a more ‘joined up’ approach to service delivery.

Colin agreed that working with and supporting carers carry out this vital role was crucial. How best do we engage with carers so that we can consider their views and concerns?

May Simpson (HSCP Community Engagement Officer) agreed to contact Anniesland Cares Centre as in relation to support for carer as follow up.

Support in the Community – Gordon McInnes (Mental Health Network Greater Glasgow)

Gordon gave a brief overview of the work of Mental Health Network Greater Glasgow (MHNGG) who provide information, support and capture people’s lived experience to contribute to improving mental health services and support for individuals, families and carers. He noted that since the pandemic it appeared to be a fractured picture with less face to face interactions.

What kind of support should be in the community? Is there specific local needs? What kind of support is available – peer, family and carers support? What’s missing in the community?

- There is a need for more men’s groups to encourage men to talk. More funding is needed to start up and run men’s groups.

Gordon agreed that Men’s Shed and community men’s groups provide valuable peer support.

- More support and groups for both those affected by dementia and their carers. There is a lack of communication and information. Carer’s Centre should be more proactive and raise awareness in the community about the services they provide; should send information/new information to known carers and provide an annual phone call to check in on carers.
- Margaret Lance (Waverly Care) works with people affected by mental health concerns – elderly people - isolated and lonely. Elderly people caring for someone affected by poor mental health are often overwhelmed trying to navigate the system, trying to get an GP appointment just to have a conversation, trying to get through on the phone etc. It puts people off seeking support. Caring is hard on an individual and just talking about it is hard. There is a need to raise awareness about mental health and carers services and easier access to these services.

- Support and services have to be community based care and it has to be in your community. More multidisciplinary team based in communities so people don't have to phone round 4 –5 people to get support and services for the whole family as the whole family is affected if you are living with someone who has poor mental health. There is now more reliance on families to provide support and the whole family is affected however everyone's needs are supported by different teams in different locations. Services are fragmented, centralised and remote.
- Direct contact – person to person service provision is missing. Some people find it difficult to participate in groups and need individual peer support in the community.
- People have to be part of discussion when looking at what services are needed in the community.
- Access to information – there should be one data base – there are many websites and this is creating a barrier.
- The HSCP should use people with lived experience to learn from us.
- Information and support for people about employability and helping people back into work. There is the Restart run by GAMH but funding is only for 6 months.
- Navigation through the HSCP system to get a service is difficult. More services should have open self-referrals rather than having to go through a GP or a third sector organisation. Is there no self-referral because of resources not meeting demand or lack of resources? We should also make greater use of Community link Workers.
- Services are running at half speed - half the service. The length of time a person has to wait to access services is too long
- Jackie Shearer jacqueline.shearer2@ggc.scot.nhs.uk is working on developing an Art strategy for new Parkhead Hub and is keen to capture people's views on the art in the new Centre through creative art engagement sessions

Summary and Next Step

Janet advised that additional monies for Mental Health services and support was being provided by the Scottish Government but at this point the amount allocated to each HSCP and what the money has to be used for is still unknown. The HSCP want to continue this conversation with individuals, carers, community groups and third sector with an interest in mental health in order to influence mental health priorities.

Colin MacDonald noted the number of comments though out the meeting relating to better co-ordination of services, one stop shop/hub etc and also wondered how we could set up a self - directed group in the community. Could the HSCP facilitate this? Maybe a future engagement session could focus on Maximising Independence model which promotes better co-ordination.

Janet Hayes agreed it was a good information sharing session with lots of points raised which should be explored at future engagement sessions. Points noted for further discussion include:

- Accessibility
- Community resources
- Communication and information
- Co-location of services
- Carers supports and services
- Transition

Janet assured contributors that individual feedback/contacts would be followed up and that the presentation would be circulated with the report of the session. She finished by thanking presenters and participants for their involvement and valuable contributions.