Changing Minds

Glasgow City HSCP
Health and Social Care Partnership

MENTAL HEALTH NETWORK

North West Locality - Let's Talk About Mental Health Engagement Report
- ### 5 Year Mental Health Strategy and North West Priorities

Introduction

On Tuesday 30 January 2018 in Partick Burgh Hall over 120 representatives from the NW Locality Engagement Forum, 3rd Sector Projects, the wider community and interested individuals participated in an engagement session focusing on the newly published draft 5 Year Mental Health Strategy. Colin McCormack (NW Locality, Head of Adult Services) presentation detailed the current demand for services, present and future challenges, proposed overall reduction of inpatient services and set out the 'need for change'.

He gave details on the shift to early intervention and prevention, a recovery focussed approach with increased community based support and self care in partnership with the third sector and community organisations. Colin responded to issues and challenges in relation to unscheduled care and emphasised the Strategy sets out the 'general direction of travel' and assured the audience that there would be further opportunities for engagement and discussion to develop the detail of the Strategy.

Discussion groups comments on the 5 Year Mental Health Strategy

Reduction in inpatient services - each of the eleven discussion groups expressed concern in relation to the proposed reduction of inpatient beds especially with increasing demand for services. There were a number of comments on the need for investment in community services in order to bridge the gap and *'get community service right before the beds close'.* What services and support would be in place to support people in times of crisis?

3rd Sector/Community Services - 3rd Sector resourcing was also a topic that many of the groups discussed with the typical comments being '*if they are to be a partner they need to be resourced'* and there were some worries that the voluntary sector didn't always have the expertise or capacity for the tasks they are being asked to provide. Investment in existing 3rd Sector providers in order to provide some of the proposed services (Crisis Cafe, Step down support etc) was seen as positive along with 3rd Sector involvement in developing the Strategy.

Crisis Cafe - the majority of the discussion groups liked the proposal of a Crisis Cafe. There were many suggestions on what the crisis cafe could provide - ranging from a one stop shop which provided a range of services from welfare benefit advice, housing advice, a relaxed atmosphere, health and well being sessions etc to an alternative to A & E. This service would need to open evenings, during the night and at the weekends.

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Funding - was a topic discussed by all of the groups. The 'new 800 staff' across Scotland was broadly welcomed however many people questioned *'why funding cuts when services needs continue to increase'*.

Young People - there were a number of comments recorded about services for young people and it was hoped that the Strategy took this into account. Many were concerned to hear about the impact an Adverse Childhood Experience (ACE) could have on a person's mental health. It was felt that there were not enough services or support groups for 18 – 26 year olds, earlier intervention and support is essential and that transition from children services to adult services needed to improve. It was noted that young people in care and those dealing sexuality issues were particularly vulnerable groups. A similar event to this should take place in schools which allows young people to participate and be open about mental health.

Engagement and Involvement - it was a *'good idea to have events like today to discuss how people want the service to look like and have their say'* and it was *'good that it (the Strategy) is not set in stone'*. It was felt that *'listening to service users more who speak from their own experience'* would be beneficial to the development of the ideas and proposals in the Strategy and it was hoped that there would be more public involvement in the changes. It was also seen important to feedback on how the engagement has influenced changes

Access to Service - a number of the discussion groups commented on 'access to services' as an issue and some believed that *'access to mental health services are behind physical health service in NW Locality'*. Many health and care professionals don't know what services are available and that there was a lack of information about what is available for service users. It was felt that the referral route from GP's needs to be improved and 'easy in' referral back into services would improve access and prevent crisis.

Hospital to Home **-** supporting the transition for hospital to home was seen a crucial in terms of recovery and 'keeping well'. There were many elements identified to ensure the transition was successful including – all the right people/agencies involved at discharge planning, well resourced community based services, step down services, information on services and knowledgeable workers to able to sign post effectively, peer and social support options, appropriate housing options and support.

Early Intervention - the discussion groups welcomed the emphasis in the Strategy on early intervention and focus on recovery.

Tackling Stigma - working with Campaigns such as See Me and more work around stigma, prevention and raising awareness in the community would be beneficial to developing a supportive inclusive community for all.

Priorities for NW Locality

Identifying the priorities for the North West Locality echoed some of the discussion points captured throughout the day.

Support in the Community
- More support services in the community – need to have a range of options where people to get support from – social, peer support groups, training opportunities, drop in cafes, advocacy services, respite care options, housing and welfare rights advice etc.
- Supporting people build resilience and taking control/ownership of themselves is a better use of resources and promotes keeping people well in the community but in order to sustain good health there has to be social support and network of opportunities.
- Reaching out into communities and developing services within the community to meet the needs of those living in communities – *'the right help by the right people at the right time'.*
- Social Work teams only provide funding for specific types of training however many groups want capacity building and other types of support.
- People should have a space and place to feel safe in communities – a place for people to go to with activities an able to distract you from your health issues.
- Ensure here is enough support in the community and in place for that individual on discharge from hospital.

3rd Sector/Partnership Working
- Build on partnership work with 3rd sector projects. Clubhouse opportunities are a good way to aid and support recovery – for example a project called Mosaic (London) offer clubhouse opportunities during the day and developing crisis cafe during the night. Also can we make better use of existing projects and resources that have a service or programme from 9.00- 5.00pm – these projects could get funding to extend their opening hours/support to the evening or overnight.
- GAMH used to run lots of Link Groups but funding was cut – similarly the Scotia Club got their funding cut.
- GAMH support is limited to six months – when discharged there should be an easy route back into services if health deteriorates.

Person Centred Approach
- More emphasis on a holistic approach.
- Personalised Recovery Plans for individuals – with goals that are specific to that person. Anticipatory Care plans would also be useful.
- More support after diagnosis and explanation of why things are happening to you and reasons for the treatment etc. A link worker to help individuals and families navigate the system would be helpful.

Awareness and Training
- There is a lack of awareness of Mental Health services and support amongst GP's and HSCP staff – needs to be better signposting. Sometime GP's do not have a full understanding of family issues and concerns.
- More training/awareness for the 1st responders i.e. Police re suicide calls.
- Training and support in Mental Health for 3rd Sector support services.
- More awareness of Advanced Statement and Named Person.

Information
- A peer support directory needed - know what's on your doorstep, map of services, what's available, promoted in the community.
- Information Hub providing information on alternatives to statutory services - inconsistency across areas makes it difficult to understand and navigate services.
- People being connected – isolation is a huge issue

HSCP Services
- Better partnership working and communication between teams i.e. learning disability/mental health, addiction/mental health
- Link in with GPs and have outreach workers who can signpost/access GP Link Worker
- There were concerns around reducing and withdrawing the supports provided by the Community Mental Health Resource teams. Also people can't self- refer to the CMHT – people become more unwell the longer it takes to access services.
- More specialised teams needed i.e. borderline personality disorder.
- Need to improve waiting time for services i.e. CAHMS, Enable, Esteem and some community organisation etc.
- Not enough support for families who have complex mental health issues further compounded by diagnosis of autism or aspbergers – these should be addresses as developmental issues not mental health ones.
- CPN's are overstretched – resources needed to increase capacity

Out of Hours Service
- Tranquillity House – a drop in centre open during the night is a good idea – sometimes you just need someone to talk to (not a family member)
- Avoid A & E - general area needed at crisis point as there were a number of concerns about out of hours services.
- The Out of Hours service needs to be better resourced as they often pass referrals back to the support staff/3rd Sector to provide the support rather than providing a service.
- Breathing Space provides good telephone support service.

Alternative to Hospital Services
- Step down services, transition 'pathway of support' and a place of safety out with hospital services is needed

Question and Answer Session

Before moving on to the second half of the session Colin McCormack responded and discussed a number of questions and points raised. He assured the audience that there should not be gaps in the Out of Hours Service and there should always be access to medical support.

He described the research and analysis that was undertaken in order reach the conclusion that Greater Glasgow and Clyde had more inpatient services compared to other similar urban communities (London, Liverpool etc). People can be cared for more appropriately in the community and sometimes people can get 'stuck in the system and don't move on' from hospital. Colin advised that at present the inpatient beds are 100% full most of the time but we should be aiming for 80% occupancy as this would then allow us to have capacity to support people in crisis.

He agreed it was important to get back home safely. Early intervention and more options of support in the community would help prevent mental health crisis and minimise the need for hospital admission. In response to a question about Recovery Cafe details, Colin advised that it would not be the same as a day centre or Recovery Cafes run by addiction service, but the HSCP would work with the 3rd Sector to develop a Recovery or Crisis Cafe to meet the needs of Mental Health service users.

The final point raised was the need for a greater understanding within the general public about Mental Health in order break down barriers and the reduce the associated stigma.

Mental Health – Patient and Service User Feedback Presentation

Stephen McGuire, Mental Health Network (Greater Glasgow) described the engagement and findings, carried out by Mental Health Network, on the Mental Health Strategy 2017-2027. The key findings for the engagement were:
- The document itself to bureaucratic, cumbersome and not accessible. A podcast or CD should be available.
- When powers become fully devolved to Scottish Government - policies should take into account the views of the mental health community.
- More interventions and holistic therapies should be used to reduce and compliment prescribed medication. More money should be put into these types of services to reduce waiting lists and conduct a comparative study to compare value for money between prescribed medication and a holistic approach.
- Service users were pleased that the Strategy is being reviewed every couple of years.
- Suicide needs looked at more fully but the Strategy is heading in the right direction.
- More First Aid training and more information available to the general public.
- There is a high expectation from Service Users in relation to this document that there will be visible and notable improvement to Services**.**

Carers Support Presentation

The focus of the presentation by Shelley Paterson, Glasgow Association of Mental Health was about unpaid mental health carers and the invaluable role that they often play in supporting someone with a mental illness. Carer identification, however, can be challenging as carers don't recognise that they are a carer and staff often lack awareness regarding carers issues.

It is important that carer engagement training is provided to staff to help carers to be identified. The conversations that staff have with carers are incredibly important and may

help carers access vital support at an early stage which will benefit both the carer and service user.

Being a carer for someone with a mental health problem presents with particular needs and issues. Shelley's input highlighted some main points in the Carers Scotland Act (legislation being introduced in April 2018) and the duties this places on local authorities and health boards.

She then advised the audience of the GAMH Carer Support Service - a unique and condition specific service which is part of Glasgow Carers partnership and the opportunities and support available to carers. This includes advice and information, training and learning opportunities, peer support, peer mentoring and tailored respite.

Shelley ended her presentation asking the audience that when they next meet a carer will they take the time to ask them how they are, listen to what they have to say and then if appropriate , make them aware of support available and direct them to GAMH Carers Support.

Workshop Discussions

Carers

The audience found the carers presentation very informative and there were a number of common comments gathered relating to carers and carers services.

- The role of carers needs to be included in the strategy. It was felt that in general **carers were not listened to and not included** in the planning of services for the person they care for. It was felt that it was essential that carers were involved especially when care packages are being discussed (including hospital discharge) and that confidentiality should not be used as a barrier to communicate and engage with carers.
- There should be **more information, advice and support for carers.** In particular for older carers support services such as respite to give carers a break and more knowledge on how to access services.
- **Carer's awareness and services training for GP's and HSCP** workers would help staff 'recognise carers', improve signposting and encourage carers to access services for themselves.
- A number of groups suggested **a carer's service or support specifically for carers who cared for someone with poor mental health** where they can meet other people who understand issues and challenges.
- It was felt that **support and assessment/review of carers needs should to be ongoing** - not only just in the 1st meeting.

Other points noted were:- advocacy service for carers should be provided to support carers access the services; referral pathways and decisions should be followed up and more direct carers engagement.

Support in the community

There were a number of common concerns noted in the group discussion including:

- **Improved communication between all agencies** including housing and GP's, would be much more helpful. It would also help if services got to know what each other does. Also when agencies have to cut support they can let others know this and avoid crisis for the service user.
- **Care managers are essential to make the journey better** and improve input from all of the partners involved in care package.
- **More support and funding for the 3rd sector is essential.** There are good voluntary sector projects for people with mental health problems but projects spend a lot of staff time trying to secure funding. Funding should be long rather than short term.
- **Enough staff and qualified staff** to support people to avoid the use of agency staff. Also they should employ people who have experienced mental health problems – a buddy system can help to support people with mental health problems in the workplace.
- **Awareness and education** of the wider community (NIMBY) is essential.
- **Peer support** is essential and invaluable for many service users.
- **Loneliness and isolation are big issues** for people with mental health problems and they need somewhere to go and something to do. The loss of services such as the Charlie Reid Centre, the Scotia Club and the Broomhill Drop In has led to people with mental health problems becoming more isolated. Only one Clubhouse is left in Glasgow now i.e. Flourish House.
- **Volunteering and helping other people with mental health problems is beneficial** but volunteers need to be well supported, with staff members able to stand in when needed.
- The **importance of Welfare Rights Officers** was noted - especially as Welfare Reform has had a negative impact on mental health service users.
- Services should **empower people, build up confidence and offer personal development** for people with mental health problems and addictions.
- **Good examples** of support in the community include - NHS Restart, Gal Gael, Boomerang, Men's Sheds and Glasgow Minds.

Self Directed Support

There were a number of comments gathered in relation Self Directed Support including:

- There is a need for **more information on eligibility criteria, processes, management and budgets** as it was felt people do not have information prior assessment and do not understand the process of the Self-Direct Support.
- Some service users **felt that SDS was a damaging policy for people with mental ill health** - creating barriers for people accessing the services and support, the

assessment is based on financial drivers rather than needs and 'prescriptive' care package instead of person centred care.

- It was felt that some **workers who carried out the assessment do not have adequate knowledge and understanding about the needs of a person with poor mental health** and thus this had a detrimental effect on the assessment.
- Some participants felt **that SDS is only suitable for mental ill health people with critical support needs.** Many people 'disappeared and remain hidden' after the introduction of SDS although they desperately need the support services.
- There was a request for **more transparency over who makes it on to the S.W. preferred list** and how providers are removed from the list as this can make it difficult for voluntary sector providers explain to service users why they cannot get the provider of their choice.

One person felt the introduction of SDS had a negative psychological impact on them in receiving benefit from the system. Instead of getting the services directly he/she was getting the benefit to pay for the services.

Crisis, Police and Place of Safety

There were a number of points gathered in relation to Crisis, Police and Place of Safety Including:

- It was felt that there needed to be **improved communication between Police and Mental Health services.**
- **Training, awareness and knowledge for Police was essential** and in particular LGBT and transgender people are often very scared of Police and don't always feel very safe as they have previously been at the receiving end of violence.
- It was felt it that **people with mental health issues should not be detained in cells** but there should be **easy access to appropriate Mental Health practitioners and services to support the Police.**
- **Clarity on what to do in a crisis** - often support staff are told by CPNs to phone the Police when a situation arises and often Police get involved inappropriately and trust with service user is broken. Frontline staff including youth workers, often are dealing with crisis intervention, getting little or no support from the agencies that have expertise in this area.
- **Improved access and early intervention for specific vulnerable groups** - LGBT young people find it difficult to get into the system and get access to a CPN to get the support and services they need. Often its only when a young person has attempted suicide that they get access to services.
- **If volunteers are used in place of staff to save money then this could compromise on safety.** The Recovery community relies on volunteers but sometimes this can mean compromising on safety issues - there are times when support should be provided by the professionals.
- Two service users would like to see the **introduction of a 'Crisis Card'** in Glasgow for people experiencing mental ill health. It would allow the service users to say how people can help them in a crisis and access services more effectively.

Hospital Discharge

There were a number of points noted in relation to Hospital Discharge centred on the experience of the Homeless Casework Team and housing issues including:
- supports are not in place for people with mental health/addiction issues.
- early discharged with not enough support in place frequently leads to downward spiral affected by mental health problems, addiction and alcohol.
- an aftercare package needs to be put in place to ease the transition and enable the person to gradually disengage from services.
- pressure on resources means that people are often inappropriately placed in Homeless Emergency Accommodation which affects their mental illness and recovery.
- People are often discharged from hospital and have to make their own way to the Homelessness Service. Without an after care support package people often end up unwell and needing more resources.
- SAMH supported accommodation stop supports when people go into hospital and it is not in place people when people come out.

The other comments noted were:

- **Financial impact of hospital stay -** when someone leaves hospital and is allocated Intermediate Care they lose their self directed support allowance.
- There were numerous comments around the need for **a Discharge Plan to be in place before discharge** in order that service users are able to receive the right type of service and support before discharge. It was felt that it would be useful to introduce a 'check list' before the hospital discharge and make sure that every aspect has been considered (eg. correct benefit, accommodation, environment, social interaction, signposting, community support). Also better information on the 3rd sector services to support recovery.
- **Carers should be involved and included in hospital discharge** and there needs to be awareness raised with staff to help identify carers.
- **A lack of real follow up, ongoing support, aftercare, outreach in the community** after being discharged from hospital
- There are **not enough support networks in the community** and service users have limited options and opportunities for support.
- Staff from Social Work teams and from Health Services teams should **work more closely together and provide joined up service** to service users.
- **Better training for Cordia staff.**
- Some people felt that people were often discharged too early.
- The **discharge information in referrals to services is often inaccurate** and the risks have not been updated.
- The **waiting lists for services to help people with Post Traumatic Stress Disorder/Trauma** can be 4-6 weeks. It was felt that it is best if this help can be accessed whilst the person is living in Supported Accommodation.

- People with mental health and addiction problems are in Rehabilitation for a short time of 3 months.

Equality

- **There is still a lack of support for the BME community -** GP's need to get better at knowing what services are available especially for the BME community as ethnic minorities are not always accessing mental health services.
- Although the Strategy emphasises targeting younger people it is important to focus on other **vulnerable groups such as older people** - not with dementia but with other long term mental health conditions. It was felt that the level of opportunity to engage in community activity reduces as you get older and that services should be designed for people at the right stage of life.
- It was noted that approximately **50% of LGBT community have mental health problems** and therefore additional training and resources should be provided to enable staff to support LGBT service users. Older LGBT service users have said they would like a specialised service with more training for staff. The LGBT community are often mistrustful of services due to how they have been treated in the past.
- How do we support 'the hard to reach' groups seek help?

In patient Services comments

- Age specific wards – it is difficult for 18 year olds in ward to relate to 40year+.
- More privacy – own rooms.
- It was felt that information displayed in wards on service would be useful and support discharge.
- 'All the care you need and more' – inpatient anecdotal experience – not always healthy or positive although can acknowledge it's a safe place – example 'realistic medicine approach'.
- Inpatient health and wellbeing needs attention during stays in hospital i.e. healthy eating, exercise and stimulation etc.
- Need to challenge benefits system when people are in hospital. The DWP should respect and support vulnerable people.

A & E Services

- Need more support for people who have Mental Health issues in A & E. General staff are not experienced in Mental Health – could there be Mental Health Emergency Teams based in A&E?
- A & E waiting times are horrendous and CPN response time at could be better – carers left to pick up the pieces.
- A&E staff should know where to signpost people and should be aware of people who make frequent visits to the A&E for help.
- Unscheduled care – the gaps require to be covered. If it is a 'first bad experience' with Mental Health services - it can effect client engagement in future.