

Mental health listening event

May 2016

Healthwatch Blackpool



Contents

1	Introduction	3
1.1	Details of Listening event	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	Purpose of the Listening event	3
2.1	Methodology	4
2.2	What small but important changes could be made that would have an impact on the way mental health services are run?	5
2.3	What larger change implemented by 2020 would make the most positive impact in the way services?	7
2.4	Findings & recommendations	9
2.5	Service Provider response	11
2.6	Demographic information.....	11

1 Introduction

1.1 Details of Listening event

Details of visit:	
Service Discussed	Mental Health
Date	26 th May 2016
Researchers	Steven Robinson & Steven Garner
Healthwatch Blackpool Contact details	0300 32 32 100 (opt #7)

1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service users, visitors and NHS staff for their contribution to this Listening event. We would also like to thank the Blackpool centre for independent living for supplying the venue.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 Purpose of the Listening event

In 2015 Healthwatch Blackpool published 3 reports, Adult mental health, children and young people's mental well-being and CAMHS. Healthwatch Blackpool also worked with other local Healthwatch to review The Harbour a mental health Hospital in Blackpool. Healthwatch Blackpool has a duty to listen and engage with the public on many areas of health and social care that concern them. Mental health is always a topic which affects the people of Blackpool and after several discussions with the Blackpool Fylde & Wyre mental health forum, local concerned individuals and carers trust it came apparent that a fact finding events designed to see what could be done about the issues that Blackpool residents face.

Healthwatch Blackpool also endeavours to engage people in various different formats. Consultations are good for gathering qualitative information but lack a personable flexibility that often encourages dialogue and ideas. Bringing people together from different areas of health and social care, both carers and patients and staff and service users can create a dynamic discussion which benefits the participants.



2.1 Methodology

Healthwatch Blackpool met with Carers trust and the Blackpool Fylde & Wyre mental health forum on the 11th of April 2016. We were brought together by several carers and individuals as we had all done projects and research towards mental health and service user engagement. It was felt that coming together and working towards positive change together would have more of an impact. After a short meeting it was apparent that without consultation with service users it was tokenistic at best to continue. Healthwatch Blackpool volunteered to host a listening event to engage services users, professionals and stakeholders to ascertain what changes could be made for the better.

Healthwatch Blackpool planned the session and publicised the event through its various channels and were greatly supported and advertised by the carers trust and mental health forum participants to help promote the session. The initial meeting highlighted that it was apparent that information and knowledge of the issues were needed as well as solutions. Therefore Healthwatch Blackpool decided to split the session into two groups each answering a specific question for 30 minutes to 45 minutes. After this time the groups swapped questions.

It was felt by the 3 partners that some would not be able to attend the event due to their illness or the location and difficulty of traveling. To combat this and allow people to participate Healthwatch Blackpool devised a short questionnaire to be sent to those too ill or unable to make the public event. This survey was sent out via social media and hard copies were dropped off at a local mental health charity called Blackpool inspirations.

The two questions we asked were;

- What small, inexpensive or low cost change could be made or added to services today that would have a positive impact on the way services are run and received by service users?
- What larger change implemented by 2020 would make the most positive impact in the way services are operated?

After the session finished Healthwatch Blackpool were responsible for producing a short report aimed at seeking a response to the feedback provided by the participants. This report would also include the questionnaire sent to Blackpool inspirations and circulated around Blackpool.

- 12 individuals attended the event
- We received 10 completed surveys form Blackpool inspirations. None were completed online



2.2 What small but important changes could be made that would have an impact on the way mental health services are run?

Healthwatch Blackpool's first question was centred on 'quick wins'. What small, inexpensive change would make a big difference in the lives of service users? We wanted not only to learn what issues were apparent but what small changes could be made to transform services for the better. Information, communication and reassurance were some of the main issues brought up by attendees at the event. GP's, care co-ordinators and professionals were often singled out as failing to provide adequate information on everything from knowledge of a person's diagnoses to other sources of support which may be available and beneficial.

Many people expressed their frustration with the services and felt that it was at a breaking point and the staff didn't have the time for them anymore. Some people told us they felt that staff weren't supportive and they didn't empathise with them. Patience and compassion were invaluable tools and many felt that services weren't engaging with them using these tools as much as they liked. One of the regular problems that came up in both groups was around appointments getting cancelled with no explanation or support in the interim. Many said that appointments were a period of stress and anxiety for the people attending them and when one cancelled at the last minute it can really put a strain on the

"They [mental health services] are doing group meetings, I enjoy these"

Male service user on what they like about the services

individual. Often when appointments are cancelled there isn't any support available in the meantime or even an excuse to why it's been cancelled. The groups understood that some service users are more ill than others and it's a good that they are seen sooner but cancelling an appointment without a phone call or letter as to why that decision was made was frustrating and often set them

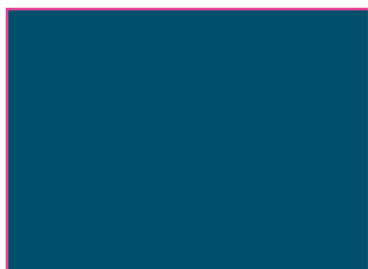
back.

Regarding information, one of the groups said would be extremely helpful to have a hub for information regarding topics such as types of illnesses, medication and side-effects. Many said that pharmacists had told them of different adverse reactions and they were worried to take what had been prescribed. They didn't feel like they could speak to the doctors or care co-ordinators about this as they themselves often said they weren't sure and it was hard to contact them. Both groups felt that there needed to be more information about what diagnoses mean and types of different conditions, self-harm and helpful advice for parents of young people with mental health issues. This could be resolved by making changes to create a better mental health helpline. This service could provide information and support and also signpost individuals to other places they could receive support. It has the potential to be run via volunteers.

The groups also felt appointments, (both at home and at the gateway centre) times between getting them and their shortness and nature of the appointment agendas were an issue for service users. The groups felt that due to the

"My support worker at CCTT has helped me so much, Groups have been cut but the Phoenix centre is very important to me"
Service user's feedback



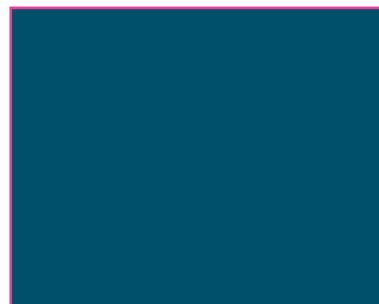


appointments being stretched far apart only having an hour wasn't beneficial for them and they wanted to have more time. Due to the length of time in-between appointments the hour was spent often speaking about the past and not looking ahead. Some service users felt that they wanted to look forward and address the future not the issues that led them to become service users. Many said the appointments

was easy to travel to and the staff at the Gateway centre were mostly supportive but there biggest problem with the Gateway centre was the building itself. The rooms at the gateway centre and other mental health buildings that have service user's appointments were very ominous and uninviting. One person remarked *"I've been coming here for a long time to support my family member and they have only just got a box of tissues in the rooms you see a psychiatrist. They only have them because I put in a complaint"*. Both groups said that changes to the Gateway building at Blackpool football club would make it less stressful when visiting.

Out of hours care was a big talking point for both groups in particular the crisis team and at A&E. One person suggested that to combat out of hours and 'missed opportunities' staggered shifts could be implemented with them saying "They could help more people earlier this way". The groups felt staggered shifts could cover a wider range of hours and would be a cost effective way to do this.

Volunteering was a common suggestion from both groups and for both topics of inquiry. It was felt that community champions, those who had reached crisis and recovered from illness were uniquely suited to provide empathic support for those going through their own issues. Many of the service users who attended our event volunteered for several 3rd sector organisations aimed at supporting those with mental health. They said there was value of having



people with these skill as long as they were well managed and had a good support network. One individual said they would have no problem sitting in an office ringing up people to check in on them and offering them extra support if they needed it between appointments. Both groups said that due to the time between appointments (can be up to 6 months) having a volunteer led check in service would make service users feel more supported and less anxious. While this isn't a quickly implementable change both groups felt like it should be done sooner rather than later.



2.3 What larger change implemented by 2020 would make the most positive impact in the way services?

The main themes of the looking ahead to 2020 questions was around communication, crisis point, early intervention and staffing. When facilitating the question Healthwatch Blackpool didn't ask what priority or order the changes should be in as it was felt that keeping the conversation organic and non-linear would allow for better thinking and dialogue. There was also several ideas for change that were cross-overs from the 'what could be done immediately' question. For example have a single point of care and named nurse/physiatrist came up in both questions by both groups which would suggest that it's a high priority for service users both now and in the future.

The main singular area that was felt required the most change was the crisis team. Many people who attended had had negative experiences of the crisis team and told Healthwatch Blackpool that they were put off contacting it in the future as they were very unhelpful. One individual told us the Crisis team told them to, "*Ring back when they had calmed down*". They said they found this inexcusable and questioned the purpose of having a crisis team. The lack of compassion was felt by many service users from both groups. Many said that they have contacted the team on several occasions and no-ones answered. Upon further discussion the groups felt that the crisis team may not be able to support those with unique issues such as dementia or young people and self-harming. The group also mentioned the fact there is no back up to the crisis team and the next step is attending A&E. They felt the crisis team should do more to support people and should be more compassionate as it's difficult to get help out of hours and the crisis team should recognise that.



One of the area that felt needed to be enhanced and continued was the mental health helpline this is a vital communication mechanism for service users and many at the group felt it was an important early intervention tool for them to manage their condition themselves. The groups felt that trained volunteers could potentially support staff and offer valuable support due to their lived experience. Other communication shortfalls discussed where around the services ability to communicate access borders. Many people had been sent to mental health beds outside the area due to the national shortage and said there were problems with continuing care. For example, some were given an advocate who then no longer supported them because they were too far away but weren't offered support when they returned to Blackpool from anyone or anywhere else.



The two groups felt that by 2020 staff issues should be addressed. The groups both said that services need to be more supportive and build up relationships with individuals in their care. All the service users who attended said that seeing the same carer, psychiatrist and nurses was a lot better than having different people as you were able to build up a rapport and a bit more of a relationship between service and user. It was felt by the groups that this could potentially reduce the number of escalations to crisis point. If staff were more consistent and better trained in compassion the perception and reputation of mental health services would also be improved.



Finally the last area the groups discussed that would make a massive change to them was around diagnoses and regular contact with service users. It was felt by the group that when GP's diagnose someone they don't explain it to them fully in a way they understood. For some service users it can be hard to hear and process sometimes and people said that more attention to those newly or just diagnosed would be greatly beneficial. It was also mentioned that GP's should explain why they have come to the conclusion that someone has a particular mental illness diagnoses. *"When you break your leg you can see the bone on an x-ray, GP's don't explain mental illness to us"*. It was suggested by the groups that having someone check in regularly either personally or by phone would let the service user feel supported. Considering the Complex care team only work Monday to Friday from 9 until 5pm. Having someone contact and check in and available outside these hours would be a massive comfort to people diagnosed and under care.



Additional Comments from the surveys collected.



2.4 Findings & recommendations

It is the remit of Healthwatch Blackpool to ensure the voice of individuals is heard at all levels of health and social care and the recommendations and findings below are direct from the public and were made during the consultation and the questionnaire sent to Blackpool Inspirations.

What changes could make a big difference to the services you use

<u>Communication</u>	<u>Staff & Volunteers</u>	<u>Other</u>
<p>It was felt that there was a lack of information and communication about groups, charities, other sources of help and referrals to other services in particular new pilot schemes aimed at tackling local issues. Some people weren't aware of these initiatives but had been in services for a long time.</p> <p>People felt that by having a central hub for knowledge would allow carers and professionals to help the service users more. Some said that including medication and self harm awareness could also be helpful</p> <p>Some appointments were being cancelled often with no explanation. This caused many to feel unsupported and cautious to seek help</p>	<p>To combat the issue of out of hours demand it was suggested that staggered shifts (e.g. 7am-3pm, 8am-4pm) could be implemented to help those outside the usual 9am -5pm</p> <p>Volunteers with lived experience were willing to help and support those in need but had no idea how to get involved.</p> <p>It was felt staff needed more training in compassion and patience. Some said staff could be too clinical and there was too much emphasis on looking back not planning for the future. Positive well-being is not being pushed as much as people want it to be.</p> <p>There was no check in service to see if your ok. It can be 6 months between appointments and there is little or no support in-between.</p>	<p>Parents felt there wasn't enough education or support for them.</p> <p>The Gateway building is not welcoming and can be intimidating, there are no pictures or calming features and it's sparsely decorated. It was felt that by having a comforting place to get support would make a big difference.</p> <p>There is a charge contacting the mental health phone line via mobile this put people of contacting as many are out of work and on benefits and cannot afford to ring to seek support.</p> <p>117 aftercare to be more active in its purpose. Some said this would help reduce frequent hospital visits.</p>

Healthwatch Blackpool Listening event 2016

We held a listening event aimed at learning not what the problems were but the solutions. We wanted to know where changes could be made and empower service users to have their say in the way the services are run.



What changes could be implemented by 2020 to reduce hospital admissions?

<u>Continuity & Communication</u>	<u>Crisis Team</u>	<u>Other</u>
<p>The groups felt that seeing someone familiar especially within the complex care team. Home visits are very difficult having the same person support you would go a long way to building up trust and positive relationships with them. Carers often promise things (e.g. information/referrals) and then you never see them again to follow them up.</p> <p>GP's aren't referring people to mental health services. People felt they could have been supported better by their GP.</p> <p>Volunteers could be used to help support staff. Trained well managed volunteers could help continue the mental health helpline and offer positive support and understand from a lived experience.</p>	<p>It was felt by many at the event and those from survey responses that the crisis team wasn't "fit for purpose" Many said their experience contacting them for support was a waste of time and felt this was the largest issue within mental health care in Blackpool long term.</p> <p>Some said they have rang and not been able to speak to anyone. They said they wouldn't ring the crisis team in the future and would present to A&E instead as it was the only way they felt they would be heard.</p> <p>The groups felt that There is no back up for some people who can't contact or don't contact the crisis team and there isn't much out of hours support either.</p>	<p>Some of the people who attended the event thought that regular reviews of their diagnoses would be beneficial and why the diagnoses was made in first place. Many felt they were labelled by having a diagnoses and felt they had come a long way. Others felt they have been diagnosed and not given additional information and support. A review could identify what other help people could receive.</p> <p>Staff attitude was another area people thought would help those close to crisis point. Many at the event in both groups said that staff were rushed and often not very caring this was not a reflection of all staff just some of them who had supported those at the event.</p>



2.5 Service Provider response

This report and its findings have been given to the service provider for a response and actions they will take as a result of them.

2.6 Demographic information

Healthwatch Blackpool spoke to 12 individuals who attended at the Blackpool Centre for Independent Living. We also received 10 completed surveys.

11 individuals told us they consider themselves to have a disability

<u>Gender</u>	<u>%</u>
Male	12
Female	10

Background

White British	100%
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