

PLANNING MENTAL HEALTH SERVICES IN WEST KENT.

LISTENING EXERCISE

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SEVENOAKS AREA MIND

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In 2004 a public consultation was held about changes in the delivery of mental health services in West Kent. It resulted in people getting a service at home or in the community rather than in hospital. The government found new money for mental health and locally this was invested in

- Crisis resolution and Home Treatment
- Assertive Outreach and Early Intervention in Psychosis teams.

In 2006 the government funded National Institute for Mental Health in England [NIMHE] launched 10 impact changes for Mental Health Services which are the areas of greatest positive impact on service user and carer experience, service delivery, outcomes, staff and organizations.

Two years on the PCT hopes to;

- Establish an integrated care pathway for adults of all ages with a functional mental health problem and a separate care pathway for people with dementia.
- Redesign of services in primary care settings that will provide more services in the community rather than hospital.

As part of this process the PCT wanted to involve the people of West Kent and ask them to comment on how primary and community mental health services should be delivered.

Sevenoaks Area Mind led the three month “listening exercise” on behalf of the NHS. They worked closely with Kent and Medway NHS and social Care Partnership Trust to ensure that as many people as possible who use mental health services and their carers were able to have their say.

Objectives.

- To access focus groups to explain the listening exercise and listen to as many people's views as possible.
- Go through the consultation document and the seven questions. [See end of document for questions.]
- Produce report containing qualitative information and common themes.

Methodology.

The review comprised three complimentary methodologies;

- Reading and responding to the consultation document by hard copy and postal return using a freepost address.
- Viewing the consultation document and responding on line.
- Attending a discussion and listening event organized by Sevenoaks Area Mind.

This ensured that people who could not attend the focus groups had a mechanism to submit their views.

Focus Groups – Participants and Settings.

Focus groups were selected from established groups and forums within the mental health service to represent the geographical area across West Kent.

Total number of Focus Groups accessed.

- 21 Groups were visited – of these 9 needed visiting twice [See problems with Methodology]
- Males 85
- Females 96
- Total Participants 181

Focus Groups by Geographical Area.

Tunbridge Wells

- Reachout in Cranbrook
- Womens Group
- Tunbridge Wells Mental Health Resource Centre.

Tonbridge.

- Shaw Trust
- Carers First
- Carers First [Young carers]

Maidstone.

- Platform – women’s group
- Platform – Shepway Flyers
- Woodlands Villa
- Mind
- Blackthorn Garden
- Maidstone Carers
- 111 Tonbridge Road

NW Kent.

- D&G Mind
- Heart of the Matter
- Sahara Project
- Rethink – men’s group.

Sevenoaks.

- West Kent Housing – Pulse Group
- Darent House
- Rethink [attended Tonbridge meeting.]

In Patient Services.

- Priority House

Major Themes from Collective Results.

Question: 1 how could the different types of support available be sign posted so people know where to go for help?

- Gp Surgeries
- Directory for all local services.
- Internet.
- Hospital – in patients could hand out a directory on discharge.
- Professionals such as CPN or Community workers and Psychiatrists.

Question 2: What sort of support is needed for Gp's and services in Primary Care to enable them to help you if you experience mental health difficulties?

- Training for both GP's and their staff about mental health issues.
- Consistency – someone who knows about patient – not someone different every time.
- Better prescribing.
- SAMHAG training.
- CPA reviews regularly.
- Extended hours at surgeries and longer appointment times.

- Mental Health Support Workers. [Don't always need a GP but someone who understands mental health who service users and carers can talk to.]
- Peer led services.
- Counsellors/Therapists.
- Group work – including supportive and therapeutic. Important to have post discharge support groups.
- Training for professionals about “Crisis”.
- Transport.
- Telephone consultation.

Question 3; How could access to psychological [talking] therapies be improved?

- More counseling available.
- Different types of therapy.
- Family Therapy.
- Have counsellors available at other services not just GP surgeries.

Question 4; what three things could we do to improve people's recovery journey?

- Having someone to talk to.
- Continuity of care.
- Care Co-ordinator.

- Planned discharge with Support worker.
- Home Visits.
- Improve Communication – [big issue for Carers]
- Support Groups in the community and local.
- Activities.
- Access to 24 hour services. – It was suggested that this could also be a helpline.
- Admission when necessary and not leaving too long before service user becomes very ill. [Voiced by lots of carers]
- Talking to the carers.

Question 5; In your experience, which services most help people with severe mental illness who are experiencing a crisis.

- Admission to hospital
- Someone to talk to who understands.
- Someone familiar.
- Counselling.
- Crisis team [although not always available]
- Support Groups.
- GP
- CPN

- Community support workers.
- Floating support.
- Young carers needed someone for them who they knew and could trust if the service user was admitted to hospital. Some young carers were from one parent families and if the service user was admitted the children could be left alone.

Question 6; what services are needed out of hours?

- Someone to talk to like a support worker.
- Telephone help line.
- Extended professional appointments.
- Crisis teams.
- Someone familiar that you can trust.
- Young carers wanted someone there for them to talk to – also suggested peer workers.
- Respite care.
- Activities – something to do.
- Social Workers.
- CPN
- District nurses.

Question 7; in your opinion, what one thing would make the service successful for you?

- Having someone there for you who you know and can trust.

- Understanding GP
- Support worker.
- CPN
- Improved assessments.
- Discharge planning - liaising with community services.
- Holistic Approach – recognizing that “I am a person”
- Physical health neglected by GP’s
- Befriending scheme
- Involving Carers in care.
- Involving Carers in discharge planning.

Other major themes from collective results that are not captured in the 7 questions;

- Carers needed information and recognition. Most groups of carers were particularly angry about “information sharing” with professionals.
- All groups lacked trust around the benefit of the consultation – they have been consulted before and “nothing changes”.
- All groups wanted to know what would happen with the listening exercise – how would they receive feedback.
- People from the BME communities felt unheard by professionals even by their own ethnic minority groups.
- Real lack of services in Medway.

- Service provision not equal across Kent – both in terms of resources and best practice.

Difficulties with methodology;

- Time constraints – Only 3 months allowed for exercise.
- No consultation with GP's
- No consultation with employees within primary care.
- A large majority of Service users and carers found the some of the questions very difficult to understand. This resulted in some groups needing two visits.
- Not all individuals completed the questions as they didn't have the confidence or could not read or write.
- Carers were sometimes unsure about whom to answer the questions for "them" or the "service user".
- Not enough time to consult with non-service users.
- Focus groups used the focus groups to voice their anger about current services – difficult to get them to look at solutions.
- Lack of trust around professionals made some people wary of completing forms or giving opinion.
- Many individuals stated they would complete their forms at a later date and send it in once they had time to digest information. We have no knowledge whether this actually happened.
- Some individuals too ill to understand or complete questions.
- Some service users/carers have no recent knowledge of services as not used services/been carers for a long time.

Recommendations.

Suggestions to be considered for the next steps of the listening exercise.

- To ensure that this piece of work is linked to other work currently being done such as the strategic needs assessment.
- Link in with LDP, trust objectives and commissioning strategies.
- A clear steer from the PCT about what areas are to be addressed.
- Action plan with clear focus on ownership and responsibility with timescales.
- Consult with GP's and employees at primary care level as a matter of urgency.
- Feedback strategy to focus groups with action plan.
- To gain some consistency across Kent both from a best practice and resource viewpoint.

This report is only part of the finished document and should be read in conjunction with the report from the PCT where the individual responses have been recorded and collated.

