

Summary of event discussions

The discussions held at the Healthwatch Tameside mental health care event, in April 2017, can be summarised under the following headings.

Accessibility

Benefits

Carers and family members

Communication

Crisis

Housing support

Information/signposting

Lack of continuity of care

Multiple diagnoses

Not enough time

Personalised care

Support groups

Training

Please refer to the following pages for a longer summary.

Summary of event discussions

Healthwatch Tameside held a mental health care event on 1 April 2017, at the Grafton Centre, Hyde. There were round table discussions, covering a range of topics. A summary is shown below, to give an idea of the conversations. The anonymous details of all the discussions will be incorporated into the report at the end of the project.

We have grouped the comments into themes, alphabetically. The same themes often came from more than one table, even though the topics of conversation varied. We have not highlighted in this summary how many people mentioned each theme. There were many other comments which have not been included here, but will be incorporated in the detailed work. The summary below is taken entirely from the discussion notes made by the facilitators at each table - there is no input or interpretation from Healthwatch Tameside.

Accessibility

GP appointments are used by most people, however in many surgeries there can be a long wait for an appointment, even when it is for mental health. People said the first appointment to discuss mental health was difficult. They can be offered medication, or in a crisis are told to go to A & E (There is no assistance when help is most needed. For example, if you went to your GP with a physical emergency, an ambulance would be called, but you are told to make your own way with a mental health crisis.) Referral to other services is not often made, so you do not go back, and can end up in crisis.

A GP can tell you to self-refer, but if you are unable to do so, you don't do it.

Waiting rooms can be too busy and crowded. This increases anxiety in a mental health patient. Some people will walk out, and not receive treatment, because they cannot bear to sit in this type of environment.

GP receptionists - when making appointments for mental health, people don't want to disclose information to receptionists, especially if they are known to live locally.

Mental health treatment - you have to keep asking for help. You can be on a waiting list for a very long time, which causes further stress. There are issues with not having a diagnosis. If you do not have a psychiatrist, this limits the services available to you.

Out of hours - even if you have been given a number to ring, there can be no answer when you use it. Advice is not available out of hours either, so you can end up self-medicating with drugs and/or alcohol. There is better support available during a time of crisis, if this happens at the right time of the day.

Self-referral - not everyone has access to a computer, so these people are not able to self-refer. Some people get very anxious using the phone, and will not answer calls made to them, or ring services themselves. Some people need help to fill out forms.

Location - Some services are provided outside of Tameside. Consideration needs to be given to the ease of using public transport, the time of the appointment, and the cost involved. For people with a free bus pass, this can only be used after 9.30am.

Appropriate service - access to relevant care is important - eg use BSL Healthy Minds for a Deaf person, and a memory clinic for someone with dementia. If CBT has been tried in the past, and not worked, why be referred for another course of CBT - would a different therapy be better?

Benefits

People said the assessment process takes too long, and the forms are too lengthy. There was some confusion about criteria, availability of home visits, whether it was possible to re-arrange appointments, and what support is available to provide help?

There was a fear of benefits being cut, under the new assessments. A question was asked - 'What is the knowledge base of those undertaking assessments - even GPs haven't heard of all the conditions?'

People said the systems are inflexible, especially P.I.P. and the process can impact on mental health and recovery, leading to needing treatment such as CBT. This was particularly so when a benefit was declined, and an appeal had to be made, which could take many months. There is a knock-on effect of then not being able to attend other appointments, eg dentist, and other non-mental health appointments.

When deciding where to send someone for mental health treatment, the benefits situation should be considered, and whether the person has to pay for their own transport costs.

Carers and family members

Most of the tables said more support was needed for family members and carers of people with mental health conditions. There is extra stress and no-one looks at the feelings/health of others involved. Support is also needed for children of mental health patients.

Carers and family members want to be listened to. They need access to care plans - professionals use confidentiality as a reason not to share information, even when an individual has given permission for it to be shared. You can use a power of attorney to speak for people and talk to organisations.

People said don't assume who the next of kin is.

Carers/family members want to be kept updated about care and changes to the law.

They want to know what help and support is available to them.

People in crisis do not always recognise this themselves. Professionals need to listen to carers and family members who will have knowledge of the individual.

Communication

Communication between services was the one of the main areas mentioned. This could be between a hospital and the community team following discharge from a mental health ward, or between hospitals/departments about physical and mental health conditions and how medications (including side effects) will work together, and so on.

There needs to be discharge plans in place, with everyone understanding these.

Doctors need to listen to patients (they 'listen' but don't 'hear').

Phone calls should be returned as soon as possible.

People with multiple health issues can easily deteriorate. They can fall through a gap in services - patients need people to get around the table and talk.

The extent of communication between patients and staff depends on the kindness and nature of individual members of staff, rather than anything formal.

Actual communication should be provided to patients in a variety of ways, to suit all needs. A particular barrier is where there are language difficulties, including use of BSL in the Deaf community. Access to interpreters can take too long to arrange.

Crisis

Ideally, patients would prefer to avoid times of crisis. This could be achieved with more contact/help from a CPN, or the Home Treatment Team, and a number could be provided to ring. Don't wait until after a crisis to provide expertise.

Sanctuary provide a valuable and excellent service. There are also the Samaritans. However, you can only talk on the phone - many people prefer to talk face to face when they are unwell.

Support needs to be available when it is needed.

The time of the crisis impacts on the help available - not much is available out of hours.

More privacy is needed in A & E during a time of crisis - people need a quiet, safe place. Crisis worsens in A & E due to long waiting times.

RAID team in A & E need to consider the implications of a person's behaviour and their situation at home, and also take into account information provided by people who bring the patient to A & E. If a patient is sent straight home, will they have continuing issues affecting themselves/family members and end up straight back in A & E, or will they go out on the streets and be arrested?

There need to be 'safe places' where people in crisis can go for help, other than A & E.

Housing support

There is a feeling of security, when you are being housed in the right place, with the right support.

There can be communication issues. Do housing providers have the right information to support people with mental health problems? Is Data protection used as a reason for withholding information?

There is not always an understanding of the needs of individuals.

Information/Signposting

People not always aware of available services. Some people did not know they can self-refer.

People felt they were expected to find their own services, and would appreciate more information/signposting about what is available.

Education about mental health is needed for parents/children.

Lack of continuity of care

Seeing different GPs means having to repeat stories. Staff need the history (good care is provided when they have it). Being passed around affects the emotional state. When there are changes of staff at the surgery, they don't get to know the family.

There needs to be a pathway, as there is in physical health care.

There are too many silo services.

Young people are looked after by CAMHS then the care is stopped, and there is not always transfer to adult services. A young person can be taken off medication suddenly, and not have follow-up.

Multiple diagnoses

Where there is a long-term or serious physical diagnosis, professionals need to bear in mind the impact this could have on mental health.

There is a need to treat all conditions both together and separately, eg alcohol/drug dependency and mental health conditions.

If there is no psychiatrist involvement, then services are not joined up.

The capability of the person needing help varies, depending on how well they are at any point in time.

Dual diagnosis can be a problem. A lack of specialists in respect of both learning disability and mental health conditions can lead to the learning disability getting the focus.

You need several GP visits to discuss different conditions - they can't all be done at the same appointment.

GP visit for other medical condition - either GP ignores mental health condition, or puts everything down to that instead of looking whether there might be a physical problem. Need to consider health as a whole.

Not enough time

It is felt that GP appointments for mental health conditions can be too short.

The number of sessions of mental health treatment or support is not enough. By the time a level of trust has been built, the sessions are a good way through, and then the treatment/support just ends. Patients can need longer term care to improve outcomes. They say they need follow-ups to reduce stress.

Support after the services have finished would be helpful, to reduce future need.

Current services often just scratch the surface.

Personalised care

A number of similar phrases have been used - there is a lack of individuality, no personal approach - tick box exercise, one size fits all for therapy, and no patient choice.

There needs to be a care plan, which should be reviewed and updated. This doesn't mean you are well, just not ill enough to be in hospital.

There is a relationship between diagnosis, treatment and outcome. For example, CBT can be useful but only up to a point. Not all progress is co-ordinated. Is the right counsellor or service being provided? If something didn't work, why not?

Is there a Commissioning gap between Healthy Minds and the next tier of services?

Remember people are people.

Support groups

Support groups were considered to be really important by the service users attending the event. People feel comfortable getting help/support from a charity - they are friendly and provide peer support. They provide help with self-referral. They can sometimes provide befriending services.

Groups need support themselves to enable them to deliver services.

Dementia friends are also helpful.

Training

GPs and other staff should recognise that 'anger' relates to 'anxiety' or can be a response to a mental health problem - people should not be punished.

Staff can be too harsh.

GPs need to be more aware of alternative routes (eg. support groups), medication is not always the first option for people.

Do all staff know how to deal with 'terminal' conditions and mental health?

Positive - people like the idea of getting involved in training junior doctors and staff, using their own experiences.

Peer support of professionals needed to support resilience.

'First responders' in the community - could these be provided for mental health care as well as physical?

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