



Report of the September 16, 2008 meeting of the Mental Health Forum in Tynepark Resource Centre, Haddington.

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Who was there:

Ross Macphail
Laurelle Edmunds
Peter Inglis
Samira Willson
Paul Noyes
Helen Dalley
Lesley Aitkenhead
George Paterson

ELIG
Carers of East Lothian, Mental Health Joint Planning Group
SAMH
Service User
Social Work Planning
Haddington CAB
ELCCF Development Manager
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The meetings of the Mental Health Forum, in line with the other ELCCF Forums, are in the process of evolving. The aim is to focus more on priority issues so Forum members' views and recommendations on current practice can constructively guide the development of community care in East Lothian.

ELCCF will always give a platform to members to voice their own experiences on the issues which matter to them. In terms of what we as a Forum can achieve, our resources are limited, so our efforts have to be targeted at areas of priority where we can make the most impact.

At the September meeting of the MH Forum, the new move to focus on priorities was greeted enthusiastically and a list of issues was created to draw comments. This list and a brief note of comments is reported here.

You can take part in this process by letting ELCCF know if there is any particular issue which affects you more than others. Currently, the target Priorities are Advocacy, Respite, and Employment and Day Services.

At the next meeting of the Mental Health Forum, members will formalise priorities. Then we can get cooking.

In future, the reports or minutes from each of the Forum meetings will reflect how stories and comments from Forum members can be carried forward as suggestions to improve current practice and to plan services.

The Issues 1-14 (Recommendations for action are arrowed ➤)

Issue 1: Primary Care Services

Primary care services are not well linked into either Local Authority or Voluntary services and do not provide a complete picture for patients about care and support options.

➤ Better links between primary care services and other care and support services need to be set up.

There is nowhere to drop in of hours for minor injuries. The only access is through NHS 24 to arrange to be seen at local Roodlands Hospital.

➤ There is a need for a fuss-free drop-in medical facility for minor injuries. People wanted a similar arrangement as is practised in North Berwick at the Eglinton Cottage Hospital.

Under their new contract with the NHS, GPs are required to consult with patients and provide evidence they do this. Members felt that this was not enough because GPs will target areas they feel comfortable with, not areas where the public would like to raise concerns.

➤ GPs should be more accountable to the public and hold annual general meetings where people can openly voice views about how the practice is run.

There is a local complaints procedure against primary care services and, if this is not satisfactory, the complaint can be taken to the NHS ombudsman. There is also ultimately the Audit Commission and the NHS body which has recently visited every practice and carried out stringent investigations about how primary care services carry out their work.

Many members were sceptical and gave examples where they have complained to their local practice and had their complaint quashed. In one case, a patient was excluded from her local GP practice after she complained about them and took it to the NHS.

➤ There should be an independent body to oversee the work of primary care services, as there is through the Care Commission with Local Authority and voluntary services.

One member with a neurological disease said she had some difficulty getting help and support initially from her GP because there was a lack of awareness about her particular illness.

➤ GPs should be given a better awareness and training about less common illnesses such as Huntington's and MS.

➤ GP surgeries should have a duty to display leaflets on all local advocacy services, and be required to refer patients to advocacy services so that they can have support to communicate with their local primary care service.

➤ GP surgeries should be well informed about other services in the community and should be looking as much as possible to 'de-medicalise' the care they give.

"There's a total breakdown of communication between services after 5.30pm on Fridays for the weekend."

"I don't want to go to the Royal Edinburgh for acute care."

"Receptionists at GPs surgeries need training in handling the public, especially people with mental health problems."

Issue 2: Social Exclusion

Hospitals in Edinburgh are difficult to reach for people living in East Lothian. Public transport is expensive and patchy, and parking charges at ERI exorbitant.

"There should be transport support for family/friends to visit relatives at REH."

Meeting other people is healthy, and important to wellbeing generally. An ageing population will need more links with older groups, not only for sociability but for joint action.

- Social exclusion policies must come to bear more on eliminating inequality in East Lothian's 'communities of need' and the people within these communities served by ELCCF.

Issue 3: General Service Provision

Service users, carers, and the world in general are often confused about what functions the Community Mental Health Team have and how that dovetails into the functions of the home support service.

- To improve the social work aspect of the CMHT, the Team has to work from the same offices as Social Work.
- People in hospital must have continued access to their community support workers. This was seen as one of the most important keys to recovery.

The Intensive Home Treatment Team will manage the Edinburgh inpatient beds. Staff from this team will commute to the acute ward in Edinburgh, seen as time consuming by some Forum members.

There is a gap in psychological Services, but there was news of funding being now available for a part-time psychological placement. This may help shorten the current list of patients waiting to be seen.

- Services should fit the needs of users, not the other way round.
- Providers need to get better at developing a person-centred approach with service users and include the carers as part of their team.
- Community based services should be more readily available.

There were difficulties in communication and clarity of procedures in care management. To get referred to the Complex Care team, the first point of contact is to the Access Team. If things can't be dealt with in a

reasonably short time the case would be referred to the Complex Care team.

Although people should be officially informed if they have a care manager, it was the experience of some of the members that this was not the case and that people sometimes had difficulty in making contact with their care manager, or indeed knew what to expect from their care manager.

- Care management needs communication management.
- Resolve the shortage of Care Managers.

Issue 4: Person Centred Support

Communication is important, as is attainable person centred support.

- Person-centred planning and effective joint working is crucial if any of the services are to work well.

"We want Local Area Co-ordinators throughout the county."

In terms of **Single Shared Assessment**:

- A service user should be consulted at a single point. People need to know what services are available and more integrated dialogue is needed for care planning and support.

Issue 5: Talking Therapies

Waiting lists are too long for counsellors to offer 'prevention' package. '**Changes**' now have a psychologist based at their office in Musselburgh. CBT Phone therapy is being piloted

"We want alternative therapies, such as Art Therapy and acupuncture and what about...humour therapy!"

Issue 6: Planning

Money for new services can only become available by redistribution of existing funds. Little investment is being made towards the voluntary

sector services which support people to reclaim their life and integrate back into the community.

- A key role of the Forum is to monitor progress. Evaluation is important and there should be a 6 monthly review of health issues.
- Nothing should change without going through the Planning Group.
- Forum Members need to be notified of any imminent planning changes.

Issue 7: Public Involvement

The community deals with wider issues not always individual needs, but individual cases are important. Carers do not always have a prominent voice. The Public Partnership Forum now has a Mental Health slot on its agenda.

Issue 8: The Recovery Approach

- The Recovery ethos, encompassing individuals, carers and organisations, must underline strategy. The recovery plan gives a gentle push to put something in place which encourages the person to move on.

Issue 9: Day Activities and Leisure

Aubigny and North Berwick Sports Centres offer great services e.g. gym and swimming, but Musselburgh is lagging behind. Also, accessibility to services and groups is problematic for service users who live in rural areas. Also, service users change and therefore services have to be flexible.

- Encourage confidence with users and carers in using facilities.
- The Health perspective must take on board what people want in the areas of housing, benefits and services.

- Need for more activities in the acute ward, and for more activities at Tynepark.

"We need specific places to go to socialise or support to go to mainstream places."

Issue 10: Employment and Benefits

A move towards employment only works if it is sufficiently well resourced, and that there must be good links with Government employment schemes. An overlap must exist between the Dept of Work and Pensions and mental health services.

There are always benefit issues when starting out to work as a trial period. The benefit system is becoming more restrictive. With the new benefits, 10% will be on benefit and 90% will need to look for a job. This does not suit people with a mental health problem whose needs are not fully understood. Also it's difficult to getting employers to 'buy in' to take on staff with or recovering from mental illness.

- 13 weeks is not a sustained period of work progress for someone experiencing a mental health problem. The time needs to be lengthened.
- Working investment is needed in the voluntary sector in East Lothian. This sector helps support people with mental health problems back into meaningful activities and work.
- Jobcentres should place less emphasis on employment and more on recovery routes.
- Once back in work, people need ongoing support.
- Ask someone from '**Work Directions**' to come and speak to forum members
- Easy access to help when I become ill again.
- Benefits should be easier to access.

Issue 11: Housing

“There’s a problem about accommodation for people with mental health problems in East Lothian.”

Housing is a fraught topic and it’s not one single issue. There’s agreement that everyone needs to have a home adequate for their needs, yet achieving this is a complicated business using up everyone’s energy, time and money.

The factors of administering and catering for housing needs on a macro level must, within *our* context, be matched by efforts to deal with individual aspects of housing allied to care provision.

Unfortunately, against a background of all-round costs, the housing market, stock availability, location, care considerations, private involvement, national government policies, local authority department co-ordination and many more factors, the problems are more complicated and solutions are hard to achieve.

Within the Forum context, our issues on housing often bear down on individual cases. Yet, Forum Members can achieve consensus on certain major points.

- Targets should be implemented for improved outcomes, not only for joint working bodies taking forward policy on Health, Community Care and Housing but also for EL Community Services Departments. These targets should be agreed in consultation with service users. This should lead to improved assessment strategies and more effective housing/care provision.
- ‘More hours’ training and housing support must be addressed.
- Short term occupancy, not tenancy, would be a better option for supported housing.
- Herdmanflat properties are owned by ELC and £300,000 has been allocated to develop these for social housing. Look at models of social housing elsewhere - especially ‘cluster housing’.

"Homeless people with addiction issues have been put into 'pub' type accommodation."

"Appropriate housing and care for people with my type of illness – acute epilepsy."

"I'm in the wrong accommodation – I'm paying for equipment I don't use. I have other housing needs that are not being met."

"Private lets won't accept 'DSS' now money is paid to the tenant."

Issue 12: Respite/Short Breaks

There are few options of short breaks open to people with mental health problems where we can receive the support we need. Only one option is offered – Penumbra's Cairdeas House in Edinburgh.

- A trained pool of landlords/landladies could offer short-term respite.
- A local area co-ordinator in mental health would be a great help. They would offer support for people to access all services to have a good life.

Issue 13: Out of Hours

People experiencing distress between 12pm and 8am have difficulties in service. NHS 24 falls short of meeting the needs. It was felt that service users would be better off calling on organisations such as the Samaritans or Breathing Space.

There was general agreement that once the 8am-12pm services were up and running, people will feel more able to wait until the morning and contact their local service for support.

- A review of Crisis Services is needed, drawing in discussion on whether East Lothian needs a crisis centre, and whether Crisis Care should be included in the day services specification.

When answering a call, the onscreen health record referred to by NHS 24 clinical staff is only a patient's summary made available to NHS 24 by the caller's GP.

- A more detailed record should be available to enable a better clinical assessment to be made.
- In terms of confidentiality and on third person calls made on behalf of the patient, extended notes could list special contacts of 'registered carers'. Key worker contacts could also be listed. Information on records could be made available, with the patient's permission, to NHS 24 by the Community Mental Health Team.

Of concern was the advice, based on the information held, on the availability and suitability of medication.

"They had to go through the whole system to be told to get Benylin from ASDA as medication - and it was the wrong medication."

Issue 14: Rehabilitation

Cameron Cottage always provokes reaction amongst Forum Members, who feel a Community Rehabilitation Unit is called for. Due to the closure of Penraig Ward at Herdmanflat Hospital, specifications have to be worked out for the work of Cameron Cottage.

"The Planning Group still needs to address medium to long-term rehabilitation for people."

The next meeting of East Lothian Mental Health Forum will be on Tuesday 18th November 10.30am - 12.00 in Tynepark House, Haddington.

Focus of the meeting will be on choosing issues to prioritise.