



# Report of the November 17, 2009 meeting of the Mental Health Forum in Tynepark Arts Centre, Haddington

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## Who was there?

Nikki Moran	Development Officer, ELIG
Andrew Kernohan	Support worker
Linda Sneddon	OT, Herdmanflat
Jenny Swann	CPN
Ken Morrice	Crossreach, Tynepark
Phyllis Wilson	Convener, <b>ELCCF</b>
Lesley Aitkenhead	Development manager, <b>ELCCF</b>
George Paterson	Information worker, <b>ELCCF</b>

In attendance:

Paul Noyes

ELC Planning, Mental Health Services

## Previous Report:

The report of September 15 was accepted.

## Procurement: Specialist Mental Health Services

Lesley gave a brief background to ELC's procurement plans regarding services. ELC is currently looking at the second phase of tendering; for specialist services including mental health, learning disability and physical disability.

Nikki reported she had met with members of the mental health user intelligence group. ELIG has been tasked with consulting with mental health service users, focussing on difficulties with services. Other than her visits to groups, Nikki said 60 questionnaires had been given to Carr Gomm for distribution. The information is due back near the end of December.

She pointed out that there were only a handful of service users with a support worker and/or carer. Of the service users with a support worker, none had complaints with the help they received, but there was a general recommendation for an increase in hours. She said there was a need for a health or even a generic care worker to attend to a service user on a daily basis if the need was there.

There was some discussion on how service users on a downward course might receive prompting for medication from health workers, and how they may be able to contact health services for help in crisis. Ken said Tynepark had experienced difficulties when contacting services; both CMHT and IHT, especially during out-of-hours when staff had to contact NHS24.

Linda pointed out that staffing levels on the CMHT meant it was not possible to see people on a daily basis and that it was an internal issue between between the two teams as to how the needs of service users could be met.

As for CPNs taking a role, Nikki said that when she viewed caseloads in September, there were 250-300 cases for a team of 15 and that staff were still dealing with restructuring. Linda added that it would be unlikely for CPNs to see a service user on a daily basis.

Phyllis pointed out that during the whole procurement process, ELCCF has not been used as befitting its role as a source of service user and carer comeback.

*She said: "We have not been informed enough. Most of this has been done outwith the CCF so we don't know ourselves who has been contacted, who's been spoken to and we're finding it very difficult to find out."*

Lesley said that if service users were going to be involved, then it would be best if the local authority target those service users in the four specialist areas for information on the quality of service. Therefore, when option appraisal stage was reached, the service users would feel part of the process and would know what was happening.

### **Feedback from Joint Planning Group**

Nikki said service users of ELIG had concerns that the **psychiatric rota**, thought to be a six-month rota, was in fact four-monthly. ELIG members say this causes discontinuity, lack of consistency in service, and discomfort in having to repeat narrative on case history.

*Nikki said: "Service users are requesting that psychiatrists on the rota system read their notes before they meet them."*

Also, she reported that psychological therapy service users expressed a need for counselling on a regular basis.

She added that concerns would be put to members of the Joint Mental Health Planning Group, although Paul pointed out that, currently, there were no psychiatrists on the planning group to hear any comments.

Nikki explained that people in the Royal Edinburgh Hospital's Hermitage ward had little knowledge of support services such as ELIG to help them back into the community. Also, service users were conscious of the amount of work placed on CPNs and one difficulty was their reluctance to voice their needs, since they had no wish to add to the nurses' workload.

Much of the discussion added to that of the previously covered point, that of service users being able to contact a CPN whenever a crisis arose. Nikki said service users had suggested a 'traffic light' system be used to flag up their level of need whenever they made contact with health services. She added that service users who had undergone Wellness Recovery Action Planning training cope better.

One of the forum members praised East Lothian GPs for a record of years of support in giving advice and referring patients to appropriate services.

Lesley suggested a '**Keeping Well**' leaflet listing signs of crisis and useful numbers to call could be produced. Phyllis said such a leaflet was already available to young people.

It was generally agreed that one important resource would be an up to date directory listing services, organisations and places for help. One web based model cited as an possible example was the **edspace** site serviced by **Health in Mind**. It was felt a web listings could be more easily updated and turned to print if necessary.

On another note, Nikki reported that **blood pressure equipment** at Hermitage ward needed replaced as well used instruments were having to be used once or twice to work.

Also, there was the ongoing difficulty of fulfilling **medical prescriptions** out of hours where the nearest pharmacy was in Kinnaird Park.

## **ELIG developments:**

Concerning the **Mental Health Review**, consultation, Nikki said service users had difficulty with accessibility to the Scottish Government information where documentation was web based, cumbersome to use and difficult to read through.

Nikki suggested service users be asked as to what they think should be the top three **priorities for ELIG**, and ELIG's development worker's, work for the forthcoming year.

Forum members raised the problem of transport difficulties of unaccompanied East Lothian people who have been in acute care being **discharged from Hermitage** ward in Edinburgh. Registering with Handicabs was cited as one way towards a solution towards transport, but the core problem, the forum felt, was one of personal support. Paul pointed out the same could be said of Garleton ward in Haddington - the only difference being the distance involved for local people.

## **Peer Support:**

Andrew K described the work of the peer support worker, emphasising the importance of relationships. The forum recognised the need to keep peer support worker posts going, and the need for continued funding. Andrew was due to make a presentation of peer support work to the MH planning group at its next meeting.

He suggested that a scheme in Tayside which drew in volunteers with experience of mental health issues as peer support workers could be set up in East Lothian.

## **Any Other Business:**

Paul briefly explained how mental health issues were incorporated into the Scottish Government's '**Towards a Healthier Scotland**' White Paper and distributed some **Health Scotland** literature which tied in to the healthy living and wellbeing campaign.

He also handed out some copies of the updated 'After a Suicide' booklet published by **Choose Life**.

Paul said he will be moving from East Lothian Council to a new post with the Mental Health Commission in the New Year.

Lesley and Phyllis thanked Paul for his years of support to the forum over the years.

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**The next meeting of East Lothian Mental Health Forum  
will be held on  
Tuesday 16th February from 10.30 - 12am  
at Tynepark Arts Centre, Poldrate, Haddington**

**Contact ELCCF c/o Tynepark House, Poldrate, Haddington  
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