Mental Health in Sheffield: A Snapshot

A report on Sheffield Health and Welllbeing Board's Engagement event on Mental Health, July 24th, 2014

Healthwatch Sheffield

(September 2014)

Contents

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Key Issues – A One Page Summary

What did most people say would most improve Mental Health in Sheffield?

- Joining up services and Information sharing between agencies
- Support for paid and unpaid carers
- Improved information and communications
- Training for staff and volunteers
- Person Centred Care

What did they feel are the current barriers to this?

- Not getting access to services, or getting the right service
- Waiting too long for a service, or not getting help early enough
- Limited resources – staff, time, money, facilities, services
- Having physical and mental needs treated separately
- Lack of integration and communication between services

Recommendations and Next Steps

- Sheffield Health and Wellbeing Board note the points of this report and work proactively to translate people's views into action, and that all actions are communicated back to the people who attended this event
- All future engagement events should include a service user quota to ensure sufficient representation from members of the public
- This report becomes the basis of future work on the 10 topics discussed at the event with a view to repeating this exercise in 12 months time and assessing the distance travelled
- To work with Healthwatch Sheffield to ensure that people remain involved and their views and experiences are used to help shape and improve services in the City

Background

Sheffield's Health and Wellbeing Board asked Healthwatch Sheffield if they would be interested in running one of their engagement events taking place in July 2014. Healthwatch agreed and was able to select the topic of mental health.

Why?

We did this because we felt Mental Health was a difficult topic to collect views on, but a very important one. The findings at the event could also be used to make recommendations to a number of ongoing consultations including the Sheffield Mental Health Strategy refresh and the Healthwatch England special enquiry into discharge from services.

Who?

We were very clear from the start that we wanted to actively encourage service users to come along and have their say, making sure that the people who know the most about the condition were the priority. With this in mind, we ring fenced a number of tickets specifically for service users, and encouraged all service providers taking a ticket to also select a service user to attend with them. On the day, we estimate (based on the Eventbrite ticket list) that 60% of the 80 people attending were service users. For those who were unable to be in the room at the time, we hosted a live webchat (using Google Hangout) and also promoted a Twitter hashtag (#mhsheff2014).

Both the webchat and live Twitter feed were visible on large screens in the hall on the day. We received 86 tweets, all of which can be read in appendix 1.

How did we do it?

We gathered views in a variety of ways and since the event was taking place in the summer we loosely based the event on a summer fete theme.

To encourage people to talk about mental health as part of the day, a DVD was shown of the Sheffield MIND Let's Get Talking project. It showed service users from Somali and Pakistani backgrounds talking about their mental health problems and the stigma and discrimination people face.

Participants then had the opportunity to visit the summer fete, an informal session which gave people a chance to get refreshments, take part in our Hook-a-Duck consultation put up their Mental Health Bunting and view the Young Healthwatch stall.

All views from this session can be found in the 'Mental Health Bunting' section later in this document.

People were then asked to sit at tables to discuss 10 topics:-

1) Discharge from Hospital
2) Acute Care – Including secure units
3) Integration – bringing health and social care together
4) Barriers to accessing services
5) Information – how do you find things out?
6) Early support and intervention
7) Primary Care – GPs, dentists, opticians, pharmacists
8) How do you stay well?
9) Emergency care and support
10) Dementia

Rather than ask people to move around, the facilitators rotated around the room as if on a carousel. People had five minutes to add their views on post-it notes to each topic before the melodeon player signified it was time for the facilitator (and their topic) to move on. This allowed everyone to contribute to a large number of topics in a short period of time.

An artist was also present to capture the discussion in a visual form. Participants were invited to view the artwork and mental health bunting throughout the event.

What did people tell us?

We received a large amount of feedback from all the activities. Every comment we received can be viewed in Appendix 2. A summary of the main themes arising from the activities and the table discussions follows.

Table Topics

Acute Care

Key Points:

- Both patients and staff would like staff to have more time.
- Sometimes it is difficult to access services or get the right one for you.
- Families/carers need more support at points of transition (e.g. when someone is admitted, or discharged from acute care).

Emerging Themes

A&E

Several people mentioned A&E, and of these most people didn't feel it was the right place to be in a crisis. Response times and waiting times were also felt to be too long.

Staff

Staff in acute settings were described as having heavy workloads, or having lost their empathy. A service user commented that staff "not got the time for 1:1 work. They can't provide an individual service."

A staff provider echoed this: "Find that hands are tied to be able to do 1:1, an individual / bespoke service. Things have to fit the process, not the individual."

Families / Carers

Preparing the family or carer for discharge was mentioned, as was identifying clear routes out of acute care. "Families with acute care needs need help to access ongoing services" reflects most of the comments on this area. "The trauma of acute admission on family members is not always acknowledged."

Inpatient Settings

People who had identified themselves as having been an inpatient all disliked the experience. They described the environment as frightening, not enough having enough therapeutic activity and feeling neglected.

Access and Choice

Several people described not being able to get what they needed, when they needed it most in Acute Care. "Office hours are not helpful", "I need easier

access", "I need help to access the right service", "I don't always need specialist help, but I need good signposting."

Barriers to Accessing Services

Key Points:

- The stigma surrounding mental health remains the biggest issue in accessing services.
- More tailored training for staff is needed.
- Accessing primary care can be a challenge for some people.

Emerging Themes

Access and Waiting Times

People have very different experiences of waiting times and access to services. Geography and cultural differences were mentioned as factors that affected this. Service users spoke of thresholds for services being too high, waiting times for both primary and secondary care being too long, and not enough counselling available.

GPs

Several people said that they didn't think their GP had a good understanding of their condition. One person felt that there was a lack of encouragement by the GP to discuss mental health at an early stage. Poor referral letters and uncaring receptionists were also mentioned.

Information

Better information around self help would improve access to services for several people. Often people may not know what's available, or how to use it. "Accessing websites may be difficult for some people."

Training and Education

Awareness training for GPs, reception staff and employers were all mentioned.

Stigma

There remains a huge stigma around mental health, even though there is an acknowledgement of slow change.

"Women with anxiety are seen as marginalised"

"There are cultural barriers"

"Stigma, misconceptions, fear, personal shame."

A common theme was also that people either don't realise that they are ill or refuse to accept that they may need support or help.

Discharge from Hospital

Key Points:

- There is a perception that after discharge there is not enough support in place, and many patients feel there is a gap in service immediately after discharge.
- Transitions need to look more seamless to the service user, and need to take place only when everyone is informed and ready to do so.

Emerging Themes

Are you ok?

Several people would like to see more checking on people post-discharge.

"No checking of are you ok – are you well?"

"Discharge from acute services does not mean that someone has recovered!"

"Patients need to be eased back into coping on their own rather than just left. Often they don't see people for weeks."

"Do not 'send' people home unless there is someone to receive them."

Support after discharge

The majority of comments on discharge were about support.

"The discharge process is a revolving door."

"Not having appropriate support in place for after discharge is a major concern."

"Do not discharge until ALL care issues are fully arranged and resourced."

Housing was frequently mentioned as a service which needed to be involved earlier (i.e. "Let the housing know!").

Transitions

Universally, everyone wanted to see true integrated working when it came to transitions.

"Services working together e.g. health, council, individual's housing."

Discharge from Hospital (continued)

Transitions

“Stop the practice of playing pass the parcel with people and just treating them as money packages.”

“There is a lack of communication between mental health and physical health.”

“Limited support at discharge could cause people going back in.”

Most people mentioned better joining up of services and resources, and ensuring that everyone involved in the transition including the service user and their family and/or carer were informed and ready before the transition began.

Early Support and Intervention

Key Points:

- Much of the early support and intervention is carried out by the voluntary/ third sector. People are happy with this.
- Cuts and waiting times remain a concern for younger people and their families accessing services.
- People would like to see lower thresholds for access to services.

Emerging Themes

Voluntary/Third Sector Support

Many of the contributions to this discussion noted the valuable role of the voluntary /third sector.

“The voluntary sector is well placed to provide early intervention as people are often more willing to interact with them than other providers.”

“People become wary of primary health because of stigma. People therefore more ready to go to a non-statutory group.”

“The third sector offers flexibility, variety and is user friendly.”

Children

People mentioned the Youth Parliament and school nurses as important, but questioned the usefulness of CAHMS given a perception of long waiting times leading to more acute health issues.

“What support is there for 16-18 year olds?”

“Cuts to young people’s services e.g. Sure Start can lead to language development not being supported which can add to behavioural difficulties.”

“If young people are given help to adjust, then they find it easier to join groups and to be able to mix with others which helps their confidence.”

Thresholds

Thresholds for treatment were felt to be too high.

“You have to be in crisis before you are seen” and “Only crisis merits support.”

“People need to access services quickly. There is more money spent on late intervention”. “Services need to be available early and quickly.”

Emergency Care

Key Points:

- Emergency care has several areas of good practice.
- The tension between treating the physical and mental issue in an emergency situation remains critical.
- Individuals may have a large range of external factors that will affect their treatment.

Emerging Themes

Good Practice

Several people had points of good practice in emergency care.

“24hr Rethink helpline and crisis accommodation is impressive.”

“The response to the crisis in terms of saving my life was effective.”

“Crisis house – good but only if you can jump through the hoops.”

“Paramedics have been very good in crisis/suicide – non-judgemental and kind.”

A&E

A&E was not considered a good place to receive mental health treatment.

“A&E is focused on medical not mental health concerns.”

“A&E need for better training for mental health issues when someone presents with multiple issues.”

“Emergency A&E too focussed on ‘customer satisfaction’. Rarely have I seen surveys so poorly and inappropriately used.”

Mental versus Physical Health

Most people who had received emergency care noted the tension between treating their physical and mental health needs.

“I was taken to A&E because of an overdose. I was treated as someone with physical symptoms. The mental health ‘input’ did not begin until transfer to a psychiatric ward.”

Emergency Care (continued)

Mental versus Physical Health (continued)

"What is the priority? The mental or physical issue?"

"A&E need better training for mental health issues when someone presents with multiple issues."

Treating the Individual

"We need to be aware that even in an emergency there may be important things on service users' minds e.g. childcare."

"Services need to listen to carers who know the patient best."

"Non-attendance is not always a choice. Physical / stamina issues as well as mental stamina can be interpreted as disinterest."

How do you stay well?

Key Points:

- There is no 'one-size-fits-all' solution to keeping well. Individuals find things that work for them.
- Having a network of people to speak to, either online, through family or friends, is the single most important thing that helps people.
- Children need strong support both at home and at school.

Emerging Themes

Promoting wellbeing

People told us of a variety of things that helped them such as; mindfulness, exercise, eating well, cycling, sleep, Yoga, counselling, drinking less and laughing. Others talked about learning to prioritise their mental health: "I put my wellbeing and mental health before work deadlines."

Families, Groups and Networks

Having others around you to support you also works for many.

"Need to keep contact with family."

"Volunteer and interact with others with similar interests."

"Talk and keep in contact with your neighbours."

"Social media (especially Twitter) is great for connecting with others with mental health issues."

Children

Many people recognised the importance of promoting good mental health in children. They noted the importance of strong support at school:

"Schools having a holistic focus on wellbeing as well as attainment", as well as at home "give families and kids the tools to tackle cyber bullying", and elsewhere "organise activities for children and teenagers."

Befriending

Several people recommended assistance to help people to widen their social circle. “Help people to find interesting networking things to do and support them in the early stages of their recovery.” “Extended families – adopt a granny or granddad” and “befriending services.”

Information

Key Points:

- People don’t believe that there is a central resource for information on mental health.
- Sometimes people can’t find the information they need, but do know what needs to change to make it easier for them to find.
- Information that is as relevant as possible to the individual and delivered in the right format for them is the most effective.

Emerging Themes

Where you access information is key

Many people spoke of a particular place (online or physical) where they would go to find information, and where it was missing when they needed it.

“No info on mental health wards to signpost to alternative services.”

“Employers need to have information available.”

“Information is of no value if you cannot get it from where it is, to where it needs to be.”

One central point

Most comments in this section were about the need for one centrally held resource which was well advertised, clear, easy to use and up to date.

“I need one place to find out where all mental health services are located.”

“There is no central hub giving information.”

“A single point of access, needs to be up to date.”

Missing information

Often, people noted that they couldn’t get the information they needed.

“How would I get the information if I’m not on the system?”

“Information could be better.”

“Still a lot of missing information and lack of information about personal budgets.”

Information (continued)

Personalised information

Several people mentioned that a positive avenue is to receive information that is tailored to them, or delivered in person.

“Practice champions in GP practices offering help and advice.”

“Websites are not always the best for people with a mental problem.”

“Avoid the word ‘Mental Health’ for older people where stigma is strongest – ‘emotional health’ instead.”

Integration of Services

Key Points:

- More training for front line staff is needed.
- Putting the person first is key to integration.
- Time, money and staff remain a barrier.

Emerging Themes

Training and Education

There were many comments in this section about the need for training for people who work with people with a mental health condition.
“Mental health training for all front line support workers (i.e. police, care workers and GPs).”

“Raise awareness generally.”

“All staff need all necessary skills otherwise harm is done.”

“Up skilling of practitioners across the sector to work more effectively.”

Integration of Services (continued)

Person-centred care

People who had experience of a mental health condition spoke of the need to put the person first.

“If all services were integrated the pathways would be clearer.”

“We need to do ‘whole family work’, not individual.”

“People don’t want a whole lot of professionals in their lives.”

“It is important to avoid people having to tell their story lots of different times. Integration will help with this. We need to bust myths e.g. children being taken away if social services find out.”

“Organisations need to be quicker and more efficient about working with each other e.g. Sheffield Homes and the Council. Need to focus on the person and prioritising what they need.”

Resources

Time, money and staff were all quoted as things that remained barriers to integrated working.

“Sharing resources is needed, not working in silos.”

“Organisations need to be given time to reflect and plan integration.”

“Money! Stop playing power games, empire building and put the cash in.”

Standards

The issue of different criteria and standards between services was also seen to be a barrier.

“Difference in needs assessment between referrer and referring organisation (different criteria at the moment, raising expectations unfairly).”

“Accessibility on the same criteria (health universal, social care less widely available).”

Dementia

Key Points:

- More support for carers
- Training and awareness raising is particularly important with dementia as it is felt there is a lack of understanding / empathy
- Keeping people in their community and supporting that community to support them is important

Emerging Themes

Supporting Carers

The overwhelming majority of people felt that more support for carers was needed.

“More support for carers is needed.”

“Respite care for people with dementia so carers can carry on coping.”

“More support services for carers.”

Training

Specific dementia training was seen as essential to improving understanding of the condition.

“More training to be given to carers in dementia care.”

“Education for professions that do not work with dementia at all/that often.”

“Staff development in care homes.”

Raising awareness

“Access to awareness / training sessions.”

“Lots of education – raise the profile.”

“Information for children – Why can’t gran remember?”

Dementia (continued)

Community

The role of community, and the importance both of remaining in the community, and of the community in accepting dementia, were both seen as important.

“Access – keeping well in their community.”

“Dementia friendly safe places in every community.”

“Communities should be more tolerant of differences.”

“More dementia friendly officers especially in schools, shops and communities.”

Mental Health Bunting Feedback

To gather a wide range of views from those in the room, we invited people to take some coloured paper triangles, and to write their views down.

Pink triangles were for people to tell us what was good about mental health services in Sheffield, and Blue triangles were for what could be improved.

Although a timed exercise, those present were encouraged to add as many triangles to the line as they felt they wanted to. This produced our ‘mental health bunting’ which can be seen here.

In total, there were 68 ‘pink’ responses and 180 ‘blue’. These were then grouped into topics as follows on the next pages.

PINK Bunting Responses – What is good about services

Specific Services
Any triangle where someone mentioned a specific service, therapy or person. The most commonly mentioned of these was Improving Access to Psychological Therapies (IAPT).

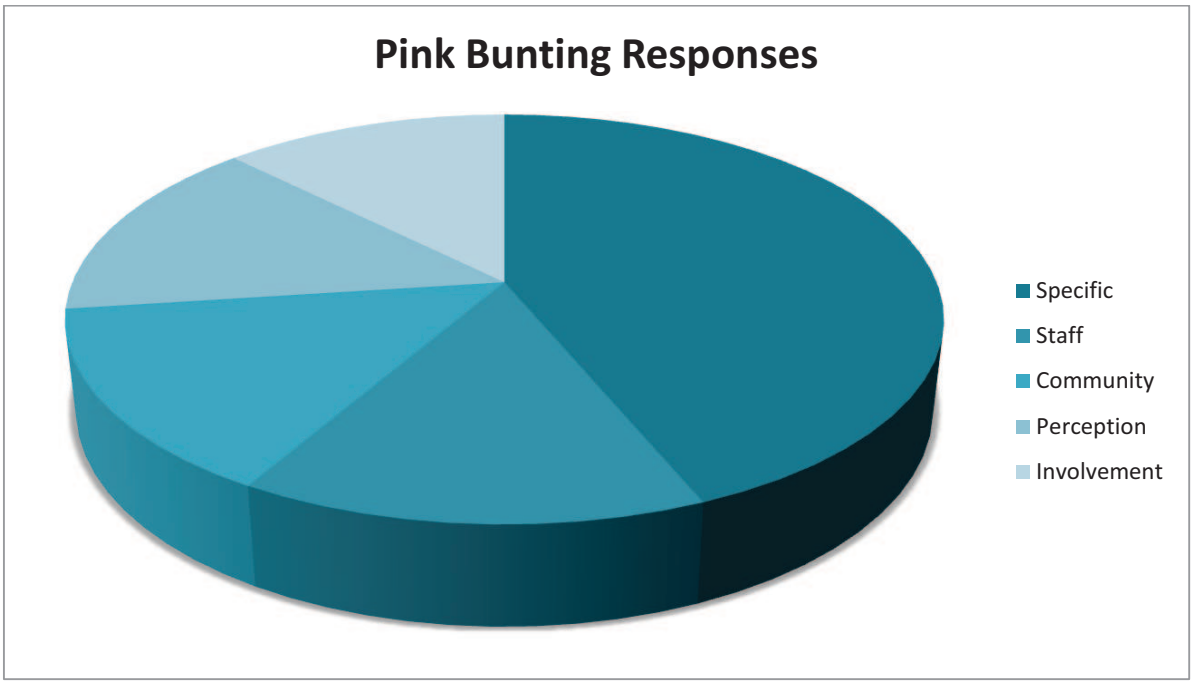
Staff
Includes staff attitudes, well trained staff, supportive and empathetic staff.

Community
Any community based resource or reference to the wider community.

Perceptions
Covers changes in the way someone's condition is viewed, changes in treatment, changes in how open people feel they can be on the topic.

Involvement
Any triangle mentioning attempts to ask service users their views, to be involved in commissioning or service design, anything user-led.

The most popular category was specific named services (21 responses), followed by staff, community and perceptions (7 responses).



BLUE Bunting Responses - What can be improved

Access
Includes all comments where a service does not exist, is not open at the time when it is needed, or where people find it difficult to get to use a service.

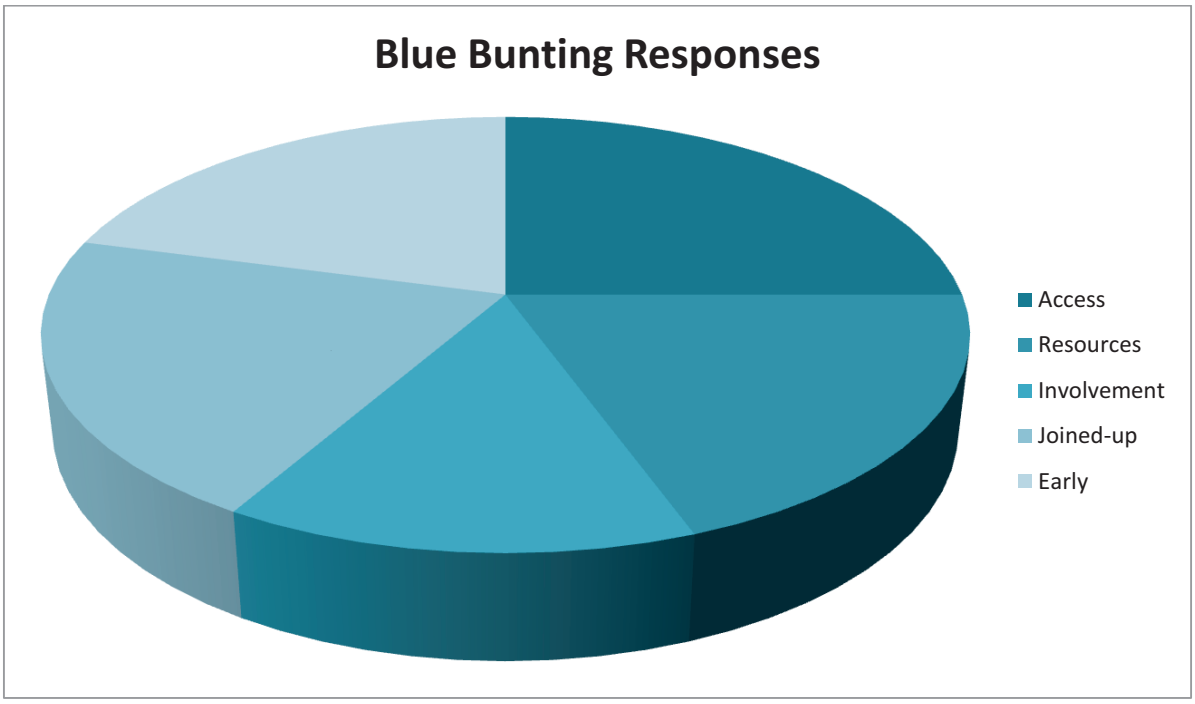
Resources
Includes all comments about lack of money, time, premises and other resources.

Involvement
All comments relating to people feeling they would like to be more involved in their care, and services needing to consult people more.

Joined-up
All comments about integrating care, needing to work more closely together and transitions.

Early
All comments about thresholds being set too high, waiting times leading to worsening in conditions, and needing to access services earlier.

Other
All other comments about specific improvements to specific services. No particular service was mentioned several times, so because of the large number of responses in this category, this will not be included on the chart below.



Thinking inside the box...

On every table was a box into which people were encouraged to place comments which may be something they didn't want to say in front of others, something they'd forgotten to say earlier, or something they didn't get time to say.

The full list of these can be found in Appendix 3.

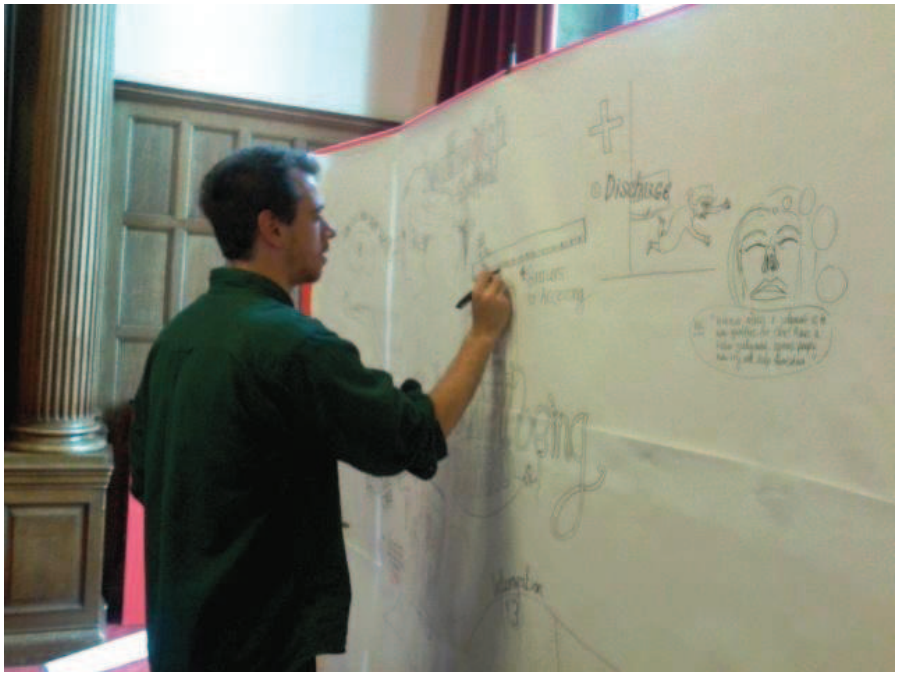
This section also includes notes made during the webchat by the chat host. A sample of these comments is recorded below.

- There is an empathy deficit in some aspects of care.
- Depression and other illnesses e.g. nervousness and anxiety must not be dismissed.
- Patient Participation Groups in every GP practice would help to support people locally around accessing alternative support for mental ill health.
- Nothing has been said about how to improve service user involvement to enable improvement of mental health services.
- Information is of no value if it cannot get from where it is to where it needs to be.

Event Feedback

Feedback from the event was very positive, with 89% of respondents scoring a 4 or 5. (1 being poor, 5 being excellent.)

The most common theme received in the feedback was the need to translate the discussion into action.



Thanks

We would like to thank the artist Paul Harrison (pictured above) for ‘storifying’ the event for us.

We’d also like to thank the Health and Wellbeing Board for offering us the opportunity to hold this event, Louisa Willoughby for helping to plan it, and our table facilitators; Marge Wiltshire, Sue White, Nighat Khan, Andy Wallace, Myrtle O’Connor, Steven Todd, Anne-Marie Hutchinson, Tania Taylor, Bethan Plant and Sarah Burt.

We’d like to thank our chair, Pam Enderby for opening the event and the joint chair of the Health and Wellbeing Board, Julie Dore, for closing it.

But most importantly we’d like to thank everyone who gave their time to attend, either physically or on the internet.

Your views matter - thank you.

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