

WORKING WITH SERVICE USERS WITH MENTAL HEALTH NEEDS:

A report of the 2nd Reading Advice Network forum on 30 May 2017



About this report

This report is the outcome of a Reading Advice Network (RAN) forum held on 30 May 2017 which brought together 14 different information, advice or support organisations to share experiences of working with local people with mental health needs.

We also valued the contribution of an invited service user, about their lived experience of mental health needs, and heard findings of a local survey of service users about their perceptions of the availability and quality of support. Professionals from the local NHS community mental health trust, also attended the forum and took an active role in discussions

As the summary table on page 3 of this report illustrates, the forum identified five main themes affecting the voluntary sector's ability to support clients with mental health needs, along with a series of proposed solutions.

We now urge local decision-makers - Reading's NHS clinical commissioning groups, and Reading Borough Council officers responsible for commissioning services from the voluntary sector via the *Narrowing the Gap* framework - to respond to the proposals and state how they will use this report to inform the way they plan, design and fund local services to best meet the needs of people with mental health needs.

Summary of RAN's themed forum on mental health

Issue	Experiences	Proposed solutions	What RBC/CCG could do
Poor interaction between statutory & 3 rd sectors.	3 rd sector organisations feel undervalued and not respected.	The level, variety and high standards of work undertaken by the 3 rd sector, should be promoted more robustly throughout statutory bodies, together with info on accessing the 3 rd sector.	Statutory bodies could accept referrals from local charities of clients believed to have urgent needs and include 3 rd sector staff in individual client case solving.
Inadequate 3 rd sector funding.	Leads to cuts in services, damages sustainability, and does not instil client confidence.	Fund the voluntary sector with realistic amounts that cover true costs of delivering services, including costs of non-frontline work.	Clarify a realistic expectation of how the 3 rd sector should evidence outcomes and values, within IT limitations of the 3 rd sector.
Perception that some frontline statutory staff do not provide adequate or appropriate support at the client's first point of contact.	Many clients turn to the 3 rd sector when their first contact within statutory support has been unsatisfactory and where appropriate support has not been provided.	Ensure that frontline staff in statutory services receive appropriate training in customer services, whether GP receptionists, call-handlers in social services or staff in community mental health teams.	Train/re-train frontline staff. Engage with 3 rd sector and share training resources, e.g. the Mental Health First Aid training run from the Reading Community Learning Centre, which has received excellent feedback from attendees.
Clients don't know where to go for help, particularly at times of crisis.	Clients feel they are being passed around - they want to manage their situation but are frustrated by complexities.	Having accurate, up to date information in various formats and languages, available throughout statutory and voluntary service locations, and in public and community spaces.	Develop and maintain an easy-to-find local service map - of both statutory and voluntary sector services - that can be used by individuals or professionals.
Little resource for professional development within 3 rd sector.	Many cases are becoming more complex and some 3 rd sector staff can face pressure in managing these cases.	3 rd sector staff would welcome access to statutory sector resources to bolster their ability to cope with complex cases, plus inclusion in case conferencing, to contribute to 3 rd sector continuing professional development.	Include 3 rd sector staff in statutory staff training programmes; hold peer support activities between professionals; and provide general advice from mental health clinicians.

Introduction

What is the Reading Advice Network (RAN)?

RAN began in 2013 and exists to bring together all the voluntary organisations that give information and advice to people who live or work in Reading. Its aims are to:

- improve the quality of those services, by encouraging them to work towards a quality standard designed for the voluntary sector and that adds value to the current Reading Voluntary Action (RVA) Safe and Sound accreditation
- make it easier for people to use local organisations, and
- be the collective voice for those organisations.

What is Healthwatch Reading?

Healthwatch Reading also was launched four years ago. It has statutory powers to help the patient and public have a greater say over NHS and social care services.

In Reading, Healthwatch also works in partnership with some charities to provide a new type of advocacy for vulnerable people, and more widely, raises issues affecting the voluntary sector via its seat on the Reading Health and Wellbeing Board.

Both organisations are charities in their own right, overseen by local trustees.

Why did we hold a forum focusing on mental health?

The Reading Advice forum is a regular event held for members of RAN, designed to provide information, support and networking opportunities. Members themselves had requested that the second forum on 30 May 2017, take an in-depth look at how to support people experiencing poor mental health.

Healthwatch Reading had also identified the sector's growing concerns about meeting the needs of vulnerable people (including those in mental health crisis) when it held a roundtable of local organisations in February 2017.

The forum aimed to give participants a chance to share and compare their experiences, identify any barriers or constraints on their ability to support this client group, and reach a consensus about possible solutions or changes.

How was the forum run?

RAN chair, Richard Harrison, introduced the forum, held in Reading Borough Council's council chamber. Two short presentations followed, from GRAFT chief executive Hazel Wright, and Rebecca Norris, team manager at Healthwatch Reading. Attendees then split into five facilitated groups to discuss experiences, challenges and solutions. Findings from each group were then shared with all.

Which charities participated?

- Age UK Berkshire
- Age UK Reading
- Citizens Advice Reading
- Communicare
- Dingley's Promise
- GRAFT
- Healthwatch
- Launchpad
- PACT
- Reading & West Berks Carers Hub
- Reading Community Learning Centre
- Reading Community Welfare Rights Unit
- Reading Refugee Support Group
- Reading Voluntary Action
- Red Cross
- Together Your Way

Main findings of the forum

The national picture

Hazel Wright's presentation provided sobering statistics on the national cost of supporting people with mental health needs. Around £19bn is spent by government departments, and a further £15bn by non-governmental organisations, with the voluntary sector believed to be receiving only 3% of the total national costs.

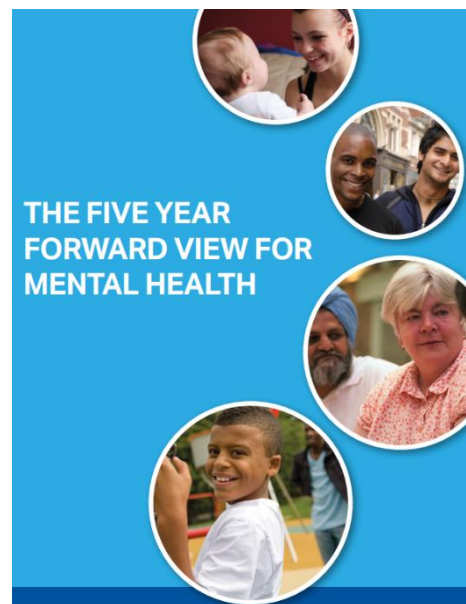
The unemployment rate for adults with mental health problems remains 'unacceptably low', given that a stable job and housing are vital for maintaining good mental health and aiding recovery. (See Appendix 1)

The government's vision

NHS England policy on mental health care is currently driven by the *Five Year Forward View for Mental Health*, published in 2016.

Rebecca Norris from Healthwatch Reading, explained that this policy sets out plans for:

- more child and adolescent mental health services ('CAMHS') to young people
- crisis beds closer to home for young people
- more 'talking therapies' for people with moderate needs
- more help for new and expectant mothers ('perinatal' services)
- more mental health expertise in A&E
- more physical health checks for people who are mentally unwell



Local provision in Reading

Various routes of support are available to people seeking help with mental health needs, comprising a mix of self-referral to voluntary or NHS help, GP referral to specialist services, or teacher or social worker referrals to specialist help. (See appendix 2).

A previous report by Healthwatch Reading has highlighted concerns about gaps in statutory assessments, care or safeguarding procedures, and the voluntary sector's role in taking on more complex cases of vulnerable people needing help. Many organisations are also not aware of the existence of other organisations, and/or the role they can play in supporting people with needs. (See appendix 3)

What do service users feel about current provision?

An informal, random, survey of 10 service users by GRAFT in the week preceding the forum, showed:

Crisis Support:

- The Common Point of Entry can be confusing
- Liaising with professionals is often intimidating
- Don't feel assured that problems can be solved
- Meeting unknown people causes apprehension
- Very often the illness causes suspicion which requires alleviation
- Home support:
 - staff don't arrive on time
 - get impression that staff and teams don't talk to each other
- Pressure on family and friends

Non-Crisis Support:

- Fear of benefit sanctions - being worse off if all information is disclosed
- Don't feel system is there to support them - there to catch them out
- Dread having to re-tell their story
- Hate feeling needy

What is the voluntary sector's experience with this client group?

Participants shared experiences during the facilitated group discussions held at the forum. The following four case studies highlight some of the common themes.

CASE STUDY 1

'We had a client who had been a child soldier and was severely traumatised. He was sectioned in Reading but released straight away. He was not allowed to access services because of his immigration status. He felt he had no support.

He went on to attack someone in the street and was put in prison. He felt he was not taken seriously about his trauma. He fed back that he is getting more support in prison than out in the community. In prison, he is getting regular support from a psychologist.

'We deal mostly with vulnerable migrants who have been seriously traumatised by previous experience. These people feel they do not have enough support because of their immigration status and entitlements to support. What happens to individuals who have no right to stay?'

CASE STUDY 2

'A client - a mother with two small children - came in looking for support to gain employment. She said felt suicidal and staff took this very seriously. Two staff members spent the day on the phone to get her some support. The mental health crisis team suggested that Graft support her to get her to Prospect Park hospital. Graft staff and management are concerned that they are not trained or insured to carry out this sort of activity but there was no other way to get this client the help she needed. The staff drove her to Prospect Park and she was admitted but released a few days later. Cases like these are very difficult, complex and emotional situations, that require a lot of patience and problem solving.'

CASE STUDY 3

'A client with mental health needs who had been suffering domestic abuse was being threatened with her benefits being taken away. She had been to the Job Centre and they had not been very helpful. She had found social services to be challenging and they only wanted to offer short term support to her. Social services suggested that if she was not happy with the level of support they were offering that she move out of area to live off the amount of support that she was entitled to.'

CASE STUDY 4

'We had contact from one client over two years. She came to us with many and varied complaints about services that she believed had affected her life, her job, and her physical mobility. But when we tried to help her by drafting letters to services, she began avoiding us. Her contact became sporadic, and on those occasions, she appeared confused, forgetful or accusatory towards us. She then stayed in touch and suddenly disclosed a past trauma. Concerned about her mental health, we tried to signpost her to Talking Therapies and other organisations, but she declined. We continued working with her, based on our principles of avoiding judgements or assumptions and helping people have their say. We arranged a meeting with the service she was unhappy about and went along to support her. It became clear that the professionals were picking up on her needs too, and were gently suggesting other organisations that could help her. But it was like the elephant in the room - no-one would explicitly broach the topic of her mental health. On reflection, we felt that this person had unmet health needs that she was unaware of, or was in denial about. It is upsetting to think that this affects most of her interactions with other people. But unless she wants help, we are unable to breach her confidentiality to take it further.'

Forum participants were unanimous in wanting commissioners to understand:

- the resource implications of supporting people: people in need will often turn to voluntary organisations even if those organisations are not formally funded to support those people's needs
- charities feel they often have to fight to get statutory agencies to take responsibility for supporting people in a crisis or to develop a long-term plan
- people in need, as well as charities, are often unsure who to turn to, for what

Below is a selection of comments captured during the group discussions:

'A single contact with the client can never solve all the issues. You must take it one issue at a time as their issues are so complex. You constantly question yourself and ask, 'have I helped this person?' - mainly because it is so difficult to navigate through all their problems and issues.'

'Simply listening to the client is very important, they always feel like they have been ignored and not listened to.'

'Statutory agencies make referrals out to the voluntary sector, but they do not accept referrals back in.'

'These short-term interventions are not helping society and will cost more in the long-run.'

'What is the cost of refusing services to these clients and sending them around the system?'

'Good practice dictates a multidisciplinary meeting to look at the best approach for the individual but this is costly.'

'Isolation is also an issue: the assumption is often made that service users can rely on family support but often there are no support networks available.'

'Frontline staff [at statutory agencies/providers] can have poor communication skills, which can lead to spiralling and further chaos for individuals. Statutory organisations need better customer service.'

'There is a revolving door syndrome with no-one taking ownership. They play 'pass the parcel'.'

'Organisations do not know what others are doing, which mean individuals can be referred to the wrong body. No-one has the time or resources to speak to one another.'

'Staff [at voluntary sector organisations] need support to help them balance the complexities of client.'

'Organisations have to weigh up the cost of not supporting, versus the cost of interventions/long-term support. A cost-benefit analysis needs to be done.'

Proposals for change

It was striking that the discussion groups on the day each reported back the same themes on what could be done to improve support for people with mental health needs. Below are comments from the forum articulating some of the proposed solutions or changes:

'The voluntary and community sector would like the CCGs (NHS clinical commissioning groups) to engage with them.'

'Respect for the VCS: there is a need to bridge the gap between the VCS and statutory services.'

'Trust is an important part of all the relationships.'

'What about social prescribing?'

'Befriending - building trust is important, especially for BME service users.'

'Mental Health First Aid should be completed by all.'

'Receptionists of frontline services need customer services training.'

'What does success look like? Mainly focuses around [for the client] having time, respect, recognition of needs, advocacy support, listening on the day.'

'Reading Your Way have a good model in that they use peer support.'

'Mental health first aid is a fantastic idea for frontline staff [to have training on].'

The service user who took part called for people to be incentivised during recovery: 'There needs to be a new category for those people who are getting better and doing voluntary work - they should receive a higher level of benefits.'

'Specific work in mental health requires trust, safeguarding, signposting, managing expectations. We have to be careful about encouraging over-involvement and dependency. There needs to be a consistent approach and staff [in voluntary sector organisations] need support and guidance.'

'There needs to be a service map, something on YouTube.'

'Technology could be better used - put services that are available on rolling screens in GP surgeries.'

'Knowing where all the services are, what they do, and what is available. The landscape is constantly changing.'

The future local landscape

At the time this report was finalised, Reading Borough Council and Reading's clinical commissioning groups had just published a response to Healthwatch Reading's earlier report on meeting the needs of vulnerable people.

The [response](#) (see appendix 3) stated: 'The three commissioning bodies [the council and CCGs] appreciate that Reading needs a sustainable and thriving third sector to help meet the challenges ahead. Clearly the sector is operating under pressure currently, and the report presented by Healthwatch Reading highlights the reasons for needing to work together across statutory and third sector services to pool resources for residents' benefit.'

'The CCG proposes to align its future voluntary sector commissioning with Reading Borough Council's commissioning plans including the 'Narrowing the Gap' framework.'

It adds: 'In order to improve understanding of what community support is available for mental health, the Council has recently developed a resource pack, which is now being used by the CMHT [community mental health team] and other partners. See

<http://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=n0eWsuf2uVo>.'

Another development since RAN's forum was a decision by councillors on 12 July 2017, to keep Focus House - a council-run home for people with serious mental health needs - open, after initially suggesting it be closed. This followed an online petition launched by a resident, and a film produced by Healthwatch Reading, of residents talking about the plans, being shown to the council. This is an encouraging sign that local people are being listened to.

Last but not least, the council has launched a consultation on a Narrowing the Gap 11 framework for 2018-22, with two events planned for August and September 2017. We urge RBC and the CCG to ensure the findings of this forum report are accepted as evidence as part of the consultation.

What happens now? *

Ultimately, we hope this report will provide the basis for an ongoing and mutually supportive working relationship between the statutory and voluntary sector that will result in a model of excellence to benefit our joint service users.

**RAN and Healthwatch Reading will publish summaries of this report on their websites once they receive any official responses from RBC, CCGs or other major stakeholders, for inclusion. Full findings will be shared with all who participated in the forum on 30 May 2017.*

Appendix 1: Graft's presentation to 30 May RAN forum on mental health



ran presentation
30-05-17.pptx

Appendix 2: Example of a mental health service map, Healthwatch Reading

Self-referral: NHS or social services

- **Thames Valley NHS 111 helpline** (new service from Oct 17, to be run by South Central Ambulance Service & partners)
For: anyone unsure which service they need
Offers: telephone advice from call-handlers/or access to GP, mental health and other professionals based in a clinical hub
Contact: Phone 111. Possible online service in future
- **Talking Therapies** (run by Berkshire Healthcare NHS Foundation Trust (BHFT))
For: depression, anxiety, phobias, panic, stress, obsessive compulsive disorder
Offers: Online therapy, group sessions or counselling
Contact: Tel 0300 365 2000 or email talkingtherapies@berkshire.nhs.net
- **Crisis Resolution Home Treatment team** (also BHFT)
For: first or reoccurring serious episode of psychosis
Offers: urgent telephone or home response
Contact: phone 0300 365 9999
- **Early Intervention in Psychosis service** (also BHFT)
For: first episode of psychosis
Offers: Assessment within two weeks & range of therapies
Contact: self-refer or via GP, phone: 0300 365 0300,
- **Own GP** for advice/medication/referral
- **Reading Walk-In Centre** Broad Street Mall, 8am-8pm daily
- **A&E**
- **Adult social services** at Reading Borough Council for info/advice/safeguarding referrals 0118 937 3747

Self-referral: voluntary sector

- **Reading Your Way** (soon to extend in Berkshire)
For: people seeking drop-in centre/peer support
Offers: socialising, care planning, advice on work/finances/housing/education, hobbies
Contact: open door service for new referrals on Mon & Friday, 1pm-4pm, and Weds, 10am-1pm. 1a Rupert Square, Reading, RG1 3HE, phone 0118 9660240 or email: readingyourway@together-uk.org
- **Compass Recovery College**
For: people who need advice & support for living with (or 'recovery' from) mental health needs
Offers: a range of short courses on topics such as 'mindfulness' and 'making sense of voices', provided by peer supporters and/or clinicians
Contact: Prospectus is online <http://bit.ly/2rchWwP>, or people can visit for information or registration on the first and third Monday of each month at New Directions in South Reading, 330 Northumberland Avenue, Reading, RG2 8DH, phone 0118 9373945
- **Reading Samaritans**
For: people in mental distress/feeling suicidal
Offers: Listening by trained volunteers on phone or sometimes in person or at A&E at Royal Berks
Contact: Tel local 0118 926 6333, or national freephone 116 123 or national email jo@samaritans.org, or visit: 59a Cholmeley Road, Reading, RG1 3NB 11am-10pm every day except Mon 2-5.30pm

Services via referral

- **Community mental health team** (run by BHFT out of Prospect Park Hospital)
For: people with uncontrolled/enduring symptoms
Offers: Therapies, anti-psychotic medications, social help or signposting from team including psychiatrists, nurses, occupational therapists, psychologists, psychotherapists, social workers, or care co-ordinators.
Referral route: Via GP, other healthcare professional or social worker, through a referral hub known as the 'Common Point of Entry' (CPE): phone 0300 365 0300.
- **Eating Disorder Service** (run by BHFT), referral from GP
- **Memory Service:** offering nurse or psychiatrist assessments, diagnosis and referral to dementia nurses, GP must refer, via CPE, 0300 365 0300
- **Traumatic Stress Service** (BHFT) for people such as military veterans or abuse survivors, also GP referral via CPE
- **Older People's Mental Health Liaison Team** (BHFT), for people aged over 65 staying in Royal Berkshire or Wexham Park hospitals, on general wards, who need help with new or existing dementia/delirium/mental health needs or coping with a new physical condition. Referral must be made by hospital staff.

Child and Adolescent Mental Health Services (CAMHS) - also run by BHFT

- Referral must be made by a GP, a teacher (special educational needs coordinator or SENCO), or a social worker, via the 'Children, Young People and Families (CYPF) HealthHub', telephone 0300 365 1234.
- CAMHS is made up of:
 - Primary CAMHS
 - Specialist Community Team
 - Anxiety and Depression Pathway
 - Attention Deficit Hyperactivity Disorder Pathway
 - Autism Spectrum Disorder Diagnostic Pathway
 - Berkshire Adolescent Unit inpatient/intensive care

Appendix 3: RBC/CCG response to previous Healthwatch Report on voluntary sector

<http://www.reading.gov.uk/media/7432/Item07/pdf/Item07.pdf>