

Feedback from workshop 30 July 2019

Exercise 1

Case Study 1

Pete, age 64

Around 4 months ago Pete lost his wife of over 30 years. Pete is beginning to feel a bit lonely as he is on his own the majority of the time. His family have now grown up and live many miles away. Pete would like someone to occasionally talk to about how he is feeling but he doesn't want to bother anyone with his problems. He would like to get out of the house to meet people but he finds it difficult as he doesn't know where to go.

In your opinion;

- What do you think would help Pete?
- If funding and resource was no issue, what would the 'perfect' support look like?
- What is currently available in Kirklees and Calderdale for Pete?
- How would Pete find out about the support that's available?

What would help?

Assuming no underlying mental health issues:

- Widows' group
- Peer support - out of hours and at weekends as well as in the daytime
- Befriending – someone to connect with, doesn't have to be a professional. Peer with similar, lived experience
- Bereavement support – touchpoints following bereavement.
- Ability to talk to someone who understands his situation.
- Coffee mornings - talking to people in similar situations.
- Information on registering the death – could be a pack of information containing details of support services.
- Normalising some of his feelings. Finding out how low he is feeling.
- Appropriate referrals, expectations, don't expect too much from community services.
- Service directory
- Not to be signposted to SPA/ clinical services
- More trust in VCS as an early step
- Inclusion of family – how could they help encourage to support groups
- GP follow up visit? Who could flag up to GP? Annual health check?
- Social prescriber service

If funding was no issue, what would perfect support look like?

Not convinced that funding is the key issue here. The suggestions above exist. The question is does the client have the ability to find out what he wants/needs. How could he find this information out? Does he have the confidence to seek out the information required?

Signposting from the GP needs to be right. This client probably does not need IAPT.

The client needs someone to talk him through where he could get the information he needs. He may need somewhere to go access the information. Asset based approach would be useful - someone in his area to connect to, for example Community Plus.

People may find it hard to identify what they need if they do not know what is there/available.

What is available locally?

- Carers Count – aftercare group
- Platform 1
- Bereavement groups (are they swamped?)
- Leisure activities/hobby clubs linked to client's interest
- Age UK
- Community Plus – Kirklees,
- Staying Well – Calderdale. Difficult as may need email address to get info. How accessible is their info
- Recovery College
- Better in Kirklees
- Might just want a friend to go to the pub with, rather than a group
- Health Trainers in Kirklees
- CHIBS?
- Primary Care Networks – social prescribing
- Lunch clubs
- Church or other religious organisation – social support, may have groups
- Mens Sheds – Calderdale. Platform 1 – Kirklees. Friendly, informal, feel useful

The GP may know of local services

Even though family are not local, they might increase number of phone calls, visits, send things to let him know they're thinking of him, show him how to FaceTime, Skype if doesn't know.

How do people find out about support?

- GP
- Local community assets
- Internet
- Local papers
- Library
- Gateway to Care. Even if he dropped in to one of the customer service centres, staff should be trained to listen out for concerns, eg someone saying 'I've never paid Council Tax before, my wife used to do all this stuff'
- CAB
- Supermarkets
- Need a directory of services – one place, one contact number

Concern expressed that there are so many people in this position. 'low level' needs, loneliness can worsen, leading to a risk of depression and ending up with people needing to access services. Support/prevention is key.

Case Study 2

Irena, age 41

Since giving birth 5 years ago, Irena has struggled with spells of low mood and anxiety. She has been to see her GP who has referred her to the Improving Access to Psychological Therapies team (IAPT) and she is currently on the waiting list to be seen. Irena is currently worried about having suicidal thoughts but has not yet actively made a plan for suicide.

In your opinion;

- What do you think would help Irena?
- If funding and resource was no issue, what would the 'perfect' support look like?
- What is currently available in Kirklees and Calderdale for Irena?
- How would Irena find out about the support that's available?

What would help?

- IAPT
- Something to fill the gap between the present and IAPT. Something that can be put in place quickly. Would look to the voluntary sector to fill this gap, ascertaining what is available (some examples include Women Centre, the Samaritans)
- Client may also need secondary intervention if the need increases. Need to consider her situation has changed since her referral to IAPT. Client needs to be made aware that she needs to make further contact if her situation worsens. She needs to be given a crisis number to contact - not necessarily SPA. There should be some crisis numbers to call on the initial letter to the client from IAPT. It would be useful for the IAPT letter to contain other numbers to call when help is needed.
- Make need more intense support from CMHT.
- Someone to advocate, to speak up on her behalf.
- GP review – may do home visit. Medication or other intervention? Is the delay making things worse – go back to GP for an additional referral into IAPT.
- A group to go to, to talk to people
- Contingency plan
- Information about what to expect from IAPT or SPA
- No complexity around crisis line vs referral line
- Support from neighbours
- Is there enough support for people to have social interaction
- Could this have been picked up following the birth?
- Talking therapy
- Reassurance that it's OK – no stigma

If funding was no issue, what would perfect support look like?

- No waiting list - immediate help
- Counselling

- Number of IAPT services should be the number you need.
- Not convinced money is the issue (comment from SWYFT representative), signposting and access to services that could be used/accessed if the situation worsened
- Immediate intervention
- 1 week maximum from referral to therapy
- Perfect care depends on what the issue is - are there other issues - underlying issues for this client?
- Questions that need addressing and solutions finding: has the client got childcare? Can she get to the service in question at the right time? Does she need support around parenting?
- If the client is suicidal then IAPT is not the right service
- A central database of all local services to access would be useful - this needs to be updated with the right information and needs to be accessible to all including GPs, members of the public
- Extended perinatal service with support groups delivered through that service.
- Someone to provide talking therapy immediately, by phone/video.
- Mum to be courses – to pre-empt issues
- More education about mental health

What is available locally?

There are lots of services available locally but the exact issues for this client need identifying. There may be wider issues. Issues may be around

- Parenting - Family support worker
- Children
- Housing
- Debt
- Women's issues for which women's services may be useful. Has the client suffered postnatal depression? If so situation should not have got to this stage. Her postnatal depression should have been picked up earlier
- Retraining - client may have lost focus may be interested in retraining
- School may pick up on issues and refer for support. Esp if any safeguarding concerns for child.
- If she was looking for work, DWP may pick up on concerns and signpost her.
- If she phoned SPA and said feeling suicidal she would be triaged. If she was on waiting list for IAPT, she would be asked to phone them and they might pick up the need to make an internal referral.
- Auntie Pam's
- Healthy Minds
- Womens Centre
- Midwife/HV (at time when still seeing these services)
- Surestart centres/hubs

How do people find out about support?

- Internet - it will be useful to have a search engine which could signpost the client to the relevant organisations
- School/nursery
- Sure Start - the many the centres have now closed, this was helpful and was a good initiative providing early help in the community and a sense of community
- If we don't know what's available how can we access it

Case Study 3

Nicola and Stephan, age 25 & 29

Nicola and Stephan live together in Huddersfield. Nicola has a history of previous suicide attempts and self harm. She is not currently accessing any mental health support services. Recently, Stephan has noticed that Nicola's mental health is quickly deteriorating and he feels that if she doesn't get urgent mental health support soon, she may attempt suicide again.

In your opinion;

- What do you think would help Nicola and Stephan?
- If funding and resource was no issue, what would the 'perfect' support look like for them both?
- What is currently available in Kirklees and Calderdale for Nicola and Stephan?
- How would they find out about the support that's available?

What would help?

- Secondary mental health services. Client needs assessment as soon as possible
- Support for partner so that he's not left alone to decide what to do
- What is the partner's role? This needs clarifying. There may be issues around consent if he contacts services on behalf of Nicola
- Both parties are in crisis. Stephan cannot handle this on his own. Carers support but more focussed towards young people. Stephan may be struggling at work – how would he access support if also working full time.
- The partner's concerns should be given a lot of weight – they know this person best and if they are concerned then services to listen to and act on what they are saying. Although, perhaps have in back of mind that the relationship with the partner could contribute to deteriorating mental health.
- SPA would know of Nicola and if only recently discharged she may be able to be referred directly back to service. If Stephan called, there may be issue around consent.
- Crisis and contingency plan – giving consent and deciding on a plan when you are well (advance statement).
- GP support – medication
- Need to know what to do in a crisis.

If funding was no issue, what would perfect support look like?

- Flexibility regarding consent
- Urgent assessment within a few hours followed by support package identified being put in place
- Home-based Treatment Team assessment
- Hospital?
- Both Nicola and Stephan need to be listened to

- Support for Stephan - as the carer - an explanation of what will happen.
- Visits for Nicola on a daily basis so she could avoid hospitalisation?
- How can we improve on existing offer?
- Perfect support looks different depending on the individual. What does Nicola want? What would make her feel better/safe/supported?
- Separate referral for both Stephen and Nicola
- Carers support evening and weekends
- Opportunities for people to 'check in' with a health professional – touch base
- More digital options – phone, video support
- Mental Health First Aid courses available to all

What is available locally?

- Crisis café - ability to attend this café depends on how high the risk to Nicola is. This is open Saturday, Sunday and Monday from 6 PM - midnight in Kirklees. People can self-refer.
- 111/A&E – people discussed how inappropriate A&E is for people in mental distress. Very busy, won't be seen quickly, overwhelming.
- Shout ?text support service

How do people find out about support?

- This couple are in a better position to access information than the others in the previous case studies. Stephan is key and the case study gives the impression that he is wanting to help Nicola.
- Nicola should have a care plan and this should give pointers as to what to do with her situation worsens
- Nicola might be new to the area. This needs to be taken into account. She may have moved into the area recently from elsewhere
- There is still stigma attached to getting help from mental health services
- Community centres – trusted services
- Need database for all support, regularly updated. One place to phone, one website.

Exercise 2

People were asked to look at some examples of information relating to crisis mental health support, both locally and in other areas.

What's good?

What can we take from these examples?

How can we make comms even better in Kirklees so that everyone knows how to access the right support at the right time

What should key providers be telling people?

- Discussion around the **Kirklees Council leaflet, 'feel like you've had enough'** - that it needs dates stamping, needs to be widely available (in GPs, citizens' advice bureau, libraries, accident and emergency, supermarkets, workplaces).

The SPA information on this leaflet is too brief and gives the wrong impression of what the service can provide – the SPA scope on this leaflet is incorrect and will result in people having too high an expectation of the service.

The idea of the leaflet is good. It is tough - will not get damaged easily in a pocket or wallet. It is discreet, in a nice format and is a nice size. There should be a contact number slot for Kirklees Council on the leaflet for providers who want to contact the council so that they can be included in the next version of the leaflet.

Could there be an electronic version/app with this leaflet?

Information on the leaflet is quite overwhelming and doesn't give a starting point – which service would someone start with? Important information needs to stand out.

Lots of discussion around who, on this leaflet, could someone call if in crisis at 3am – only SPA (if they answer – sometimes it goes to answerphone) and Samaritans.
SPA is not a Single Point of Access – it's a SPA for secondary care needs.

SWYFT information - the numbers on it are all national, there are no local services mentioned. The format is difficult to read and uninteresting.

What about people who work in Kirklees – they may not be able to access support in this area. Where can they go? How would they find out?

- One central place for people to contact. One central website for whole of Kirklees for MH support
EG Leeds - <https://www.mindwell-leeds.org.uk/> (people liked this site).
- People liked the simplicity of the example from Bradford
<https://www.bdct.nhs.uk/services/first-response/>
- Infographic - self-care, share, online, talk, therapist, 111/GP - colourful, eye-catching, plenty of options
- Info should be clear/bold. Not too much information. Managed services, not unmoderated online services.

- Want accurate information about who to contact next. Don't send me round the houses.
- Don't use language like 'office hours' – makes me feel like I'm a problem that can only be dealt with during certain hours. Sounds too formal, likes it's just a tick box exercise.

What are the key messages that SWYFT should provide?

- Clear description of SPA, when someone might contact, what to expect. ?flowchart. People don't know about triage. What is it like to ring SPA?
- Show how it's an accessible service for everyone. How could someone contact who doesn't have English as their first language? Deaf or hard of hearing?
- It should provide local information as well as national information.
- Info about secondary MH care – current content on website not user friendly.
- Streamline information, not lots of unnecessary bits.
- It should provide links to non-phone services. All the services to which the leaflet links are telephone based and many people are not confident with using the phone, many do not have a phone and many may not have the credit to make the phone call. There needs to be some online and other options - online chat would suit younger people.
- There needs to be different options for help for different types of people.
- Technology needs to be used for some people - also for appointments (e.g. Skype)
- People experiencing crisis for the first time are likely to require different information. They may be able to get the Kirklees leaflet from the GP, if the GP is tuned in. If searching for support online for first time, details don't come up.
People might try 111 but is this the most appropriate service to take calls? Always feels like a very long, tick box process to go through first before you actually get to speak to someone who might understand. Long wait for call back.
- SPA team needs educating regarding signposting people to services if they cannot help for them. It has a role in signposting - there is a need to look at health more holistically - to consider the wider determinants of health such as debt, social problems. Recognition that SPA does not at present receive funding for this list needs to be reflected in commissioning.

How could SWYFT communicate key messages in a different way?

- Skype would work for some people
- Offering different types of appointment to meet different people's needs
- SPA needs to be well-defined and this needs to be communicated. People need to know the answers to the following: what can I expect from the service? What can the service provide? What can't the service provide?
- Communication needs to be free of jargon and language that is easy to understand
- SWYFT needs to manage expectations when it communicates - so that people understand that they may be offered a clinical service but that they may also be offered a nonclinical service instead. Clinical services are not always appropriate. The answer to mental health issues is a holistic approach
- SWYFT needs to raise awareness communicate with people in every social aspect of life including schools, work, leisure (e.g. football matches).
- All info to be accessible to all, eg deaf or hard of hearing, blind and visually impaired, people who don't have English as their first language.
- Show time limits, if they apply.

Where should information be made available?

Folly Hall – duty worker if in crisis.

One place for accessing all information – website and central phone number.

Accessible in community – libraries, community centres, no stigma.

Need for a safe space

Not telling people, this isn't the right place. Need a human voice and appropriate direction.

What info do 999/111 give you?

Equal access for carers and service users.

Supportive/welcoming information.

Accessible to all.

When in crisis, probably not going to get information online. There could be other places/ways of getting information to people in crisis which is better than online.

Paper formats to take away.

Got to have information everywhere.

Information from professionals and for professionals

Distribution of information within service and outside.

Does the language mean something to people, eg Single Point of Access – what does this mean to people and is what they understand it to mean actually correct?

People talked about wanting a safe space to go to, rather than always having to phone. Well Bean Café is good but not always available. A&E is one of the most inappropriate places for someone to go in a mental health crisis. Paramedics also need more training.

Should be a care plan for the carer.

What next....follow up event(s)

Where?next one should be in Calderdale.

Who should be present?.....some commissioners of health services

What should be talk discussed?Clear examples of situations and advice about appropriate response.

How are people's views being used to make services better?