

NOVEMBER 11

EDITOR

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RUN-UP NEWS

NEWSLETTER

MENTAL
HEALTH
PATIENT
RECALLS RISE
AS COMMUNITY
TEAMS
STRUGGLE

KEEPING YOU
UPDATED

PAGE 2, 3, 4
AND 5

ANXIETY CARE
A NEW
BEGINNING

PAGE 6

WORK
REDBRIDGE
NEWSLETTER

PAGE 6

NEW MENTAL
HEALTH
SERVICE CRISIS
CARD

PAGE 6

WORLD
MENTAL
HEALTH DAY

PAGE 7

BOWLING
COMPETITION

PAGE 7

OFFICIAL
OPENING OF
CIIL (R)

PAGE 7

RECOVERY
WORKSHOP

PAGE 8

Mental health patient recalls rise as community teams struggle

We recently received this article that was written on 19 October 2011, by [Simon Lewis](#). Once again highlighted is the high cost to patients when resources are diminishing.

A dramatic rise in the number of people with serious mental illness being recalled to hospital has led to concern that community mental health teams are overstretched. [Community Treatment Orders](#), which came into force in 2008, mean people detained under the Mental Health Act can be released into the community, where they are still legally compelled to take medication and receive treatment. Service users subject to community treatment orders are regularly reviewed and can be recalled to hospital if their position deteriorates.

Information Centre data reveals that in 2010-11 the number of people subject to an order who were re-detained rose by almost a third on the 2009-10 figure. Last year 1,601 people were judged to be well enough to receive treatment in the community only to be recalled to hospital, compared with 1,217 in the previous year. The rise is particularly significant since the number of new orders issued fell by 6.6 per cent from 2009-10 to 2010-11. A snapshot taken at 31 March found a total of 4,291 people were subject to an order.

Campaigners have said the rise in those recalled to hospital points to pressures on community mental health teams. Mental Health Foundation head of policy Simon Lawton-Smith said it was unlikely the rise was down to the number of people given CTOs. He said each person given an order is put on a care plan, which should help them stay out of hospital. "We do know that care plans are not always followed chapter and verse," he said. He added that community teams had been put under extra pressure by the orders, at a time when "resources are under pressure". He said this may limit their ability to follow care plans, meaning more people becoming more ill and requiring detention.

Royal College of Nursing mental health adviser Ian Hulatt said the pressure on community mental health teams was a "plausible interpretation" of the figures. He said: "Trusts are making an honest attempt to provide a decent service, but in the context of diminished resources. In order to balance the books community teams are being rationalized and having their geographic areas extended. There have been losses of staff and early implementation teams are being reduced."

The full facts of service delivery i.e. clinical and support resource to meet case load is not in the public domain despite constant requests for this information. This has always been the case over the decades. No one will respond on this fundamental. It would reveal the pool of time and expertise that is available and therefore the adequacy. The informed service user and carer experience is that needs are not being met. The result is that not just the mental health of SMI sufferers is jeopardised but also their physical health e.g. their life expectancy is reduced.

“KEEPING YOU UPDATED”

September Service User Network Meeting

Guest speakers were Mark and Graham from the London Fire Service Community Safety Team. Their core interest is public awareness of safety for people not property though they do advise on property issues if asked.

The evening was partly a talk from the two officers and partly Q&A from members who had lots of questions. Some points discussed include:

Smoke alarms. Many members had questions about their home smoke detectors mainly about poor battery life and how to switch off when the detector operates from e.g. excess heat from an oven when the door is opened. They recommend the smoke detector they fit free-of-charge which is British Standard kite-marked and has a battery with a ten year life. This is much longer than those bought in shops and they don't recommend buying a detector from a £1 shop unless it's kite-marked. You cannot replace the battery so a new detector needs to be fitted. Most members signed-up to have one of these fitted in the next one/two months.

Advise on use of chip pans. Only fill 1/3 with oil 1/3 product leaving 1/3 space. Don't leave unattended. Avoid alcohol or medication when using a chip pan. They reminded us not to smoke in bed & if you do stand up!

Electric blankets should be

kite-marked and switched off before going to bed. When not in use during summer they should be rolled not folded to protect the electric wiring.

Electric appliances should be switched off at night not left on standby. Electric extension leads with extra sockets should only have 4 and each with one plug/socket not multi-plugs in a socket as there is a risk of overloading the fuse. These can be bought with breakers which automatically cut off supply if overloaded with plugs.

Chargers for phones should be disconnected when phone is charged. These are mini transformers and get very hot. There has been a recent incident of fire caused by an overheated charger on a pillow.

At night all internal doors at home should be closed. This gives up to 20 minutes protection from fire. If a smoke alarm is heard and fire is detected don't open the door. Put back of hand against door to test for heat. Block the gap at the bottom of the door to prevent smoke entering, then dial 999, then lie under open window and shout FIRE! Fire Brigade should only take 8 minutes to arrive and will automatically look for windows where they hear voices and will attempt rescue there first. Keep low down to avoid any smoke. Smoke kills more than fire.

They don't recommend fire equipment in homes and trying

to fight the fire. Better to carry out the procedure and leave to the experts.

Photographs were shown of a fire developing in a room where candles had been lit. It showed the speed and worsening fire over a 10 minute period. This showed everyone how quick and dangerous a fire can spread burning furniture, television, curtains and the whole room.

Information about the new MHS Crisis card was given out. Contact our office to get one of these on 020 8215 9201(the cheaper number) and put in extension 7888

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September's Redbridge Business Meeting

This was a very brief meeting and due to the re-structuring of NELFT management that took place on 3rd October, very few attended. This meeting will no longer take place in its current format, and obviously we asked if service user representatives are still welcome in whatever guise it takes in the future. Bob Edwards stated that they (senior management) are **not** seeking to exclude us and he will let us know when future meetings have been arranged. We flagged up World Mental Health Day and said we looked forward to seeing NELFT staff there.

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“KEEPING YOU UPDATED” Cont....

September (Directorate Governance Group), now known as the Mental Health Service Quality and Safety Group (MHSQS). No longer called Directorate Integrated Governance Group (DIGG!!).

Janice attended this meeting and this is her feedback:

Bob Edward attended a London Borough of Redbridge meeting and will be updating people soon.

Complaints as they stand were 2 outstanding and 3 open at the time of this meeting.

Redbridge SURG service users who have not been attending will be taken off the list and the process for new recruitments will be going ahead.

A discussion took place about some carers not wanting an assessment and how the staff log this in RIO if there is no date of birth. This is something for further discussion.

Service user standards, the questionnaire and the results, which some teams could not understand. Prosper Mafu (Practise Improvement Practitioner) is going to attend a quality improvement meeting at older persons to update and inform them.

Bob asked how the managers feed the content of this meeting back to their teams. Some managers took parts back which they felt were useful, but I (Janice) on the other hand felt it gave me a great understanding of the

Trust and the fact that both Carol White and Bob Edwards take the time to help me understand the meeting which helps me digest this information and inform service users of what is happening within the Trust. I think all who have contact with the Trust should have some understanding of how it works.

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September's North East London Foundation Trust Board of Directors Meeting.

As you probably know by now, this meeting usually starts with a Patient journey, but as the patient was not in attendance the journey was read by Stephanie Dawe. The patient had suffered from acute social phobia, anxiety and agoraphobia and became isolated. Eventually the patient went to Cognitive Behavioural Therapy which helped them realise they weren't alone with the problem. They were then put in touch with the charity Tomorrows People by Jobcentre; they link local work with disadvantaged people. The patient found a voluntary vacancy in NELFT which has helped them gain confidence and accept responsibilities. They now have much more self belief and have applied for a paid job within NELFT.

The Board reflected on the Patient Journey and acknowledged the value of work/volunteering for service users. The vice Chair suggested they have a service user describing a poor Patient Journey for another meeting (something that I think would be very useful).

The NELFT 0844 number is to be replaced by a 0300 number. But this will take place over the whole Trust Business Units, so will take time to implement. SURG have been informed and are pleased. **We too are extremely pleased as we too have tirelessly campaigned to have this number changed!**

A report on the new Mental Health Service Direct service is due shortly and will be on agenda for the next Board meeting.

The Chair reported meeting many Councillors of the different boroughs involved with NELFT. Also Chair of Outer North East London, Monitor and Waltham Forest MHS Team.

The Chief Executive Officer mentioned the implications of the Care Quality Commission (CQC for short) report on Sunflower Court for the Trust (finance).

It was reported at the meeting that all Business Units were financially positive.

The Service User Survey produced mixed results. Too many responses had come from service users NOT on Care Programme Approach (C.P.A) who are the most vulnerable clients. The survey placed NELFT almost at the bottom of the National table for responses from CPA clients. Changes will be made in future surveys so Care Coordinators are more closely involved with their clients in

“KEEPING YOU UPDATED” Cont....

the survey. There is also a Service User pack being introduced that will include a Care Plan and Crisis Pack for service users. One non executive director noted the discrepancy between internal (good) and external (poor) audit reports.

Mental Health Services reported the new recruitment fairs were going well with many applicants in some areas (psychiatry) but not others (doctors). The process will be extended to all Business Units, some of the Board want an appraisal of the success, but are not sure how to measure it.

Bed availability had improved with 8/10 beds routinely available.

Recovery and Social Integration strategy (RSI) incorporates the Employment and Education strategy (EET) but the board want to know where work comes in the ladder of RSI and what emphasis do Occupational Health give to work?

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September’s Redbridge CVS Meeting

We were unable to attend this meeting as we were part of the bowling competition. See page 7 for details

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SURG (Service User Reference Group) Meeting

Late September Run-Up attended the Redbridge SURG meeting, which had a very poor attendance. Members were advised that any SURG

members who had not been for a while or who have never attended would be written to as it would be assumed that they no longer wished to be members. An advertisement would be going out for new members to join. Due to RUN-UP’s other commitments we were only able to stay for 45 minutes. On the agenda was NELFT (North East London Foundation Trust) Quality Accounts. We discussed these and from RUN-UP’s point of view (having personally tried to read and digest all the information, facts & figures in there) strongly suggested that there needs to be an Easy Read version of this, so service users have access to this very informative document and then if they wanted to could possibly make comments. Carol White (Assistant Operational Director) said that as she is the lead for Mental Health she would take my comments forward.

The group then looked at some serious incidents requiring investigation-briefing. These were incidents that had actually happened (although people’s identities remained anonymous to us). Run-up’s concerns were the fact that some of these incidents still happen and why some information that could prevent a serious incident in the first place were not in service users care plans. It was suggested to us that being able to see these briefing sheets was for the purpose of seeing what lessons NELFT learnt to ensure incidents like

the ones we read never happen again. We did however point out that on one particular briefing sheet where areas of good practice are highlighted, that instead of the written information being under that particular heading, it perhaps should have been under the Key Findings heading instead, because the way it had been written suggested that good practice had been applied, when in our view it had not! Carol said she would take this back to the Clinical Governance Manager for NELFT for her thoughts and comments.

* * * *

Day Services Review Steering Group

Although Carol is moving to a different post, Bob Edwards will remain the link with London Borough of Redbridge regarding this review.

Adrian Dorney will take over the facilitation of these meeting and implementation of recommendations from Carol White.

Helen Moody who has been the interim manager of Ley Street has gone back to her original post and the post for an Interim manger of Ley Street & Abury House has been advertised. This post will last for about 1 year.

We all looked at the briefing paper and recommendations in the final report. It was recognised that a project plan needs to be put forward to service users and as quickly as possible, as some changes are already happening. Again

“KEEPING YOU UPDATED” Cont....

it was recognised that entrenched service users need to be supported through any changes.

It was also recognised that both Community Development Workers need to work in linking all the different community groups together, so that **all** can use the service that will eventually be provided.

It was agreed, subject to confirmation, that there is to be a stakeholder's afternoon where the report can be shared – possibly at Ilford Library but of course we will let you know as soon as we know.

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September's Employment, Education and Training Implementation Group Meeting

This meeting was about the new Work Programme and who is delivering it in Redbridge.

The main provider is Action 4 Employment (A4E for short) who have sub-contracted work to other agencies Seetec and Lifeline. Another agency, Career Development Group (CDG) is involved nationally and also gave a presentation but is not directly involved locally.

The Work Programme replaces other Government attempts to get unemployed people back to work. It will affect people on Employment Support Allowance (ESA for short) and Job Seekers Allowance (JSA for short).

There are two categories for referral. Mandatory for most people on JSA but voluntary for those on ESA or some significantly disadvantaged people on JSA.

Payment for service providers has been changed to encourage longevity in dealing with claimants. There is an attachment fee at the beginning of a client entering a job in the Work Programme with the aim to sustain that job over a number of years. As the contract can be over four years the fees are reduced each year until nil in year four. But what's known as a containment fee is also payable and this will be an **incentive for the provider to maintain the client's employment.**

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October's Redbridge Home Treatment & Acute Day Treatment Service Users Forum

As you know by now our Kate Harrison usually facilitates this meeting, however this month there seems to have been a mix up due to a key member of staff being away. Kate hopes to facilitate the next meeting.

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October's Community Recovery Team East Business Meeting

Kate Harrison (our user consultant) reports that a presentation was given by Mirabai Swingler from the Chaplaincy Service. Last summer North East London Foundation Trust took on two part time staff on as well as

Mike Pritchard, a Lay Preacher from the Christian faith (Mirabai Swingler) and Sarah Betteridge a Lay Preacher from the Muslim faith.

The service is for patients, staff, families and carers. There are no referral systems. Phone or e-mail the chaplaincy service on 0844 600 1201 ext 5627. The meetings are in total confidence and are not entered on RIO. But if there are safe-guarding issues a confidence will need to be broken. The office is based practically opposite the RUN – UP office.

Other items on the agenda included;

In the Team Brief it was reported that NELFT is one of the largest trusts in the country including mental health services and community health services.

The Community Recovery Team has been partnered with Redbridge Crisis Resolution Home Treatment Team to improve standard care planning and recovery action plans.

And finally The Detox Unit known as Titian Ward here at Goodmayes has now been closed. For further details of this closure, please read December's newsletter when it comes out.

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Anxiety Care – A New Beginning

Many service users have asked us what's happened to Anxiety Care. Are they still going? Have they now closed down? We all saw the headlines in the local recorder recently – "Anxiety charity's last-minute appeal could shut amid funding woes" Well the answer is yes, but I recently received an email from Rod Quintrill who is on the committee that is made up from former Anxiety Care volunteers who have made a new organisation (yet to be named) and are continuing some of the excellent services Anxiety care delivered.

The new organisation is fully insured and is now going through the process of business registration; hence they currently have no official name! But this is hoped to be resolved in the next week or two.

Below are the services that they are currently delivering:

- Website information service at www.anxietycare.org.uk
- Email Enquiry Service at enquiries@anxietycare.org.uk
- Online Chatroom, Monday 8 - 10pm
- Mutual Support Group, Monday 7 - 8:30pm at Redbridge Resource Centre (£3 donation)
- Structured Recovery Group, Tuesday 6:15 - 8:45pm at Redbridge Resource Centre (£4 donation)

Rod informs us that they intend to build on the expertise gained from the many years that Anxiety care assisted Anxiety sufferers in the community. They are currently using the old website, and intend to transfer ownership of the domain to the new entity.

Our thanks to Rod for sharing this information with us, and I'm sure you will agree with me that we are grateful to the volunteers who have made a new organisation as we sure don't want to see those who need a service such as this suffer anymore than they already are!

Work Redbridge Newsletter

We were recently informed about the above titled newsletter. Apparently if you fill the form in on-line and subscribe to this, it provides job-seekers with updates on events, workshops, job vacancies and support available through the Work Redbridge Programme.

Give it a try. All I put in google was: work Redbridge newsletter, and it gave me information about different courses and workshops that are available.

New Mental Health Service Crisis Card

The new and improved Mental Health Service crisis card has been designed to be carried by service users as a reminder of the telephone numbers to call in a mental health crisis, accident or emergency.

The 24-hour Mental Health Direct telephone number is on the card along with details of the Samaritans if the service user feels they just need to speak to somebody. There are also blank spaces for other contact details that might be helpful in an emergency.

All service users should have a card. Care co-ordinators and key workers should ensure service users know how to contact them and may want to fill out this part of the card before giving it to people on their caseload. A discussion about other emergency contact numbers that could be written on the card may also be helpful.

World Mental Health Day

Those of you who keep abreast of events going on in Redbridge will know that it was World Mental Health Day on the 6th October. A big event was held as usual at Ilford Town Hall where roughly 300 people came. Many voluntary and secondary and Primary Care personnel were present and gave out lots of information to those in the community.



Bowling Competition



This activity was organised by Redbridge Concern for Mental Health in conjunction with World Mental Health Day. Seven teams took part and the final was between the Redbridge Drug & Alcohol service & The Redbridge Progress Service. It was the Redbridge Progress Service that won – our congratulations to them. I'm sure everyone that took part enjoyed the afternoon, oh, in case you are wondering RUN-UP came 5th even though for the first time we all turned up in our specially printed t-shirts displaying the words "RUN-UP not RUN-OUT Yet!" seems the special effort we went to - didn't help. As the saying goes – it's the taking part that counts!

Official Opening of the Centre for Independent and Inclusive Living (Redbridge)

The Redbridge User Led Organisation (ULO) now called The Centre for Independent and Inclusive Living (Redbridge) (CIIL(R)) was officially opened at its new centre: 100 South Park Drive Ilford IG3 9AP on Thursday 13th October by the Mayor and Mayoress of Redbridge. There was also a guest speaker from the Ministry of Disability Issues who congratulated Redbridge for the successful launch of this important new service. Other attendees included local Councillors.

CIIL(R) was established in February 2011 to do three main things:

1. To influence services by ensuring service users have a significant influence on the kinds of social care services provided in Redbridge.
2. To provide information and advice that will help people to live independently.
3. To campaign by representing service users with their opinions and views to both the local authority and service providers.

Some organisations exhibiting at the opening included: Redbridge Concern for Mental Health, Daffodil advocacy service, London Borough of Redbridge Welfare Benefits Team, Police, Ellingham, Royal National Institute for Deaf People and others.



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November 11

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Newsletter now on
redbridge concern for
mental health—website
[www.rcmh.org.uk/
runup.htm](http://www.rcmh.org.uk/runup.htm)

Recovery Workshop/Conversation

Both Janice and I were lucky enough to be invited (by Paul Chesnaye a community psychiatric nurse from Mellmead) to go along as service user representatives to listen to and take part in recovery training at Mellmead House, by Richard Gray, a **Professor** of Research and Director of Research Degree Programmes at the University of East Anglia in Norwich, and until 2008 was Head of the Section of Mental Health Nursing at the Institute of Psychiatry, King's College London.

Many of the staff attended and instead of it being just *training*, it was a *conversation* about recovery and what that means. As a group we discussed and debated that recovery means different things to different people. In Community Recovery Teams for instance there are many different angles: social workers (the social aspect), nurses (more medical aspects), psychiatrists (medication/diagnosis aspects) and occupational therapists (activities, promoting well being etc aspects) **but** not all work together i.e. adopt one another's ways of working. That = not working as a complete recovery model, which is what a recovery team should be/look like.

We then discussed how some, not all members of staff in a recovery team like psychiatrist's etc may look at symptom reduction as an outcome (a good result) but during the training Professor Gray said (and it has been proved in research) that reducing someone's symptoms **alone** doesn't improve someone's quality of life, which most of us agreed with. Members of the group along with the professor also debated a lot about shared decisions (meaning service users and professional having a say in decisions that help towards ones care and recovery) and how physical health plays a big part of peoples recovery – recovery is about the whole of the person.

We looked at where we are now and what the future might be for service users in terms of recovery and I thought an interesting illustration was given. Imagine a swinging pendulum, in the centre would be shared decisions, to the left is parental (meaning being guided/told what recovery is by professionals) and to the right is complete and total autonomy for service users. Currently the trend or swing if you like is almost over to the right hand side – complete autonomy for service users which some of us could think of as really good and encouraging and as a pressure group we are all out for autonomy but do us as service users really want that? I believe (having been there, and spoken to many many service users, that some of us value the expertise that professionals in mental health bring to teams like the community recovery teams and the pendulum maybe should be in the middle more where shared decisions sits. We need a say in our care plans, we need to have a say in what we think is best for us as an individual and maybe we need to have more *conversations* between professionals and service users.

The following example was given: We go to the doctors with a sore throat, we don't want him/her to sit there for half an hour going through what different antibiotics there are available – we (I assume) want him/her to tell us what **one he/she thinks is best for us (don't we?)**. If say, for instance he/she has communicated to us on previous visits that he/she is knowledgeable, trustworthy, an expert and has got us well in the past – we surely would trust and respect his/her judgement – the same applies to some mental health workers we come across I guess!

For both Janice and I it was all about shared decisions, it may be about taking the professional's advice but at least let there be a *conversation that includes the service users point of view*. As the saying says "No decision about me without me".

It is not our intention to offend, upset or devalue any individual or any organisation by the articles published in this newsletter. We carry the responsibility to raise concerns brought to our attention by the Service User Community. Should you want to contact me please do so. You have a right to reply via writing an article that will be published under our heading "your news your views".

Our motto is "Working In Partnership With Others"

The views expressed in this newsletter are not necessarily those of the editor or staff or trustees of RUN-UP or Redbridge Concern for Mental Health.