



Positive Futures

mental health services
in redbridge

June 2005

A public information and consultation
document.

QUESTIONNAIRE for completion

1. What types of care and support should be made available during a mental health crisis?

We support the continued investment in alternatives to hospital admission. In particular, to make the Home Treatment Service (HTS) compliant with national Policy Implementation Guidance. At the same time, it is important to ensure that the HTS also provides:

- A culturally appropriate service that reflect the needs of the diverse Redbridge community. For example, through employment of Asian staff who understand the cultural, linguistic and religious needs of particular ethnic groups
- A service - either separately or part of the existing team - that addresses the needs of older people
- Employment opportunities for service users to make a meaningful contribution to the Team
- Consistency of Care
- Careful monitoring and evaluation to determine whether or not the Team reduces hospital admissions in mental health crisis
- Monitoring and evaluation to determine whether or not there is an increase in patients' satisfaction

Another alternative to hospital admission is the development of a Crisis Home

- Provisioned by voluntary sector
- Based on person-centred care
- Short periods of care to avoid institutionalisation
- Therapeutic environment
- Open spaces and gardens
- Private rooms
- Recreational activities

Choice of evidence based psychological therapies

- Increase in psychological treatments
- Interpreting and translation services for BME and refugee and asylum seekers
- Culturally appropriate psychological treatments for BME groups and refugee and asylum seekers

To underpin alternatives to hospital admission it is crucial that there are meaningful resources in the voluntary and community sector to cater for additional needs.

- Implementation of recommendations in report: *Improving Mental Health Services in Redbridge, Closer Working between the Voluntary and Statutory Sectors*

We understand the constraints behind the location of an acute day hospital but we would still like to state that ideally it should be placed in a community setting.

- The running of the service must be governed by the tenets of the social inclusion and recovery philosophy. This means more than a change in language but a fundamental shift in culture and attitudes
- To ensure that the new acute day hospital remains responsive and in touch with the needs of people using them it is important to ensure that service users and the public are involved in the design and on-going management of the service

A range of non-health policies and practices, for example: housing, education, employment, childcare and working conditions affects mental health and this also need to be addressed when people are in crisis.

- Accommodation plays an important part in achieving positive outcomes. Lack of appropriate and stable housing contributes to higher rates of hospitalisation and unnecessary longer stays in institutional settings for people experiencing mental health problems
- Employment also plays an integral role and schemes need to be developed to ensure that individuals retain employment when in crisis. For example, to build upon and develop existing services such as Rethink's employer and employee retention services and Richmond Fellowship's scheme of working closely with GPs to improve retention.

Improving prevention – early recognition and management of mental health problems

- Design and development of evidence based expert mental health patients' programme

Culturally sensitive and appropriate mental health advocacy that also is able to deal with 'non mental health' agencies such as housing, utility companies.

24 hour help line and information line perhaps run in conjunction with a crisis house

- A caller with an emotional problem, for example, could be connected to a telephone counsellor specialising in depression, anxiety, substance abuse, employment/housing/law and so on. The counsellor would assess caller's needs and refer to self help literature, counselling service, or to relevant mental health services

2. How can services be developed to assist and support carers?

Carers want prompt access to help when the person they care for is becoming ill. They want information, practical advice, emotional support and occasional respite and most importantly decent care for their parents, partners or children.

- Better information and communication throughout primary and secondary care
- Different access points, for example, GPs, Community Link Workers and Voluntary and Community Groups (mosques, churches and so on) **Nonetheless**, it

is important that the GP remains the focal point for both carer and patient as she/he is often the first point of contact.

- GPs should invite the patient and carer - for say - six monthly reviews to discuss services and how the carer is coping
- There is a strong need to provide culturally appropriate services – the variety of services available, for example, for Older Asians with dementia is limited. Ideally, such services should be developed by and for the Asian community
- 24 hour Carers help line
- Design and development of an Expert Carers programme – on same lines as Expert Patients Programme

3. How can the voluntary sector help older people with mental health problems avoid admission to hospital?

- Provision of culturally appropriate services, for example, for Older Asians with dementia
- Implementation of recommendations in report: *Improving mental health services in Redbridge*
- Additional counselling and translation and interpreting services for BME groups and refugee and asylum seekers
- Befriending Scheme
- 24 hour help line. A caller with an emotional problem, for example, could be connected to a telephone counsellor specialising in depression, anxiety, substance abuse, employment/housing/law and so on. The counsellor would assess caller's needs and refer to self help literature, counselling service, or to relevant mental health services

4. How can day services and social activities be developed to enable people to recover from a crisis and help prevent future breakdown in living arrangements?

- Mellmead House should remain accessible (at subsidised rates) to voluntary and community organisations to run day services and social activities
- Stronger Community Links - more work is required by clinicians to find out 'what is out there'. Voluntary and Community organisations have only limited budgets to carry out missionary work.
- Statutory sector staff - as part of their induction process - spend a period of time in the voluntary sector networking, building contacts and finding out what is out there
- NELMHT, LBR and the PCT have to lead by example and follow good practice in other parts of the country and set targets regarding creating meaningful work placements and employment opportunities within their own organisations for people experiencing and recovering from mental health problems
- Culturally sensitive and appropriate mental health advocacy which also is able to deal with 'non mental health' agencies such as housing, utility companies and so on
- Mentoring scheme linked to further education colleges

- Specifically designed courses at local education colleges, UEL and so on
- Exercise referral programme
- Community link workers who have expertise in leisure, education, social networks faith groups and so on and are able to identify opportunities in the community and signpost and support people to take advantage of them
- Day services must address other support needs that people may have such as, housing and accommodation needs by putting them in contact with relevant services
- Flexible opening hours to enable people in employment or who have other commitments during the day to access services
- Flexible locations
- Service that recognise people's diverse needs (ethnicity, gender and culture)

5. How can services be developed to assist and support carers?

- Better information and communication throughout primary and secondary care
- Different access points, for example, GPs, Community Link Workers and Voluntary and Community Groups (mosques, churches and so on)
- There is a strong need to provide culturally appropriate services – the variety of services available, for example, for Older Asians with dementia are limited. Ideally, such services should be developed by and for the Asian community
- 24 hour Carers help line
- Design and development of an Expert Carers programme – on same lines as Expert Patients Programme -
- More proactive approach from primary and secondary care. For example, if you are a victim of a crime, Victim Support will contact you to assess needs and so on. It can be difficult and stressful for a carer to find the time and energy to phone around to find out what services are available

How can the voluntary sector help enable people with mental health problems establish links with their local community?

- Implementation of recommendations in report: *Improving mental health services in Redbridge*
- Community Link Workers
- Improved and better resourced Translation and Interpreting Services

Long term care

6. What types of community support for older people with mental health problems do you think should be developed?

- To design and develop culturally appropriate services, for example, for Older Asians with dementia. Investing in community minority ethnic organisations to provide

dementia services (staffed by people who speak same language, appropriate food and take account of religious and cultural practices)

- Home Treatment Team which addresses needs of older people
- Home based active support in direct response to individual's needs and wishes

7. How can services be developed to assist and support carers?

- Better information and communication throughout primary and secondary care
- Implementation of recommendations in report: Improving mental health services in Redbridge
- Different access points, for example, GPs, Community Link Workers and Voluntary and Community Groups (mosques, churches and so on) **Nonetheless**, it is important that the GP remains the focal point for both carer and patient as she/he is often the first point of contact.
- GPs should invite the patient and carer - for say - six monthly reviews to discuss services and how the carer is coping

8. How can the voluntary sector help older people with mental health problems?

- Befriending scheme catering specifically for older people
- Implementation of recommendations in report: Improving mental health services in Redbridge

Community Teams

9. What mental health services would you like to have available within your GP Surgery?

- Art, Book and Exercise prescription schemes
- Easy access to high quality self-help facilities such as Beating the Blues
- Increased psychological treatments
- Choice of evidence based Psychological therapies
- Local waiting time targets for psychological treatments
- Clients who do not improve should be referred rapidly to consultant led specialist services as per diabetes, asthma and so on
- Counselling services need to be provided that are responsive to the needs of BME communities and in relevant languages.
- Improved Translation and Interpreting Services
- GPs should help people to return rapidly to work wherever possible and remain in work
- All new GPs should include a 6-month period of psychiatry (or equivalent) with an emphasis on treatment of depression and anxiety

- GPs should invite the patient and carer - for say - six monthly reviews to discuss services and how the carer is coping
- Annual Health Check Ups

11. How can we develop a 'one stop' access to mental health services in Redbridge?

From our point of view the philosophy underpinning the 'one stop' access is crucial:

- The running of the service must be governed by the tenets of the social inclusion and recovery philosophy. This means more than a change in language but a fundamental shift in culture and attitudes
- To ensure that the CMHTs remain responsive and in touch with the needs of people using them it is important that service users and the public are involved in the re-design and on-going management of the service
- Community Mental Health Team should include a specific Employment adviser to help people to return rapidly to work wherever possible and remain in work
- Proactive recruitment of service users onto the team

General comments

Please feel free to add any additional comments here

We all accept that we have to modernise mental health services in Redbridge, to improve access and choice and to promote recovery and social inclusion. It is also evident that there is room for improvement in making the whole system work better. At the same time, it is also crucial to ensure spending is cost effective and that the level of spending on particular services is sufficient. We also recognise that mental health is affected by a range of non-health policies and practices, for example, housing, education, child care and working conditions.

Nonetheless, we are concerned by the emphasis placed on the financial drivers and the claim that Redbridge spends more on adult service than it needs to (Redbridge PCT, Public health Report 2004-05)¹. We remain to be convinced by the methodology used to determine this. There are also weak estimations of population due to international migration (which is currently difficult to estimate accurately, due to inadequacy of data sources). This in turn affects accurate assessment of demand on services by refugees and asylum seekers - some of whom can have complex mental health needs.

It is also our view that mental health services have been historically under funded and are generally of a lower standard than other parts of the health service. For example, on average mental health trusts have lower star ratings than the average health trust. In addition, the recent Healthcare Commission Report, 2005 also raised concerns about mental health services. Moreover, the National Service Framework for Mental Health (NSF) – Five Years On identifies a real increase in total planned investment in adult mental health services between 2001/02 and 2003/04. However, the increase in 2003/04 is small in comparison to that in earlier years and, if this is repeated over the next few

years, increased investment in mental health will fall behind the increase in investment in the NHS as a whole.

It is also important to remember that making better use of resources does not necessarily mean that there will be any reductions in costs to the health care system. For example, increasing the supply of psychological treatments - which many service users request – is more than likely to result in an increase in demand for talking treatments. Moreover, analysis by a number of health economists suggest that reforms and modernisation programmes can often lead to increases in healthcare costs and that the benefits as a result of reforms and modernisation, are outside the health care system, for example: in employment, taxation, welfare benefit savings and so on.

In conclusion, we recognise that it is important to modernise services, that money has been spent on the wrong things and that we all (statutory, voluntary and community sector) can do things better in Redbridge. We also appreciate the national and local constraints that the statutory sector works under. Nonetheless, we remain to be convinced that Redbridge spends enough money on mental health due to historical under funding of services. Evidence suggests that it takes a long period of ‘over funding’ to catch up and that service redesign and modernisation do not necessarily lead to a reduction in health care costs. There is also plenty of evidence that mental ill-health will increase as a proportion of total illness. It is for these reasons, therefore, that we believe Redbridge must continue to increase spending (over and above ‘NHS inflation’), as a proportion of the PCT’s overall budget, on local mental health services.

If you have completed this form, please return to the address on the attached reply paid envelope by 31st August 2005

Completion of this form will enable the local NHS to keep in contact with you and feedback on results of this consultation

Organisations

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This questionnaire has been completed by *(please tick relevant box)*

Service user	Voluntary organisation
Carer of service user	Statutory organisation
Interested local resident	Independent provider of care

Return comments to

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