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'Your Service – Your Recovery'

Introduction

In October 2005 we saw significant changes to the way mental health services were to be delivered to Service Users in Redbridge.

Services were closed such as the North Sector Community Mental Health Team and the closure of Vocational Rehabilitation. Newly configured services were introduced with the introduction of the East Sector Community Mental Health Team and the reconfigured West Sector CMHT.

The Home Treatment Team was expanded to meet the needs now placed upon it to facilitate early discharge from the inpatient ward environment along with its existing role offering an alternative to admission with support in the home.

We also saw the introduction of a new service in the spring with the opening of the Emily Bronte Acute Day Hospital designed to provide day care as an alternative to admission. The promise of a new employment service has been on the cards, but which has yet to open though the new provider has now been identified.

With so much change happening we at Run-up thought the time was right to do two things.

1. To conduct a survey of our members to ask how the changes have actually impacted upon them.
2. To hold a one-day Conference for service users in Redbridge to ask them what their priorities are for service provision in the future.

This is the report of both of these events and we hope that the findings will help to inform you of what the impact has been to Service Users of the changes and more importantly to identify the priorities Service Users have for service provision in Redbridge.

'Your Service – Your Recovery'

The Survey

We sent out a 100 questionnaires (see appendix 1) in a postal survey and had 43% response rate. We also conducted one focus group with 7 participants. The questionnaire was designed by the User Consultants and covered all the areas that had seen change in one form or another. The questionnaire was mailed out in the month of May 06, the focus group was held in June 06 and the conference was in early July 06.

Question 1 dealt with which services our respondents had accessed. 89% said they had or were seeing a Psychiatrist with 56% also seeing someone from a Community mental health team. Of the respondents replies 52% equally were seeing a social worker and 52% were seeing a psychiatric nurse with 41% seeing an occupational therapist. 30% of respondents are seeing someone from psychological services and 30% are attending Ley St Resource Centre and the Headway Centre. 22% had used acute inpatient services and 22% were working with support workers from various teams. 22% of people reported that they were using the day services programme run by the occupational therapists. 19% are using Voluntary Services Groups/Activities run by Mary Tortelli. 11% had used the Home Treatment Team Service with only 4% having used Emily Bronte Day Hospital, the Community Support Team, DART and IMPACT respectively.

There is clearly a lot of activity with some users only having one professional involved in the care and some clearly have three or four professionals/services in their care packages. It's interesting that the Community Support Team are not being utilized optimally and many respondents are not aware of this service. As a consequence more pressure is being placed on over stretched teams and a non-clinical team is under used.

Question 2 looked at the kind of information people received prior to the changes being implemented. 52% did not receive a letter or

leaflet about the changes before they happened and 63% said that no one spoke to them about the changes. 44% report that their care professional has changed and 19% say the location where they attend appointments has changed.

Clearly not enough was done to inform Users prior to implementation of the changes and many people did not find out before attending their next appointment about a change. Anecdotally we heard of some people feeling anxiety and distress as relationships that had been in place for many years, in some cases, came to an end. The Trust should think more about the way that service users are included in the processes of 'informing' upon change there are many ways of doing this. It is indicative of the speed at which the changes took place the way information did not get out to those who needed it most and in a way and time frame that would have enabled Users to 'manage' it better.

Question 3 looked at the Community Mental Health Teams and there was an even split of 48% who did receive a service and 48% who did not. 19% said they had been on a waiting list and 33% said they felt supported by their CMHT.

Question 4 asked if anyone had been affected by the closure of Kahlil Gibran Ward and only 7% said that they had.

Question 5 asked about the Emily Bronte Acute Day Hospital. 30% responded that they were aware of the service and 26% knew where the service is based though only 11% knew how to access the service if they needed it.

These results are very encouraging given that the service had only been opened a few weeks before the survey was conducted. There are ways of getting messages across about new services to Users.

Question 6 explored the closure of Melmead House with only 15% reporting they were affected by the closure. Only 4% said they had been offered other services. 15% said that Melmead was accessible for the CMHT West for appointments with 55% saying that Melmead is inaccessible.

Question 7 looked at the Home Treatment Team and an encouraging 63% knew of its existence with 74% who said that they thought this was a good alternative to hospital admission. 74% thought Service Users should be able to self refer at times of need.

Information and awareness of the HTT service is out there and people are aware of it. A very positive aspect is the level of support for the HTT as an alternative to hospital admission. It is clear that Users would very much like to self refer to the HTT at times of need and in our view this would fit with the principles of self management within the recovery model for mental health. If we are to become more independent of services and learn to manage our own mental health needs then being able to access the right treatment, at the right level, at the right time is important.

Question 8 here we asked about the A&E Psychiatric Liaison Team. When asked 30% were aware of the team's existence and only 7% had used the service and of these 0% were satisfied with the service.

The information about this service is still not getting out there and Service Users need to know that there is a service available to them at A&E especially as the team now comes under the management of the HTT. They act as a gateway to other services for those in crisis and as such should be promoted within the User Community. As to the level of satisfaction only a small number of Users surveyed have used this service and the anecdotal feedback we have had has been positive about the service.

Question 9 vocational support services came up next and we asked our respondents if they had been affected by the closure of Vocational Rehabilitation, 11% said that they had and a further 11% had been affected by the closure of the Starfish Employment Project. Only 4% said that they had had vocational support since these closures.

Vocational support is becoming increasingly important to Service Users and as part of tackling social exclusion this area does play a significant part in getting users motivated to return to work, volunteering and education which lead to stronger support networks and is a key factor in 'recovery' from and living with a mental illness.

As mentioned earlier a new service is being commissioned in Redbridge to support Service Users in their vocational aspirations.

Question 10 care plans and advance directives were the next topic covered. 63% of people **don't** have a copy of their care plan! Only 30% of Users know what an advance directive is but interestingly 41% would like support in making one.

In this day and age for Service Users not to have a copy of their own care plan is a real concern. We wondered if everyone did indeed have a care plan at all and if so why they were not getting a copy of it to keep. As the care plan is the only record of agreed treatment plans it seems bizarre that the most central person to the plan does not have a copy! More information about advance directives needs to be available to Service Users and the appropriate support in developing their own AD's should be available even if this means training staff to do this.

Question 11 looks at our expectations of primary care. When asked 44% of people said they would be happy to have their mental health care managed by their GP. When asked if they would like a mental health professional based in their GP's surgery and overwhelming 70% said yes and 67% said they would attend a mental health wellness clinic in a community setting.

The feedback in this section is very encouraging and shows Service Users want services in the community with the right support for GP's in their own surgeries. We may have a way to go before mental illness is normalized in terms of the way it is treated, where and by whom. But service users don't want to come to hospital settings to receive their care. Rather they want it in their own communities just as other conditions are managed in this way.

Question 12 we looked at a more generalized area called services. When asked 63% of service users felt it was harder to get help when they needed it since the changes. 63% also felt that information about services was not clear enough for them. When asked about whether they used voluntary sector services like Outlook and Mansfield Rd 22% said they did and 15% said they had increased their usage of these services since the changes.

‘Your Service – Your Recovery’

The Focus Group

Seven people attended the focus group and of these 2 are carers.

We worked through the questionnaire as a group and through discussion we will note some of the comments made.

Question 2 looked at changes of sectors and only 2 people received the letter/leaflet telling them about the changes though this was reassuring to them. The remaining 5 found out at their next appointments and disappointment at the abrupt end to some long term relationships with staff were expressed. 3 people had the location of appointments changed and this could mean up to an hours traveling to get to an appointment.

Question 3 changes to CMHTs elicited a lot of discussion amongst the group with a lot of frustration at the waiting lists for accessing a service a real concern. People felt that inadequate risk assessments were being done and that people experiencing difficulties had to jump through too many hoops to get help.

Question 4 no one in the group was affected by the closure of Kahlil Gibran.

Question 5 asked people about Emily Bronte Acute Day Hospital only 2 were vaguely aware of it and no one was sure how they would access this service.

Question 6 asked about the closure of Melmead House and one person is affected. They were offered services at Mansfield Rd as an alternative and commented upon the lack of daytime activity for them, as Mansfield Rd is mainly an evening outlet. A carer also commented on this and there is a need for some sort of daytime drop-in facility especially as the person concerned is severely physically impaired and can't join many of the day services groups i.e. sports group.

Question 7 looked at the Home Treatment Team and everyone was fully aware of it and agreed this was a positive alternative to admission to hospital. The group felt that people should be able to self refer particularly if we are being encouraged to manage our conditions more proactively, this means being able to get the right help at the right time and if this is in your own environment this was felt to be a positive way forward.

Question 8 the Psychiatric Liaison Team was next for discussion and all were aware of the team and 4 people had used the service. The feedback is that there should be better communication between the nurse and doctor at A&E, the idea is excellent but the delivery still needs further work.

Question 9 Vocational Support was next to be discussed and no one was affected by the closure of Vocational Rehabilitation and 1 person was affected by the closure of Starfish Employment Project. The whole group said they would like support with vocational opportunities so that they could improve their quality of life and become involved in activities of interest to them whether that was paid employment, education and training or voluntary work.

Question 10 asked if people had copies of their own care plans and of the 5 Service Users present 2 said yes they did though 1 said theirs was out of date. Both carers had not had a carer's assessment. 2 people knew what an advance directive was and all said they would like support to make one.

Question 11 generated a lot of discussion about expectations of Primary Care. 2 people would not like their GP to manage their care. 2 definitely would and one would like their GP more involved with a further person suggesting they would like the GP to manage their care if their GP developed their services. 1 person suggested that GP's could co-ordinate the care their patient was receiving. When asked if they would like a mental health professional based in their GP's surgery all said that they would and this would facilitate self management and all would like to see Mental Health Wellness Clinics in the community that would allow people to drop-in and get appropriate advice and support as and when needed.

Question 12 when asked if it had been easier to get help when you need to post the changes 4 people said yes that it was. When asked if information about services is clear people said it was chaotic and ad- hoc. The directory is very useful and helps you to make choices but statutory services information is not cohesive and cogent around service provision and is not recovery focused enough enabling people to see a progression through care.

Additional Comments from the Survey.

“I am not really sure which psychiatrist I am under or who is my key-worker. I am also having problems getting my freedom pass renewed.”

“I have mainly had contact with older peoples’ services as I am a carer for my elderly parents.”

“ The services feel disjointed at the moment and after recently being discharged to my GP I have needed to see my consultant and was not really clear about self referral.”

“Last week I felt unwell and left numerous messages for my consultant to contact me with regard to an appointment. He never returned my call, hence I had to make an appointment to see my GP instead who reassured me that I was not having a relapse.”

“ I have not had to use services since the changes but it looks as if I would be affected by them. My consultant has remained the same so I have had no change there.”

“Redbridge sector changes have been poorly handled. I have had lots of problems from it. There are few services available if I need help at short notice (e.g. 2-3 weeks notice), even if a consultant is involved.”

“To be honest I see my psychiatrist every 3-4 months and my CPN once a month, I don’t use any other services now but I have done in the past. I receive regular newsletters from Run-up and that really is the sum total of mental health care program. I feel OK about this situation.”

“Apart from my psychiatrist changing I have not been affected by the changes. I still have the same CPN and social worker.”

“It seems that I have moved to the south sector whilst those living near me are in the home treatment east, that is quite confusing.”

“Not enough has been done to help people to feel safer. There should be a 24 hr safe house. You can't help becoming ill after 5pm when most of the places are closed. It's the cut backs made by this Government and the wasted money and as usual it's the people who need help can't get it. I have support workers who are regularly ill or have days off i.e. Monday or Friday to give themselves a long weekend. There will be more suicides because the help is not there. Lessons must be learnt.”

“I have to volunteer at three groups to help myself by helping others. I feel I have no one to talk to if I stay at home. However, whilst at the groups, I cannot talk and get help with my problems. When the Vocational Rehabilitation garden and work skills site closed I was left with nothing until I contacted Mary Tortelli and she has tried to help me. I do feel isolated with no-one to talk to about my mental illness.”

“I have never seen a psychiatrist, usually only a SHO. I have to attend different places for my appointments. I have recently been having the Home Treatment Team who I found to be very good and they try to keep you from being admitted to hospital. I have a CPN who I don't see that often they (the CPN) have such a big caseload but they do try to listen and help. GP's don't have a clue about mental illness that is why it would be good idea to have a mental health professional in GP surgeries. GP's are not trained to deal with mental health problems. They do prescribe anti-depressants but the GP has no idea about the harmful side effects of the drugs. GP's should liaise with CMHTs.”

“My last inpatient episode was in 1995. Up until the changes I had a CPN visit once a month or more frequently if I requested it. I am now deemed too well to have a CPN so I have lost this service. I last saw my CPN in August 2005. I used to attend the CMHT (N) at Ley St for a Monday drop-in service. Since the changes no similar service is available at CMHT (W). True, I kept the same consultant and I see

him once every three months. He has said I can contact him direct in an emergency. But he has holidays – in that event I would contact the duty worker CMHT (W). Not having a CPN means I no longer have a contact for my mental health problems from day to day. A 10 min consultation with my consultant once every 3 months doesn't meet my requirements.

'Your Service – Your Recovery'

The Conference

At the Redbridge User Forum we discussed the idea of holding a one-day conference for Service Users and Carers here in the borough. The Redbridge User forum is a meeting between Service users and managers at the Trust and is an informal way to discuss and raise any ideas and issues of mutual interest. We meet on the 3rd Thursday of the month in the Library at Goodmayes Hospital between 2-4pm. This meeting is very informal and is open to anyone to come along and share his or her ideas.

The idea that we should ask Service Users and Carers to set their priorities for service developments in Redbridge became the primary focus for the Conference with the opportunity to update participants on some of the changes to service provision that had been implemented. The theme around recovery was central to the day's program and Service Users and Carers need to know more about what recovery means for them and the practitioners with whom they work.

A date of the 6th of July 06 was set and the venue at the Shout Café Bar was booked. Run-up organized the planning of the event with the support of Penny Watts the User and Carer Coordinator for the Trust. Mark Leveson, Head of User Participation & Development from the London Development Centre for Mental Health very kindly agreed to chair the Conference. Run-up was in negotiation with a Drug Company for funding to meet the costs but this fell through at the last minute so Mike Smee, the then, interim Borough Director for Redbridge within NELMHT stepped in and gave us the funding needed. Conference packs were put together for each participant and a full programme of speakers was arranged. The Trust provided support with the loan of equipment for presentations.

The first part of the morning session was focused upon speakers from the different services including the Home Treatment Team, Community Mental Health Teams, Psychiatric Liaison Service and inpatient wards.

Gerry Boyle from the Home Treatment Team talked about how the team worked with clients to prevent admission to hospital. He explained how the team had now expanded to work with patients on the wards as part of their early discharge from the ward.

Kathy Blackburn and Stuart Marks from the West and East CMHTs then talked about how their services had changed and the amalgamation of the North CMHT had impacted upon services. There are some consequences in the form of long waiting lists but they assured us everything was being done to address this issue. Kathy talked about the support to GP Surgeries her team is developing and this is being rolled out to the east sector also.

Gary Alderson spoke about the work-taking place at A&E with the Psychiatric Liaison Service and how they are working within the Home Treatment Team to facilitate quicker assessments for people who go there in need of help. Waiting times have been reduced and the experience at A&E has been made a little easier for clients.

Val Parker from Mark Twain ward spoke about how the ward had introduced a new way of working with patients through the protected patient time initiative. Each afternoon the ward is closed to all visitors whether staff or not so that patients can have one to one's with staff on the ward. They work on things like goals that would help recovery while in hospital. Also if the patient has problems within their home environment or with benefit entitlements etc their key nurse can work with them to resolve some of these problems.

Mike Smee then stepped up to give us an overview of how the changes had been implemented and a vision of what goals were being worked towards. Mike spoke of a service that could be accessed earlier and was quicker and easier to get into. A service that operated 24/7 and 365 days a year. One that is fair and accessible to ALL the community. A service that is effective in getting people well, easier and quicker to return to if needed. One that is focused on the people not the service and achieving optimum quality of life for those who need assessment, therapeutic interventions, intensive care and longer term support. Mike's vision embraces social inclusion and the principles of recovery. This is to be delivered

through partnerships with stakeholders from both the statutory and voluntary sector.

We had questions from the audience at this point and some very animated discussions around the need for a respite house with a drop-in facility and telephone help line incorporated. We will return to this later in the report.

After a short recess for refreshments and Danish pastries Marilyn Wilson spoke to us about the principles of recovery and what recovery meant in mental health.

“Recovery is a process not a place. It is about recovering what is lost: Rights, roles, responsibilities, decisions, potential and support. It is not about symptom elimination, but about what an individual wants, how they can get it and how others can help/support them to get there. It is about rekindling hope for a productive present and a rewarding future AND BELIEVING IT! Recovery involves people having a personal vision of the life they want to live, seeing and changing patterns, discovering symptoms can be managed and doing it, finding new ways and reasons, doing more of what works and less of what doesn't. Recovery is about reclaiming the role of a *healthy* person, rather than a *sick* person. Recovery is about getting there.”

A service users personal story of recovery.

There was a lot of discussion about recovery and the principles of recovery as a guiding concept in the provision of mental health services. People shared personal highlights that had helped them in their own recovery and the message was very much around the right interventions at the right times and in the right settings. Recovery is a personal journey that is unique to each person and with different objectives or goals but very much one that is worthwhile embarking upon.

There is a clear need for Service Users and Professionals to work together to write a common statement around recovery and what this might look and feel like for NELMHT. This should be written as a policy that influences everything the Trust does in its work with Service Users and Carers. Some elements are already there given the personal accounts made by Service Users and Carers at the

conference but it is not yet embedded as a way of working across all areas of NELMHT. This should also be guiding relationships with partner organisations whether statutory or voluntary sector. This could really set a trail for other trusts to follow.

After a splendid lunch, provided by the Shout Café Bar, we split into four small groups to set some priorities for Redbridge service provision. The groups were self selecting and the topics were as follows: Primary Care, Recovery, Accessing Services in an Emergency and What do we want from the Voluntary Sector? The groups worked together for half an hour brainstorming around their chosen topics and then we came together for a feedback session where each group shared their priorities with the conference participants.

Primary Care Group; *This groups priority was in the mental health care professional attached to the GPs surgery who could fast track people into appropriate services when needed.*

Recovery Group; *This group's priority was around the quality of relationships with staff, they felt that the human interaction between Service User and Professional was key to recovery. They also felt that advance directives were important in helping Service Users to manage their own conditions ups and downs.*

Accessing Services in an Emergency; *Priorities for this group were also around having an agreed action plan with Service Users and Carers like an Advance Directive that also looked at preventing crisis, so earlier interventions that are appropriate to the need presented can be accessed.*

What We Want from the Voluntary Sector; *a clear priority from this group is around advocacy and representation for Service Users and Carers both in the community as well as in the hospital environment. There is a paucity of services in Redbridge and this can directly influence a person's ability to take control of what is happening to them or the person they are caring for. This group also identified the need for more information about what is available but crucially to vary the ways in which information is available to people. This would require greater thought and more resources to be available to the*

voluntary sector especially if they are to access hard to reach groups in our community.

The day closed with Mark Leveson thanking every one for their valuable input to the days sessions. Every one had worked really hard and despite some earlier technical hitches with the equipment we had had a really useful day learning from each other through sharing and discussing topics in some animated detail.

Derek Cunningham, Chair of Redbridge Concern for Mental Health thanked Mark and Run-up for their contributions in making the day a huge success. He also thanked Mike Smee for the financial support NELMHT had given to the day and the contributions from his staff during the morning sessions.

Thank you to Run-up User Consultants – Caroline, Hasmukh, Jan, Sameer, Wayne, Catherine, Marilyn, Maia and Stephen.
With special thanks to Terry and Ellen for their help with the preparation and their assistance on the day.

We would like to thank Les Harrison, General Manager of the Shout Café Bar for the way he and his staff enabled the day to be such a success. The venue set the tone of being friendly and informal so participants were relaxed and enjoyed the day all the more as nothing was too much trouble for them and the lunch provided was really well received.

Finally, thank You to Everyone who joined us on the day and contributed to the day's success.

'Your Service – Your Recovery'

Next Steps

A lot of information has been contained in this report and what would be the point without recommendations on how we can take this forward?

There are some clear themes coming from this report and one is around information. Information about NELMHT's services is chaotic and ad-hoc. Whilst NELMHT may have a corporate information strategy governing how information within the organisation is produced there is a long way to go before there is a cohesive practice around patient information and that's just the printed word. There needs to be a more creative approach to the way information is disseminated to Users and Carers if we are to be in a position to make informed decisions about our care and treatments. A working party should be set up to continually review communication of information the 'how, when and where' of it. This panel should include Users and Carers and even the voluntary sector so that some continuity of information is managed. An information directory of statutory services would be a positive step forward in enabling us to know about services available to us.

Advance Directives and crisis plans feature highly also and training and resources need to be committed to enable Service Users to make positive plans for those times that they experience difficulties. If we are to move towards a recovery model then planning for these times will be key to self management as will the ability to self refer to specialist services at times of need. NELMHT should be more flexible in responding to self-referrals to facilitate self-management for Service Users. Carers need to be considered more within this framework and their needs should also be considered both in terms of crisis planning and in referrals.

Primary Care is a high priority for Service Users and Carers; there is a need for more mental health services to be based in the primary care setting within GP surgeries and the development of MH wellness clinics in community settings. These clinics should not only be for

those needing depot injections but open to all Service Users particularly as there are such high incidences of serious health problems like heart disease and diabetes. Again there should be a working party between all the stakeholders to drive forward this agenda.

Recovery as a way of working for professionals and as a journey for the Service User has already been touched upon in the report. To reiterate here, there is a need for NELMHT to write a strategy and policy governing this practice so that it is embedded in the way staff work. This should be done *with* Service Users so that we all have a sense of what recovery might look and feel like here in NELMHT. A half-day workshop at a central location with staff and Service Users would facilitate this process.

Expectations around the Voluntary Sector centre on greater representation and advocacy for Service Users needs and views with increased information to be available for us to make informed choices and decisions. Increasing the capacity and variety of Voluntary Sector groups in Redbridge has long been an objective here and we should facilitate more User led services also. Redbridge Concern for Mental Health should facilitate a forum open to groups and Service Users/Carers with Statutory sector partners to see how this can be achieved here in Redbridge.

One of the positive out comes on the day of the conference was the request from Pam Lloyd of Redbridge PCT to RCMH to put together a proposal for a respite house that would incorporate a telephone help line and also a drop-in facility for Service Users. This would be an exciting facility that would provide a voluntary sector alternative to statutory services. Mike Smee offered support to Concern in writing the proposal and early in 2007 we shall be convening the first of many meetings to work up this proposal.

As a final conclusion there should be a follow up to the conference in 2007 so that we can monitor the progress made against the priorities. It would need to be a half-day event again with a review of what has changed in the intervening year. Run-up will work towards facilitating this for our Service Users and Carers in Redbridge.

1. Access to services

Please tick the appropriate boxes.	
What services do you or have you used?	
a. Psychiatrist	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Home Treatment Team	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Emily Bronte Day Hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Acute In-patient Ward (Thomas Hardy – Mark Twain)	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Community Mental Health Team	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Community Psychiatric Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Social Workers	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Occupational Therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Support Workers	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Psychology Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Mental Health Resource Centre (Ley Street)	Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Community Support Team	Yes <input type="checkbox"/> No <input type="checkbox"/>
m. Headway Centre	Yes <input type="checkbox"/> No <input type="checkbox"/>
n. Day Services Programme –Occupational Therapist’s	Yes <input type="checkbox"/> No <input type="checkbox"/>
o. Voluntary Services groups/activities – Mary Tortelli	Yes <input type="checkbox"/> No <input type="checkbox"/>

p. Drug and Alcohol Service - DART	Yes <input type="checkbox"/> No <input type="checkbox"/>
q. Personality Disorder Service - IMPACT	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Change of Sectors - Consultant

a. Did you receive a letter or leaflet telling you about the changes before they happened?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Did a professional speak to you regarding the changes before they happened?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Has your care professional changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has the location where you have appointments changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Changes to the Community Mental Health Teams

a. Do you still receive a service from the CMHT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you been on the waiting list?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Do you feel supported by the CMHT?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Closure of Kahlil Gibran Ward

a. Have you been affected by the closure of the ward?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. Emily Bronte Unit

a. Are you aware of the Acute Day Hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you know where it is situated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

c. If you need the service, do you know how to access it?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Closure of Melmead House

a. Have you been affected by the closure of Melmead House?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Were you offered other services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. CMHT West is based at Melmead House, is this easily accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Home Treatment Team

a. Are you aware that the Home Treatment Team exists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you think it is a good alternative to staying in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Do you think that we should be able to self refer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Accident and Emergency Psychiatric Liaison Team

a. Are you aware there is a Psychiatric Liaison Team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you used this service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Were you satisfied with the level of service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Vocational Support

a. Were you affected by the closure of the Vocational Rehabilitation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Were you affected by the closure of Starfish?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Have you had Vocational Support since these services closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Care Plan Approach / Advance Directives

a. Do you have a copy of your Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you know what an advance directive is?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Would you like support to make an advance directive?	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Primary Care – Our expectations

a. Would you like your Mental Health care to be managed by your GP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Would you like a Mental Health Professional at your GP's surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Would you attend a Mental Health Wellness Clinic in a community setting?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Services

a. Since the changes has it been easier to get help when you need it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Is the information about services clear?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Do you use Voluntary Sector services ie Outlook, Mansfield Road?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has this increased since the changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please feel free to use this space to record your comments about the changes to services and how you have been affected by them.

A large, empty rectangular box with a thin blue border, intended for recording comments. It occupies the central portion of the page below the introductory text.

RUN-UP is funded by



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