

JULY 2016

EDITOR

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RUN-UP NEWS

NEWSLETTER

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Medical or Therapy Treatment?

I grew up in a large middle class family and had my first breakdown at the age of 17. At university I had a further breakdown, and every few years after that. Given a diagnosis of schizophrenia, I had many encounters with psychiatrists and mental health teams, several admissions to psychiatric hospitals. I had electroconvulsive therapy (ECT) treatment and was prescribed anti-psychotic medication. The side effects were intolerable. I was dismissed as 'non-compliant' The medication took away the delusions and hallucinations – but at the cost of taking away everything else that made life worth living – identity, motivation, ability to work, relationships, ability to care about anything.

Taking medication was presented as non-negotiable to get any other kind of help. One locum psychiatrist, in a CPA meeting, talked to a nurse over my head as if I wasn't there: "she's high functioning isn't she?" As a patient with schizophrenia, you have to sit and take the insults.

The damaging thing for me was not being believed – not being taken seriously about the reasons for resisting medication and not being treated as an intelligent human being. The worst thing was the lack of trust – trust in me by mental health professionals, and the fact that I could not trust them to treat me as an individual rather than a category.

Things began to change when, 40 years after my first breakdown, I was referred by chance to a clinical psychologist. For the first time a skilled and humane person listened to what I had to say, did not dismiss it out of hand, did not think the best approach was to eliminate illness through drugs, applied immense thought and conveyed a great sense of wanting to help, not making unrealistic promises about how this might be possible.

It has taken 10 years of intermittent appointments to 'recover'. Some of these appointments took a lot of fighting for, because of management muddles and buck-passing.

If I'd had the excellent help from this clinical psychologist many years earlier, much suffering for me and my family and cost to the NHS, could have been avoided. If only I'd been listened to in the first place. For me it is better late than never as I approach my 60th birthday. I just wanted to be believed and to be taken seriously, not to be stereotyped and dismissed.

This is an interesting story we heard at a recent meeting. We're glad that eventually the right treatment was forthcoming, a tribute to this person's perseverance in challenging the system.

“KEEPING YOU UPDATED”

RCVS Meeting Feedback by Kate

Matters arising from the minutes of the last meeting: There are 200 brown field sites in Redbridge for the construction of 12,000 new builds in the Borough.

Andy Donald the new Chief Executive of the council has not come to any conclusion about the relationship between the council and VISION.

Many of the Councils Directors are leaving and there will be four new posts for Strategy, Resources, People and Places. Simon Parker is the new Strategy Director and Caroline Bruce the new Place Director.

Feedback from the Voluntary Sector: There are plans to set up a new organisation that will have representatives from all three boroughs (Redbridge, Havering and Barking and Dagenham) CCG's, Local Councils, NELFT and Acute Trusts. This would be called the Accountable Care Organisation (ACO) and would make decisions on and commissioning Health and Social Care services. A business case is currently being made to present to Central Government.

A presentation on Stigma and Discrimination was given by Charmaine Harris, Project Coordinator and Kate Harrison, Service User Rep from RUN-UP. This included statistics on mental health distress, options in a journey to recovery and Kate shared her own recovery journey.

Jon Abrams gave a presentation about Redbridge Concern For Mental Health (RCMH) outlining its vision/mission to promote, protect and improve the mental health of the local community. He also outlined all the projects that Concern does.

Andrea St.Croix who is an advocate for the NHS Complaints Advocacy (Voiceability) described how to make a complaint and gave out leaflets.

Sabina Jaulim of Redbridge CVS did a presentation on the Black, Asian Minority Ethnic and Refugee (BAMER) Psychological Health Project.

Street Triage Meeting Feedback by Chris

The project has successfully secured funding for a further 12 months. Liaison between the Street Triage team and the police (MPS) has been extended to include the London Ambulance Service (LAS). All agree the project is working well for service users and the services.

Service users are getting help and treatment at the point of their relapse in the community. The police have direct access to the appropriate mental health staff and avoid unnecessary detention under section 136, and the LAS can also now call the team to attend when they're at an incident. They can then take the service user to hospital if needed or provide other medical assistance.

So the mental health patient can be supported by up to three services in the community. British Transport Police (BTP) are also involved in the project, but a high number of their cases involve people on railway tracks who are likely to be put on a S. 136. The Street Triage service operates from 5pm – Midnight, Monday – Friday.

The outcomes have improved since the beginning of the pilot, with evidence now of a reduction in S 136 arrests and attendance at A&E. All cases are followed up by the team either with the service user or carer by phone or face to face. A feedback form is sent to the police liaison

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officer for each incident which identifies the officer/s involved and asks them for their feedback. There is a demand for the service outside of their working hours.

Through the work reported in the group, the evidence now available and the demand reported by the number of police referrals (often outside the normal working hours); representation has been taken to CCG for additional funding.

After the last meeting, there was good news that approval had been given to extend the hours of the project. It will now be 14 hours a day, Monday to Friday, from 11am to 1am.

Some examples of recent cases:

A man had written a 'goodbye' message on Facebook. A friend called 999. LAS attended and called Street Triage. They took him to Sunflowers Court and he was assessed by a doctor. He had been drinking. Was taken home safely, referred to HTT and given details of drug and alcohol services.

Police called Street Triage with reports that a man was on top of a roof. There were accusations of domestic violence and abuse to his ex-partner and possible arrest. Street Triage attended with Emergency Duty Team and he eventually came down voluntarily. He was taken to A&E for a check-up after a long time on the roof.

Wife and daughter called the police after husband had pushed his wife. Had been admitted last year to Stage Ward for older people. Has a diagnosis of dementia but doesn't take his medication. Has expressed suicidal intentions to his wife. He refused further assessment. Was referred for a mental health assessment under section 2 of the Mental Health Act and admitted to Goodmayes. A section 2 allows for someone who isn't well to be admitted for assessment and possible treatment for up to 28 days.

Smoke Free Meeting Feedback by Chris

This meeting was part of the review of the NELFT going 'Smoke Free' in October 2015, its effects on patients and effectiveness on the site at Goodmayes. The ban on smoking is across all NELFT sites on the grounds and in the wards. The meeting was reminded that the purpose of the ban is to comply with the Health Act 2006 banning smoking in all enclosed and partially enclosed public buildings. At all NELFT sites, the rules are: You can smoke, but you CANNOT smoke here.

So no smoking for visitors or employees on-site and most importantly, patients need to be offered Nicotine Replacement Therapy (NRT) in a timely way on admittance to hospital. The meeting found that although a lot of training was given to staff and information given to patients before the ban started, there are a considerable number of problems with the ban 9 months on.

As a generalisation at Sunflowers Court, there is increased anxiety amongst patients with some violence experienced probably due to withdrawal symptoms. Patients are being caught smoking so the ban on cigarettes and lighters is not working. There is discrimination between patients who can leave the premises and smoke and those that can't. Staff must not accompany patients for 'smoke breaks'. But do. People are seen congregating outside the main entry gates to smoke...hardly a good advert for a no smoking site?

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Problems also exist for patients being admitted. Those being referred and have a pre-entry care plan, are prepared for no smoking. What about voluntary and Section 136 patients? No pre-planning here and a lack of access to medication when admitted. So no timely NRT intervention. In fact NRT is not being widely used as it's not popular and is perceived as ineffective. How do patches or lozenges work for a 40/day smoker? The inhalator could be a better option as it also replicates the habits of a smoker, but there is little uptake. For this you have to be referred to Smoking Cessation who are only on site one day a week. Patients are not being told this is available and it isn't a compulsory 'no smoking' programme, just a one-off session. E-cigarettes are still banned as they've still not been licensed.

The meeting made some crucial decisions to improve the effectiveness of the no smoking ban and the patient experience:

- Include the smoking question as an early intervention, not an after thought
- Referral to Smoking Cessation to go on-line for assessment for inhalators. Use of inhalators must be increased
- Introduce the tamper proof e-cigarette, but only as a pilot and for use in the grounds not on wards or balconies. Look to sell these from the shop. Patients must purchase.
- Review staff training

A student nurse on Kahlo Ward had produced a draft booklet on 'beating the craving' which was well received. This should be developed along with the idea of smoke free soothe box on the wards.

Everyone agreed there was some urgency in getting these actions completed.

NELFT Board Meeting Feedback by Chris

The Trust has been offered additional resources from the Sustainability and Transformation Fund. This fund will help to get hospitals back on their feet, support the delivery of the Five Year Forward View, and enable new investment for critical priorities to help reduce waiting times in primary care, mental health and cancer services. The local plan is due for submission at the end of June.

Children and Adolescent Mental Health Services (CAMHS) in Redbridge have ongoing problems. The Tier 4 service (Brookside) remains closed, while NELFT and Commissioners negotiate a new contract. Before it was closed, its nursing vacancy rate was 49%. The Tier 3 service is under threat from the Council to remove funding which NELFT say will make the current service non-viable. We have already had a report from a mother who is saying her daughter's current worker is leaving the service soon, and cannot recommend what service will be available after they leave.

NELFT has submitted an application to the New Care Model Site for Tertiary Mental Health Services. This programme is an opportunity for mental health providers and commissioners to demonstrate their talent for innovation and ability to transform services for the benefit of service users and their families. They have submitted a bid for Tier 4 CAMHS to assist in the implementation and evaluation of the proposed model for Brookside. The aim is to make a service that provides an alternative to hospital admission for young people who have an acute mental health need.

Morris Ward Presentation – Maintaining Carers Mental Health

RUN-UP (Next Steps) was invited by a Forensic Social worker – Morris Ward to give a presentation to sessional staff on maintaining Carers mental health. Charmaine Harris (Project Coordinator) went on to the ward to speak to staff about services at Redbridge Concern and to deliver a training session on how to meaningfully engage carers onto the ward.

Within the session, staff explored issues regarding carer participation and carer's engagement with NELFT services. Staff members:

- Reflected on their services and way of working with carers
- Gave feedback on the positive ways that carers could feel more supported and encouraged to participate more meaningfully in order to help develop services and make a difference for service users.

The Forensic Social worker thanked Charmaine and said “We really enjoyed her input, passion and the knowledge she brought regarding engaging carers. I would like to organise a further session for other students across the other wards, will advise once I have the go ahead for this”.

Redbridge Carers Support Service (RCSS) – Refugee Week

The main event organiser was RCSS who held an advice and information day at Redbridge Central Library for local organisations giving information and support to refugees. There were a variety of stalls including Work Redbridge, Foodbank, East Side Consortium, Volunteer centre Redbridge and talking therapies (IAPT).

There was a TB awareness presentation with audience participation on a questionnaire such as how and who can get TB.

Rashmit Kalra gave a short presentation talking about there being one earth equal to one world i.e. there are no divisions.

There was also a stand from East Side Consortium who aim to work towards the elimination of racial, religious and other forms of discrimination and promote equality of opportunity and good relations. The consortium has three organisations working in Partnership: Barking and Dagenham Racial Equality Council, Waltham Forest Race Equality Council and Redbridge Equalities and Community Council.

Peer Support Group

Redbridge Concern for Mental Health holds a Peer Support Group every Thursday at 98-100 Ilford Lane Ilford IG1 2LD (no appointment needed) 10.30am—12.30pm; receive hope, support and encouragement from others with lived experience of mental health issues.

Service User Network Meeting

Please remember we also hold a service user network meeting on the last Wednesday of each month at the Gloucester Room, Central Library, Clements Road, Ilford from 5.30pm to 7pm. Often we have guest speakers relevant to mental health, give out information and provide updates on services.

Everyone is welcome to join us.

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Redbridge



Stakeholder briefing – Brookside Adolescent Unit Update

Further to our briefing dated 26 April 2016 regarding the temporary closure of the Brookside adolescent unit, we are now in a position to provide you with an update on the service and the plans for the future.

The Brookside unit has been temporarily closed since our decision on 25 April 2016. The inpatient service has been suspended and in the interim, for those patients it was appropriate for, they have been transferred to the young people's Home Treatment Team. This is a 24/7 service designed to support young people in their own homes. Most of the young people who were being treated in the unit, either as an inpatient or a day patient, have been successfully managed into this community services. Alternative inpatient beds did need to be sourced for a small number of patients.

An innovative new model of care for children and young people across both acute inpatient beds and a young people's Home Treatment Team has been presented to the Tier 4 commissioners and to our local commissioners. We are working with them to progress with the development of this new care model that we believe will improve outcomes and benefit young people who need to use our services.

The current estate has been reviewed and considerable works are being undertaken to establish a more conducive therapeutic environment for young people. We are also actively engaged with parents and young people to gain their views. We are anticipating these works will be completed by mid-August 2016.

We will keep you updated.

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.