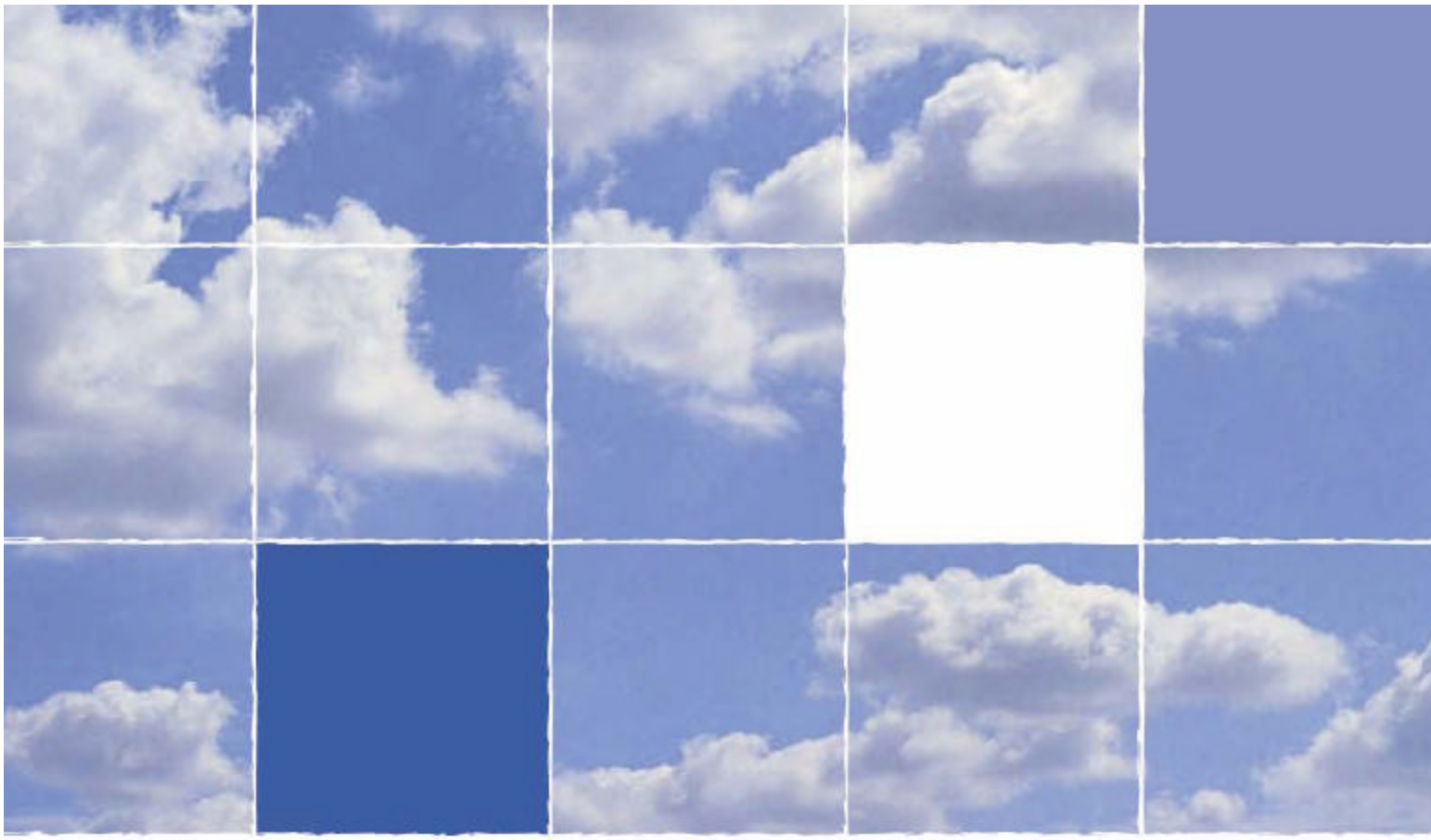

Review of Accessibility of Mental Health Services in Walsall

Report of the Health Scrutiny Panel

February 2006

Walsall
Metropolitan Borough Council

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REVIEW CHAIR'S FORWARD

I am pleased to present this review document about accessibility of mental health services in Walsall.

This is the first formal review the Health Scrutiny Panel has produced.

The Panel in September 2003 agreed that the accessibility of mental health services in Walsall would be considered for scrutiny. A suitable organisation was sought to assist with this work, and the Sainsbury Centre for Mental Health (SCMH) was appointed as research partner. They undertook the project with a steering group comprising a service user and officers from social care and the PCT.

The Panel having received and scrutinised the information from the Sainsbury Centre, produced, with the assistance of the Joint Director of Mental Health, an Action Plan, to address the issues identified by the research.

This review document incorporates details of the research undertaken; the actions suggested to remedy the issues identified; details of the actions already undertaken and the effect these actions are having on the service provision.

This exercise has been an excellent example of partnership working between the Health Scrutiny Panel and the NHS and sets the standard for continued future joint work to improve the health and wellbeing of the people of Walsall.

Councillor Val Woodruff
Chair of Health Scrutiny Panel and Review

Membership of Health Scrutiny Panel

Councillor V. Woodruff
Councillor Desmond Pitt
Councillor Ian Robertson
Councillor Rachel Walker

Dr Sam Ramaiah – Director of Public Health (Advisor to Panel)
Jim Weston – Patient's Forum
Ms Louise Mabley – PALS (PCT)
Margaret Willcox – Joint Director of Mental Health (Review Advisor)
Karen Knowles – (Research Project Leader – Sainsbury Centre for Mental Health)

Chapter 1 Reasons for the Review

The motivation for this review came from the duty of this Council's Health and Social Care Scrutiny and Performance Panel to scrutinise the NHS. The Panel's sub-committee, Health Scrutiny Panel are delegated to take on this role and have chosen to undertake the review of Accessibility to Mental Health Services in the Borough with the understanding that equitable access to services for individuals is a government priority and that standards two and three of the National Service Framework for Mental Health (1999) (NSF) deal specifically with primary care and access to services.

Chapter 2 Introduction

This review has been prepared following an investigation into the accessibility of mental health services in Walsall. It should be seen as the beginning of a continuing process of investigation into the provision of services for people with Mental Illnesses in the Borough.

The Sainsbury Centre for Mental Health was commissioned to undertake the research which involved investigation of the initial access routes to mental health services experienced by current services users of working age (18-64)and have produced the document attached which incorporates the methodology; findings; conclusions and recommendations that have emerged from this research.

The Panel having scrutinised the findings of this research agreed an action plan and how the actions will be delivered to respond to the recommendations which emerged from the report produced by the Sainsbury Centre. Some of the actions proposed have already been achieved and the Panel is continuing to monitor the outcome of the remaining actions.

Chapter 3 Key Findings of Review

3.1 Environment

- Some service users experience long journeys to attend mental health service.
- The Assertive outreach base was thought to be problematic in terms of its physical accessibility and safety.
- The design of the Dorothy Pattison building has let to problems in terms of lack of single sex accommodation and also in terms of the lack of access to outside space for individuals requiring intensive care.
- Service users with experience of admission to inpatient care reported wards being used also for people with problems of substance misuse.
- Complaints made to ward staff were not thought to have been taken seriously.

3.2 Pathways to care

- Problems were identified in terms of referrers having the appropriate knowledge about when and who to contact when dealing with mental health problems.
- Lack of knowledge in primary care about how to recognise and respond to individuals presenting with mental health problems.
- There are many reasons which impact on an individuals own help seeking behaviour. A greater understanding of these issues and how they impact on when and how they access services as result should be investigated.
- There should be increased opportunities for self referral and a single access point to services would ensure that service users get the right service first time.
- Access to psychology is limited due to extensive waiting lists and there is limited psychology input to community services.
- A number of interviewees felt that Dorothy Pattison Hospital was being inappropriately used for detoxification and that there was a gap for people requiring this type of support.
- Work is underway to address issues of people who are diagnosed as having either a Personality or Borderline Disorder who have traditionally experienced difficulties accessing services.
- Protocols between services are being developed which aim to improve joint working. It is envisaged that this will help to provide a seamless service for people who traditionally 'fall through the gaps' in services.
- There is concern that Broadway North isn't accessible to some service users due to its remit to provide training courses. Service users want to be able to access services which are geared towards socialising and relaxation.
- Black Sisters have a reduced role in providing mental health support to Black people with mental health problems due to funding problems which could potentially mean a gap in services for this community.

3.3 Assessment and care planning

- Mental health services reported meeting the needs of clients using holistic assessments which take into account health and social care factors as well as cultural needs.
- A number of service users reported that they weren't in receipt of a care plan.

3.4 Relationships and communication

- Mental Health services report good relationships but evidence suggests that these need to be formalised. Relationships and communication with agencies outside of mental health need to be developed.
- There is no strategy for self harm in A&E services and at the time of interviewing, no A&E liaison service.

- Structures are in place to support people who have a dual diagnosis of mental health problems and substance misuse. However, currently there is no co-ordinated strategy to manage them which means that they are not being supported appropriately. PCT is looking at government guidance on managing people with dual diagnosis.

3.5 Culture

- Barriers to services for specific communities such as Black and Minority Ethnic communities; women and people with disabilities were not identified by service providers.
- Mental Health services have worked well with organisations such as Black Sisters; however; it was felt that more robust partnership working was needed with the voluntary sector service providers.
- The role of the Asian mental health support worker is an example of good practice although it has highlighted issues for example, that service users from different communities may find services less accessible due to cultural barriers and that carers who are from BME communities maybe unaware of their rights to certain benefits and support.
- Organisations providing services to BME communities require sustainable funding.
- Black and minority ethnic communities and mental health is part of Strategic Health Authority themed review which Walsall is involved with which should begin to address concerns about the accessibility and provision of services to this group.
- Day services lack crèche facilities or are unable to cater for children.
- There is an issue around perinatal mental health. How are mothers with mental health problems supported?
- Women's mental health issues are being taken forward by Walsall mental health services and a women's lead has been identified.
- Service users who are Deaf or hard of hearing have more difficulty accessing services. The needs of this group need to be explored more fully.
- The difficulty of asylum seekers and refugees in accessing mental health services has been recognised.
- The issue of stigma needs to be addressed as this is preventing people from accessing services at an early stage.

3.6 Public Information

- Service users want to have more information about their mental health problems including about medication and side effects.
- Service users and service providers lack information about what services are available and also about mental health issues.
- There is a gap in information aimed at people from BME (and other) communities about mental health and mental health services.
- Mental health services should make greater use of self help materials.

- Information needs to be targeted at carers so they are aware of the support they are entitled to.

3.7 Management Information

- New information systems were being developed to enable information to be collected about service usage and a means of monitoring and measuring the outcomes of services and interventions.
- Various audits are conducted within mental health services but there is evidence that some teams, such as Assertive Outreach need a strategy for the management of information as they currently only collect 'crude' data. There needs to be consistency in the provision of information in mental health services and the new system should facilitate this.

Chapter 4 Recommendations

4.1 Environment

- Conduct a needs assessment exercise to determine the profile of the client group served by the CMHT to identify their needs and care pathways to services.

- Adaptations to the Assertive Outreach base could be made to increase the safety and physical accessibility. Service users and staff should be involved in deciding the most appropriate methods of doing this.

- Government guidance states that there should be separate wards for men and women on acute inpatient units. This is being addressed in Walsall but must include consultation with service users (both men and women).

- Patient and Public Involvement Forums to investigate complaints procedure in Dorothy Pattison Hospital. Inpatients should be aware of how to complain or to contact advocacy services.

4.2 Pathways to care

- Information to promote mental health; raise awareness about mental health problems and services available should be produced in collaboration with relevant stakeholders (e.g. voluntary sector organisations). This could take the form of leaflets; web based information; training in the community to raise awareness and combat stigma. Mental health services could make links with local media agencies and the Employment Retention Scheme could 'reward' employers who they successfully work with.

- Research into the help seeking behaviours of different communities could be a useful method of establishing patterns of how people access and use services.

- There should be increased opportunities for self referral and a single access point to services. This may be a single phone number or an intake team which assesses an individuals needs and signposts them to the appropriate service.

- Primary care Community Psychiatric Nurses should monitor the use of 'opt in' letters to ensure that they are not preventing people accessing the service have literacy problems or who may be 'put off' by having to respond to them.

- Establish a local mental health help line which is available 24 hours and which provides single point of access to mental health services.

- It is recommended that Community Mental Health Team (CMHT) training is extended to include other evidence based interventions such as cognitive behavioural therapy (CBT). The training could be led by the psychology service and they could also provide on going support.

- A 'visiting psychiatrist' is available at Brace Street Health Centre once a week. This is a good model of practice which should be extended to other areas.

- The care pathway which is being developed for (Borderline) Personality Disorder should ensure that issues of violence and abuse are acknowledged by the service providers. Community and inpatient mental health staff will require training in dealing with this area and with regards to women; guidance is available in the Department of Health document, (Mainstreaming Gender (2003)).

4.3 Assessment and care planning

- Service users should (a) have a care plan and (b) be involved in the care planning process. Care plans should be reviewed at the team level and gaps in care planning addressed through supervision.

- The new policy, Delivering Race Equality in Mental Health Services (DH, 2005) states that the ethnicity and cultural needs of clients should also be recorded in care plans.

- Care plans should be monitored as they can provide useful feedback as to where needs have not been met and how they can be addressed in the future. For example, the outcomes of various interventions could be measured to see what is effective for different individuals.

4.4 Relationships & communication

- Protocols between services are being developed which aim to improve joint working and clarify roles and responsibilities. It is important that these protocols are monitored and evaluated to ensue that they are being adhered to (and indeed, working) in practice.

- Non mental health staff, e.g. general nurses should be trained in identifying people who are at risk of developing mental health problems, such as those with serious physical illness.

- There needs to be a strategy to manage people with dual diagnosis. The Department of Health has produced guidance on managing people with dual diagnosis which the PCT is looking at.

- Mental Health services need to look at increasing the participation (and engagement) of people for BME and other relevant communities (Deaf people; people with physical disabilities) in strategic planning processes.

- Systems for liaison across teams and agencies need to be improved. We recommend that any link worker have their caseload reduced in proportion to the level of liaison activity. A written agreement about the role of link workers may clarify their remit.

4.5 Cultural issues

- Targets related to the review of Black Minority Ethnic (BME) services in Walsall will be agreed with and overseen by the Strategic Health Authority. This are of service development should have designated organisational leadership at a senior level and be a priority for commissioning in mental health.

- A training strategy should be developed, in partnership with key stakeholders (including service users and the voluntary sector) in relation to people from BME communities.

- It is vital that Walsall Mental Health Services work in partnership with organisations that provide culturally sensitive services to the community.

- The commitment to improving services for people from culturally diverse backgrounds should be in the form of sustainable funding for voluntary sector organisations.

- The needs of women who are mothers are taken into consideration and that where possible crèche facilities or options for home visits are made available so that they can attend appointments. More specifically, this should be investigated as part of the review of day services to determine what the options are for this client group.

- There should be an audit of health and social care buildings to clarify the extent which clear signage; Mincom and loop facilities are available.

- A member of the CMHT should be nominated to liaise with Deaf and Hard of Hearing Team to improve care for the group. This could inform the development of a training

strategy for the management of people who are Deaf or hard of hearing.

- Mental health services should look at anti-stigma and discrimination campaigns as a way of overcoming preconceptions of mental health problems.

4.6 Public information

- Mental health services should promote good mental health and highlight the benefits of accessing services at an early stage. Offering services outside of traditional health care settings is one approach.

- Non-stigmatising self help information for people with mild or 'common' mental health problems in the form of books leaflets tapes, CD-ROMs or web based, and derived from evidence based interventions, should be made available to service users at places where a health care professional is available to monitor their usage.

- Details about medication and its potential side effects should always be explained to service users.

- Any information which is provided should be appropriate to the needs of the community, in different languages or formats (such as Braille or signed video).

- Minority communities and appropriate voluntary sector organisations should be involved in developing methods of raising awareness about mental health in a way which is culturally relevant.

- BME community development workers should have a specific responsibility to facilitate communication and the exchange of information between service providers and service users.

4.7 Management Information

- All mental health services need to produce regular information to enable strategic planning and development of their organisation.

- Basic information about clients such as gender and ethnicity can inform who is accessing services but data also needs to be collected to monitor outcomes of services provision (including who is using the service and who is not).

- Staff should be trained to collect and record accurate data, with a consistent approach to training staff in different teams and agencies and ensuring necessary access to computers.

- All service should monitor waiting lists for services – including waiting time for an assessment and waiting time for an appointment.

- If a client is refused a service, they should be given the reason why, and this should be recorded.

- Workforce data should be collected and monitored within and across agencies, and targets set to achieve a workforce that is representative of the communities it serves.

Chapter 5 Action Plan

Recommendations	Actions	Timescales	Responsible	Update – January 2006
<u>Environment:</u> CMHT needs assessment to determine profile of service users.	CPA audit. Review of the role of CMHTs as recommended by Policy Implementation Guidance.	Completed. New duty system due for implementation May 2005. Review will be ongoing throughout 2005/6.	General Manager for Service Improvement (KW) in conjunction with General Manager for Adult Mental Health (SF).	All staff trained. New Duty system fully implemented. Evaluation will continue.
Adaptations to Assertive Outreach base.	Included in current review of all accommodation.	Commenced. Due for completion by September 2005.	General Manager for Adult Mental Health (SF) and Associate Director of Estates (JR).	Work completed.
Separate admission wards for men and women at DPH.	Consultation with stakeholders prior to implementation.	June 2005.	Modern Matron (JS).	Gender specific wards introduced January 2006
PPI to investigate complaints procedure used at DPH. Improved awareness of procedure for inpatients.	PPI to respond to request. All inpatients to receive advice on procedure.	May 2005. Ongoing.	PPI Lead officer (JW). Modern Matron (JS).	PPI members actively engaged in process.
<u>Pathways to care:</u> Improved information and awareness raising about mental health, in partnership with others.	Identified key role for new Graduate Mental Health Workers, due to be recruited summer 05	Commencing July 2005 and ongoing.	Primary Care Team Manager (LB).	6 Graduate Mental Health Workers recruited.

Research patterns of access and use of services.	Recommendation to Public Health.	May 2005.	Director of Mental Health (MW).	Recommendation made.
Single access point to services.	Will be established by new duty system.	June 2005.	General Manager for Service Improvement (KW).	In place via new duty systems
Monitoring of opt in letters.	System already established for monitoring.	Existing.	Primary Care Team Manager (LB).	Opt in letters withdrawn from use
CMHT training to include evidence based training such as CBT.	CBT, BFT, and Solution Focused approach already available to CMHT staff. STORM risk assessment model to be implemented in 2005.	STORM training commences in May 2005 and will be ongoing.	Dr SA.	Storm training commenced. Programme continues.
Psychiatrists available at all CMHT bases.	All CMHTs currently have dedicated time from Consultant Psychiatrists and some will be introducing community reviews this year.	Existing and ongoing.	All Consultant Psychiatrists.	Community reviews commenced as a pilot. Pilot still in progress.
Training in accordance with 'Mainstreaming Gender'.	Local plans for delivering care to women are being developed	Ongoing in conjunction with NIMHE and the StHA	Women's lead officer (PB).	Service user led research commissioned.

<u>Assessment and Care Planning:</u> Service user involvement and ownership of care plans.	This is an existing requirement and is audited annually.	Ongoing.	CPA lead officer (LL).	Ongoing
Ethnicity and cultural needs of service users must be recorded.	This is an existing requirement and was audited in March 2005 when there was 93% compliance.	Ongoing.	CPA lead officer (LL).	Ongoing
Care plans should be monitored.	CPA reviews, which include Consultant Psychiatrists form on aspect of monitoring. The CPA team audit and report on the quality and outcome measures at least annually. Care plans have formed part of a recent Audit Commission programme and the Rowan Review.	Ongoing.	CPA lead officer (LL).	Ongoing
<u>Relationships and Communication:</u> Developing protocols should be monitored and evaluated.	This is included in the clinical governance process.	Ongoing.	Mental Health Senior Management Team.	Ongoing
Training in mental health issues for non mental health staff – e.g. general nurses.	We have recently established a joint training arrangement	Existing	Lead Nurse for Mental Health (RM).	Joint training commenced

	with The Manor Hospital which will meet this recommendation.			
Strategy on the management of dual diagnosis.	A working group will be established to address the issues relating to this.	June 2005.	Modern Matron (JS).	Group established
Involvement of BME community and other diverse groups in the planning of services.	The new Mental Health Partnership Board will include a broad representation from community groups and will have s specific sub-group focusing on diversity.	April 2005.	Director of Mental Health (MW) and lead officer for diversity (JW).	Walsall now signed up as an early implementer for St HA BME Strategy
Improve the liaison between teams and agencies.	The new management arrangements and change of roles will improve communication and liaison.	Completed.	General Manager for Adult Mental Health (SF).	
<u>Cultural Issues:</u> Prioritization of services for the BME community.	Designated lead identified within the SMT. Involvement of StHA development group. Partnership Board sub group to be established.	Completed. Commences April 2005. May 2005.	Social Care lead (JW). Social Care lead (JW). Social Care lead (JW).	Commenced and ongoing

Inclusion of BME needs in training strategy.	Agreed as a priority.	Ongoing.	Training lead officer (SU).	Included in training plan
Partnership working.	Links with agencies to be further developed.	Ongoing.	Social Care lead (JW) and Associate Director of Commissioning (PA).	Ongoing
Sustainable funding for voluntary organisations.	SLA funding to be reviewed and priorities agreed.	Commencing September 2005.	Associate Director of Commissioning (PA), Commissioning lead for MBC (DA) and Director of Mental Health (MW).	
The provision of child care is explored.	Home visits and the use of crèche facilities for appointments are already available. Further provision to be included in the day service review	Commencing June 2005.	General Manager for Service Improvement (KW) and Social Care lead (JW).	Included in day service review
Estates audit.	Already underway.	Due to report September 2005.	General Manager for Adult Mental Health (SF) and Associate Director of Estates (JR).	
Nominated link for deaf and hard of hearing.	Strategic wide work being undertaken this year which Walsall is supporting.	Financial commitment made April 2005.	Associate Director of Commissioning (PA) and Director of Mental Health (MW).	Ongoing

Address the needs of asylum seekers in collaboration with partner agencies.	MBC contractual arrangements for asylum seekers are undergoing change which may affect local demand. This will be monitored.	Ongoing.	Modern Matron (JS) and Social Care lead (JW).	Ongoing
Involvement in anti stigma campaigns.	Participation in national. Regional and local health promotion events and other relevant campaigns.	Ongoing.	Standard One lead.	
<u>Public Information:</u> Support the promotion of good mental health, including services outside of traditional health care.	Employment services, Broadway North, CMHTs and the Primary Care Team are actively involved in a range of programmes, many of which are not of a traditional model. These will be enhanced by the development of the Graduate Mental Health Worker and Community Development Worker roles.	Ongoing.	All managers.	Ongoing
Improved self help information for people with health care professional support.	The planned development of the Primary Care Team will include a range of approaches	Ongoing.	Primary Care Team Manager (LB).	Commenced

	which will meet this recommendation.			
Improve information to service users about medication and potential side effects.	The introduction of specialist pharmaceutical advice for mental health will improve the current service.	September 2005.	Pharmacy lead officer (ER).	Recruitment planned
Information should be available in a range of formats and languages.	All current leaflets are printed in 5 languages, available by request in others and in Braille or large print. Staff will actively promote this.	Ongoing.	All managers.	New information strategy launched. All information available in any format by request.
Inclusive and culturally relevant awareness raising about mental health issues.	This will be a key feature of the strategic wide work we are part of. The PPI and Partnership Board sub group will also have roles in meeting this recommendation.	Ongoing.	Social Care lead (JW) and all managers	Ongoing
The development of a liaison and communication role for Community Development Workers, between providers and service users.	Facilitating communication will be a recommendation to the group responsible for introducing the CDW posts.	Commencing August 2005.	General Manager for Service Improvement (KW).	

Management Information: Mental Health services should produce regular information to enable planning and development.	The Performance Management Group and the Directorate Management Team receive monthly updates of information. This will now extend to the Partnership Board for Mental Health.	Ongoing.	All managers.	Ongoing
Information should be available about who is and is not using the service, including gender and ethnicity.	This information is already available on those referred to and accessing the service. By a process of deduction, the profile of those not included can be ascertained.	Existing.	All staff.	
Staff should be trained in data collection and access to computers ensured.	There is a rolling programme of training with regular updates. In addition to the computers available in teams, there are facilities located around the Borough to enable staff to access their records, the internet and the intranet.	Existing.	All staff.	Ongoing

Waiting lists should be monitored.	Waiting lists are reported weekly to the relevant staff and managers.	Existing.	Head of Information (FB).	
People refused access to services should receive an explanation and this should be recorded.	The development of referral protocols and service criteria will clarify the roles of teams. Records of actions are currently recorded.	Ongoing.	General Manager for Service Improvement (KW).	
Workforce data should be collected and targets set to achieve a representative workforce.	This is already a requirement and is reported to the Board quarterly.	Existing.	Associate Director of Human Resources (JC).	