

HWTW Project Outline			
Project Title:	Mental Health project		
Proposer (Project Lead):	David Bell	Date Proposed	6/10/14
Healthwatch Function:		Score 1 is low, 5 is high	
<p>Concern:</p> <ul style="list-style-type: none"> • The confusion & anxiety and lack of provision caused by the closure of Castle Lodge and uncertainty about future provision for step down accommodation • The issue of Crisis Teams and provision – particularly 5pm to 8am and at weekends and holiday periods. • The lack of capacity to cope with Mental Health issues in A&E and GP surgeries • The lack of clear diagnosis & treatment & care pathways • Geographic gaps in provision e.g. the Wellington area • Uncoordinated provision & ping-ponging between services • The whole issue of prevention and short sharp interventions to stop things getting serious • Young Peoples mental health issues & the interface between child & adult provision • Housing & Homelessness issues • Linking with Autism, Dementia, Self-Harm, Gender & Sexual issues, Care Leavers, Armed Forces & Ex, Prison indices of mental ill health, Hearing loss, disabilities and learning disability • Mapping current provision including voluntary resources <p>Score 1/5* <input type="checkbox"/></p>			
<p>Evidence of concern:</p> <p>All of the above concerns have been brought to attention at a “consultation” meeting, which took place at MPH in May and included a few ex patients, staff from Accord housing, commissioners etc. Since then Tina and I have attended some meetings at the Redwood Centre where they are starting to plan more outreach and roles for alternative and voluntary provision. Two years after the commissioning of the Redwood Centre which provides 80 general beds and 32 more secure beds they are looking again at provision – partly driven by budget reductions.</p> <p>Score 1/5* <input type="checkbox"/></p>			
Estimated No. of T&W residents affected by this issue			
<p>Objective of investigation:</p> <p>Healthwatch Telford and Wrekin Mental Health Project can look at:</p> <ul style="list-style-type: none"> • The plans of the South Staffordshire & Shropshire NHS Trust including the Redwood Centre and plans of the two CCG’s for change • Issues around CAMS the Children & Adolescent Mental Health Service – which the Telford CCG is pointing us to. • The often poor patient experience in GP surgeries, A&E and as we heard recently gender issues of patients assigned (due to space pressures) to wrong sex wards 			

Score 1/5*

Expected outcome of investigation:

Score 1/5*

Sources (organisations/ contact/contact details):

Office use

Outline received	/	/	Reference No.	
Circulation 1	/	/	No. of responses ____	Total score at / /
Circulation 2	/	/	No. of responses ____	Total score at / /
Circulation 3	/	/	No. of responses ____	Total score at / /
Circulation 4	/	/	No. of responses ____	Total score at / /
Circulation 5	/	/	No. of responses ____	Total score at / /
Circulation 6	/	/	No. of responses ____	Total score at / /

Healthwatch Telford & Wrekin

Developing a Project Plan for Mental Health

David Bell

Introduction

There is nothing new in Mental Health being the Cinderella of medical provision and this is usually associated with the stigma of mental illness and the misunderstanding of its frequency, types and behaviours and lower funding than other Long Term Conditions & Acute services. One in four of us will in periods of our life experience mental ill health but only 1 in 6 will achieve a diagnosis. Mental Health issues also provide the largest segment of claimants for Invalidity Benefit and Benefit changes & reductions (as part of Government welfare reforms) will have a knock on effect.

The purpose of this paper is **to get a Board discussion going** on Mental Health to see what knowledge we all have in this field (mine is dated but perhaps provides a few pointers) and what intelligence & facts we need to gather (and where/who from?) before we finalise a project (if we have with everything else going on – the capacity to do so).

My introduction to Mental Health came at the end of the 1960's when after college and a brief period of teaching I left the Fenlands of East Anglia and joined the small staff team of the **Psychiatric Rehabilitation Association** which I soon realised was a pioneering new approach to mental health in the East End of London. At that time mental health patients from the East End were sent to Longrove and Horton hospitals which with other hospitals ringed Epsom Downs. These were the Victorian Asylum type buildings which have gradually been replaced by new provision and one of the last in the Country was Shelton in Shrewsbury – replaced two years ago by the Redwood Centre and Mental Health Village. It was also an era that moved away from “incarceration in lunatic asylums” with the feared Electro Convulsive Therapy (ECT) and the chemical coshes that left patients subdued and inert.

PRA was a voluntary organisation run by a committee of the great & good & Profs of Psychiatry and founded by an Australian sociologist & author who married into the Mehenuin family of violinists. He was a visionary in terms of future provision that included pioneering “group work” on the wards, discharge out into the community from which patients came and a range of provision including day centres, a residential centre, an industrial/ re skilling training centres, art therapy, drama, cooking, trips evening clubs, Sunday lunch clubs and a researcher. I went on from that with colleagues to found Abba Care which provided two “step down” mental health hostels in Greenwich with a programme leading to independence, housing and jobs. The 60's were of course also the era of R.D Laing and the Philadelphia Community with radical ideas on revising approaches to mental health without drugs!

Well that was then - so what challenges around Mental Health can Healthwatch help with now? In May at MPH we held a “consultation” which included a few ex patients, staff from Accord housing, commissioners etc. Since then Tina and I have attended some meetings at the Redwood Centre where they are starting to plan more outreach and roles for alternative and voluntary provision. Two years after the commissioning of the Redwood Centre which provides 80 general beds and 32 more secure beds they are looking again at provision – partly driven by budget reductions. We also have links with the Chorus Group at Redwood and the Mental Health Forum. I have also tried to start conversations with Paul Cooper in Shropshire CCG and Zeena Young in the Telford CCG but not got very far. In simple terms any Healthwatch Mental Health Project could need to look at>

- The plans of the South Staffordshire & Shropshire NHS Trust including the Redwood Centre and plans of the two CCG's for change
- Issues around CAMS the Children & Adolescent Mental Health Service – which the Telford CCG are pointing us to.
- The often poor patient experience in GP surgeries, A&E and as we heard recently gender issues of patients assigned (due to space pressures) to wrong sex wards

What issues came from the May consultation?

- The confusion & anxiety and lack of provision caused by the closure of Castle Lodge and uncertainty about future provision for step down accommodation
- The issue of Crisis Teams and provision – particularly 5pm to 8am and at weekends and holiday periods.
- The lack of capacity to cope with Mental Health issues in A&E and GP surgeries
- The lack of clear diagnosis & treatment & care pathways
- Geographic gaps in provision e.g. the Wellington area
- Unco-ordinated provision & ping-ponging between services
- The whole issue of prevention and short sharp interventions to stop things getting serious
- Young Peoples mental health issues & the interface between child & adult provision
- Housing & Homelessness issues
- Linking with Autism, Dementia, Self-Harm, Gender & Sexual issues, Care Leavers, Armed Forces & Ex, Prison indices of mental ill health, Hearing loss, disabilities and learning disability
- Mapping current provision including voluntary resources
- What direction are we moving in and are we going backwards or forwards?
- How do we chart the patient experience?

The Telford & Wrekin Mental Health Strategy 2005

It is probably time for a revision of the strategy but many of the principles are sound. It notes that the onset of mental ill health is life changing for the patient and all around him or her. It's a period of trauma & loneliness. The Strategy points to the need for:

- Action to prevent and reduce the effects of the onset of mental illness
- Mitigating the negative consequences of mental illness
- Making services local and accessible
- Working on a holistic "Recovery" model linked to national frameworks

In 2005 the provision included an Early Intervention team and Emergency Duty team with 3 Community Mental Health Teams in South, Central and East Telford. Castle Lodge was open and provided 10 step/up/down beds and 2 crisis beds. With a programme in the community of Assistive Outreach, Home Treatment, an Eating Disorder service, Talking Therapies, 25 Acute beds and MIND, CAB and counselling services in the Voluntary Sector.

The Strategy pointed to a new direction and we have to ask has this been achieved and what is the provision now? The plans included:

- Primary Care Mental Health Teams working with GP's

- Crisis Response Team providing rapid & preventative interventions
- Reversing the over representation of the BME community in Mental ill health institutions (7% now 12% of the Telford population)
- Reversing the outsourcing of high dependency beds which again (Epsom) placed patients & families far apart
- Complex needs beds
- Crisis and Respite accommodation for carers
- Befriending
- User led support
- Provision for the 12% of the population without mental illness but with personality disorders – the anxious, depressed, self-harming & eating disorders or alcohol & drug abuse
- A much wider variety of accommodation options with provision by Mind, SASH, Spring Court, and Step Down flats a Rehabilitation Unit plus Acute provision giving a total of approx. 110 beds in a range of provision.