

## Wiltshire & Swindon Users' Network – Draft Mental Health and Wellbeing Consultation

**Date:** 3<sup>rd</sup> December 2014

**Venue:** Wessex Room, Corn Exchange, Devizes

**Time:** 10.15am – 12.30pm

**This event was organised in response to a request by the Wiltshire Council to seek the views of service users on the draft Mental Health and Wellbeing Strategy. The consultation runs until the 10<sup>th</sup> January 2015.**

### Attendance

**48 people attended, of which 35 were service users and 13 were from organisations, however many individuals who represented organisations also identified themselves as service users. In addition to service users having experience of mental health issues, the group included those with complex physical disabilities, long term conditions, visual impairment and carers.**

**Karen Spence, Public health specialist made a presentation to the group.**

**Louise Rendle, Head of Network Services**

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## **Questions or statements were invited from the floor**

*Thank you for sending the strategy. I have an Amesbury Mental Health Support Group Flyer to hand out. Please come along, we welcome guest speakers or just to join us for tea and cake.*

**Service user**

*Thank you for presentation.*

*Personally I find it very difficult. Work ethos, recovery, journey,*

*Some of what I'm hearing I've heard for over 30 years. I'm passionate about change. Wiltshire is very behind. How will the strategy work? Professionals need to treat us equal?*

**Rethink Mental Illness and a service user**

Answer: Wiltshire has in the past been quite far behind. A strategy finished in 2012 but didn't include wellbeing. Recently there haven't been the numbers of people in key posts that will be changing.

*Concerned with people looking separately at mental health and physical health. Huge amount of mental health is a result of poor physical health.*

*Mental health over physical health; good evidence other way around. Please capture.*

**Service user and Governor at RUH**

*Are you aware that 30% of domestic violence is due to mental health issues? People are treated as guilty despite very difficult issues. This is a recent change of strategy.*

**Parent of daughter who is a service user**

Answer: I only know a little about this but not about changes. However I am aware that a lot of work is going on around crisis care. There may also be issues around training with Police.

**Karen has agreed to follow this up**

*GP situation is not good. Some GPs should have a bit more training on mental health.*

**Service user**

Answer: There are some very good examples from GP's however this is not across the board. Some GP's stick to 7 minute appointment, we know if we send information about training it may be ignored or not even reach them. Need to find other ways to get the message across..

*Prevention and Early Intervention is key*

*Mental Health and Wellbeing – how is the strategy going to link up with provision for children and young people?*

**Wiltshire Parent Council**

Answer: Strategy focuses on adults – there is a separate one for children but we are working closely with them to link the two.

*Not impressed with what is happening around mental health currently. Not doing enough in Chippenham – we don't get anything in North Wiltshire.*

**Service User**

Answer: You're right. Wiltshire is a big county. There are pockets of where things happen and those where they don't. It is not consistent over areas. We will be talking a lot to each community.

**Following the presentation, round table discussions took place with WSUN staff facilitating. There were 3 sets of questions. Not all tables completed each set.**

### **Set 1**

**Thinking about the Aim of the strategy and the key actions (see below) we will take:**

- 1. Are they the right things?**
- 2. Are there any that are more important or urgent than the others**
- 3. Is there anything that you think we have missed that would make a difference to support people to**
  - a) get better following mental illness?**
  - b) avoid experiencing mental illness altogether?**

### **Key areas for action from Draft Strategy**

- 1. Prevention and early intervention  
(including mental wellbeing for expectant and new mothers)**
- 2. Promoting emotional wellbeing & tackling stigma & discrimination in Wiltshire's communities**
- 3. Developing services that can be tailored to individual needs and concentrate on helping people to recover and stay well**
- 4. Effective and efficient use of our resources to ensure value for money**
- 5. Working more closely with service users, families and carers when we are developing services**
- 6. Joint working with a wider group of statutory services (e.g. housing, employment agencies, police, ambulance etc.)**

## **Table ZM**

### **Question 1**

The first three actions are very important, but all other areas should remain as actions.

We need to ensure that it includes a reference to Physical wellbeing - life expectancy is lower for mental health service users. Need a holistic approach.

Stress is a big factor – links to point 1

Mental health can lead to self medicating and illegal or legal drugs/alcohol – need holistic approach to address this.

Overall table agree with the 6 areas.

### **Question 2**

Already covered above

### **Question 3**

GP's need specific mental health training. Need to identify people who need more time at appointment. GP's are not always aware of other services/support which is available. Some GP's are fantastic

Access to information is vital. Information portal – how will this work? Issue of no internet / cost of phone calls.

## **Table GM**

### **Question 1**

Yes got to be investigated and start from bottom.

No. 6 doesn't say working with Voluntary Sector Agencies i.e. Mind, Rethink that need to be thought of in the strategy. Way for people to make more choice.

Ridiculous duplicating

Cross over on children and adults, transitions to be added to no. 5.

### **Question 2**

To get number 3 right you have to incorporate all of them.

### **Question 3**

- a) Area Boards – no one mentioning mental health, they are more about roads and car parks etc. More training needed, this is around item 2 stigma and discrimination – people not wanting to admit they have mental health experiences.  
Challenge – ways to raise this awareness through another route.

- b) To do lots more projects i.e. getting outdoors, enjoying pets (dog walking), there are schemes around that people who would like a pet but are unable to, could be matched with someone who has a dog and then they can take the dog out for walks, meet up for coffee etc. This could be endorsed by CCG but people need to be matched properly.

Way to try and stop mental health problems is to stop bullying at work. Knowing who you can talk to and trust at work. Bullying has a lot to answer for – mental bullying.

Links with big employers, a lot of people being off sick with stress and anxiety. Learning how to communicate with people who are having mental health problems.

Personal story – off sick July this year – currently works in two different places but because of mental health can't travel. Some companies, especially smaller ones, don't know how to support employees including getting back to work where as big companies have separate HR.

Wessex Chamber of Commerce. Finding routes to keeping employees in work and keeping their self esteem going.

Most of the time it is down to money with organisations.

Everybody leads such busy hectic lives. Promote and encourage people to slow down.

Training GP's in their communication skills.

### **Table NC**

Yes but they need expanding.

Some are well meaning but problems with delivery.

Need to design services as being effective – but need to be responsive – not over designed.

Not prescriptive but some licence

Interaction from other professional bodies – interaction – should be more robust.

### **Table LJR**

#### **Question 1 Prevention**

Post & prenatal very important

Continuity of Care, so people get to know you and you can notice the signs

People need to be taken seriously when saying /identifying that they don't feel well, great! "Not sure what's wrong!"

#### **Question 2 Promoting / stigma / discrimination**

More advertising. Following help lines from TV Programmes

More integration e.g. don't always segregate people.

More community involvement would mean more understanding

Sometimes you would like to be with other people who understand your condition.



Include people with disabilities

### Question 3

GP's miss a lot of mental health issues; GP's haven't got time to go behind people's behaviour, sometimes people present with a physical problem and never get round to discussing the real problem.

Target strategies – in employment. Causes Stress.

People wrongly diagnosed. GP's may be looking for certain things which they get paid for. DRS are struggling to keep up with demand.

Befriending for older and isolated people. Capacity /resources are stretched already. So difficult to see how this will happen.

Not necessary about staying well or recovering but **stable** would be good.

Maintaining our independence is important. More help to be able to do this needs to be available.

Making sure families / friends are supported too.

Children of service user's are not always supported. Very difficult if a parent is unwell. Aggression. Personality changes are difficult to manage.

Need support for children and young people who have been abused. Not listened to causes more difficulties later in life.

## **Set 2**

**Thinking about your own experiences of mental health services in Wiltshire (or those of a family member or friend)**

- 1. What things were missing from the services provided that would have helped you to get better and get on with your life?**
- 2. What things worked well for you?**

### **Table GM**

Setting up a contingency plan for mental health service user was suggested and user wanted this to be done – 6 weeks later still not in place. This would give staff a set of copying strategies when user calls in during crisis.

Access to short stay crisis accommodation and medical support can prevent a long stay in hospital.

What is working well in other areas? Need to look at this.

Isolation / loneliness is an issue – this knocks confidence and leads to greater isolation.

Possible project to link well service users with people who need a 'buddy' to meet them at a group and do intro's.

GP may focus on physical exercise and benefits. Art and cooking and creative activities are also very beneficial.

This links to area 3 -Developing services that can be tailored to individual needs and concentrate on helping people to recover and stay well

Need to have better education in school (for staff) about mental health. Bullying is an issue. How early is early intervention?

It was said in presentation link between this and CAMHS strategy. \*Can it be made clear when M/H and Wellbeing Strategy is published how they link together?\*

### **Table ZM**

Voice of carer is not always listened to. 20 years as a carer and still on outside, where professionals are concerned. Triangle of care sometimes only has 2 sides.

Information sharing policies should be clear and it be made obvious when user has given consent to share information with named family/friend/carers.

### **Table LR**

#### **Question1**

All GP's to have the same mental health experience and training.

All service providers to have dietary information as well as mental health training.

Are all areas offering specialist support such as counselling e.g. via AWP/Lift.

(Timely access) waiting lists that are prioritised. Tick box questions are not satisfactory.

Waiting lists via GP's that have to be some time limits for mental health.

(Increase +++ MH services)

## Question 2

Recovery journeys that really make a difference and with an aim. (Care Plans)

Having the right medication at the right time.

Rural locations are really being isolated, due to transport issues, affecting MH, buses etc. Transport sharing (Dial a Ride)

More joined up working, communities.

Information that can be shared by all.

All agencies working together, all GPs offering the same service.

Mind counselling service / inside out group. Good neighbours scheme.

More positive stories, communities individuals and recovery.

More awareness of mental health conditions and what helps.

MH Team diagnosis can help.

Having local support available (no out of area options)

Moving services out of large general hospitals i.e. breast screening it's the equivalent to mental health, more local group meeting etc.

Patient confidentiality may impact on carer support. (Could this be part of the planning?) Advocacy Services

Practical support, which helps carers and physical health issues such as medication.

Care Pathways that make a real difference, such as practical support and carers' involvement and local support opportunities.

## **Table NB**

### **Question 1**

Crisis houses – user led

Lots of different models

Go for 2, 3, 4 nights max to help get through your crisis.

None in Wiltshire

Available in other parts of the country

Short term intervention, adaptable

Flexibility of rules – flexibility of the criteria of the rules for engaging with the services

Not having enough beds in the county

Lack of continuity of care

Not seeing the same GP

Waiting lists to certain services

Too long

Protocols

Lacking Chippenham

Flexibility of services, having on different days

Knowing what's available – how are you going to find this out?

Different ways of communicating for different people

Engaging

Knowledge

Keeping information up to date

Directories

Time factors

Expectations

## **Question 2**

PCSO's had training in mental health

Lots more training now

Better understanding from the Police

Include Police and Ambulance Service

Health and Wellbeing colleges

Wellness Recovery Action Plan (WRAP)

MIND

Strategies

Peer support

Good community teams

Flexibility

Continuity of Care – having same GP

CBT

\* New Group – Feeling Alone Group? Next Spring?

## **Table LJR**

Missing Services

Continuity of care

Access to resources. Where do we go to find information? Central number. Information hub!

Community fundraising for local services (if the Government can't provide).

Talking to a human being 24 hours a day 7 days a week.

Information area in DRS/Chemists. Not just about leaflets. Someone you can speak to.

So many day centres have closed. No other opportunities to get out and chat with other people

### **Set 3**

**Thinking about your experiences (or those of a family member or friend) at home and in your local community**

- 1. Were there (or are there) things that would have helped you/them to manage in your daily life and get better, that you were not able to get access to?**
- 2. What things/people have helped you during your/their illness/recovery from illness?**

### **Table NC**

I have support workers who are brilliant – that really helps.

The support network is gold star.

Postern House in Marlborough – was brilliant – now closed.

The community of the village – has been superb. Not the same in a lot of communities.

Using other organisations /groups in the community.

Everybody talking about Dementia - raise the profile of mental health in the same way

Maybe a similar thing to be done to raise awareness of mental health issues – how is mental health involved in the Demonstrator Areas?



Finding things to do where young adults can go to help them assist with them . Things are needed to encourage you to take care of your general health.

Self help groups.

Medical help/support – available EARLY before people hit crisis – help coming in early.

Much greater liaison between child services/adult services, Mental health is a continuum

Working with DWP – but also with education.

There should be an intermediary – to mediate between statutory authorities.

Support the carer to support the person.

To look at whole unit

Another area lacking is young carers. Between the ages of 18-25 who care for people with mental health issues – have no right to assessment yet.

An interface – with authority but no bias – objectives – a real advocate.

People with mental health receiving support - new consistency of care.

Huge help – give a social life are the first things that go in cuts.

Moving away from just the medical side to more community focused projects.

## Table LJR

### Question 1

Hidden / Silent Service Users; We can feed in our views but those people who are unwell cannot feed in their views.

Police – are they unqualified / interested to protect service users from bullies/instances of people who have been encouraged to commit suicide. Internet is a problem?

Medication is not always taken. People need to be monitored if they are at risk. No safeguarding to ensure that people take their medication. This is needed to help people keep/become well.

For those people who will not get better physically e.g. people with a terminal illness e.g. ms causing depression.

Access to help at that time is very important.

Information about services is not available.

Prevention – carers. You keep going and going and going until it reaches crisis point. Information is not available. It would be better to prevent.

Young people – more access to get services

Police are not mental health experts. No way into services.

Youngsters who are unwell fall between CAMhS & Adult Services.

Big transition stage. Especially people in care. Undervalued.

Healthy body, healthy mind. Keeping well – voucher system needed for other alternatives not just pills. Wiltshire Wildlife is a great example.

## Question 2

Volunteer work is important but is limited by availability

Choir in the community / golden oldies

Yoga

Crafts / Arts

Volunteering is good. I go to Trinity school to help with cultural issues, better self esteem.

### Additional comments

#### Table LR

Being aware of cross-over between mental health and general health, seeing physical health interlinked to mental health visa versa.

People to be helped to set up self help, peer support groups and similar groups for mental health via organisations like Cruise.

Often there is a link between people with mental health and those with visual impairments.

Good communication between all agencies such as social services, home care teams, locality specialist. Help to Live at Home. Service providers to incorporate mental health support.

## Questions

**What is being put in place for service users to be part of the review and monitoring of action plans?**

**What's the point of having a strategy if the service keeps changing?**

## Feedback

**Why did you decide to come to this meeting?**

*Chance to give some input*

*Daughter with schizophrenia and other issues – looking for information and how to give input to share*

*Constant issues of care continuity for our 36 year old daughter who has MH problems*

*I am a service user with an interest in mental wellbeing*

*To try and help myself and others. Hope for change in certain areas*

*I came because it can effect anyone of us – mental health problems*

*Invited by WSUN. Have enjoyed previous meetings found them to be very informative and helpful to me*

*Invited and interested*

*Came to find out about Care Act*

*I'm interested in current state of mental health services in Wiltshire*

*To get support and learn from everyone who experience poor mental health in everyday lives*

*Invite and has suffered in the past and other people's views and it was relevant*

*To get more information*

*To hear other people's experience and the vision for future mental health*

*Feed in to the strategy and ensure it meets the needs of individuals with mental ill health*

*Work related – Carer Support Wiltshire. We are seeking to further develop the support we offer to*

*Carers who support people with mental health problems*

*I heard about it through WSUN Network and clearly an important topic in terms of services delivered in Wiltshire. Great to see what other people are thinking about, what their biggest concerns are I came to world health day in October. I wanted to come to the follow up which I guessed was this meeting today*

*To Listen and get information and contribute*

*Was sent an invitation and it seemed interesting*

*I work with Healthwatch and am a Governor at the RUH. I have also had the need to access local mental health services*

*Because we have enjoyed this meeting because it was about good information*

*It is very important that mental health for people is looked at for people to help people in the community and to help other people with worries.*

*Can we have food please. Enjoyed it and also hot drinks*

*Need guidance about mental health issues have a relation of mine have severe mental health issues*

*Meeting my friends*

*To give my point of view and to learn more about it*

*Very relevant to my role in the community helping other and disadvantaged access services*

*Information regarding strategy – meeting people involved in the proceeds*

*Interested in Learning about the strategy and feeding into this*

*To hear More*

## **Has the day been informative?**

100% of people who attended agreed that it was informative

### **Other comments included**

*Very informative – good conversations and exchange of thoughts and ideas*

*Yes very well run and enthusiastic participation*

*Yes useful to have the perspective on the strategy and see people responses in particular as service users/members/clients*

*VERY Really pleased to hear the views of users as opposed to health professionals*

*Very, we have a long way to go to help so many people suffering from mental health issues*

*YOUNG & OLD*

*Interesting to hear varying viewpoints from different perspectives*

*Yes – very wide ranging discussions and subjects – good presentations*

## **What is the most useful thing you have gained from the event?**

*Meeting other people and listening to what they have to say*

*Opportunity to raise issues, hearing other people's views- meeting helpful*

*Being able to contribute to strategy development*

*Information on the Council's strategy*

*Good discussions. Hope for new ideas and improving existing ones*

*We have learned from people who have suffered problems themselves and those who look after people with problems*

*That my feelings are shared by most and able to realise there are such a lot of problems that are in need of improving*

*Other people's opinions and experiences*

*Conversation with other members of the group*

*Meeting people working in other services e.g. Rethink*

*Easy bus route from my town where I don't have to pay for parking. To learn from other people at the meeting*

*Others views*

*Information so that we understand*

*Listening to others and hearing their experiences and views on services now and how they can be improved*

*The feedback from people using the services. Outline of the strategy*

*Feedback from services users on current services. Information on proposed strategy and ability to have input representing the carer's voice*

*Networking and feedback from other people*

*Strategy outcomes – Contacts for discussion*

*The variety of mental health issues from children to old age*

*I am pleased that so many service users were here to give their points of view and I found the speak to be respectful and supportive of everyone's needs and ideas*

*New knowledge about mental health*

*It has been lots of information*

*Everything*

*Hearing what would be helpful from the individual point of view – hopefully allowing 'joined up thinking'. Hoping there will be increased understanding of need*

*Networking, information*

*Everything*

### **Is there anything which would improve future events?**

*No, Just good support from all*

*A little bit more time at the next meeting. Thank you – enjoyable and informative*

*Another meeting please. Thank you*

*More clarification one to one, too many people in the room in group time – so hard to*

*concentrate at the group time to put any input in.*

*Location here in Corn Exchange or Melksham Fire station as I have a car*

*To have a list of services in Wiltshire*

*To have follow up event in 9 months time to see if anything has been implemented*

*More warmth and more coffee*

*More Coffee!*

*Smaller tables (groups) so that people can hear each other instead of straining to do so or contribute*

*Larger venue – it was difficult to hear each other due to noise from other discussions. Perhaps a longer session so that we could delve deeper into some issues*

*Yes I would like more meetings about mental health*

*Feel ok with how the event was run*

*No you are brilliant already. Just more*