

Health and Wellbeing Board Solution Shop

Report and findings from the Mental Health workshop



Introduction

On Friday 7th November, Plymouth Mental Health Network hosted a solution shop for the Plymouth Health and Wellbeing Board Solution on mental health. Members of the Board, community and voluntary sector, service representatives, public health, commissioners, carers and people with lived experience of mental illness, met to discuss the mental health system and hopes for the future.

Feedback described the event as a success with many attending to share their expertise and aspirations with the health and wellbeing board, and raise key issues for Plymouth to support the Board in its role

- Promoting the health and wellbeing of people in Plymouth,
- Overseeing the Health and wellbeing Strategy and....
- Ensuring systems and processes make best use of resources and
- Supporting the prevention, health and wellbeing agenda

After a short presentation from network representatives highlighting the current systems, challenges and experiences of mental health services, those attending the workshop gathered on tables to discuss 'Bob'.

Bob represented someone in our lives who was experiencing varying levels of mental distress. Table groups discussed the challenges and needs for a mental health system that could offer Bob a service at various stages of a spectrum – maintaining his mental wellbeing, early intervention as he deals with life situations, crisis and suicidal behaviour, and long term mental health needs.

The groups were asked to focus on the following three questions rather than think about what we already have in place.

- What would help Bob?
- Who might be involved?
- How can the city deliver this for Bob?

Summary of Table Discussions

The results of the table discussions and flip charts have been compiled and the key themes raised are summarised below under each of the stages of Bob's journey as discussed.

Scenario 1 – Health Promotion and Mental Wellbeing

Bob is your average guy on the street. He has the usual ups and downs of life. He is aware of keep physically fit but does not think about his mental wellbeing. How do we address this?

A strong consensus across all tables that society needs to recognise mental health on a par with physical health and that we all need to be looking after both our mental and physical health together and that messages should go hand in hand, one should not be discussed without the other. It was also consistently raised across the groups that as a society, we need to work together proactively towards dispelling the myths and stigma around mental health.

It was accepted that work towards eliminating stigma was going to be a long term process not a quick fix solution. Such work was identified as requiring the following:

1. More joined up thinking amongst agencies and organisations.
2. That all agencies/organisations need to be sending the same consistent message, in particular that recovery is possible.
3. That work needs to link to existing frameworks and a concerted effort was needed to avoid developing further silos.

This raised the issue of how to connect and engage with individuals and communities, particularly as people find speaking about mental health issues difficult.

Practices perpetuating the existing stigma in society need to be addressed – this should begin with mental health and wellbeing promotion with children and young people within our schools. Initiatives such as Five Ways to wellbeing (CLANG – Connect, Learn, Activity, take Notice, Give) and Time to Talk are models which are clear, informative and easy to understand and as such could be considered as an appropriate message for younger people. Promotion amongst children and young people will assist in communicating the message wider within the home, i.e. to parents, sibling and family members.

Other social groups were also mentioned for the targeting of mental health promotion campaigns. For example, men and employers. There were suggestions that any mental health and wellbeing promotion should be packaged and used effectively, i.e. use of appropriate materials for the target group, focused distribution and targeted display areas.

Local, national and social media (particularly for young people) can also play a huge role in helping eliminate stigma around mental health – people should regularly read and hear positive messages about mental health and wellbeing rather than sensationalised stories about mental illness. Furthermore, it was recognised that access to up-to-date information for everyone was important to the process.

GPs are generally the first health professionals that people with an underlying mental health issue make contact with, yet there was a consensus that GPs needed to be better trained and educated in the subject of mental health. It was also felt that many patients themselves may find the current GP appointment systems (waiting times and 10 minute appointment times) as a barrier to opening up and discussing their mental health. Groups suggested that GP's with better mental health awareness could lead to patients being more appropriately diagnosed, treated or sign posted to other supporting agencies.

Scenario 2 – Early intervention

Bob split up with his long term partner 6 months ago. He is finding it difficult to cope financially. He is becoming isolated, not going out much and not maintaining his regular contact with you.

It was acknowledged that we all experience stressful, major life events. However, it was also acknowledged that the general population may not be aware of the triggers and stress-related behaviours associated with such events or how to stay well when they occur. It is believed that awareness and education focussed on mental wellbeing associated with life's pressure points could build resilience for such times. Tying mental health early intervention work to other services that deal with such life events (such as debt advice, family solicitor or redundancy advice services) would also help. Places where people might discuss life events (pubs, hairdressers etc.) could also have training and signposting creating mental health champions outside of the usual settings.

Stigma around mental health and employment is prevalent in actions and language within the workplace, and society in general – and it remains a significant issue and concern. It was emphasised that employers have a duty and responsibility to identify and discuss mental distress in their employees, yet it was accepted that the majority of employees would not choose to disclose a past or current personal mental health issue. It was suggested that workplace managers should be trained in identifying issues and equally be able to provide support. Despite mental health and wellbeing being on the equalities agenda there remained a great deal of work to be done in addressing mental health in the workplace.

People need to dispel the myths and help fight the stigma to work towards Plymouth becoming a truly inclusive city. One of the most useful and encouraging ways to achieve this is by reminding people that it is okay to talk about their mental health challenges, whether they talk to family and friends, as long as they start to talk. Indeed, these wider support systems play a very important role in early intervention.

Although family members and friends were considered an important part of early intervention, society now sees people living long distances from their family which limits the opportunity for them to identify and act on it. When visiting the GP, sometimes people find that they speak to GPs only about specific issues, which may not be focussed on their mental health. As mentioned previously, if GPs received appropriate mental health awareness training, their role in early intervention would be more complete.

Other suggested methods for early intervention from the group discussions were quite broad:

- Training all front line services to be more aware of indicators
- All public services to have mental health champions
- Seeing the implementation of social prescribing initiatives
- Support workers being based in GP surgeries
- Knowledge of services from across the sectors, including debt advice and counselling, of where to signpost people

Scenario 3 – Crisis Support

Police have brought Bob into A&E. he has increased his level of drinking and today he felt that he couldn't see a way out. He has now lost his job so his financial issues have got worse and he is still suffering following the breakup of his relationship.

Mental health is everybody's business, including all the public services. Acknowledging the work of the street triage initiative, it was believed that there was opportunity for A&E, other hospital department staff and emergency services to be more versed in mental health and more involved in recognising and signposting to appropriate services.

It was hoped that eventually there would be recognition in A&E departments that someone presenting with a drink problem, for example, will be treated as someone in crisis who would receive a holistic assessment including mental health screening with key questions to look for stress factors, thereby helping to address the drinking and the emotional state. This is recognised to be a more effective way of treating the person and achieving greater longer lasting results. In addition to this, it was stressed, that there should be follow up carried out, post crisis.

Discussion around the role of mental health professionals featured greatly (GPs, CHMT) but particularly in terms of the lack of continuity for individuals accessing mental health services. Current strains on the system mean that workers can change regularly.

It was also suggested that individuals would benefit from the better joining up in service provision (dual diagnosis) and, with reference to mental health assessments, it was strongly suggested that any such assessments should be performed by appropriately qualified practitioners.

The role of the community was also discussed and it was believed that some people in communities may be able to pick up and signpost someone in crisis, supporting the call for mental health champions. Depending upon the remit of the mental health champions it could be that they would be able to assist individuals to reconnect with their communities.

The role of peer support was also highlighted as important to recovery. Connecting to someone who has been through your journey can challenge the sense of isolation. It was also thought that within services, having one professional / link person accompanying the individual throughout their journey would be beneficial, developing a consistent, enduring relationship. This is good practise internationally.

Scenario 4 – Long term Mental Health issue

Bob has now been known to the secondary mental health services for a number of years. He has a chaotic lifestyle and finds it difficult to cope with everyday life. He has episodes when he is unwell and needs increased support, however there are also times in his life when he is relatively well and is able to look at positive actions to try to resolve some of his difficulties.

Groups discussed how individual mental health experiences can be, everyone's journey is different. It is important for all services to treat the individual and their lifestyle needs as unique and personal to them- not as part of generic 'one size fits all' response to need.

There needs to be an understanding of what helps keeps the individual well and what are the triggers for problems, this includes being aware that the individual would benefit from medical and social support groups as and when they desired. Choice and control over the service, frequency, duration and worker is instrumental in recovery.

Consequently access to varying levels of support that meet the individuals varying need must be considered. Current systems do not have an open door approach and it is difficult to re-engage at times when it's needed, people have to start again in the system. There was a call for better, smarter use of existing and future resources, with a reference to making them more easily available in the local community. Community support provides a more accessible, cost effective solution to acute settings and Specialists.

Individuals should experience a better consistency of care which could be in the form of having one professional attached to their care, and it was suggested that it should be each person's choice of worker.

There was a great deal of emphasis on empowerment of the individual – not just enabling them to be better informed of their rights but enabling them to make informed decisions and taking responsibility for such decisions. Indeed, advocacy and self-advocacy was deemed a very important issue. Furthermore, the promotion and implementation of documents such as the Advanced Statement of Wishes were considered key empowering experiences, supporting people to identify their own care needs that services can work to deliver when they are unwell.

The Equality Act requires employers to make reasonable adjustments for employees with a disability in order for them to continue with their work – and this includes those with a mental health condition. Groups suggested that employers should be more versed with such reasonable adjustments and encouraged to see that reasonable adjustments can make good business sense too. Also, there was a call for more opportunities for meaningful and supported occupation, enabling an individual to fulfil a goal that is personally and/or culturally meaningful, getting relevant vocational experience and improved pathways back to work.

Key points for the Health and Wellbeing Board

Considering the consensus of opinion about how a mental health system should work for Plymouth and for Bob, the mental health network would like the Health and wellbeing Board to consider the following points in delivering its workplan –

- How we can encourage and embed mental health and wellbeing promotion across the city – whether that be through existing initiatives and strategies (4-4-54) or through service expectations and contractual structures?
- How we can deliver mental health support in the widest community settings, and work with other service areas to take responsibility for championing mental health and wellbeing and identifying and engaging people?
- How can we support primary care to improve its offer to enable people experiencing mental distress to get the most appropriate response?
- How can we ensure mental health and wellbeing promotion starts as early as possible with children and young people?
- How we can support the development of a system which provides more choice and consistency for people in distress?
- How we can design services that can be more flexible to meet differing needs while providing an open door for people experiencing crises again in the future?
- How we can make mental health everyone's business so that contact with professionals and services include holistic assessments and mental health screening and response?