

Mental health and wellbeing workshop

Wednesday 21 May 2014

Feedback from the table discussions

1. Are the current approaches set out clearly, can they be improved on and where are the gaps?

A Clarity

- Current plans are not clearly set out - they are very confusing
- Plans are reasonably clear and a good step forward
- This could be the right approach but it needs adequate funding to support it
- Better communication about the plans needs to be communicated
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b Improvements

- A further model needs to be developed to add clarity
- The plans can be improved on by having the right skills / the right help / at the right time
- Use simple language / more pictures / flow charts
- Improvements could be made in terms of psycho-education, publicity and better much better communications
- A more holistic approach is required between health and social care
- Better use of the media - better to keep people informed and involved in change
- Nothing mentioned about the anxiety and fear over changes

C Gaps

- There is little mention of the patient journey
- Reflecting back on what has happened previously and how this could be improved on
- There is little mention of out of hours services and what is available
- The 111 service lacks mental health questions
- Empower the service user for self-management
- More involvement of the VCS communities

- The use of counselling services - appears to be a big gap, services are there but there are long waiting times
- Long delays in getting appointments with little support during those waiting times - people get lost in the system
- Consider the possibility of psychiatrist being consultants ---GP --- carers - but they need to listen
- Because of the long delays in getting support to help with issues it might be helpful to sign post or assist with housing / relationship or physical health needs etc in the meantime?
- Will the action plan be published and what would be the timescale for this?
- CCG plan is already published - where are the details of the timescales for publicising the primary care plan?
- Confidentiality - don't hide behind it - listen
- Carers also have rights

1. What are the essential elements which should be included in the new 'Primary Care Mental Health and wellbeing model' and the Community Wellbeing model from the point of view of people who use the service and their carers?

- There should be wider access to nurses as well as GPs
- Quick access to GPs
- Move more of the resources into primary care
- Involving and increasing integration between different services
- More counselling readily available with no long waiting times
- What we can learn from each other and how is this communicated
- Continuity of care and handover arrangements during change should be better managed
- Lots of different places to go - how will co-ordinate things?
- The primary care vision looks fine but don't forget those who need long term support
- Don't assume everyone can / will access GPs

3. What should an integrated and effective Mental Health and Wellbeing service look like?

- Should include referrals to voluntary organisations / clubs
- Being very clear with the service user about timescales that can be expected.
- Need to look at and offer different ways to keep people informed and involved
- Integrate and embed service users and their experiences into the system and all processes
- Training - there is a real lack of training with A & E staff in mental health issues. i.e., people who self-harm - very often not recognised and linked to a mental health issue.
- Staff in A & E who have had training in mental health issues need to be better trained to be able to deal with service users

- Not enough detail or information about supporting carers to care - carers time may be limited and sometimes they have no choice or no notice.

4. How can service users and carers' be meaningfully involved in driving change forward? Suggestions for the action plan?

- Clear action plans involving service users and carers. The action plan should consider effectiveness as well as efficiencies of management and service delivery.
- Carers are also experts too - don't forget them!
- Don't forget the hard to reach communities e.g., deafconnect
- Give more people a voice to influence and inform choice
- The user care relationship needs to be considered, concentrating on the interface and relationship If the carer is not looked after they can also be affected.