

# **OVERVIEW AND SCRUTINY COMMITTEE - SCRUTINY REVIEW OF MENTAL HEALTH**

## **NOTES OF MEETING OF 4 OCTOBER 2005**

### **Members:**

Councillors \*Jean Brown (in the Chair), Edge, \*Erline Prescott, Patel, Santry and \*Robertson

\*Member present

Also present: Mr. N. Bishop (Manager – Mental Health Carers Support Association), Mr. D. Hindle (Barnet, Enfield and Haringey PPI Forum/Haringey PCT PPI Forum), Ms. D. Burkens (Barnet, Enfield and Haringey PPI Forum), Ms. E. Kwaja (Haringey PCT PPI Forum) and Mr. P. Sartori (The Campaign Group). In addition, seven members of the Mental Health Carers Support Association also attended the meeting.

1. **APOLOGIES FOR ABSENCE:** Councillors Edge, Patel and Santry.
2. **URGENT BUSINESS:** None.
3. **DECLARATIONS OF INTEREST:** None.
4. **PROGRESS OF REVIEW:** We noted that visits were being arranged to consult with a wide range of groups and users. In particular, Members would be visiting:
  - The Selby Centre to speak to refugee and asylum seeker organisations
  - Various mental health day centres
  - A meeting of the Patients Council at St. Ann's Hospital
5. **MINUTES OF MEETING OF 15 SEPTEMBER 2005:** Agreed.
6. **MENTAL HEALTH SERVICES – USER AND CARER REPRESENTATIVE PERSPECTIVE:**

### **Mental Health Carers Support Association**

6.1 This was a voluntary association with limited resources based in Tottenham with 2.5 staff. They carried out casework and advocacy, including advising carers at assessment meetings. They also provided:

- A respite service funded by the local authority
- Counselling
  
- Training for carers

6.2 Their views were as follows:

- The 250 carers the association has contact with wished to be viewed as a valuable resource and, in particular, “partners in care” and involved in care planning, information sharing, symptom monitoring etc.
- Their contact with carers was particularly valuable as neither the Council nor the Mental Health Trust yet had IT software systems in place that would enable them to identify clients with a carer.
- There were two specific booklets to assist carers, plus NHS information and strategy groups. However the association felt there was a need for more comprehensive information and training for carers.
- There were a range of factors that influenced mental health including socio-economics, deprivation, exclusion, illicit drugs, drug and alcohol abuse and crime. Promoting economic and commercial regeneration, neighbourhood renewal and education initiatives and public information campaigns to alert people of risks to their mental health and de-stigmatise major and minor mental illness were approaches that had the potential to promote good mental health.
- The best approach to care was multi-disciplinary. Purposeful and well defined care packages offered a greater chance of treatment leading to rehabilitation, particularly if intervention was made at the earliest stage. Services typically came into play when an individual was experiencing a breakdown rather than displaying the early symptoms of illness or breakdown.
- Additional choice in the provision of services would be welcome. The lack of capacity and waiting lists for the provision of “talking therapies” was an acknowledged national problem that the Department of Health was currently seeking to rectify.
- The association felt that the location of some day care provision was not ideal for some users,
- Appropriate community services were needed to address the needs of young people.
- The Council had adapted well to the fact that the local population was multi ethnic and had resources in place to help it respond to ethnic communities who were resident. The local NHS services needed to draw on this experience and expertise.
- Rehabilitation needed to be part of the mainstream ethos of services. Provision was currently committed principally to symptom stabilization and medication monitoring - mainly through the use of anti psychotic medication – and care coordination.

### **The Campaign Group**

- 6.1 The Panel noted that the Campaign Group had been formed in response to changes to day hospital services. Their views were as follows:

- An accessible overview of services would improve the overall knowledge of the functions of organisations and groups.
- The perception of users was that services needed to be even more responsive. Crises often came on very suddenly and most users therefore went to whichever service was the most readily available.
- Services were currently inconveniently located for some users. It was important that they were equally accessible to all.
- Users often had children and the effect that this had on them needed to be considered. The Mental Health Trust, who were currently planning services for the future, needed to especially consider the needs of children.
- Fears about the future of St. Ann's Hospital arose from the way Friern Barnet Hospital had been closed. Reassurance was needed that services would not be lost.
- The experience of users and front line staff needed to be fed into the reconfiguration process.

6.2 Although it was suggested that a purpose built carers resource centre was needed to enable carers to provide support and reassurance, carers felt that current accommodation was adequate and that the money would be better spent on services. What they wanted was an infrastructure to support carers.

**Patient and Public Involvement Forum Barnet, Enfield & Haringey Mental Health Trust and Patient and Public involvement Forum Haringey Teaching Primary Care Trust**

6.5 The views of the PPI Forum representatives were as follows:

- Public bodies should take into consideration the impact on mental health when drawing up policies. Positive media stories and working through schools would also be a means of promoting good mental health.
- Issues that could have a negative effect on mental health included matters such as unemployment, racism, family breakdown, drugs and alcohol. Someone with mental health problems could be easily overwhelmed and unable to solve problems.
- Employment was particularly important and it was often very difficult to get back into work after mental illness. The Council, as a large employer, could possibly play a role. It was possible that ex patients might not be consistent so work placements might be a more appropriate initial response in order to get people back into the jobs market.
- The accessibility of services depended at what point of the process people were at. In major crises, help was quick. For cases which required an initial GP referral where it was not a crisis or on re-admittance into the secondary sector, access was less timely.

- The waiting list for “talking therapies” was currently long. There needed to be a way whereby access to ‘low level services’ could be provided, in a holding operation, while waiting.
- The majority of people got their help from their GP. However, not all GPs were equally well versed in mental health. Access to secondary services could also be delayed as admission criteria could require the GP to try other interventions first.
- Services needed to be ‘culturally accessible’ and the Council and health services needed to consult and learn from community organisations and especially those of newer communities, such as refugee groups, which were not yet participating fully in the shaping of services.
- Waiting times for services were a limiting factor on choice. There were some very good services, such as the Haringey Therapeutic Network, and their capacity needed to be increased.
- Day services needed to provide meaningful structured activities in a supportive environment, and provide encouragement for people to move into mainstream activities. It was important to recognise that, as there was a move to reduce inpatient facilities, there would be a greater demand on services within the community.
- It was important to work together with informal carers and community organisations, who might be the ‘first point of call’ for those in pre-crisis situations. Voluntary agencies, which were being used to provide part of care plans, needed to be made sufficiently aware of the mental health of their clients in order to help. Some voluntary organisations in the course of their work catered for people with mental health problems, but did not work exclusively on the issue.
- The location of day services needed to be reflected in the location of community based facilities. Day services generally catered for the needs of people with a Care Plan. Ideally access needed to be made available to anyone with a mental illness who felt that they needed it which would require more provision.
- People with mental illness could be discouraged from going to community-based facilities if they had to travel far or had awkward journeys. Only those with a serious and permanent condition could receive the type of benefits which are a passport to free travel.
- Having good benefits advice was important.
- Appropriate public education on mental health was vital. Schools should be encouraged to talk about the issue and those who have had mental illness encouraged to use mainstream opportunities.
- For many people, help was needed to manage conditions as they were likely to always be there. Provision needed to make people equipped to manage their illness through investing in skills
- Services could be improved by the following:
  - ⇒ Services acting quickly and appropriately by providing early intervention for the young and vulnerable

- ⇒ A reduction in waiting lists and waiting time for what would currently be described as non-urgent cases and the provision of early opportunities for talking therapies
- ⇒ More intensive support when someone was showing significant signs of developing a mental illness both at the outset, and at times when symptoms reoccurred.

6.3 The Panel noted that there could be a disincentive for people to get better if they lost access to services. Systems for collecting feedback from users were felt to need improvement. .

6.8 We thanked all of those who had given evidence for their kind assistance.

**7. DATE OF NEXT MEETING:** 25 October at 18:30 p.m.