



## NHS Community Voice /Healthwatch Hackney: Let’s talk Mental Health: feedback

30 people attended this event which was organised in response to the CQC inspection of ELFT services and the impending event on Sustainability and Transformation Plan (STP) on the 28<sup>th</sup> of June. The first section was about STP, Dr Rhiannon England and David Maher gave us an overview of the plans and answered people’s questions. The second part focused solely on ELFT services and patient’s experiences, the CQC were present for the duration of the discussion.

Theme	Questions/Recommendations
<b>STP (more specific to mental health service)</b>	Q: Are we looking at super hospitals as a result of STP?
	Q: Will there be mental health wards and where will they be?
	A: We will always need mental health wards but not the number that we have at the moment
	<ul style="list-style-type: none"> <li>• There was a concern that government policy was such that people with complex mental health conditions were expected to be up and running and the collective opinion was more money should be spent on mental health not less.</li> <li>• Could we explore the idea of half way houses or transitory settings for people who are not severely unwell but are not well enough to go home such as a crisis house? There are real issues around discharge and after care and the half-way house could solve some of these issue?</li> <li>• Could the CCG explore a convalescent system which could save money in the long run?</li> </ul>
<b>Mental health services in Hackney incl ELFT services</b>	<b>Recommendations and experiences</b>
<b>Service user representation</b>	<ul style="list-style-type: none"> <li>• What is the CCG doing in terms of service user representation on the mental health board?</li> <li>• There is still a lot of stigma in certain communities like the Asian community about mental health and we have to ensure that service user groups are as diverse as possible and reflect the borough’s diversity.</li> </ul>

<b>Information for patients</b>	<ul style="list-style-type: none"> <li>• The local authority and the CCG should consider creating a map of where the different mental health services are in the borough.</li> <li>• There is a lack of publicity about the autism diagnostic service; no one in the audience seemed to know anything about it. Better publicity about the service is needed.</li> <li>• Patients should be informed about mental health advocates on the wards.</li> </ul>
<b>GP awareness</b>	<ul style="list-style-type: none"> <li>• It was noted that GP mental health awareness varies from practice to practice and that there are 'big' disparities in the way they deal with mental health patients.</li> <li>• One service user said she was convinced that more people are falling through the net given her experience with her former GP practice that had not checked on her for over 4 years despite knowing about her mental health illness. When she presented herself and asked for help, she felt dismissed and no longer felt able to talk to her GP about her issues.</li> <li>• There were reported delays in referral times from the GP to mental health services- one person said they waited 4 months for a referral to get counselling and are still waiting. One other person said that by the time you are referred to see someone you feel worse.</li> </ul>
<b>Prevention &amp; support</b>	<ul style="list-style-type: none"> <li>• More than one person found it difficult to get support after relapse, particularly where they had a long term mental health condition.</li> <li>• One person said they would like to see some type of follow up prevention plan for patients who are discharged so they don't relapse.</li> <li>• The 6 week plans don't work for people with complex mental health conditions that need a longer service.</li> <li>• Short course therapies (IAPTs) were reported to be difficult to access.</li> <li>• One service user recounted their experience at the Donald Winnicott Centre where they said they felt intimidated by staff who it seemed "were answerable to nobody." He also said he received no help from social workers and instead relied on support from Mind and family mosaic, he said he had fallen through the gaps so many times and that it was important for people with mental health issues to receive timely and appropriate support. They added that if you have a bad CMHT you have little choice but to rely on your church and the third sector or face feeling utterly hopeless.</li> <li>• What has happened to the support for over 65s who are discharged from hospital?</li> </ul>
<b>Better joint up working between CMHTs and support workers</b>	<ul style="list-style-type: none"> <li>• <b>Assisted living support workers experiences:</b> people are discharged by the locality teams after they have missed an appointment and the supported living workers are left to pick up the pieces. There seems to be little consideration for the fact that these are people with mental health conditions, some of whom self-neglect. She also said that Community mental health teams (CMHT) are not engaging with those working with people with mental health issues including informing them about the discharge of clients which make their work more difficult. Often, clients also have to be evicted because there is no crisis intervention.</li> <li>• Another support worker said it was difficult to engage with Donald Winnicott Centre as they could not event get someone to talk to on the phone. The support worker also said there was a poor response form Anita House in response to a safe guarding issue.</li> </ul>

<b>CAMHS</b>	<ul style="list-style-type: none"> <li>• One young person said she felt that some CAHMS practitioners just didn't understand her needs as a young person and didn't feel listened to. Once she turned 18 she was essentially told that there was nothing they could do for her, she was concerned about the transitory process for young people once they turn 18 and are deemed adults.</li> <li>• One person who works with young people has said that young people who use CAHM services don't feel that much better event though they have used the service for more than a year. It was felt that whilst CAHMS was good at diagnosing what the issues are, it lacks in the intensive support and interventions that young people may need.</li> </ul>
<b>Complaints and monitoring</b>	<ul style="list-style-type: none"> <li>• There was frustration at the complaints system at ELFT PALS, more than one person had complained to them but there was no follow up at all. The same was said of Homerton PALS, there was a perception in the room that the entire complaints process was designed to discourage complaints.</li> <li>• CCG agreed to work with Healthwatch Hackney to quality review Crisis Line.</li> <li>• There was a formal request for Healthwatch Hackney to do an enter and view into CMHT service (Anita House, Donald Winnicott Centre)</li> </ul>