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| To: SOCIAL WORK COMMITTEE     |                 | Subject: REPORT ON THE MENTAL HEALTH STAKEHOLDER EVENT HELD IN THE GLO CENTRE MOTHERWELL ON 24 JUNE 2002 |
| From: DIRECTOR OF SOCIAL WORK |                 |  |
| Date: 24 OCTOBER 2002         | Ref: JD/RM/NMcD |  |

## 1. PURPOSE OF REPORT / INTRODUCTION

- 1.1 This report is intended to provide Committee with a summary of the findings and recommendations, gathered from a public event in June, held to consider the nature and need for any change, in community mental health services.
- 1.2 The report not only summarises the main findings, from the event, held in the GLO Centre, Motherwell, but attempts to identify areas which require attention, for mental health services to be improved, in North Lanarkshire.

## 2 BACKGROUND

- 2.1 Previous information and research about how best to develop strategies and approaches to social/health care services, have indicated the need to involve people who receive mental health services, carers, or mental health service providers in planning. Bearing in mind previous events which have allowed people with physical disability, people with learning disabilities and carers representing all of these and other care groups, the Council has indicated its intention and wish to involve a range of people in stakeholder opportunities and processes.
- 2.2 In line with this view it was seen as important to consult with service users of mental health services and carers, voluntary sector, NHS Lanarkshire and Social Work staff. These groups are recognised as important sources of information and knowledge. It was agreed with NHS Lanarkshire, (the major partners in providing mental health care), to hold a one day event, for a large group of interested people. The hope was that this event would be the first stage in raising the profile of mental health, in North Lanarkshire, and creating a chance, for sharing ideas and opinions to suggest proposals about future direction.
- 2.3 Responsibility for organising the one- day event, was delegated to a small group of staff from Health, Social Work, the voluntary sector and a service user. This group endorsed the need to have a full day event which encouraged as wide a range of interested people, (including senior figures from both health and social work), to consider mental health services and actions which might bring about changes/improvements.

- 2.4 The Steering Group, prepared a prospective programme, which was endorsed by the Lanarkshire Mental Health Organisation Implementation Group (a pan Lanarkshire organisation which has representatives from North Lanarkshire Council and the other partners).
- 2.5 While the organisers invited a majority of people who use services (from the community and Hartwoodhill Hospital) carers, front line staff and managers from NHS Lanarkshire, North Lanarkshire Council Social Work Department and the independent mental health provider sector, were also invited. An outline of the proposed objectives for the day and a draft programme, were distributed widely and nominations invited.
- 2.6 Over 100 people responded to the personal invitations which were made directly to representatives of the groups noted above and a programme devised to have a mix of people from different backgrounds, working together. This was done by a distribution of skills, knowledge and experience being used to determine membership of the 10 workshop groups, which were to be a part of the event.

### **3. SUMMARY OF THE DAY -EVENT**

- 3.1 The day-event had several components; workshop groups; key note speeches by Councillor Harry McGuigan, Convenor of North Lanarkshire Council Social Work Department and Mr. Martin Hill, Chief Executive of Lanarkshire Primary Care NHS Trust, which set the tone for the day; and what were later described as “inspirational inputs” given by Paul Grey and Heather Simmons, speakers at the event.
- 3.2. Both Paul Grey and Heather Simmons have received a variety of “treatments and help” from the statutory agencies. Both have had serious mental health difficulties and perhaps “in spite of these interventions” have found the potential to live full and meaningful lives and participate in the widest sense within their own families and communities.
- 3.3 Mr Gray and Ms Simmons inputs to the group encouraged an imaginative and lateral approach to thinking about service developments. This saw individual hopes and aspirations, as central issues in the planning of individual care and planning in wider strategic service developments.
- 3.4 Each of the 10 workshops, was charged with identifying problems/shortfalls in current services and issues which required to be addressed, if genuine improvement was to be made in the delivery of services for people who have a mental health difficulty.
- 3.5 A report giving more detail of the event and which lists all the various points aggregated from all 10 groups, is available in the members library. This outlines a very wide range of issues, concerns, proposals, and statements, regarding the current nature of mental health services.
- 3.6 Although the full report seeks to identify all the issues raised at the event in June, it is possible to summarise these by listing the most important and frequently raised issues for improvement, as:-
  - Better and easier access, for users, carers, and workers in health, social work and voluntary organisations, about the nature of mental health difficulties and who is best placed to deal with specific mental health problems.
  - Improve public health information and advertising about the fact that mental health difficulties are common place and should not be seen as unusual -this would reduce people being stigmatised (better health education, through:- newspaper, radio, education department, etc is needed).
  - Improved service user and carer involvement in individual assessment and care planning and the design and development of services.

- Better support services for people, in particular, around accommodation, daily living, social integration (including help to access mainstream and meaningful social, educational and employment opportunities).
- Improved emergency arrangements at all times of the day and 7 days per week – appropriate crisis intervention whether this needs a health or social care input (the underlying need is for flexibility and for responsive services including home support, CPN assessment, respite services, etc).
- Better home based arrangements to prevent people going into hospital, or, to arrange appropriate support following acute admission.
- A review of what kind of staff mix is needed to help people in the community (a strong view that the traditional medical model of staffing requirements, is not appropriate).
- Joint training for staff particularly around person centred approaches and different ways of working. This is linked to a need for service users to know what to expect if they are to be assisted by a health or social work professional – what skills and approaches will they use.
- A need for improved and integrated working across services, which avoid duplication and make better use of separate “bundles of resources”.
- More say in how new monies have to be spent on services.
- Better sign posting for carers so that they can achieve appropriate information, advice and access to support as required.
- There were calls for more psychologists, CPN’s, social workers, support workers, home support workers etc but there was also a clear recognition that the type of assistance, staff and approaches needed for improved services, required greater clarification and agreement, before further investment into community supports and buildings is made.
- Advocacy was seen as a crucial issue so that tensions which exist between those who receive services, professionals and carers, could be addressed in an appropriate objective fashion.
- There was a strong view that mental health needed to be much higher up the agenda, among G.P.s and all other community health services. The links between primary and secondary services must improve.

#### **4. FURTHER STEPS TO BE TAKEN**

4.1 There are fundamental questions raised about the nature of services provided at all levels across the Council area. Health, Social Work and Independent Sector service providers, require to consider the changes, which need to take place, for a truly modern and progressive mental health service. This service would be able to deliver appropriate information, screening, assessment, diversion, service provision and social inclusion for a care group with relatively low power, expectations and relatively low general community understanding and sympathy support in comparison to many other disadvantaged groups.

4.2. The event in June, was endorsed by senior representatives of Social Work and Health and the commitment was given, that a summary report would be circulated to all those who attended the day. This has now been taken forward and comments and views, sought. It is the firm intention that service users, carers and front line staff will be engaged in developing plans for future actions.

4.3 A day-event will be rearranged in June 2003 to report on the progress made from the June 2002 day.

#### **5. RESOURCE/FINANCIAL IMPLICATIONS**

5.1. There are no immediate resource implications from this report but any further proposals will be brought back for Committee’s consideration following further work from this initial event.

## 6. RECOMMENDATIONS

6.1. Committee is asked to:

- (i) agree that the Director of Social Work should bring forward a report to a future Committee setting out an action plan arising from the stakeholder event; and
- (ii) otherwise note the contents of this report.



**Jim Dickie**  
**Director of Social Work**  
**13 September 2002**

*For further information on this report please contact Robert Miller, Development Manager TEL: (01698 332069)*