

Looking for Solutions Together!

Richmond Mental Health Carers Consultation

May 29th 2009

In Richmond, Carers in Mind invited representatives from SWLStG Trust, NHS Richmond and the Borough to attend a consultation in May so all statutory partners could work together with Carers. The aim of this event was for Mental Health Carers to be at the centre of creating an effective local Carers Action Plan working with providers to look for achievable changes.

The programme for the day was as follows:

12.30 - 1	Welcome and Introduction
1-1.30	Looking for Solutions - a whole group exercise looking for your suggestions on how to create a better experience for Mental Health Carers.
1.30- 2.15	LUNCH
2.15- 3	Small Group discussions - talking about the possible solutions and looking at what Carers feel the priorities are.
3-3.30	Joined up working - feedback from groups. Conclusion: How can the Trust, the Borough, NHS Richmond and Carers in Mind aim to work together to improve the experiences of Mental Health Carers?

The following topics have been raised many times over the years by Richmond Mental Health Carers and were used as a focus for the consultation.

- Carers Assessments and Carer Support Planning
- Support Services for Carers
- Accessing Services for the person you care for
- Training Staff to be 'Carer Aware' and the sharing of information
- Information, education and skills for Carers
- Acute Wards

The event was attended by 28 Carers and 14 professionals who worked together during the afternoon to try and identify constructive solutions for improving the experiences of MH Carers.

Feedback from the event was very positive and the Borough, NHS Richmond and SWLStG Trust are all supporting Carers in Mind in development work. Carers in Mind will produce a quarterly update on 'Working Together for Solutions' for registered Carers so they are kept informed of progress. This will be sent out with the newsletter from January.

This is the report from that event, giving recommendations on potential ways to improve services for MH Carers. A substantial amount of 'behind the scenes' work has been carried out since the consultation and several of these recommendations are starting to take shape. As always, I welcome your feedback and look forward to keeping you updated on progress. At times this can be frustratingly slow, but I feel optimistic that there really is improved recognition of the incredibly valuable role you as families, partners and friends play in supporting your loved ones.

Main Recommendations

Work with the SWLStG Trust:

1. SWLStG Carers, Families & Friends Strategy

To work with SWLStG on the development of their new Carers Families and Friends Strategy. Looking at the creation of 'Carers standards' and the monitoring of those standards once agreed. Supporting the development of how Carers are engaged, educated and supported within a Recovery approach.

2. Lavender Ward - Closing the Triangle of Care

Put forward a proposal to use the 12 actions listed in 'Closing the Triangle of Care' for development work on Lavender Ward. To work with the Acute Care Forum in feeding back any Carer concerns about the quality of inpatient care and the level of activities available to inpatients.

3. Family Work/Psycho education

To continue development work with SWLStG's nurse consultant Catherine Gamble in promoting and delivering family work and psychoeducation within Richmond, working with both Carers and professionals.

4. Carers Group - Clinical Governance

To work with SWLStG Richmond and Kingston directorates in the development of a Carers Group as an integral part of their clinical governance structure. This group to monitor Carers experiences and to feed into the development of services for MH Carers within the borough.

Work with the SWLStG Trust & LBRUT:

5. Carers Assessments - Carers Support Planning

To continue the ongoing work with SWLStG and the Borough in developing Carers Assessments as Carer Support Planning, focussing on outcomes from the assessment process. To raise awareness of the lack of assessment capacity for Carers without a Care co-ordinator. To raise awareness of multiple caring roles within the borough's Carers Strategy. To ensure MH Carers have access to emergency respite.

6. Young Carers

To work with RCC, the Borough and SWLStG in developing resources and strategies for young MH and substance abuse Carers and their parents/guardians.

Recommendations for NHS Richmond & LBRUT:

7. Specialist Mental Health GP Services

To recommend the development of specialist Mental Health services at Primary Care. This will become increasingly important as more service users are discharged from secondary care services.

8. Halfway/Crisis Houses/Supported Housing

Recommendation for Halfway/Crisis Houses to be taken to NHS Richmond/Borough through mental health sub group. To feedback Carer's and professional's concerns about the limited availability of suitable supported housing in the borough.

9. Specialist Counselling on Grief and Loss

To work with Richmond Borough Mind Counselling Service and NHS Richmond? in developing specialist grief and loss counselling for mental health Carers.

10. Carer led Support and Advocacy

To look for partners in the development of a Carer peer led support and advocacy project in order to increase capacity for one to one support and advocacy.

1. Carers Information and Training

Suggestion	Importance	Possible Action Identified	Forum
Families & Friends notice boards in all Trust teams/wards	6	To request from SWLStG	Carers communication and feedback forum
To recognise Carers for all types of mental illness and disorder	4.5	To be recognised in the development of the Trust's carers Strategy	SWLStG Carers Strategy
Carers to be involved in the CPA review - whenever possible	7	To be included during Carers assessments	Carers Group - clinical governance
Information on diagnosis readily available	5	To be included during Carers assessments	Carers Group - clinical governance
Information on the side effects of medication readily available	9	To be included during Carers assessments	Carers Group - clinical governance
Development of workshops developing Carers Skills through Family Work Training	5	To continue partnership work with SWLStG	Carers Strategy
Information resources for children and young people/siblings	3	1. To work with CAMHs in the development of resources for parents and young Carers 2. To promote working with siblings in the Early Intervention Service	Carers Group - clinical governance
Carers Recovery & social inclusion events/workshops	3.5	To work in partnership with SWLStG in delivery of borough based events	Recovery Steering Group
Short courses in counselling skills	3	To identify funding to pilot a short course	
Short courses in advocacy skills	3	To identify funding to pilot a short course	

Additional comments

- The Avon and Wiltshire pack is very good - need something similar with local knowledge
- Wiltshire booklet very clear
- Art is very good, but no adult courses in Richmond any more
- We need adult courses for service users as well
- What about Carer mentors?

Young Carers

- Fear of child protection with children involved, makes it difficult to be honest about the reality of the situation
- Education at schools on illnesses, behaviour, care and treatment - "rid the taboo"
- Education through schools, children's services and youth services - promoting well being, mentally healthier children, being open and honest about mental illness
- Doing something about the stigma which contributes to family breakdown

Skills identified as necessary during more detailed discussion

- Self esteem
- Confidence building
- Advocacy
- Communication skills
- Counselling skills, protecting yourself whilst listening

2. Carers Assessments

Suggestion	Importance	Possible Action Identified	Forum
Carers offered an assessment on contact with services	8	To be included in an agreed, publicised and monitored protocol, using 'Carer standards'	SWLStG Carers Strategy/Carers Group - clinical governance
Carers offered an assessment as part of the Care Plan Approach	8.5	To be included in an agreed, publicised and monitored protocol, using 'Carer standards'	SWLStG Carers Strategy/Carers Group - clinical governance
To be given a simple Carers Support Plan following the assessment	9	To be included in an agreed, publicised and monitored protocol, using 'Carer standards'	SWLStG Carers Strategy/Carers Group - clinical governance
To include contingency plans in the support plan	8	To be included in an agreed, publicised and monitored protocol, using 'Carer standards'	SWLStG Carers Strategy/Carers Group - clinical governance
For all assessments offered and accepted to be completed within an agreed timescale	5	To be included in an agreed, publicised and monitored protocol, using 'Carer standards'	SWLStG Carers Strategy/Carers Group - clinical governance
One assessment for multiple caring roles/multi agency working	6	To be taken to the borough as part of the borough's Carers Strategy	Carers Strategy Reference Group

Additional Comments

- When assessing Carers take into account people who care for more than one person e.g. someone with mental health problems and an elderly relative. Assess TOGETHER (1 assessment not 2!)
- If 2 assessments, these should be closely co-ordinated (same Carer - 2 'cared-for') - it's quite a common situation.
- Assessments to be followed up. Action taken with problem areas identified.
- Forms more user friendly and meaningful
- It's not just the time spent with 'cared for', it's the stress from overall responsibility
- We have been offered 2 assessments during the last 2 years - we are still waiting!
- To be more appropriate
- Let those who are computer literate do it online?
- Needs to be reviewed frequently, appointments so far apart - left feeling helpless, lonely, afraid and bewildered.
- Less paperwork & words - more action please!!
- I have never been clear about what I should be doing or not doing! Of course my input affects my husband - could cancel any good work done by the therapist
- No contact re carers assessment

Area covered in further discussion - Assessments for Carers without a care co-ordinator, those with a standard CPA. These Carers are often high need due to the lack of professional contact, but they are not currently offered assessments as there is no capacity.

3. Support Services for Carers

Suggestion	Importance	Possible Action Identified	Forum
Improved referral to support services for all MH Carers	9	Carers in Mind to work on referrals to support services across voluntary and statutory sectors. Carers to be automatically referred at point of contact with services	Carers Group - clinical governance/ SWLStG Carers Strategy/ Acute Care Forum
Improved Carers Pack	4.5	Wiltshire Carers pack available through Carers in Mind	Carers Group - clinical governance/Acute Care Forum
Increased support for those without a care co-ordinator	8	Carer support workers in the CMHTs/ more MH Carer Support Workers in the voluntary sector	Carers Group - clinical governance/ Borough Carers Strategy
Specialised support groups for Early Intervention Service and Personality Disorder Service	5	Separate specialist support groups developed	Carers Group - clinical governance
Specialised support for anxiety phobias and eating disorders	4.5	Demand for separate specialist support groups evaluated	Carers Group - clinical governance
Access to specialised counselling on grief and loss	10	To work with the Richmond borough Mind Counselling Service to offer specialist counselling	Mental Health Subgroup
Increased access to complementary therapies/massage	6	Increased funding for complementary therapies	
Emergency respite services for MH Carers	6	For the borough to offer specialist emergency respite service for MH Carers	Carers Strategy Reference Group
Carer Advocacy	5	To train expert Carers as volunteer advocates	
Specific support for Carers becoming older helping with future plans for 'cared for'	5	Information for Carers on 'succession planning'. Referral to specialist support	Carers in Mind

Additional Comments

- Very important to get early referral - it took a long time for me
- Take positive action at onset - refer at point of entry to service
- Help for first time carers following hospital discharge
- More information about the illness and what to expect - especially for new Carers
- Phobias - not enough care to find out if they are apparent, sufferer may not recognise it as a phobia!
- This should include help with the loss of the person cared for. The body of the sufferer is still the same but the person has gone (very acute with loss of a partner)
- Massage helps in relieving stress
- How do we access emergency respite?
- Contact with Recovery Team
- Staff to be given more time to engage with Carers (include in case loads)
- Access to someone who understands and has experience of the particular illness, to talk about affect on Carer and advice on how to deal with it, what sort of things to expect etc.

4. Acute Wards

Suggestion	Importance	Possible Action Identified	Forum
Sheet given to Carers with basic information on admission	7	Information for Carers given at admission + ward orientation leaflet	Acute Care Forum Releasing Time to care – admission & discharge
Referral to support services	6	Carers actively referred to support services	Acute Care Forum Releasing Time to care – admission & discharge
Carers identified on Rio	4.5	Carers identified on Rio at admission, information on Rio given to Carers	Acute Care Forum Releasing Time to care – admission & discharge/ SWLStG Carers Strategy
Clear guidelines about communication with carers – what you can expect as a carer	6	Ward to develop a Carers Charter	Acute Care Forum Releasing time to care – therapeutic interventions
Better communication with Carers	7.5	1. Clear guidance and protocol developed re communications and ward rounds. Meeting with named nurse offered shortly after admission 2. Carers Link worker/champion identified on the Ward team 3. Development of Family work on Ward 5. Training on sharing information 6. Feedback and audit by Carers	Acute Care Forum Releasing time to care – therapeutic interventions + admission and discharge
Carers pack for acute ward	2	1. Carers Pack given to Carers and discussed during meeting with named nurse	Acute Care Forum Releasing Time to care – admission & discharge
Contact from community care co-ordinator before discharge	7	Carers Care pathway	Acute Care Forum/CMHT Releasing Time to care – admission & discharge
Carers involved in decisions about leave and discharge	9	Leave and discharge planning to include Carers - whenever possible	Acute Care Forum Releasing Time to care – admission & discharge

Additional Comments

- All of these are very important or important
- Admission and discharge continue to be difficult
- For patients with alcohol problems – linked illness/ dual diagnosis. No information on AA – a provider of instant daily and free support

Admission

- Being welcomed – not being treated in an offhand manner/ignored
- Easy access to admission out of hours
- Provide information about how a ward runs and why – air locks, shifts, best times to ring etc.

- Admission procedure ridiculously stressful for already stressed and vulnerable patients
- No admission offer to OCD patients now

During Stay on Ward

- Being welcomed – not being treated in an offhand manner/ignored
- Involved in ward rounds
- Better communication and consistency
- Staff to stay out of the 'office' and engage with patients
- Carers must be invited to ward rounds and listened to. They know patients best!
- More attention to physical health and exercise
- Art therapy a step in the right direction, get more eg exercise is needed. Video/TV not always working

Discharge

- Discharge process dangerously random
- Help needed by Carers on service user's discharge from acute ward especially if it is first admission
- If patient still disturbed they may feel discharged before 'ready'
- Choice of halfway housing should include Carers – please
- No wards/accommodation for in between stage i.e. not acute but needs constant observation and really too ill to be left at home - visits/ appointments so far apart

5. Accessing Services for Service Users

Suggestion	Importance	Possible Action Identified	Forum
Accessing acute care services out of hours	7	1. To clarify the procedure for accessing acute care out of hours 2. To look for easier access to acute care out of hours 3. To put forward the development of crisis houses	Mental Health Subgroup/Carers Group - clinical governance/Acute Care Forum
Improved quantity and quality of housing	7	To raise with Mental Health Subgroup and suggest further investigation into potentially unmet provision in the community	Mental Health Subgroup
Accessing self directed support	6.5	1. To promote the use of the independent brokerage scheme offered by RUILS 2. To give feed back to the Borough SDS group on issues raised by Carers	Carers Strategy Reference group
One to one support from paid carers	5.5	No action identified	
Specialist mental health GP services in the community	12	To raise with NHS Richmond	Mental Health Subgroup
Help with form filling	3	To refer Carers to RCC, Richmond AID or CAB when they need support with form filling	
Accessing family workers to help the whole family	7.5	To continue working in partnership with SWLStG consultant nurse in developing family work through local services	SWLStG Carers Strategy/ Carers Group clinical governance

Additional Comments

- Information Pack for all services available - needed right at the beginning for patients and Carers + needs to be followed up by professionals
- Key workers often have too many patients to look after
- Physical health not catered for e.g. dental treatment, opticians, weight gain etc
- How to access support at home - organising/housework/hygiene
- Services for body dismorphic disorder.

Crisis Support

- Crisis and home treatment team is only until 9.30pm
- Poor link between day and out of hours care - what does the Careline know about the patient
- Crisisline sympathetic but do not know individuals
- We need special arrangements for fast tracking into services
- A crisis House offering acute respite cover - halfway houses
- Accessing acute services always a problem especially for vulnerable people
- Accessing acute services still a problem especially on public holidays eg Easter and Sundays.
- Wait for the psychiatrist too long at A&E - over 4 hours/6 hours
- Respite beds for crisis - not on acute wards

Accommodation

- Lack of supported housing - group home/hostels
- Not enough sheltered housing

6. Staff Training

Suggestion	Importance	Possible Action Identified	Forum
Family Work	6	To continue working in partnership with SWLStG consultant nurse in developing family work through local services	Carers Group - clinical governance
Sharing Information/ Confidentiality	9.5	1. SWLStG delivering staff training on sharing information from Drew Lindon 2. For SWLStG to develop written protocol for staff, service users and Carers	Carers Communication and Feedback SWLStG/SWLStG Carers Strategy
Carers Assessments	9	1. Carers in Mind working in partnership with SWLStG and LBRUT in the development of Carers Assessments 2. For Carers to be given a short written support plan following assessment	Carers Group - clinical governance/ Carers Strategy Reference Group - LBRUT
Carers Recovery	4.5	To work in partnership with SWLStG in the delivery of borough based Carers recovery events	Carers Recovery Group - SWLStG
Young Carers	8	For LBRUT to deliver MH staff training in partnership with children's services and to foster increased partnership work For young Carers to be included in the SWLStG	Clinical governance/ SWLStG Carers Strategy

		Carers Strategy	
Carers included in Trust staff induction	2	To be put forward for Carers Strategy	SWLStG Carers Strategy
Carers part of interview panels	4	1. Carer training programme to be reviewed by Wandsworth development worker. 2. For training opportunities to be made available to Richmond Carers	Carers Group - clinical governance
Job descriptions to include Carers	4.5	To be put forward for Carers Strategy	SWLStG Carers Strategy

Additional Comments

- Tone of voice/Attitude/Belief/Language use
- Staff must be taught that the Carer is part of the team
- Trust intranet www.? - needs to interact more with Carers

Carers Assessments

- Ensuring staff get background about the service user from Carers
- Carers assessments - making sure it happens and there are actionable outcomes
- Assessing all Carers needs
- Recognising Carers can have multiple caring roles

Information Sharing

- Clearer guidelines for staff on information sharing
- How information is used - recognising the Carer's confidentiality as revealing source can end in relationship breakdown

7. What works well?

- Getting to the point of acceptance
- Support groups for Carers to let off steam
- Relaxing days out
- Starting to listen to Carers and developing a strategy with actions is promising
- Support services for Carers
- Easy to get hold of key workers (Richmond) during 'hours'
- Key workers offering strategies
- Workers are patient with difficult clients
- Support from other Carers
- Having someone to call for advice and a chat
- Access to massage, art therapy etc.
- Working as a team with the professionals
- Being listened to and views taken into account
- Information and communication
- Advance warning of discharge from hospital
- Emergency services i.e. 999 very good
- Get everything together – phone answered + someone to talk to + good advice – e.g. Maddison.

Does not work well

- Answer phone
- Cannot get anyone to talk to
- Lack of information and communication