9 Key Mental Health Reforms

A list of 9 key problems with accompanying solutions, identified in the mental health services of the Isle of Wight between 2016 and 2018. Information gathered through service user interviews conducted by a mental health volunteer (Sam Schroeder). Interviews can be seen at: http://wednesdayfilms.com/films

1 - Unifying Services

2 - Medical records

3 - Finding Services

4 - Accessing Services

5 - Listening to Service Users

6 - The Range of Therapies

7 - Benefits Safety Net

8 - Environmental Stress

9 - Caring for Staff

1 - Unifying Services

Problem - Our mental health services are completely uncoordinated. Information is being duplicated, care gaps exist, there's no strategic vision, there's no decisive and inspiring leadership, there's no continuity as people transition between services etc.

Solution - A new (preferably independent) organisation needs founding, akin to a board of trustees, which should consist of a small team of bright, highly motivated people from a wide range of backgrounds, but who all have some expertise, interest, or experience in mental health (at least one of them should be an ex-service user). This organisation would be tasked with (1) Liaising with Mental health staff and service users to understand what people's needs are, and how well those needs are being met. (2) Formulating a 'grand strategic vision' to unify and help coordinate the mental health services on the Island. (3) Communicating that unifying vision to the services, to bring everyone onto the same page in terms of their priorities, methods, and future direction. (4) Measuring how well or how poorly each service is responding to the recommendations being handed down to them. (5) Facilitating better inter-service communication and cooperation, and

acting as a central hub for resolving differences and encouraging symbiotic relationships. The primary goals being to create an inspiring vision for our services to aim towards, and allow service users to follow a seamless recovery pathway as they transition between services.

Such a new organisation, which needn't employ more than 6 or 8 people and could easily work out of a modest office space, or even hot-desk at different locations, wouldn't be a huge drain on resources, yet it would output a fantastically import resource - namely it would serve as a brain to unify, inspire, guide, and coordinate all the Island's mental health services.

2 - Medical records

Problem - Hospitals, GP's, and mental health services don't all use the same system for keeping medical records. And the systems they do use aren't compatible with one another, aren't always kept up-to-date, and aren't always being referred to before consultations with service users. Which means that service users are being asked to describe their circumstances and recount traumatic past experiences over and over again. Causing distress, frustration, and hindering forward progress.

The main systems currently in use are 'Paris', 'Capita', and 'Citrix', but a number of others are being used by the smaller organisations.

The simplest and cheapest solution would be to encourage all services, first, second and third sector, to transition over to and adopt the best of these three systems, which the consensus suggests is the 'Paris' system currently in use by the NHS. This would simply involve helping GP's and third sector recovery and community centres who deal with mental health issues to gain access to, and train their admin staff in the use of this well-established system.

A more expensive and complex solution would be to create an entirely new system from scratch for keeping medical records. This would certainly address the problem, but would obviously be more expensive, and would require staff re-training across all services, and cause disruption while it was being implemented and the data was being copied across.

The third solution proposed - that a new 'umbrella' system be designed and implemented over all of these various 'sub' systems, that is able to pull data from them all, raises a number of concerns. (1) What would be the cost of purchasing it, rolling it out to all services, training staff in its use, and maintaining it? (2) Is a new system really needed, and can the expense can be justified, when we already have a system that already does what's needed (i.e. Paris), a system that people are

familiar with, which huge amounts have already been invested in, and which simply requires service coordination to get all parties to use that same one system, for it to address the problem. (3) Is this intelligent 'umbrella' system compatible with the main 'sub' systems currently in use (i.e. Paris, Capita and Citrix)? (4) Will it remain compatible with those 'sub' systems when they periodically receive software updates? (5) Will it be able to incorporate new, currently unknown 'sub' systems into its framework, if, at a later date a new service with a new system is brought into the fold of this intelligent 'umbrella' system? (6) Is introducing a new layer of complexity into an already complex situation wise, when there are cheaper solution available, that would serve to simplify and untangle the problem of multiple incompatible IT systems?

3 - Finding Services

This problem doesn't need much explaining - many services are simply very difficult to find out about. They hide their light under a bushel. Mental health services, housing support, benefit's support, substance misuse, advocacy services etc.

All those in the fold of government/council/NHS influence and funding should either be encouraged with a carrot or a stick to fulfil their responsibility to the public by letting people know that they exist. That means having a website, distributing leaflets, putting posters on noticeboards, posting little 'press packs' to other 'sister' services, and to GP's, community centres, libraries, food-banks etc. (that needn't be more than a poster, a few leaflets, and a cover letter), and conduct an outreach program that occasionally visits those locations.

In tandem with this campaign to encourage services to broadcast their existence, a map of all mental health, and mental health related services (e.g. housing, benefits, substance misuse, advocacy) needs creating. This would include all first, secondary and third sector services, i.e. NHS, Council, Government and independent organisations and charities. The map would take the form of a website that had a big map of the Isle of Wight on the home page, that you could scroll around and zoom in to, with large colour-coded dots beside the name of each service, red for services that provide care for critical needs, amber for moderate needs, and green for less pressing needs. When clicked on each dot/name of service would expand and display further information, such as what the service does, its opening hours, contact details, website (if it has one). This map would be updated once a year, and once a year leaflets and posters would be printed that contain all the information expressed in this map/directory, which would then be posted out to mental health

and mental health related services, community centres, library's GP's food-banks etc.

4 - Accessing Services

All services without exception need to implement self-referrals ASAP. I.e. make a paper and an online self-referral form available, that can be completed by anyone. Currently many services only accept referrals made by a third party such as a GP or a Support Worker, but GP's and Support Workers aren't always available, and when people are in crisis the last thing they need is to deal with red tape and be forced to wait for appointments, to make further appointments.

This would cost virtually nothing to implement, and there's no good reason why it shouldn't be put in place, and many good reasons why it should be.

Not every in-bound referral has to be accepted if it's wrongly directed, but we must allow people to apply where they like, when they need help, and where in-bound referrals are wrongly directed, it shouldn't be difficult to quickly and politely signpost (i.e. re-refer) people to the appropriate service for their needs.

5 - Listening to Service Users

Most of our mental health services, especially NHS services, are extremely rigid in the way they deliver care. They take a top-down approach in accord with the letter of their guidelines, that allows no room for listening and being flexible, for adapting to meet changing needs, or for trialling new approaches. In short, they're the opposite of responsive… they're utterly unresponsive to people's needs.

There's certainly no friendly and open channel through which service users can air their ideas and problems, and have them listened to and acted upon. Which makes services seem cold and institutional, and services users feel like no one cares.

A very simple solution exists, which has successfully been trialled in the past (at Quay House recovery Centre when it was managed by the 'My Time' organisation between 2012 and 2015). They implemented what were called monthly 'Big Conversations' - meetings that staff, volunteers, and service users were all invited to, for exactly that purpose. I.e. so that people could air their ideas and problems, and have them listened to and acted upon. Facilitating co-production, and a service that responded to the needs of those who used it. And how much would did this cost to implement? Nothing whatsoever.

6 - The Range of Therapies

Currently we spend a huge amount of money on standing infrastructure, that doesn't always give us much of a bang for our buck. That is, on commissioners, managers, doctors, nurses, premises, IT systems, medications, etc. where in most cases the people that all this infrastructure is supposed to be supporting would be far better served by offering them practical and engaging therapeutic activities. Activities that don't require expensive professionals, secure buildings, or complex IT systems to function. Just some very basic resources, like a room to operate from, and a micro-grant to cover any essential materials/training/tools. Money spent here, at the very bottom, would obviously go much further than the same amount spent at the top.

The solution being proposed, is that we establish a small, flexible new organisation, which only need employ 3 or 4 permanent staff members, that would be tasked with inviting service users and volunteers to design and facilitate new therapies, groups, courses, projects; to undertake career training; to allow professional therapists to be hired for a few sessions; to allow the founding of social enterprise businesses; to allow people to make larger external grant applications. It would be a laboratory where social, therapeutic and economic ideas could be tested out on a very small scale, to discover what formulas produce the biggest bang for our buck.

The nuts and bolts would be that the 3 or 4 permanent staff members would operate from a small office space, where they would create a website and send out an annual press-release (poster, leaflets, and cover letter) to mental health services, GP's, libraries, community centres, and local media. The press release would invite mental health service users and volunteers to attend a meeting place once a week - a moderately-sized venue that could be used free of charge or hired for a nominal sum, e.g. Aspire in Ryde, Learning Links in Newport, meeting rooms in community centres, town halls, or council buildings. Here the staff would explain what the organisation does, they would encourage people to sit down and meet others and have conversations, and come back the following week to pick-up where they left off. As people started to form ideas and organise into small groups, they'd be asked to put together a simple one page proposal, that explains what their idea is, what costs are involved, and how it can be measured 4 months down the line to see if it's been successful or not. And if the idea seems reasonable, a simple contract is signed by all, and the group is awarded a micro-grant to trial their idea on a small scale. And if their idea proves successful, i.e. if it attracts and helps a substantial number of people, then the funding can be increased allowing it to expand to meet the level

of demand. And the ideas that don't reach the targets that they've set for themselves, in accord with the very simple contact, wouldn't receive further funding.

It's all about doing a lot with a little, by taking a creative and flexible approach, that facilitates growth and self-reliance. And there no limit to the kind of enterprises that such an initiative could set in motion. Just a little money well targeted here could do remarkable things, in terms of social, economic and therapeutic regeneration on the Island, making it a leader, instead of a dawdler in. And why not? We have the most fantastic resource in our beautiful countryside here on the Island, and a discrete location perfectly suited to trialling such new ideas.

7 - Benefits Safety Net

Due to the way the benefits system operates, people with mental health issues have become terrified of returning to work. Returning to work means having their only source of income stopped, and should they suffer a relapse of their health problem, they must go back to square one, i.e. fill out a 62 page application form, attend capability for work assessments, exist without any income whatsoever while their application is being processed, and fret about whether their application will score enough points to meet the award criteria for that benefit. People can be forced to go without food while this is happening, and face eviction. And all this is occurring in the midst of a mental health relapse.

Now, imagine if these people were given a benefits safety net, whereby, for the first 12 months after returning to work, if someone with a history of mental illness should suffer a health relapse, the benefit they were receiving before they started work would immediately and with no questions asked be reinstated. How much more confidence would that give people, who might otherwise have remained on benefits for years, or even for the rest of their lives, to try going back to work? It's a simple idea, and a good idea, that makes financial sense for the DWP, who pay out millions in ESA, PIP and other benefits, and local Councils who pay out hundreds of thousands in Housing Benefits, and it makes compassionate sense for all the people who the DWP and local Councils support.

So the solution is to establish an organisation, which works alongside the DWP and local Council, and provides a benefits safety net for people with mental health issues, by reinstating people's benefits in the event of a health relapse, to give people the confidence and security to try going back to work. People who might otherwise have remained on benefits for years, or even for the rest of their lives.

8 - Environmental Stress

A campaign to provide information about, and small grants to allow workplace modifications, to turn toxic environments, into places where healing can occur. This addresses things like noise pollution (shrill alarms, slamming doors), excessively bright and flickering lights (e.g. neon tube lighting), colours (institutional whites and pastels), furniture layout (in rows), furniture type (hard), flow of fresh air (or lack of it) etc.

An expert from the community has volunteered to speak and consult free of charge on this subject, otherwise most of the key info could easily be packaged into a leaflet, that encourages staff to use their eyes, ears and feelings to gauge how harsh or soothing their workplace environment really is.

9 - Caring for Staff

Problem - We're losing a lot of good staff through emotional burn-out and physical exhaustion, because we're not taking care of, or cherishing those valuable staff members. Those who work on the front line of mental health, spend every day of their working lives dealing with people in crisis. Their stress levels must be phenomenal, and yet we're not providing them with any means of relaxing, unwinding, unburdening themselves, processing their emotions, or catching their breath. We're making more and more demands of them, and then we're bewildered and bewail the fact that we can't retain or find enough trained staff.

Through this gross oversight we're shooting ourselves in the foot, because we're left under-staffed, paying for expensive bank staff, paying to re-train new staff members who will probably be gone within 2 years, and generally haemorrhaging skills, experience, and moral.

This is easy to fix. Make 40 minutes therapy part of their daily routine, so that people can receive acupressure, acupuncture, unwind in peer support groups, read a chapter of a good book and put their feet up, study for a qualification, get some sunshine, process their thoughts and emotions. And also provide staff with an opportunity to pass feedback up to their managers about ideas they may have and problems they may be experiencing, to help smooth over some of the rough corners of the job. Monthly meetings, held inside normal work hours, that were organised specifically for this purpose would certainly go some way to addressing this problem.

The best way to implement this solution would probably be to trial it on a small scale, perhaps at Sevenacres, where stress levels must be awful. Hire a practitioner in head massage, reflexology, or acupressure for the day, and bring in an extra staff member to cover the gaps in people's shifts. And then, one by one, allow staff members to take 40 minutes of paid-work time at some point in their day to go and receive this therapy. And then talk to the staff involved at the end of this trial, and see if the approach doesn't make sense financially, compassionately, professionally, and therapeutically. If it was rolled out on a larger and longer-term basis, it wouldn't take long to start comparing the before and after data, both statistically and anecdotally. The program might even generate quite a bit of media, professional and political attention, and we might even reverse the trend, and start attracting staff from the mainland, instead of losing them to the mainland.