

# MENTAL HEALTH CARER REPRESENTATIVES FORUM

## MINUTES OF MEETING HELD ON

Tuesday 10<sup>th</sup> July, 2018

At Oxlease House, Travellers Lane, Hatfield, AL10 8TJ

**Present:**

**Carers:** SA, BB, JC, NC, JD, KD, ME, BF, TG, CH, MN, CP, AR, DR, FS, GT, VW, NY, DW, DL

**Volunteer:** Pat McManus (PM)

**Chair:** Rod Cottrell (RC)

**Staff:** Sarah Williams (minutes), Rosemary Willis, Deryn Sparrow

**Guest Speaker:** Emma Paisley, Senior Project Coordinator, Spot the Signs and Save a Life Campaign, Mind in Mid Herts.

Item	
1	<b>Welcome:</b> Rod welcomed all to the forum and introductions were made.
2	<b>Minutes of Meeting held 17.05.18 – Agreed.</b> Page 6 - DW raised the topic of sharing information, nearest relative, Mental Capacity Act, etc. DS suggested that Carers in Hertfordshire organise an event around the Mental Health Act, sectioning, Mental Capacity Act, sharing information, etc. Those present agreed so DS will arrange an event in October, 2018.
3.	<b>Feedback of latest news and developments from Carers, Carer Representatives and Carer Involvement Workers, identifying any issues to raise at the next round of commissioning/ working group meetings.</b>  DS - Carers' Walks – the next will be held on 18.07.18 from Hatfield House, contact Sue Mott – see DS for details if you are interested in going. HPFT Mental Health Helpline – DS highlighted that there continues to be issues around carers not getting through to speak to someone and carers not getting the support they need. DS attended a Single Point of Access meeting 09.07.18 and HPFT are reviewing the Helpline and will involve service users and carers in the review. Capacity appears to be

an issue with only one member of staff on duty to manage a high volume of calls.

A new Eating Disorders Support group for carers caring for an adult with an eating disorder has been set up by a carer – details will appear in the next CiH Mental Health newsletter.

SW – encouraged all present to be pro-active in promoting the Rethink Caring & Coping course which CiH co-facilitate and is being held across the county throughout the year. Current courses are being held in St Albans and Letchworth - see SW or DS for details of courses set for the year.

SW has worked with two carers GT and AD to co-produce a workshop around effective communication which will be held 20.07.18 at Birchwood Leisure Centre. 10 carers are already booked on – please give your name to SW or telephone CiH to book a place.

SW – Albany Lodge has received innovation funding to provide family/carer sessions on the ward and to compliment this work CiH maybe co-facilitating carer awareness training to all staff on the ward. SW co-facilitated training this morning to Health Care Assistants which went well.

DW – attended a meeting at Farnham House, Stevenage. There were representatives from a Government body who are helping Hertfordshire to review their systems around health and care. Carers with different caring roles were present and the majority cared for someone with dementia. Carers were asked to give evidence around what works well and what doesn't work well. DW gave evidence around two people she cares for - a negative experience of the mental health system where it broke down, alongside a positive experience of neurology service where a care plan and discharge plan worked well.

DL – attended HPFT Carers event to celebrate Carers Week at HPFT - The Colonnades, Hatfield. An exercise called the Schwartz round – which brought two carers (himself and TG), two psychiatrists and two members of staff together to have a dialogue around their working practice and highlighted different perspectives and challenges i.e. confidentiality. The exercise worked well and could be repeated at a future CiH mental health forum/event. Action - SW to take forward to next year.

CH – spoke about her situation and the importance of linking physical and mental health.

Questions for HPFT Jess Lievesley - Executive Director of Delivery & Service User Experience:

1. In what ways are HPFT developing services around supporting the family i.e. through family interventions / family therapy?

2. In what ways are HPFT developing services around discharge i.e. from an acute unit or rehabilitation unit to community services? It is important to ensure that service users and carers are supported through the transition and importantly that Adult Community services and voluntary services are doing their utmost to ensure they are receiving the community support they need.
3. The recent Community Services Review carried out by CiH and Viewpoint – what actions are being taken / will be taken?
4. What is the current situation with care co-ordinations i.e. is there still vacancies, how is recruitment going, waiting times to be allocated a care co-ordinator?
5. HPFT survey methodology – survey results tend to give high satisfaction rates. When giving results it would be interesting to know how many people are involved in surveys and who are involved in completing the surveys?
6. HPFT had a recent inspection from the Care Quality Commission (CQC). HPFT were aiming for Very Good and were rated Good. In what areas did it fail? In the last CQC inspection (approx. 4 years ago) carers had the opportunity to have a say in the review. Why weren't carers given an opportunity to have a say in this recent review?
7. Why is the dual diagnosis protocol taking so long for HPFT to implement?

CiH Mental Health Forum in November: Action – SW to invite a speaker from New Leaf Wellbeing College and DS to invite a speaker from Nightlight.

ME – New Leaf Wellbeing College are going through a period of change.

MN – raised the issue of supported accommodation. DS reminded the forum that CiH did hold an Accommodation event during Carers Week and she has also asked HPFT Involvement & Engagement group for information.

VW – the government are discussing how they are going to cut supported housing and Rethink currently has a campaign running around this.

DW – in Hertfordshire there appears to be a lack of properties. There is a 10 year plan to look at supported accommodation for all health conditions.

JC – spoke about her situation and highlighted the benefits of a Rehabilitation service which provided 24 hour support and a range of activities, comparing it to supported accommodation which provided no support and no help to access community services. HPFT do not

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appear to have a proper step-down pathway from a rehabilitation service to a community service.  
VW – spoke about her situation and highlighted that people from out of county are living in supported accommodation provided by the private sector.  
DW – Health Watch are doing a research project around discharge from hospital to the community. DW said she did give Tom Barrasso (TB) her name at the last forum but is yet to hear from him. Action – DS to contact TB from Health Watch.  
DW – for people with complex needs we need to have one unified care plan rather than lots of care plans.  
JC – Agreed. For people moving within HPFT services i.e. from an acute inpatient unit to a rehabilitation unit to community services there appears to be no continuity and people lose trust.  
RC – recently had a carer’s assessment but there appears to be a time delay between completing it and HPFT signing it off. Action – DS to email HPFT James Holland

**Presentation by Emma Paisley, Senior Project Coordinator, Spot the Signs and Save a Life Campaign, Mind in Mid Herts.** Please refer to the power point presentation included as a record of what Emma spoke about.



Carers\_Spot\_the\_Signs\_Save\_a\_Life.pdf

Below are recorded Questions (Q), Answers (A) and comments (C) made.

Q. SW involved some years ago in meetings around Hertfordshire’s suicide prevention strategy and one of the initiatives was around working with British National Rail and the Samaritans – is this project still in operation?

A. Yes. British National Rail and British Transport Police still work with Samaritans and the project is ‘Small Talk Saves Lives’

Q. AR – is there any evidence that Samaritans prevent people from committing suicide? They are not trained to talk someone out of committing suicide.

A. The phone calls are anonymous. Samaritans go on rigorous training and provide a listening ear in a safe, confidential space. Feedback demonstrates the service is effective and very beneficial.

Q. TG – How do you measure how successful the campaign is?

A – We work with public health, the coroner’s office, and have an end of year reach, etc. At the moment we predominantly measure the campaign by how many staff we have trained and how many organisations we have trained.

Q. GT – Is the campaign being actively promoted at Universities?

A. Yes – we employ a Young Persons co-ordinator who works with students and staff at the University of Hertfordshire.

Q. GT – do you think social media has a negative impact on suicide prevention?

A. It is difficult to know – some people like to be connected through social media, some people do not. It is an area that is still relatively new and there is not enough research evidence at the moment.

Q. DL – Has completed the suicide prevention workshop and joined Mind’s group. He thinks the number of suicides in incorrect as coroners and insurance companies are very gentle and won’t put suicide on the form. The way forward is to look at ‘why do people commit suicide’. People often answer because they are ‘unhappy’ so the next question is ‘why are they unhappy? Is suicide more prevalent in people that are homeless, divorced, have financial difficulties, going through a relationship breakdown?

A. Glasgow University is currently looking at the factors as to why people commit suicide and why these factors impact some people and not other people. There is also other research studies being carried out.

Q. TG – do we have data from other countries around suicide prevention?

A. We mainly use UK studies around suicide prevention and to implement the training.

C. TG – Finland use a model of treatment and care called Open Dialogue – it may be of use to look at their studies around suicide prevention.

A. The 10<sup>th</sup> September is world international suicide prevention day. Australia appears to be a leader on suicide prevention.

Q. AD – should small suicide attempts be taken seriously?

A. Any suicide attempt should be taken seriously. Carers know their loved ones most and should always contact the appropriate service if they have cause for concern.

C. DL – has looked at various studies by Age UK and Dementia and is aware loneliness is an issue. There is no evidence to suggest that people with dementia are at risk of committing suicide.

Q. TG – what happens if carers and professionals have a different view on whether a person is suicidal?

A. Professionals should take carers seriously and the Spot the Signs campaign actively recommends this approach. The carer could contact the Police or go to Accident and Emergency where mental health professionals are based in every department across Hertfordshire.

Emma finished by saying that:  
 HPFT have dedicated staff (part of the Serious Incidents team) who support those carers who are bereaved through suicide.  
 The Spot the Signs campaign could look at developing training to provide training to carers around suicide prevention.  
 Giving out various leaflets around suicide prevention.

5	<b>Any other business - None</b>
6	<p><b>Next Forum:</b>  <b>Thursday 13th September 2018</b>  7pm—9pm - HPFT service update/developments - Questions for HPFT  Jess Lievesley - Executive Director of Delivery &amp; Service User  Experience</p> <p><b>Future Forum:</b>  <b>Thursday 15th November 2018</b>  10.30am - 12.30pm – New Leaf Wellbeing College and Nightlight  service</p>