

# JSNA Consultation with the Third Sector Project

## Mental Health Update – April 2014

### **Introduction:**

In June 2013 the JSNA research team at CVCSE submitted initial findings to the CEC team. It was identified that further community intelligence and evidence was required surrounding the provision of mental health services for communities in Cheshire East. It was therefore agreed that one of the thematic areas to re-visit in the last three months of the project 2013/2014 (Jan to March) would include Mental Health.

### **Background**

The DOH Mental Health Strategy, No Health without Mental Health, stated that mental health must have equal priority with physical health. Closing the Gap: Priorities for Essential Change in Mental Health Feb 2014 sets out the challenges in its 25 point action plan.

The 2020 'Decade of Health and Wellbeing' also highlights the message that mental health and wellbeing is as important as physical health and that feeling good is an important part of being healthy:

### **Methodology**

Information was gathered following the process below:

- Questionnaires emailed to relevant VCFS groups/organisations to determine if anything had changed since June 2013 and to hear from those who had not yet provided information.
- Phone contact and meetings with key groups/organisations
- Attendance at relevant events with Health Professionals, VCFS Organisations and members of the community, (BME Event organised by Pathways)
- Desktop research

# JSNA Consultation with the Third Sector Project

JSNA Project staff took the 25 Point Action Plan for Mental Health to 'Blue Sky Thinking' sessions with some VCFS organisations, with specific focus on:

- Services with an emphasis on recovery should be commissioned in all areas
- The need for an information revolution
- Tackling inequalities
- Improved access
- Gathering comments on experiences
- Change response to self-harm
- No one in mental health crisis should be turned away
- Support for schools to identify problems
- End the cliff-edge of lost support post 18

## Key Findings:

- There is a requirement for clarity and honesty around lower threshold for referrals to CAMHS and NHS mental health services
- There is a requirement for 'lower tier' service provision for those deemed to not need NHS mental health services
- There is evidence of a need for mental health A&E service for those who regularly present in crisis
- A more structured approach to building resilience and emotional wellbeing is required
- There is a lack of research into funding group therapy as an alternative to more expensive one-to-one therapy
- There is evidence for a need for a robust system to be in place for those presenting with self-harm at A&E who do not meet CAMHS referral criteria
- There is no statutory mental health support for those using substances
- There is a substantial cost to Police and Ambulance services for attending to those who repeatedly present to A&E due to self-harm including substance use.
- Gay farmers are a particularly vulnerable group in rural Cheshire East

## JSNA Consultation with the Third Sector Project

### Recommendations:

- The development of a clear visual map of current service-provision across the sectors and a clear indication of who they can support
- A multi –tiered plan that at each level is underpinned with an outcome that reflects what that level of services is aiming to achieve
- Distribution of the plan to all agencies/services mentioned in the plan
- A series of 4 funded workshops for key agencies/partners to carry out the mapping at each tier
- Cross-sector support to ensure all contributors know how to keep service-users safe
- The development of a new A&E mental health service based on the VCFS organisation 'The Sanctuary' in Manchester
- More research into the cost effectiveness of funding group therapy as an alternative to more expensive one-to-one therapy
- Service-design should consider mental health provision for LGBT people and take into account how important VCFS groups are for the health and wellbeing of this minority community.
- Service-design should take into account the increased risk of suicide amongst gay farmers and continue to provide specific support

As part of the 'Blue Sky Thinking' session with the third sector it was agreed that in an ideal world we would be aiming for;

“Provision of information that allows for; signposting to other helping services at the appropriate level of need; reduced dependence on A&E services; access to recovery models of support; improved access to self-care models, and better use of community resources

# JSNA Consultation with the Third Sector Project

## Previous Findings – June 2013

The main findings from the June 2013 research are highlighted below and where further evidence has been collected it is either described below or referenced in another section of this report.

1. Mental Health services were being used well and in some cases over subscribed, service users said they felt less isolated due to the group they attend. The evidence submitted included positive feedback and reported benefits.
2. Service users reported satisfaction from the services they accessed but there was a concern about the lack of on-going support from statutory services for those with severe and enduring mental health problems
3. Service users would like more professional contact and support particularly when they are in crisis.
4. Coordination of service and long term planning were presenting issues
5. Direct referrals from Health professionals were being made to some services but not others, particularly the smaller and less well-known services were not getting direct referrals.
6. There were concerns around a gap in services for young people and children who don't access CAMHS services.
7. There were many important issues raised in the response from Friends for Leisure around services for young people and their families, particularly if they hit a crisis or when the young person is in transition to adulthood.

## JSNA Consultation with the Third Sector Project

Questionnaires were emailed to relevant VCFS groups/organisations to determine if anything had changed since June 2013 and to hear from those who had not yet provided information.

The CAB Service (South and Central) updated the response from last June, confirming point 2 above – service-users reported satisfaction from the services they accessed but there was a **concern about the lack of on-going support from statutory services for those with severe and enduring mental health problems.**

### Blue Sky Thinking sessions– April 2014



#### **Access to NHS mental health services**

It was reported that service-users may have to wait months to be seen for an assessment appointment only to find that a) They fall below the criteria for referring them for treatment (it has been suggested that unless an individual exhibits symptoms of, or has a history of, severe and enduring mental illness, they will not be accepted as needing NHS mental health services) or b) Because they are using substances (even small amounts) they will not be able to access treatment.

## JSNA Consultation with the Third Sector Project

It was also reported that there are instances where young people who have self-harmed present at A&E and are assessed, but if they fall below the criteria for referral to CAMHS, they are sent away. It would seem that people of all ages can continue to present to A&E in crisis with anxiety and depression and that this is a repeating cycle. For example,

*“When someone says, ‘I want to slit my wrists’; we say ‘You’d better go to A&E.’”*

*“If there is someone causing a disturbance, in shared accommodation for example, there is reluctance for emergency services to get involved – it can involve a 4 hour wait at the hospital waiting for an assessment just for the person to be given Librium and to do it all over again the next week.”*

*“We had an ex-offender threatening suicide – the police were out 4 times in one evening – they took him to A&E but nothing changed- he just came back to do it all over again.”*

One organisation reported that getting young people assessed can take up to a year. If a young person is waiting for an ADHD assessment, parents must attend a parenting course for them to be seen.

*“The courses are at Eagle Bridge at 0915 in the morning and parents say it’s very difficult to get their other children to school - but if they don’t attend there is no assessment.”*

There was some discussion around the need for joint assessments or at least some shared protocols that would save on resources. It was reported for example, that at present Housing will not accept Social Services assessments and vice versa. Service-users say that GPs are not interested in the content of the Social services reports and that mental health issues flagged up in these reports are not followed up and there is no signposting to helping services

### **Ideas for the way forward :**

The Blue Sky Thinking sessions spent some time exploring how the issues highlighted could be addressed. Chris Whiley from Visyon shared her experience of a system that worked well in Gloucestershire. Public Health led on the initiative, but

## JSNA Consultation with the Third Sector Project

it was very much a multi-agency project. The results of the sessions are described below:

### The Importance of Signposting



During the Blue Sky Thinking sessions it became clear that the following concept is key.....*There should be no wrong door!.....if they don't hit our criteria we should be able to signpost them.*

Samaritans Crewe stated within their written response that “We signpost about 10 other agencies, e.g mental health charities, CAB, Childline...”

Middlewich Good Neighbours stated within their written response that, “We are hoping to link into as many agencies as possible to get referrals”

## A Tiered Approach

It was suggested that Mental Health services could be divided into tiers, each tier detailing how to access a range of wide and diverse services available across the sectors. This visual map could then be used by every contributor to signpost individuals to where they could receive timely help. In addition cross-sector support would be required to ensure all contributors would have the basic tools to keep service-users safe.

The Reality is that to achieve the desired outcome as mentioned above a series of at least three funded workshops for key agencies/partners would be required to carry out the mapping at each tier. JSNA Project staff and key stakeholder/s recommend that the workshops are broken down as follows.

### **Workshop 1 – “What Does Emotional Wellbeing Look Like?”**

JSNA project staff and key stakeholder/s recommend that resources be provided for up to 6 individuals from key VCFS mental health services, to meet with representatives from statutory services to produce a comprehensive map of support services. This tier would include services that help build emotional resilience including opportunities for group therapy, family therapy, youth services, church/faith groups, self-esteem building, anger management, working with addictions, peer mentors, recovery coaches, recovery colleges, volunteering, play groups, single-parent groups, counselling. The workshops would decide on the outcome descriptor that would sum up the difference these interventions would make

### **Workshop 2 – “What is Good Mental Health?”**

### **Workshop 3 – “How to live well with a diagnosed mental illness.”**

## Parents and Mental Health Issues

### Parents of Children with ADHD

During the meeting with key representatives from the sector a discussion took place regarding parents of children with ADHD. In particular a discussion took place about ADHD assessments and parents having to attend parenting courses. It was reported that one of the key issues is that these are usually at Eagle Bridge at 09:15am which is very difficult for families with children at school to get to, but if parents don't attend these sessions there is no assessment undertaken for their child (this was reported by parents). These are undertaken by Community Paediatrics in Crewe.

### Lone Parents' Needs

South Cheshire CLASP supported 95 adults and young people in 2013, and completed a questionnaire as part of this research. They state that their counsellors all now provide specialist support through continued professional development. Through the CORE evaluation process, they report that they can see positive results for almost all clients. Clients say things like "I feel more confident and able to deal with my anger". All of their clients experience some kind of progress.

In terms of barriers and gaps in service they report that, *"there are limited counselling appointments available through the GP service and the demand is increasing all the time.... "Our waiting list continues to grow"*.

They also report that the barriers include waiting lists, and that, 'GPs that don't fully understand the complexity of parent's needs'. They stated that it would be useful if GPs were more aware of CLASP's services, but that alone would not solve the issue, as they cannot currently facilitate any more clients with their existing resources.

## What Works For Parents

### **The SMILE Group**

The SMILE Group (Supporting Mums in Living with Emotions) was set-up in January 2010, initially in Macclesfield, by two mums who both struggled with motherhood and needed someone to talk to about their feelings. The group meets every Friday from 10am to 12pm at Hurdsfield Children Centre. Since then the group has helped numerous women, some who attend regularly, some when they need, some only once. The SMILE Group was set up in response to a national demand for peer support, owing to the reported 1 in 7 cases of postnatal depression (PND) cited by the NHS.

However they have since expanded and now have a group in Congleton too. It opened its doors at Congleton's New Street Children's Centre last Autumn and has since received a grant from Congleton Town Council to contribute to its sustainability. They attract an average of 25 people per week to its sessions at Hurdsfield Children's Centre every Wednesday from 10am to 12pm. Parents in Congleton are benefitting from the opportunity to join sessions where they can take babies and toddlers, relax, chat and speak openly about their experience of Post Natal Depression.

Commenting on the growing attendance at the Congleton SMILE sessions, one of the Co-founders said: *"Evidence suggests that peer support is a key element of recovery. A lot of parents battle on through this debilitating illness afraid to share their experience and seek the help they need. Mums and Dads who come to the group often experience a great sense of relief that they are not alone going through PND".* As a signposting service we provide information on how to seek help. Too many parents are still slipping through the net – the more people talk about it, the less stigma will be attached to it."

### **Macclesfield - Strong Mums from the Moss Estate on Macclesfield**

As part of a multi-agency initiative 'Working Together on the Moss' where the aim of the project was to engage local people in decision making relating to delivery of their

## JSNA Consultation with the Third Sector Project

services, a group of local mums benefitted from training in confidence building and raising self-esteem. This has empowered them to take an active and dynamic role within their community.

The group have now got together, with support from Cheshire East Council and Peaks and Plains Housing Trust, to plan and deliver their own self-esteem course to support other women from their own and neighbouring estates. The women are planning their own fundraising events and are keen to set up and organise a family activity programme over summer, as well as other social and educational activities which have been identified by local residents.

### LGBT People

*As part of the JSNA Project, staff surveyed LGBT people and VCFS support agencies in Cheshire East, to check out local experiences, and in particular real and perceived barriers to accessing information, advice and help.*

Body Positive reported that *“Isolation and loneliness around sexual orientation continues to be an issue whereby service users may take risks with their sexual health to secure emotional comfort.”*

VCFS organisation Agricultural Chaplaincy supports the farming community, including a service for gay farmers. They report on evidence that farmers and farm managers are the occupational group with the **fourth** highest risk of suicide in England and Wales, and say that there is evidence to suggest this figure is much higher. Added to this is the statistic that one in four gay men will attempt suicide at some stage in their lives. This highlights **gay farmers to be a particularly vulnerable group.**

LGBT people who took part in the JSNA Project survey and the focus groups confirmed that Isolation and loneliness around sexual orientation is an issue, and can lead to depression and the use of substances.

Isolation and loneliness amongst this community is reported on more fully in a previous report.\*

\* JSNA Consultation with the Third Sector Project, Health of Minority Communities LGBT Report. March 2014, Louise Daniels and Jayne Cunningham.

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### Mental Health Crisis

The JSNA project team have heard anecdotal evidence at various Caring Together meetings and Local Area Partnership meetings that the emergency service are still being called out to attend individuals in mental health crisis and are in some cases not the most appropriate response to the situation. There is also anecdotal evidence that it is not clear to many professionals where to refer individuals in mental health crisis to and don't always get a positive result when contacting mental health teams.

The Cheshire Agricultural Chaplaincy team stated that, within the farming community they work with, "Stress levels are high and in many cases leading to severe depression". They also highlighted that in terms of gaps and future needs that social activities and groups specifically for the farming and rural veterinary profession suffering with depression are needed.

Samaritans Crewe responded,

*"Increasingly mental health patients report limited availability of crisis care, and reductions in dedicated NHS services (anecdotal)"*

Richmond Fellowship, supported by other VCFS organisations, has taken their concerns about individuals who are in crisis, to Healthwatch Cheshire East. Research has been undertaken with a diverse range of statutory agencies and a report is due to be released shortly.

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### Evidence of What Works – April 2014

Throughout this piece of research the JSNA project staff has collected insight on 'what works' from the 'Blue Sky Thinking' workshop, Questionnaire responses, attending events and verbal conversations.

*"It works when we look at mental health and addiction together." Blue Sky Thinking workshop attendee.*

*"WRAP –Wellness Recovery Action Plans – what does it look like when you are well –what should we do when you deviate from this." Blue Sky Thinking workshop attendee.*

*"The development of a new A&E mental health service based on the VCFS organisation 'The Sanctuary' in Manchester." Blue Sky Thinking workshop attendee.*

The Brightstone Clinic in Sandbach completed a questionnaire in which they described their service as, 'Low cost, person centred counselling which we provide to all members of the population, with the aim being for individuals to learn to effectively take care of their own needs....' They reported that they have supported over 40 clients since setting up and have received excellent feedback from Cheshire Carers' centre on the success of their services. They reported that that, "Continued access to talking therapies when required is currently a barrier" . They informed us that they have good feedback from the LIFT Project and Warrington and Cheshire Carers' centre.

Cheshire Constabulary is testing a new way of working in relation to mental health. Operation Emblem sees a mental health nurse attend incidents with a dedicated police officer (PC Mark Jenkins) to offer advice and reduce the amount of people arrested under the Mental Health Act or being taken to hospital unnecessarily for treatment. The pilot started in December in Warrington and Halton but, owing to its success, has now received funding for a further 12 months.

# JSNA Consultation with the Third Sector Project

## **The Sanctuary Manchester**

The Sanctuary Manchester offers Self Help Services. This VCFS organisation delivers a range of primary mental health care services and initiatives across the North West for people experiencing common mental health difficulties such as anxiety, depression and low mood. Some of the services they offer include; e-Therapy, Community Services, Psychological Therapies and CBT-Based and Psychological Well Being Services (IAPT)

The Sanctuary is an 'overnight, every night' service providing a place of safety and support to adults feeling at crisis point and living with difficulties such as panic attacks, depression and low mood. Experienced staff and volunteers with personal experience of mental health issues provide a range of support including managing panic attacks, offering a space to talk and assistance with coping after the initial crisis. The service provides high quality, non-clinical support in a non-stigmatising manner

The draft report was emailed to the following VCFS organisations for their comment:

East Cheshire Hospice  
Friends For Leisure  
Just Drop In  
Knutsford GROW  
Macclesfield United Reformed Church  
Visyon  
Breeze Foundation  
WRVS Alsager Luncheon Club  
Brusheads  
Contact Cheshire Support Group  
Survive (Abuse Counselling)  
Lower Moss Wood Educational Nature Reserve & Wildlife Hospital  
Home-Start East Cheshire  
The Welcome (Knutsford)  
Neuromuscular Centre  
Macclesfield Community Garden Centre  
Victim Support Scheme (Cheshire)  
Cheshire Carers Centre  
Relate - Cheshire & Merseyside  
Friends of Waters Green Medical Centre  
Seahorse Swimming Club

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Age UK Cheshire East  
Samaritans South Cheshire  
Body Positive Cheshire & North Wales  
Richmond Fellowship  
SHARE  
Shelter  
The Joshua Tree  
Crewe YMCA  
Green Scape Vision  
Central Cheshire Alcohol Services  
Macclesfield & District Relief in Sickness Charity  
Pathways CIC  
IRIS Vision Resource Centre  
Relate (Macclesfield)  
Monks Coppenhall Primary School  
Together Trust  
The Circle Dancing Group  
Plus Dane Group  
CIC (Community Integrated Care)  
Bridgend Centre  
Bipolar UK  
Arthritis Research UK, Macc & Congleton Branch  
Reality Check  
Macclesfield Bereavement Support service  
Home-Start Central Cheshire  
Macclesfield MIND  
East Cheshire Housing Consortium  
Lawton Memorial Hall  
South Cheshire CLASP  
New Life Community Church  
Mind (Winsford)  
Red Tent Women  
South Cheshire Rural Minds  
The Brightstone Clinic  
Macclesfield Cancer Help Centre  
The Donna Louise Children's Hospice  
Arch  
Adullam Homes Housing Association  
Cheshire Advice Partnership  
Alsager Community Theatre (ACT)  
Mayfield Centre (Care4CE)  
Addaction Cheshire  
Cheshire Carers Centre - Macclesfield  
B.I.R.D. (Brain Injury Rehab & Development)  
Christian Concern  
Addiction Dependency Solutions

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Central and East Cheshire Mental Health Alliance  
Alzheimer's Society Crewe & Nantwich  
Lesbian and Gay Foundation  
C.A.B. - Mental Health Advocacy Service (Nantwich)  
Signhealth Counselling & Advocacy  
SADS UK  
Sportscape (NW) CIC  
Chuff Chuff  
Cheshire East Citizens Advice Bureau (CECAB)  
The SMILE Group  
Preparing for Work  
Pettypool Trust College and Outdoor Centre  
GO Project  
Congleton Pentecostal Church  
Agricultural Chaplaincy  
You And Yours (Poynton) Counselling Service  
Cheshire Probation Trust  
Hope Street Centre  
Great Places Housing Group Fundraising Co-ordinator  
Chester Adult Phab  
Keeping In Touch Network  
Asist  
LIFT PROJECT  
Congleton Education Community Partnership Ltd  
Down To Earth  
Crewe Women's Aid  
East Cheshire Mental Health Forum (Macclesfield)  
Stammering Self- Empowerment Programme  
Crossroads Care CMM  
The Craft Shed  
Xenzone  
ADCA (Audlem and District Community Action)  
Macclesfield Care & Concern Ltd  
Scholar Green Art Group  
Making Space  
Changing Lanes  
Macclesfield Music Centre  
Alsager & District Food Bank  
Lacey Green Centre  
Open2autism  
Chelford Tenants & Residents Association  
Expert Patients Programme (Cheshire)  
Live At Ease  
North Staffs Mind

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Rotary Club of Wilmslow Dean

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**Mental Health, March 2014**

**Louise Daniels and Jayne Cunningham**

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