Appendix 3

Feedback from Engagement Meetings, 2 – 6 June 2014

GP's

- GP appointment system with 10 minute appointment sessions is not conducive for discussing mental health problems.
- There should be easy access to mental health/wellbeing services at GP surgeries or community hubs. This would help reduce stigma of people attending mental health services.
- GP's need to know how to signpost people to support services and have an overview of what's available in 3rd sector
- Mental Health awareness Training for GP's and surgery staff.
- Could nurse practitioner take on mental health role of GP!
- Long waiting times for appointments at some surgeries.

First Step

- Long waiting lists for First Step. There needs to be quicker access to psychological therapies.
- First step staff – under trained and dangerous to someone with MH issues.
- There is a mental health stigma with First Step appointments at venues like Garburn House as people know it is for people with mental health issues.
- Need to look after people following therapy.
- First step – lack of information about what the service provides.
- First step – difficult to attend appointments because of travel issues or being unable to take time off work.
- DBT working really well – some minor problems on reception and with appointments.

CMHT's

- Communication – no response from CMHT's. Left waiting for answer to messages left.
- Carers being kept in the dark re decisions. Information about the decisions is not being passed on to them.
- Answer-phones and recorded messages are unacceptable
- Care co-ordinators often don't attend the meetings for service users who are out of area, resulting in decision making being delayed.
- Waiting times to see a Psychiatrist are very lengthy.

- Obstacles/hurdles for CPN's /care co-ordinators to go through to get access to psychiatrist for clients.
- There needs to be good access to CMHT's at weekends as well as during the week.
- There is a "log jam" for referrals to CMHT.

Crisis Team

- Crisis team never present when police take people to station under section 136. Police not trained in MH issues.
- Services re-active not pro-active in stopping people's MH declining. Services only respond once person in crisis not when warning signs flagged up by person.
- Threats of police involvement by crisis team
- There needs to be better Out of Hours access to the crisis team.

Psychiatric Inpatients

- There is an Increase in people with mental health issues, but a drop in mental health beds!
- Improve Community based services. This would take the pressure of beds and offer service users more choice.
- Issues around how carers are treated when visiting. There is a lack of welcome for carers at low secure units, such as Rowanwood. Carers and family have often travelled long distances - there is no offer of tea and don't know what to expect on the unit.
- It is not appropriate for people with dementia to be on Psychiatric wards.
- Carers often struggle to visit inpatients regularly because of distance, transport and cost
- Lowther street project is an excellent model
- More crisis houses needed
- Not enough beds in Cumbria – too much out of area care
- No financial assistance for out of county visits – very difficult for some carers and families to afford.
- Patients stuck out of area, waiting for appropriate accommodation in Cumbria.
- There is a lack of services and resources in Cumbria so patients have to go out of area
- Need clear and direct lines of accountability and decision making for those out of area.
- There should be a Forensic Low Secure unit in Cumbria – the out of county accommodation and support is not very good and there is no commissioner oversight of these out of area services.

Access

- Patients passed around between departments /services.
- Stigma prevents people accessing mental health services
- Access to records is an issue, i.e. CHOC unable to access your records when contacted so don't know about your needs and history.
- It is very difficult to access mental health support for people with Learning Disabilities.
- Transport issues affect people ability to access services. (Bus passes (being cut), cuts to public transport).
- Who should we ring in crisis? Always changing the number
- Adults with autism – no provision
- No inpatients beds for eating disorders
- Very long waiting times for appropriate service
- Not always referred to the most appropriate service but the one with shortest waiting list.

Communication

- Communication within and across services, and with service users and carers needs to improve.
- There is a lack of clarity around funding and decision making, and a lack of support and information for carers around these issues.
- Confidentiality. There is an assumption that the service user wants to withhold information from the carer, not the other way around.
- Police are more pro-active and engage better with carers than MH stat services

Carer's

- Carers need peer support and also MH trained support worker (professional) to support them.
- Carer's becoming physically unwell as a result of caring
- Carer's need support very early on so they can give person appropriate support
- Carers need training to help others
- When services reduce pressure falls on unpaid carers.

Suggestions to Improve Mental Health Services

- Use Scottish suicide prevention model to reduce suicides in Cumbria.
- Isolation and loneliness is bad for mental health difficulties – evenings are the worst. There needs to be some provision/support in the evenings.
- Better training for all out of hours services – CHOC and A&E reception

- People with different skill sets to support psychiatrists.
- Balance between social /medical model and physical and mental health.
- Housing, financial advice/support, etc. should be included in package of care
- Mental health services should work with people who have a dual diagnosis.
- Improve tests on blood and screening to avoid mis-diagnosis e.g. thyroid problems and not psychosis, Vit D and Vit B12 deficiency, not depression.
- It would be useful for service users to have access to dieticians with MH experience/knowledge.
- Develop a pathway of questions so GP's know where to refer to, such as an online pathway resource.
- Include details of groups you are involved with on medical records.
- Could service users give presentations at PLT's for GP's?