Open Space Event Report

Crisis Services in Angus

Facilitated by Augment (Scotland) Ltd
Registered Charity No: SCO27225 Company No: 266654

In association with Angus Mental Health Services

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Introduction

Adult Mental Health Services in Angus commissioned Augment (Scotland) Ltd to facilitate an Open Space Event and compile a report from its findings.

Augment are extremely grateful to all of you for giving up your time to attend and discuss the topic:

“Crisis Services in Angus”

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This report was compiled by staff and volunteers at Augment (Scotland) Ltd, a mental health service user led organisation.

What is an Open Space Event?

In an Open Space meeting the participants create their own programme of self managed sessions (such as discussion groups, experiential workshops, ideas sessions and planning meetings) related to a central theme of strategic importance, in this case.

Open Space meetings allow diverse and often very large groups of people to get together, discuss issues of heartfelt concern, share ideas, pool their knowledge and develop plans for collaborative action.

Open Space meetings are particularly effective when complex or conflict ridden issues must be resolved very quickly, and when people need to work together as equals to decide how they will bring something new into being or bring about a mutually-desired change. A prerequisite is that the focal issue or theme must be of genuine concern to all those involved, as participation is normally voluntary.

"*Open Space works best when the work to be done is complex, the people and ideas involved are diverse, the passion for resolution (and potential for conflict) are high, and the time to get it done was yesterday. It's been called passion bounded by responsibility, the energy of a good coffee break, intentional self-organization, spirit at work, chaos and creativity, evolution in organisation, and a simple, powerful way to get people and organisations moving -- when and where it's needed most.*

And, while Open Space is known for its apparent lack of structure and welcoming of surprises, it turns out that the Open Space meeting or organisation is actually very structured -- but that structure is so perfectly fit to the people and the work at hand, that it goes unnoticed in its proper role of supporting (not blocking) best work. In fact, the stories and work plans woven in Open Space are generally more complex, more robust, more durable -- and can move a great deal faster than expert- or management-driven designs." (www.openspaceworld.org)

Background

The main objectives of this event was to correlate the opinions, views and ideas of people involved in the mental health services in Angus on Crisis Services in Angus. This would include ideas for change and highlighting good practice.

This is the second Open Space Event in the past year that has been supported by Angus Mental Health Reference Forum in order to look at strategic development of the mental health services based on the views of the people that use the services and deliver them.

Last years event focused on service user opinion and this years we are listening to service users, staff and volunteers.

As the Tayside User and Carer Involvement Charter states:

We believe that involving service users and carers will:

- Help ensure that services are more effective and efficient.
- Inform commissioners about gaps in service provision
- Provide feedback to the stakeholders with a better understanding of the experiences, perceptions and priorities of service-users and carers.
- Ensure that users and carers get appropriate responses, which meet their needs, and not the needs of current provider agencies.
- Encourages the commissioning and development of a range of service provision options and choices.

Market place topics raised

1. Availability of Peers
2. Definition of Crisis
3. Liaison between hospital and CMHT's
4. More shared responsibility from CPN's
5. Wider role of emergency services such as police in a crisis situation
6. Why do people present to out of hours/hospital?
7. The way/manner that emergency services deal with persons in crisis
8. Support strategies for families/partners
9. Single parents - what support is there for kids?
10. Quicker access to speak to a trained CPN
11. More alternatives to medication
12. Better facilities for advice regarding medication
13. What alternatives are there to out of hours service?
14. Evaluation of services in other geographical areas

Individual Topics

The next section of this report will detail the actual discussions and debate from the event. The recommendations made are those of the participants from each market place topic group.

1. Availability of Peers.

Main Points:

- The opportunity to receive peer Support at all levels (from presenting at GP to going into crisis). All services/workers referring to peer support.
- Peers working with other services e.g. Police, CMHT, Fire and Rescue, A&E, etc, to support them working with individuals in crisis—either based in service or on call too.
- Peer's, who have gone through similar experiences, can emphasise and relate to persons at a time of crisis and people may find it easier to speak to a peer support worker than a CPN/Medical Professional they have never met before.
- More availability of Peer's could help reduce waiting times to help prevent crisis situations arising and could also help with reducing costs.
- At times when people don't want to speak to Medical Professionals or worry their family or friends, Peer Support Workers could help fill this void.

Recommendations:

- Peer support workers working with the CMHT in Angus. On call peers who can support other services/workers in crisis situations (24/7 service).
- A Community setting or "safe house"- somewhere that you can access Peer Support, without referral or appointment, at any time of day/week. Alternative to hospital if you just need a few hours/days of support.
- Utilise peer support through use of a phone line

2. Definition of Crisis

Main points:

- A crisis can be said to have occurred when a person has tried all their usual solutions and coping strategies.
- A person has lost inhibitions, is confused, lonely, isolated and depressed.
- Presents an intent to self harm, suicidal thoughts, is a danger to others.

- A need to be seen straight away as suffering psychosis, is frightened, paranoid, anxious, agitated and feels as if can not function.
- It is also important that people who are presenting for the first time as in crisis are seen immediately.
- Access to community crisis and support will reduce the need for hospital admissions.

Recommendations:

- IT systems should be in place that provide information quickly to assist people in crisis.
- People presenting as in crisis need a safe community setting to receive assistance.
- People providing crisis services should have experience and skills in this area.

3. Liaison Between Hospital and CMHT'S

Main Points:

- Identified a lack of communication during discharge process.
- Individual discharge plans are not detailed enough to set structure and isolation in the community can occur.
- Working with families to educate and support them when a person is discharged from hospital.
- This would be through ward staff, workers and community based organisations.
- To have a constant person who would be available at every stage of recovery, from hospital to community and ongoing support.
- Monetary terms would favour community support as it was indicated that hospital admissions
- Costs are greater than community strategies.

Recommendations:

- Support made available before and during discharge to support an individual's uptake of wider community based support and strategies.
- Peer support workers could be utilised to work with individuals and family

members to support, encourage and raise awareness of recovery.

4. More Shared Responsibility from CPNs

Main Points:

- When working up to crisis – some people may not want to or be confident enough to contact someone else (another CPN etc) they do not know.
- A crisis plan, WRAP or an advanced statement to be utilised in case of a crisis situation.
- Other workers, agencies and peers to be involved in continuing path of recovery and coping.
- Opportunities to speak to someone pre-crisis that would be available at every hour of the day.
- Better liaison between CMHT and other emergency services so others are better informed about MH challenges in general so they (other services) deal with it better
- Keeping reflective diaries to assist with crisis plans & WRAP
- Two workers (at least) that someone knows so if one worker is on annual leave then another worker knows them and they know/trust the worker.
- More responsibility for communication – key points in file re: person for other workers
- Carers Assessment – support for families
- People and carers more aware of how systems work and understand processes etc – info shared and passed on.
- Other services involved in crisis better informed about working with people who experience mental health challenges.

Recommendations:

- Other avenues available "pre crisis" (somewhere you can just turn up) people you can catch up/chat to if you can't get hold of a CPN (or don't want to bother them) – available out of hours and during working hours.
- In line with ICP – one assessment for admission to hospital (in future), running on one system to save having to speak to two or three different people and wait hours.

- Backup plan for holidays (when CPN off)

5. Wider role of emergency services such as police in a crisis situation

Main Points:

- Fire and rescue – main focus is preventative measures along with social work. For example – providing fire safety advice and equipment.
- Work with partner agencies Mental Health Training beginning to be rolled out in areas? Referral process of people who appear to need further help and support.

Recommendations:

- Scottish Mental Health First Aid Training for all emergency services staff.

6. Why do people present to out of hours/hospital?

Main points:

- Potentially its illness related
- What support network do people have
- If you have to pay to phone the Samaritans
- Length of time waiting for NHS 24
- Too many questions while feeling at crisis, need a quick response
- There is not a rapid response
- GP doesn't have the time or the knowledge to refer on.
- Influencing factors - alcohol, people not engaging with the service
- There is nothing bridging the gap between inpatient and CMHT – no 48 hours crisis response place – halfway house.
- There is a need for the services to have the relevant information at hand rather than not know you so you have to go through the whole “talk” conversation.

- Communication between various agencies not good enough, need good communication system.
- · Quick response – put through to correct person on the phone straight away that has the information about you already.
- Different agencies need to have relevant information.
- If seen/need assessed at hospital not good – better to be seen in community
  - This lowers expectation of admission
  - Lowers likelihood of admission (if on hospital site)
- Right people assessing you in the first place.

Recommendations:

- Police to have training but also be aware of out of hour's service available.
- Alternative crisis response place – maximum one week but links directly into statutory services – when more than just crisis response.

7. The way/manner that emergency services deal with persons in crisis.

Main points:

- Out of hour's crisis – NHS 24 long waiting time, if immediate police sent.
- Feelings of being patronized by people with no experience on the other end of the phone.
- Police restraining using excessive force when in mental health crisis. Individuals in crisis being made vulnerable/exposed by police using forceful measures.
- NHS 24 – Peer service, someone who has experience of mental health challenges to talk to.
- Mental health first aid training included in probationary training – training should be compulsory for all NHS 24 and emergency service staff.
- Liaison officers
- Mental Health included in diversity training.

Recommendations:

- Police to have basic mental health crisis training along with fire rescue and ambulance services
- Stronger links should be developed between emergency services and CMHT
- Post arrest peer support

8. Support Strategies for families/partners.

Main points:

- Pru George Trust for Carers
- Angus Carers – long waiting list/ offers respite
- Feeling is assistance has to be requested.
- Case workers assist with crisis planning.
- "voice" for supporters
- Direct support for supporters to care for their mental wellbeing – current system is vague.
- Better signposting.
- Supporter's diary.
- Mental welfare of supporters should be a factor in discharge planning.
- Questionnaire/survey required re supporters needs.
- Education – leaflet re suggested reading/websites/DVD's
- Drop in centre for supporters.

Recommendations:

- Include supporters needs in referral process i.e. Is there any anger, depression, sub misuse, etc.
- Highlight supporter's needs through awareness days.
- Informal education training in school

9. Single parent - What support is there for kids?

Main points:

- It was discussed that there is not a lot of support for children of parents experiencing mental health challenges/ mental health crisis.
- Children should only be put into care as a last resort – every other avenue should be checked first, this includes treatment within the community, with daily support.
- There should definitely be a family area on the ward – this seems to be happening for Stracathro.
- CPN's should have more involvement in family unit. It was felt that quite often children/young people have more of an understanding of how their parent is coping and they are never asked and rarely ever meet their parents CPN. It is also the children that give daily support to the parent.
- Angus Carers – DVD that is given to all children of parents with mental health challenges to explain what a crisis is so that children understand. This should be readily available within the community and on wards. Children/Young people of parents with mental health challenges should have access and information about Angus Carers a.s.a.p.
- More information about crisis respite.
- Support for older children that have to look after younger siblings.

Recommendations:

- Education for children and parents so that the cycle isn't carried on to another generation.
- Crisis Plans should be completed for every service user/patient but in particular single parents.
- More interaction of CPN within family unit, not just the person that is unwell – children will then know who to contact in a crisis if necessary.

10. Quicker access to speak to a trained CPN.

Main points:

- Out of hours services NHS 24 – have to wait too long to speak to a CPN –

have to keep your phone line free while waiting.

- Samaritans – pay line/service
- Breathing Space – Free phone – not for mobiles/payphones
- Evening/weekends/nights are problem times.
- Once discharged from CMHT there should still be help available.
- Fear of being admitted to hospital.
- Shortage of CPNs through the night.
- Does is have to be a CPN?
- Out of hours service should not only be for crisis.
- Peer phone line would be helpful – volunteers or paid
- Separate line for general health and mental health
- Speaking to too many different people is not helpful – frustrating
- Email helpline could be helpful
- Better support for over 65's – should be able to keep same CPN

Recommendations:

- Better use of technology
- Medical alert bracelet/card to alert medics that there is a mental health issue – reassurance.
- Separate mental health computer records for quicker access to your details for the CPN – not everyone can communicate effectively when poor mental health is the issue.

11. More alternatives to medication.

Main points:

- Support to be put in place for discharge from hospital.
- More alternative therapies in hospitals.
- Fear of side effects of medication.
- Only offer services that will be available.
- Equality of services/therapies offered (should be offered to all)
- More access to peer workers
- Lots of people stop taking meds then have no support.
- Reflexology and CBT

- Better information about what services are available.
- Help with filing out forms
- Better support for new mothers, baby on ward, to be shown what to do, how to cope.
- More free therapies
- More regular support in the community (CPN's, midwifes, etc)
- Education on illnesses, therapies from very start of diagnosis (include family, supporters, friends)
- Therapies t compliment medication.
- More effective communication
- More talking therapies
- More community groups for peers
- More support at weekends.
- More space for family visits in hospital
- More access to self help tools in WRAP Training
- Quicker more effective support for persons in crisis – medication not the only option.

Recommendations:

- Crisis Centre
- Better ongoing training for all involved in dealing with mental health, with service user involvement in training.
- Better support when coming off medication.

12. Better facilities for advice regarding medication.

Main points:

- Topic raised due to feeling of lack of control as to meds administered during /after crisis.
- Group feels advance statements useful.
- Long waits for meds during crisis not helpful – early intervention required.
- Feel family/supporters should have a role/say in treatment.
- Information re advanced statements should be more readily available –
  I.e. Why to do one?

Where can you do it?
Legalities
- Information as to why meds are issued should be more straight forward.

Recommendations:

- Bar Code Card could be issued carrying details of medication – serves interest of safety/privacy and could speed up process during crisis. (all emergency services)
- Awareness of what help is available before medication– Informed choices.
- NHS 24/Hospitals should check records as to medication as apposed to individual having to constantly communicate this – individual may be anxious or unable to remember.

13. What alternatives are there to out of hour's service?

Main points:

- A+ E departments at Arbroath, Forfar and Montrose are not open 24/7, why?
- Where are the community facilities across Angus?
- Whilst it is felt that there are alternatives such as Samaritans and Breathing Space, it is felt that someone with knowledge of Mental Health and who knows something about your illness would be beneficial. Rather than going through the whole story.
- Website - information - access to all.
- Other alternatives such as a "crisis plan" - the last resort should be hospital.

Recommendations:

- Drop-in before you get to crisis—out of hours
- Community alarm system for young people as well as old age.
- Someone with experience who will meet you face to face.

14. Evaluation of services in other geographical areas.

Main points:

- Sunnyside did offer at one point an out of hours service
- Alloway (Dundee) Out of Hours service covers the periods at the weekends and holidays, half decent service.
- Edinburgh crisis house
- London crisis house
- Carseview, Wedderburn, the corner, salvation army, Lilly walker centre

Recommendations:

- CPN's on call 24/7
- Info gathering should be done on all of the above so that we can find the best crisis service "template"
- Info gathering (internet) about these services and how we could use them here.

Common Themes

Throughout the day, the following themes arose from more than one topic which suggests that they should be taken into careful consideration.

1. Time factors in crisis situations.

· Length of time waiting for NHS 24
· No quick response through NHS 24 as asked lots of questions
· G.P's don't have time or knowledge to refer on
· Communication between different agencies not effective

2. Peers working in crisis services.

· Peers available without referrals/waiting times
· Peers can be utilised in all settings
· Peer phone lines
· Sharing experiences with peers can be easier than talking to professionals
· Doctors and hospitals can advise about peer support
· Community setting where you can drop in and talk to a peer

3. Current service provision by Emergency Services

· Feelings of being patronised by people with no experience
· Police restraining using excessive force
· Stronger links between emergency services and CMHT's
· Post arrest peer support
· Police should have basic Mental Health Crisis training

4. Bar code card carrying information of medical treatment

· Better use of technology
· Separate Mental Health records
· Different agencies need to have same information

5. Better support for individuals in crisis and their family members

· Education on illness

· Better communication
· More free therapies
· More talking therapies
· Crisis centre
· More peer telephone support
· Support available when stopping medication

6. Information channels.

· Website with information for all
· Someone with experience who will meet you face to face
· Self help materials available such as tapes, reading materials and CD's/DVD's

7. Time scale for different areas of help

· Set time for referrals
· Alternative support while waiting for referrals

Key Recommendations

Information should be readily available using a wide variety of mediums - Especially I.T. systems

- Service Improvement Project have met with NHS 24 to allow access for service users to local mental health services in their area.
- All Community Mental Health Teams use MiDIS - infromation is shared
- Entire service moving to electronic system by end of 2011

Community setting/Crisis House to receive assistance in crisis 24/7

- To be put to Mental Health Reference Forum for discussion, more consultation needed.

Mental Health Awareness training/SMHFA for emergency service staff

- Augment has started delivering Mental Helath Awareness Training to Tayside Police.

Supporters/Carers needs should be identified in referral process.

- Integrated Care Pathway indetifies this.
- All Supporters/carers are offered assessment by Community Mental Health Team - this is being monitored.

Recommendation	Response
Peer Support made available for people in Crisis	• Augment's Peer Outreach Project • This needs to have more consultation undertaken.
Crisis Plans should be offered to everyone - service users, patients, supporters/carers, etc	• The Community Mental Health Team are now completing crisis plans with service users that have had: - Two readmissions within a year - Readmission within 28 days or 133 days. • Augment Provide WRAP Training and a weekly WRAP Group.
CPN's/Staff to interact within family unit as well - not just the individual.	• Clinical Psychology is now doing family behavioural therapy. Twenty Four C.M.H.T. workers will be trained up throughout the three teams in Angus.
Mental Health Card/Bracelet	• More consultation is needed to clarify this recommendation. • MiDIS ccan be accessed and medics contact GP's to clarify medication, etc.

If you would like to hold your own Open Space Event, you can contact Augment (Scotland) Ltd:

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