

Open Space Event Report

Adult Mental Health Services in Angus



Staff, Service Users and Volunteers

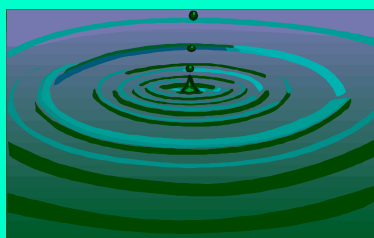
March 11th 2009

Meadowbank Inn, Arbroath

Facilitated by:

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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 “**Adult Mental Health Services in Angus**”.

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 organization, and a simple, powerful way to get people and organizations 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 workplans 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)

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Why Open Space?

The main objectives of this event would be to correlate the opinions, views and ideas of mental health service users/staff and volunteers on Adult Mental Health Services in Angus. This would include idea's for change and highlighting good practice.

This is the second Open Space Event in the past year that has been backed 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.

*A copy of the feedback report can be found on page 23 of this report.

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Planning and details of the Event

Planning for the event commenced in January 09, The Meadowbank Inn was booked, posters, leaflets and booking forms were then circulated throughout the mental health community. Articles were placed in local newspapers and details were sent to local radio stations.

Organisers for the event visited groups and organisations to highlight the significance of attendance at the event.

Facilitator Training was organised and delivered. The training was circulated throughout the mental health sector, so that service users, service providers and volunteers were all represented by facilitators.

All 80 of the places were booked in advance although on the day we had an attendance of 50 people. Service Users, Staff and Volunteers were all represented at the event from a number of different backgrounds.

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Topics

Below are a list of topics that were raised on the day:

- Interaction/ Integration of Services
- How Services are incorporating Recovery
- Stracathro New Build
- Cognitive Behavioural Therapy Available
- Traumatic Stress
- Local Support Groups in the towns where we live
- Timescale in delivering solutions
- Counselling—Groups and Individual
- Personal Responsibility
- Self Harm
- More support for services
- Connection between Mental Health and Physical Health in services
- Hospitalisation
- The vision for Mental Health Services in Angus
- Better support for patients on pass
- Dual Diagnosis
- Mental Health and stigma—Past, Present and Future

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Recommendations

The following points are recommendations that came out of the 18 group discussions.

Interaction/Integration of Services

- Bring relevant services together to facilitate group activities.
- Ask Client Groups what they want.
- More information provided relating to barriers between services, for example, staffing and finance.

How Services are incorporating Recovery

- Tayside wide Care Plans that are a living document.
- Service Users now coming into inpatient settings with WRAPs and Crisis Plans.
- Service User Involvement in driving recovery focused settings forward.
- Need for Community Resources Awareness.
- Readiness for change.

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Recommendations

- Service User Awareness of Strategic Drivers Delivering for Mental Health.
- Informed choice making for Service Users.
- Support for therapeutic risk taking.
- Consideration for Risk Assessment/Risk Management.
- Using solution focused/other psychological theories.

Stracathro New Build

- Service User survey should be done with all information relating to services included, such as, will this affect Community Services, public money, Inpatient Care. Service Users and Staff should be given informed choices.
- One centre of excellence would allow more focus on Community Services, investing more in the Community would mean less people being admitted to hospital.
- One Centre of Excellence would allow Dundee, Angus and Perth Mental Health Services to work more collaboratively with each other.

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Recommendations

Cognitive Behavioural Therapy available

- Mental Health Awareness Training in Schools teaching CBT.
- More WRAP Trainers
- More information about CBT e.g. leaflets, books, newspapers.
- NHS 24 professionals trained in CBT
- More training for CBT trainers
- Refresher courses in CBT.

Traumatic Stress

- Service Users offered longer appointments for trauma
- More training for nurses about PTSD
- More opportunity for courses
- More money to be spent in this area as it is really common in Mental Health.
- More staff needed.

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Recommendations

Local Support Groups In the Town where we live

- Access point to access all services— bring all services together.
- GP's to give out more information about services to patients.
- More services for Over 65's
- Discharge pack before leaving hospital and more support before leaving hospital.
- More WRAP facilitators trained.
- Groups in place all around Angus.
- Marketing more effectively to the wider community.

Timescale in Delivering Solutions

- Someone to be accountable and responsible for taking action.
- Feedback to be given on positive steps that have been taken.
- Effective collaborative working—with and between all services.
- Feedback regarding today—how will this information be used, actions and timescales.

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Recommendations

Counselling—Groups and Individual

- Information about counselling should be widely available (GP surgeries, all mental health services) and information should be regularly updated.
- Advertise what is available.
- Local Help/Services
- Specific Groups.

Personal Responsibility

- Provision of information to allow informed choices and access to available provision
-alternatives e.g. exercise, diet, art therapy. VOX pushing for provision of funds if not provided by council.
-joined up coordinated approach needed between statutory and voluntary sector e.g. provision of recovery workshops spread out over year. More effective use of available resources.
- IF APPROPRIATE back to work assistance, if not encouragement to alternate mindset, to finding self worth in other activities.
- Continuation of movement of statutory services

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Recommendations

sector from paternalism to recovery options.

- Use of mindfulness of recovery in daily practice, focus on living in the present.
- Spread awareness on Mental wellness, decrease stigma.

Self Harm

- The development of a peer support group for self harm .
- Educate people about self harm

More Support for Services

- Information to be made current and readily available.
- People should be encouraged to actively seek information for themselves.

Connection between Mental Health and Physical Health in Services.

- More support for those that have to cope with physical and mental problems.

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Recommendations

- Encouragement to attend GP appointments
- Better communication between psychiatric teams and GPs/Specialists.
- CPN/Support Worker to assist with GP appointments.
- Encourage personal responsibility for physical care
- GP appointments to be set up on discharge from hospital.
- More support groups for those struggling with both mental and physical problems.

Hospitalisation

- More Social/Occupational Therapists.
- More regular one to one time, set times given as well.
- Alternative therapies should be available
- Herbal remedies to be made available e.g. St John's Wart
- Physical exercise to be encouraged.
- Time with Named Nurse out of the ward (walking in the grounds).

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Recommendations

- More to do in the ward.
- Volunteers to visit
- Patient Support Groups.

The Vision of Mental Health Services in Angus

- Accessible for all.
- Community focused on mental well being
- Non judgemental
- No stigma
- Prevention/flexibility
- Timely, responsive and productive
- Promote Mental Well Being
- Recovery focussed/good communication
- Individualised
- Holistic assessment and delivery
- Unified approach
- Signposting
- Unify and interact to promote a community focus on mental well being.
- Consistent
- Peers Support Outreach
- Equality for all

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Recommendations

Better Support for Patients on Pass

- Help with life skills on pass—support worker or volunteer
- Encourage social inclusion on pass
- Mid- week passes—good practice
- Encourage routine—live as if discharged.
- Better knowledge on community services required by ward staff.
- Meet with community worker on pass
- Don't overload people with too many workers/ services
- Referrals/ first visits made with workers while on pass.
- Attend services/voluntary orgs whilst on pass
- Hopefully will lead to less chance of readmission/ relapse after discharge.

Dual Diagnosis

- More information given in the way of research

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Recommendations

- More cooperation/communication required between different agencies—mental health and alcohol services
- More structure to day.

Family Support

- Public or open meetings should be made available
- Carers should be asked how they feel and how they are coping.
- Carers who need help should contact Angus Carers.
- There should be a wider media of resources.
- More money if there are financial problems.
- Support groups for carers/
- Helpline for carers
- More advertisement.

Mental Health Stigma—Past, Present and Future

- More education and training.
- Keep the campaigning going.
- More support for campaigning.

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Common Themes

The following themes were highlighted frequently throughout the day:

- Lack of information about services
- Lack of support when leaving hospital
- More information for family members
- Education in Schools
- Lack of physical activities both in and out of hospital
- Need for support groups
- Education and training
- More WRAP Training
- More WRAP facilitators

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The Vision Board

VISION WALL

- More alternative therapies available to all
- Reduce Stigma, no stigma. People getting/seeking appropriate support just a normal part of living.(2)
- Recognise importance of peer support- experts by experience (2)
- Recovery focus- holistic approach(4)
- More inter-agency working, services to compliment each other & have a central goal.(2)
- Increased access to support groups
- Better integration into the community after hospitalization (3)
- For services to be more seamless from pass to discharge, to community based services
- Keep up the quality of the services
- Fair & equal mental health services for all
- Person-centred services focused on community care.(2)
- Good communication within and between the services and service users.
- Professionals to be trained by service users- destroy “US & THEM” mentality
- More avenues for service user involvement
- Resources & funding appropriate to needs

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Comments

“Your Open Space was well organised and facilitators did great.”

“Enjoyable, thought provoking day which stimulated a lot of discussion around mental health services”

“Needed more frequently.”

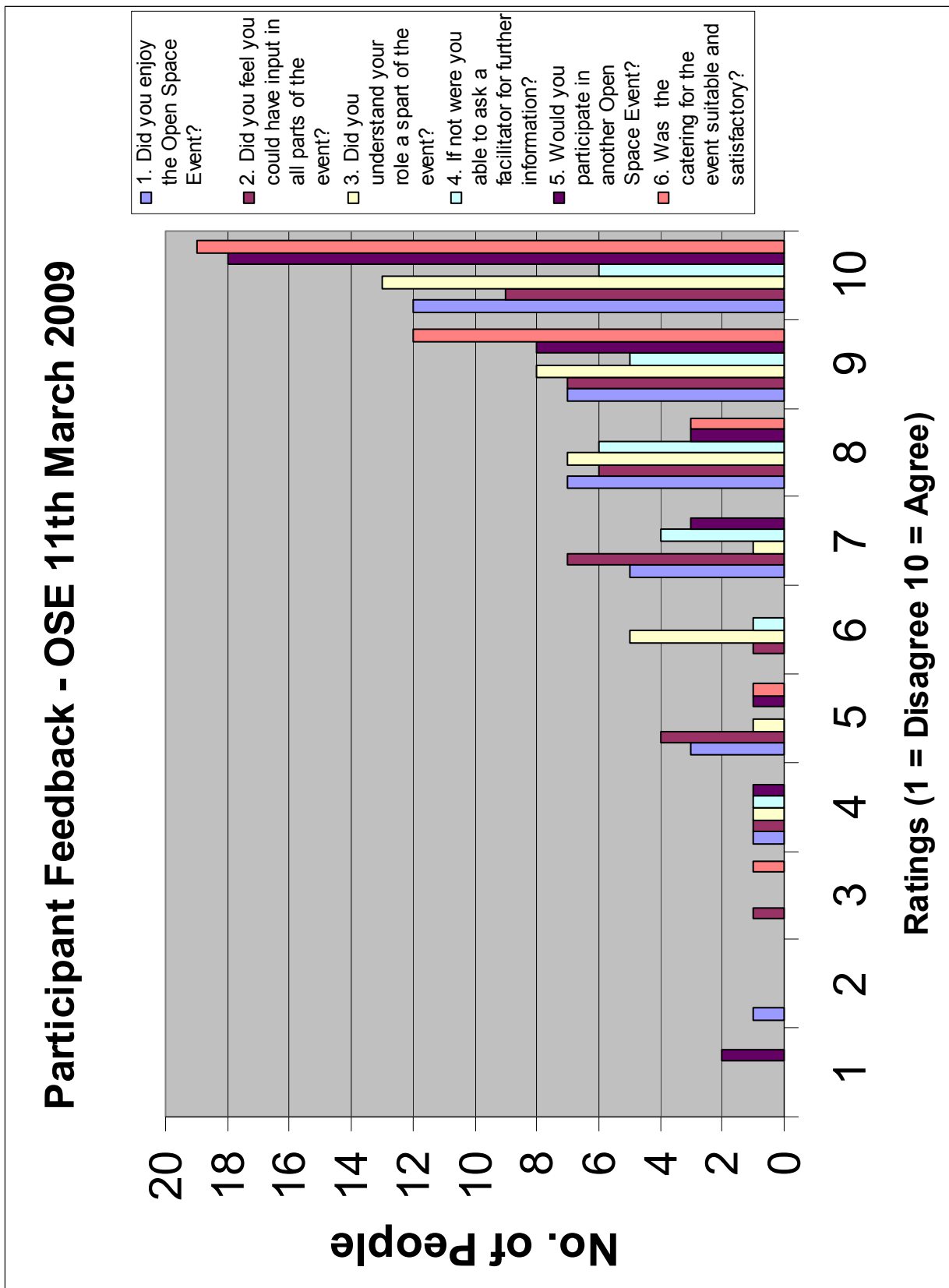
“The day was very relaxed, yet productive discussions.”

“More of the same please. This work is essential to our care.”

“I thoroughly enjoyed the day and felt the benefit of meeting people from different area’s and hearing everyone’s views on the topics.”

Evaluation

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Moving Forward

In order to take the findings of this report forward we believe that the issues raised within this report should be discussed at the Angus Mental Health Reference Forum. Any issues raised that are already being developed and improved upon should be highlighted and incorporate user involvement . Any issues raised within the report that have not been actioned should be discussed further with the Mental Health Reference Forum and identified ways forward should be implemented.

For this report to have maximum impact we suggest that on all task groups and forums, service users and staff should be represented.

An open communication strategy should be undertaken to ensure that all parties are involved and informed on all actions taken.

“For service user and carer involvement to become an integral part of mental health service provision new procedures and structures need to be developed with the involvement of service users and carers. It is extremely important to acknowledge that service user and carer involvement cannot be simply added on the existing structures and systems.” (Tayside User and Carer Involvement Charter, 2003).

In relation to the introduction of the Mental Health (Care & Treatment) (Scotland) Act (2003), and the Mental Health Delivery Plan (2006), the meaningful involvement of people who have used mental health services has been strongly supported. This has been further enhanced by the Rights, Relationships & Recovery: The Report of Mental Health Improvement in Scotland (2006), the work of the Scottish Recovery Network and Delivering for Mental Health (2006).

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In Scotland the *Patient Focus Public Involvement* (PFPI) policy initiative clearly commits to the involvement of service users in health service planning (Scottish Executive 2001). Within the field of mental health, *Delivering for Mental Health* (2006) supports their involvement at all levels of service development.

There are some service user accounts cited in literature which describe their experience of involvement in mental health planning (Hart, 2004; Harrison, 2002;), which highlight barriers to meaningful involvement. These include paternalistic attitudes and power issues.

In 2007 with this in mind, an attempt was made to include service users *meaningfully* in the planning and design of the Adult Mental Health Services in Angus. Consequently service users were asked to consider how they could best be involved in the process with a clear understanding from managers that they, as service users, were best able to articulate how they should be involved. Too often service users are brought in at the late stages of planning leading to a sense of “fait accompli” (Peck et al. 2002). To avoid this perception in Angus, statutory services were lead by suggestions of the people who use the service. It was hoped that this would attempt to improve overall involvement and subsequent satisfaction.

Subsequently, in February 2008 the first Open Space event was organised by service users with support from Augment (Scotland) Ltd. and the Angus Adult Mental Health Service. Service users positively evaluated this event and a list of suggested improvements were given to the Accountable Officers Group who have overall accountability for the planning, design and delivery of the service locally. Managers are also acutely aware that in order to keep people involved, they must reciprocate the hard work shown by service users and continually demonstrate the outcome of their involvement. In response to this there is an outline of the suggestions made by service users contained herein and the rationale for responses by services to date.

Wellness Recovery Action Planning (WRAP)- It was suggested that WRAP should be used in statutory and voluntary organisations and that local people should be trained to deliver this.

Outcome-Several local people have now been trained and they are using WRAP across the service. WRAP is fast becoming an integral part of care and support planning.

Work in Progress-Two further training sessions have been planned in the near future and 24 staff are attending. More training is planned for this year

Service User Involvement- It was suggested that there is more participation at all levels of the service.

Outcome- This is being done as part of the Adult Mental Health Reference Forum via Open Space events like the one described here and in service developments such as

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redesign of Day Services of which service users have been an integral part. In the inpatient areas there are service user and staff groups to discuss current issues and carers have received questionnaires to explore their views of the inpatient departments. This report will be available in the summer. Service user involvement has also been sought in the Recovery Focus Care Plan Group, Scottish Recovery Indicators, Acute Inpatient Forum, Staff Training and working with Community Mental Health Services (CMHS) to produce local improvements. They also continue to have “Chat Times” every few weeks in the inpatient units to feedback to staff about the inpatient experience. The Accountable Officers Group is also mindful of the fact that they do not want to overburden people with lots of requests for involvement as is well demonstrated elsewhere (Peck et al. 2002) and this may need to be considered by staff and service users in future to ensure requests are manageable.

Premises for a Social Group was requested

Outcome- Overall mental health services are striving to become more socially inclusive i.e. the redesign of Day Services and there is currently a commissioning exercise to provide increased day opportunities for people built on this concept. In conjunction, inpatient settings have established a planned therapeutic activities timetable whereby patients are supported to become involved in activities outwith hospital. Skilled social therapists and physiotherapy instructors who accompany service users into community-based activities facilitate these activities.

Work in Progress-There is ongoing work with a local physiotherapist to design a “Gym Without Walls” and a “Purposeful Activity” group. These are both community based and encourage social inclusion and improved mental health and wellbeing.

Services at the weekend were requested

Work in Progress- At present there is no evidence of sufficient need to warrant a regular weekend service from statutory services. However those who require input from the CMHS have been receiving individualised weekend support at home

Improve Discharge Process from hospital was requested

Outcome- An Acute Inpatient Forum has been established to examine service improvement and provide the sharing of good practice which will include the discharge process. There has also been the appointment of a new Inpatient Clinical Team Manager to lead on the improvements. Inpatient and community services are regularly monitored and surveyed to highlight improvements by a committed workforce.

Work in Progress-There are currently plans in place to progress overall service improvement within inpatients. The Community Mental Health Service (CMHS) will have a representative for every service user within inpatients who has been referred to the community team who will be met prior to discharge

Crisis House was requested to provide crisis support to prevent hospital admission

Work in Progress- Staff, service users and carers are working with the Tayside Unplanned Care Group to develop a range of crisis approaches across the region.

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Transition from under 65 to over 65 mental health services - suggestion that these matters be considered

Work in Progress- There are now active links with the over 65 services from a planning perspective to highlight cross over issues. This matter is somewhat complex, as current organisational structures tend to separate younger and older adults. However to ensure older peoples services within health and social work are kept informed of arising matters, Open Space event info will be fed back to them. Also older adults and staff working in this area were invited to the most recent Open Space event. Psychiatry of old age staff have also been involved in a recovery-focussed care planning group and joint training. Work has been ongoing with staff at Sunnyside Royal Hospital and the community teams to explore more issues of common interest regarding this matter.

Sharlaine Walker
Planning Manager
Angus Adult Mental Health Services
28th Apr 2009

References

Hart, L., (2004) Hindsight. Mental Health Today. 21 Jul-Aug, pp.21

Harrison, M., (2002) Perils of Engagement. Mental health Today, Sep., pp.28-30.

Peck, E., Gulliver, P. and Towel, D (2002) Information, consultation or control: User involvement in mental health services in England at the turn of the century. Journal of Mental Health. 11(4), pp.441-451

Scottish Executive (2001) Patient Focus Public Involvement. <http://www.scotland.gov.uk/Publications/2001/12/10431/File-1> (accessed 28.04.09)

Scottish Executive (2006) Delivering for Mental Health <http://www.scotland.gov.uk/Publications/2006/11/30164829/0> (accessed 28.04.09)

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Reports:

Tayside User and Carer Involvement Charter, 2003

Delivering for Mental Health, 2006

Open Space Update Report, Sharlaine Walker, 2009

Websites:

www.openspaceworld.org

Appendix 1
Open Space Event
Angus Mental Health Services
Participant Feedback

1. Did you enjoy the Open Space Event? (circle the number most appropriate)

1	2	3	4	5	6	7	8	9	10	
Disagree strongly			→ → →	Agree			→ → →	Agree Strongly		

Further comments:

2. Did you feel you could have input in all parts of the event?

1	2	3	4	5	6	7	8	9	10	
Disagree strongly			→ → →	Agree			→ → →	Agree Strongly		

Further comments:

3. Did you understand your role as part of the event?

1	2	3	4	5	6	7	8	9	10	
Disagree strongly			→ → →	Agree			→ → →	Agree Strongly		

Further comments:

4. If not, were you given the opportunity to ask a facilitator for further information?

1	2	3	4	5	6	7	8	9	10	
Disagree strongly			→ → →	Agree			→ → →	Agree Strongly		

Further comments:

Would you participate in another Open Space Event?

1	2	3	4	5	6	7	8	9	10
Disagree strongly → → → Agree → → → Agree Strongly									

Further comments:

Was the catering for the event suitable and satisfactory?

1	2	3	4	5	6	7	8	9	10
Disagree strongly → → → Agree → → → Agree Strongly									

Further comments:

Any other comments / suggestions?

If you would like us to e-mail you a copy of the report from today, please leave your e-mail address below.
