



# Evaluating Mental Health Services in Warrington

8<sup>th</sup> June 2011

## Event Report

Compiled by Warrington LINK  
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### **Contents of report**

Background	3
Aim	3
Methodology	4
Event	4
Workshops	
• Children and Young People's Service	6
• Older People's Services	8
• Adult Services	10
Main Findings	14
Next Steps	16



## Background

Warrington Health Consortium is a clinical commissioning group, representing the towns GP's and their patients. The Consortium has begun taking over the responsibility for planning NHS care for local people from NHS Warrington, the Primary Care Trust.

The role of Warrington Health Consortium is to secure the best possible health outcomes for the people of Warrington using the available resources. Warrington Health Consortium seeks to continually improve the quality of the services commissioned by being innovative in the way it approaches the design, specification and procurement of services

Warrington Health Consortium has developed its Vision & Values which include:

### Vision

- To work in partnership to develop the best health services for people in Warrington
- To contribute to a healthier Warrington for all
- To focus on patients
- To work in partnership with the local population
- To recognise external constraints whilst striving for quality

### Values

- Excellence
- Valuing patient and partners
- Accountability
- Partnerships in everything
- Honesty and Integrity
- Open and transparent
- Courage

The event was organised in partnership with LINKs, Warrington Health Consortium's Mental Health Commissioner and the GP lead for Mental Health who is a member of the Consortium Board.

### Aim

The aim of the event was for service users, carers and representatives of organisations who work with mental health service users to discuss their experiences of mental health services in Warrington. The 4 main areas the event focused on were:



- Access to services including GP's knowledge of Mental Health Issues and services, referral systems, waiting times, flexibility of appointment and venue.
- Experience of the service once accessed
- Staff Attitude
- Outcomes (did it make a difference?)

## Methodology

The LINK and the Mental Health Forum worked together, along with Warrington Health Consortium's Mental Health Commissioner on the aims and the format of the event. Invites were sent to individual LINK members and a wide range of organisations and groups to ensure the event had a diverse range of attendees including children and young people, adults and older people. These groups included:

Vulnerable Tenants Support Scheme, Warrington YMCA, Warrington Carers Centre, Mental Health Service User Development Worker, Warrington Ethnic Community Association, Warrington Day Centre, Revolving Doors, Mental Health Forum, Mental Health Carers Group, LINK members, Transforming Adult Social Care Group, Youth Matter!, Impact Group, Child and Adolescent Mental Health Service, Warrington Disability Partnership, Families United Parents Forum, Older Persons Engagement Group, Alzheimer's Society, 5 Boroughs Partnership Later Life Forum, 5 Boroughs Partnership Joint Service User and Carer Forum

Comment cards were sent out with the invites so people who could not attend could still feed in their experiences.

The event was split into three workshops:

- Children and Young Peoples services
- Adult services
- Older People services

The event was a mini 'open space' event where participants could work their way around the three workshops and contribute to each one at any time during the event. The main services that were to be discussed were displayed around the room, with post it notes available for people to anonymously comment on these services if they didn't feel comfortable discussing a certain service in the workshops.

## Event

29 Delegates attended the event, broken down as follows:

- 16 service users or carers,
- 6 representatives of organisations who work with service users or carers



- The remaining 7 were staff from Warrington Health Consortium, or 5 Boroughs Partnership
- 33 comment cards were filled in either at the event or prior to the event by people who could not attend.

### **Opening Remarks**

Katie Lightfoot welcomed people to the event and handed over to Margi Butler.

### **Margi Butler – Warrington Health Consortium, Head of Commissioning - Mental Health**

Margi provided the background to the event, and stressed that the Consortium are keen to hear the experiences of service users and carers who have experienced Warrington's mental health services and services commissioned outside of Warrington too. The Consortium wants to ensure that the services are as efficient and effective as possible.

### **Dr Malkhandi – GP for Mental Health on Warrington's GP Consortium**

Dr Malkhandi gave an introduction to Warrington Health Consortium, and highlighted the need for GP's to ensure services are as effective as possible. As part of this process, it is essential that service users and carer's views are heard and listened to.

This report provides a summary of the discussions within each workshop and highlights the main points that were raised in the sessions. The issues raised through the comment cards are included within the report



## Children and Young Peoples Services

### Access to Service

Not all GPs have the same level of understanding of mental health issues. GPs have sometimes been reluctant to diagnose mental illness because of stigma that can be attached to it. There has sometimes been difficulty getting support from a GP, with a feeling of doors being shut. It was felt some GPs don't recognise self harm as a mental health problem, so there is often no referral. GPs have often looked at a young person's age rather than their capacity to understand. Need to take age out of it. The Transition process may be hindered by GPs lack of acknowledge of capacity.

St Greg's High School has a designated teacher to promote mental health services and support. Some schools better than others at managing mental health issues, St Greg's is very good.

There was felt to be a problem with Tier 1 and Tier 2 services – inadequate service availability. Young people are being referred back to community and family centres. The Third Sector would possibly pick up Tier 1 / 2 issues, but is no longer able to due to lack of funding; organisations closing and they can't cope with the demand. There is a need to implement a pro-active service around Transition.

*"There is a gap in Tier 1 and 2 services. Why wait until someone is ill, need more support and services" (Carer)*

### Experiences of Using Mental Health Services

#### A&E Psychiatric Liaison Team

A&E Mental Health Team was very good. However there have often been problems accessing the team. The attitude of A&E Nurses has sometimes been very poor, which has had a negative affect on the referral process through to the mental health team. Also A&E staff sometimes have a negative attitude around self-harm; people have been made to feel like time wasters.

#### Access and Advice Team

It has been difficult at times to be seen by someone appropriate.

#### CAMHS

Treatment at CAMHS was felt to be poor on some occasions. On one occasion this resulted in surgery being cancelled, even though a counsellor had already agreed this was suitable. Young people need to be more involved in service delivery, e.g. self-harm groups for young people. More information about what CAMHS are doing to involve young people is needed. CAMHS are currently looking at their referral process due to inappropriate referrals. Training for parents of children accessing CAMHS, on how to manage the issues was felt to be needed. Connexions were offering support



on line, however one young person when referred to CAMHS was stopped doing this – why?

### **Transition Process**

It was felt Transition to adult services is poor and has been for years. There is a gap in provision of service for people aged between 16 – 18 years old. More information is needed on the newly appointed Transition Nurse Specialist.

*“Transition process needs to be improved dramatically and this needs to be looked into sooner rather than later, working with combined organisations.”*  
**(Carer)**

### **Gatehouse model**

It was felt that there is a need to get back to the previous system, of certain mental health services being under one roof. The Gatehouse was good, but lost its way and become like a day centre. However service users felt the assessments were consistent and appropriate. There would be a need to look at the service and opening times etc.

### **Staff Attitude**

Attitude of workers in mental health services were inconsistent, some good and some bad. If staff cannot relate to a young person it is a waste of time and money. Also inconsistencies in the way staff treat parents and carers. Some teachers also need more awareness through training with young people. The attitude of some Nurses at A&E was felt to be poor, which has affected treatment and referrals. Stigma is a big issue, even with GPs. Need to keep highlighting mental health to stamp out stigma.

### **Other Issues Raised**

#### **Information/ engagement**

Need to gather information on what is happening in the community around mental health support e.g. sport, drama classes.

There does not appear to be anywhere that gets young people’s views and mental health issues other than CAMHS.

### **4 main points from the workshop**

- **Lack of services for Tier 1 and Tier 2**
- **Lack of services/ support in Transition**
- **Attitudes of staff are inconsistent, including GPs, nurses and CAMHS staff. Including staffs approach to parents**
- **Stigma and lack of understanding**



## Older Peoples Services

### Access to Services

There were encouraging signs that some GPs have questioned length of time from going to see GP to health screening (physical). There is an expectation GP does this prior to screening at clinic. Two GPs, at least, have shadowed specialists at 5BPS and visited access clinics to increase their knowledge of the process.

However there was a general consensus in the group that GPs have on some occasions put almost every mental health condition down to “it’s your age, get on with it”, so no referral onto other services were made. Therefore, GPs need to raise their awareness and perhaps get involved in more training. There has also been difficulty to get GPs to visit patients when asked by their relatives.

There is often reluctance by people to visit their GP. There were concerns around this, there needs to be some checks put in place. There needs to be greater public awareness for the person themselves to seek ‘help’ if needed – early signs of dementia.

There were concerns that people are being diagnosed earlier (following media campaign) but current services cannot do anything with them at this stage, the Alzheimer’s Society often picking this up. There is a gap in statutory provision.

### Experiences of Using Mental Health Services

#### Cognitive Behavioural Therapy

Due to long waiting times for this service it was felt not to be beneficial to some people.

#### Kingsley Ward

Issues with security on the ward,

*“On our first visit to the ward we were very surprised we could just let ourselves in by pressing the green button on the outside and we were straight into the ward. A man asked us to hold the door open we at the time didn’t realise he was a patient and he left the ward, one of the nurses then realised and chased after him.” (Relative of Dementia Patient)*

There was also privacy issues, bedrooms were locked between 8am – 10pm. There was no privacy when patients have visitors.

*“We were in the dining room and a man was discussing his mothers care and finances we can hear every word, however there was nowhere private made available for them to go. When it comes to us having this discussion with our social worker we insist on a private room, however once again we are made to feel like we are just a nuisance.” (Relative of Dementia Patient)*



### **Warrington Hospital**

Professionals have faced problems taking patients to acute services and in particular A&E, concerning dignity and care. Staff from 5BP have been told by ward staff on occasions that “they are not paid to look after your patients”. Staff from 5BP remain with the patient only until they are admitted. There were concerns that sometimes there has been a lack of understanding by some hospital staff in how to treat people with Dementia, especially at meal times.

### **Staff Attitude**

#### **Kingsley Ward**

Issues were raised regarding staff attitude towards patients and relatives. Patients were sometimes dressed inappropriately and on one occasion staff agreed for a relative to attend a hospital appointment with the patient but attended early and did not inform the relative.

### **Warrington Hospital**

Also concerns with staff attitudes at Warrington Hospital at A&E and on the wards.

*“Staff at Warrington Hospital need to demonstrate more empathy and compassion and try to understand patients and their needs better. They need to appreciate the feeling of vulnerability and helplessness when one is ill and not just to ‘process you’.” (Carer)*

### **Other Issues Raised**

#### **Information/ awareness**

It was felt that a website of Third Sector support would be beneficial. The Third Sector needs to raise awareness with GPs (who can click on a button to access.) There was a lack of knowledge of support that is available in the Third Sector. There needs to be an electronic directory of all support services, regularly updated.

### **Main points discussed in the workshop**

- **Lack of support for early diagnosis – gap in statutory provision.**
- **Website of Third Sector support – Third Sector needs to raise awareness with GPs.**
- **Attitude of GP – “ It’s your age”**
- **More training of GPs, need to raise their awareness of Dementia**
- **Problems of being admitted to Warrington Hospital with a physical condition, knowledge of staff of Dementia issues and care and lack of understanding and dignity shown.**
- **Issues with Kingsley Ward**



## Adult Services

### Accessing Services

Accessing GPs was felt to be a real barrier. The phone systems within GP practices were felt to have been a barrier, also not seeing the same GP, due to length of time to wait for appointments. Due to the time allocated to a routine appointment people felt they often couldn't discuss mental health issues.

*"Many surgeries insist on ringing at 8.30am for an appointment on the day. This is unsuitable for everyone but especially vulnerable or anxious unwell people with Mental Health Issues - I work with many people who don't have a phone - or are not confident to ring - doesn't seem to be encouraged by many surgeries for people to present at 8.30am" (YMCA)*

GPs knowledge of mental health issues was also raised. The question of GPs training around mental health was raised, how much and at what level? It was felt that GPs should not deal with mental health, it should be a specialist.

*"It is felt that GPs need a safety net for individuals who access services. If a person deteriorates then there needs to be a flagging system (red, amber, green). So if someone doesn't turn up for an appointment then it is flagged up to follow up instead of leaving." (Warrington Mental Health Forum)*

*"Within some GP Practices it was often difficult for other professionals to share information about mental health services with GPs, due to receptionist and practice managers, "the receptionist and the practice managers act as gatekeepers" (mental health support worker)*

Language can also be a barrier to access, as can staff understanding of cultural and religious needs.

Some GPs often give medication as the first 'solution'. Service users felt this was not always appropriate. One reason for this was thought to be their lack of knowledge of mental health services to refer on to.

*"Doctors need to do regular reviews of medication, it seems there is a lack of continuity in the way users are treated (that users viewpoints are not taken into consideration)." (Service user)*

### Experiences of Using Mental Health Services

It was felt by some service users that Warrington has good facilities with a good understanding of mental health issues. However improvements are needed.

*"Those involved in my care have always approached me with understanding and tact, with an amicable manner but never patronising." (Service user)*



### **Hollins Park**

Some people felt that their hospital stay was worthwhile, for others acute wards were not helpful, and in their experience they could not get any peace.

*“On the whole care has been met well especially at Hollins Park where I have been admitted on more than one occasion” (Service user of Sheridan Ward)*

### **Outreach Team**

Service users felt it was a good team, however they felt there could be more trips out with the Outreach Team and CPNs.

### **Crisis Team**

The group expressed some negative experiences of this team. Some felt that staff haven't listened to them. On some occasions the team passed service users onto other teams but didn't explain this or the process. It was felt a pathway on who does what and when would be useful for service users.

*“Felt worse after seeing the team” (Service User)*

### **A&E Psychiatric Liaison Service**

Waiting times at A&E was thought to be a problem for mental health service users. Once people had been triaged the journey was good and the Psychiatric Liaison Team is good. However it was felt that general Nurses in A&E need to be trained more in mental health.

*“Use of A&E for Mental Health emergencies is totally unsuitable – A&E geared up for physical injuries and front line and triage doesn't always have the opportunity or skills to deal with Mental Health Issues and this can cause disruption at A&E when security staff are involved - this can serve to exacerbate the issues - need better use of resources.” (YMCA)*

### **Psychological Therapies**

The waiting list for this service was a major issue. People's experiences varied from GP to GP as to how to access these services and the understanding of these services. Some service users don't know who delivers these services.

*“The walls at Bank Quay House are very thin, causing confidentiality issues. Members feel that Warrington is lagging behind compared to other areas because funding was not applied for” (Warrington Mental Health Forum)*

### **Warrington Day Centre**

Positive experiences of the Day Centre were shared. Staff were friendly, understanding and trustworthy. The Craft Group was interesting and helpful.

*“The help we get is amazing they are always there for us to talk to, people in the Day Centre are friendly and make you feel at home, the staff are great.” (Service user)*



### **Gatehouse Model**

Service users felt the Gatehouse model was a good model. People felt safe when they accessed the service.

*“The members felt that revisiting the Gatehouse Model of access to services would benefit Mental Health service users. Having a number of services under one roof that could be accessed by users would reduce numbers of people going into A&E and put people in a more user friendly environment.”*  
**(Warrington Mental Health Forum)**

### **Eating Disorders**

It was felt there were not enough services for people with Eating Disorders

### **Staff Attitude**

It was felt that often GPs don't understand how people are feeling or really listen to services users. Sometimes there is a lack of sensitivity and understanding.

Some Social Workers, from a non mental health team, lack of knowledge of mental health issues was raised as a concern and their attitude towards mental health services users. It was felt Social Workers need more training.

*“In my opinion the social work team within Warrington need a lot more training around mental health. The social worker which I had to deal with my situation actually caused more harm than good. The attitude towards my mental health was disgusting and I would hate to see someone else have to go through what I did. My parents did get the PALS team (5BPs) involved to deal with this situation sensitively in order not to make my mental health get any worse. Mental health training is needed to prevent any unnecessary comments said and a chance of relapse.”* **(Service user)**

Continuity of staff was felt to be very important. Seeing someone who knows you and therefore has a better understanding of you as an individual and also your health care needs is beneficial and not having to constantly go over past issues and updates which can lead to thinking 'here we go again'.

### **Other Issues Raised**

#### **Information and Communication**

Better sign posting to other agencies was discussed. And the need for more publicity leaflets with coping strategies, for people and families to better understand and manage their own mental health where possible. Mental Health services need to know what is available in the community. Some services users felt the GP Consortia should consider the Expert Patient Programme being redeveloped in Warrington for people with mental health problems.



## **Main points**

- **Access to GPs**
- **GPs knowledge of Mental Health services**
- **Gatehouse model worked**
- **Negative experiences of the Crisis Team**
- **Issues with Psychological Therapies**
- **Social Workers, from a non mental health team, need more training**



## **Main Findings**

### **Access**

Service users felt that GPs knowledge and understanding of mental health issues and services were vital in regards to accessing the relevant services. There were some positive examples of GPs increasing their knowledge of mental health issues and services, in particularly around older people's issues, where they have shadowed specialists and visited clinics. However there were still concerns with GPs lack of knowledge of mental health services as a whole, and their knowledge of mental health issues. Appointment systems were also seen as a barrier. There were questions raised about the level of training of GPs in mental health issues.

### **Experiences of Using Mental Health Services**

Regarding Children and Young People's Services, the lack of services for Tier 1 and Tier 2 was a major issue, with extra pressure being put on CAMHS and the voluntary sector. There were also issues with the lack of services/ support in Transition from children's services to adult services.

In Adult Services there were positive experiences of services and staff in particular Warrington Day Centre and also staff within the A&E Psychiatric Liaison Team. However issues were raised regarding accessing the Liaison Team and also the appropriateness of the service being in A&E.

Examples of negative experiences with both the Crisis Team and Psychological Therapies were raised. Better understanding of who offers the services and what they offer would benefit service users. Small changes to the premises at Bank Quay House are also needed.

Regarding Older People's Services, there seems to be a gap in statutory provision for early diagnosis, which the Alzheimers Society is currently picking up. Negative experiences of the Kingsley Ward were raised, including security on the ward, attitudes of staff towards carers and relatives and privacy, all of which needs to be further looked into. Positive experiences of other Hollins Park Wards were raised, in particularly Sheridan Ward.

The old Gatehouse Model was also raised in the workshops; this was felt to be a good model that should be looked at again. Having a number of services under one roof that could be accessed by service users was felt to be needed; it could also incorporate the Psychiatric Liaison Team, which might be a solution to the problem with access.

### **Attitudes of Staff**

Attitudes of staff was a major concern in all the workshops. These ranged from GPs, to 5BP staff within CAMHS and on the wards to non mental health team Social Workers and Warrington Hospital staff. The main concerns were around a lack of sensitivity and understanding. Training for all staff, perhaps including services users in this training might help with attitudes. Also training



for teachers within schools, using St. Greg's High School as an example of best practice. Anti stigma training is also important to promote.

### **Other Issues Raised**

#### **Information and Communication**

Information of what mental health services are available, both statutory and in the Third Sector was raised, with the possibility of an electronic mapping / website being developed to help staff, including GPs, to improve their knowledge and signpost people onto other support services.

More information available to people on how to manage with their mental health issue was thought to be needed. A suggestion to improve this was the Expert Patient Programme being redeveloped in Warrington and to include people with mental health problems.

It was also thought that involvement of young people in service design and delivery would be beneficial.



## Next Steps

The findings from the event will be fed back to Warrington Health Consortium and the Mental Health Partnership Board. An action plan will be drawn up and monitored at Partnership Board.. An update event will be organised for 6 months time for people to discuss the action plan and what improvements have been made.

Regarding issues relating to other health and social care Trusts, i.e. Warrington Hospital and Warrington Borough Council's Social Care the LINK will feed in the issues raised and ensure responses are received. These will be fed into the update event in 6 months.

The LINK is continuing to work on issues and concerns relating to mental health services, in particular, the A&E Psychiatric Liaison Service at Warrington Hospital. Any issues relating to this service will be fed into the LINK work around this.