

FOR HEALTHCARE LEADERS

HSJ MENTAL HEALTH

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CHAIN GANG

WHY NHS STAFF NEED STRONGER SUPPORT ON MENTAL HEALTH

SAFEGUARDING THE VULNERABLE IN AN AGE OF CUTS 4
THE CARE SCHEME THAT SWAYED A SCEPTIC 8



“ There is one statistic that stands out to me more than any other. It's not A&E times, it's not length of stay, it's not waiting times. It's more shocking: mental ill health will affect one in four people at some point in their lives. Over half of those with mental ill health say that stigma is a barrier to employment.

The cost to society of not dealing effectively with mental health in the workplace is vast, with millions of working days lost each year.

Employing over 1.3 million people, the NHS is the largest employer in the country. This puts the service in a unique and, I would argue, a privileged position. We know how important our work is to our health. Good meaningful work is good for health. Many NHS organisations are leading the way in providing best practice, encouragement and supporting staff with mental ill health.

The NHS makes a significant contribution to combating discrimination against people with mental ill health, by providing information, developing patient-centred services and backing campaigns such as Time To Change. This will not only benefit the individuals concerned, but will also have a positive impact on the diversity of the workforce and the experience the NHS is able to offer patients.

Evidence shows that adults with mental ill health who have a job, or who are engaged in employment-focused activity, have improved health and wellbeing. Increasing the support and employment opportunities for people with mental health conditions delivers employees who often have a great empathy for the patients and communities they serve.

Improved support also leads to reduced sickness absence and improved staff retention. This in turn helps to relieve pressure on NHS services and reduce costs. A win-win win.

There is always more that can be done to help patients and staff – however, I'm frequently impressed at what NHS trusts continue to deliver day in, day out. At the NHS Employers organisation we work with trusts, mental health charities and other organisations to help the NHS support staff and patients in a more positive and forward thinking way. We aim to help them to help their staff, who in turn help provide the best possible care to patients.

As an organisation, we've signed the Time To Change pledge and we're offering mental health awareness training to all our staff, creating a dedicated mental health section within our intranet, training staff to be mental health first aiders and revising our policies and procedures to support staff with mental health problems.

I'm delighted that we've had the opportunity to contribute to *HSJ's* mental health supplement and I hope that you will find the case studies useful and eye opening in a way that will spur you on to action. Why not top it off by signing up to Time to Change?

Dean Royles is chief executive, NHS Employers.
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WORKFORCE

WHY IT'S TIME TO HELP THE HELPERS

NHS Employers is working with managers to ensure staff's mental health problems are finally given as much attention as physical ailments, writes Jennifer Trueland

Mental health problems, including stress, account for more than a third of sickness absence in the NHS, and trends suggest that this is getting worse.

This is clearly a serious issue for managers, for the NHS and for patients and service users, as well as for the individuals who are experiencing the problem.

Historically, looking after staff mental health and wellbeing has not been a priority, but this should be set to change: a plethora of high level policy documents – from *No Health Without Mental Health* to the government's response to the Francis Report – make it clear that public sector employers have an important role in supporting the mental health and wellbeing of staff.

According to Ruth Warden, head of employment services at NHS Employers, managers face the twin challenges of dealing with staff who have mental health problems and attempting to create a workplace environment which promotes wellbeing and good mental health more generally.

“There is still a stigma around talking about mental health problems, and there's also the paradox that we are health organisations looking after other people, but we don't know how to look after ourselves. Clearly that's not the case everywhere, but it's the perception, and it's something we have to deal with.”

It's something that NHS Employers is taking seriously, she says. “From our perspective, we are continually trying to provide support and guidance for line managers to fill the gaps in competence, or confidence, in dealing with these issues. We want line managers to know there are things they can do, and that support is available.”

Skilling up managers to recognise that there are practical steps they can take to

support members of staff with mental health problems is important, she says, but that's not the whole story.

“Yes, there are things like flexible return to work, but there's also talking to staff about triggers, so that work can be arranged around that. It's about having open conversations about mental health at any point, not only when something has happened.”

NHS Employers wants to support managers in thinking about the workplace and how it can promote mental health and wellbeing, she adds. “We want to help line managers to think through what they would do if someone has mental health problems,” she says. This could involve noticing that a member of staff isn't coping very well, and talking to them in an open and non-judgmental way about whether they need extra support.

Exemplar employer

Changing cultures in workplaces more generally is also important, she says, and managers can lead by example. That means making it clear that reasonable adjustments for people with mental health problems are just as important as those for people with physical problems.

“If I come into work with a broken leg, people will understand that it hurts, and that I might need help, but a mental health problem is more difficult for people to understand,” she says. “People struggle with what to do.”

As well as having conversations about people's wellbeing, managers should make it clear that the conversation is an ongoing one, she adds, so that staff feel able to raise issues subsequently if they wish.

NHS Employers' role is in supporting



‘There’s the paradox that we are health organisations but we don’t know how to look after ourselves’

organisations to put that into practice, she says. “It’s getting organisations to see the improvements they can make.”

Public Health England is also trying to promote the importance of mentally healthy workplaces throughout the public sector and, says director of health and wellbeing Kevin Fenton, is making every effort to become an exemplar employer itself.

“In public health, there’s a general understanding of the importance of mental health and wellbeing. Organisations where there is good staff engagement and which promote wellbeing are more productive and have better morale – it really has an impact on the bottom line.”

PHE wants to see a greater recognition of

the prevalence of mental ill health, believing that it should be given the same weight as physical health issues and that organisations should be open and transparent about it.

PHE “means business” on this, he says, and has signed up to the Public Health Responsibility Deal Pledge on Mental Health, Wellbeing and Resilience, setting out a public commitment to do more to train line managers to support staff early. As an organisation, PHE has also put in support measures like Big White Wall and Mental Health First Aid, which teaches people to recognise signs of mental health problems and signposts help.

According to Tony Vickers-Byrne, director of human resources at PHE and chair of its Health and Work Programme Board, it also makes good business sense to take mental health and wellbeing at work seriously.

Although the latest figures on workplace absence show that some 40 per cent of sickness is stress-related, that’s only the people who take time off, he points out. “There are a significant number of people who are coming into work but suffering from mental health issues. That has a

significant impact not just on their productivity but on that of their teams.

“What we’re trying to do is train managers to spot the early symptoms in staff and to support them.

“People spend so much of their time at work that managers have a real opportunity and a responsibility to help staff.”

To that end, NHS Employers has published a number of resources to help line managers to support staff and to promote mental health and wellbeing in the workplace. Its managers’ guide is divided into two sections: on creating and supporting a positive culture around mental health and wellbeing in the workplace; and how to support staff who are experiencing mental health problems.

“I’m not saying this is easy,” says Ms Warden. “But staff resilience is something that a lot of organisations are recognising as important. There will always be change in the health service, and change can be difficult, so it’s about developing resilient teams, and the line manager is key to that, because he or she has a big impact on the wider workforce.” ●

WORKFORCE: CASE STUDIES

SPELLING IT OUT LOUD AND CLEAR

A trust reveals its strategies for aiding staff when they face mental illness, and a nurse explains what happened at work after she suffered post-partum psychosis

SOUTHERN HEALTH

Southern Health Foundation Trust is a leader in taking the mental health and wellbeing of staff seriously.

The trust, which provides community health, specialist mental health, and learning disability services for people across the south of England, is deploying various strategies aimed at ensuring the workforce is resilient and well-supported.

Initiatives include a Recovery College, which supports staff – and service users – to take control of their mental wellness using an educational approach to recovery and self-management.

Operating inside the mental health division, but delivering courses across Hampshire, the college runs courses which have been co-produced and are co-delivered by staff and people with lived experience of mental health problems.

Perhaps unusually, the courses are a co-learning environment, where staff and

service users attend and take part on an equal footing.

Lesley Herbert, consumer adviser with the trust's mental health division, is a leader in the Recovery College. She says the co-learning is an important part of the programme, with staff attending either in a professional capacity or because of their own mental health and wellbeing concerns.

"Some people attend in a professional capacity, but find it helps them in a personal capacity, too," she says. "It's not therapy, it's education. We're testing the boundaries and seeing what works, but so far it is working very well."

This joint, co-learning approach has created issues only in a couple of cases, she says, and these have been quickly resolved. More widely, the challenge has been in persuading people that experience – whether professional or personal – is all important and is all valid. "We make it clear that we need to value everybody's experience," she says.

Ms Herbert herself has a wealth of experience to bring to the initiative, including previous roles in the NHS, social care and third sector. She also has lived experience of mental health services.

The college launched in April in the mental health division, and there has since been interest from other departments at the trust.

Ms Herbert would like to see the approach rolled out more widely as part of an NHS which, as a workplace, is truly supportive of people's wellbeing. "I think the NHS has got a long way to go, and the college could be part of the solution," she says.

"Staff have been having a hard time – there's been a massive redesign and one of the lessons for senior teams is that you go into massive change without considering the wellbeing of staff at your peril, as it makes the



process much harder?"

Amanda Clark, a clinical psychologist, works across the trust to support the wellbeing of staff, focusing in particular on teams and how they work together.

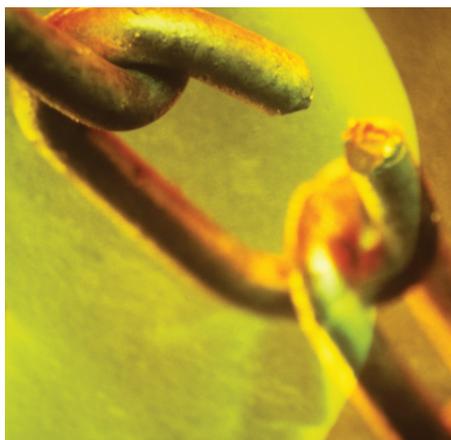
With a background in mental health services, she uses psychological approaches to help teams work better together, be more resilient, and cope with the stresses and challenges they face.

Her work is part of a pilot project which has the scope to be used more widely across the trust, which has around 9,000 staff.

"We're looking at promoting staff wellbeing and team functioning; the two go hand in hand," says Dr Clark. "You can't have well-functioning teams if the staff are falling apart."

Change is stressful, she says, and the NHS is and always will be a changing environment. For senior management, this can affect the bottom line. "If you change the organisational structure then people can feel they don't have the skills to do the job – a higher levels of stress leads to higher levels of sickness absence."

She is adopting two main methods of trying to build resilience, one of which involves working directly with specific teams, while the other offers sessions on delivering staff wellbeing.



Staff need a strong chain of support from their superiors if they are to make a good recovery



Often, people who work in mental health find it hard to articulate their own mental health issues

in a psychiatric unit, and a diagnosis of bipolar affective disorder, Ms Hutchings was again faced with returning to the workplace. This time it was very different.

“I had changed jobs and had a new manager, who was very supportive. She helped me frame my lived experience of mental health problems as an asset, and a quality, as opposed to a hindrance. That manager was truly life-changing, and I can’t thank her enough.”

It was a long process, she says, and not without difficulties. For example, she decided to disclose her condition to a colleague who she had thought would be sympathetic. “He told me he wished I hadn’t told him because he would find it hard to work with me,” she says. “So there was self-stigma, but discrimination and stigma from others as well.”

“But I had real, emotional support from my manager. Without her I might have left a job that I loved, left the NHS, left nursing.”

Ms Hutchings began to speak openly about her experience as an NHS worker with lived experience of mental health problems, and has also encouraged others to share their stories. She is a keen user of twitter, for example, under the name @teaandtalking.

A year ago she had another episode and, this time, her return to work was, she says, incredibly supportive. “I had a graduated return to work, which was negotiated with my manager. I didn’t have to go back to the clinical arena right away; I worked very, very reduced hours doing admin support. It was very flexible – I found it hard to get up in the mornings because of my medication, so I didn’t have early starts.”

It took six to eight weeks until she was back as a full member of the team, she says, and she had tremendous support from management and colleagues.

“I chose to be open with my colleagues and they’ve been amazing, 100 per cent supportive,” she says. “I think it’s partly about role modelling – the manager is supportive, so others are, too.”

“I also think that because I have spoken about it, when a crisis happens it’s not a big deal – it’s not gossip, it’s yesterday’s news.”

She now has a personal wellbeing at work plan which aims to ensure the conditions are right to help her stay well. This includes clinical and management supervision, an ability to share the load, and to let her manager know if she needs support.

Her manager, the rest of the team, and ultimately the NHS and the patient all benefit as a result, she says. “My manager doesn’t support me as a lame duck. She supports me as a strong member of the team. That’s the important thing.” ●

The latter includes encourages staff to take on board the “five-a-day” of wellbeing, which are connectedness, learning, activity, noticing/mindfulness, and giving (eg by volunteering, or as part of your job).

“I don’t say that people have to do everything on the list, but suggest they take just one, to make it more manageable,” she says. Reaction has been positive, she says, with at least one member of staff reporting taking up the piano as a result.

“It’s about self-compassion,” she says. “And that’s important, because without that, how can you have compassion for other people?”

DORSET HEALTHCARE

Helen Hutchings firmly believes that in 10 years’ time, the NHS will have switched from a performance management approach to one of supporting staff wellbeing.

“It makes sense,” she says. “It’s about changing ward culture, and workplace culture throughout the NHS more generally. Instead of personal development plans and appraisal, everyone should have wellbeing at work plans. If you support people to be well, they will perform well.”

Ms Hutchings, a mental health nurse with Dorset HealthCare University Foundation Trust, has lived experience of mental illness,

‘My colleague told me he wished I hadn’t told him about my condition because he would find it hard to work with me’

and has also experienced at first hand the benefits of good management support.

In 2003, around five weeks after she had a baby, she became very ill with post-partum psychosis. “On my return to work I kept it a secret,” she says. “I was frightened – frightened about what my colleagues would think, and frightened that people would think I couldn’t do my job. It was largely self-stigma, but it was also fear of discrimination.”

Ms Hutchings’ mental health “remained poor”, she says. “I ended up taking lots of time off with flu, and colds – I pretended it was physical problems because I didn’t want to disclose a mental problem.”

“Although I was working in mental health, nobody in the workplace spoke about their own mental health, and I think that I felt that as a mental health nurse, I should have been able to cope; I felt very isolated at work.”

Following a relapse, a stay as an inpatient



“ Hill Dickinson has provided legal support and guidance to the NHS for well over 20 years. Our specialist mental health and social care team provides advice to NHS and private providers on all aspects of mental health law, mental capacity and safeguarding issues.

The ethos of our team is not about conflict but about problem solving. This approach is essential when advising on issues relating to vulnerable people. Their best interests have to be at the forefront of all decision making. When things go wrong it is often due to poor communication. Many providers are working hard to improve communication with service users and partner agencies.

Communication with young people is one area which has always proved difficult for services. Often younger people have been inappropriately placed in adult or paediatric services and appropriate information has not been available for them. Social media and the benefits it can have in engaging young people are now being appreciated by health organisations.

Confidentiality is a real area of concern in this field and we regularly advise on compliance with it and the limits of it. Getting the right balance is essential for the public to have trust in the organisation.

‘Communication with young people has proved difficult for services’

It is also important to appreciate that health services do not sit in isolation. Ensuring the best outcome for the service user will usually involve co-ordination between many agencies: commonly social services, the police, volunteers and third sector providers. Clear policies and agreements are needed. Section 136 of the Mental Health Act 1983 is one area where we regularly advise NHS bodies, both in relation to adult patients and young people. Having a clear policy in this regard, which all the agencies are signed up to, ensures the person is cared for in the most appropriate environment, as quickly as possible.

There has been a reduction in the use of section 136 in the last year. It is not yet known if that is due to a greater understanding by the police of mental health issues or whether other factors have come into play. At present the national statistics do not distinguish how many detentions under this section relate to young people.

Anecdotally, we are told by clients that they are concerned about the number of young people who are detained on this section, perhaps because of alcohol or drug use, but who do not have a mental disorder.

Sharon Thomas is a partner in the mental health and social care team at Hill Dickinson LLP.

SAFEGUARDING

STAYING SAFE IN AN AGE OF AUSTERITY

Protecting people with mental health problems is a challenge that has got even tougher for the NHS and its partners in an era of cutbacks, writes Alison Moore

People with mental health problems are some of the most vulnerable members of society – but ensuring services are built round them has always been a challenge for the NHS, and never more so than when financial pressures make developing new services difficult.

Some enterprising mental health trusts are pushing forward with improvements and innovative services, often working closely with partners in other public services and the voluntary sector. This includes new ways of working, improving the level of care available in a crisis, and using online and social media to reach children and adolescents.

This is being driven by a number of factors. While the NHS has had savings targets to meet, the same has been true of many potential partners. This has meant these organisations have had to look very closely at how they use resources and this has had a knock-on impact on the NHS, which has had to adjust how it works to accommodate this. Working through problems together has helped to find solutions which are better for both parties.

People with mental health problems can sometimes pose a danger to themselves, and more rarely others. The law allows people to be held in a place of safety while they are assessed – a so-called section 136 detention under the Mental Health Act. Last year there were just over 14,000 “place of safety” detentions in hospitals and more than 7,700 in police custody suites in England.

Very often this involves someone who has tried to self harm, or who is badly intoxicated or has taken drugs, being taken to accident and emergency – for treatment of any physical injuries or just to sober up – and the police being involved. Until recently, they could not then be moved to another

location once their physical condition had been addressed: only one place of safety could be used for each case, although individuals could be held for up to 72 hours.

This meant that many people with mental health problems – including young people and children – spent an inappropriately long time in an A&E department waiting for an assessment of their mental health. In some cases, the first place of safety used could be a police station – often even more inappropriate.

However, a change in the law means that they can now be moved to a different place of safety, offering the chance for more appropriate surroundings while an assessment is carried out. Some mental health providers are responding to this by moving people into suitable units as early as possible in the process. This often involves skilled staff as they may be suicidal.

Increased pressure

This also relieves pressure on the police – who otherwise have to put considerable resources into staying with service users in an A&E department and ensuring they don't leave. Sharon Thomas, a lawyer with Hill Dickinson who works with a number of mental health trusts, welcomes this change. “Before 2011 people were taken to A&E for an assessment of their physical state but could then be stuck there while being assessed,” she says.

She points out the police have found it increasingly difficult to remain with people in A&E until health staff are satisfied they can leave. “There is increased pressure on resources and staying has to be agreed at a higher level. It then falls to the hospital staff to try to make sure that the person does not leave.”

Such issues become particularly difficult when children and teenagers are involved.



‘Staying has to be agreed at a higher level. It then falls to hospital staff to make sure that the person does not leave’

As well as the issues affecting any mental health patient around consent, confidentiality and competence to take part in decisions around their own treatment, there are issues related to their age.

Child protection can be an issue and a child who would normally be considered old enough to make decisions for his or herself may not be because of their mental state.

Dr Peter Hindley, chair of the Royal College of Psychiatrists’ faculty of child and adolescent psychiatry, points out the complexities of this legal landscape for those dealing with children and adolescents, sometimes at a point when they are in crisis.

A child may be judged to be “Gillick competent” below 16 and thus able to consent to their own treatment, and the Mental Capacity Act will apply if they are 16

to 18. But many psychiatric staff will try to involve parents or carers in cases involving young people as a matter of best practice. “From a child and adolescent mental health services (CAMHS) point of view we would always want to work as far as possible with the young person and their parents and families,” he says. However, some circumstances may make this difficult and it may only be possible to contact the family by telephone.

Complicating factors can include the physical state of the young person and potentially development conditions, such as autism. Mental health services will also often be working alongside other agencies, such as social services, which may have slightly different agendas and approaches.

But section 136 orders are only used in a crisis: stopping that crisis developing is the aim of mental health services. Early intervention services aim to reach young people with mental health problems at the earliest possible point. “If you can get it right then it usually prevents it going on to the later stage,” says Ms Thomas.

This can include internet-based services to address some of the many questions people will have about mental health and

wellbeing. These can be particularly effective with teenagers, who are used to turning to the internet for information and, increasingly, advice. And as well as offering a different and more convenient way of getting information, it can relieve pressure on services.

Providing services to young people runs up against a raft of issues such as parental involvement and information sharing, capacity and consent, and child protection. There can be tension between CAMHS services and social services which may have different approaches to some of these issues. Effective partnership working means these issues have to be worked through.

Although many of these issues are not explicitly legal ones, trusts do sometimes turn to lawyers for advice to ensure they are on the right side of the law. “We go to quite a lot of best interest meetings because sometimes they are discussing where to go with young people to get the treatment they need and which is the best framework to look at,” says Ms Thomas.

Communication between the parties is vital, she says, and understanding of each other’s positions and issues can drive improvement. ●

SAFEGUARDING: CASE STUDIES

MAKING IT FAST AND TO THE POINT

We look at three trusts whose innovative work has tackled the difficulties of ensuring mental health patients receive speedy, appropriate treatment

CHESHIRE AND WIRRAL PARTNERSHIP FOUNDATION TRUST

Communicating with young people is hard, as every parent knows. But communicating with them when they are having a tough time and may be in need of mental health services is even harder.

There are many misconceptions about what is involved in accessing mental health services, and young people may be put off through lack of knowledge about what is happening to them and what any treatment might involve.

Staff at Cheshire and Wirral Partnership Foundation Trust were aware of that – but also that the young people they were in contact with were likely to be part of the solution. So, working with them, they have developed an innovative website.

MyMind aims to answer young people's questions and explain what may be involved. Consultant clinical psychologist Fiona Pender says there was a need for a dedicated website for this age group.



The MyMind website explains to young people what accessing CAMHS will be like

“Young people wanted a place where they could find information about health and wellbeing, where they could get a sense of what it was going to be like coming to CAMHS, so they could pass this on to other young people,” says Ms Pender.

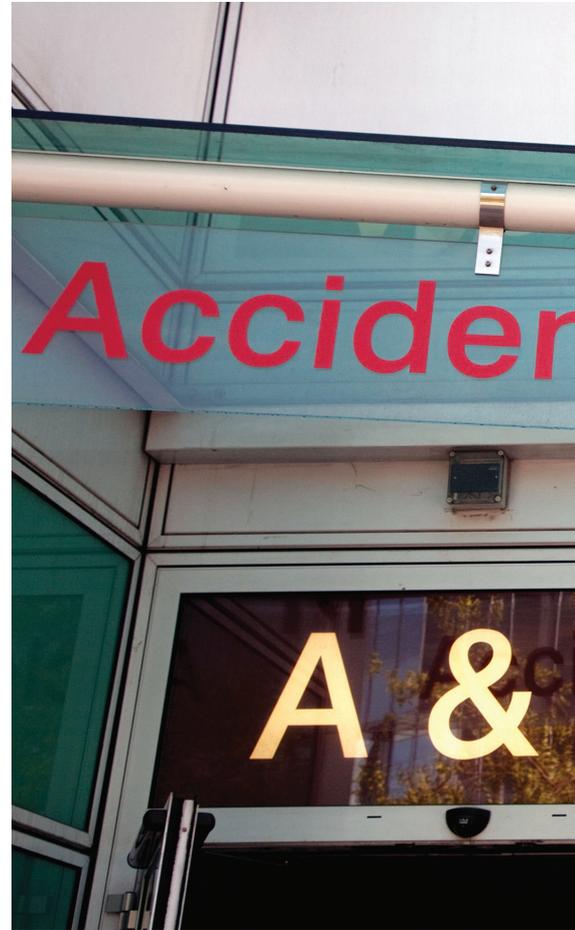
The trust tried to engage with a variety of young people, including some who had been through inpatient services. “We did not just ask the kids who are easy to ask – we really tried to get all young people involved,” explains Ms Pender.

The design and content of the website was very much driven by feedback from this. For example, at points in the website, younger adolescents below 16 are directed to different information from that recommended to older ones. And there is a description of what will happen to someone being admitted as an inpatient – a frightening prospect for anyone, let alone a teenager. The site is designed to support shared decision making: “We are trying to empower them with as much information as possible,” says Ms Pender.

The site has a link to YouTube videos and also has podcasts and a twitter feed, as well as downloadable resources. As it develops, it will contain links to more local services which youngsters may find helpful.

At the moment there is no facility for online advice or counselling, or a discussion forum. The trust has already had to think carefully about confidentiality – so, for example, the site includes information about how this is treated for different age groups – and other issues. Material for the website has to go through clinical governance procedures before it is posted.

But the trust has recently been awarded funding for a children and young people's Improving Access to Psychological Therapies service. Increasing access and participation will be important in this, and may be reflected



in future development of the website. The use of texting and email contact may also change.

“Traditionally NHS services have been very conscious of confidentiality of data,” points out Ms Pender. “But we have to move with the times and make it safe but also make it work for young people and their families.”

5 BOROUGHES PARTNERSHIP TRUST

A raft of changes introduced by the 5 Boroughs Partnership Trust in the North West has helped children and adolescents get appropriate treatment in a timely manner.

The trust – which has three DGHs within its catchment area – has changed how it responds to young people with mental health issues who are admitted to hospital through an A&E. Typically, they may have attempted self harm and will be admitted to a paediatric ward until a mental health assessment can take place.

The trust used to have a member of staff covering each hospital 9-5, five days a week. But this meant that outside these hours young people could wait a long time for assessment – potentially from a Friday night until after a bank holiday. This could mean a distressed teenager facing a weekend in a ward full of much younger children.

Now a rearrangement of roles has enabled the trust to offer cover for 12 hours a day, seven days a week, with on-call arrangements

5 Boroughs has changed the way it helps young people, who are frequently admitted through its A&E



there were around 500 occasions a year when someone is detained under section 136 across Merseyside. Only around a quarter of these people subsequently proved to have mental health issues which required intervention – one of the complicating factors was that police officers, not being expert in mental health, were sometimes mistakenly detaining people.

But, says Chief Superintendent Tim Keelan, each person took up around eight and a half to nine hours of police time because of the need for officers to remain with them. The police needed to reduce this.

To tackle these concerns, Mersey Care Trust's director of patient safety Steve Morgan got together a group of representatives of all the organisations involved – three mental health trusts cover the area, several councils and a number of acute trusts. They came up with an initial risk assessment for people who were taken to a place of safety.

This assessment is carried out by the police alongside a senior A&E nurse. It can draw on information from the police national computer as well as clinical judgement.

This allows the police to make a graded response. A person who is low risk can be left without a police officer in attendance, someone who is medium risk will have one there no more than three hours, and a high risk patient will always have one. This gives mental health services an envelope to put in place any plans such as moving the patient to a more appropriate place.

Dramatic improvement

If police leave, patients at the Royal Liverpool Hospital will be looked after by a support worker who can help address their physical needs as well as offer reassurance. An on-call system for consultants ensures a full assessment can be carried out speedily.

The trust has also refurbished its own place of safety suite at Rathbone Hospital, which is an alternative to looking after people in A&E, and is making more use of this.

As well as making considerable savings in police time, the revised system has dramatically improved assessment times, with more than 52 per cent starting within two hours between April and September compared with 8 per cent in the previous year. Delays in assessment are often due to factors such as the person being drunk.

Mr Morgan identifies another benefit as being greater understanding across the system of section 136 and what a place of safety is and what responsibilities are involved.

"It really made everyone see clearly that section 136 was a priority," he says.

In the longer term, the number of people being taken to A&E under section 136 could fall with a business case for a street assessment service being developed by Mersey Care and the police. ●

for the rest of the time. One staff member covers all three DGHs. Paula Stanford, operational assistant director, says staff were keen to take on these new roles, despite the stresses of managing risk and making decisions about whether these young people need admission to an inpatient mental health bed. One benefit has been that this can offer greater continuity to repeat self-harmers.

"Young people get a relationship with these professionals and engage in a better way with the service, which is really beneficial," she says.

The trust has now looked at its waiting times for young people referred into its CAMHS service. It has adopted new standards of seeing emergency cases for assessment the same day, urgent ones within three days, and routine cases within 10 days.

This has meant new roles for many of its staff and, for some patients, a shortened series of sessions with a therapist. Ms Stanford says the organisation was getting a lot of did not attend as young people felt better and did not want to continue with a full course of perhaps 10 treatments. They can now be offered a four-session course.

All these changes have involved considering issues such as ability to consent – which has a different legal framework for under- and over-16s – and also joint working with partners such as social services. Young

'Young people get a relationship with these professionals and engage in a better way with the service'

people often have complex problems with a mix of mental health issues and social problems. In some cases, the trust will refer those with predominately social issues on to voluntary and third sector organisations or to social services.

As council budgets have got tighter, it has become more important to get assessment and evidence to ensure youngsters can be channelled into the right service, potentially avoiding unnecessary inpatient admissions. "Reducing the waiting times is absolutely key but it is all about getting better outcomes for young people," says Ms Stanford.

MERSEY CARE TRUST

Caring for someone at risk of self-harm or harming others places a considerable demand on police and mental health resources in most areas. Quantifying this proved to be the first step in redesigning how this service is delivered on Merseyside. An audit suggested



**ANDY HIGBY
A PARTNERSHIP
APPROACH**

IN ASSOCIATION WITH JANSSEN HEALTHCARE INNOVATION



“ Janssen Healthcare Innovation (JHI) approached South Essex Partnership University Foundation Trust (SEPT) to develop, trial and implement the Maintaining Adherence Programme (MAP) through one of the first joint working agreements between the NHS and an industry partner in mental health.

We are very proud of what this innovative project has achieved so far – and it has felt like a true partnership on many levels. It was evident JHI shared the trust’s desire to further improve quality of care and patient experience in mental health by increasing patient adherence, but not just in terms of medication.

JHI first approached our team at SEPT to discuss a new model of evidence-based care for people with schizophrenia, schizo-affective and bipolar affective disorders, based on research by Dr Werner Kissling in Germany.

We worked together to adapt and further develop the model for patients in the UK in order to improve clinical outcomes. It was immediately clear from our work together that we shared values, and this has been one of the keys to our success.

Once the joint working agreement was in place, we formed a joint project management team to drive the trial of the model forward and JHI’s expertise has helped underpin this. In my experience this has been gold standard project management, with both parties working hard to overcome all the difficulties faced by such an innovation.

We have also ensured maximum transparency, with a joint project board established to ensure robust oversight and governance. In addition to the project management and technological support, we worked together with a variety of key clinical experts through Janssen’s longstanding work in mental health.

Over the course of the pilot, our shared commitment to making MAP a success has been unwavering. Together we regularly evaluate the programme, and continue to work to develop the approach to better meet the needs of our patients. The energy and drive from both parties has strengthened as we have evidenced the day-to-day clinical impact on the patients taking part in the pilot.

My experience of this pilot has been both rewarding and, at times, humbling with MAP directly benefiting patients and clinicians in such a tangible way.

Our most recent interim results from trial data show significantly improved clinical outcomes, extremely satisfied patients, a highly motivated clinical team; and there have been financial benefits, too.

MAP has been genuinely transformational both for our clinical practice and our patients. We look forward to continuing our innovative partnership with JHI as we roll out the new model across the rest of the trust.

Andy Higby is interim project manager, South Essex Partnership University Foundation Trust.

IMPROVING OUTCOMES

TAKING THE DRAMA OUT OF A CRISIS

An Essex trust turned from sceptic to evangelical supporter of a care management initiative for people with mental health issues, as Jennifer Trueland explains

Chris O’Keeffe admits she was a little sceptical when she and her team were first approached about an innovative programme to help improve outcomes for people with mental illness.

Janssen Healthcare Innovation (JHI) was keen to work with the trust to develop a programme based on German research. Ms O’Keeffe says she struggled to envisage the impact but soon found she had evidence of it – better compliance, fewer bed days, and greater service user and staff satisfaction.

“At first I looked at it and thought to myself that we were doing a lot of the things already; I wondered how it could make a difference. But now I’m almost evangelical about it. I love what we’re doing, and I love what it means to service users.”

Ms O’Keeffe is clinical lead with the Maintaining Adherence Programme (MAP), which is being piloted at South Essex Partnership University Foundation Trust (SEPT). The programme is the result of a joint working agreement between JHI, an entrepreneurial team within Janssen Pharmaceuticals, and the trust. The programme – now rechristened Care4Today Mental Health Solutions – aims to reduce the risk of relapse and non-compliance among people with diagnoses of three serious mental illnesses: schizophrenia, schizoaffective disorder, and bipolar affective disorder.

A patient-focused, care management approach, the initiative uses a mixture of methods, including educational and technological, to engage with this group of service users and their families and carers.

At the heart of the programme are wellbeing activities, a structured psychoeducation course, and a telephone or text reminder service for service users.

The psychoeducation sessions are

particularly important, says Ms O’Keeffe, explaining that, for example, the schizophrenia course involves 11 group sessions lasting up to two hours a time.

“Each course has six to eight people and two facilitators,” says Ms O’Keeffe, who is a registered mental health nurse by background. For schizophrenia, sessions start with an introduction to group work, then cover topics including symptoms, causes, and diagnosis to medication and side effects.

In later sessions, participants (on an individual basis) are encouraged to look at signs they might be about to relapse, such as trouble sleeping, or an increase in symptoms such as auditory hallucinations, then draw up a plan for dealing with crisis.

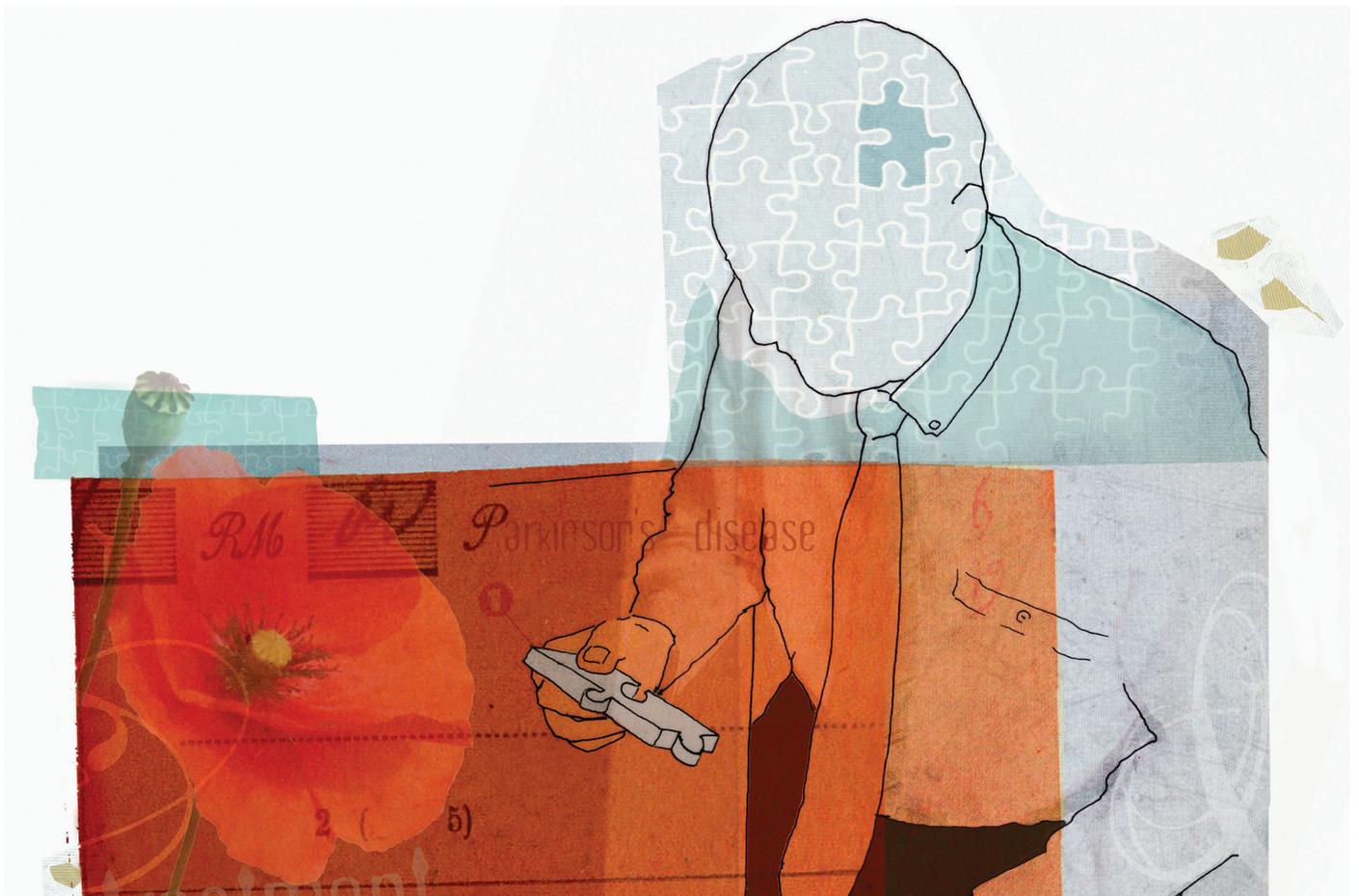
Personal health goals

“It’s about doing something before it’s too late,” says Ms O’Keeffe. “It’s about empowering service users by looking at what they can do to prevent problems. Of course, you can’t prevent every crisis, so we also help patients draw up a crisis plan – covering things like who will feed their dog – so that they feel they have a voice when they are unwell.”

Service users are encouraged to share their relapse and crisis plans with their family, she adds, and carers also attend a course covering the same subjects.

There’s a lengthy session on recovery, shorter sessions on drugs and alcohol, including caffeine and nicotine, and participants are encouraged to develop personal health goals.

“Since June 2011 we’ve run 24 groups, and the impact has been great – I’m really thrilled about it,” she says. “It’s good for the service user and their families, but it’s also good for the trust’s bottom line; adherence –



or lack of it – has costs, both personal and economic.”

The community-based programme has a significant technological element. Service users can, if they wish, sign up to receive text reminders about taking medication, and also receive a weekly call from a health professional just to check everything is fine.

The wellbeing programme involves social groups. These have a physical health aspect – there are walking groups, for example – but also address broader interests.

“We call it coffee and culture and we’re trying to progress people out into the community. It’s led by the service users and has involved things like a visit to the mayoral chambers.”

Other important elements include shared decision-making between the dedicated adherence team and service users, and direct consultant access rather than traditional outpatient clinics.

Service users are measured for adherence and levels of satisfaction before the programme, and reviewed three months after. So far, the results have been impressive. The 18-month patient cohort saw inpatient bed days reduced by 58 per cent.

A validated patient-reported medication adherence rating scale changed from 5.35 to 8.02, indicating significantly improved adherence. Questionnaires were completed

‘It’s good for the service user and their families, but it’s also good for the trust’s bottom line’

by 79 per cent of patients (50 out of 63) and satisfaction levels were very high, with 98 per cent saying they would recommend the service to family and friends.

Ian Smyth from Janssen Healthcare Innovation says the company is delighted with the results, and is particularly pleased that the trust has decided to roll the approach out to adult psychiatric patients across the region (so far it has been for service users in Southend only).

He explains the programme is based on the work of Dr Werner Kissling in Munich, and Janssen wanted to see if it would translate to the UK. “The health systems are very different: England has community-based teams, while Germany is more hospital based. We were pleased that SEPT agreed to try the programme because we know they have a reputation for innovation.”

The relationship between the trust and the company has been extremely good, he says, and a joint project board is overseeing the work. Janssen also provided dedicated

project management to support the SEPT team.

Buy-in from the trust’s senior management team was crucial, he adds – as was getting across the message that the aim of the initiative was to promote wider healthcare solutions rather than specific medications.

“At JHI we are committed to developing cutting-edge health solutions to modernise healthcare delivery and improve patient care, particularly in areas of significant need such as mental health,” he says.

The company is hugely encouraged by the results from the SEPT project, which show that – delivered consistently, with a high degree of fidelity to the pathway – there is a positive impact on adherence.

JHI is now seeking to form partnerships with other mental health organisations, hoping they will recognise the benefits of the programme: strong, evidence-based materials, a technology platform that reduces variation in programme delivery and implementation support that ensures integration with care pathways from a clinical, cultural and technological standpoint.

The programme certainly has support from Ms O’Keeffe. “I can’t speak about it highly enough. I love what we’re doing and I love my job,” she says. ●