

Update from NICE



NICE (National Institute for Health and Clinical Excellence): Patient and Public Involvement Update January 2012

In this update NICE provides information on their new guidance on service user experience in mental health. This clinical guidance offers evidence-based

advice on ensuring a good experience of care for people who use adult NHS mental health services.

They have also published a quality standard describing high-quality care for adults using mental health services in the NHS in England.

The guidance contains a number of recommendations for healthcare professionals that underpin the quality standard. These include:

- ◆ Healthcare professionals working in partnership with people using mental health services and their families or carers. Offering help, treatment and care in an atmosphere of hope and optimism. Taking time to build trusting, supportive, empathetic and non-judgemental relationships as an essential part of care.
- ◆ When working with people using mental health services, taking into account the stigma and discrimination that are often associated with using mental health services.

This guidance has been developed alongside the quality standard and aims to promote person-centred care that takes into account service users' needs, concerns and preferences.

See this in more detail on the NICE website:

<http://www.nice.org.uk/nicemedia/>

For more information about PIPS and how to get involved, contact us at:

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237 Union Street,
PLYMOUTH,



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Plymouth Involvement & Participation Service

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A Breakdown does not have to be a totally negative experience, it is something that can be learned from and those that arise from the ashes will emerge stronger and wiser and perhaps with a new outlook on life

New Beginnings - by a PIPS member

Birth and Death are all around us. The goal of all life is death and, as much as we try to hide this, we cannot escape nature's never-ending cycle of growth, ripening and decay. We, as human beings, cannot ultimately separate ourselves from nature, no matter what cosmology we invent to try and set ourselves apart. In ancient times aspects of nature herself, like animals or reptiles, were worshipped as deities, but as we tried to escape the crudities of nature we had to invent an idea of god that was over and above and more 'human' like. Eastern religions such as Buddhism teach us that life itself *is* suffering and the trick is to accept that we must suffer and that once we accept this, so it is easier to bear.

When people have a mental breakdown it can be very frightening and feel like their world is caving in on them. But a breakdown does not have to be a totally negative experience, it is something that can be learned from and those that arise from the ashes will emerge stronger and wiser and perhaps with a new outlook on life. It may seem for someone with a long term mental health problem that they have crashed so many times that they have been irreparably damaged by the experience, and in some ways this may be true, but where something is lost something is gained, when one door shuts another opens, the opposite of fear is hope and out of fear new hope can be born. Someone in the grip of a psychotic episode may have many creative and different ideas which can be very useful to society if society would but listen.

The last time I was breaking down into psychosis I wrote a play. Had I not had the flight of ideas born of the illness itself (schizo-affective disorder), I doubt if I could have done that. Of course, a manic state of mind can make it very difficult to concentrate on one thing for long, so although you may have lots of ideas, you may not be able to organize them coherently enough to produce a piece of work, but the ideas themselves are little gems which deserve to be treasured. Light is born of darkness and those who are capable of the greatest lows, must surely have the capacity to experience great highs, however short and fleeting those highs may be. I have many times felt my mind was under the control of evil feminine entities and, although very distressing at the time, it has taught me a lot about the struggle of good versus evil, which is really what man has invented to portray the ultimate struggle of life versus death. Anything preserving life is seen as good and anything destroying, decaying is seen as evil and our specific ideas of what is good and right change according to time/culture, just as our ideas of what is sane and normal change depending on where and in which era we live.

The reason we do not remember everything that happens to us is that if we did it would be too overwhelming for the mind. Too much knowledge can be a curse and therefore we filter what comes through. Sometimes this filter can break down so that we feel far too aware of everything and overwhelmed; but if, for example, when deeply depressed, you allow yourself to actually accept the experience and live with it, you may find you eventually emerge as a renewed person.

When the candle is extinguished, dawn begins .

Care Quality Commission

The Care Quality Commission checks whether hospitals, care services and care homes and are meeting government standards.

CQC says care for people treated under the Mental health Act still needs to improve.

On the 8 December 2011 the Care Quality Commission published its second annual report on the use of the Mental Health Act with a renewed call for the better care for patients

Although the CQC found examples of good practice, considerable improvements are still needed in key areas such as the lack of patient involvement, consent to treatment and the over-use of restrictions placed on the movements of detained patients.

The report findings highlight those individual experiences of care and how they vary from one NHS trust to another, and in some cases from ward to ward.

Lack of patient involvement in the care planning process continues to be one of the issues most frequently reported by Mental Health Act commissioners after visits to hospitals. On many wards there was little evidence that staff had attempted to ascertain the patients own views and wishes. Nor was there much indication that patients had been given copies of their care plans.

On consent to treatment, CQC found that , in some cases, doctors appeared to assume too readily that patients had the capacity to give their consent to treatment. The report also states that the legal powers available to providers in relation to Community Treatment Orders (CTOs) are widely misunderstood, even among mental health professionals. For instance, a former detained patient who is living in the wider community under a CTO has the right to refuse medicines, unless they are justifiably recalled to hospital. In some cases this is being disregarded.

On minimising restrictions imposed on patients in hospital, CQC is still finding examples of poor or questionable practice, such as denying patients regular access to the internet, locking them out of their rooms during the daytime, or listening to their telephone calls. In some cases the restrictions seem minor, but they encourage the institutionalisation of the patients.

For more information, or to read more about the nature of the CQC's role in monitoring the Mental Health Act.

www.cqc.org.uk

Advice from Rethink (continued)

Parenting & children

Mental illness can affect people in their relationships and family life - pregnancy can be affected by many of the drug treatments used to manage and treat mental illnesses, so mothers-to-be and new parents are recommended to find out about any possible side effects of medication being taken .

Holidays & respite

Coping day-to-day, or caring for someone with a mental illness can be exhausting and emotionally draining at times. Taking holidays and respite gives the opportunity for service users or their carers to have a bit of time to themselves and relax.

Spirituality

Faith and spirituality are important to many people with a mental illness, and yet this is often a poorly recognised and neglected need. Information is given here on the way that spiritual needs can be assessed, and also to highlight when spirituality can be a positive or negative influence on someone with a mental health problem.

Stigma

The stigma of mental illness continues to be difficult to bear as long as the media and general public do not understand the nature of mental illness. In order to fight stigma, there are steps everyone can take in helping their family, friends and colleagues to understand the subject better.

For more detailed information visit the **Rethink** website:

http://www.rethink.org/living_with_mental_illness/everyday_living/index.html



Time to Change

An event to challenge Stigma
and promote
Mental Health and Wellbeing

28th April 10am - 3pm
The Piazza, Armada Way



Come along and experience:

An array of therapeutic interventions relating to the mental health of adults, adolescents and children ...

Healthy eating ... wellbeing activities ... advocacy ... the arts and music ... volunteering ... housing ... social inclusion ... employment ... benefits ... fun and games

Organised by PIPS (Plymouth Involvement and Participation Service)

Tel: 01752 202406/7



The Partnership - formerly the LIT (Local Implementation Team)

As of January 2012, the LIT has changed its name. It will now be known as Plymouth Mental Health Strategic Quality Improvement Partnership (herein referred to as MHSQIP or the Partnership)

The Partnership's remit will ensure that the implementation of national policy and the development of local strategies across the health and social care community are appropriate in meeting the mental health needs of people in Plymouth. It will do this by bringing together key stakeholders to inform both the development and commissioning of services. The Partnership ensures a strong service user and carer voice as key stakeholders in the process, working with PIPS as the current means for providing this representation.

What's being discussed?

OPMH (Older Persons Mental Health)

You may have seen in the local media that OPMH services are being redesigned. PIPS has supported the principles of the redesign strategy at the local Partnership meeting.

Two wards at Plympton Hospital, currently providing acute assessment and treatment services for people with a dementia or functional illness, are moving to the Mount Gould site. For the first time all of the OPMH services will be on a single site. PIPS members agree that this is an improvement in patient care, with greater access to medical cover and the resources of the Local Care Centre .

QIPP (Quality, Innovation, Productivity and Prevention)

This programme of work looks at how we can improve health care services. There are eight QIPP work areas identified as part of the regional work. These cover various aspects of care, including hospital care, community care, medicine management, GP and primary care and mental health.

Public Health's Mental Health and Wellbeing Promotion Strategy

Sue Hall has recently taken up the post of Mental Health Promotion Lead within the Plymouth Public Health team. This post was established (alongside Sarah Lawson, the also recently appointed Consultant for Public Mental Health) in response to an identified need to help focus public health efforts concerning the mental health and wellbeing needs of people living in Plymouth and to co-ordinate and help develop a Plymouth-wide approach to mental health and wellbeing promotion.

Plymouth Mental Health and Wellbeing Promotion Strategy was developed through and approved by the LIT in June 2011 to promote mental health and wellbeing across the city.

The strategy aims to enable people of all ages and backgrounds to have better well being and good mental health, and for fewer people to develop mental health problems, by starting well , developing well, living well, working well and ageing well. The strategy accepts that timely access to evidence-based interventions will deliver better

New beginnings - Rethink's advice on everyday living

As changes in our mental health can affect the way we feel, behave and interact with others, the majority of people with a mental illness will experience some kind of impact to everyday life. **Rethink Mental Illness** is a charity that believes a better life is possible for millions of people affected by mental illness.



Rethink's website provides useful advice on aspects of everyday life that might be affected, including

Physical Health

How can having a mental illness effect your physical well-being? What can you do to take an active role in staying healthy?

Work

Getting or maintaining a job can be difficult when symptoms or side effects make it harder to function normally, or because some people still attach a stigma to mental illness . The work and mental illness section provides useful information.

Education

Find out what help is available to students who are having difficulties with a mental illness during or in relation to their studies, for example in applying for college or university.

Housing

Accommodation support needs vary greatly from person to person, and over time. Information is given here about the options open to people, whether it be through living with relatives, or finding supported housing in your local area.

Driving

It can be difficult to understand what your responsibilities are in respect to where and to who you should report a mental health problem when applying for a driving license. If you do not follow the correct procedure, you could be driving illegally which may have dire consequences - such as invalidating your insurance so you would not get any money back if you were to have an accident.

New online mentoring service for depression

At some point in our lives, each and every one of us has had a day where it feels as if everything is crumbling beneath our fingertips. It's a struggle to get out of bed and it feels like an impossibility to face the world. But what if that struggle goes on for days, weeks or even years? At some point in our lives, 75% of us will watch major depression destroy someone's world, while 1 in 4 of us will be directly affected by some sort of mental health problem during the course of a year.

Depression can leave you feeling fragile. You can become increasingly withdrawn and you start to cancel on friends or family, retreating into yourself. You end up cutting yourself off from the world, terrified that the world won't understand

Who do you turn to and where do you go when you're depressed?

Seeing a doctor is essential to helping you find out what will work for you. There are a huge range of treatments out there, and with the help of a doctor, you will find one that works for you. From the miracle of anti-depressants to Cognitive Behavioural Therapy (CBT) and counselling, you and your doctor will be able to put together a plan of action that works.

Talking is often seen as a good form of therapy for depression, and a new community interest company has just been set up to offer people a chance to talk through their troubles in a safe environment. **Blurt** is a new online mentoring service for people suffering from depression and also supporting carers, friends and family.



All their mentors have experienced depression in some way. This is a pre-requisite so that you can be assured that they will understand what you're going through. You can be open about depression, and it won't mean people will see you differently.

Their website is www.blurtitout.org

mental health and also deliver better physical health, recognising the interdependent relationship between mental and physical health. It also aims to improve public understanding of mental health and as a result to decrease negative attitudes and behaviours towards people with mental health problems.

The strategy will be implemented by a specific action plan, which is currently being developed by a working group made up of local service providers, professionals and service users. They aim to have the action plan completed and approved by April 2012.

By the end of January it is hoped that the final draft will be ready and be presented at The Partnership meeting in February. The final draft will also be circulated to key stakeholders for final comments, and the completed assessment will be published following this in March 2012.

An essential part will involve linking in with existing mental health and related service providers, commissioner, service users, carers and professional to ensure the capture a full range of views and expertise. Therefore your feedback and contributions would be welcomed and very much appreciated.

If you would like further information about any of the above please do get in touch with PIPS, or email Sue Hall on shall18@nhs.net.

[Carers and confidentiality in mental Health](#) can now be accessed as an information-sharing booklet on the web:

<http://www.plymouthpct.nhs.uk/haveyoursay/Pages/supportforcarers.aspx>

<http://www.plymouthpct.nhs.uk/services/Pages/lit.aspx>

Borderline Personality Disorder (BPD)

This is a controversial diagnosis, but some useful work has been done in recent years to discover the best ways to help people with this condition. BPD provokes anger, angst and agony in the people it afflicts. Their families and friends suffer too. BPD manifests as a complex mix of longstanding patterns of thinking, behaving and feeling that destroy happiness, relationships and productivity. Furthermore, people with this disorder have trouble controlling impulses, relating to others, handling emotional disturbances and, at times, perceiving reality.

A new BPD support group has been set up. If you would like more information please ring 01752 314052 or visit

www.plymouthpct.nhs.uk/services/personalitydisorder/Pages/default.aspx or

www.personalitydisorders-bpd.org/?p=105

or write to:

PA/Office Manager, Clinical Psychology Services,
140 Mount Gould Road, Plymouth.

The Carer

It's a lonely life for a carer
Off' feeling lost and alone
Friends and family walk away, but surely
We are entitled to have a moan

Empty promises made by people
Who should be giving support
Makes our situation much harder
And leaves the carer fraught

Why do they say they will help us?
When they really know full well
They are much too busy, etc.
But are afraid to tell

We are passed from pillar to post
In trying our best to find
Some ease in our load in coping with
The suffering of the mind

We need a friendly face and someone
Who will listen with intent
Not people who give us waffle
Knowing it's not meant

So if you're out there somewhere
And by chance you see
A frazzled carer a 'wandering
It could well be ME!!

So don't make me cry or tell me lies
After all I have been through
In so many ways and many more days
Next time it could be you!

I've had many falls
And come up against brick walls
No wonder I've got white hair
If you want equal rights
Then stand up and fight
As a carer WE deserve far more care
It's just not funny
But it's all down to money
To me that is so unfair
Mental health is not a stigma
Or even an enigma
So let everyone become more aware

Are our 'professionals' really aware
Of just how much our carers bear?
They come under vast pressures
Whilst taking measures
To protect the ones they love
We feel no-one is there for woes to share
Not even Him above!

Gone are the days
When you could have a good say
With the family doc who would listen
Now, even more
They show you the door
So soon after your admission

I try in vain to clearly explain
What is on my mind
But because someone else is waiting
I'm told I am stating
Too much in too little time

Carers have their own problems too
And often need to show
Just how much it means to them
To let their feelings go

So do not look at us askance
Or lead us a merry dance
Or even think we are a pest
We have enough to contend with and are
trying hard to do our best!
And most of the time the carer really does
know best.

Jenny Edmondson

PIPS Member

Useful Numbers and contacts

Helplines

24 hr National Domestic Violence Helpline 00808 2000247
Age UK 0800 1696565
Alcoholics Anonymous 01752 791111
Breathe Easy Plymouth 01752 220919
Cruse Bereavement Care 0870 1671677
Childline 08001111
Crossline Listening Service 01752 666777
Crossline Counselling 01752 664243
Children's Social Services 01752 308600
City of Plymouth Credit Union
01752 201329
Disability & Information Advice Line
01302 310123
Drug Rehabilitation 01752 790000
Gateway to Mental Health Advice
0845 1558065
Money Advice Plymouth (Debt Advice)
01752 208126
National Missing Persons Helpline
0500 700700
NHS Direct 0845 4647
NSPCC Child Protection Helpline
0808 800 5000

Parentline Plus 0808 8002222
Plymouth Advice and Liaison Services (PALS) 01752 665424
Plymouth Age Concern 01752 665424
Plymouth Family Support Services
01752 255106
Plymouth Health Information Centre
0800 801588
Plymouth Eddystone Group (HIV)
01752 251666
Plymouth Samaritans 01752 221666
Refugee Support 01752 314649
Relateline 0845 1304010
Samaritans 08457 909090
Shelterline 0808 8004444
Talk To Frank 0800 776600
The Mankind Initiative (Domestic Abuse Helpline for Male Victims)
01823 334244
West Country Landlords Association
01752 242980
Youth Enquiry Service 01752 206626

Emergency Crisis Contacts

If you are experiencing a mental health crisis, the first step is to see your GP, who can assess what is needed and refer you to other services if necessary. If your GP is not available, or you do not have one, and the situation is urgent, there are various options:

- GP's out of hours service.
- Duty psychiatrist at the Accident and Emergency Department at Derriford Hospital.
- Access to Mental Health Services (**0845 155 8065 or 01752 434988**)
open **9.00 am - 5.00 pm Monday to Friday**,
Out of Hours service **5.00 pm - 11.00 pm (weekdays) 9.00 am - 5.00 pm (weekends and Bank Holidays)**.
Only for people who are **NOT** currently receiving help from psychiatric services.
- Outside these hours contact the Emergency Duty Social Work Team — **01752 346984**.
- If you are a client of the Assertive Outreach Team contact their Duty Team on **01752 314001** (not 24 hours).
- If you are a client of the Home Treatment Team contact them on **01752 314033**.