



Healthwatch Mental Health & Emotional Wellbeing Question Time

Hereford Sixth Form College

March 22nd 2016

Focus on Mental Health

Background and Rationale

Mental Health & Emotional Wellbeing services have been raised as a priority by more than half of Local Healthwatch across England, making it the number one area for 2016. In addition, Healthwatch Herefordshire is receiving an increasing number of enquiries relating to emotional wellbeing, in particular that of young people.

In response, Healthwatch Herefordshire organised a Question Time - Focus on Mental Health event at Hereford Sixth Form College held on Tuesday 22nd March 2016, where mental health professionals, clinicians and service providers were invited to be panellists.

The event involved a preparatory workshop where Healthwatch worked with the CLD Strong Young Minds Project for Herefordshire, to prepare a set of priority questions which prospective panellists received in advance of the day, this formed the first part of question time. On the day, students, stakeholders and members of the public attended to put their questions to panellists which formed the second part of the questioning. The event took place over an extended lunchtime period to allow as many students as possible the opportunity to attend.

The event presented young people and the wider public the opportunity to have their say in shaping Mental Health services in the County, with re-commissioning in Herefordshire just around the corner.

□ Review in numbers:

- 70 young people and members of the public attended on the day
- 13 Questions were answered by the expert panel
- 31.7 % of attendees voted that their understanding of mental health services in Herefordshire was good before the event
- 86.5% of attendees voted that their understanding of mental health services was now better following the event

The full list of questions tabled and the responses from each panellist, along with the audience participation voting questions can be found in the appendices of this report.

Question Time Panel



Dr Simon Lennane - GP Clinical Lead for mental health, Clinical Commissioning Group

Jade Brooks - Commissioning Manager, Clinical Commissioning Group

Richard Kelly - Executive Director, Herefordshire Mind

Dr Jane Melton - Director of Engagement & Social Inclusion, 2Gether NHS Foundation Trust

Dr Chris Fear - Medical Director, 2gether NHS Foundation Trust

Emma Paver - Team Leader, Addaction

Paul Deneen - Healthwatch Chair

Media Involvement and Coverage

The Hereford Times advertised the event in the both print and online, a senior reporter attended on the day and a write up of the event was published afterwards.

Mental health stigma is reducing, GP says

Mental health professionals emphasised the importance of people looking after their own wellbeing at a public question time in Hereford.

Six medical professionals who work in mental health for the county answered questions at a Healthwatch Herefordshire event at Hereford's Sixth Form College. They said they believed there was less of a stigma associated with mental health but emphasised that more money is needed to help move NHS mental health services forward.

Clinical GP lead for mental health at Herefordshire Clinical Commissioning Group, Dr Simon Lenanne, said: "Things have changed dramatically in the last five years. In surgery people are much more able to have conversations surrounding mental health. "Mental health is everyone's issue - we need to support friends and look out for each other and have good ties with the community. It is about looking out for each other."

Someone asked for advice for students who may be worried about talking to their GP and about whether it would show up on their record for future jobs. Dr Lenanne said: "I did a morning surgery- 25 patient contacts - ten were predominantly about mental health. It is one of the biggest areas all GPs deal with. "People do get worried about confidentiality but it really is the lifeblood of medicine. I can't tell anyone anything about you without your consent."

Someone asked where a child who lived in Herefordshire would be taken if they needed to be hospitalised for mental health reasons? Dr Fear, medical director for 2Gether NHS Foundation Trust, said it is a rare occurrence for someone under 18 and last year ten young people from the county were admitted to psychiatric hospitals last year. He said there are no beds closer than Birmingham. Dr Fear added: "I think I would accept and I would say any distance is really too far to go. However, the amount of admissions that we have there is no sufficient demand to develop the highly specialised services required to deal with people at that level."

Richard Kelly, executive director at Herefordshire Mind, said there is a lack of funding available for children's mental health and there needs to be more money invested for preventative services. He added that although people are well versed on looking after their physical health, they also need to look after their mental wellbeing.

The NHS has published five steps to wellbeing which are: connect with other people, give your time, take notice of the present, keep learning, and be active. For more details go to www.2gether.nhs.uk. *Rebecca Cain, Senior Reporter - Hereford Times*

Appendix A

<p>Audience Question 1</p>	<p>What are you doing to reduce the stigma associated with mental health?</p>	<p>Fern Millichamp – Strong Young Minds Champion</p>	<p>Richard Kelly - Mind Big initiative – time for change – started 2009 so 8th year of it. Advert on TV etc huge programme. Most of major charities in MH involved, so hoping the battle is mostly over! On TV and paper there is a pouring out of issues on MH about people wanting services, complaining. So really on the road. 8 years ago would be 4 of us in the room. Time to move on and campaign for better services and looking at ourselves and look after our own mental health</p>	<p>ALL Jade – took part in children’s MH week. Plus conference hosted by young ambassadors conversations really helpful Chris – how will we know? Amount it is discussed freely like other health issues. Age issue, YP more aware, so taking the discussion into colleges and schools and universities. Become a member of 2gether to help shape locally Jane – lots going on – locally 2gether signed up to time to change in 2009 – talk MH! Simon – people much more able to talk about it. not a specialist issue – looking out for each other, good ties into community to keep us well. Emma – substance misuse and MH hand in hand – be open as ok to talk about it. That approach from day 1 – we have come a long way</p>
<p>Audience Question 2</p>	<p>As mental Health professionals, what advice would you give to a teacher about how best to support students with mental health issues in the classroom?</p>	<p>Catherine Dudley More and more we are encountering these issues and useful to have any advice</p>	<p>Jane Melton – 2Gether Teachers are in an important position to notice what is happening to individuals and their peers, see clues. Don’t ignore it! Early conversations are really helpful, take time to understand. 1 in 4 of us will experience MH issues in</p>	<p>Simon Lennane CCG I had to look this up! Lots of info on the web – what works is embedding this in the curriculum. Part of the everyday life of schools and taken on board by management</p>

			a year. Notice colleagues too. MH first aid session being rolled out too	Chris – people may need time out but lose routine and contact with normality so isolation therefore maintain contact and manage return to class
Audience Question 3	What plans are there to increase provision of CAMHS and CLD services for young people and reducing waiting times. Are there future plans to allow self-referrals to mental health services?	Priya - CLD ambassador	Jade Brooks - CCG Looking at a 5 year strategy for CAMHS – will have more investment including some for self-refer. 18+ let's talk is already self-referral. Looking at use of it so you can access when you want. Also how to get earlier support for wellbeing e.g. exam stress not MH conditions but shouldn't be left to bubble up later. If YP have ideas about this access let us know as we are right at beginning of starting those plans	2Gether Chris – will be developing. Do people realise how quickly you can be seen? Long waiting list for serious appts. See most C/YP referrals in 4 weeks and all within 6 weeks so a good service
Audience Question 4	How can awareness, education & reassurance be provided to people about accessing their GP regarding Mental Health issues? Combine with: Students are encouraged to see their GP re their mental health yet many feel worried about doing this, including fears that their parents will be informed, or that their medical records will affect future references for job applications.	Mary Norowzian	Simon Lennane - CCG Great Q. Morning surgery - 10 out of 25 today about MH. We will almost certainly have come across this before and will know what to do. Confidentiality is lifeblood of medicine and we can't tell anyone about you without your consent, even if we encourage you to involve your parents we can just talk to them. Only issue is if severe safety issue. Hard if you are in the middle of nowhere and need transport. Job applications – 'it's on your record' this is very rare. Most of	2Gether Chris – 1 in 4 of us so would be a problem for employers if really affected jobs! GPs see far more people with MH issues than I do as a psych. Regarding parents, they are concerned about you and have probably noticed and want to know what's wrong

	Please can Dr Lennane clarify what students can expect if they go to their GP about their mental wellbeing and offer any reassurance?		the time this wouldn't be an issue. We'd much rather you were seeking help appropriately	
	Paul - So post voting maybe commissioners should look at this – Simon nodding			
Audience Question 5	What plans are there to offer an out of hours telephone service for young people in crisis and out of hours mental health services?	Emily Warmington - TBC	Jade Brooks - CCG No plans for OOH telephone service – exceptional charities like Samaritans and Sane to improve crisis care for all ages. Also trying to improve support from A&E and to help you know where to go. Different crises need different responses and having conversation about how to prevent a crisis. Will look at crisis plans with 2gether and how to work that. 16/17 big year for us getting crisis care OOH working better	2Gether Jane – lots of services out there now to help e.g. Addaction Richard – not just about crisis. People can be alone. Many evenings our staff are supporting people on the phone, to be there and listen – not a specialist skill. Important service but removed from 'crisis'. You don't need a service either – help each other is the best way to do it.
Audience Question 6	'If a child living in Hereford needs to be hospitalised for mental health reasons, where are they likely to be taken, and do you think this is an acceptable distance? Do you think there will ever be a suitable inpatient unit of this type in Hereford?' Combine with:	Diane – what if admitted with overdose/take own life what is process after?	Chris Fear – 2Gether It's a rare occurrence. If under 18 no beds in county – nothing closer than Birmingham. We admitted 10 YP last year, 1 person at any one time. Any distance is too far but the few admissions means we cannot develop the highly specialist services required for this. So we have people who work with people at home and then to go to a specialist unit e.g. eating disorder.	Simon Lennane It is the same with physical health – specialist care cannot be done here – you have to travel.

	What plans are there to improve transition between child and adult mental health services?		Nationally a big problem and when I am call I will have trouble finding a bed anywhere for people – managed at national level... Admit few with overdoses – we assess risk. For many it is a cry for help and support them to get better. If they need admission for MH and they are 16-18 we have to decide if can go to adult ward with extra staff support or to admit to paediatric ward in county hosp with CAMH support	
Audience Question 7	How are addaction going to work together with 2G, WVT and other mental health services?	Paul Deneen - Anonymous	Emma Paver – Addaction New to Herefordshire and previously part of NHS. Put a bit of a wedge in. we are setting up meetings with 2gether and working to know who is there. Making sure our staff and MH staff know the pathways. If a mutual service user we need regular meetings to be on same page.	2Gether Chris – a wedge? Most staff were working with us originally and we have a good relationship. Addaction staff come to my ward meetings. Wider issue is drugs and alcohol dependency are universal in MH – they are part of the MH issues our patients have so we do that work too. New episodes of psychosis most have drug use issues incl cannabis which is now cut with all sorts of stuff plus ‘legal highs’ which constantly change – currently one here is giving severe problems to some YP
Audience Question 8	Why is it that, young adults, especially only seem to be given support needed when they reach crisis point even if they have actively sought support before? ,	Emily Williams	Simon Lennane - CCG Tricky Q – be interesting to find out how widespread this is. We see a lot of YP who don’t go into crisis. At start we go for least impact treatment and a	2Gether Jane – what does crisis mean for us as individuals? What’s the cycle of tipping us into being emotionally

	and what can be done about this as it puts many young people at risk.		plan for this. We try to deal with what's happening in best way, some will worsen but that doesn't mean our first actions were wrong. We spend our time fishing people out of water and need to put more into stopping them falling in upstream. Till we sort that out we can't do much more.	unwell? How to surround ourselves with people who can help us? Richard – it's probably about money – less than 1% of NHS budget is spent on YP MH. Choices have been made by all of us – many preventative services are no longer with us. Half of the GPs patients have MH issues tells us a lot. Children's MH esp worrying – if get it wrong then you have it wrong for years as you miss GCSEs etc.
Audience Question 9	There are going to be a lot of changes to services coming up, how are you involving the voice of hard to reach service users at the planning stage of your work? What about carers? It affects whole family	Paul Deneen	ALL Jade- we did a MH needs assessment last year – the public volunteered and gave us 450 hours time to inform us incl ch/yp. We will work with CLD trust Jane – involving people is critical – 2gether says it. people are the experts. We work with many people who have expertise by experience of illness. We have a 'thinking ahead' group as a reference group as well as involving people in other aspects, teaching our staff and recruitment of staff too. Simon – HCS does great job Richard we run carers in mind. Also run a course with carers and 2gether. We give a lot of support to carers directly concerned about family members. Emma – we offer a dropin service for family members Jane – triangle of care – includes carers with practitioners and users. We've signed up to this. available online	
Audience Question 10	There are recent figures to suggest an increase in mental health problems among adolescents. 1) Do members of the panel have views on why this increase might be happening?	Margaret Turner	Dr Jane Melton – 2G Young Minds charity talks about 3 children in every class have a diagnosable MH issue. Is hitting headlines, helps us talk and offer support. Family breakdown, pressure to have access to money, materialist culture, perfect body. 24hr social media	Jade Brooks Getting better at understanding what MH is and what it looks like for YP. We think 3000 YP need our help in Herefordshire – less that I thought... need to keep looking. Will look at mother baby attachment and schools onwards. If we don't prevent we will

	<p>2) What plans are being developed to deal with this potential increase? What is the point where you should come forward for help?</p>		<p>and bullying. Lots more of these things. So having conversations with YP about the pressures they face is key to then help them. Chris – note of hope: we are getting through with stigma campaign so maybe rise in detection and presentation Simon – is it affecting your daily life e.g. sleep, bleak thoughts, stopping you attending college?</p>	<p>not keep to good low waiting times – already see people with psychosis in 2 weeks. Simon Lennane – CCG – lots of the increase is better recognition but there are more stresses on YP. We are better able to recognise if it is an issue and people more able to come forward. Richard Kelly - Mind - baffled as to why but it is true. Odd as we live in a wealthy country etc. But have to accept it – what are we going to do – address MH individually – invest in our own MWbg as for physical health e.g. 5 a day. To lead a more balanced life.</p>
	<p>Armed forces – still very strong stigma to carry on – present years too late and are not confident to talk to anyone even GP. Prevention important but slow progress. Commend Surrey initiative to look at here</p>			
	<p>What’s a good lifestyle to have then to stay well?</p>		<p>Jane – talked through 5 ways to wellbeing</p>	
<p>Audience Question 11</p>	<p>Time Permitting - Is it true that a large percentage of young people hospitalised for psychosis in Herefordshire are heavy cannabis users? Has there been an increase</p>	<p>Marco Martinelli</p>	<p>Dr Chris Fear - 2G</p>	<p>Addaction</p>

	in cannabis related psychosis in Herefordshire over the last decade?			
Audience Question 12	Time Permitting - Question from the floor ... Mike Smart Civilian Military Task Group			
Audience Question 13	What one achievable aspiration do you want to see happen in mental health services in the next 5 years (20 second answer!)	Paul Deneen	ALL Jade Increase in amount of people confident in helping their people Chris – press to look at positive aspects not all negative. If we can maintain current level in 5 yrs that would be good Jane – push anti-stigma please become members Simon – funding biggest priority and its becoming less and less efficient as we patch things up Emma – funding – prevention also Richard – I have asthma – I don’t have to queue for it – MH issues prevention need this too!	

Appendix B: Audience Participation Voting Questions

Voting Question 1

00:30

How would you rate your knowledge & understanding of mental health & emotional wellbeing services in Herefordshire?

1. Good understanding
2. Don't Know
3. Limited Understanding

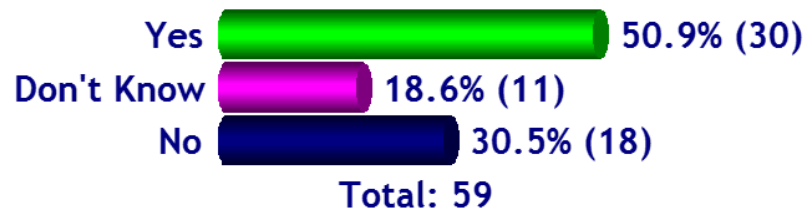


Voting Question 3

00:30

Are you confident talking to your GP about your mental health & emotional wellbeing?

1. Yes
2. Don't Know
3. No

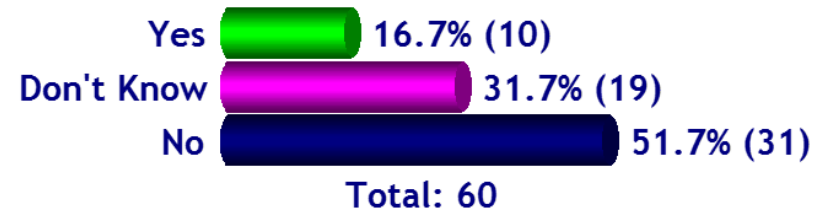


Voting Question 2

00:30

Do you think there is enough preventative work in colleges and schools to support good mental health & emotional wellbeing?

1. Yes
2. Don't Know
3. No



Voting Question 4

00:30

Following today's event, do you have a better understanding of mental health & emotional wellbeing services in Herefordshire?

1. Yes
2. Don't Know
3. No

