BROWNS
COMMUNITY SERVICES CIC

healthwatch
Wokingham Borough

Voices in the Darkness

Women's experience of using the Wokingham Community Mental Health Team following a mental health crisis.

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Executive Summary

Access to and the quality of mental health services was raised by Wokingham Borough residents as a priority, making it a key issue for Healthwatch to focus on in 2016.

The Community Chest Fund enabled Browns Community Services, a new Community Interest Company that provides preventative support and advice to socially excluded, disadvantaged and vulnerable women, to hold a forum exploring 4 women's personal experiences with the Wokingham Community Mental Health Team following a mental health crisis.

Healthwatch appreciates that this is not a statistically representative sample but it does reflect the real experiences of real people and therefore has real validity and is put forward in the spirit of improving the experiences of people using the Community Mental Health Team in Wokingham in the future.

Voices in the Darkness Forum

A non-judgemental environment was created which encouraged engagement, honest disclosure and frank discussion. This allowed real insight into the experiences of the women; their perceptions of, and attitudes towards Wokingham Borough mental health services. Participants discussed positive and negative aspects of their experiences, as well as what aspects of the service they personally feel need to be improved.

Findings

All of the women had experienced a mental health crisis in the past 6 months. All participants felt they were treated poorly during their contact with the crisis team.

Many felt that they were treated without genuine care, compassion or urgency. Discussion revealed that this perception was caused by mutual unfamiliarity with the crisis team member taking the call, the perceived attitude of this crisis team member and the inflexibility of the service.

Most participants said that when they called the crisis team they did not know who they were speaking to and the crisis team member taking the call did not know them. This created the perception that the person taking the call did not care and was not really listening; participant two felt the experience was like '*talking to a wall'*.

Most participants felt that the attitude of the crisis team member taking the call was very poor; attitudes were described as '*hostile*', '*resentful*' and at times '*intimidating*'. Lack of compassion and empathy was frequently noted. A participant felt the team member taking the call was not trained to deal with the issue. Participants felt that the crisis team member's attitude was hugely important as this is the first contact they have with the crisis service and it is at a time when they are feeling most vulnerable; *'at a time of vulnerability and distress, the one thing that you need is compassion*'

Participants also felt that the service was inflexible and unable to offer help immediately; they stated that crisis team members often asked them to wait for support until scheduled

visits. This gave the impression that they were not being dealt with quickly or in an urgent manner.

Participants expressed their reluctance to use the crisis team and stated that many service users they know also avoided using the service; '*they [the crisis team] never make me feel better*' , '*I feel as though the crisis team make me worse*'

What are your thoughts on community mental health services?

Participants identified community psychiatric nurses (CPNs) as a very positive aspect of the community mental health service. Participants who were assigned a CPN described them as consistent, reliable, communicative, caring and compassionate; '*she wanted me to get well… she would not give up on me*' '*he won't give up on me… he really cares*'

A participant stated that the 'hearing voices' group is very good and well attended.

Being treated by different staff, use of jargon, time constraints, being excluded from decisions and discussions, the criteria for accessing services and concerns regarding the need for a mental health advocate were highlighted as negative aspects of community mental health services.

Participants felt as though having different staff treating them did not allow for continuity of care. This made participants feel that with each changing member of staff they had to start again. This clearly caused distress.

Use of jargon and abbreviations were a problem for some participants in that they did not know what they meant. This lead to further problems with understanding, for example, participant two did not know what a CPN meant, what a CPNs role was or whether she had been assigned a CPN.

All participants felt as though time constraints were a major problem. Participants felt as though staff in community mental health services only have a limited amount of time to spend with them and a set number of questions they needed to ask in that time. For example, participant two said that a social worker had visited her twice, for only ten minutes each time. She felt as though the social worker was asking her a 'tick list' of questions and had 'no time for anybody'. Participant three felt that service users are rushed; 'there is no long term work', 'they are thinking about discharging somebody the minute they meet them'. There was also concern that services that are offered are not offered for long enough to be beneficial for them, for example, being offered six weeks of therapy.

Some participants felt that they were left out of decisions and discussions about themselves, for example during Care Programme Approach (CPA) meetings, which made them angry and upset. Participants one and two felt they were signed off without any involvement in the decision and were not offered any support after, for example, not sign posted to other services.

All participants felt that to gain access to certain services you had to fit into rigid criteria. Participants felt that this was a checklist approach and was too restrictive because '*people don't fit into boxes*'

Another concern highlighted by participants was the need for a mental health advocate. Some felt that questioning services or staff yourself was perceived as difficult or challenging behaviour, and others felt they did not have the '*right to question*'. A participant felt there was a '*power imbalance*' making it very difficult to question professionals, but having an advocate with you '*changes the dynamic*'. All participants felt as though having a mental health advocate attend meetings with them ensured that they were treated professionally and respectfully.

Have you ever complained about mental health services?

All four participants have formally complained. Some participants found it difficult to find details on how to complain and where to send complaints to. Participants felt that complaints were often dismissed or '*put back on the complainer*' Participants said that they were never asked to elaborate further or invited to discuss their complaint with anyone.

All participants felt that complaining was extremely stressful and could trigger a crisis. Many participants stated they had not complained about things in the past because at the time they did not feel they could cope with the strain of it. All participants had the perception that the people they were complaining to were relying on them getting tired and giving up. All participants felt that quicker responses to complaints were needed.

What one thing would you change?

- Crisis team members that take the initial call to be trained in mental health.
- Alternative to crisis team
- Mental health to be recognised as a genuine illness.
- Consistency in community mental health services, as participants feel that services are often removed and changed.
- Somewhere to go when in crisis other than hospital; out of hours, drop-in service to speak with a mental health nurse.
- Crisis plan to be used by crisis team members. (Participants say that crisis plan is rarely used).

Recommendations

Crisis team

- Creating a crisis team where the service user knows the crisis team member taking the call and the crisis team member knows the service user
- Crisis team members taking the initial call trained in mental health and displaying empathy and compassion
- Crisis team to be more flexible and adaptive to needs of the service user
- Crisis team member to utilise crisis plan

Community mental health services

- More time in meetings, visits and services
- Clear and perhaps frequent explanation of jargon and abbreviations
- Allowing personal involvement of service user in decisions and discussions
- Respectful and professional service, regardless of whether an advocate is present

Complaints

- Acknowledgment of the service user's experience and complaint
- Quicker responses when complaining
- Inclusion in meetings and discussions regarding the complaint

Contact

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Provider Response

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Dear Nicola

Thank you for giving us the opportunity to respond to your community research project – "Voices in the Darkness", about women's experience of using Wokingham CMHT whilst in a crisis.

It is unfortunate that historically the Crisis team has created unrealistic expectations of the service that can be provided to those people who use the service. There is an expectation that the Crisis Team functions as a 'blue light' service, able to immediately respond to all calls. In reality resources mean that staff taking calls have to prioritise these and use the resources they have to try to respond in the most effective and safe way given the context of the referral.

Having reflected on the recommendations from your report, please see our response below:

Crisis team

Whilst there is of course, no excuse for poor attitude of staff within the service, there is at present a need for a 'central hub' to receive calls from all localities in West Berkshire. This unfortunately means at present callers from Wokingham and Newbury initially speak to staff based in Reading, which often means they do not know the person calling. The staff taking the call, do however, have access to our electronic patient notes system and will therefore be aware of the present plan for that person. If it is a new episode of care or a first time caller the person may be referred to the team in their local area. This may mean a wait if staff in their local team are dealing with other service users. All service users should have a plan of care and this should be negotiated with the service user and the crisis team. It is important at the outset of each episode of care that realistic expectations are set around both what the crisis team can achieve and alongside what the service user expects.

There are a high number of calls received in the hub and taking these calls can be very stressful for the member of staff taking the call. Having said this, the attitude of the member of staff taking the call should always be positive and never hostile, resentful or intimidating. All calls are recorded if there are issues these can be played back and they are used for gathering evidence for answering complaints and investigating serious untoward incidents and also to aid staff learning and reflection, through reflective groups.. All new staff are given a full induction package and existing staff are now being offered specialised training in crisis work. There is a new Trust wide initiative in suicide prevention entitled 'zero suicide' as part of this new training in suicide prevention has been rolled out across all services including the crisis team.

Currently the CRHTT is under review and the structure and remit of the service is being looked at, this is in its formative stages and at present the views of staff are being sought. There are plans to

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involve service users and carer's in this review. We will also be using feedback from serious incidents, complaints and reports such as yours, to help inform this process.

Community mental health services

It was really good to hear the positivity that community psychiatric nurses bring to the CMHT. The feedback has been shared with the team at Wokingham CMHT. We continue to try to find effective ways of releasing our clinicians to spend time with the people in our care and we try to have as much continuity for our patients as possible. I am sorry that the people who took part in this project felt that they were not included in discussions and decisions about their care as much as they could have been, and this is something that we will explore further as part of our internal feedback programme.

The feedback about the use of jargon and abbreviations has been very useful, and while we try to use these as little as possible, we will pull together a brief guide which I hope people will find helpful.

As a Trust we encourage the support that advocates can bring. I am sorry that there was a feeling that there was a need for an advocate to be present for people to be heard and treated respectfully. We will work with our independent advocacy provider to identify the reasons for people requesting support for further feedback.

Complaints

As part of our complaint process, our investigating officers are expected to make contact with people who have raised concerns at the earliest opportunity to acknowledge and discuss the complaint. We are continually reviewing our complaints processes to make improvements wherever possible and I am sorry that people felt that we were relying 'on them getting tired and giving up'. We monitor our responsiveness to formal complaints and wherever possible these are resolved within 25 working days. We have recently achieved a sustained response rate of 100% of complaints resolved in a timescale agreed with the complainant for the tenth consecutive month. It is disappointing that the people involved in the project did not have a satisfactory experience of the complaints process, as this is something that we understand can take courage to do and we try to make as open and accessible as possible.

We are embarking on revised complaints training for our investigating officers, which reiterates the importance of communication and regular contact with people who have concerns. The feedback from your report has been shared with our Complaints Manager for her reference as part of this training.

Please do let me know if we can be of any further assistance.

Yours Sincerely

Elizabeth Chapman
Head of Service Engagement and Experience