

Evaluation of Midlothian Mental Health Services 2009 Summary of results

In 2008-09 service providers consulted with people, and carers of people, who use mental health services to learn from them about their experiences of the changes and developments that had taken place in our services. We wanted to hear their views on what we need to do to improve services further.

To do this we developed a set of questions based on things service users and carers have said are important to them. Everyone who had been in contact with the Community Mental Health Team, Orchard Centre Services and Park Services was then sent a questionnaire; everyone was also given the option to take part in an interview or a focus group.

This summary gives an overview of the results of the evaluation. Copies of the full reports are available from Robert Clement on 0131 536 7625 or robert.clement@nhslothian.scot.nhs.uk

Service users

Who took part?

There were a total of 79 responses from service users to the questionnaire survey, 12 people took part in an interview and 4 people took part in a focus group discussion.

Quality of Life

We asked about outcomes that related to people's quality of life and whether services had supported people to achieve these outcomes.

- Services were most likely to help service users to stay as well as they can. Positive examples included having people to talk to, being able to leave hospital more quickly, and having access to crisis support at home.
- Services helped around half of service users to meet people, find things to do and keep active. Positive examples included being encouraged and helped to get out of the house, having different activities on offer, and being introduced to other service users.
- Around half of service users said services supported them to feel safe. Positive examples of this included having a safe place to go, having a gentle discharge process and knowing there is someone to contact if needed.
- Services were less likely to support service users to live life the way they want, live where they want or avoid discrimination (around 1/3 of respondents). Some positive examples were given including support to move on from services and providing support at home.

Process outcomes – how the service treats you

We asked if people were treated in a certain way all, most, some of the time or never.

- Service users are less likely to feel they have choice over the kind of support received or that they are involved in decision than they are with other outcomes. Negative examples included medication being enforced, getting options but no support to make decisions and feeling pressure to move on / feeling "abandoned" by services. Others gave examples of where they did experience choice for example being able to choose a clinic or a home visit, and feeling supported to make treatment decisions

- There were also positive examples given as many did feel listened to, valued and treated with respect, feel that staff will do what they say they will and that staff are open and honest with them.

Change outcomes

These outcomes are about how services help people improve their confidence and skills, their mental health, help people with recovery and improve mobility.

- 57 questionnaire respondents felt their mental health had improved a lot or a little over the last year. Things that helped included gaining in confidence and self-esteem and getting the right diagnosis and treatment.
- Things that didn't help included problems with medication and medication changes and the impact of external events on people's lives
- In interviews 8 people said they had been helped with recovery in some way. The questionnaires showed that whilst some people felt being encouraged to move on from services was helpful and felt supported, some did not feel supported and felt "abandoned" and that they had no choice. Others said they would like to move on but felt there was no support to do so

Information

65% of questionnaire respondents said they had been given the information they needed and 57% had received information about advocacy services. 9 of the 12 interviewees had heard of advocacy services.

Access to services

28 people who completed questionnaires and 3 who were interviewed had some difficulty in accessing a service in the last year. Factors included not knowing who to contact; difficulties getting support in an emergency or when illness first starts; waiting times for different services and lack of transport / lack of services in their area

What can staff do differently?

Some key suggestions were:

- Spend more time with service users
- Keep in touch / follow up with service users once discharged
- Notice if people are behaving differently
- Offer support with recovery / moving on

Carers

Who took part?

17 carers completed questionnaires, 2 carers had 1-1 interviews, one of whom cares for person over 65, 8 carers attended a focus group.

Quality of life

Most carers (10 questionnaire respondents) felt that services had supported them to have a positive relationship with the person they care for. Fewer thought that their own health and wellbeing had been supported or that they had been supported to access financial advice. One person in the focus group said that anxiety management sessions held at the Orchard Centre for anyone, including carers, were helpful. No-one, either in interviews or questionnaires, said they had been supported to have opportunities and a life of their own. When asked how services had made a difference people mentioned:

- having an improved understanding of mental health,
- better communication,
- that it was good to know support was there and
- benefits of home rather than hospital based services.

Process outcomes

These outcomes are about how the service treats people.

- Only one carer felt they had a say in and an ability to shape services all or most of the time. 9 people said they experienced this “sometimes”. One interviewee gave an example of VOCAL supporting them to have a voice.
- 11 carers reported having a positive relationship with staff most of the time -12 carers felt they are able to talk to staff all of the time or most of the time, and that staff are open and honest. The interviewees felt their relationship with staff was functional
- 8 carers felt they are valued and respected by services and their expertise is recognised

While most carers gave positive examples of being able to talk to staff, one person said this is difficult if there is no chance to speak with staff without the cared for being present.

Managing the caring role - feeling informed, skilled and equipped

Eight carers felt they had been given the information they needed to manage their caring role, seven were informed about advocacy, and seven had received training to support them in their caring role. Seven carers said they had access to the resources they needed. Some topics were suggested for future training.

Managing the caring role - feeling treated as equal partners

Seven carers felt treated as an equal partner either all of the time or most of the time. Only three felt supported to make choices about caring all or most of the time. One interviewee described how they are beginning to feel treated as a partner by some staff but not by others. Some suggestions as to how partnership could be improved were:

- allowing time for service providers and carers to talk without the cared for person,
- giving more information about medication and side effects,
- running a support and counselling service for carers

Access to services

Most people found it “quite easy” to access services, however three people found it quite difficult. Five people found it difficult to get to a service they needed. Issues arising were;

- that it can be difficult to see someone locally right away,
- lack of respite care at time of emergency,
- waiting for holistic therapies, and
- transport problems within Midlothian and to and from Royal Edinburgh

What can staff do differently?

Some key suggestions were:

- Suggestions to improve communication between carers and care providers:
- Make sure carers are involved in different ways, in decision making and kept informed about progress / Have joint regular meetings with all involved in a person’s care / For professionals to spend more time with carers and build relationships / For carers to be able to speak to consultants independently as a right / Inform carers of service user’s admission to and discharge from hospital.
- Suggestions to increase support for carers:
- Provide more carer support, more respite and support at home / Have a locally-based 24/7 carer helpline / Have better access to activities for carers / More training for carers in dealing with different situations and different professionals
- Be more understanding of how carers feel and have more awareness of whether they are coping and what to do if not
- Ensure confidentiality and respect for people regardless of race
- Improved contact with service users – particularly after discharge
- Acknowledge the intellectual needs of the cared for person – provide stimulating activities

Next steps

In order to discuss the next steps following this evaluation we would like to invite you to the following event:

Midlothian Mental Health Service Evaluation Event

Wednesday 26 August

11am – 3pm

The County Hotel, Dalkeith

Lunch included

**An event for service users, carers and
people who work for mental health services**

- **Hear more about the results of the evaluation**
- **Talk about the key issues in small groups**
- **Tell us your ideas of how we can improve our services**

To book your place please contact Robert Clement or Lisa Graham on 0131 536 7625 or lisa.graham@nhslothian.scot.nhs.uk

Places are limited and will be allocated on a first come, first served basis.

If you would like to come but have transport difficulties or any other special requirements please contact us.