



**Midlothian Joint Mental Health
Service Evaluation:
The experience of Service Users
and Carers**

**Summary report
May 2009**

This evaluation was funded by NHS Lothian.

The evaluation was undertaken and full report written by Jim Campbell, Mental Health Trainer, Researcher & Practitioner.

For a copy of the full report contact:

**Lisa Graham
Rosslynlee Hospital**

☎: 0131 536 7630

✉: lisa.graham@nhslothian.scot.nhs.uk

1. Introduction

The Scottish Government's mental health paper, *Delivering for Mental Health* outlined the planned redevelopment of mental health services so they are recovery orientated, addressing inequalities, social exclusion and rights. The paper outlines the need for quality services to support people with mental health difficulties (including those with severe and enduring mental illness) in the community, so they can live more meaningful lives. The document highlights how "*shifting the balance of care from hospital to the community is a key challenge*".

Following a number of key consultations in planning and development since 2001, there have been a number of changes undergoing in service delivery of mental health services in Midlothian. In May 2007 following the implementation of Phase 1 of *Lothian's Joint Mental Health & Wellbeing Strategy* and in line with national and local policy, a joint mental health service for Midlothian was formed. The redesigned mental health services have undertaken a shift in service philosophy that promotes empowerment and social inclusion, both within statutory and independent services. The service is committed to evaluating the impact of the new model of care. A key element of this evaluation process is that the views and experiences of service users and carers are considered. This summary report highlights the evaluation that was undertaken which sought to seek the views of people who have used the services in Midlothian and their carers.

2. Aims & Objectives

2.1 Aims

- to undertake an evaluation of the newly integrated mental health services in Midlothian in order to capture the experiences of service users and carers
- ascertain the acceptability of the model of service delivery
- identify ways to improve the services and identify any perceived gaps in

current provision.

2.2 Objectives

- to capture the experiences of service users and carers using mental health services in Midlothian, using a variety of different methods
 - to involve service users and carers of Midlothian mental health services in all stages of the evaluation
- to carry out approximately thirty 1:1, face-to-face interviews with service users and carers
- to facilitate 2 focus groups with service users and carers
 - to provide a full report in line with the research aims and objectives

3. Method

3.1 UDSET & CDSET

The User Defined Service Evaluation Tool (UDSET) and Carer Defined Service Evaluation Tool (CDSET) were used for this evaluation. The tools have been developed at the University of Glasgow and University of York to specifically evaluate service user and carer perceptions of services. The tools specifically:

- Measure how service users and carers experience a service of care being provided
- Determine whether the service of care delivers the outcomes that service users and carers want
- Explain how different features of service provision impact on the service user and carer experience

Following the design of an interview script in line with the adapted UDSET and CDSET and developed questionnaires, participants were provided with a choice to complete the questionnaire, undertake a face-to-face interview or participate in a focus group. This report reports the interviews and focus groups only.

3.2 Face to face interviews

Fourteen face-to-face interviews were undertaken with 12 service users and 2 carers using the UDSET and CDSET.

3.3 Focus groups

Two focus groups were undertaken, one for service users and one for carers. The service user focus group had 3 participants and the carer focus group 8 participants. Questions for the focus group were developed from the UDSET and CDSET tools

4. Findings: Service users

4.1 How the service treats you

The key themes within this outcome were the positive benefits of the Orchard Centre staff being supportive in listening if a service user was becoming unwell. In addition the variety of groups at the Orchard Centre provided service users with a wide choice of activities and supports. The changes at the Orchard Centre were not reported so positively by all participants. Some participants described not being consulted about the changes, feeling unheard and not being provided with choice.

Some compared the experiences of admissions to Rosslynlee Hospital (RH) with the Royal Edinburgh Hospital (REH), stating that often notes taken at RH were inaccurate compared to REH and so they felt valued and respected by staff at REH.

4.2 How the service impacts on your life

Dominant themes running through this outcome were the importance of the Orchard Centre providing a range of activities and groups so service users had something to do and having social contact. In addition the Orchard Centre was regarded as crucial in providing support from staff and peers which allowed participants to feel safe and remain. Participants also talked about how services helped them move forward and how supportive they felt by CPNs and Psychiatrists not judging their behaviours. However, some participants felt there were no services for people who wanted to move forward. When asked how services helped them live the life they wanted, nearly half stated they were not living the life they wanted. Societal discrimination was also a dominant theme, with service users stating they cannot talk

about their mental health issues out with services due to fear of discrimination. The majority of participants stated they received social contact out with services which included the church, friends and family.

The focus group also highlighted the support that the Orchard Centre provided at home in times of crisis. The time limited support was helpful when service users wanted some one-to-one support.

4.3 Changes in Self

The main theme reported that affected changes in the service users' self was the Orchard Centre helping them get out of the house, with participants giving examples of sitting in the house alone when not using services. Orchard Centre groups and activities helped service users increase their confidence. Some participants described the decision being made to stop seeing their CPN as helpful for their recovery although others stated this was not well planned or helpful.

5. Findings: Carers

5.1 Quality of life of person cared for

Positive examples included being able to change CPN, reducing medication and seeing a psychologist for over a year. The focus group identified concerns with limited beds at REH, stating if a bed was not available the service user would be admitted to another ward or another hospital which was unhelpful. Quality of care varied across the wards at REH. However, the focus group identified that there was more stigma at Rosslynlee Hospital compared to REH. The focus group carers were also very positive about the changes in the Orchard Centre over the last 6 months.

5.2 Quality of life for the carer

There were fewer positive responses to this theme, with carers stating they can't live life of their own, that it was hard to have a relationship with the service user and experiencing feelings of guilt if the carer puts their needs before those of the service user. However, there was a lot of positive feedback about the carer support service VOCAL, which for one carer was invaluable. The carers who took part in the

focus group were also very positive about VOCAL.

5.3 Managing the caring role

Similar responses to the previous outcome were addressed here. Carers described being provided with little support and no choice in the caring role. However, VOCAL was a very positive and helpful service. One carer described seeing a psychologist with the service user, which was very supportive for them both.

5.4 How the service treats you

The two carers interviewed were clear that practitioners needed to treat them as a partner in the care of the service user, something that rarely happened from their experiences.

6. Conclusion

Following the redesign of mental health services in May 2007, it is clear there has been a shift in service philosophy promoting empowerment, choice, recovery and social inclusion both within statutory and independent services. The most prominent example of this is the Orchard Centre, with service users and carers describing it as a fundamental resource in their wellness, social contact and ability to live the life they want.

However, there are also gaps in the service. The work of VOCAL is very positive. For service users, the most notable gap was the lack of other services beyond the Orchard Centre, especially allowing people to move forward in life and their recovery.