HEALTHWATCH FEEDBACK ON DRAFT MENTAL HEALTH STRATEGY FOR SURREY AND SUSSEX HEALTHCARE NHS FOUNDATION TRUST

November 2018

We would like to thank the Trust for inviting us to make comment on their draft Mental Health Strategy.

The following feedback is given to support the development of a robust and inclusive strategy, that will support the improved experience of people who come in to contact with the Trust, when their mental wellbeing is at risk.

Comments on Style

- This is a document that has been written by professionals, for professionals, and not their customers. The language looks clumsy and often is not clear. For example:
    - Page 4: Trust writes - However despite these successes, like many organisations we are not making the same advances in the offering we make to, and the outcomes we achieve for those people in our care with crises relating to their mental health, or even for people with acute and chronic somatic disease who are also affected by mental health disease. Would this be a term people would understand?
    - Page 4: there is an assumption that people would know what STP and CESA mean.
    - Page 6 - The psychiatric liaison team provides a 24-hour service for assessing patients requiring mental health assessment within the acute setting this can be either through ED or via inpatient referrals. There were 1152 referrals in 2017/18 via ED and 2316 from other sources. 42 of these resulted in a Section 136 in 2017/18. And so on.

  For this reason, we would **recommend** it is rewritten to make it more accessible.

- We would suggest you include a case study of what a patient's journey might look like under the new strategy, or detail what *good* would look like.

- We acknowledge the desire to co-produce with patients and we'd like to understand how this will be achieved?

Comments on Content

- It is good to see the recognition of the need to support staff early in the document and we would support a robust and transparent process for management of aggressive patients is incorporated in the work programme arising from this strategy.

  Treating the person not the diagnosis is something we would agree with but would like to add an acknowledgement that challenging behaviour can be a symptom. This can be forgotten when treating very unwell people and training often, does not reflect the need to recognise this and respond appropriately. This does not mean, we do not support a robust and transparent process for management of aggressive patients, just that it is an important consideration in staff training.

- Children and young peoples' needs do not seem to be adequately addressed. We would like to see some joined up working with for example Crawley College and how they can be involved in supporting young people preventatively, and post presentation at A&E.

- The use of the word *perfection* in the vision may be an issue for some local people.

- Page 4, paragraph 4 – appears to place a heavy focus on cost, rather than recovery outcomes, as a prime motivator for change. We would suggest this is reviewed.

- Page 5 – figures. Who do these figures relate too? Patients, whole population, those with a diagnosis?

- Page 6 – we would like it noted that there is a need for specific training for emergency department staff. Feedback indicates that staff often do not know what to do with someone presenting with mental health problems. Behaviour linked with symptoms, can be viewed as aggressive, and escalate from staff response.

  Emergency Department staff must manage, whilst waiting for the Psych Liaison Team, which can often be a long wait. Therefore, they need to be supported with training and supervision, to be able to manage as one of the primary points of contact in a crisis.

  Staff also need to be able to have the skills to support the patient, to help manage the risk to other people waiting A&E. We know from a local person's story, there is a dramatic and long-term impact on a person' wellbeing, following an attack on them from someone who was having a mental health episode.

- The section on suicide prompts questions. There is obviously a large gap where support needs to change, e.g. crisis support and safe places. Currently, third sector providers; GPs etc. signpost to A&E, who do not necessarily have the right skills to deal with someone in crisis. We are not sure it is possible to fully addressed this through this strategy.

- Page 6 – SABP and page 8 full details, need to be the other way around.

- Page 8-9. Dual Diagnosis. Self-medication plays a big part in mental health and can often stand in the way of getting support. Substance misuse and mental health seem separated in this strategy.

- Page 8 – the pathway is unclear. How will this gap in knowledge be addressed to ensure better integrated care?

- GP referral – GPs are also often unaware of the correct pathways. Anecdotally, GP referral can be a reason for Children and Adolescents Mental Health Services (CAMHS) refusing a referral (often due to a lack of detailed information or misunderstanding.)

- Page 9 – We are pleased to see the development of further places of safety. A&E is often not fit for purpose, and currently it appears to be the main place people are directed to.
- The list on page 9 – we agree with the ethos of this list, and the point that people *should be able to* say….

  In addition, patient should not have to keep repeating their story.

  We also feel the list should have something along the lines of 'Services and professionals should communicate in a way that enables me to share what matters to me' and 'people should not have to repeat their story again and again to be able to great the support they need'.

- Page 9 – how it will this be delivered, may want to explore the resilience framework that West Sussex has in place to see if this could offer support to this strategy and staff.

- Page 10 – covenant with staff. Should this also be with service-users and carers, as it indicates it will be a co-produced strategy?

- Page 11 – Work in partnership with local services and the voluntary sector to train staff in mental health support skills and with Experts by Experience, People with Lived Experience etc.? They are key to getting the strategy right.

- Page 12 – Substance misuse – can prevent accessing help. Need for a dual-diagnosis approach?