

Reconnecting with Hope Conference Consultation feedback/ Report

Dr Tricia Tumelty Executive Director Mind Jersey

“for too long mental health services have been jogging along, the pandemic has shown a light on the urgent need for us all to move into a sprint”

To mark World Mental health day on 8th October and as part of mental health pandemic recovery plan we at Mind Jersey’s held a Reconnecting with Hope conference. 160 people attended aged between 15 – 74 years and included over 60 service users as well as a wide representation from the community voluntary sector and the public sector.

Our afternoon session involved consultation with service users and professionals around the following questions.

- What are your key supports /people things that support mental health?
- What are some of your more helpful experiences?
- What are the key challenges and what do our mental health services need to do more?

Analysis of slido (digital technology aided questions and answers), and table discussion notes plus several emails reveal key strengths and challenges describing a set of measures, structures and processes that form the basis of mental health service provision across the public and voluntary sector.

Key supports included friends followed by professionals’ psychoeducational groups, professionals, and self-care strategies.

48 actions recommendations were refined to three key areas of service provision including Accessibility, Equity, effectiveness of service provided

These themes point to the need for mental health services to focus more on ways to be both humane and effective as well as being accessible and effective. They also include a clear message that in order for things to be different post pandemic there is an urgent need for the community and voluntary sector to work more closely alongside public sector mental health services.

Accessibility of services

“There should be no wrong door”

There is a need for a clear pathway at the point in which someone first asks for help... Participants at the conference described difficulty accessing services at the point help is needed increased frustration and risked problems escalating.

The problem of people having to repeat their story over and over before getting the right support or going through the right door remains a concern and prevents vital opportunities for early intervention.

“We need a more joined up mental health service where there is rapid improvement and integration between statutory adult mental health services and cams and the community and voluntary sectors. This would need the development of a protocol to make maximum use of sectors expertise and for both sectors to learn from each other....”

While many appreciated ways in which adult mental health services are beginning to work in partnership with some of the community and voluntary sector there was ongoing concern that services are often in silos and not speaking to each other. Greater focus on community provision ... increase General Practitioner involvement and community therapy/wellbeing hubs to meet needs of people in need who do not or cannot access current structures

“Interventions for all should be needs based not aged based”

“Opening up and talking is a hugely important first step. But it is just a step. and its undermined when adequate access to services is difficult or non-existence, this is a systemic issue, not an individual one”

Many also expressed an urgent need for better communications between professionals and service users and for service users and their carers to leave meetings feeling listened to.

Carers and the essential role they play has been identified in previous mental health improvement plans but there was evidence that carers were still often left in the dark and not signposted to appropriate support. There is an ongoing need for all professionals to become more ‘carer aware’ and work in collaboration and partnership with carers in the service user and carer’s journey through mental health services.

Equity of access to services

“it was such a rare occurrence and a privilege to use our own words to tell our own stories, at the conference. Been able to tell our own stories not just the illness story sets an opportunity for a new era and one in which the so called mentally ill are seen in a new light”

The need to adopt a partnership approach together with people with severe and enduring mental illness is seen as a basic principle but one that is frequently forgotten. There were many suggestions for more training for professionals especially around the dangers of burn out and losing compassion as well as an absence of holistic approaches to families in distress. Participants were keen to not place blame at professional’s feet but wished to

campaign for better management structures that would support staff generally and increase awareness of the links between emotional distress and a person's wider social context and experiences. This includes more opportunities for professionals to gain a better understanding through more consultation and co-production workshops and island led research in order to achieve change in attitudes, in our organisational structures and bridge the divide between public sector and community and voluntary mental health sectors.

"We are always hopeful but co-production and participation is not widely understood by people in positions of power and staff on the ground are run off their feet. We have a long way to travel before service users are viewed as assets (rather than burdens) who have skills that are vital to the delivery of more humane services "

"Everyone deserves a chance to get back on to the ladder of life but this takes time when stuck down by mental illness"

Concerns were also raised about lack of awareness about what is available within and between services including G.P. knowledge of support services available and having the time to sign post appropriately.

"Services can be there but if G.p's are not aware of them problems can escalate and people end up with a medical model of care in isolation from social context of their lives"

effectiveness of service provided

It was reported that people sometimes are signposted to a service that is available but not necessarily one that is most appropriate, or evidence based for what their presenting problem may be. Listening to people's stories reminded many of the need for professionals to place at the centre the centrality of a trusted relationship in which a person can safely and authentically connect with the truth of their story, their lives. Opportunities to tell and hear service users' stories of what's helped and what hasn't is vital if we want to continue to address inclusion, "smash stigma" and see beyond peoples labels.

" listening to people at the conference it feels like nothing much has changed over the decades but we are hopeful as we are not starting from a blank sheet. We have a lot of dedicated professionals in services who want to get things moving but who seem to be blocked by structures and processes preventing a focus on people and communities"

Many discussed the need for mental health services to be more focused around the community to enable access for those who need it most- suggestions of the need to expand drop in support that could be resourced sustainability through a primary care model in

partnership voluntary and public sector. This also included debate around the need for a public awareness campaign to promote better understanding of what good mental health is, and clarify the distinction between mental well being , mental ill health and mental illness. There was a strong feeling that the value of peer support and the value of lived experience needs to become more integral to the design and delivery of improved mental health services across all ages and stages of family life.

“ the pandemic has everyone talking about mental health but there is a lot of confusion about and may people are accessing tier two services when they need universal primary support

A key message from some participants was also the ongoing need to increase public awareness of the distinction between mental wellbeing, mental health and mental illness- and suggested the need for a whole service/community action plan for this”

Key priorities

Bridging of public adult mental health services and community voluntary sector
Recognition of role of carers and roll out of Triangle of care training for professionals
Recognition of the value of lived experience and increased opportunities for people to meet in central locations such as wellbeing hubs to benefit from peer support .

Joined up Mental health Public awareness campaign –re distinction between mental health and mental illness

Framework established to increase access for people where English is their second language

Other Gaps identified /concerns raised

Lack of Monitoring and evaluation of Disordered eating provision

Lack of Monitoring and evaluation of physical outcomes for those with a mental illness

Lack of joined up Suicide prevention co ordination