In Conversation with John Crichton, Chair of Royal College of Psychiatrists.

Tuesday 3rd March 2020,9am-4:30pm. Moray College UHI, (AGBC breakout room), Elgin

Hosted by Health and Social Care Moray (HSCM) & Moray Wellbeing Hub CIC (MWH)

An opportunity to explore the development of mental health services in Moray in conversation with a national perspective.

Four sessions open to HSCM team members & lived experience reps from MWH.

The following are notes taken by Heidi Tweedie, Moray Wellbeing Hub CIC. They aim to capture some key points and spirit of the event rather than provide a full record of the conversation. Any comments have been anonymised where possible. Attendance data is captured as part of the hosts ongoing monitoring and evaluation.

Named individuals (other contributions have been anonymised where possible)

- *John Crichton, Chair RCPSY*
- *Jane Mackie, Head of Service (Strategy & Commissioning), Health and Social Care Moray*
- *Heidi Tweedie, Champion/Director/ Social Movement & Enterprise Lead, Moray Wellbeing Hub CIC. (Also 3rd sector liaison Moray IJB)*

ACTIONS

1. All staff encouraged to attend and promote March opportunities for exploration and development around mental health –HSCM practitioners only, booking essential (UPDATE 20/3/20 – the events are postponed but registering helps future planning).
    a. HOP – Honest, Open, Proud: Peer-led workshop: One evening and full day. 6.30pm-8pm Tuesday 17th & 9.30am - 5pm Wednesday 18th March
    b. 26th March, 2-4.30pm: Mental Health inclusion / Challenging stigma and discrimination in health and care settings in Moray. Experience into action event for HSCM workforce.
2. Increased encouragement to staff to attend IJB meetings – Information on Moray IJB can be found here including the public meetings that are open. (note: Heidi welcomed any individual wishing to attend to feel welcome to contact her in terms of gaining confidence to attend – as a 'substitute' non-voting member she sits in the public seating space rather than the main table.)
3. Increase encouragement to staff to attend NHS board meetings – The next Moray meeting looks to be in August, but the Aberdeen meetings are also an option.
4. Suggested visit to Dumfries House in Cumnock.

Conversation 1: **9.30 -11:00 Community approaches to mental health**

Attendees (not inc. hosts) - 22 people. 2 male 50s/ 60s. F mostly 40/50s. Backgrounds include learning disabilities, young people's services, OT, MH social work, lived experience, psychiatry, GP.

- Jane set the scene that we were keen to talk across the system. What can we do together to help us progress in this system?
- She celebrated that 5 years ago we may not have seen young people reps and so many openly in lived experiences in such an event.
- What barriers might we face to move forward to see

Key theme: Authenticity

- John – started by speaking about his professional background. He was in psychiatry in England and was interested in ethical issues.
- He spoke about language and awareness that we use the same words and mean different things.
- Authenticity - "sometimes we wrap things up in therapeutic language and that causes great challenge"
- Experience in forensic psychiatry.
- He finds what is most rewarding is seeing people recover in their journey of life.

Key theme: Language

- John - Spoke about a conscious decision to become visible, such as searchable on google with an image, by chairing the RCPSY – he shared that this exists, as many such bodies' do, as a charity to promote standards and education, including training.
- He decides to take this forward as a voice to be able to make a difference. As an employee you can feel very pressured to follow the current line, as a RCPSY he has the freedom to say what should be done within the rules of their values.
- Current role in the Mental health partnership, which includes 3rd sector, that goes to the government with policy work. He pointed out that often there can be many groups linked to government which can get confusing even for the minsters to navigate and understand.
- Strategy implementation board is a key group he sits on as part of the partnership. Terms of reference challenges was around the word implementation.
- Tensions in group names, terms of reference, specifications etc due to language used in such groups as part of the integration agenda.

Key theme: Power and authority

- Old debates and tensions around the NHS – power and authority are often core at the heart of discord. When NHS first started the plan was for local authority to deliver NHS services and this was rejected due to the diversity in localities. ***How do we square the***

advantages of local approaches against a level of consistency for people in their services?

- It's not so much who is in charge, but the issue is when you want to change something. An example given was around adult ADHD services and how IJBs in some areas have struggled with delivering this – in some areas they simply did not deliver this and he pointed out the disparity with physical health around cancer.
- What does good look like? What should a good service look like? And RCPSY working on this to give a resource to groups to help support local IJBs to help them see what should be in a good practice. Acknowledgement of national expertise and local experience coming together for best outcomes.

Key theme: Voice of professional experience and ownership

- General discussion about Tayside and the challenges there. John points out that no single person can sort out the challenges there. However, a key factor we can learn from this example was the sense of professionals not having their voice heard alongside others.
- The historical recovery from very authoritative practice in mental health of the past - most have disappeared because these practices don't involve lived experience however this has left a vacuum for professional groups for them to have their voices heard alongside carers and patients.
- Challenge need to be faced together, in Tayside there was not this connection and sense of team.
- We all need each other – we need the multidisciplinary approach including lived exp and peer working. Recruitment and retention in an area of challenge is the issue.

Key themes: Collective approaches and peer-work

- Lanarkshire example of good practice, they used GIRFEC and made this about for everyone of all ages in their policies. (GIRFEP – P=people) If working for young people should work for all people.
- Discussion on the implementation of peer-support workers and his colleague he is delighted to work alongside in the forensic setting. There was anxiety initially in having peer-support workers alongside the other professional team in mental health. For example, questions were raised at the start of the approach if peer-support workers would be allowed to have access to the patient notes or work in the office – these seem very counter-intuitive now. He feels these members of the team give real richness to the clinical work – being able to say I've been where you've been is very powerful as a tool in inspiring recovery for patients.
- John - Peer-workers also "keeps us all in check" and "remind us why we are in this kind of work", "helps to check people in being respectful".

Key theme: Power of stories

- John shared stories of experience of patients who had taught him useful lessons in practice.

- Jane shared thoughts around narrative and the power of this. There are certain patients who have made a profound effect on how professionals go on practice within their jobs. She felt that professional always did this, but not brought it in fully within our work.

Key theme: Authenticity with evolving language to find shared meaning

- "Good stuff needs to be rediscovered and recontextualised for the modern age." Themes explored in different ways.
- " If the good stuff if not renewed loses its integrity."
- Need to live the concepts – how do we do this?
- How can we bring this in to one system? (*For me this is often about dispelling fear).*

Key theme: Empowerment to use peer experiences through building trust

- Mental Health Social worker: spoke about relationships that we form and the Making Recovery Real (MRR) experience. "We all exist within the system of society". The power of gentle challenge of the events that have been held as part of this MRR process, with conversations with the community and professionals. A place where all felt supported and safety to fully reflect.
- They spoke about a process – terminology is key. Continuity also key with language to gain shared meaning and better understanding.
- Also spoke about HOP (Honest, Open, Proud – a facilitated peer-group experience that explores disclosure of potentially stigmatising experiences) and the breaking of the barriers and challenges to referencing this. Sense of uncertainty of tapping into your own lived experiences, it's about what is appropriate to help someone progress someone's recovery journey and in your own life journey in external roles such as a parent, child, community member etc.

Key theme: Skills around boundaries and safe spaces

- John – "for us to do our work we need a safe space". Defences against anxiety in groups, institutional things – for example professionals referring to people as their diagnosis, or ritual task performance because it made people feel happier (mentioned research on this).
- Spoke about outdated mechanisms taken away but then staff felt too nervous to do things and terrible things happened as a consequence.
- Opportunity to rethink boundaries.
- John feels we don't prepare the team, in particular unregistered members of staff sufficiently - equipping the colleagues with the right skills.

Key theme: Exploring and sharing risk

- On power – thought about 'setting people free' another articulation of discovery of journey of recovery.
- Risk and the use of the word – what we understand on this term.
- Idea – using case examples : Working with people to support them regaining their ability to drive John felt was very important. Being able to explore a positive outcome and explore risk with the patient in partnership to satisfy the DVLA and recovery.

- Psychiatrist: Share thoughts on the potential of clash in positive risk taking between patients and professionals. And when something goes wrong there is a 'tonne of bricks' that falls down on them and we are all caught in this. Expressed that governance is key to supporting safety.
- Jane - People being open and honest about what keeps them safe now and need for this.
- John - Spoke about third sector and statutory partnerships seen through to change. Shared ownership and everyone's business to addresses problem areas.

Key themes: Partnership

- Conversation regarding IJBs and clinical input and those that are able to keep experiences being brought to this arena relevant and current.
- Jane - Partnership at all levels, not excluding everyone's voice. And do we have this right?
- From floor – it's about conversation and addressing fear. Spoke about peer supervision and support, she has this in her clinical role but what about her peer colleagues. Desire to see equitable system and resources.

Key theme: Funding streams effect on integration

- John - Secure funding on 3rd sector interventions and the link to signposting. NHS 24 having a nightmare on being able to signpost as say unsure what is currently active or still funded.
- Problem of short-term funding – if we are to strive for this, how can we have planning if they are unable to fund in 10 years.
- How do we balance the national conversations and the local conversations? We recognised the tensions in differing service and environments. Jane spoke about this being a barrier to ownership.
- Example of good practice, John - Dumfries house in Cumnock, country house on an estate where Prince Charles has put in a well-funded wellbeing centre. Model is they work with GPs in Cumnock and this has become the 2nd biggest employer in the area and is excellent example of social prescribing.
- Lived experience individual: spoke about the delight of having a word to describe what they do - social prescribing. (power of shared language to open up resources)

ACTION – suggested visit to Dumfries House.

Conversation 2: **11.30-1:00pm Acute: Impact of culture change – going beyond new structures to explore the 'how'**

- Local psychiatrist set the scene to support the diversity of attendees to understand the context – Community mental health team / inpatients
- Heidi – Defined acute as a "time of high distress when you are unable to direct your own care and support".
- Challenges "we never had enough beds" is an issue across the system, for example in Moray we actually have a much lower bed base per population than in other areas. However, this can be a sense of not having sufficient resources can be a constant stress to the people who work with this bed resource issue.
- Royal Cornhill in Aberdeen – this is still in area for us in Moray but it feels' out of area as so far to travel to. John helpfully defined this as 'far from home' and clarity given from the local team this resource was not used very often as a result.
- The main difficulties locally - Advanced Nurse Practitioners triage people out of hours. Hopes shared in the group that this local gatekeeping was 'good' (i.e. the people with the need are going through) but folk do get stuck in the system and everyone, patients and professionals, needs and wants folk to move through. 18 beds we have in Moray some are occupied with folk who know they don't know don't want to be there but challenge to move on 'safely'.
- Also shared from the group that the local team had recruited and retained consultants well in the past but insufficient nursing staff was an issue.

Key theme: 'Boarding' and spaces of safety

- John - spoke about historically and 'boarding' people as many folk were known to them i.e. popping them in to a bed without being seen by a clinician. This is so distant from what happens now. Partly this comes from beds being seen as very expensive by management; power and shifts in power in healthcare reduction of beds over all – we know that with an aging population there simply be more by this demographic need. Thought is "if you have beds you will use them".
- Discussion - Theories on why are detentions rising and why there are rising numbers in demand of CAMHS.
- Complex Trauma (a better term for highly stigmatised diagnosis such as BPD) – spoke about agreeing a setting where people can ask for admission and how to plan this.
- PCSPY has now changed its position on bed numbers.
- Spoke about a pilot run in Aberdeen that might be of interest to learn about linked to 'out of area'.

Key theme: use of peer-workers in acute settings

- Heidi – muted the idea of peer-support in the acute roles in Moray.
- John – cautioned that in previous cased potentially where peer-workers have been funded it has often been at a cost of lower bed numbers.
- Spoke about bed redundancy and this being healthy if expensive.

Key theme: Support and communication with IJB

- John - spoke about IJB needing to be aware of these high support needs.

- Jane – IJB are open door around mental health but require to be clear with them about asks.
- Agreed that we all are interested in the same outcomes.
- John recognised that our IJB is a huge strength – there is power but it is one we can tap in to.
- Jane and the power of stories we tell.
- AGREED – desire to encourage more mental health staff to attend the IJB to have a sense of what happens there.

Key theme: Staff sense of connection/ ownership to tiers of organisation

- I Matter – staff experiences tool to help team planning in the NHS was brought up. Strength of connection between different tiers of the organisation. Ownership. How to find the time to take up these offers of being engaged in different levels.
- In other areas there has been challenge of strategic lead and being remote and distant.
- Spoke about the national removal of spaces specific to healthcare staff. Such as libraries and canteens.
- Trainee experiences – key point that experience of exclusion and attitudes in a hierarchy and decision making.
- John - Ownership and generational challenges. Attitude to professional experience and knowledge has changed now we feel we have access to 'all knowledge' via the web in our pocket.
- Role models and retirement – people being able to look forward to see people retire and return.

Key theme: Organisational structures, work-life balance and generational attitudes

- National issues for some staff. People not being enabled to work part time and impact on their mental health.
- Good practice - For trainees to design their own placements to aid in retaining them. Moray recognised as strong in this by trainee who shared experience of this.
- Point about positive 'self-protecting' activity of younger new students in medicine. Lack of agency another side of this coin.
- Need for dialogue between generations. Need for narratives that engage people "The case that gave you fire in your belly".

ACTION - encourage more mental health staff to attend the IJB to have a sense of what happens there.

Children and Young People: an extraordinary meeting of the C&YP leadership group

Attending: 10 people 1 male (40s), F mostly 30-40
speech and language lead in Moray / young people residential care / OT, MH social work / GP / YP champion lead for MWH.

- Jane give the context: Professionals in Moray coming together (as Alliance Group) identified issues around CAMHS and issues in this and need for improvement plans. Children services were separate from this and independently they also identified they were keen to work on this. Jane now leads this MH C&YP leadership group.
- Issue across the country around this theme and the government are now seeing this and putting out good practice specification and resources.
- Moray had offered to be a realigning children's services pilot – linked to this a widespread survey of C&YP in the area and their families.
- So there is clear evidence from all sides that this is a really big issue. Government have been very clear about what services should be: accessible, 365 open, supported by CAMHS professionals. Offers opportunity for GPs etc to refer people to get support. Currently only 50% of people who have been referred to CAMHS will get a service.

Key theme: Transitions

- John – there are many layers that have not being working well. Transitions historically not working well such as children to adult services, YP home as students to and from their place of study. Forensics and the kids of people in this system – they have often experienced trauma and face around 8 months waiting for support which is unacceptable.
- Retouched on the earlier issue of localism and national thinking in this context. Government give a skeleton and then local areas it's up to us how we deliver it. A one door system whoever you are, then an assessment something occurs to better signpost you on to the right resource. i.e someone who is in acute distress needs something different from someone who is experience symptoms of trauma and abuse.

Key theme: Ensuring professional specialties are included

- RCSPY keen that psychiatrists need to be involved in planning the process. Feels the government vision will take around 10 years to fully reach.
- Example of what needs to change, where referrals come from – bureaucratic nonsense and being able to call this out as against outcomes for people.
- Geographical transitions – student health very important.
- Jane suggests this is a great model for all ages and that adult services can look to learn from this.
- Gatekeeping discussion – point about the link to signposting and not taking responsibility and 'passing the buck' that someone is in destress. Spoke about the issue of specialisation
- John shared Mental Welfare Commission's patient AP case – Mother with post-natal depression had tragically taken her child's life. In the past she had been detained due to risk in the past with good outcomes. But in this case communication had broken down and as she fell into the wrong criteria, people were not on hand at right time etc.

Key theme: Medicalisation of distress and resource access

- Working with distress - this used to be the role of social work. Question that distress has become more medicalised to enable access to resources.
- Funding increases in resources in the recent past – most has been recently in A&E and here we have great issues rather than increased solutions.

Key theme: Move beyond limited thinking, learn from other areas best practice

- Out of area residential spaces – behaviours become so challenging that people are sent very far away. There can be an assumption that this will always happen, but this reinforces the cycle.
- John spoke about repatriation of people from private care in England back to Scotland and this being exceptionally challenging.
- 'Wellbeing hubs' (Not Moray Wellbeing Hub but a generic term for these new C&YP one door resources) these are proposed for the C&YP resource as a central point. John points out it can be beguiling to be fixated on buildings and not the focus on the approach and the people who create this feel. He recommends that we consider the learning from addictions.
- Spoke about meeting the ask. Also having to go back to the bottom of the ladder when referrals don't fit criteria.

Key theme: Use of peers / compassionate resources

- Heidi - we have not fully harnessed the peer element to support this in C&YP.
- John - Spoke about setting up the Veterans First Point services in Edinburgh – need for this to be an authentic peer i.e. as close in experience as possible, about building trust and connection to hope.
- Compassionate resource: Concern that services set up without MH expertise has happened in England – we need variety of skills.

Key theme: Remove waiting lists

- John - Suggests do away with waiting lists, meet the distress as soon as possible.
- Keen to involve parenting groups in planning of 'C&YP wellbeing hubs'.
- Spoke about trauma informed approach and involving all elements in.

Key theme: Connect with right resources not signpost

- Spoke about this not being signposting but walking alongside 'taking you there'. Directing people to interventions, accessing groups etc and barriers to being included and finding a group or service that can really help you.
- Heidi – this has been core to MWH learning and experience that the connection and trust was the vital component in making interventions meaningful and effective.
- Jane - Social work and it missing from the system – valuing people – seeing this represented in the care review which also included the voice of C&YP and their families.

- Transitions – issue of getting children in adult settings who are not in FT education but are not 18 years old. These 16/17 year olds.

Key Themes: Hearing what is being said, not what you want to hear – barriers / labels

- Peer-support workers – remunerated and as employees. This led to Becky the MWH Young People Champion Lead sharing a bit about using peer-approaches and the power of active listening, and her own lived experience.
- The power of listening to what you are saying not what they want to hear.
- Spoke about making space for conversation about mental health with young people and being creative not just talking and it being static, also engaging the adults to learn and experience things together.
- Language is a barrier – ensuring take time to find shared understanding. “there is a lot of ability to change things if you listening to people”.
- YP don’t have the same barriers that adults have created. Point about art and creativity. It’s about finding the passion that the young people will tap in to.
- YP have the experience of what it is a young person at this time – you have to give perspective for both the people who support and supporters.
- YP not having the language but have the feelings of distress. We don’t need them to learn our language to support them.
- Need for peers of compassion and listening, without unhelpful labelling. John linked this with the speed of the assessment’s and not having time with people, brief interactions that can have a legacy based on 10-15min.

Key theme: Service flexibility and swift responses to emerging need

- Flexibility to change and adapt – clear boundaries and options for adaption to evolve with young people.
- Safe space where if the acute occurs then a suitable response can be given to prevent further distress.
- Retelling of the story and poor patient care.
- Continuity of care / contact – naturally thought of as very valuable bit thought of as very hard to achieve. Need to rearticulate this for the modern age.

Key themes:

- Power
- Whatever door you should get what you require - how we can make this the driving force.
- Parents and the voices of them and YP in the development of services
- Value of peer in any environment.

Closing thoughts – John commended us all for our ways of working and shared he had thoroughly enjoyed the event.