

**Longer, healthier lives for  
all the people in Croydon**

**Feedback from the Quarterly Patient and Public quarterly forum  
held on Wednesday 17 September 2014:**

**An update on Mental Health services**



## **Introduction**

The September quarterly forum focused on mental health services in Croydon. Stephen Warren, Director of Commissioning Croydon CCG, and Susan Grose, Head of Mental Health and Substance Misuse Croydon CCG, delivered a presentation to provide an update on mental health services. This was followed by group discussion to gather feedback and hear experiences from the attendees.

The presentation summarised the challenges faced by the CCG, particularly with regard to developing a strategy that allows commissioning of effective high quality mental health services, and projected increasing demand among an ageing and increasingly diverse local population.

A copy of the presentation can be [viewed here](#).

Following the presentation, the attendees were invited to share their experiences and give important feedback which has been used to help us implement our mental health strategy.

A summary of the discussion is provided below.

## **Education and training**

- Attendees talked about the need for GPs and other frontline NHS staff, such as staff in A & E departments, to receive further education and training. Services users in particular felt that this would help improve diagnosis and signposting of appropriate services.

## **Diagnosis**

- Participants spoke about problems they had experienced around diagnosis of their condition. It was reported that some services took a long time to identify whether a patient was presenting with a mental health need and/or a physical health need.

## **Better integration of services**

- It is considered important that GPs and other front line staff can make an assessment of patient's social support needs, such as housing, debt advice, and benefits advice; leaving these unaddressed, can contribute to mental ill health.

## **Support for families carers**

- The importance of including patients, their families and carers in developing care plans, and education and training programmes, to support patients was emphasised. This will help families and carers recognise symptoms of mental illness and build confidence for those providing support to people with mental health conditions.

## **Patient experience**

- Participants discussed how the GP and the patient often have different perceptions of the GP appointment in itself. This is because, the patient often presents to the GP after they have experienced symptoms for some time and their expectation is the GP appointment will be the end of their process. The patient's expectation is that the GP will help them get better and help put things right. It is important to understand that the first day a patient accesses services will not be the first day of their illness.
- Participants fed back they do not always feel listened to by clinicians, and the appointments felt like a one way process.
- Participants reported that some services could be more welcoming, and that access and empathy are key factors to improving patient experience and outcomes.

## **Referrals - Children and Young People**

- Participants discussed the long waiting times for referral appointments to specialist mental health services, including Child and Adolescent Mental Health Services (CAMHS). It was acknowledged that CAMHS is currently operating at an inadequate level of service, and this is nationally, not just in Croydon.
- Participants also reported that the referral assessment criterion is very high, which results in some patient's not receiving any treatment or support because they do not pass the assessment.

- It was reported that, in some circumstances, after a patient had waited eight weeks for an appointment, they received a letter informing them they are not suitable for the service. Participants fed back that the letters do not offer any alternative options, so it is left up to the patients, their families and carers, to decide what their next steps will be. It was acknowledged that this could be particularly difficult for people with mental health needs who may not have the confidence or motivation to independently work their way through the NHS system. As well as being upsetting and frustrating for the patient, it was also felt that under the circumstances, the language/wording used in these letters is inappropriate and more care should be taken to ensure communication is properly worded and appropriate for the target audience.
- The group proposed a rapid assessment process should be put in place, which should also include an assessment of additional support needs, such as support for housing or with education. It was proposed that there should be more information in the strategy on how families and schools will be supported to care for children with mental health needs.
- It was suggested that a significant proportion of the CAMHS budget is spent on children with ADHD, when these individuals may need some other form of support.

## **Referrals – Adults**

- Attendees reported that long waiting times for consultant appointments is also an issue for adult mental health services.

Attendees approved of plans for a process for rapid assessments and triage. These should ideally include an assessment of patients other health and social care needs. Urgent needs should ideally be assessed within a day.

- One attendee reported they felt the assessment criteria can exclude rather than include patient access to some services.
- It was suggested that referrals for perinatal patients should have a holistic approach, ease of access and early intervention.

## **Community and voluntary sector**

- Many attendees approved of the idea of more services being provided in the community, as quickly as possible, whilst retaining a focus on high quality and safe services.
- It was reported that demand for services provided by the community and voluntary sector is also increasing.
- It is considered important to work more closely with the local community and voluntary sector, as they have good local knowledge of Croydon and of local people and, opportunities to use volunteers and support workers should be explored. It was explained that one of the CCG's priorities is to look at how the budget could be used differently to increase capacity in the community and voluntary sector and, to assess how the community and voluntary sector can support social prescribing, to help patients deal with issues such as reducing isolation.
- Most attendees felt that neither patients nor GPs always know how to navigate and/or access services. It was agreed that, in order for this to work effectively, GPs will need access to current information on what support services can be provided by the community and voluntary sector, and they will also need assurance that the services meet relevant quality standards.
- The important role of churches and faith leaders, in relation to providing support to patients was also acknowledged.

## **Black and Minority Ethnic Groups (BME)**

- The group discussed the stigma of addressing mental ill health among some Black and Minority Ethnic (BME) groups. It was confirmed that a priority is to better address the needs of the BME mental health patients, who make up 40% of the inpatient admissions.
- One participant commented that, in their locality, there are a significant number of people that do not speak English as a first language, and this could

be a barrier to them accessing GP services. It was confirmed that all GPs should have access to language line interpreting services.

### **Mental health promotion, prevention and early recognition**

- It was suggested that there should be more promotion about mental health, specifically regarding prevention and early recognition and, GPs should be more proactive in looking for potential mental health problems.

### **Talking therapies**

- Croydon CCG has committed to further investment in 'Improving Access to Psychological Therapies' (IAPT).
- It was acknowledged that talking therapies and the role of volunteers who can provide peer support are both important.

### **Section 136 admissions**

- Attendees felt that admissions under S.136 of the Mental Health Act 1983, which allows a police officer to remove a person they think is mentally disordered and 'in immediate need of care or control' from a public place to a place of safety, in the interest of that person or for the protection of others, should be avoided wherever possible.
- It was suggested by many attendees that health services need to work more closely with the police e.g. resilience officers working with CAMHS is considered a good model.

### **Measure of success**

The group identified the following outcomes as measures of success for the CCG's mental health strategy:

1. More people going back into community services
2. Earlier diagnosis and more responsive services
3. Early recognition of issues by Child and Adolescent Mental Health Services
4. Successful implementation of a single point of access

Dr Agenelo Fernandes thanked all attendees for their valuable feedback and participation and closed the meeting.

Date of next meeting: Wednesday 10 December 2014