<u>Initial Analysis of Mental Health Review Engagement Interviews May-July 2017.</u>

The below analysis is based on the initial engagement interviews.

Focus on preventing escalation and admission *[YCYW: Focus on Prevention]*	
Things people told us	**Possible Solutions**
• People's expectations of the care coordination system are not always met, with some people saying there are lengthy waits for allocation. • Community based services should be available 7 days per week. They should provide social and clinical care. • Some people said there were not enough community resources. • Some people said they thought there were long waits for IAPT services.	• Develop a Safe Haven / Evening Café to create a welcoming environment for pre-crisis support out of hours. • A clear and well publicised single point of contact for emerging mental health emergencies. • Redesign the role of wellbeing house to meet the needs of those in crisis/pre-crisis • Reduce waiting periods for IAPT services.

Improve community based support

[YCYW: Build Community Capacity; Reduce Social Isolation; YCYW: Value the Workforce and Volunteers]

Things people told us	Possible Solutions
• The voluntary sector in BANES is excellent – but statutory services need to support them and service users and carers to use and further develop them. • There are a wide range of groups available, but they tend to operate Monday-Friday 9-5. • Peer working, peer mentoring, volunteering and befriending are important elements of the recovery process and require further development. • Some people told us that assistance with housing, finance and benefits are important aspects of mental wellbeing, but that support in these areas is not always consistent. • There are not many services available for younger people who may have left CAMHs, but do not meet the criteria for AWP services.	• Create the Mental Health Collaborative led by Virgin Care to ensure ongoing support and direction for the voluntary sector. • Provide a Community Fund to assist groups to establish themselves outside of normal working hours and across the whole of B&NES • Establish a B&NES wide system for peer workers, peer mentors, volunteering and befriending. • Offer training for services which regularly work with individuals with mental health needs, e.g. Citizens Advice Bureau. Work with the Housing Department to ensure the needs of people with mental health issues are addressed as part of their ongoing strategy. • Design and commission services for younger people.

Join up the services

[YCYW: Provide more joined up care; share information more effectively]

Things people told us	Possible Solutions
• Transitions between CAMHs and adult mental health services sometimes do not work well. • People's physical as well as mental health needs are not always addressed. • Communication between services and with services users and carers, particularly in times of crisis does not always work well. This includes communication between different AWP teams. • There are a lot of different services in B&NES but they do not always work well together. • Some people told us that if the criteria for receiving secondary mental health services is not met, they are not routinely signposted to other services which may be able to support them. • Dual diagnosis (substance misuse and mental health) service users can fall between gaps - too risky for IAPT but not severe enough for other services.	• Build on the Transitions work being undertaken by the STP and ensure that the CHIMAT standards are adopted with B&NES. • Develop a model of care around GP clusters which ensures integration of physical and mental health with the wellbeing service at initial point of contact. • Build on the current Intensive service which is available 24/7 to ensure there is a timely response in times of crisis. • Establish the Mental Health Collaborative to oversee the pathway. • Establish a single liaison service - for substance misuse and mental health - staff should be multi-skilled so they can ensure people substance misuse and mental health needs are being met. Consider having substance misuse workers as part of the initial point of contact for physical and mental health services.

Drive parity of esteem between medical and social interventions
[YCYW: consider the whole person]

Things people told us	Possible Solutions
• Some people told us that social determinants of mental health are not routinely given prominence. Within AWP some people thought that the medical model was dominant and social care little to be seen. • Some carers told us they feel undervalued and often don't get the support and/or information they require.	• Establish the Mental Health Collaborative and at its inception ensure that social care as well as clinical care are given equal prominence in the pathway. Then help build community capacity to improve social provision and support. • Work with careers to ensure that a Carers Charter is implemented throughout the pathway.

Improve the signposting of services
[YCYW: guide people through the system]

Things people told us	Possible Solutions
• Signposting is inconsistent within PCLS, GPs and within the voluntary sector. • Signposting needs to be online and paper, such as the Hope Guide as often people who are marginalised do not access IT regularly.	• Develop a single point of contact model around GP clusters which includes physical and mental health and possibly includes social prescribing and IAPT. • A simple digital resource which GPs can signpost individuals to and which also has an area for clinicians that outlines all of the relevant services. Could also include resources and tools.