Wirral JSNA: Mental Health Forum response to JSNA Call for Information

Summary Report August 2014

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Wirral Joint Strategic Needs Assessment
Mental Health Forum response to JSNA Call for Information:
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Introduction
This short report outlines the survey results provided by the Mental Health Forum (MHF) in April 2014 in response to the first Wirral Joint Strategic Needs Assessment (JSNA) Call for Information. There were 16 responses to the survey both through the Forum meeting and individual submissions during April 2014.

Background
The process of identifying current and future health and wellbeing needs is an ongoing process that should wherever possible look to include detail, knowledge and experience from a wide group of contributors. JSNAs should be making efforts to enhance that content through the involvement of local people.

Wirral JSNA Executive Group, working with Healthwatch Wirral and Community Action Wirral, were looking to encourage more people to feel they can contribute to the JSNA process, identifying potential local needs and issues that in turn would help inform and shape future provision.

Approach
The Call for Information 2014 process looked to ask individuals, groups and local organisations to submit information they were aware of that would add to our local understanding. The opportunity was open to all, communicated through a range of sources and methods, and predominantly led by Health Watch and Community Action Wirral, for a period of over months between January – April 2014.

Mental Health Forum was invited to submit their views and content which was co-ordinated, both through the Forum meeting and individual submissions, in April 2014.

Results
16 responses were received based upon the bespoke survey form, submitted by Mental Health Forum members as service users, support organisations and service providers (Appendix One) covering 4 key questions:
- What key issues are currently impacting on resident's mental health status?
- What key issues could impact upon the future mental health status?
- What informed people's understanding about these key issues?
- Ideas that might improve outcomes

Key Issues
Below are the summarised results of issues most highlighted across questions one and two with more detail in appendix two:

- **Austerity and related budget reductions** were an issue and were highlighted more as a concern for the future more than just a current issue.
- People noted **increased money issues** as both a current and future issue which might be compounded with ongoing budget reductions nationally and locally
- **Access to services** such as limited access, service reductions, issues at discharge or on waiting list for access. These were more a current issue for respondents but this could be due to future uncertainties what that might involve

- **Housing** was an issue now and in future in particular availability, quality, affordability and were housing was considered inappropriate for certain service users
- **Issues with access to benefits** such as changes to benefit system, slow receipt and lack of advice and help were very much current issues affecting mental health status. This was less apparent as a reason for future mental health issues though this could be due to uncertainties on any future benefit system changes and local impacts.
- **Other aspects -** there were other issues being raised that were causing additional concern, and so impact or consequence for example, social isolation, a perceived lack of community support and concern for the disengagement of/with service providers due to potential service reductions.

In terms of the reasons people why people were reporting these aspects as current and potential key issues (Appendix Three) they fell into the following categories:
- Research they had seen
- Anecdotal knowledge they had gathered
- Anecdotal awareness of others circumstances
- Related evidence that they were aware of
- Statements by respondents of actual issues

In general it was people's perception and experience of changes happening to them. This might be an opportunity for the Forum partners to consider some more specific work to realise more local information to inform local provision and practice.

Finally, respondents submitted ideas, suggestions and possible solutions to the issues being reported in the survey (Appendix Four). Generally these covered:
- Develop ability of communities of interest or by areas to improve local outcomes
- Maintain support for local organisations/groups to give needed advice and help
- Better communication to promote existing and/or future opportunities to increase wellbeing
- Best accommodation and local environment for people's circumstances

Also:
- Support people who could suffer due to changes to services, provision or help
- Increase service user involvement
- Limit potential negative impacts on clients through improving contact and approaches by service providers
- Service providers and staff are best informed as to how to support clients and public
- Maintain, or increase, financial, or other support, for those in need

Discussion
- The results of the Mental Health Forum survey response to the JSNA Call for Information, albeit from 16 people, do provide added insight into the situations being faced by Wirral residents and the subsequent mental health status.
- There are opportunities to consider the information further and also to gather, and then report, more insight where possible
- These will be included in the JSNA content and shared with commissioners, providers and wider audience wherever possible.

John Highton, Wirral JSNA Lead, August 2014

Call for Information 2014:
Joint Strategic Needs Assessment (JSNA) Questionnaire

Please state the obvious, don't assume prior knowledge and do express your own and organisational views and experience.

Question 1

In your opinion, what are the key issues that could cause, or make worse, the **current** mental health status of residents?

Question 2

In your opinion, what are the key issues that could cause, or make worse, the **future** mental health status of residents?

Question 3

Why do you believe these to be the key issues?

Question 4 - Informing future service planning

What could make a difference?

Suggest key changes that might improve outcomes for people with mental health issues

List as many as you want to record but please consider the list as a) Practical changes and ideas that could feasibly be achieved given local financial constraints and b) aspirational or in 'an ideal world' scenario.

Suggestions could also cover options for preventative measures as well as treatment options

Write as much as you like! (Please don't be constrained by the lines)

Please return to me to include in whole Forum response OR direct to johnhighton@wirral.gov.uk

Appendix Two – Summarised responses to Questions One & Two

	Answers to Questions 1&2	Q2	Q1
1a.	Government Cuts	5	2
1b.	Government Cuts with service reductions	3	0
2.	Increasing money issues (lack of) (impact) (rich and poor gap)	4	3
3a.	Access to services - limited	3	4
3b.	Access to services - reduction	2	1
3c.	Access to services - on discharge no help	3	1
3d.	Access to services - to rapid access interventions	0	1
3e.	Access to services - need clear pathways	0	3
3f.	Access to services - limited access to mental health services	0	1
3g.	Access to services - waiting lists for psychology service	0	1
3h.	Access to services - info and advice	2	2
4.	Economic decline / issues related	1	1
5	Employment issues	2	2
6a.	Housing - poor availability	0	1
6b.	Housing - unaffordable	2	4
6c.	Housing - quality	1	2
6d.	Housing - homelessness	1	0
6e.	Housing - inappropriate housing	0	1
6f.	Housing - lack of private landlord support	3	0
7a.	Benefit issues - trap	1	3
7b.	Benefit issues - changes to	3	2
7c.	Benefit issues - lack of advice	0	1
7d.	Benefit issues - slow receipt/other issues	0	2
7e.	Benefit issues - fraud/others suffer	0	1
8.	Fear – generally and of crime (won't go out)	1	2
9.	Social Isolation	3	4
10.	Stereotyping of claimants	0	2
11.	Bedroom tax	2	2
12a.	Community issues - breakdown	0	1
12b.	Community issues - lack of	3	2
13.	Policing - lack of visibility	1	1
14.	Local Health & Social Care structures - changes to	0	1
15a.	Service providers - fear of losing support	1	1
15b.	Service providers - bureaucracy of statutory services	0	1
15c.	Service providers - fear of services	1	0
16a.	Lack of alternatives to go to if ill/unwell instead of hospital	0	1
16b.	Lack of alternatives to go to if ill/unwell instead of just a medical model	1	0
17.	Transport - reduced	1	0
18.	Closure of venues	1	0
20a.	"Already too ill to fight" (physical health)	1	0
20b.	"Already too ill to fight" (mental health)	1	0

* Multiple answers per submission

Appendix Three – Summarised responses to Question Three

	Answers to Question 3*	Number noted
A	Research	2
B	Anecdotal knowledge	2
C	Anecdotal awareness	4
D	Related evidence	2
E	Statements	8

* Multiple answers per submission

Appendix Four – Summarised responses to Question Four

	Answers to Question 4*	Number noted
1.	Better communication to promote existing/future opportunities to increase wellbeing	6
2.	Support people who could suffer due to changes to services, provision or help	2
3.	Increase service user involvement	1
4.	Develop ability of communities (area/interest) to improve local outcomes: a) early intervention & prevention b) wider range of options to engage local people in their area	11
5.	Limit potential negative impacts on clients through improving contact and approaches by service providers a) Come for another interview b) Contact should be appropriate and not unintentionally create negative impacts c) Services meeting client needs (where, when) for people's circumstances	3
6.	Best accommodation for people's circumstances and local environment	4
7.	Service providers and staff best informed how to support clients and public	1
8.	Maintain or increase financial or other support for those in need	3
9.	Maintain support for local organisations/groups to give needed advice and help	9
10.	Using funds more creatively, collaboratively and extracting most value without replication	1

* Multiple answers per submission

Appendix 5 – Long list of responses to what could make a difference*

Answers to Question 4*		
Give hope	Supervision as must especially for peer lead projects	Pilot & promote community lifestyle (e.g. Time Bank)
		Provide info for what is available to promote wellbeing
More support with accommodation.	Keeping well projects as well as recovery and treatment	Fight for the clients rights
		Simplify the system
		More Service User involvement
	spirituality included and recognised more	Community building; community connectors; ABCD
Normalise mental health	Public Campaigns to raise awareness	Stop calling me to benefits office - making me worse
		Landlords are back - scared to ask for repairs
Community ABDC approach	A scheme that reward employers that hire people with mental health	More education about what to do when unwell,
		Services that are available,
		Encouraging wellness through hobbies, exercise, etc.
More projects in heart of community	Normalise mental health	A social understanding of what leads to poor mental health will improve communities/society views and therefore more services to support people thrive in their community as individuals, as opposed to "patients" dependent on services
Being more creative and resourceful,	In it together culture	More police.
		Less cuts to benefits.
		More advice.
		Community inclusion.
		Youth clubs
Stop replication of projects and work collaboratively	Education for young people	Wellbeing hubs localised to areas of deprivation to ensure optimal access to facilities & help the most vulnerable.
		Facilitating local volunteering & social assets to enable the long term commitment to the above to ensure stability
		Gardening projects
More support for smaller community projects	More support for families with family member with dementia	Learn from things that haven't quite worked the way we hoped, rather than blame game
		More support or funding for support packages.
		Location is key - good safe areas to reduce paranoia
Social Enterprises	Personal Development	Money invested wisely, and accountable for monies spent
Recovery Education	Mindfulness	More training of professionals so that they can better understand mental illness If people say they are going to phone someone the do it. A person with mental illness may wait all day for that call and become very distressed when it doesn't happen. This may prevent further mental distress (better communication).
Can do culture	More support for smaller social enterprises	More coordinated services / partnering - services that equip, empower people to do for themselves (DIY).
		Early intervention and prevention activists.
Costitums	Co-production	Affordable housing, Exceptions to bedroom tax, Don't withdraw funding of organisation who give debt advice / benefits support.
Transparency	Service User Involvement	Adopt an open honest transparent approach for people who work in health and social care, who sometimes feel they will judge for mental health
Learn from challenges	Raising awareness and opportunity	Shift focus from shame and embarrassment to openness and honesty
Modelling excellence		Accountability, there seems to be a lot funding that has been attained just as a tick box exercise and no accountability or untrue reflection of big picture
More therapeutic use of healthy prescription such as Swimming passes Gardening courses Knitting courses Creative writing Photography		Peer support workers, recognition as equal value to professionals to continue to developed
Perhaps a federation of organisation that are quality assured to give base line for standards		Key Recovery and Mental Health Advocates & community organisers

* In no particular order - as received