Mental Health Services (one in four) Review Panel

REPORT O SB/17/2008 TO THE CABINET
22 JULY 2008

ADOPTED BY THE STRONGER COMMUNITIES SCRUTINY BOARD
11 June 2008
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I am pleased and proud to recommend to you the final report of the Mental Health Services in Torbay Review Panel.

This is the first review that has been carried out by the new Stronger Communities Scrutiny Board and it looks carefully at the current state of mental health services within the boundaries of Torbay.

Mental Health is no longer something to be shut away and ignored as its prevalence is becoming all too common in all sectors of society. Hence, therefore the mention of ‘one in four’ in the title of this review, referring to the fact that one in four of us will suffer from mental illness in our lifetime. This being so the panel were determined to review the services delivering care to those people who suffer from mental illness and to look for areas where improvements could be made for the people of Torbay.

In the course of the review we heard evidence from a range of people including senior mental health managers, mental health clinicians and service users and their carers. My thanks therefore go to everyone who took the time to contribute to our understanding of this difficult and complex issue.

Finally can I stress that you read this report in entirety, a lot of work went into producing this document and the views of lots of individuals and organisations were sought to complete it.

Councillor John Chairman of the Mental Health Services Review Panel
1. Executive Summary

1.1 The Mental Health Services Review Panel was established to review whether mental health services and facilities in Torbay meet the needs and demands of the local population. The panel also sought to seek areas where improvements could be made in the future.

1.2 The panel examined whether there is fair and equitable access to mental health services and sought to judge the quality of services delivered in Torbay. They also looked at the range of choices offered to service users and evaluated the current capacity of mental health services in Torbay.

That it be recommended to Cabinet

1.3 That the Strategic Director (Children's Services) review and report back to the panel on the robustness of the collection, recording and transfer of data between Children's Social Services and CAMHS relating to children with mental health needs.

1.4 That the Mayor lobby the Minister for Health to increase the NHS spend on mental health services to 25% per annum.

That it be recommended to Devon Partnership NHS Trust

1.5 That Devon Partnership NHS Trust review, take action and report back to the panel on different routes locally for people to access mental health services other than through a GP or by presenting themselves at Accident and Emergency.

1.6 That Devon Partnership NHS Trust review, take action and report back to the panel on the possibility of providing out of office hours services for mental health service users, especially older people, young people and people with drug and alcohol issues.

1.7 That Devon Partnership NHS Trust review, take action and report back to the panel on the effectiveness of treatments such as cognitive behavioural therapy in the light of criticism from service users over the frequency and consistency of treatment.

1.8 That Devon Partnership NHS Trust review, take action and report back to the panel on their policies regarding liaison with local mental health charities and voluntary groups to ensure that these groups have access to professional advice and support when required.

1.9 That Devon Partnership NHS Trust pass on the appreciation and thanks of the panel to their staff for their commitment and enthusiasm in tackling mental health issues in Torbay.
1.10 That Devon Partnership NHS Trust review, take action and report back to the panel on ways to provide more domiciliary care for service users and respite care for carers in Torbay.

1.11 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust, review, take action and report back to the panel on whether Torbay has an appropriate number of GPs with mental health expertise to deal with the level of service users in Torbay.

1.12 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust, explore and action methods to decrease the stigma of mental illness in Torbay’s population.

1.13 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust and South Devon Healthcare Foundation NHS Trust, appoint a Liaison Psychiatrist and a Liaison Psychiatric Nurse in Torbay Hospitals’ Accident and Emergency Unit.

1.14 That Devon Partnership NHS Trust, in conjunction with South Devon Healthcare Foundation NHS Trust, review and take action over the quality of the accommodation provided to service users and staff at the Haytor Unit, Torbay Hospital and Family Guidance Unit, Torbay Hospital.

That it be recommended to Devon and Cornwall Police and South Devon Healthcare Foundation NHS Trust.

1.15 That Devon and Cornwall Police and South Devon Healthcare Foundation NHS Trust liaise to improve the police presence at Torbay Hospital’s Accident and Emergency unit at critical and peak times.

The recommendations contained within this report would be a Key Decision (Ref. 31/2008)
2. **Introduction**

2.1 In recent years Torbay has experienced many controversial closures of mental health facilities such as the Briseham unit in Brixham and Watcombe Hall in Torquay. Therefore with this in mind the new Stronger Communities Scrutiny Board made the decision that their major review for the 2007/08 year would be to investigate the provision of mental health services in Torbay.

2.2 The scope of the review was:

(i) To determine what services and facilities currently operate in Torbay which deliver mental health services for adults and children

(ii) To ascertain whether there is fair and equitable access to mental health services in Torbay

(iii) To judge the quality of the services and treatments given to service users in Torbay

(iv) To determine the range of choices that exist to service users in dealing with their mental health needs

(v) To ascertain whether the current capacity of mental health services in Torbay meets the needs of the Torbay population now and in the future

(vi) To identify areas where gaps in service provision exist in Torbay and areas where improvements could be made.

2.3 The project plan which sets out the full details of the review including the methodology adopted is included as Appendix 1.

2.4 The membership of the panel comprised of Councillors John, Horne, Carter (Mrs C), Manning, Faulkner (Mrs J) and Charlwood. Councillor Charlwood replaced Councillor Faulkner (Mrs J) in November 2007 due to changes in the political balance of the Council. Councillor John chaired the review panel.
3. Process

3.1 The panel met formally on 5 occasions to consider evidence and to work through its project plan. The panel also made a significant number of site visits to gather evidence and to meet with mental health managers, mental health clinicians, mental health commissioners, service users and their carers.

3.2 The panel also undertook a consultation exercise with the local community which included an open day at the Town Hall, Torquay on World Mental Health Day.

3.3 Evidence for the review panel’s work was collected from the following:

- Ann Tuley, Chief Executive, Devon Partnership NHS Trust
- Dr Joanna Wildgoose, Consultant Psychiatrist, Devon Partnership NHS Trust
- Sue Lewis, Assistant Director (Performance), Torbay Council
- Simon Shevbersky, Assistant Director (Housing Services), Torbay Council
- Siobhan Gradie, Assistant Director (Health), Torbay Council
- Vice Clark, Assistant Director (Commissioning), Torbay Council
- Beverley Robinson, Parkview Society
- Dr Adrian Kendell, Parkview Society
- Dr Jane Homer, Clinical Director (Accident and Emergency), Torbay Hospital
- Kathy Gordon, Operations Director (Accident and Emergency), Torbay Hospital
- Jenny Stone, Social Care Officer (Accident and Emergency), Torbay Hospital
- Rob Shellswell, Nurse Manager, (Accident and Emergency), Torbay Hospital
- Celia Marshall, CAMHS Development Manager, Torbay Care Trust
- Shawn Tač, General Manager for Torbay Network, Devon Partnership NHS Trust
- Linda Moore, Modern Matron, Devon Partnership NHS Trust
- Helen Toker-Lester, Commissioning Lead on Mental Health (Torbay)
Mental Health

Ian Pearson, Commissioning Lead on Mental Health (Devon)
John Mitchell, Approved Social Worker, Devon Partnership NHS Trust
Chris Whitehead, Integrated Service Manager, Torbay Care Trust
Jenny Hazell, Senior Practitioner Social Worker, Torbay Care Trust
Dr David Somerville, Psychiatrist, Devon Partnership NHS Trust
Mike Smith, Social Worker, Torbay Care Trust
Tim Dudley, Clinical Specialist, Devon Partnership NHS Trust
Claudia Benzaes, Manager, The Cool House
JJ O'Reilly, Manager, Shrublands House, Devon Partnership NHS Trust
Bruce Bell, Team Leader (Specialist Health Team), Devon Partnership NHS Trust
Karen, Peer Support Worker
Nick Preston, Devon Primary Care Trust

The staff at the Child and Family Guidance Unit, Torbay Hospital
Mental health service users, their carers and the wider community of Torbay.

3.4 The list of key documents (including background papers, reports and briefing notes) which were considered by the panel is attached as Appendix 2.
4. Key Findings

General

4.1 The responsibility for mental health services in Torbay is split between 3 organisations:

- Devon Partnership NHS Trust
- Torbay Care NHS Trust; and
- Torbay Council

4.2 Torbay Care Trust commissions Devon Partnership Trust to deliver mental health services to adults aged 18 years of age and over in Torbay.

4.3 Torbay Council, through its Children’s Services directorate, and Torbay Care Trust deliver some child and adolescent mental health services to children aged 0 to 18 years of age.

4.4 The panel also discovered that there is a network of voluntary groups based in Torbay and in South Devon who deliver aspects of mental health care such as the Parkview Society and The Cool House.

What mental health services and facilities operate in Torbay?

Adults

4.5 Devon Partnership Trust was formed in 2001 to amalgamate those NHS institutions delivering mental health services and learning disability services in the geographical area of Devon (excluding Plymouth).

4.6 In Torbay the Trust has a community budget of £8.1m, an adult in-patient budget of £2.4m and an older people’s budget of £2.9m.

4.7 In Torbay the Trust provides the following adult community services:

- Community mental health team based in Torquay, Paignton and Brixham
- Crisis Resolution Services
- Home Treatment Services
- Assertive Outreach Services
- Early Intervention Services
- Primary Mental Health Care Team
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- Access to Eating Disorder Services (based in Exeter at the Hallon Unit)
- Learning Disability Services
- Other People’s Services (based at the Chadwell Centre, Paignton)
- Additions Service (based at Shrublands House)

4.8 In addition the Trust also has the following in-patient facilities which are all based at Torbay Hospital:

- Haytor Unit (19 beds for adults)
- Oak Ward (11 beds for adults – re-opened 12 March 2008)
- Fernworthy Ward (19 beds for older people – temporarily closed for refurbishment since 10 December 2007)

4.9 The Trust also works closely with private companies such as Community Care Trust (South Devon) Ltd who provide independent residential/hospital services.

4.10 The Trust also liaises with local voluntary groups.

Children

4.11 Child and Adolescent Mental Health Services (CAMHS) in Torbay operate through the following multidisciplinary tiered service structure:

Tier One – Teachers, Health Visitors, School Nurses, GPs, Social Workers and other groups such as Checkpoint provide a first point of call for young people with mental health needs and refer to tier two if necessary.

Tier Two – This tier offers advice to tier one professionals and sessional advice to young people with moderate mental health needs. Torbay has Brief Solution Focused Therapists based in all of Torbay’s Community Colleges and this provides early intervention for 11 to 16 year olds. At the time of writing there are 4 primary mental health workers based at Parkfield House, Paignton and 1 primary mental health worker at Union House, Torquay who deal with children who come to the bcal authority.

Tier Three – Tier three offers a more specialist service for young people as it offers outpatient assessment and treatment of complex and enduring mental health problems. Currently tier three has a Specialist Assessment Team, based at Parkfield House, which has 3 social workers who specialise in mental health, and a Child and Family Guidance Team (which covers Torbay and South Devon) and which consists of a team of 15 (including 5 administrative staff and a manager).
Tier Four—This tier provides in-patient care for young people with severe mental health needs at units in Taunton and Plymouth as well as spot purchase placements in other specialist units throughout the country, as appropriate to meet specific individual needs.

Is there fair and equitable access to mental health services in Torbay?

4.12 In response to the above question the panel gathered the following views:

- Devon Partnership Trust were of the opinion that service users in Torbay received fairer and more reasonable access to services than service users living in Devon.

Other views expressed to the panel were:

- That mental health services appeared to be rationed, and that if you were an adult you received a better service out of normal working hours than if you were a child or person aged over 65 years of age.

- That Torbay had an advantage over residents in Devon by having its own Drug and Alcohol Team located in Torquay.

- That many service users found it difficult to access services at weekends and in the evening.

- That many service users found that the only route into mental health was through their GP, although presenting themselves at the Accident and Emergency Unit at Torbay Hospital.

- That there was fair and equitable access in local mental health services as a ‘Fair Access to Care Criteria’ is used to achieve this. Recently further initiatives have been put in place to increase access to services by all 22 GP practices in Torbay having mental health workers attached to them so that service users can make appointments with them through their GP. It was stressed that this initiative is not in operation in Devon. It was also explained that a senior Consultant Psychiatrist has been appointed to provide sessional time to the three busy GP surgeries in Torquay, but that this initiative was not yet in operation in Paignton and Brixham.

- That out of hours access to older people’s and drug and alcohol services was non-existent.

- That self-referral routes are open to individuals who want to access drug and alcohol services but that this was not in operation in other areas of mental health.
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• Also see Appendix 3, Question 1 of the consultation responses for further comments from service users, carers and the wider community.

How good is the quality of mental health services and treatments in Torbay?

4.13 In response to the above question the panel gathered the following views:

• Devon Partnership Trust were of the opinion that they offered a good standard of service in Torbay and that the recent Healthcare Commission inspection rated Devon Partnership NHS Trust’s quality of services as ‘excellent’.

Other Views expressed to the panel were:

• That the level of service offered to mental health service users at the Accident and Emergency Unit at Torbay Hospital could be improved with additional funding for a Liaison Psychiatrist and Liaison Community Psychiatric Nurses. At the time of writing Torbay Hospital is the only hospital in the Devon Partnership Trust area without a Liaison Psychiatrist.

• That mental health services are chronically under funded across the UK and that more resources need to be diverted locally to tackle alcohol issues and Torbay’s high suicide rate.

• That the quality of staff in Torbay is high but that the administration of mental health services locally is poor.

• That an inspection of CAMHS in January 2007 as part of the Joint Area Review inspection found that ‘the combined work of all services in promoting the mental health of children and young people is inadequate overall. Nevertheless the panel was reassured that significant work was being undertaken to address these inadequacies.

• That in September 2007 the Royal College of Psychiatry awarded staff at the Chadwell Centre first and second prize in their category for innovation.

• That the Drug and Alcohol Team were well regarded locally by service users due to the community and skills of their staff, their non-judgemental attitude and their innovative projects such as the Peer Support Programme.

• That CAMHS were under-resourced and understaffed in the face of ever-increasing referrals. There is a particular lack of psychological staff and occupational therapists.

• That the frequency of treatments such as cognitive behavioural therapy was inconsistent and that this led to gaps between
Mental Health

appointments which means that at time the therapy fails to have an impact with service users.

- Also see Appendix 3, Question 2 of the consultation responses for further comments from service users, care and the wider community.

What range of choice is offered to service users in Torbay to deal with their mental health needs?

4.14 In response to the above question the panel gathered the following evidence:

- Devon Partnership Trust admitted that there is currently not enough choice for service users and that further work is required from them to develop more methods and locations for service users to deal with their needs.

Other views expressed to the panel were:

- That there is a lack of choice initially accessing mental health services as either through the GP or by presentation at the Accident and Emergency Unit at Torbay Hospital.

- That choice is offered wherever applicable but that it is dependent on the needs of the service user. However, ‘Wellness Recovery Action Plans’ do exist for service users to influence their treatment once they are well enough to make informed decisions.

- There was concern from many people that the panel talked to that there was limited access to psychological therapies (Family Therapy and Cognitive Behaviour Therapy).

- Also see Appendix 3, Question 3 of the consultation responses for further comments from service users, care and the wider community.

Does the current capacity of mental health services in Torbay meet the needs and demands of Torbay’s population now and in the future?

4.15 In response to the above question the panel gathered the following views:

- Devon Partnership Trust stated that there is an increasing level of demand in Torbay for mental health services and that to deal with this the Trust needs to develop more integrated networks of care, enhance community services and further reduce in-patient services. There will also be a need to develop more local services to reduce out of area treatment.

Other views expressed to the panel were:
• That there is not enough resources to meet the needs and demands of the local population and that additional funding is required

• That capacity in Torbay is limited and the system is overcrowded

• That there is overcapacity in some in-patient services such as the Oak Ward at Torbay Hospital which is currently suspended

• That more resources are required so that clinical staff can remain with service users throughout their care pathway

• That there is adequate capacity locally for the treatment of drug addiction but that capacity to deal with alcohol abuse was getting stretched

• Also see Appendix 3, Question 4 of the consultation responses for further comments from service users, carers and the wider community

What are the strengths of mental health services in Torbay?

4.16 The following strengths were identified to the panel:

• Devon Partnership Trust's care and treatment of all people in partnership with Torbay Care Trust

• Integration of in-patient and crisis/home treatment services

• New rehabilitation and recovery service

• Development of Clennon Valley Health Centre (integration of mental/physical health care in Torbay)

• Dedicated, well-established and skilled mental health staff

• A well-respected in-patient service

• A local police force that handles mental health services in a positive manner

• Innovative working practices both in adult and child services

• Also see Appendix 3, Question 5 of the consultation responses for further comments from service users, carers and the wider community

What improvements are needed to mental health services in Torbay?

4.17 The following improvements were identified to the panel:

• Need for more and better community services, especially more domiciliary care at weekends and short break care for carers
• Need to consolidate inpatient services in Torbay

• The need for a strategy to tackle the high suicide rate in Torbay

• The need to lobby for more resources as mental health affects 25% of the population but does not attract 25% of NHS funding

• The need to seek more accommodation and employment opportunities for service users

• The need to reduce out of area treatment

• The need to alleviate/reduce the presentation of mental health service users at Accident and Emergency

• The need for a robust policing the Accident and Emergency Units at critical times

• The need for greater liaison between the Police and the Accident and Emergency Union issues of security and safety

• The need for the appointment of a Liaison Psychiatrist and Liaison Community Psychiatrist Nurses at Torbay Hospitals Accident and Emergency Unit

• The need for better training/education for accident and emergency staff to appreciate the need for mental health service users

• The need for greater out of hours support for CAMHS users

• The need for greater emphasis on early diagnosis of mental health symptoms to save money and service user distress

• The need for better access to housing for mental health service users

• The need to develop a mental health drop-in centre in Torbay

• The need for greater awareness to be made of direct payments for service users

• The need for greater access to psychological therapies

• The need to undertake work on the Haytor Unit to alleviate the lack of light and the hot conditions in the unit

• The need for more work to be carried out locally with GPs to ‘educate’ them to refer patients at the early stage of their mental illness

• The need to start tackling alcohol abuse more seriously at a local level
• The need for greater articulation/communication between Housing services and the Drug and Alcohol Team

• The need for better communication between mental health professionals in relation to service users who have ‘dual diagnosis’ (mental health condition and a drug or alcohol addition)

• The need for better case planning processes

• The need for better avenues of communication between CAMHS and adult mental health services

• The need for greater support for parents who have a child with mental health issues

• The need for greater services and support for children with autism disorders and sexual disorders

• The need to improve the facilities at the Child and Family Guidance Unit at Torbay Hospital to improve on the quality of the décor and the general environment

• That there are gaps in service provision for the following groups: respite care for parents with children with post diagnosis Asperger Syndrome, support for teenagers with Asperger Syndrome, support for children with severe eating disorders, support for looked after children and new mothers

• The need for greater support for children with ADHD (Attention Deficit Hyperactivity Disorder)

• The need for greater support and investigation from Social Services when health sector workers raise concerns about a child’s behaviour. Concerns were raised with the panel about the recording of information given to Children’s Social Services from other colleagues in the health sector especially when they were raising issues in relation to their mental health and behaviour

• Also see Appendix 3, question 5 of the consultation responses for further comments from service users, carers and the wider community

Other - Housing and mental health services

4.18 Currently Torbay Council’s Housing Services Business Unit has 230 units of housing related support for people with mental health issues. This includes 108 units of accommodation and 122 units of floating support for people living in the community.

4.19 Generally mental health service users in Torbay have good access to housing apart from those with high needs such as chaotic behaviour
and dual diagnosis. This leads to some high need service users staying in residential care because it has not been possible to identify appropriate housing arrangements for them.

4.20 Housing services freely admitted that they felt that they needed to articulate/communicate more closely with mental health services and also needed to develop a skillbase in dealing with people with mental health needs in a housing setting.
5. **Conclusions and Options Appraisal**

5.1 Generally, the panel were impressed with the range and quality of mental health services in Torbay. They were particularly impressed with the dedication and enthusiasm of the staff who obviously cared deeply about the people they serve and help. At times, though, they felt that staff had to operate in adverse conditions due to financial, staffing, and facility constraints.

5.2 The panel were also impressed with the quality of the voluntary sector mental health services available to the people of Torbay. They saw The Cool House as an example of a successful project which could be replicated but did have concerns that these services should only be supplementary to professional services and not instead of.

5.3 Nevertheless, the members of the panel did identify a number of areas where they thought that improvements could be made to mental health services in Torbay. The areas of concern were:

- That entry to mental health services was limited as potential users could only access services through their GP or by presenting themselves at the Accident and Emergency Unit at Torbay Hospital.

- That out of office hours services is non-existent in Torbay for some groups such as older people, young people and people with drug and alcohol issues.

- That treatments such as cognitive behaviour therapy needed to be delivered in frequent and consistent sessions to be successful. The panel found that service users did not always receive frequent and consistent treatments and that the treatments therefore sometimes subsequently failed.

- That the Haytor Unit, Torbay Hospital desperately requires air conditioning and better access to natural light for the comfort of staff and service users alike.

- That the fabric condition of the Family Guidance Unit, Torbay Hospital needed updating to make it a more attractive experience for young people.

- That GPs nationally and locally sometimes failed to identify and refer people with mental health conditions early enough so that early intervention could take place which would aid the treatment and recovery of the service user and save the NHS vital moneys.
• that whilst the police were generally supportive in dealing with people with mental health issues the panel felt that greater support was required for the Accident and Emergency Unit at Torbay Hospital at critical and peak times

• that more domiciliary care and respite care for carers was required in Torbay for mental health service users and their carers

• that Torbay Hospital's Accident and Emergency Unit required a Liaison Psychiatrist and Liaison Psychiatric Nurses

• that national funding for mental health needed to be reviewed in the light of the fact that although 1 in 4 of us will suffer from mental health illness in our lives, mental health does not receive 25% of NHS funding

• that more needed to be done locally to reduce the stigma of mental illness with the local population

5.4 Finally the panel was concerned to hear some reports over the robustness of the collection, recording and transfer of data related to children with mental health needs between Children's Social Services and CAMHS.

Option 1
Take actions/recommendations outlined in section 6 below, or;

Option 2
Take no further action
6. Recommendations and Associated Risks

It is recommended to the Cabinet:

6.1 That the Strategic Director (Children’s Services) review and report back to the panel on the robustness of the collection, recording and transfer of data between Children’s Social Services and CAMHS relating to children with mental health needs.

Risk associated with the recommendation

If this recommendation is not implemented the children of Torbay may be at risk and the Authority may be failing in its legislative duty.

6.2 That the Mayor lobby the Minister for Health to increase the NHS spend on mental health services to 25% per annum.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

It is recommended to Devon Partnership NHS Trust:

6.3 That Devon Partnership NHS Trust review, take action and report back to the panel on different routes locally for people to access mental health services other than through a GP or by presenting themselves at Accident and Emergency.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.4 That Devon Partnership NHS Trust review, take action and report back to the panel on the possibility of providing out of hours services for mental health service users, especially older people, young people and people with drug and alcohol issues.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.5 That Devon Partnership NHS Trust review, take action and report back to the panel on the effectiveness of treatments such as cognitive behavioural therapy in the light of criticism from service users over the frequency and consistency of treatment.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.
6.6 That Devon Partnership NHS Trust review, take action and reportback to the panel on the policies regarding liaison with local mental health charities and voluntary groups to ensure that these groups have access to professional advice and support when required.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.7 That Devon Partnership NHS Trust pass on the appreciation and thanks of the panel to the staff for their commitment and enthusiasm in tackling mental health issues in Torbay.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.8 That Devon Partnership NHS Trust review, take action and reportback to the panel on ways to provide more domiciliary care for service users and respite care for carers in Torbay.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.9 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust, review, take action and reportback to the panel on whether Torbay has an appropriate number of GPs with mental health expertise to deal with the level of service users in Torbay.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.10 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust, explore and action methods to decrease the stigma of mental illness in Torbay’s population.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

6.11 That Devon Partnership NHS Trust, in conjunction with Torbay NHSCare Trust and South Devon Healthcare Foundation NHS Trust, appoint a Liaison Psychiatrist and a Liaison Psychiatric Nurse in Torbay Hospital’s Accident and Emergency Unit.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.
6.12 That Devon Partnership NHS Trust, in conjunction with South Devon Healthcare Foundation NHS Trust, review and take action over the quality of the accommodation provided to service users and staff at the Haytor Unit, Torbay Hospital and Family Guidance Unit, Torbay Hospital.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.

It is recommended to Devon and Cornwall Police and South Devon Healthcare Foundation NHS Trust:

6.13 That Devon and Cornwall Police and South Devon Healthcare Foundation NHS Trust liaise to improve the police presence at Torbay Hospital’s Accident and Emergency unit at critical and peak times.

Risk associated with the recommendation

There is no risk for the Authority with this recommendation.
7. **Resource and Other Implications**

7.1 **Legal**

There are no legal implications or resource issues related to the above recommendations.

7.2 **Financial - Revenue**

The only revenue implication is the time it will take the Strategic Director (Children’s Services) to review the recording of information in Children’s Social Services.

7.3 **Financial - Capital Plan**

There are no implications or resource issues related to the capital plan.

7.4 **Human Resources**

There are no implications or resource issues related to human resources.

7.5 **Property**

There are no implications or resource issues related to the property.

7.6 **Procurement and Efficiency**

There are no implications or resource issues related to procurement.

7.7 **Implications for Other Business Units**

There are implications for Children’s Services.

7.8 **Other Implications**

There are significant implications for the local NHS Trusts, especially Devon Partnership NHS Trust.
8. Monitoring Arrangements

8.1 That the panel will reconvene in October 2008 to monitor the progress that is being made in implementing their recommendations.
Acknowledgements

The members of the review panel would like to thank all the people and organizations who took the time to contribute towards the work of the review, particularly:

- Ian Tuley, Chief Executive, Devon Partnership NHS Trust
- Dr Joanna Wildgoose, Consultant Psychiatrist, Devon Partnership NHS Trust
- Sue Lewis, Assistant Director (Performance), Torbay Council
- Simon Sherbisky, Assistant Director (Housing Services), Torbay Council
- Siobhan Grady, Assistant Director (Health), Torbay Council
- Vice Clark, Assistant Director (Commissioning), Torbay Council
- Beverly Robinson, Parkview Society
- Dr Adrian Kendell, Parkview Society
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Karen, Peer Support Worker

Nick Preston, Devon Primary Care Trust

The staff at the Child and Family Guidance Unit, Torbay Hospital

Mental health service users, their carers and the wider community of Torbay.
Appendix 1

Mental Health Services in Torbay (one in four) Review
Panel

Project Plan – Scoping Document

Objective of the Review

To review whether mental health services and facilities in Torbay meet the needs and demands of the local population.

Scope of the Review

1. To determine what services and facilities currently operate in Torbay which deliver mental health services for adults and children in Torbay.

2. To ascertain whether there is fair and equitable access to mental health services in Torbay.

3. To judge the quality of the services and treatments given to service-users in Torbay.

4. To determine the range of choices that exist to service-users in dealing with their mental health needs.

5. To ascertain whether the current capacity of mental health services in Torbay meets the needs of the Torbay population now and in the future.

6. To identify areas where gaps in service provision exist in Torbay and areas where improvements could be made.

Rationale for the Review

The issue of mental health services and facilities in Torbay was raised as a topic of concern at the Overview and Scrutiny Annual Seminar held on 5 June 2007 by the Council’s key stakeholders. The issue of mental health has also been consistently raised by constituents to ward councillors in recent months.

Members also felt that an in-depth review of mental health was needed in the light of recent events in Torbay such as the temporary closure of the Riverside Unit, Torbay Hospital, the closure of the Brixham Unit, Brixham and the closure of Watcombe Hall, Torquay.
The recent Joint Area Review (JAR) of Children’s Services published in May 2007 also stated that 'the combined work of all services in promoting the mental health of children and young people is inadequate overall'. The Health Profile 2007 undertaken by the South West Public Health Observatory also found that 'mental health at Torbay was significantly worse than the average in England.'

Consultees

Assistant Director (Performance), Torbay Council
Assistant Director (Housing Services), Torbay Council
Assistant Director (Health), Torbay Council
Assistant Director (Human Resources), Torbay Council
Team Leader (Child Adolescent Mental Health Services), Torbay Council
Cabinet Member for Adult Social Care
Mayor (Cabinet Member for Children’s Services)
Member Champion (Old Persons)
Member Champion (Being Healthy – Children)
Mr Adrian Sanders MP
Mr Anthony Steen MP
Chief Executive, Devon Partnership NHS Trust
Staff of Devon Partnership NHS Trust
Director of Public Health, Torbay Care NHS Trust
Devon Partnership NHS Trust Patient and Public Involvement Forum
Local General Practitioners and other healthcare professionals
Devon and Cornwall Police
Youth Offending Team
Prison Service
Local and national mental health charities
Mental health service users
Carers of mental health service users
Community Pool

Wider community of Torbay

Review Panel

Councilor Home
Councilor John
Councilor Manning
Councilor Carter (Mrs C)
Councilor Faulkner (Mrs J) – until November 2007
Councilor Chadwood – after November 2007

It is anticipated that the Stronger Communities Scrutiny Board will consider the report of the Panel at its meeting to be held in March 2008. Once the report has been adopted it will be forwarded to the appropriate decision-maker.
Appendix 2

List of Key Documents

- The Next Steps – Developing mental health services in Devon and Torbay, Devon Partnership NHS Trust

- Community Mental Health – Access and choice for working age adults, City of Sunderland Council, Final Scrutiny Report, June 2005

- Mainstreaming Mental Health – An introduction for Councillors, Alyson Morley, Democratic Health Network

- Scrutiny Report on Mental Health (Early Intervention), Haringey Council, February 2006

- Mental Health Services in South Kesteven Scrutiny Report, 2006
Appendix 3

MENTAL HEALTH SERVICES IN TORBAY (ONE IN FOUR) REVIEW PANEL
RESULTS OF THE CONSULTATION WITH KEY STAKEHOLDERS AND THE
WIDER COMMUNITY

The review panel held a consultation day on Wednesday 10 October 2007 (World Mental Health Day) where key stakeholders and members of the wider community were invited to give their views on the mental health services in Torbay.

The panel asked the following questions (the responses are in italics under each question):

1. In your opinion, is there fair and equitable access to mental health services in Torbay?

- Absolutely not
- Yes
- No, access to psychological therapies is variable, and the willingness of GPs to engage is variable
- Yes
- Generally yes, though waiting times for counselling (Primary Mental Health Team) varies a lot and alcohol services are poor
- I couldn’t say whether access to mental health services in Torbay is ‘fair’, however from my experience of working on the Bus, I would say that prior to accessing any services, there is a distinct issue around the definition of ‘mental health’. I have had experience of clients presenting themselves who would perhaps not clinically fit into a ‘mental health’ category, but may be for example approaching the early stages of depression, or would like to speak in confidence with a ‘professional’ about some issues that may be concerning or worrying them. I do not think that currently there is fair access to what I would deem to be intervention/preventative mental health services in Torbay.
- No. It is not fair. People who suffer from mental health difficulties are often left to their own devices (neglected) and are regarded as second class citizens whose problems are their own fault.
- No, because cut backs have meant less staff which has meant less time for people to listen to service users
- Not for victims of Dual Diagnosis as they are discharged too quickly by Waverley
- NO, NO AND NO
- Yes, but only if clients/carers know how to access the services
- The GP referral system seems to be fair and equitable
- If you have a supportive GP/family/social contact then yes BUT if you are socially excluded it can be difficult to access information and support
- No, it is difficult to get help from Friday night to Monday morning and appointments can be significantly delayed
• No—particularly for women, there are few places available for service users with severe and enduring illnesses other than at the Haytor Unit where professional and experienced care is provided on a 24 hour basis, however most women are sent out of county
• Access to mental health services seems to be declining— the closure of units within the Bay is worsening the problem. Patients need to be near their family for support
• There has been a lack of facilities
• No. When someone becomes mentally ill they do not always believe or understand what is happening to them, often it is the relatives and friends who are left to deal with the problem. It is practically impossible to get anyone to listen to your concerns
• No, most definitely not
• Yes— as far as I know
• I do think so, but it is true that the service user does have to stand up for themselves and demand the service they require
• No it is patchy, mental health services for the elderly are better
• No— access appears to be facilitated out of hours only by the use of the Police Section 136 powers. It is nigh on impossible to get someone admitted through accident and emergency for an assessment
• When trying to obtain services out of hours there is either no staff or the waiting time is very long. When contact is made it is always by phone and normally the duty officer has no access to notes for the subject
• From a police perspective the simple answer to this is no. The Police regularly come into contact with people suffering from mental health issues leading to them being detained under Section 136 of the Mental Health Act. However being sectioned is a lottery, based upon the availability of bed space at the Haytor Unit
• I think the problems with access to mental health services are more complex than they perhaps appear. Indeed, one of the biggest obstacles to those seeking more progressive forms of psychotherapeutic help is the way the service is currently geared to enforcing more penal reforms of social interventionism on the public at large. Historically, public perception about the role of mental health professionals can also have a detrimental effect on those seeking or accepting psychiatric help in Torbay. In truth, most people still regard a mental health record as being as damaging and socially marginalising as a criminal conviction – indeed, it can be decidedly worse for those who make a full recovery, but then find themselves serving a ‘life sentence’ due to the ongoing stigma surrounding any form of emotional episode or trauma
• Yes
• This is true up to a limit but there is some room for improvement. There have been some complaints about mobility from service user who live far away from the town centres
• No
• As a service user I have often found obstacles to community care within the mental health service, in particular the day treatment centre, formerly located below the Haytor Unit, Torbay Hospital. There is not fair access to services as
a patient in the Haytor Unit, often there is a lack of therapists to run art therapy, relaxation and talking groups.

- Generally speaking, yes. However, this is threatened by ongoing and proposed changes. Transfer of longer-term patients from psychiatric care to GP care will work in some cases but not in others. GP competence and resources will be seriously challenged. A community mental health team in each town ensures fair and equitable access.
- By observation and attendance at certain public forum meetings at which service-users/carers/families have been present there appears not to be ‘fair and equitable access’ – this is a cause for genuine concern!

2. What are your views on the quality of mental health services and treatments in Torbay?

- Poor, variable and inconsistent
- Some patients get ‘bounced around the system’
- Generally good quality provision
- Improving, but still lack of resources/personnel particularly in psychological therapies, both in the primary mental health team and in the community mental health teams
- Adult services are generally good and responsive, however there are long waits for drug and alcohol services and Child and Adolescent mental health services. The drug and alcohol services also have a strict referral criteria
- Skilled, well organised and committed

- I have no direct experience of this so cannot answer fully. I would say that the quality of advice received from working on the Bus (i.e. operational experience and not training) has been disappointing.
- Very poor, I don’t get to see a doctor or nurse often enough. There is not enough time to talk to doctors and nurses properly, I feel very rushed!
- Long waiting lists for any type of counselling, not helpful if client/carer requires this quickly
- Too many services are arguing over who is going to pay for treatments
- I have had a good service from child and adolescent mental health
- There is a lack of funding for mental health which results in clients becoming anxious. There is also a lack of communication between services.
- Whilst it is very good that community based services have been extended I am worried that community based services may fail some people who are at risk
- Sometimes I find it difficult to make an appointment to see doctors or nurses. I also feel that the appointments are too short and that the staff are rushing to see too many people.
- No, because cutbacks have meant there is a lack of communication with service users, a conveyor belt attitude to see service users, rude staff and difficulties in making appointments
- Generally the quality is ok but the responsiveness of services can be a problem. Proposals to merge Paignton and Torquay’s child and adolescent mental health services is causing unsettlement with service users and staff.
• There is not enough support for people with a mental health diagnosis. The services involved do not seem to understand what they are dealing with because they are not inside your head. Staff need to think more about how the person is feeling. At times staff introduce abrupt medication changes which can cause more harm than good.

• Services are variable, they rely too much on carers and care in the community without proper consultation and follow-up monitoring. However some service providers are really good, empathetic and hard working.

• Poor – patients are not assessed adequately – they are often sent out of units too soon due to a shortage of beds.

• Many service users are treated with strong drugs and discharged too early for the impact of the drugs to be assessed.

• Mental health is an area that has been overlooked, resulting in a lack of awareness. Early intervention is exceptionally important and largely does not happen. Currently a large number of patients across Devon are placed out of county which is unacceptable.

• They are wholly inadequate, every week we read in the paper of more and more facilities closing down. Also not enough trained staff and too few full time permanent based psychiatrists in the area. Also not enough after care after diagnosis.

• Very poor quality, particularly in secondary mental health – Waverley House.

• In my experience as a service user the service is good and as an inpatient at Torbay Hospital I thought it was excellent.

• Elderly mental health services are very good.

• Adult mental health service are disparate and lack co-ordination. The Crisis Response Team is very poor as are child mental health services.

• Poor.

• Again outside of normal business hours the service is either unavailable, very slow and unable.

• In an emergency it is a lottery – dependent on available resources. The Mental Health Team do a fantastic job with their limited resources, however due to their lack of resources too many people suffering from mental health issues end up in the criminal justice system – for example prison.

• I have attended a number of public meetings organised by Devon Partnership Trust. A number of the clinical psychiatrists I have encountered at these meetings appear to be all too aware of the problems faced by clients when trying to overcome public or family ostracism after an episode of mental illness. So I have a few concerns about the quality of the professional help available. It’s rather the implementation of support services which still employ non-specifically qualified personnel in day to day care and supervisory roles. Often it is still problems with the ‘politicised help’ that is brought in by the privatised trusts, or the flawed attitudes of those employed by the various support services, that subject many mental health patients to further trauma and treatment set backs. Indeed, many people subjected to endless ‘improving stories’ that undermine their ability to reintegrate in their local communities feel that they are locked into a dependency culture of their carer’s making. In an area like Torbay, which has a high level of unemployment, the pressures to secure jobs in mental health can often be counter-productive in terms of delivering fast-track recovery routes. In those
cases where clients are dependent upon a mental health diagnosis in order to obtain priority status for social housing, clients can find themselves locked into long-term healthcare programmes they don’t need just to secure a roof over their heads. These are issues that can only ever be properly resolved by local authorities providing more unconditional access to affordable housing in the area. Otherwise, those experiencing the insecurity of short-term private rental accommodation run far more risk of developing stress-related illnesses in the meantime.

- Good
- Since The Cool House was founded many people have had their lives improved, but there are many areas for improvement
- I have had a good experience of the hospital as they treated me like a person. My support worker treated me like a child
- What treatments? It has taken 13 years of me being admitted to the Haytor Unit for the mental health team to re-evaluate my medication
- Lousy – Torbay has the highest suicide rate in UK. However The Cool House is a space to get well that offers alternative therapies and training
- The quality of psychiatric care in the community is excellent. I am not familiar with the in-patient situation. However many psychiatric patients need more than this e.g. 10 years ago I attended Watcombe Hall’s gardens which started me on the road to back to employment. Although The Cool House provides a similar setting, as far as I know the statutory authorities are not active in this respect. There is also a gap in care for certain groups e.g. adolescent and anorexics
- From what I have heard it is 50:50 with some users praising the virtues of the service whilst others have been critical of them.

3. What are your views on the range of choices that exist for service users in Torbay to deal with their mental health needs?

- Fair, but limited access and long delays
- Some good staff but need more on the ground
- Very limited by lack of availability of choice across the board
- Inadequate access to psychological therapies
- Adequate
- Primary services are seen as a model for others to follow in Devon and secondary care has improved since its recent re-organisation

- I don’t believe there is a range of choices in Torbay or on a national level. If an individual has a recognised mental health need, then I would hope that those within the appropriate services would be able to offer a range of treatments etc. However, for an individual who does not recognise that they have a mental health need (or does not wish to recognise it) I would say that in my experience there is very little information stating what is available, what services can be accessed etc. If a client does wish to talk to someone about an issue, on the bus we can suggest visiting a local GP, however sometimes a client will not wish to do this (for a variety of reasons), we can also take advice from duty Social Services or refer to a national ‘helpline’. Processes
are in place for extreme cases, however it is the more ‘minor’ mental health needs that are more problematic to resolve.

- The Cool House which I visited for a week was probably the best service I have come across. Georgian House was terrible, mainly because it is predominantly an old people’s home catering for a few mentally ill people downstairs. The staff were not qualified to deal with these cases. Granvue comes top, but requires extremely high funding. I have been there, but was only funded for one month. Some of the staff also failed to keep appointments with me during this time.
- There is a huge gap in child mental health services – apparently there is no where to admit patients, no help and services are even slow to get to an emergency appointment
- We have a very wide range of choices which are well explained by doctors
- There is no choice for service users over their treatment in Torbay
- There is a lack of communication between mental health managers and their staff and service users are not always fully informed of the choice of treatments available to them
- Service providers need to involve patients more in the decisions over the treatment they need and require
- There seems to be a reliance on drugs and pills, we need more work on exploring other remedies to mental illness
- Funding pressures are resulting in the closure of supported housing, residential care and inpatient beds. There is no apparent re-investment of money when services close
- There is limited access to day treatment, other than ‘talking therapies’ and access to these are also limited
- There is no choice of consultant – as there is now only one primary care consultant, one acute consultant and one recovery consultant
- I didn’t know there were choices
- There are many gaps at present. Reviews are taking place which it is hoped will go a long way to addressing the shortcomings
- Very inadequate again. Not enough follow-up after the initial diagnosis. No places to go, no one to talk to. Difficult to deal with jobs and social life
- Very limited, based mainly on old medical/containment models relying on medication. These things are detrimental and undermine or damage a person’s recovery
- There is quite a bit of choice, but like with everything you cannot offer everything all the time!
- I do not believe in the holistic approach, the only real choice is to take the advice of the psychiatrist and nurses employed by the NHS
- Poor
- Outside normal business hours there is only really one choice and that is through the out of hours switchboard to an operator who only takes callers details and then passes them on. You then wait for varying lengths of time for a call back
- Choices are limited – again many end up in the criminal justice system instead of receiving proper treatment
- Although I have not been a patient of mental health services in the area, I have spoken to several people who have. When I lived in London, the main
problem remained the delays in implementing services offering ‘listening therapies’ or psychotherapy rather than relying so heavily on the use of anti-psychotic drugs. Knowing what I know about the long-term health risks associated with many anti-psychotics in the care of the elderly and the mentally ill, I think it is a disgrace that the Mental Health Act in its present form has still not been radically reformed in favour of users of these services.

- Could be improved
- No choice in Torbay
- Not bad
- My experience has been visits to Waverley House – not a warm atmosphere at all, and support from social workers, CPN’s or any staff. Any staff I connect with leave in a short time and I don’t currently feel supported by my CPN and I haven’t seen my psychiatrist since March 2007. At times I have missed appointments and Waverley often miss appointments due to staff sickness
- I do not think there is enough services for mental health needs
- I feel strongly that service users should have access to care in each town. There are good courses available through the psychiatric service in assertiveness and self-esteem. I don’t know if these can be accessed through GPs, if not, that would be a good idea!
- From observation most are now meeting the agreed framework with one major reservation that those who need acute treatment/help/care are being sent outside Torbay/Devon to Bodmin, Bristol and even London. This of course causes distress/anxiety for users/their carers/families – together this has economic and financial implications for them.

4. In your opinion, does the current capacity of mental health services in Torbay meet the needs and demands of the Torbay population now and in the future?

- No
- No, current capacity is limited from child and adolescent to adult provision
- The capacity needs to increase and the service must work smarter in the future
- No, psychological therapy provision is inadequate. Whilst the drug service is improving the alcohol service is very poor
- Greater emphasis on child and adolescent mental health and drug and alcohol services
- Yes, hopefully

- I couldn’t answer this from a truly informed point of view, but in my opinion the answer would be probably not (in terms of intervention/preventative work and services)
- No
- No, due to cut backs the services are discharging people too early which is dangerous
- No, not at all
- No, resulting in the inappropriate placements of service users based on where accommodation and support is available rather than what is best for the service user
• Supported Living should be just that! Not scary places!
• Reasonably, yes, but very slow. The question is does the nurse/doctor actually care?
• We will never meet all the need and demands of service users
• The systems are stretched at the moment, patients are travelling further for treatment
• No- very few inpatient beds
• After hours beds and weekend services, particularly emergency services are limited
• Definitely not - not enough services, mental health issues are increasing as is the population of Torbay
• No. Care in the community needs to be reviewed as does crisis management. There is a lack of knowledge in respect of private providers and therefore no check on the quality of services being provided
• Definitely not. It is getting worse as more and more close down. People with mental health needs need constant care and attention. As the pressures of modern living get harder it effects more and more of the population, in particular young males
• Nowhere near and in the future it won’t even begin to meet the needs or demand
• Yes, for now, but everything should be developed to make it greater in the future
• Yes I think so, but the patient must demand their treatment – it is the most needy people that are seen first – not everyone gets the counselling they would like
• No
• No
• During business hours the services I have received are normally good. Outside business hours the service varied from poor to unacceptable
• No- in particular dealing with out of office hours emergencies and lack of 24 hour emergency cover
• I think the constant calls for more mental health provisions in Torbay are largely a response to concerns about job insecurity in this sector, rather than any real concern for those who allegedly have no access to treatments. Now that the shift in commitments to more domiciliary care of the elderly and an end to institutionalisation has been made such a priority by the Care Trust, I think that similar commitments should be made to providing domiciliary mental health treatment for clients in their own homes. In the vast majority of cases, people referred to psychiatrists are those who are unable to sustain reliable work records due to the recent ‘casualisation’ of the job market and the erosion of workers’ employment rights over time. Indeed, were it not for the unrealistic pressures often placed on individuals to find work by housing providers, local authorities and the wider community, the levels of stress-related illness and the trauma would be greatly reduced. This would, in turn, greatly reduce the amount of Incapacity Benefits paid needlessly to people who have been marginalised by a contracting employment market and shortage of affordable homes to rent.
• Could be improved
• Service providers do not care
• Not nearly enough
• Certainly not! There is no acute ward in Torbay Hospital, Oak Ward has been closed and St Michaels in Newton Abbot is also due to close. In the Haytor Unit patients with drug and alcohol dependency are inappropriately mixed with patients with other mental health needs
• As far as I know Torbay has a higher than average incidence of mental health problems. I think it is likely that there are many people whose needs are not being met because of this. However the development of the NHS Foundation Trust may lead to an improvement
• No I do not, from attending public forum meetings especially when it is a known fact that approximately 80 million working days a year are lost because of stress, 90% of people with a mental health problem cannot find work and 40% of people who say they have a history of psychiatric treatment are denied a job

5. In your opinion, what are the strengths and weaknesses of mental health services in Torbay? What improvements could be made?

• One of the strengths is the staff
• Service users need to be more fully engaged in consultations. Devon Partnership Trust needs to gather the views/opinions of service users on the future of services in Torbay – service users don’t feel listened to!
• Torbay needs a ‘cultural shift’ from Devon Partnership Trust on the standard of mental health care
• There are real difficulties in getting a foster child mental health services/support
• We need to try out more alternative therapies
• The Devon Partnership Trust Service User Groups are only a ‘token gesture’ – there is a real fear from the Trust about being dictated to by service users
• Torbay has good, experienced mental health staff
• Community support services are currently stretched
• Lots of good specialist mental health staff
• Service providers need to listen to service users about where to focus their resources
• The Trust needs to develop a Service user led forum to discuss/debate issues at their own pace
• Community care is fine but we need to give service users more control over their treatments and how they run their lives
• Some doctors take the time to discuss alternative remedies and treatments
• There are not enough bed spaces for service users in Torbay
• The Devon Partnership Trust staff need to get better information from their senior managers
• Rights and empowerment are issues
• Service users need to be listened to more
• People are being discharged too early when they are not ready to return back to the community
• You only get to see a doctor after you have seen a nurse first
• I feel powerless as a service user
• More work needs to be done to promote the use of direct payments among mental health service users
• Excellent, hard working staff but too few staff and resources
• More support is needed for service users in the early stages of mental illness – we need 24 hour support not community support
• The high suicide rate in Torbay needs to be investigated
• Too many mental health institutions are being closed down
• Community support can’t always help isolated service users as sometimes there is a lack of monitoring and support
• Money is always tight and this reduces the service provision somewhat
• A strength of the system is the goodwill and commitment of the Devon Partnership Trust and voluntary staff
• A weakness is the lack of Devon Partnership Trust funding for responsive/proactive services
• More support is needed for people who are discharged
• Support groups/peer groups need to be more widely advertised
• I find it difficult to complain about poor mental health services
• More resources need to be spent on consulting with service users when service changes are being proposed, especially at the start of the process
• Service users require better information from service providers
• Explanations to service users about their needs need to be in simple terms and language
• Mental health services appear to be good during office hours but weak out of office hours or at weekends
• Service providers need to have a better attitude to working with outside agencies
• More funding needs to be directed to staffing costs so that service users get more time and contact with staff
• Service users need more opportunities to speak out about mental health issues
• Efforts need to be made to raise the profile of mental health nationally
• There needs to be greater access to counselling services
• Carers need more support in Torbay
• Bullying from some senior members of staff, poor use of direct payments by service users, lack of choice for service users, no conduit for service user voices and a lack of transparency from service providers
• More work needs to be done on finding non-medication treatments for mental health
• Could the Council use the Caravan/Safebus once a week/month in the town centres as a mental health drop-in centre
• Too many changes to systems and services
• Too little real consultation with users and carers
• Lack of information and feedback
• Monitoring of services in the community is essential but no system is in place yet
• There is bad communication between mental health service providers and service users and carers
• Frontline mental health staff provide a good service but are not backed up by their managers
• We need more units, more support, more communication with family members and to be actually listened to
• Lack of funding for mental health both locally and nationally
• An out of hours community drop-in centre is urgently required
• The weaknesses are that mental health is under resourced, historically badly managed and has poor buildings
• More places like The Cool House are needed as drop-in centres
• The Community Mental Health Team for the elderly at Chadwell is a strength as it is very professional and well run, however other services are less well organised
• There needs to be an improvement in the availability and quality of housing for service users
• Generally a good ethos and commitment in staff but the stretching of services is demoralising and demotivating and leads to high sickness levels
• There are not enough, if any, secure places for people with severe mental illnesses. They need quiet, friendly and safe environments. We do not need institutions but people with mental health issues need help with everyday living and coping
• The Crisis Response Team is a bad service, they are rude, uncooperative and seem to want to avoid work
• More emphasis needs to be placed on domiciliary care and psycho-therapeutic techniques that dispense with the need for antipsychotic drugs. The employment of only clinically trained professionals who have specialised in mental healthcare in qualitative support roles. Better arbitration and complaints procedures so that care, when it is needed, is patient-led rather than continuing as a dumping ground for an outdated and over-subscribed penal system of correction that inflicts irreparable damage on those it has a duty and moral obligation to help, rather than punish
• A need for greater provision of drug and alcohol services and child and adolescent mental health services
• Torbay needs a an arts centre which could act as a rehabilitation centre for people with health needs, including mental health
• There is a need for mental health drop-in centres
• Need to be able to spend more time with my CPN discussing my illness – at the moment I don’t see them enough for long enough
• When people with mental health needs are being placed in accommodation they should not be placed in ghettos but should have contact with healthy people
• Service users want to be empowered and have responsibility
• Service users want to be talked to, not talked at, they also want to be treated as individuals not as one large group
• Devon Partnership Trust needs to explore the benefits of alternative therapies
• More work is needed from Devon Partnership Trust on preventative treatments and early intervention
• The development of a self-referral drop-in
• Need more help and support for gamblers
• Need to try more alternative therapies to treat mental health needs
• Concerned at closures of units in Torbay
• More effort needs to be made to take service users out of dangerous environments
• At times I feel patronised by service providers
• Service users need more support in finding work and obtaining training
• Serious investigations need to be made into the provision of out of hours care and emergency contact
• The Crisis Team offer better care than Torbay Hospital but they can only be accessed through a psychiatrist. I have never received care from the Outreach Team but hear good things about them. I have had to stay in residential care homes before because of a lack of community care services and available staff
• To restore provision of care for those needing residential provision as previously was the case in Torquay. Torbay also needs to address the issue of service users going ‘out of county’ for treatment
• The main strengths are a highly skilled and caring team of professionals, also the back-up they receive from carers and the voluntary sector e.g. The Cool House. For those patients who are more isolated and/or need to rebuild confidence dealing with people there is a need for therapeutic work (in the community or day service).

Torbay has been reported in recent years as having the highest suicide rate and one of the highest bankruptcy rates. More action needs to be taken which would address at least one of these major problems for example:

1. More funding and local publicity for Citizen’s Advice Bureau and Samaritans
2. More housing for those on low incomes and/or those who have lived in Torbay for more than 3 years
3. Free classes in managing your money (in parallel to numeracy and literacy classes)
4. Notices outside casinos and betting shops telling people where to get help with gambling problems

• More access to psychology, shorter waiting times for Primary Mental Health Team, more investment in alcohol and more consideration to sheltered accommodation for vulnerable adults

• I think improvements could be made in terms of communication and changing culture to recognise that mental health issues are a part of today’s society, and in reality quite common. I think Torbay is in an ideal position to lead on such work due to its geographical size and close partnership arrangements.

Many issues are ‘championed’ by different agencies, but I think due to the stigma associated with mental health there is not always a lead figure or agency (other than the obvious) that is willing to advocate mental health services.

I think a lot more work could be done with the media. I don’t read the local paper every day but articles that spring to mind are the closure of a mental
health unit, or a patient either harming themselves or another person. I cannot recall reading anything which illustrated the support or services available in Torbay for mental health needs, or anything that generally raised awareness in a positive way.

An opportunity exists to explore the causes of some mental health issues and implement intervention methods, for example we know that bullying in schools can lead to depression and even suicide in our young people. Could we not offer a single multi-agency bay-wide telephone advice service, publicised to all schools in Torbay, based on existing services? A multi-agency approach to any new service could include the Police, Council, Devon Partnership Trust, Care Trust etc, and would enable some of the causes of mental health issues such as domestic abuse to be identified, and users signposted to the appropriate service/treatment. I don’t think it’s always good enough to rely purely on a national service (for example Child Line), I think that we also have to implement our own initiatives locally.

I think a key question to ask of ourselves and of our services is if you had an issue that was of real concern, and you were genuinely worried about your own mental health, where would you go and who would you talk to? If you place this question into a context where there is little or no family support structure or access to a GP is limited for any reason, the answer may be very different. It then also prompts questions such as within our organisations, how do we support our own staff with these issues?....

- Some senior staff fail local service users