Going Beyond Harm, Galashiels
Learning report from 5 February 2018
Contents

Introduction and aims ................................................................................................................. 4
Method ........................................................................................................................................ 5
Analysis and results .................................................................................................................... 5
Next steps.................................................................................................................................. 10
Appendix 1. Going Beyond Harm, Galashiels – attendee breakdown ....................................... 11
Appendix 2. Going Beyond Harm, Galashiels – evaluation responses ....................................... 11
Introduction and aims

Harm can come in many different forms, but an important – and often overlooked – form of avoidable harm is when carers’ views, knowledge and experience are not asked for or – worse – not listened to or accepted. The consequences of this for service users, staff and carers can be significant.

‘Going Beyond Harm’ was an event, held in Galashiels for carers and professionals supporting carers who have been in contact with mental health services. The event was organised by Carers Trust Scotland and the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and took place on Monday 5 February 2018 at The Volunteer Hall. It follows on from the Going Beyond Harm event which took place on 31 August 2016 at the St Mungo Museum of Religious Life and Art in Glasgow. Arising from the event in Glasgow Carers Trust Scotland and SPSP-MH committed to holding regional versions of this event in Oban, Dingwall, Perth and Galashiels. The local event in Oban took place on 26 June 2017 at The Coran Halls, in Dingwall on 5 September 2017 at Dingwall Community Centre and in Perth on 24 October 2017 at the Dewars Centre.

The Border Reiver Memorial at Galashiels

The aim of the event was to gather carers’ and professional views from remote and rural areas on how to improve safety for service users, staff and carers within mental health services. Karen Martin (Carers Trust Scotland) and Johnathan MacLennan (Healthcare Improvement Scotland) welcomed the delegates to the event and set the scene for the day. Debbie Rutherford (Borders Carers Centre) spoke about The Carers Act and impact. Jim Hume (National Rural Mental Health Forum) presented on Rural Wellbeing. Then Karen Martin and David Hall (Healthcare Improvement Scotland) summarised the day.
Method
A series of world café discussions at this event were used to explore important issues for improving services in relation to the following areas: 1) Admission/discharge and moving between services; 2) Remote and rural; 3) Involving carers. A world café is a structured conversational process in which groups of people discuss topics at several different tables. Participants were encouraged to record their comments on tablecloths during each discussion.

Analysis and results
All written records from the event were imported into NVivo® qualitative analysis software and a thematic analysis was conducted for each themed discussion by a health services researcher. Thematic analysis seeks to describe and explain qualitative material by identifying patterns or themes.

A number of themes were identified for each discussion area in relation to issues of harm reduction and improving the safety and quality of mental health services as follows.
Discussion area 1: Admission/Discharge and Moving Between Services (Transitions)

1.1 Planning for transitions
Earlier discharge planning was highlighted as being important for improved quality, with the need for discharge planning to be considered as early as admission. Ensuring safety and quality in relation to admission and discharge processes were also described as being adversely effected in the area by staff recruitment and retention issues. Good discharge planning was seen to need greater involvement of families and carers. The importance of the support available in the community and at home during admission and discharge was also highlighted.

1.2 Continuity and coordination of care
There were a range of considerations in relation to the coordination and continuity of care. With people described as being at risk of falling ‘through the gaps’ and particular issues with self-directed support. The importance of information sharing under this theme was highlighted, specifically for more continuous communication to take place between services but also with patients and families, even during times of waiting for access to services.
1.3 Person-centred
It was also highlighted that, services be tailored to the needs of the individuals accessing and transitioning between them. Discussions emphasised the importance of ensuring that service users are being listened to more and that greater respect and dignity underpins the way that services are being delivered. The comfort and safety of the setting and surroundings, during admission and discharge was also raised as an issue.

Discussion area 2: Remote and Rural

2.1 Accessing services
There were a number of factors discussed in relation to the availability and ease of access to appropriate services. A gap was described regarding the provision of specialist trauma services, with drop in trauma services being seen as a way of addressing this. Difficulties were described around reaching services because of a lack of transport or because of the length and cost of journeys involved. Issues with broadband provision were also raised concerning accessing support through telehealth options.
2.2 Support in the community

Stigma and a lack of anonymity were emphasised as issues being faced by individuals with mental health needs in the community. Isolation was also described as a barrier to improving health and wellbeing outcomes. Greater support and compassion for people was discussed as being needed in the community and primary care as a result of these issues. A need for earlier identification of mental health and carers needs was also discussed in relation to stigma. Mechanisms for a more inclusive or community based approach to address stigma, that draw on a range of resources and assets were recommended, such as through the use of ‘mental health cafes’. Providing ‘safe space/spots’ within communities like the ‘keep safe’ scheme were also described. Support for young people in schools was also suggested as being an option for better meeting the needs of young people and avoiding going on waiting lists.

2.3 Partnership working

Partnership working was highlighted as being an important factor for addressing the challenges faced in providing coordinated and holistic services for people in the remote and rural community. Ideal partnerships were described that would draw on the resources and capacity for coordination across a wide range of factors from statutory and voluntary organisations.
Discussion area 3: Involving carers

3.1 Recognition and inclusion of carers
Better recognition and inclusion of carers to ensure the safety and quality of services was highlighted as being important for improving quality. This included recognising and supporting young carers. There was also a need to acknowledge the pressure that can be experienced by carers when patients are unable to access and engage with other forms of support, such as in the case of difficulties being experienced with self-directed support (SDS). Addressing the risk of exclusion for families and carers at times of transition was also highlighted. Improving staff knowledge and awareness of the need to involve and signpost to carers was raised as one way of addressing the lack of inclusion and awareness.

3.2 Communication and information sharing with carers
Issues with communication and information sharing with carers were highlighted. In particular, how carers feel they are not always being kept informed about important developments that can impact on their role. Confidentiality issues were also raised in relation to information sharing, however confidentiality shouldn’t prevent primary care practitioners from being open to listening to carers.
Next steps

- The team will share this report with the attendees from the event, colleagues in NHS Borders, Healthcare Improvement Scotland, Health and Social Care Partnerships as well as the Scottish Government.
- The learning from these four events and the previous event in Glasgow (31 August 2016) will be aggregated to be circulated amongst all delegates and associated colleagues.
- All learning is used to inform the work of SPSP-MH so that it has service user and carer views at its core.
- For future events we will be contacting previous delegates to gather their views on the next steps.
- Working with carers, and health and social care partners, to ensure that the Carers (Scotland) Act 2016 and is fully implemented within services from 1 April 2018 onwards.
Appendix 1: Going Beyond Harm, Galashiels – attendee breakdown

Not including the organisers, 26 delegates attended the event and 20 completed evaluation forms were received.

Table 1: Attendee breakdown

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer</td>
<td>27%</td>
</tr>
<tr>
<td>Service user</td>
<td>19%</td>
</tr>
<tr>
<td>Non service user or carer</td>
<td>50%</td>
</tr>
<tr>
<td>No response</td>
<td>4%</td>
</tr>
</tbody>
</table>

Appendix 2: Going Beyond Harm, Galashiels – evaluation responses

From the people who completed the evaluation, 90% said they thought a tool such as Triangle of Care should be standard practice in mental health services (10% did not answer the question).

Reason for a tool such as Triangle of Care being standard practice in mental health services

- ‘There are too many people being lost in an old system where support is dwindling in NHS/Care Sector/Social Work and Support Network.’
- ‘...service users would know where to go for help.’
- ‘There needs to be common practice and language.’
- ‘Carers still not being used as partner (main) in care.’
- ‘To make transitions smoother. Mental health goes alongside physical so therefore should be standard.’
- ‘There is a need to improve communication between professionals, carers and service users for the safety of all.’
- ‘Belief that working together on an equal footing will lead to better outcomes for service users.’
- ‘Good practice standards.’
- ‘Consistency.’
- ‘Outside info can be more relevant than NHS given info.’
- ‘Would give better outcomes for patients without increase of cost.’
- ‘Back to communication.’
- ‘Services need to be improved.’
- ‘Triangle of Care aims to provide the best practice in mental health and care. This is a good enough stand alone reason for me.’
- ‘By using the Triangle of Care we will offer a far more consistent service!’
- ‘Will help all people involved in a persons recovery and care.’
- ‘The Triangle of care espouses everything that we wish for in our involvement in our sons condition and the potential for his ongoing care and improvement.’
Anything from the event you would like to take forward, either within your carer service, your user service forum or service?

• ‘That more attention is paid to adverse childhood experiences and long term effects and a more holistic approach where there are unlimited funding – in an ideal world.’
• ‘I would like more information being passed down to the service user from national level.’
• ‘More information on what’s happening at a national level. At local level it can feel we are in the dark.’
• ‘Triangle of Care.’
• ‘Sharing knowledge gained with others about carers trust.’
• ‘Would be interested in a pathway being produced so there is a map of services in the Borders.’
• ‘SPSP literature for Borders Carer Voice to share with its forum members, why SPSP, who SPSP, what SPSP, Future of SPSP.’
• ‘I would like to take forward the combined communication experience and shared practice with me.’
• ‘Greater recognitions of the need to support carers more and for their voices to be heard.’
• ‘More referrals to the Borders Carer Centre.’

What would you like to see come out of this event?

• ‘That the relevant people are aware of what is needed in mental health/trauma awareness with both staff and patients and not swept under carpet.’
• ‘More GPs (ie. Police, ambulance service, A&E) being informed about trauma’
• ‘More provision for trauma.’
• ‘NHS Borders moving forwards with SPSP, moving into the community.’
• ‘Clear signposting to services. Trauma informed and services trained in trauma. Joint working policies to be taken seriously. Plans put in place immediately before discharge.’
• ‘More training and support for front line staff in "visible compassion". Greater awareness of trauma and its effects.’
• ‘Cultural change towards carers and people with lived experience.’
• ‘Action!’
• ‘Public publishing of SPSP more accessible, for public to be informed of the SPSP/what/who/why. This includes ALL NHS Staff.’
• ‘Improved communication. Carers pathway initiated on ward.’
• ‘Better understanding & communication between agencies and carers.’
• ‘Better communication between departments.’
• ‘More communication between services.’
• ‘Better communication. More integration and liaison between services. More training events CPD / for carers.’
• ‘A follow up event. Greater engagement from NHS.’
• ‘Views of carers taken into consideration at all times - more NHS engagement.’
• ‘Better care for my son, which would improve his condition and our quality of life.’
• ‘Continuity of visits/monitoring of our son. At the moment we feel we have been abandoned. Staff shortages critical in mental health services in Borders.’