Magazine of Launchpad, By and for mental health service users in

ON THE GRAPEVINE

Volume 2, Issue 3.

Spring 05.

Is Mental Health at a Crossroads?

Just before Christmas the Mental Health Tsar, Professor Louis Appleby, published a report setting out what progress has been made in the five years since the launch of the National Service Framework– a 10 year strategy to modernise and improve mental health care in England and Wales. So I have decided to give you an honest critique of the Government record and whether New Labour actually has that much to be proud about.

It seems at present Mental Health in terms of policy, service development & resources are at a turning point. On the one hand mental health policy seems to be changing in response to the new agenda of human rights, anti discrimination and social inclusion. On the other it remains shaped by concerns over public safety and to further restrict the liberty & rights of people with mental health problems as demonstrated by the proposed New Draft Mental Health Bill 2004. Does this leave mental health with no clear future direction?

First of all a major area of neglect for this Government until recently is stigma & discrimination. In June of last year NIMHE (National Institute for Mental Health in England) published a five year plan titled "From here to Equality" with the aim of tackling stigma and discrimination on the grounds of mental health". Also in the same month the Social Exclusion Unit published its report on mental health focusing on better access to employment, social, educational and community activities. However, there is a distinct dearth of hard resources to address this identified problem.
The Government with its new Draft Mental Health Bill proposals along with the prejudicial pre-occupation of the mass media has reinforced the erroneous link between mental health problems and violence. This only make shifting public attitudes even harder and a survey carried out by the Dept of Health in 2003 proves how difficult the task will be. Also the knock on effect due to the stigma of mental health problems is that people will be reluctant to seek help from services at an earlier, timelier stage and will end up suffering in silence.

Another area where progress has been rather slow has been in the provision of mental health services within GP practices (Primary Care). In recent weeks the NICE Guidelines for Depression highlighted the over reliance of GP's in the prescribing of antidepressants. Some improvements have made in giving greater access to counselling and psychological therapies within Primary Care which is still a Postcode Lottery depending on where you live. The Government is still lagging way behind it's own target in the employment of specific mental health workers (Graduate & Gateway workers) working within primary care. At long lost work is being carried out to redress the woeful neglect physical health problems for people with mental Health problems by GP's.

An area of significant progress in gaining 24 hours access to services is through the provision of NHS Direct, Crisis Resolution/Home Treatment care and Assertive Outreach services for people with mental health problems. On the negative side access to Crisis Resolution and Assertive Outreach services is strictly limited to the criteria used to decide who is eligible or not? There is little in the way of 24 hrs access to specific mental health services in primary care.

When looking at mental health inpatient services there are a lot of initiatives that are making progress in tackling important issues such as the standard/quality of care, recruitment & retention of staff and patient safety etc. The Mind Ward Watch report has highlighted the need for further work to be carried out concerning issues such as the physical ward environment, patient safety, single sex facilities etc. The report did state "positive practice was the exception and not the norm at present".

Under the NHS Plan published in 2000 Mental Health was identified alongside Cancer & Heart Disease as one of the three main priorities for the Government. Mental Health expenditure has not kept pace with rising public & Government expectations or general improvements seen in the more glamorous parts of the NHS. Serious doubt has been cast over whether the language of priorities in mental health/reform has been matched with significant financial resources.
Two major criticisms are that the headline figure (£1.billion over 5 years promised in 1999) has not properly reached frontline services and that the funding that has arrived has had little impact on the development of those services. According to the Wanless report (2002) for the Government to successfully implement the National Service Framework spending would need increase to £3.1 billion by 2010-2011.
By Magpie Marx, Editor.

Finally thanks must go to Dr. Douglas Turkington and Alison Arrowsmith for making the first Launchpad community lecture a resounding success.

"The drunken Philosopher".

The thinker, drinker
bought or born,
Whom to this has sworn
Scorn, Scorn,
Anguish and Tears
The medium of expression,
Hatred and Defeat,
Lackadaisical women
Fighting men,
Conceit, contrived, contrivers
Conjectuors are Fools

By Yoda.

"THE CYCLE PATH" BY FIONA WHELPTON

The cycle path is an amazing read !!
This is an easy to read book in a diary type fashion, describing thoughts and experiences in a very honest way.
The experiences described by Fiona are detailed allowing the reader to put themselves in her shoes.
Conversion Syndrome Disorder is something I had never come across before allowed me to understand this and how Fiona was able to manage this.
This condition, whereby, anxiety leads to paralysis of the body is a frightening thought in itself !
As a nurse working within a hospital environment you could see how this syndrome could be interpreted, as Fiona found out when she had visited her Doctor, investigations should be done but we mustn't forget the emotional side of any disorder.
Experiences like this gives me (and I'm sure others who read this) a better understanding of symptoms and the importance of exploring issues with Service users to ensure effective treatment plans.
I encourage all persons to read this and best thing is others can use Fiona's knowledge and learn from this, as we should, working within Mental Health !

By Dipty Patel
Acting Ward Manager
Collingwood Court In-Patient Ward

"Early protocol active initiative".

Method establish trust between patients and staff.

This will result in less stress and a calmer ward, obviously promoting a healthier environment and the chance for more leave working as a team. Staff should try to establish unique methods in gaining trust enhancing positive aspects of illness and given a sense of belonging through talking and activities.

Regardless of degree of illness patients should be given the opportunity to engage in therapy and encouraged to do so bearing in mind the wishes of the individual .When trust is gained it would be logical to assume that the patient understands that he or she needs to be in hospital therefore as soon as possible given leave and the chance to be productive.

By Sean McDermott.

In The Magpie's Chair with Alan Hall, Chief Executive, Newcastle, North Tyneside & Northumberland Mental Health NHS Trust.

What is your background in mental health?

First of all, I'm not a clinician. My first job within the NHS was as a Nursing Assistant in Learning Disabilities at Earls House Hospital, Durham. I then went on to work in residential / social care. After that I spent eleven years in the civil service before and rejoining the NHS in 1989. In 1992 I was appointed as a Director in what was to become South Tees Community & Mental Health NHS Trust. Since then I've worked in a number of Mental Health Trusts. In 2000 I was appointed to my first Chief Executive post at Priority Healthcare Wearside in Sunderland and then, following a merger of mental health services, South of The Tyne & Wearside Mental Health Trust. I came to this job in April 2004 following Steve Shrubb's move to the National Institute for Mental Health in England.

Q. What do you see as the challenges for you as Chief Executive of Newcastle, North Tyneside & Northumberland Mental Health NHS Trust?

The 3 N's Trust, and in fact the predecessor organisations Northumberland Mental Health Trust and Newcastle City Health Trust, both had a long history in good clinical services. The creation of Newcastle, North Tyneside & Northumberland Mental Health Trust has seen the further development of those clinical services.

However, in the last eighteen months to two years there's been very much a focus on the financial position. For whatever reason the Trust found itself in a difficult position and we've spent a good deal of time making sure we get the organisation back on a financial even keel. If we don't do that then the organisation, and therefore the services we provide, are at risk. An awful lot of good work has been done on the financial recovery plan and at the end of this financial year (2004-05) we will break even. The focus on the financial side has detracted from some of the good clinical work that we do. We are now building up the profile again of the good clinical work going on. There are many examples of good clinical practice in the Trust. I was at the Innovation Awards held at the Centre for Life in Newcastle recently. We had two teams in for those awards that where about improving services for patients and were both good examples. One won it's class - The Perinatal Mental Health service called "What women want" working across Newcastle & North Tyneside. The team won £5,000 pounds to help promote and develop those services.

There are loads of other examples of good clinical practice I've visited, including a lot of engagement with service users and carers. We need to move away from the negative side of the financial position and get to the positive side about improving the services we deliver, whilst at the same time making more effective use of the resources available to us.

I also want to empower front line staff delivering services, ensuring they are more in control of what they do and how they deliver services. I want to encourage greater participation from service users and carers in how those services are planned and delivered. I want to ensure that we build up effective partnerships with the voluntary sector, social services, housing, and other partners. Equally, internal partnerships are just as important. Strong relationships with staff and staff side representatives are crucial to our success.

Q. What do you see as the future direction of mental health services?

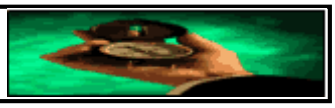
Mental health services are to me different from medical / surgical services (acute services) where you might go into hospital, have an operation, be discharged, and might have a follow up appointment; by and large that's it. I think with mental health problems we tend to find we've got much longer term relationships with service users. I think another key element is the whole issue of the stigma that's associated with mental ill health. One of our big challenges for mental health services is social inclusion. How do we demonstrate the whole quality of life improvement for people who experience mental ill health? How do we improve the housing, employment, and education and remove as best we can that stigma. I am keen to see what we as a Trust can do to improve the employment opportunities of service users. What can we do as an organisation to actually increase the number of people we employ who experience mental ill health?

Q. What two changes would you make to mental health services?

The resources, in terms of money going into the NHS have never really gone in there in huge amounts for mental health. We need to demonstrate that we make good use of the resources we've got but we do need to see a further increase in investment. If I was to make one huge change it would be how we improve the physical environment of the facilities for the people who use our services. My benchmark would be if somebody in my family needs inpatient care would I be happy with the inpatient facilities that we provide. There is no criticism with regard to the quality of nursing or medical care, but the physical environment – the buildings - are not up to what you and I would expect for us and any member of our family. We've got a significant investment to make in different parts of the Trust to improve the quality of the environment. Some of that has started with a new hospital at St George's and new facilities for forensic and personality disorder services in Newcastle.

I think in terms of a second issue it would be for us to be able to have a greater involvement of service users and carers in planning and delivering services. We've got that in pockets but we need to have a more structured approach. How do we build on what we currently do? How do we make that a true partnership across all services?

The chimera of choice



These days the Government and the official Opposition share an awful lot of common ground, much of it concerning the great totemic panacea called “Choice”, as the public are promised more choice in health, education, transport, housing, and so on.

On the face of it, this can only be a good thing-who doesn’t want to exercise their free will regarding their future? However, there are clear and evident problems with choice becoming a fervently-held dogmatic creed, regardless of the circumstances or merits of its application to any specific sphere. This can militate against clear-headed and sober policy making.

These days, professional knowledge - what doctors or teachers or lawyers know - is less mysterious. People can look things up on Google, although that can present problems in itself, given that it might be said that there are lies, damn lies and then information pulled willy-nilly from the web. There is a contemporary opportunity for more dialogue between public and service provider, less arrogance from the professionals, yes, but also respect for their specialisation and expertise. Listen to the more rabid advocates of "choice" and it seems the public knows everything; the professionals are merely there to do the "customer's" bidding. We are all (over) familiar with the idea that service users are “experts by experience” (DoH), but it does not follow that service users are automatically well-informed for the purpose of exercising choice. “Have you got a spare hour, Doc, just to run me through options a) to f) again, and which would you recommend?” may not be too far-fetched a scenario, and scarcely equates to a real chance to express a preference.

If you have an inexplicable penchant for the ugly, English-but-not-as-we-know-it of management consultancy, then: there is an imbalance in levels of the knowledge capital on either side of the provider/consumer equation. (Hope that made your day)

There is therefore an unavoidable problem with the concept of choice (and that’s before we get to practical difficulties, let alone its applicability to mental health). You should not *need* to know the intricacies of the system inside-out in order to secure the best treatment, yet only an intimate understanding of how it works can produce an informed choice, and an acquaintance with statistical interpretation might also prove invaluable, given that much of the information out there comes in the form of extremely crude and potentially misleading numerical outputs.

It seems that just as the NHS makes pledges to patients, patients are being obliged to do likewise; to have “choice”, patients must not only have a desire and ability to investigate and to acquire this knowledge, but also must vow to:

- Be accurately diagnosed with a clearly defined problem that can be remedied in a straightforward manner;
- Not have any other illnesses or conditions that might lead to unforeseen complications:

Continued on page 10.

NHS
National Institute for Mental Health in England
NIMHE North East, Yorkshire and Humber

Update from NIMHE North East, Yorkshire and Humber

Following on from our article in the autumn edition of *On the Grapevine*, we wanted to update you on what’s happening within your local NIMHE development centre.

This is a time of exciting opportunity for us as we move towards the formation of the Care Services Improvement Partnership, or CSIP as it is being called. CSIP is a new organisation that is being established to pull together seven existing initiatives, including NIMHE, to help us all work more closely to offer more co-ordinated services and share learning and experience. The other six partners who will make up CSIP are:

- Valuing People Support Team
- The National Child and Adolescent Mental Health Services (CAMHS) Support Service
- Integrating Community Equipment Services
- Change for Children
- Health and Social Care Change Agent Team
- Integrated Care Network

For more information about CSIP visit: http://www.csipconsultation.org.uk.

We are supporting the Valuing People Support Team to develop proposals for a Service User and Carer focus across CSIP. The NIMHE review of Service User and Carer involvement, which our development centre has led, will act as a key building block for this work.

Amidst all these changes our focus remains firmly on delivering our mental health work programmes. We are starting to pull together our annual review for 2004/05 and work programme for 2005/06, which is due to be published in Spring, and which will give a comprehensive round-up of our work to date and our plans for the future.

For more information about NIMHE North East, Yorkshire and Humber visit our website at: http://www.nimheneyh.org.uk, email nimhe@nimheneyh.nhs.uk or call the development centre office on 01904 717260.

" To Write a Wrong".

One of the most important things to learn when dealing with mental illness is to have coping strategies for when times are bad. Sometimes, for people with a mental health problem, life can feel so desperate that there seems nowhere to turn and it is at times like these that coping strategies are so important. There are many positive ways to pour out the negativity that can swamp the mind– exercise, talking to someone and painting (you don't have to be Picasso!) to name but a few. I write. I sit down and try to articulate what is going on inside my head. I find it easier than talking as there is no comeback or judgement about what I put down on paper. Sometimes I write something down and when I look at it I think "Yeah, that's how I feel" but equally there are times when I think that what I have written is a load of rubbish– whatever, the thing that is important is that I am making an effort, a positive effort, to exorcise the demons that are raging in my head.

I never set out to write a book. I mean, *a book*, for goodness sake! All that happened is that I sat down one day and thought "I'm going to write about the worst day that I have ever had". I wrote it as a sort of cathartic exercise and after nervously showing it to a few people including my CPN, I was really chuffed when they said that it was a great description of acute mental illness. They encouraged me to write more and that piece became the first chapter of my autobiography, "The Naked Bird Watcher". If anyone reading this feels as though they would like to try and write something let me give you an important piece of advice- only write when you're feeling well and strong enough to cope with the emotions that writing about your life can bring to the fore. It can be a bit of a roller coaster ride and you owe it to your health to be in a strong frame of mind. There were days, many days, when I had to switch the computer off and step away as I could feel myself being pulled down by what I was writing. It'll always be there for you to go back to. There's no rush.

I find that writing is a useful tool in many ways—a few nights ago I was sitting alone in my sitting room and found myself swamped by negative intrusive thoughts that were telling me that I was a terrible person. I wrote down what I was thinking and stared at what I had written - "I'm a terrible person and I'm going to burn in Hell". Then I wrote down underneath it in big capital letters, over and over, "NO I'M NOT. I'M A GOOD PERSON AND I'M NOT GOING TO HELL". It helped and after a while the bad thoughts receded. Of course, when I'm well I can laugh at situations like that but I know that writing down how I'm feeling and challenging it is a valuable tool in my mental health tool box.

For me there have been many times when I have gone to see my psychiatrist, either as an outpatient or when I was in hospital, and I have sat down in front of him and all of the things that I was meaning to say have flown out of my head. It can be so frustrating, both for me and my psychiatrist. So what I do now, and what I advise others to do, is to write down on a piece of paper everything that you want to say. That way if you're feeling nervous or unwell you can either read it out aloud or simply hand it over for them to read themselves.

Don't leave the room until you're happy until you're happy that everything on your piece of paper has been covered. I know of one woman who did this and the psychiatrist's response was "I have learned more about you in this half an hour than I have over the years". It really works and if you find talking to your doctor (be it your GP, CPN, psychologist or psychiatrist) difficult then I would recommend trying this tactic. Similarly, I often write down what HE/SHE says to me. Often, I'll forget some of the things that were said during the appointment, or if I am unwell, like most people, I only remember the negative aspects about the appointment. So it's quite a good idea to take notes of what is being discussed– or asking your psychiatrist to write out any instructions or dates for you if you are not up to doing it yourself. Anything you have written about yourself also could be the way to let your family or friends know what is going on and give them an insight into how you feel.

Don't every worry if you feel that your English isn't that strong– all that matters is that what you write down comes from the heart and that you feel the better for writing down what you feel. Perseverance is the key as it may take many attempts before your satisfied with the results. No one is going to judge you or hand out marks and spelling corrections so remember just to take your time and be honest with yourself. Of course, it is up to you if you show it to anyone but I found that showing what was to become my first chapter to people helped them understand what I had been going through. However, this is a very personal choice and if you want to show your writings to anyone, choose wisely.

I find that poetry is also a useful outlet for emotion and whilst I don't pretend to be much good at it, I found it helpful especially when I was in hospital and had lots of time on my hands. I remember feeling pretty rotten one day, the day I was due to meet with my psychiatrist and psychologist, so, after talking to a nurse, I took a poem into the meeting and let them read it. They really seemed to take it on board and I found myself feeling better because my poem had described what I was going through on a day that I felt unable to communicate.

I will continue to write, whether it's articles, another book, or just little reminders to myself that I'm not such a bad person. Writing my book was a watershed for me, making me realise despite my illness, life still has much to offer. Another unexpected surprise has been the reaction and interest that the book caused and I have received some

Continued on page 6.

To write a wrong (continued.)

Great emails and letters from people who have read it. Its wonderful to know that I have touched other people's lives. But it is not only me, there is something that YOU, yourself, can do that could help. And it doesn't take money either– so go for that walk/jog, draw or paint a picture or, if you feel like it, write something down and express yourself. An exercise as simple as writing ten bad words on how you can feel when you are not well. Then ten good ones for when you are better. It could be as easy as that. Try to take some control of some of your life and use every positive means at your disposal to live your life to the full.
Writing helped me - I hope it helps you.
By Suzy Johnston.
Suzy Johnston writes, advises, promotes and publishes on mental health awareness issues. The 2nd and updated edition of her autobiography 'The Naked Bird Watcher', The Cairn ISBN 0954809203 is available from The Cairn www.thecairn,com, bookshops and internet book sites.

Mental health charity puts service user experience at centre of organisation.

The voice of mental health service users in Bournemouth will be stronger in 2005 following national mental health charity Maca's appointment of Anne Beales as their first ever Director of Service User Involvement.

The new post - which is reserved for someone who has experience of using mental health services - aims to drive forward a radical initiative to put service users at the centre of the Maca's current work and future development. In addition, the Directorate will also support external service user groups to get their voices heard. So that all mental health services, not just those provided by Maca, meet the needs of local communities.

According to Maca's Chief Executive Gil Hitchon: "As a service provider, we don't pretend to speak for people with mental health needs. Rather, we support them expressing their own views."

She will be a member of Maca's Corporate Management Team, along with other Directors, and will be supported by a steering group. The membership of will comprise clients of Maca services, staff members who are service users themselves, and external 'experts by experience', including Professor Peter Beresford of Brunel University. A grant of £150,000 from the Big Lottery Fund is funding service user activities in Maca's Midlands and North region.

Welcoming her appointment Anne Beales said: "People with mental health needs are best placed to tell others what assists and hinders recovery. By encouraging people to speak up/out, Maca's new Directorate will help them demonstrate their talents and in doing so take steps on their individual recovery."Prior to joining Maca Anne was the Director of the Capital Project Trust based in West Sussex. A qualified Social Worker, she has worked for a number of London Councils. She is also a member of the NIMHE South East Development Centre's Management Board.

What people have had to say about On The Grapevine Magazine.

"I've enjoyed reading the magazines that I have seen so far. To me they provide a balance of the political perspective on things, advice, contact information, little anecdotal stories, reviews of books people enjoy reading and fairly comprehensive picture of what's happening locally in some of the mental health services. I think what Launchpad and On the Grapevine does is part of what we need to improve on in terms of communication. As you know there's been a huge amount of change to mental health services in Newcastle and I'm not convinced that communication throughout that process has been as clear and effective as it should be. Your magazine is a vital part of the communications network. A good read and I enjoy it".

By Alan Hall, Chief Executive, Newcastle, North Tyneside & Northumberland Mental Health NHS Trust.

LIBERAL DEMOCRAT COMPLIMENTS FOR COMPLEMENTARY THERAPIES IN NEWCASTLE, NORTH TYNESIDE & NORTHUMBERLAND MENTAL HEALTH TRUST!

Nursing standard mental health award winner Janet Clarke formed part of an RCN delegation, which attended the Liberal Democratic Party Conference, between 19th and 22nd September this year in Bournemouth.

Janet was invited to speak at a fringe meeting titled "Health priorities for the next Election". The subject of her speech was the project, which had previously won her the prestigious award in November 2003, which was "integrating complementary therapies into adult acute in-patient care". Other speakers at the fringe event were, Dr Beverly Malone, RCN General Secretary and Paul Burstow Esq., M.P Liberal Democrat Secretary of State for Health. Paul Burstow commended the Hadrian Clinic Aromatherapy project, stating "this is a great example of a beacon of good practice, the job now is that it should light fires across the nation". He went on to call for NICE guidance for complementary therapies within the NHS.

At a meeting later in the conference, Janet was amongst other delegates able to question Mr Burstow regarding the Liberal Democrat pre-manifesto and the RCN manifesto for the next election, which included violence at work issues, a ban on smoking in all enclosed public places, access to a school nurse for every child and recruitment and retention issues. Janet states, "I was delighted to see that the Liberal Democrat pre-manifesto included support for the integration of complementary therapies into mainstream NHS care where appropriate. However, only therapies such as osteopathy and chiropractics were mentioned and I was able to ask Paul Burstow if therapies such as Aromatherapy, reflexology and reiki could also be included. He said he would do all he could to include these, but would need more education on these therapies himself, and requested details to be sent to him for consideration. As a result, along with colleagues from around the 3N's Trust and Northern RCN complementary therapies forum I am compiling a pack of information, which will be sent not only to Paul Burstow, but to the Labour Health Ministry and the Conservatives too. The pack will include a "wish list" which was made by members of the forum'. Janet explains "The wish list" was an idea I got from attending a "health hotel" reception at the conference, where delegates were invited to write a one sentence request 'ideal' for the attention of politicians present at the event. The health hotel brought together 27 health related organisations in order to raise the profile of health and reflect partnership working. Our "wish list" will include prioritising the need for a cohesive strategy for integrated health care for the NHS, national guidelines and regulation, funding for training programmes, and pump priming of complementary therapy co-ordinators posts, and of course a research strategy.

"The whole experience was tremendous," states Janet. "This was a great opportunity for a "shop-floor" nurse to influence policy makers at a political level. Expressing messages concerning complementary therapies was a unique opportunity, but I was also able to attend key conference floor debates and speeches, and partnership meetings.

One such meeting was to discuss an innovative project "17 million reasons" which aims to improve the lives of people with long-term conditions, including chronic mental ill health. Around the table were representatives from several health organisations, including "Asthma UK", "Cancerbacup", "Alzheimer's Society" and "Rethink".

Here I was able to give live examples of the good work, which is already part of everyday practice within the 3N's Trust, i.e. Clinical governance, Essence of Care and Innovative programmes of therapy such as medication management. The group seemed impressed and agreed that such "good practice" should be shared and would serve as positive templates for other specialities, and in other parts of the country, and so another network 'link' was established.

"All in all I learnt a lot about how decisions are made and policy formed, and how through such organisations as the RCN any nurse can influence policy even in a small way!".

By Janet Clarke.
Senior Nurse-Hadrian Clinic.

Looking forward to the New Year.

Looking forward to the New Year.

Now that the Christmas is over, many of you will be looking forward to the New Year. However, some will not have had the best Christmas and many will not be looking forward to a good New Year. For some people the early part of the year can bring as the bills for Christmas start to come in. The weather may be particularly cold and the cost of heating the home will rise. The cold weather and dark nights will make it difficult for many to get out of the house, to get any fresh air or exercise or to meet people. Therefore it is very often difficult at this time of year for many people to be able to look forward.

One of the major causes of stress and anxiety this year is the lack of money and the often increase in debt incurred by Christmas. It is not much good people telling you that you should have budgeted better and not bought all those gifts and not celebrated so much, when you have already gone out and done it when there is nothing you can change now. However, it is important to remember that there is help available if you are feeling particularly down at this time of year and if you need practical help there are organisations that can help with debt counselling. It is important not to keep those worries to yourself as they will not go away. Talk to someone. Get help and advice. Share your concerns and worries and you may find that you are not the only one in the same position. Debt counselling service can help you practically to help get yourself back on track.
Also, the emotional side is very important, there are a number of organisations which are available to talk to you. You may find it easier to talk to family or friends, or to ring a national Helpline.

I hope that the following information will be of help to you.

Debt Counselling Services
Debt Advice within Northumbria (DAWN)

Helpline: **0845 120 2933**
Website: www.debtadvicenorthumberland.org.uk
Helpline : Mon – Fri 10.00am – 3.00pm (closed 12 00pm – 1.00pm)

Offers a free, confidential service for families and individuals with debt problems. Provides telephone debt advice, representation and casework service.
Area: North East England
Language line is available for speakers of languages other than English.

Mental Health Matters
Newcastle Helpline: **0845 601 2457**
North Tyneside Helpline:0845 601 2458
For confidential emotional support call from 6pm until 6am every night.
Provides information on local and national services specific to mental health and other issues.
NHS Direct
Telephone: **0845 4647**
This service is staffed 24 hours a day for 7 days a week by experienced registered nurses who can advise members of the public about any medical symptoms or health concerns. Health information Advisors can provide information on a range of health related enquiries, including local health services.
Samaritans
Telephone: **0845 909090**
Providing confidential, emotional support to anyone in need.
By Helen Chandler, Service User/ Carer Co-ordinator.

Mental Health First-Tsar report published.

In December 2004, the Mental Health "Tsar" Louis Appleby published his review of the National Service Framework (NSF) for Mental Health, which has been with us now for 5 years. Although improvements have been made for people with mental health illness and their carers, there is still some way to go to achieving the targets of the NSF. Rethink is calling for a long-term commitment to reducing stigma in order to promote greater social inclusion. Standard six of the NSF which seeks to provide support for carers also needs to be implemented, through the rapid appointment of the full complement of the 700 carer support workers promised by the government.

The Tsar himself warns that money for mental health has gone astray, and that mental health risks falling behind the overall health and social care reform programme.

Rethink's Mental Health First programme will enable us to push for the improvements that need to be made, and the second report in our series Mental Health in the Mainstream, produced with the Institute for Public Policy Research (IPPR) is due out soon. More details about this will follow soon. In the meantime, if you would like a copy of our PowerPoint presentation about the issues, please email lucy.widenka@rethink.org

"A Can of Madness" By Jason Pegler.

Late last year Jason Pegler came to The Passage Day Centre to give a talk about his book 'A Can of Madness'. It is Jason's autobiography up until the age of 27 and is intended to help people understand the condition of manic depression and similar mental illnesses. Below is a review of the book by **Doctor Crichton :-**

Go back to 1993 and imagine a 17 year old taking Ecstasy and becoming head of the European Hardcore Committee to create world peace and you have the world of Jason Pegler just before he wakes up in a mental institution in Gloucester. Pegler is the author of 'A Can of Madness'.

His writing style is witty, erudite, and passionate and streams of consciousness like a modern day Virginia Wolf. Combine this with the most forthright autobiography on manic depression where a hedonist goes through a life transformation and is strengthened by having a mental illness and you have a truly ground breaking book on what could even be a new genre of literature 'that of mental health real life stories'. Pegler challenges the mental health system and for the first point we can see why but during 'A Can of Madness' he psychoanalyses himself so well that he comes out the other side. The manic exploits are fascinating in themselves taking the reader as close to the abyss as they would ever dare go.

From thinking he has taken 5 billion Ecstasy tablets for everyone on earth and telepathically making love to every woman on earth to stop the inevitable nuclear war from happening and creating world peace to thinking he is flying to Mars with his boogie board on his back we can see the horrors of what people with mental illness really go through.

As Pegler spends eight years going through different mental hospitals and feeling let down by the NHS and society he manages to reach a stable mind set and help others setting up the first ever mental health survivor's publishing company Chipmunkapublishing and develops the world's first world mental health brand. For Pegler never gives up - he keeps bouncing back. Manic depression makes him more sensitive as a human being and gave him a deeper insight into humanity. So much so that Pegler feels like he is has an opportunity to stop the humiliation and pain felt by other sufferers.

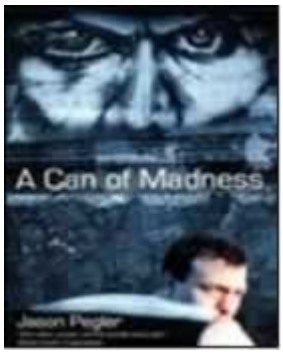
'A Can of Madness' is a roller coaster ride where you see someone living two different lives. The school chess and rugby captain is also a drugs dealer. The sensitive Classics Student at Manchester University had more fights than Mike Tyson in his youth. Pegler makes powerful references in literature to the Classics and Modern Film to make his philosophical and emotional thoughts have a lasting and valuable imprint.

As Pegler faces up to his illness he becomes a man possessed in helping other people and proves that he can do so by the way he changes the mood of the reader.

Discovering the solution to his own sanity becomes his obsession and helps him enabling him to help stop another seventeen year old from losing it. Pegler is able to take you in and out of mania and depression and question your own values on how you judge people with mental illness.

Subsequently people listen and 'A Can of Madness' is the mental health book of its generation superseding Elizabeth's Wurtzel's memoir 'making Prozac Nation look like a walk in the park' (according to the Big Issue). It also goes further than Kay Redfield Jamieson's 'An Unquiet Mind' as an insight into manic depression as Jamieson is both suffer and psychologist. Pegler's book is more humanitarian in tone as he is a patient and not part of the mental health system. 'A Can of Madness' is also a more positive story than Andy Bernham's 'Electroboy'. Pegler is also a more likeable character than Andy Bernham and 'Electroboy'. He leaves a similarly chaotic life to Bernham but grows up quicker and uses his manic depression to help others. Do not be afraid to laugh out loud either - there are moments where the book and the manic moments themselves are simply hilarious.

Read this book and you will change the way you and other people feel about mental health itself and people who have mental health issues. A Can of Madness is the most positive book on mental health that I have ever read or seen. The fact that is leaving a legacy behind him to give others a voice makes it a must read for everyone's Christmas list.



The updated and edited Second Edition of "A Can of Madness" was published in December 2004. For more information visit the following website; www.chipmunkapublishing.com. If anybody is interested in having a look at it. 'A Can of Madness' is available from all good bookshops.

The chimera of choice

- To be willing to be tended to by an unknown healthcare team, with whom there may not be an established rapport, and to be able to trust that team on sight;
- To be able to travel to more distant locations for treatment;
- Not to have any psychological or psychiatric problems that might interfere with decision-making.

It is not immediately apparent that the vast bulk of NHS patients fit these criteria, let alone users of mental health services. Moreover, no one, not even health secretary John Reid, is suggesting those with chronic conditions are going to be offered an array of long-term service commitments from which they can choose, not just once, but continuously. Even if you were lucky enough to be qualified to exercise choice, there are very real limits to that choice. This was highlighted by the House of Commons Public Administration Committee: It said that promising people choice often raised unattainable expectations and was misleadingly presented as a solution to poor services, when expanding choice was often at odds with efficiency, and could be very wasteful. "Rhetoric does not match the reality" said the Committee and "Too often the 'choice' label is applied to schemes in which the most the consumer can hope for is second, third or even fourth choice." The modest options that are actually available are not 'choice' by most people's understanding of the term and few users actually see choice of service providers as a priority as opposed to control over the practicalities of their care package.

Where there *are* genuine choices, please offer them, but don't use the illusion of choice to divert from the real issue of the quality of services.
By **Alisdair Cameron.**

1 in 100
Choice through knowledge

And affects many more.

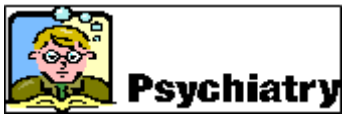
For an information pack on schizophrenia, modern treatments and support groups, contact 1 in 100 today on 0800 587 1153

www.oneinonehundred.co.uk

1 in 100 is an initiative supported by JANSSEN-CILAG and Organon

Schizophrenia strikes one in a hundred.

Latest News from Adult Acute In-patient Services in Newcastle Locality



The service redesign is currently underway within in-patient settings. This involves the implementation of the new in-patient pathway which began on the 2nd of February 2005. All multidisciplinary staff are working together to ensure the success of the new pathways. Benefits should include a more holistic and collaborative assessment and identification of service user need; comprehensive reviews, early discharge planning; closer relationships with community agencies and smoother transitions in care. This work was recently presented at a NIMHE Masterclass in Harrogate by Elizabeth Moody, Associate Director of Nursing (Northumberland/North Tyneside), formerly Acting Senior Manager in Newcastle.

The nursing staff and activity worker in Bewick ward recently undertook an analysis of how they spent their time during a 24 hour period. The staff self reported their activity on a 2 hourly basis and results showed that the team spent a total of 49% of their time engaging with service users. Previous research had put this figure at 6%. Results also revealed that much time was spent in office administration; liasing with other professionals and in household duties. The implications of the audit are that we need to develop some additional support roles for example Housekeeper, Administrator and also extend the role of the activity worker to other wards. Many Thanks to Janice Clarke and her staff for their enthusiasm and commitment to the project. This work was recently presented at a NIMHE Masterclass in Harrogate by Ron Weddle, Acting Senior Manager and Gillian Johnson, Clinical Governance Facilitator who was essential to the success of the project.

The NIMHE Masterclass in Harrogate which was run by the North East and Humber Acute Care Forum network also featured an excellent presentation by Angela Glascott on the service user's perspective on the important ingredients of an adult acute ward. This was well received and Angela also facilitated a plenary session on the important aspects from the day's event.

The inpatient services in the Hadrian Clinic recently hosted a visit from our counterparts in Halifax who were interested in how we had refocused the tidal model within the clinic. Many thanks to the following presenters who contributed to the day:-

- **Sam Place: safety and security planning.**
- **Delores Ferris: MOHOST Assessment.**
- **Richard Marx & Alisdair Cameron: Good Practice in acute wards.**
- **Julie Lambie & Aileen Drummond: Enhancing engagement through cognitive behaviour Therapy approaches.**

Many thanks also to Rod Bowles, Elaine Summers and Paul Dawson for their support and help with the day.

The care of service users who experience self-harm in an in-patient setting has recently attracted a lot of attention. Malcolm Rae, NIMHE Adult Acute In-patient Director and Liz Mayne, NIMHE Women's Services Director recently launched an initiative to develop clinical guidelines to care for people with self-harm in in-patient settings. Angus Forsyth was invited to participate in the group and it is important to acknowledge that the work undertaken in Newcastle is leading the way in this area.

Staff in Stephenson Court will shortly be taking part in an innovative training course in Psychodynamic Approaches to Understanding the Therapeutic Alliance. The course will be facilitated by Ian Thurston and Ashleigh Phoenix, Psychotherapists at Claremont House in Newcastle. The funding was obtained through the Education for Non Medical Training Group. We wish the course every success.

Finally the Hadrian clinic recently obtained £30,000 as part of the Healthy Environment Project to enhance the therapeutic nature of the environment. The money will be used to enhance the current reception area within the clinic and Rod Bowles will be leading the project.

By Angus Forsyth.
Nurse Consultant, Adult Acute In-patients Newcastle

Regular Launchpad Activities

- **Creative Writing Group, every Wednesday at 11.00am.**
- **Blissful Women's Group, every Thursday at 1.30pm.**
- **Silver Lining, (Depression Self-Help Group), every Friday at 11.00am.**

A focus on young people's services

Newcastle-based young people's project, Streetwise, recently celebrated its thirteenth birthday. Streetwise provides an invaluable service to 13-25 year olds by offering information, counselling and contraception from outreach centres in schools and at their base in the Groat Market.

The birthday also coincided with the launch of their very impressive website, www.streetwisenorth.co.uk, which gives details of where and how to get help, an interactive game linking young people to the service and much more.

Sexual health and contraception have been much of the focus of work at Streetwise, however, a collaboration of funding between Streetwise and the Mental Health Foundation led to the appointment of a mental health worker. The role of the worker involved consulting with young mental health service users in the city to identify gaps in service provision and opportunities for improvement. This then led to a weekend workshop in St Albans with a group from Streetwise and groups from Glasgow, Cardiff and Brighton aiming to discuss what needed changing and how to change it.

Following the event a magazine was produced by the groups highlighting the need for more young people-orientated mental health services and increased training of professionals across sectors in how to effectively work with young people.

Unfortunately the project was cut short due to the main sponsor, the Diana Foundation, being under threat of a lawsuit from an American doll manufacturer.

As a result of this project Streetwise now has expanded counselling services and is making plans for better young peoples mental health services aside from the project. A crisis card was produced by me and Streetwise. The card includes out of hours telephone contacts of both local and national organisations providing information/ support on mental health and related issues.

The card also gives details of local 24-hour accident & emergency departments as well as a space for the cardholder's personal information, such as doctors/CPN number and medication, if found in a mental health crisis. The crisis card has proven to be very popular at Streetwise during counselling sessions as well as at accident & emergency departments in the area and other voluntary and statutory services in contact with young people.
For more information phone Streetwise administration on 0191 230 5533

By Spencer Bailey
www.re-quest.org.uk

Newcastle Community Green Festival
Richardson Road Lodge,
Leazes Park,
Richardson Road,
Newcastle upon Tyne,
NE1 4LR

Telephone (0191) 232 1750
e-mail newcastle_greenfest@hotmail.com

Festival Organisers Get the Green Light for Go!

In early February organisers of a Newcastle's "mini Glastonbury" festival will be inviting members of the public to help organise the event. They are also encouraging local voluntary groups and 'green businesses' to contact them if they would like to hold a stall at the festival.

Newcastle Community Green Festival, held each May Day weekend, is now the region's premier environmental festival and is attended by up to 7,000 people. The festival, now in its 11th year, offers a unique mix of music, arts, health and environmental activities all for free in an easy to reach city centre park. The main aim of the festival is to raise awareness about green and ethical issues through a free weekend of activities for all age ranges including traditional crafts and skills (hands on free workshops), arts, alternative healing therapies, vegetarian cafes, organic beer tents, a cinema and music stands all powered by solar panels and bio-diesel.

Richard Littlewood, chair of the festival said: "The Green Festival now has a firm footing in the event calendar in Newcastle, but we still need volunteers who are interested in making this unique event happen. There really is something for everyone to get involved with, from looking at how we can use more alternative power, to raising essential funding for the many activities we run. The best thing about the festival is the commitment and hard work the volunteers put in. Please do get in touch if you are keen to become a part of it."

The festival is supported by a number of charities but organisers are still looking for sponsors. This festival is organised solely by volunteers. Anybody who can help or wants information or a stall can contact the Green Festival Office on 0191 232 1750 or write to the Festival's offices at Richardson Lodge in Leazes Park, Richardson Road, Newcastle, NE1 4LR.
Contact: Richard Littlewood (Chair) 07916 262 406
Or Liz Crocker (Administrator) 0191 232 1750

SHARING GOOD PRACTICE EVENT

The Trust held it's fourth Sharing Good Practice Event on 21st January 2005 at St. Nicholas Hospital. This was an opportunity for staff to share their work with others and for others to learn what is happening around the organisation, and if they could use any of this work back in their own areas. The Trust feels it is particularly important to hold these events as it gives staff the opportunity to show the vast amount of enthusiasm and dedication there is within the Trust to make improvements to the service that we provide.

Examples of work presented included:

- Improvements to breakfast and supper menus on the Adult Forensic wards
- The impact of STR (Support Time Recovery) workers within the Early Intervention in Psychosis Service
- Recovering from mental illness – A Service User Perspective
- A chance to use creative writing in the workplace
- Using Service user feedback to improve services (Ward 31a RVI)
- Implementing a full booking system to reduce waiting times
- Supporting Pregnant women and alcohol/ substance abuse
- Does diagnosis affect the way staff deal with service users?

For further information, contact Gillian Johnson, Clinical Governance Facilitator on (0191) 2232337.

Essence of Care – Adult Forensic Services

In May 2004, a group of people from the Adult Forensic Service at St. Nicholas Hospital got together to have a look at how they could make changes that would positively improve the services within the unit.

What is unique about this group is that it not a group of nurses, it is not a group of patients, and it is not a group of support staff. This group is a mixture of people from different backgrounds, but who all have a genuine interest In making life better for all those who need the support of the unit whilst they are unwell and during recovery.

This positive approach was guided by a "toolkit" called "Essence of Care" which is widely used within the NHS to help improve the basic's of healthcare. It is a series of straightforward steps, which help us to look at improvements with the aim of achieving the best practice. This kit allows us to look at how services are provided from a different perspective i.e.

- Will my privacy and dignity be respected?
- Will I be able to have food, which meets my own needs?
- Are my notes clear so I can understand them?
- Will you listen to me and talk to each other effectively about my needs?
- Will I be able to make choices about my health care?
- Will I be safe while I am in hospital?

The Group represented three adult forensic wards within Bamburgh Clinic (Aidan, Cuthbert and Bede), and members included:

Ward Manager, Clinical Nurse Leader, Patient and nursing representative from each ward, Patients Advice and Liaison service (PALS) Officer, Service User Representative, Clinical Governance Facilitator and administrative support.

The first question we faced was which area to tackle first! There were many areas, which we saw as equally important, but the one at the top of the priority list was hospital food, and this is where we started!

We decided to look at breakfasts, but the starting point was to find out what people thought of breakfast at that stage. A questionnaire was designed asking patients across the unit what they thought was good and what could be improved upon and seek their opinions. On a scale of A to E (A being best practice) breakfast was marked as a D, so we knew we had some work to do.

It was at this point that we decided to invite the hospital Catering Manager along to join us as these were the people that we needed to hear our views and we knew that they would be able to help us make these changes.

So, what happened? Well, there were a number of key changes:

- Increased variety of breakfast cereals
- Taster sessions, which increased the variety of fruit juices.
- Breakfast Posters were designed for the wards.

These changes were small, but significant, and after a period of four weeks, we looked again at the scale, and increased the score to a B. We would not have achieved this without the support of the Catering Department who were eager and extremely helpful in bring these changes about.

By this point, we were getting more confident with our ability to make changes, especially now with the involvement of the Catering Department and their specialist help, and decided to move onto suppers.

Continued on page 14.

News from Clinical Governance Support Team, Newcastle, North Tyneside & Northumberland Mental Health NHS Trust.

It is with the suppers that even bigger changes were made to the variety of the food available. Once again, a questionnaire to all patients in the unit gave us information about what people wanted, what they liked and their opinions. It was from this information that the Catering Department put together a three-week menu cycle including various sandwiches, Chinese and Indian food, macaroni cheese, corn beef savoury, variety of cheeses, cereals and fruit, much of which would not be out of place purchased in a good restaurant. This menu now gives patients between 2 and 3 different options a night, and as a result the score has been raised from a D to a B. Patients have commented that "there is something for my taste each night", and "more of the same please".

What have we learned from this?

- We have worked together as a group of people to make small, but significant changes
- As a result we now know we have the ability to change things and look forward to achieving similar levels of success, by collecting patients opinions, with the lunch and tea time meals in the future.
- We are looking past food for eating, towards food to bring people together as a time to chat.
- Other patient will begin to see these changes, and bring further involvement from others within the unit.

As a group we wish to share our achievements so that others can learn from the work that we have done. We are covering the following:

- Trust Sharing Good Practice Day – 21st January 2005
- Essence of Care Northern Conference – 1st March 2005
- Various Newsletters.

Nursing Skills – Adult Acute Services

A Nursing Skills Group was set up at the Hadrian Clinic, Newcastle General Hospital to look at the nursing skills practiced within the adult acute in-patient setting to encourage the involvement of service users and to understand the factors, which both bring about and reduce the likelihood of involvement of service users.

Direct nursing time is spent in observation procedures, which are mainly interactive in nature and highlight the attempts by staff to bring about engagement whilst balancing the safety needs of service users.

Nursing Skills – Adult Acute Services

A Nursing Skills Group was set up at the Hadrian Clinic, Newcastle General Hospital to look at the nursing skills practiced within the adult acute in-patient setting to encourage the involvement of service users and to understand the factors, which both bring about and reduce the likelihood of involvement of service users.

Direct nursing time is spent in observation procedures, which are mainly interactive in nature and highlight the attempts by staff to bring about engagement whilst balancing the safety needs of service users.

One to one sessions need to be prioritised and developed to further bring about service user involvement within this setting.

Non-direct activity involved communicating with other staff to exchange information about service users and in liasing with other agencies who have indirect contact with the service users.

For further information about this project, please contact Angus Forsyth, Nurse Consultant at the Hadrian Clinic on ext 22577 or Gillian Johnson, Clinical Governance Facilitator, St. Nicholas Hospital on ext 32337.

Health Records Audit

The clinical governance team undertook this large-scale project as part of the Trust-wide Clinical Governance Plan to monitor and improve standards in health records. This meant that we were looking to ensure that when you come into hospital your notes will be clear and you will be able to understand them.

Records should ensure good patient care, be complete, accurate and timely and show a clear picture of events to inform Clinicians of all key facts, which might influence the treatment proposed.

Despite good examples of record keeping in some service areas, with individual teams ensuring that notes meet the expected standard, the need was recognised by the clinical governance team to have a trust-wide picture.

The results of this project will be available to you in the June Issue of "On the Grapevine".

Mental Health Courts

The United States incarcerates people at the highest rate in the western world. The Department of Justice reports more than a quarter of a million U.S. prisoners suffer from some form of mental illness. Approximately 60% of these prisoners receive some type of mental health treatment.

Out of humanitarian concerns, we deinstitutionalized our mentally ill in the 1960s and returned them to their communities. Out of these same concerns Congress passed America's Law Enforcement and Mental Health Project (2000). This new law authorizes the Justice Department to assist in the creation of Mental Health Courts.

What are Mental Health Courts?

Mental Health Courts are courts of competent jurisdiction and cases are heard before bona fide judges. In the 1970s we had "rehabilitation" and "restorative justice" in the late 1990's. Mental Health Courts could be considered "therapeutic justice". They have been described as Mr. Rogers meets Dr. Hyde with a touch of Judge Judy. If America's mental health services were available and functioning there would be no need for Mental Health Courts.

The key question asked in a Mental Health Court is whether the alleged crime is born out of mental illness or criminal intent. Defendants meeting this criterion (and other factors) are diverted away from the normal court process and handled in this special court. Certain crimes are exempt from this court such as driving under the influence and domestic violence. It is extremely important to note Mental Health Courts are not a *get out of jail free* card.

Governments, law enforcement agencies, mental health services, mental health professionals and jail staff continue to point at each other suggesting, "The leak is at your end of the boat."

To address this pressing need, local jurisdictions are creating their own Mental Health Courts. If you've seen one Mental Health Court you've seen-one. There are 91 such courts in America today and each one is a reflection of its own unique community.

The first Mental Health Court in America was formed in 1997 in Broward County, Florida. King County and Seattle, both in Washington State, created their courts in 1999 and 2000, respectively. The research, thus far, is an eye opener! Washington State University conducted a five year study of the King County Mental Health Court and its impact on recidivism, jail time and new violent offenses. There is a documented 90% reduction in jail time (2 days rather than 15 days). New offenses committed by Mental Health Court participants dropped 98%. Prior to Mental Health Courts, recidivism was 50%. Six months later 75% did not return to court and one year later it rose to 86% not re-offending.

The goals of Mental Health Courts are constant; public safety, integrate systems and reduce confinement of the mentally ill. Jailing someone with a mental illness makes as much sense as jailing a person for contracting tuberculosis. Mental Health Courts are voluntary and due process is safeguarded. They are an *incentive* court. The City of Olympia (Washington) Municipal Court is in the infancy stage of creating its own Mental Health Court. It is the right thing to do because no matter where the leak in the boat is, we are all in the same boat!

Best regards from America.
Sgt. John Hutchings
Olympia Police Department
Olympia, Washington

An update from the Mind Campaigns Unit.

Mind's Ward Watch art competition

In July 2003 Mind launched an art competition on the theme of 'being an inpatient.' This has formed part of Ward Watch, Mind's campaign to improve hospital conditions for mental health patients. The competition was open to any individual mental health service user or group of mental health service users. Eighteen artworks have been short-listed and will be exhibited at the King's Fund in London from 1-14 February 2005, at the Washington Gallery, Penarth from 21 February, and at Mind's Annual Conference in Harrogate from 15-17 March 2005. The winner and runner up will be announced at a reception in London on 8 February. Please come and support the exhibition if you can!

Mind's vigil on the draft mental health bill

On 2 February 2005, the Joint Committee that is currently scrutinising the new draft Mental Health Bill took its final day of evidence. It will now produce a report making recommendations for changes to the Bill by the end of March 2005. The Government is obliged to make a public response to these recommendations.

Mind has submitted written and oral evidence to the Committee. To ensure that all MPs were aware of the concerns of service users about the Bill at this critical time we organised a candlelit vigil in Parliament Square, opposite the House of Commons and took part in a rally as a member of the Mental Health Alliance.

Online Campaigning

You can now email your MP, sign petitions and take part in an online poll on the Mind website. To find out more, see www.mind.org.uk

For further information and to order campaigning materials please see the Mind website www.mind.org.uk or contact the Mind Campaigns Unit. Telephone 0208 215 2424 or email action@mind.org.uk

By Clare Corbett
Campaigns Officer, Mind

What is going on in Newcastle .

Pathways Through Care
During November the changes to the Acute In-patient wards took place. Following the closure of Ward 31 at the RVI, the remaining wards were redesignated gender specific i.e. male and female.
Collingwood Court and Gainsborough are male wards.
Bewick and Lowry are female wards.

The beginning of January saw changes to the Community Mental Health Teams with staff moving to their new bases. However, service users moving to new teams will take place gradually and with consultation with the users with a view to achieving minimum disruptions.
With regards to the Community Mental Health Service in the East of the city, work is ongoing to identify new premises in the east end of the city and will provide a service to those users whose GPs are located in the east of the city.

Work on the Acute day Care Service continues and there have been a number of Open User/Carer meetings and further discussions continue.
User / Carers views are welcome.

If you have any comments to make on any of the developments, please contact me, or if you wish to be included on the distribution list for the User/Carer events.

Forensic Services
Work is now completed on the provision of the new Interim Personality Disorder Unit at St. Nicholas Hospital. This is called the Oswin Unit and is phase one of the Adult Forensic Psychiatry Development Scheme.
10 beds have initially been provided in the scheme and work has commenced on providing a new purpose built unit in the grounds of St. Nicholas Hospital which will provide 16 beds.

The in-patient Forensic Personality Disorder Unit is dedicated to providing a specialist assessment and treatment service for men, within the area served by the Northern Forensic Catchment Group who are diagnosed with a personality disorder and where there are concerns about their risk to the public.

The philosophy of Care of the Oswin Unit provides a programme which is designed to assist patients identify and work towards the accomplishment of goals that will improve their functioning, living, learning, working and social environment. The emphasis will be directed towards identifying and re-enforcing the patients inherent strength and capabilities that enable individuals to engage in activities in a pro-social, non-threatening and non-destructive way. The programme will seek to influence the development of practical coping skills.

Individuals will be supported through crisis and conflicts with emphasis on the transfer and re-enforcement of learning skills into real life situations. The new unit was opened for general viewing on 18 January and having visited the unit I was greatly impressed by the overall standard of the unit in terms of finishes, furnishings, etc., but also the appearance of space, light and comfort. The bedrooms are larger than the average single room, with en suite facilities. There is external and internal recreational space and I feel that the standard of this ward is definitely something that we should be aiming for for other services. However, I think that the main strength of the ward will be the commitment of the staff in looking at new ways of working and hope that they can work together to develop effective user involvement within the new unit.

Physical Health Needs
One of the areas of concern are issues around physical health of those people experiencing mental health problems. Within the services work is ongoing to look at how these physical health needs are met and how we can improve the health of the in-patient population. There is a need for more emphasis around physical health needs and positive health promotion.

Carers
We are continuing to strive to improve services to carers including support. A conference looking at supporting carers is being held on 23 March in the Jubilee Theatre at St. Nicholas Hospital. This conference will be free of charge and all carers will be made welcome. Anyone that wishes to come please contact me on 0191 223 2214. Transport will be provided if needed and there will also be refreshments

Psychiatric Intensive Care Services
A review is underway looking at the provision of PICU services across the Trust. Currently there are wards on the St. Nicholas Hospital site and St. Georges. The themes for the review are around quality service provision. A consultation paper will be available in the Spring.

What do you want to know and have your say?
If you would like any information about mental health services within Newcastle, or you wish to comment on any aspect of the service, please contact me at St. Nicholas House.
By Helen Chandler.
Service User/Carer Co-ordinator.

In The Magpie's Chair with Steve Shrubb, Director of NIMHE– North East, Yorkshire & Humberside.

Q. What is your background in mental health?
I started thirty years ago as a Nursing Assistant/Domestic on a ward in a big psychiatric hospital in Croydon. I was out of work at the time and I saw this advert for a job in a psychiatric hospital. I went there absolutely convinced that I would just do it for the summer. I was really lucky I got to work on a ward for older people and the charge nurse and I still remember his name. A chap called John Railton he was just an amazing guy and really cared about people. He always getting into trouble because he refused to get the patients up really early in the morning, he let them lie in bed and have breakfast in bed. I really got into nursing, so I applied to become a student nurse and I didn't have any qualifications. I got on to the course and found this niche as I had been an apprentice electrician, worked on building sites and in clothes shops and never really found anything that fitted. I qualified as a psychiatric nurse and then as a general nurse. I came back into a psychiatric hospital and ended working on a locked ward. I became very disillusioned and very unhappy about the care that was given. I then applied to train as a Cognitive Behavioural Psychotherapist and went off and did that.

Then for a number of years I worked as a therapist in hospital, primary care (GP Practices) and had no intention of going into management. I met my wife a Geordie in London and decided to move north. I applied for a post as half Therapist and half manager and that's how I got into management. I started as a Director, then Deputy Chief Executive, Chief Executive in Northumberland and for Newcastle, North Tyneside & Northumberland Mental Health NHS Trust. I kind of started really at the bottom and I suppose I'm living proof if you hang around long enough they'll give you a big job.

Q. What does your role as Director of the NIMHE (National Institute for Mental Health in England) Regional Development Centre involve?
The National Institute for Mental Health in England was established three years ago to help develop mental health services and improve. There are eight development centres across England and the one for the North East, Yorkshire & Humberside was the last one to come on line and only being going a year. My job as the Director is to lead the Development centre and it's all about helping not just Primary Care/ Mental Health NHS Trusts but voluntary sector organisations, service users, carers, social services departments to help them improve their capacity and capability around mental health. I've got around 40 members of staff and they work across a whole range of different issues.

Q. What do you see as the challenges in your role as Director?
I think there are several; the most immediate challenge was setting up the Regional Development centre because there was nothing there before. So, for the last six months it's been a very practical challenge about getting the right staff and the right building. The bigger challenge really is getting people to focus on what is really important around mental health and getting organisations to think about the kind of services they really should provide .

We are much more interested in the issue of citizenship and getting organisations to think about involving service users, treating them as ordinary individuals, the whole issue of employment , designing services that are designed around the views and needs of service users and carers. The big challenge is actually to getting organisations to stop and think about style of services they should be delivering. That can be very difficult because as you know the NHS particularly is very target driven and organisations have to hit lots of targets. What is actual difficult is to stop and reflect on what should be doing not today or tomorrow but next year or the year after. That's a really big challenge. The other big challenge is making sure we keep mental health on the Government's agenda. I think the Government have done a lot in the last three or four years to make bigger commitments to mental health but it can slip off people's agendas quite easily. One of the other big challenges is I spend a lot of my time talking to Government offices, regional assemblies, Strategic Health Authorities to keep mental health issues on the agenda. It's a geographical challenge, we cover a really large area and often a real challenge to make sure we actually we're spending our time in the most useful way. There are a thousand things we could be doing to help organisations, but what are the three or four things that that would really make a difference.

Q. What two changes would you make to mental health services?
The first change is I'd like a much clearer focus on supporting service users to get employment. The social inclusion document has come out and that's really good. But at the moment there's a lot of focus on treating people and their illness. What I'd like to be able to do is get all the organisations to make a much clearer commitment to focusing on helping people to stay in work or get jobs. One of the big messages I get when I talk to service users is what they really want is to be like everybody else is to have a future, hope and feel part of the community. Yes people want good mental health services, access to a crisis team but the thing they really want is to be helped to be a citizen and have all the rights that go with that. If I had could wave a magic wand it would be that the good work done by The Government around social inclusion programme would be an even higher priority and clear targets associated with it. Not just Mental Health Trusts but local Authorities, Government offices who actually saw it as there most important thing to do. The last twelve months has seen a real improvement in that direction, but I think we need to do more.

Connected to that is the second thing I'd like to do is to get a much clearer commitment to developing the voluntary sector. Voluntary organisations in the area where I work are doing an amazing amount of good work, but all to often there funding is time limited and only get business when the commissioners have finished negotiating with the big organisations.
Continued on page 17.

In The Magpie's Chair with Steve Shrubb, Director of NIMHE– North East, Yorkshire & Humberside (continued).

What I'd like to see is a clearer longer term commitment to funding the voluntary sector to deliver mental health care. I think there are two or three reasons why I think that is important. A lot of the voluntary sector organisations are actually driven by service users and are in them that deliver the services. I think voluntary organisations are much closer to local communities and I often think they are more creative in the services delivered than the big statutory organisations. Though I think we've moved a long way in the last two or three years in recognising the important role that the voluntary sector has I still don't think we recognise it enough. IF commissioners were to move even a small amount of their resources into the voluntary sector then I think you'd see a significant change in the style of services. I was in Leeds recently with a group called "Touchstone" and they work with a very diverse population, people from Black & Minority Ethnic groups and I was impressed by how they deliver services as part of the local community.

Q. What football team would you compare the Regional Development Centre to and why?
I think we'd be a bit like Charlton or Bolton and what I mean by that is there small organisations that don't have a lot of resources. But really work hard and try and get the most out of what they've got and both of those teams have got really good connections with their partners and the local communities. I wouldn't see us as a Man Utd or an Arsenal as I think where too new an organisation, but I suppose I'd see us as a bit like Charlton or Bolton, a lot of potential, get on and do the job. There quite important because they actually work very closely with their supporters and become part of the local system. I suppose that's what I'd like to think that Development centre was, new, small, not a lot of resources but we work very hard and can compete with some of the big teams I just hope Charlton & Bolton now I've said this don't relegated.

Q. What is your opinion of On the Grapevine magazine?
Its very good, on the occasions I've seen copies it gives a real feel about what's going on locally and what service user and carers think.

The Mental Health Alliance rally: Rights Not Compulsion
31 January 2005
Royal Horticultural Hall, London

The Mental Health Alliance rally 'Rights not compulsion', on 31st January was intended to raise the profile of the Alliance's campaign for better mental health legislation at a crucial stage in the progress of the Draft Bill. The rally featured panels of high-level speakers, who were invited to address different issues relating to the Draft Mental Health Bill. Participants were invited to ask questions or make comments at the end of the sessions, and Alliance staff were on hand throughout the day to answer any specific queries anyone might have.
The rally was also seen as a move towards greater user involvement in the Alliance's work. With this in mind, the day incorporated a number of activities allowing participants to make their voices heard. These activities included: vox-pops, to record the views and stories of those attending; a supporters map, on which participants could mark their home town to show a geographical spread of support for our campaign; 'hotel-style' comments and suggestions cards for participants to fill in, which were put in a 'comments and suggestions' box and carried by a 'bell-boy' to the Department of Health at the end of the day, to be received by officials from the Bill team; and a second questionnaire to be used for internal purposes, as a gauge of public opinion.

Emma is singer with Scarabesque, the band who performed before rally began and during interval.

Second photo is Anne Beales (Maca's Director of Service User Involvement) speaking as Richard Brooke and Rosie Winterton MP listen.

Over 350 service users, carers and professionals attended the rally. The Alliance also received messages of support from many more people who were unable to make the journey to London. Feedback has been positive and media interest has been good. The Alliance hopes to maintain the new links it has gained with its grassroots support and will follow-up on the key issues raised in the discussion sessions.

Further information is available from www.mentalhealthalliance.org.uk

MENTAL HEALTH SERVICE DEVELOPMENTS WITHIN THE NEWCASTLE LOCALITY

COMMUNITY MENTAL HEALTH SERVICES

Following a considerable period of discussion and planning, the Community Mental Health Services in the Newcastle Locality reconfigured into the planned four new Community Mental Health Teams (CMHTs) on the 10th and 11th January 2005.

The service changes are being managed in such a way as to ensure minimal impact on Service Users and one to one discussions are taking place with individual service users who may be required to transfer between the new teams. This process will be managed sensitively over a period of time, in accordance with mental health needs and within the framework of Care Coordination

The teams have been aligned to clusters of GP Practices and are now starting to further develop the role they have in meeting the needs of service users with severe, enduring and complex mental health problems. They are also working closely with the eight newly appointed Primary Care Mental Health Workers and the wider Primary Care Services to build on existing joint working and shared care arrangements.

An active recruitment campaign is underway to ensure that vacant posts are filled quickly. Additional staff are also being recruited on a fixed term basis to provide the service capacity needed for the CMHTs to do undertake this development work and to help address the waiting lists across the teams.

Early indications are that these changes are already starting to have a positive impact on service planning and delivery.

The New Teams bases are as follows:

The North Team - Based at Collingwood Court

The East Team – Based at Walkergate Clinic and the Jesmond Project. (It is expected the team will only be working across these two bases until the new Mollinuex Street base is ready for occupation in December 2005).

The Outer west Team - Based at the West Park in Newcastle General hospital Grounds.

The Inner west Team – Based at Clifton Mount

CONSULTANT PSYCHIATRIST MOVES

The Consultant Psychiatrists have now moved into their Specialist Inpatient and Community Service roles in September 2004. This has started to improve communication, care coordination and enable a more focused approach to care in the inpatient and Community Services. The Community based Psychiatrists are however limited as to the level and range of services they are able to provide because of high caseload numbers. This issue is currently being reviewed within the Trust.

CLOSURE OF WARD 31 AND ESTABLISHMENT OF AN INTERIM ACUTE DAY SERVICE

The remaining 13 beds on Ward 31 at the Royal Victoria Infirmary closed as planned on 15th November 2004 and an interim acute day service to support the closure started operating for an initial period of four months from this date. The interim acute day service has been set up to provide treatment and support for service users with acute care needs and operates 7-days per week between the hours of 9.00am and 5.00pm. It aims to offer a viable alternative to hospital admission and to support service users already in hospital by facilitating earlier discharge. Take-up of the service was initially slow but is now starting to pick up. Its use is being closely monitored on a monthly basis and will be fully evaluated at the end of March.

Plans to strengthen the Crisis Assessment and Home Based Treatment team (CAT) by appointing a further eight staff to support the ward closure have also been implemented. This has had a positive impact the teams ability to expand the home based assessment and treatment service it is able to offer as well as on early discharge planning from hospital.

REDESIGN OF THE PARTIAL HOSPITAL SERVICE

The formal consultation process for the partial hospital redesign proposals concluded on 23rd November. Whilst these proposals were broadly welcomed, concern was raised about the limited level of resources available to safely and appropriately achieve what was seen as quite an ambitious service redesign.

The proposals consulted on included:

- The development of a 7-day a week acute day service (between the hours of 9.00am to 5.00pm in the first instance) to support the closure of hospital beds and facilitate early discharge from hospital.
- The continuation of a reduced level of hospital based day care to meet the needs of some partial hospital service users who could not solely have their needs met within community based services.
- The movement of Occupational Therapists into the Community Mental Health Teams to enhance multi disciplinary working and further the development of community based services that facilitate recovery, relapse prevention, rehabilitation and social inclusion.

The consultation exercise identified further areas of work that needed to be completed before fully informed decisions could be made about the final redesign plans. This work will be completed by 14th February and it is expected that the redesign plans will be finalised by the end of February and agreed following discussion at a further user/carer meeting, the date of which has yet to be arranged.

For further Information on service developments and changes in the Newcastle Locality please contact Paul Bamber, General Manager - Service Modernisation and Development on telephone no: 0191 213 0151 ext 32456 or on email address: paul.bamber@nmht.nhs.uk

Launchpad Mission Statement

Launchpad is an organisation run by and for people experiencing mental health problems. The main focus to Launch pad's work is to provide opportunities for service users to be involved in the planning, delivery, monitoring and evaluation of mental health services. A major aim of the organisation is act as a voice for service users to influence the decisions made around mental health services in the city of Newcastle upon Tyne. Launchpad works with carers, the voluntary sector and other agencies towards better mental health services both locally and nationally for all.

Launchpad constructively works in partnership with other organisations to further the cause of mental health issues. Launchpad will establish positive practice locally by striving to improve user participation in Newcastle upon Tyne.

Contact details are Launchpad, Suite 8, 2nd Floor, Half Moon Chambers, 10 Bigg Market, Newcastle upon Tyne, NE1 1UW. Tel. 0191 233 0382. email. launchpadncl@aol.com

Launchpad is an independent user organisation hosted by Mental Health Matters

Registered charity no. 514829. a company limited by guarantee registered in England no.1786914.

Launchpad publishes the quarterly critically acclaimed magazine "On The Grapevine". The magazine informs not only service users about our work but also carers, voluntary sector, health and social services. On the grapevine strives to actively articulate the views of service users to influence the policy and decision making process at a local level. We inform and campaign on issues of concern to mental health service users both at national and local level. We seek the views of a broad range of people including both those who use, and those who work in mental health services in order to influence debate and action on better mental health services for all.

Disclaimer

All views expressed in this magazine are of the individual contributors and may not be the views of Launchpad. This magazine is there for all strands of opinion in order to facilitate debate and communication between all stakeholders.

Patrons of Launchpad.

Julie Green, Denise Watson, Bill Flett, Suzy Johnston, Dr. Derek Milne, Ken Coates & Susan J Mason BSc (Hons), Professor Allan Young, Dr. Rob Dudley, Dr. Julian Bromly, Dr. Denise Barulis, Dr. Douglas Turkington, Janice O' Hare, Dolly Sen, Jason Pegler, Dr. Paula Whitty, Barry Jackson, Margaret Brankston ,Valentina Kirkwood, Terry Dunsford, Jeanie Molyneux , Dr. Stephen Merson, Tony Byrne & Councillor Gareth Cooper.

Friends of Launchpad.

Elizabeth Moody, Dipty Patel, Elaine Hill, Rachel Weddle, Louise Merridew, Darren Burdon, Gayle Baxter, Alistair Lawson, Sergeant John Dowd, Sergeant John Hutchins, Ron Weddle, Rod Bowles, Helen Dawson, Stella Carmichael, Louise McCabe, Donna Davidson, Mark Gilbert, Viv Parker, Janet Clarke, Janice Clark, Gary Sober, Caroline Gregg, Ray Fanning, Jim Cousins MP, Alison J. Arrowsmith, Angus Forsyth, Tracey Belshaw, Steve Taylor, Val Tippen, Ian Grant, Ruth Harris, Julie Lambie, Aileen Drummond, Jane Bowie, Christine Irwin, Helen Chandler, Ruth Hofbauer, Richard Stevens, Denise Lipscomb, Barbara Quinn, Sheree Mann, Tracey Welford, Alan Hall, Jill Patterson, Gary Butler, Steve Shrubb, Sally Probert, Tim Ford.