What have we have heard today ?

### Making it Better Together

# What we have heard to day





- •Front door there has to be many entry points; these need to be in the places people go;
- •Too many signposters, not enough people supporting you.
- •Waiting list for the front door !
- •If people have to wait they need some support while they are waiting
- •Referrals to the hub are getting lost need follow up, tracking
- •Introductions to other services, and follow up, not passed around
- •Its not a service but an approach
- •Data, sharing and information systems to support responsiveness and

#### Loading...

# What we have heard to day

- •People want an empathetic, human response right for them 24/7
- •Criticism of the often poor response from the SLaM 24 hr line
- •Need a wider range of safe places,

- •Sanctuary is good but...not right for everyone, and wont take everyone, cant respond quickly for some (risk assessments)
- •Clear information about what to do in a mental health crisis and where you can go available in places people go everyday, not just NHS etc

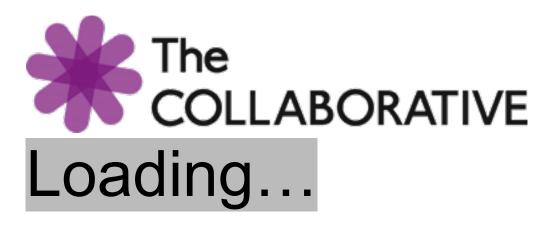


### The COLLABORATIVE What we have heard to day

•Holistic, need to focus on physical health as well as mental health.

- •Difficult to find and access the right services for an individual
- •Poor information about service/care options
- •One assessment as gateway to all services
- •In patient stays treated seperately.
- •Too much attention paid to medication at expense of other therapies, interests and goals.
- •Full involvement in care needed at all points
- •People don't have places to go to socialise, meet people or have things to do
- •Better police involvement started to happen





# What we have heard to day

•The key person needs to be recognised as important, listened to and fully involved

- Key person needs training and support for themselves
  high risk of burn out, how to cope in different situations etc
- •Choice key person chosen by SU – someone they can have a trusting relationship with.
- •Recognise the key person could be a friend, family member, someone in the community – rather than a professional.

Key person needs to be able to access information about services available
Safeguarding and the key supporter role.



#### The COLLABORATIVE What we have heard to day

- •Repeated assessments, each service has its own way of doing things and own criteria.
- •Waiting times at lots of points creates anxiety, hard to stay well
- •Housing is a huge issue lack of appropriate housing creates mental health problems; waiting for appropriate housing stops people recovering
- •A 'golden thread' of support by a peer along the journey
- •Consistency of professionals involved in care (e.g. same psychiatrist)
- •Poor co-ordination no one knows about me, no one knows what's available
- •Lack of support at key points; e.g. admission; discharge; crisis and sectioning; referral to a new service, introduction to a service.
- •No follow ups from people who referred me when I go to another service
- •People left in 'limbo' between services; overall often poor 'customer service'.



### The COLLABORATIVE What we have heard to day

- •Need wider range of formats inc video
- •Digital divide still exists on line not good for everybody – face to face and hard copy still important.
- •Better information about medication at the point of assessment
- •Better information about what to do in a crisis, currently ambulance, police or A&E emphasised
- •Credibility of the information giver quality of signposting, depends on the signposter
- •Information should be neutral.

- •Information should be person centred, designed in a way to answer questions people have; not to publicise organisations.
- •One written directory, rather than lots of different info - MIND and Mosaic directories are well liked.