

Lost in Translation

Findings from Mental Health
service users and staff at
Richmond Fellowship

Insight Report:
Richmond Fellowship

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Introduction

Living with a mental health problem can often have an impact on everyday life, making things that others take for granted a bit more difficult to deal with.

There is a stigma attached to mental health that can often deter people from talking about it. Services that support people with poor mental health give service users the opportunity to speak openly and share their feelings with peers who understand their experiences.

We wanted to find out if any improvements could be made to benefit service users as well as

amplifying their voice so that their experiences can be shared and acted on by commissioners and providers.

The recommendations made within this report include practical changes that can be made by the organisation as well as suggestions that could be driven by the commissioner.





Executive Summary

Overview

Healthwatch Leicestershire (HWL) is committed to gathering the views of health and social care service users across Leicestershire. In August 2015 HWL collaborated with Richmond Fellowship (RF), a national organisation that delivers Mental Health Drop-in's, In-reach (support for people where there are barriers to them accessing drop-ins or the Inclusion Support Service) and Peer Support Services locally.

It is important to note that as we listened to service users, some of the experiences and suggested improvements that were shared with us fall outside the remit of Richmond Fellowship and are for the wider health system where different stakeholders hold varying responsibilities. However, from a service user perspective, they often see the system as a whole and are focused on their own coordinated journey of care.

Aims

Our aim was to collect evidence and insights by listening to service users and staff so that we could:

- Establish a deeper understanding of service users' experiences
- Understand what changes service users would make to improve their experiences with Richmond Fellowship; and
- Gather the staff perspective on improvements.

Who participated:



We attended **4** groups



We held conversations with **34** service users



We received feedback from



5/9 staff

This report presents qualitative information that service users shared with us.

51 service users completed a recovery survey



“I would like to see more staff employed to cover the workload and ensure consistency for service users¹.”

- Service user

¹ The locations of the service users are not shown so as to preserve their identity.

Emerging Themes

Service users

Peer support

Being able to spend time with others that are going through the same or similar issues is of comfort to service users. Feeling that they are part of a greater network provides them with support and encouragement to continue with their recovery.

Provider transition and support

The transition from one provider to another has been a difficult adjustment for many service users. The varying style of support and contractual changes has meant that service users have struggled to embrace the new approach to delivery.

Staffing levels

Increasing the number of staff and volunteers would reduce the pressure on service user volunteers and increase the availability and versatility of the support available to service users.

Compassion

More care and compassion from the staff during the drop-in sessions was needed. Service users are feeling less cared for under the new approach and would like staff to spend more time with them at drop-in sessions.



“Having the drop-in sessions helps me to get out of the house and socialise.”

- Service user



Emerging Themes

Staff

Staffing levels

Increasing the number of staff at each drop-in session (currently there is one in each session), including the recruitment of volunteers, would allow service users to have more time with staff to discuss their needs.

Activities

Providing information on how to access funding would mean that staff are able to facilitate more activities. This would increase engagement with service users.

Training

Working with people with mental health issues can often be challenging. Exploring different approaches to training would better prepare new workers for working in the community.

Sharing best practice

Providing an opportunity for staff members to discuss issues and share their learning would benefit their practice and team morale.



Recovery Survey Findings

We designed a survey to allow service users that do not regularly attend the groups, or that attended groups we did not visit, to also take part of this project. The following issues emerged from survey respondents.

1. Other Services

63% of service users reported that there is something else that could help them with their recovery that is not already being offered by Richmond Fellowship, namely:



More Drop-in Sessions



Transport



Activities

2. Motivation for Recovery

82% of respondents told us that the following motivated their recovery:



Reading



Family



Structure



Peer Support

3. Additional Support

53% of the respondents were content with the support already provided by Richmond Fellowship. When asked to pick from a range of options of additional support, housing and financial support were highly valued, followed by employment. 'Other' options included more groups, help with obsessions and encouragement to pursue ambitions. More than one option could be chosen.



Housing
7 people



Employment
5 people



Financial
7 people



Other
12 people



Recommendations

Based on our findings, Healthwatch Leicestershire offers the following recommendations to service providers and commissioners:

Leicestershire County Council

1. To use the findings of the report to help inform future procurement and commissioning to shape mental health drop-in services.
2. Offer independently facilitated discussion sessions between staff and service users to share views and experiences to improve services.

Richmond Fellowship and Leicestershire County Council

7. Explore ways to give service users confidence in the commissioning process and services offered by Richmond Fellowship.

Richmond Fellowship

3. Review the feasibility of increased staffing for each drop-in session.
4. Actively work internally and externally to recruit volunteers to bolster the capacity and resources for the drop-in sessions.
5. To work closely with the individual to review the support and progression planning tailored to each service user.
6. To embed processes that help to identify where service users are no longer accessing sessions. Contact can then be made to re-connect and advise them of the support available.

“I would also like to see more time and services to help individuals in their recovery including those unable to attend recovery groups or drop-ins.”

- Service user

“It feels as if staff do not care even though we know they do. We were wrapped up in cotton wool before and now we have to do it for ourselves.”

- Service user



Main Report

Overview

Background to Richmond Fellowship

Richmond Fellowship provides Mental Health Drop-in, In reach and Peer Support Services in the Districts and Boroughs of Leicestershire (previously provided by West Leicestershire Mind, Community Action Partnership, Adhar and Age UK Leicestershire and Rutland).

“I think that we are generally well supported. It is up to us as service users to take advantage of what is available, although doing this depends on how we are feeling at the time.”

- Service user

The aims of the Service are to support people aged 18 and over who are recovering from or living with mental health problems to maintain maximum independence and wellbeing.

Richmond Fellowship believes that recovery is putting back together the broken piece of the jigsaw puzzle to make a picture of the person the service user now wants to be. Recovery is a process that informs the behaviours and expectations of both service users and staff. At the core of this principle is the belief that there is the possibility of:

- recovery from mental distress
- recovery from an experience of social exclusion
- recovery of an individual's potential and choice

Richmond Fellowship is committed to supporting service users to negotiate their own recovery journey but it is also aware that some choices may carry more risks than others. Richmond Fellowship acknowledges that the management of risk is part of its responsibility and that it holds a contractual and social duty to ensure that robust and accessible risk assessment processes are in place.



Methodology

An initial introduction took place with Richmond Fellowship where we agreed an approach that included access to both staff and service users. The project involved three components to gather views and service user experiences:

1 Social Drop-in Sessions

We attended four peer mentor focus groups across Coalville, Oadby & Wigston and Hinckley, allowing open conversation and a chance to share experiences.

6 August - Oadby & Wigston



7 August - Harborough



20 May - Hinckley & Bosworth



21 May - North West Leicestershire



2 Recovery Survey

Devising a short survey to capture the experiences of new and existing service users through drop-in sessions, reception waiting areas and outreach locations;



51

surveys completed

3 Staff Feedback

Providing staff with an opportunity to tell us what changes, if any, they would make to the service which would allow them to provide better care for service users.



5/9

Staff responded



34

service users had in-depth conversations

“I would like to be supported to have a chance to do work experience in the workplace. I would like one to one sessions and to have conversations about interesting things and to develop them, for example music or computer skills training.”

- Service user



What Service Users told us

Life Links Social Drop-in Sessions

The purpose of the groups

We spoke to service users by attending the Life Links social drop-in sessions. These groups are an opportunity for users to provide each other with support and to talk about their feelings, experiences or needs.

Staff are there to support service users to:

- Take control of their individual recovery
- Talk to someone who understands
- Build new friendships
- Make changes in their lives
- Address stigma
- Develop coping strategies
- Manage challenges in their lives
- Get more involved in their community

Staff are able (but not limited) to:

- Provide basic information and advice
- Access other information and advice

- Access other support and assist with referrals to statutory services
- Help service users to develop or retain their own abilities to manage their daily living, health and wellbeing
- Help service users to establish contact with statutory services
- Support service users to access community resources
- Support service users to access culturally specific services
- Support service users to monitor their own recovery and wellbeing

We asked service users that if they could change anything about the service they received, what it would be. The information was then analysed and grouped into common themes.

“I would like to see anything that changes the scenario of sitting around a table and vegetating.”

- Service user

Life Links Social Drop-in Sessions

Peer Support

- Service users enjoyed attending the social drop-in groups and they appreciated the peer support. Knowing that they could talk to each other and that they would be understood made them feel comfortable and within a safe haven. The sessions also gave them an opportunity to be out of the house and have contact with their peers.

Transport

- For some service users it is often difficult to attend the drop-in sessions due to the cost of transport. If they have limited mobility and no friends or family to support them to and from the meeting, this is also a restriction. Service users told us that it would be beneficial if transport was arranged for them and that this may also encourage others to return to the drop-in sessions.

Transition and Support


- Service users spoke often of the previous provider and the difference in support style that Richmond Fellowship now offers. For many, it has been difficult to adjust from a hands-on style of support to a more arms length independent style. Service users have observed that some people are not fully ready to embrace the new independent approach. They felt that there is not one pace that suits everyone: different service users need to make the journey at their own speed.
- There was a particular group that had a noticeable fall in the attendance of men in the group. Service users thought that this coincided with the change in provider.
- There are service users that are capable of helping to organise the group and support the worker with the day-to-day tasks at the sessions. These service users raised the point

that although they volunteer to support the group, at times they feel as if they are running the group and that they have to be mindful that it does not become too much for them. They would welcome more training to continue the support that they offer the group. More staffing may also help to implement this.

- We were told that the Richmond Fellowship worker was (in many cases) a service user's first point of contact when it came to their recovery. Service users felt that the support worker's role was multipurpose, providing signposting and all round support in navigating new services and opportunities. However, some service users did not utilise this type of support and they felt that it could have been offered more proactively.

Staffing

- It was felt by many service users that it would be beneficial to have two members of staff at each drop-in session. There were often times when one or more service users needed to have a private discussion with the Richmond Fellowship worker but could not due to the staffing capacity. They felt that this left the group without a facilitator. This was not the fault of the staff member but it left the group feeling vulnerable.
- Service users had been told that Richmond Fellowship would provide extra support to the group by recruiting volunteers but that this support had not yet materialised.
- Service users mentioned (but not without exception) that it maybe useful to have a male and female worker as this offers them a choice of with whom to discuss their issues. For example, some service users preferred to talk to a male as they found it easier. This also offered more flexibility to the support within the session.



**“Service users are
having to do more
for themselves now
so things move a bit
slower.”**

- Service user

Life Links Social Drop-in Sessions

- The length of the sessions has also been reduced and there is no longer a weekend option.
- Service user volunteers felt a weight of responsibility on their shoulders to support the day to day running of the group. We were told that that they took the role to provide support to the group because they felt capable enough to perform the role. However, once in the role, these same volunteers felt that they would be letting their peers down if they did not volunteer in this way and that there were limited peers willing or capable of taking their place.

“Whilst Richmond Fellowship staff are excellent workers, there aren’t enough. We have been left with groups having no workers whatsoever in the past while people have been in crisis and it has taken a service user to contact the crisis team... Richmond should incorporate some of the old ways back into the group. They are funded to run the group and we have lost good staff members along the way. The transition did not go smoothly and it is not fair on the service users nor is it good for their mental wellbeing.”

- Service user

Compassion

- Many service users across all groups spoke about a need for more care and compassion from the Richmond Fellowship staff during the drop-in sessions. It was felt that staff did not spend enough time engaging with individuals and that the ‘arms length approach’, in comparison to the previous provider’s closer style, left service users feeling less cared for.
- Service users mentioned that there was a lack of trust between themselves and Richmond Fellowship staff. Service users commented that Richmond Fellowship appeared to make no attempt to build trusting relationships and without trust, staff inevitably struggled to provide the quality of service that the service users require.

Activities

- Many service users felt that there were not enough activities taking place within the drop-in sessions and that they wanted to do more than just sit in a room and talk with other peers. When activities were arranged by a service user the Richmond Fellowship staff did not attend. However it was felt that this would be a good opportunity to build relationships with the service users. Some service users did not feel comfortable attending outings without a member of staff and therefore they did not attend any organised trips.
- The combination of Richmond Fellowship staff not attending outings and the encouragement of service users to organise their own activities have left some service users feeling slightly neglected.

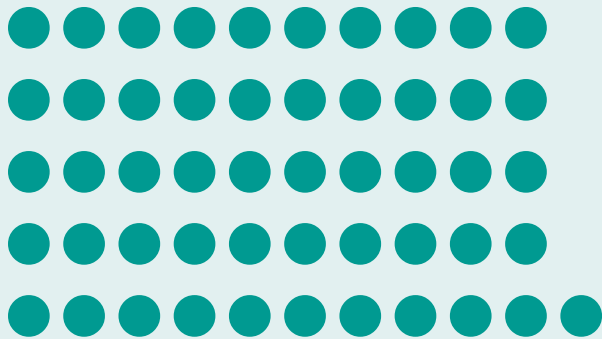
“I have been coming to this group for over a year. The environment is nice and I feel comfortable here.”

- Service user



All about Recovery - Survey Findings

We designed a survey to allow service users an additional route to be part of the process. The following issues were captured by the survey:



51 service users completed our quick survey.

Other Services:

63% (32 out of 51) service users reported that there is something else that could help them with their recovery that is not already being offered:

- Transport to drop-in sessions would encourage more service users to access the services more frequently as well as the sessions held in locations further a field.
- Increasing the number of sessions per week was a popular request.
- Greater structure within the drop-in sessions including more planned activities.
- Greater support through increased staffing or volunteers.

Motivation for Recovery:

82% (42 out of 51) respondents told us that the following motivated their recovery:

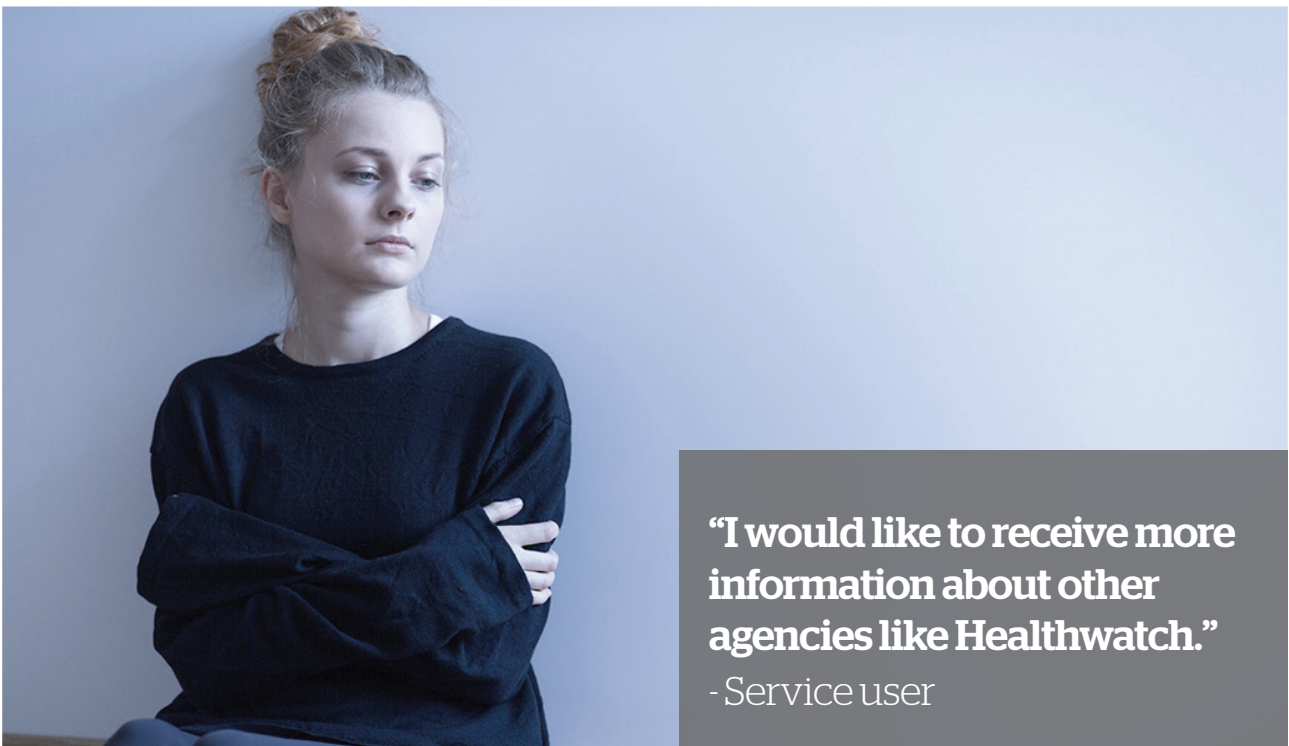
- Attending drop-in sessions each week with their peers, meeting new people and making new friends.
- Reading books, magazines and using the computer.
- Having the support of family.



Additional Support:

53% of respondents told us that from the options provided, there was nothing that could be offered as additional support that would be helpful as part of their recovery.

However, some service users thought that the following options would benefit their recovery:



“I would like to receive more information about other agencies like Healthwatch.”

- Service user

What Staff members told us

Improvements from within

We wanted to look at the service overall and recognised that staff are well placed to identify areas of improvements to services. We asked staff what, if any, changes to the service would better support them in the course of their work and would allow them to give better care to service users.

We invited suggestions for improvements, collated the suggestions and ideas under headings and summarised the feedback. This is what emerged from staff experiences:

“I think if we had more staff in the drop-ins (currently we have only one in each) we would be able to give more support to members and help them achieve where they want to be.”

- Staff member

Staffing levels

Improving training for front line staff within A&E departments, Out Of Hours GP's and acute medical care. Workers could also be trained in specialist areas for example, pregnancy and novel psychoactive substances sometimes known as 'legal highs'.

Activities

Staff suggested that if activities were more readily available it would help service users to engage more and create more opportunities to be active within the drop-in sessions.

To be able to facilitate more activities within drop-in groups, staff mentioned that it would be useful to have information on how to access funding for projects. Either gaining support from local voluntary groups set up to support charities or having someone as part of the organisation to generate funding. This would allow more flexibility for groups in terms of resource to develop activities.



Training

We were told that training is given to new staff through e-learning to give staff members the tools to carry out their duties effectively. Exploring other approaches to training may better prepare new workers for working in the community with people with mental health issues.

In a working environment such as mental health, staff felt that there should be some guidance to inform them what to expect when taking over or working with particular groups. In addition, staff were not advised how to deal with challenging behaviours. In effect, this means that staff sometimes enter a group with no handover. This significantly hinders their ability to support the group effectively.

Sharing best practice

Working in the community can mean that you hardly get to see your colleagues, which can make you feel quite isolated. Having time to discuss new ways of working and to share experiences on a regular basis would allow staff time to be supportive of each other and help to build and maintain morale.

“I was never informed of the specific problems service users may have when I took over groups – so I basically went in blind with no handover”

- Staff member



“Though we are aiming to try and get more volunteers in drop-ins. I think if funding was provided for some activities it would help members with engaging more and create more things to do in drop-ins.”

- Staff member

“Working in the community means that you hardly get to see your colleagues which can make you feel quite isolated.”

- Staff member



Healthwatch Insights: Conclusion

As a local health watchdog, it is important to bring as many voices to the forefront of provider and commissioner conversations as possible. This report highlights issues that remain important from a service user and staff perspective, and provides a greater understanding of their experiences.

Understanding the change of provider

Service users can need considerable support to navigate change, particularly in the early stages of their recovery. This is necessary whether it be the changes resulting from the change of contract or changes in their own lives. To feel comfortable in a new group and to develop confidence in themselves, service users need person-centred support that is tailored to them as individuals. Overtime, the level of support may reduce as the person's recovery progresses but this will vary and is unlikely to be a straightforward linear progression.

Many service users struggled to understand the reasons for re-commissioning the service and subsequently the impact that this would have on them. We were told that since the change in provider, many no longer attended the groups and that existing users were concerned that there had been neither an attempt to understand why some service users no longer attended, nor an invite for them to return. Providers and commissioners could be asked: If there are service users that used to access the service but no longer do so, what is the system doing to help those same people who still need support?

Care and compassion

In order to fulfill the purpose of the social drop-in groups, providers need to establish a positive working relationship based on trust with their service users early on. This is essential to being able to deliver the offer and meet individual outcomes. If service users do not have confidence in the service providers or the offer being made, providers will struggle to deliver effectively.

It is important for service users to be supported both emotionally and mentally as well as having support workers that they feel comfortable enough to talk with openly. The staff's 'arms length approach' to engaging with service users, in comparison to the previous provider's hands-on style, left service users feeling less cared for. This affected their motivation to be fully engaged in the group and their confidence in the provider to help them with their recovery.

This could, however, be due to miscommunication between the provider and the commissioner. The commissioner may stipulate an increasingly independent approach; this does not necessarily result in the apparent lack of compassion. But without sufficient communication between the commissioner and provider, alongside support and training for the staff, it could easily appear this way to the service users.

Conclusion

Identification

On attending a group for the first time, it is not made obvious who the staff member is amongst the service users. Although in some groups (but not all) staff have worn a lanyard, this was not very clear. Some form of photo ID might also be useful.

Information

Although Richmond Fellowship offers informal information, advice and guidance, signposting and one-to-one support to group members, the information could be delivered more proactively.

Staffing

Reviewing the staffing model would help to better balance the needs of service users for one-to-one support, private discussions and to improve support capacity at drop-in sessions.

There is a mismatch between service users' expectations of the offer commissioned and what is actually delivered by Richmond Fellowship.

Listening to service users


There is a need to better understand the different approaches that could be taken to enhance service users' recovery and to review when and how this support is delivered. For example, having appropriate activities available for service users to engage in promotes greater interaction, reduces feelings of intimidation and isolation within the group, builds confidence and social skills and provides a distraction from the symptoms of illness.

New interventions could be driven by an outcomes approach. Service users are aware of recent funding restrictions, however this adds to their frustration and leaves them feeling pessimistic about the future of the service.



“There needs to be support for individuals to access help from outside of Richmond, for example offering them support with benefits.”

- Service user



“I want more support for people with anxiety to join in with the groups.”

- Service user



What comes next?

What Healthwatch Leicestershire will do with the data collected

This report begins a conversation between service users, commissioners and providers. It provides a platform for commissioners to act on user experiences and recommendations and to improve processes. Providers have the opportunity to review how best to deliver services in the future.

As well as presenting this report to the Richmond Fellowship, we will present this report to Leicestershire County Council commissioners to support an annual review of the mental health drop-in service.

We will share this report with our wider health and social care stakeholders and continue to gather evidence and insights from service users, the public and patients to champion their voice at every opportunity.



Acknowledgements

We would like to acknowledge the support and co-operation of Richmond Fellowship for allowing us access to their staff and service users.

We want to thank the service users who gave us their time and shared their personal experiences without which this report would not be possible.

We also appreciate the feedback and comments from staff at Richmond Fellowship who aim to improve support for mental health services.

The Richmond Fellowship service is available to anyone aged 18 and over who lives in Leicestershire and who's recovering from, or living with, mental health problems. You can contact them directly or you can get support to do this from a health or social care professional, or an advocate.

Richmond Fellowship offer a range of support.

Social drop-in

Drop-in sessions provide a safe environment where they offer information, advice, guidance and signposting and, where appropriate, peer support. Richmond Fellowship provide one to one sessions where there's an identified need or someone is experiencing a crisis. No appointment is necessary. Contact them to find out when and where our sessions are held.

Inreach

If someone is experiencing barriers to accessing other mental health support services then the Richmond Fellowship team may be able to help. Barriers could be age or gender related, cultural

or geographic, or arise out of a mental health problem.

The service is flexible and responsive to local needs although it is time limited. Support could include, but is not limited to, working with existing community groups and supporting individuals to link with local initiatives and opportunities.

Peer support

If someone has got lived experience of mental health problems and wants to set up their own group then the peer support co-ordinator can help. Support may include initial funding for venue hire and ongoing advice and guidance until their group is established.

For more information contact:

Richmond Fellowship

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60 Charles Street, Leicester, LE1 1FB.

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Disclaimer:

The views in this report were gathered with the cooperation of Richmond Fellowship. However, the report and all associated communications are independent of Richmond Fellowship and represent the findings of Healthwatch Leicestershire. They should not be taken as representing the views of Richmond Fellowship.

A woman with dark hair, wearing a white lab coat, is looking at a blonde wig. A large teal speech mark is overlaid on the top right of the image.

Lost in Translation

Findings from Mental Health service users and staff at Richmond Fellowship

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