



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Thank you for joining the
Advancing Mental Health
Collaborative learning set 1.

The event will start at 10:00.





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MENTAL HEALTH



Advancing Mental Health Equality Collaborative

Learning Set 1

9th September 2021

10:00 – 12:00



Welcome!



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Housekeeping

- Please mute your speakers/audio unless you are speaking.
- Please turn your camera off when others are presenting.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- The session will be recorded and shared on our website. If following today's event you do not wish to be identified please contact us on the email below.
- If you experience any technical difficulties, please email AMHE@rcpsych.ac.uk



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Agenda

Time	Item	Speaker
10:00 – 10:10	Welcome and introductions	Tom Ayers
10:10 – 10:40	Panel discussion – Knowing your population and their needs Christine Burke – Foundation for Learning Disabilities Deirdre MacManus – London & South East NHS Veterans' Mental Health and Wellbeing Services Lade Smith – National Collaborating Centre for Mental Health	Tom Ayers
10:40 – 10:50	Preparing to identify your populations	Amar Shah
10:50 – 10:55	Break	
10:55 – 11:15	Coproduction	Raj Mohan
11:15 – 11:55	Breakout task	
11:55 – 12:00	Close – next steps	



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Panel discussion

Christine Burke

Foundation for Learning Disabilities

Deirdre MacManus

London & South East NHS Veterans' Mental Health and Wellbeing Services

Lade Smith

National Collaborating Centre for Mental Health

Tom Ayers

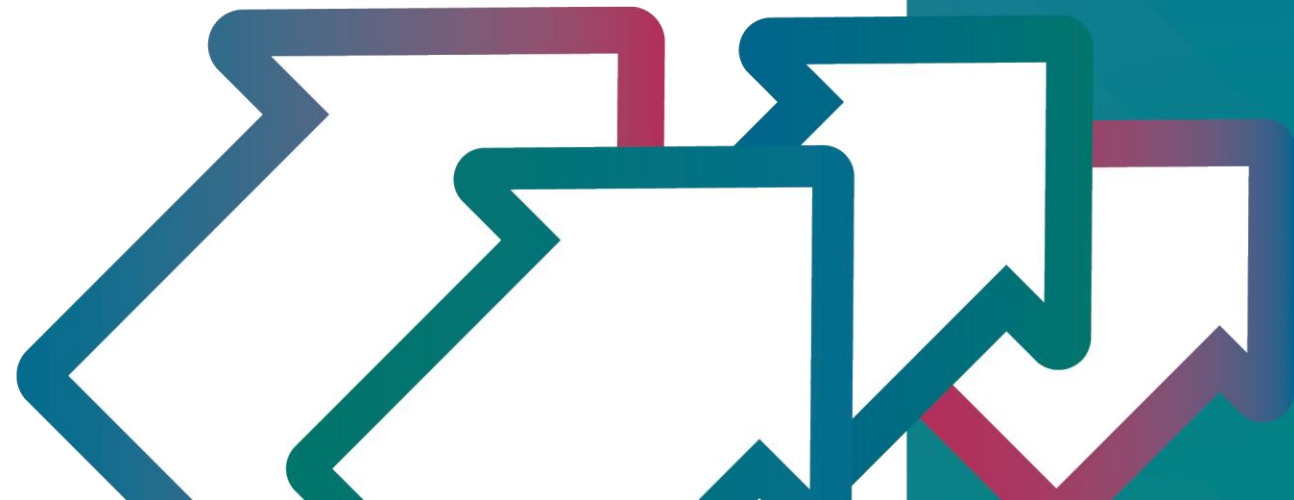
National Collaborating Centre for Mental Health

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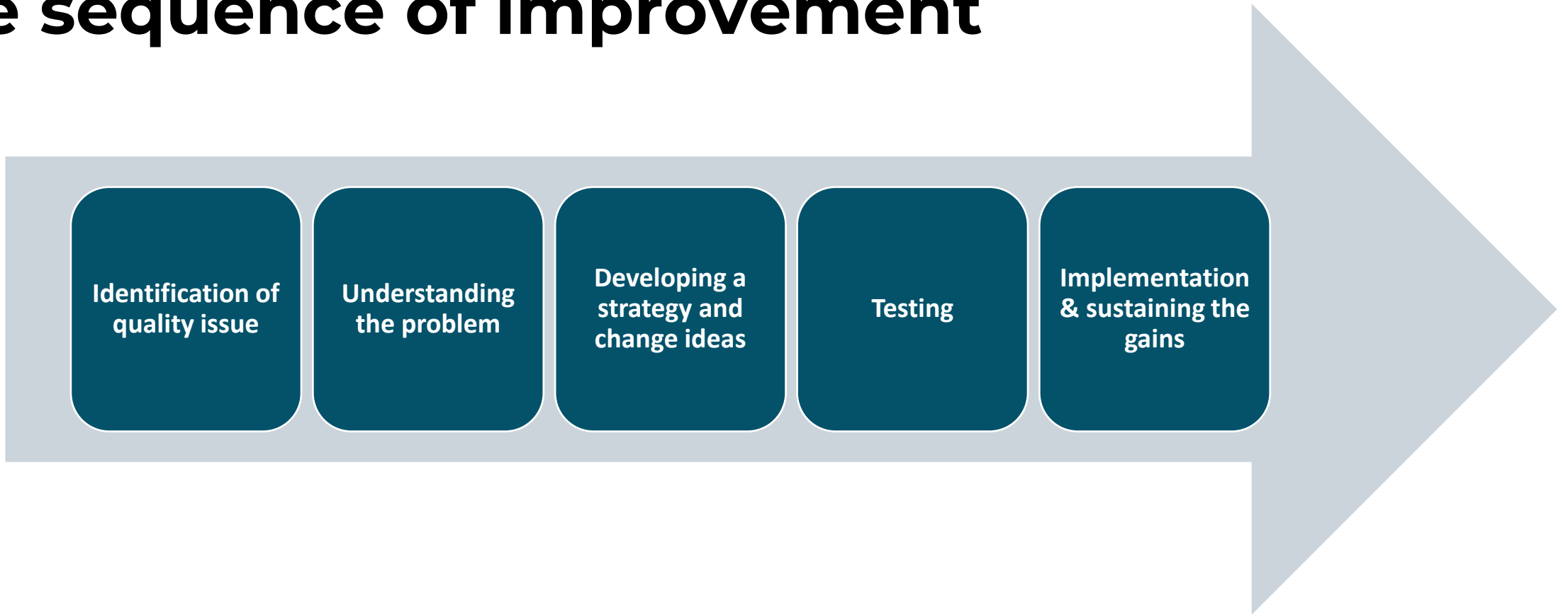


Preparing to identify your population

Amar Shah

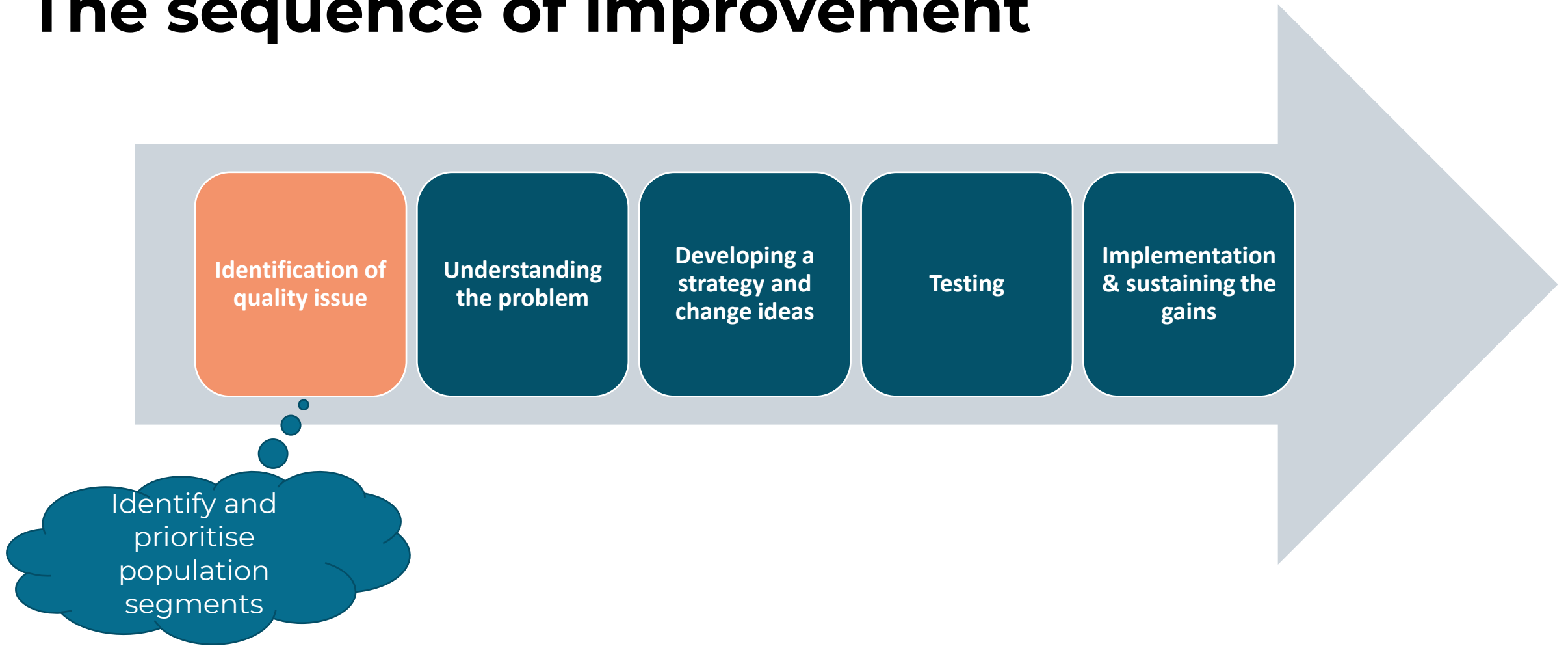


The sequence of improvement



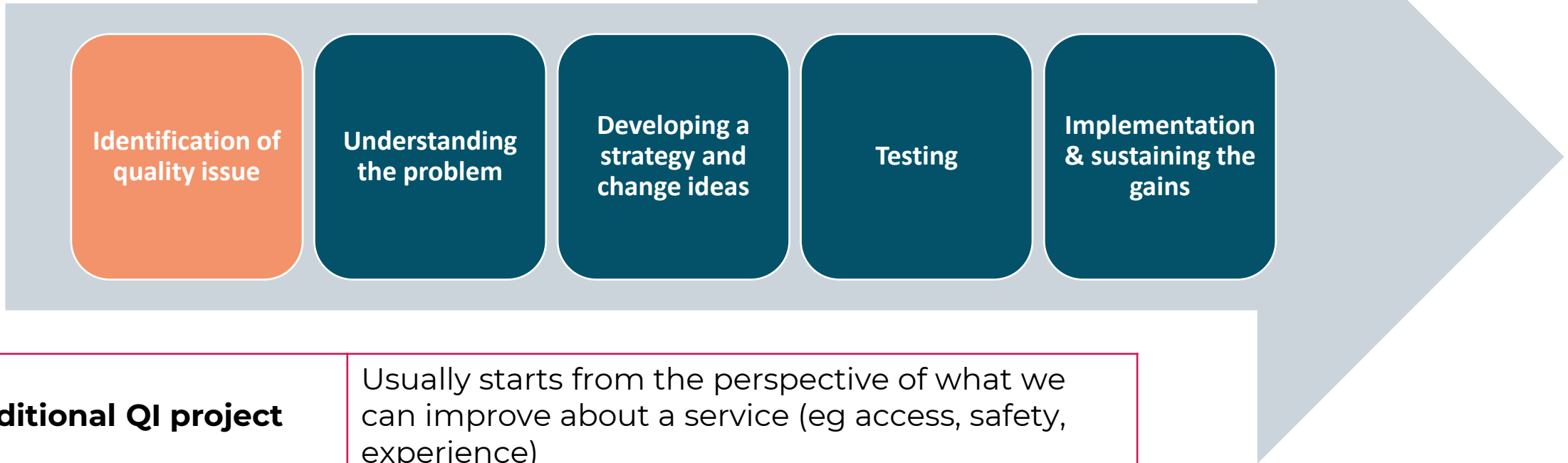
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The sequence of improvement



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The sequence of improvement



Traditional QI project	Usually starts from the perspective of what we can improve about a service (eg access, safety, experience)
The AMHE QI work	Starts by thinking about a population



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Step 1: Identify potential population segments

- Identify a **population** where there is potential for impact on all three aspects of the triple aim
- Who is not **thriving**? Who is at the **edges**?
- Where is there **will and urgency** to collaborate and do something different?
- Is there an existing **governance structure** in place that would provide leadership and oversight
- Is **data** available on this population?
- Is there any **existing work** happening with this population?



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Defining **the population**

Examples (can use all, some or none to describe the population segment of interest):

- Service user or potential service user
- Demographic factors (age, gender)
- Disease burden (numbers or types of conditions)
- Utilisation patterns (number of acute visits, medications)
- Geography (neighborhood)
- Social factors (income level, housing status, ethnic background)
- Etc...



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Some examples

- People with a learning disability who are at risk of being prescribed antipsychotic medication
- Young people aged 14-16 at risk of self-harming, attending one secondary school in each of the 5 boroughs that the Trust operates
- People with a Body Mass Index of >30 and their carers
- Adults of working age with a diagnosis of serious mental illness being supported in primary care or outpatients
- People in Newham with asthma or chronic obstructive pulmonary disease and meeting the referral criteria for the Improving Access to Psychological Therapies service
- Newham residents accessing front door mental health crisis services five times or more in the previous 2 years
- The homeless population in Tower Hamlets who are living in hostels
- Leighton Buzzard residents aged over 65 with moderate or severe frailty or mild cognitive impairment or diagnosed dementia, who have two or more underlying physical health long-term conditions



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Population segment	Is data available?	Can we get our arms around the population?	Is there urgency?	Is there any work already happening?	Do we have existing relationships with key stakeholders?	Is there a governance forum that brings stakeholders together?



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Break (5 mins)



Coproduction

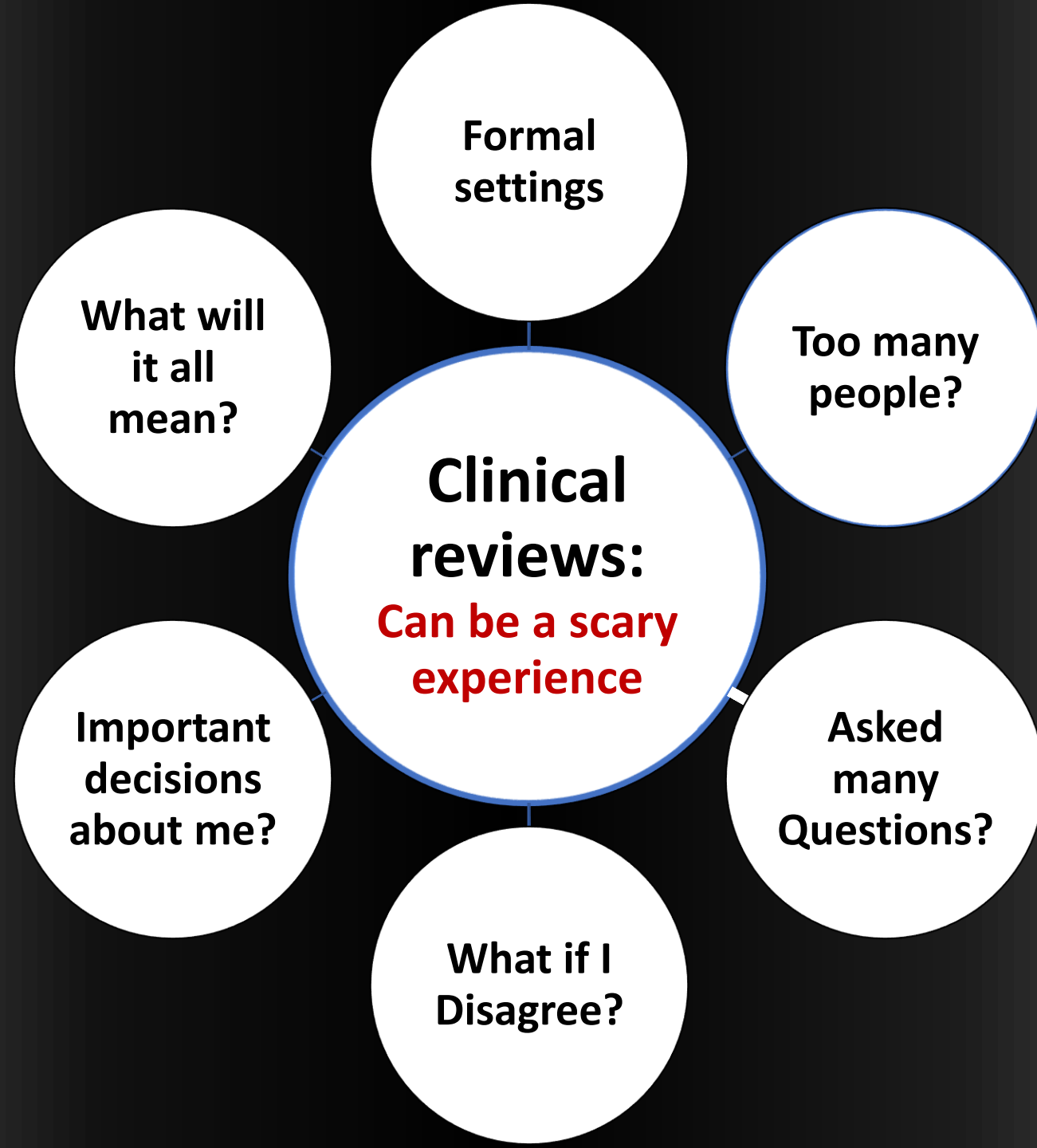
Raj Mohan



Service user led CPA in inpatient rehabilitation

Dr Raj Mohan

Heather Close Rehabilitation Unit



We all know that people with SMI are often not that involved in their care, (CQC, patient surveys, PEDIC etc)

....and decisions are often taken for them

Service user chaired CPA at Heather Close Rehab Unit

- More participation and shared decision making**
- Which would empower service users &**
- Reduce hierarchy & power imbalance in care**

**Inpatient
rehab
sample
n=24**

All patients had SMI/Psychosis of long duration

Multiple past acute/PICU/forensic admissions

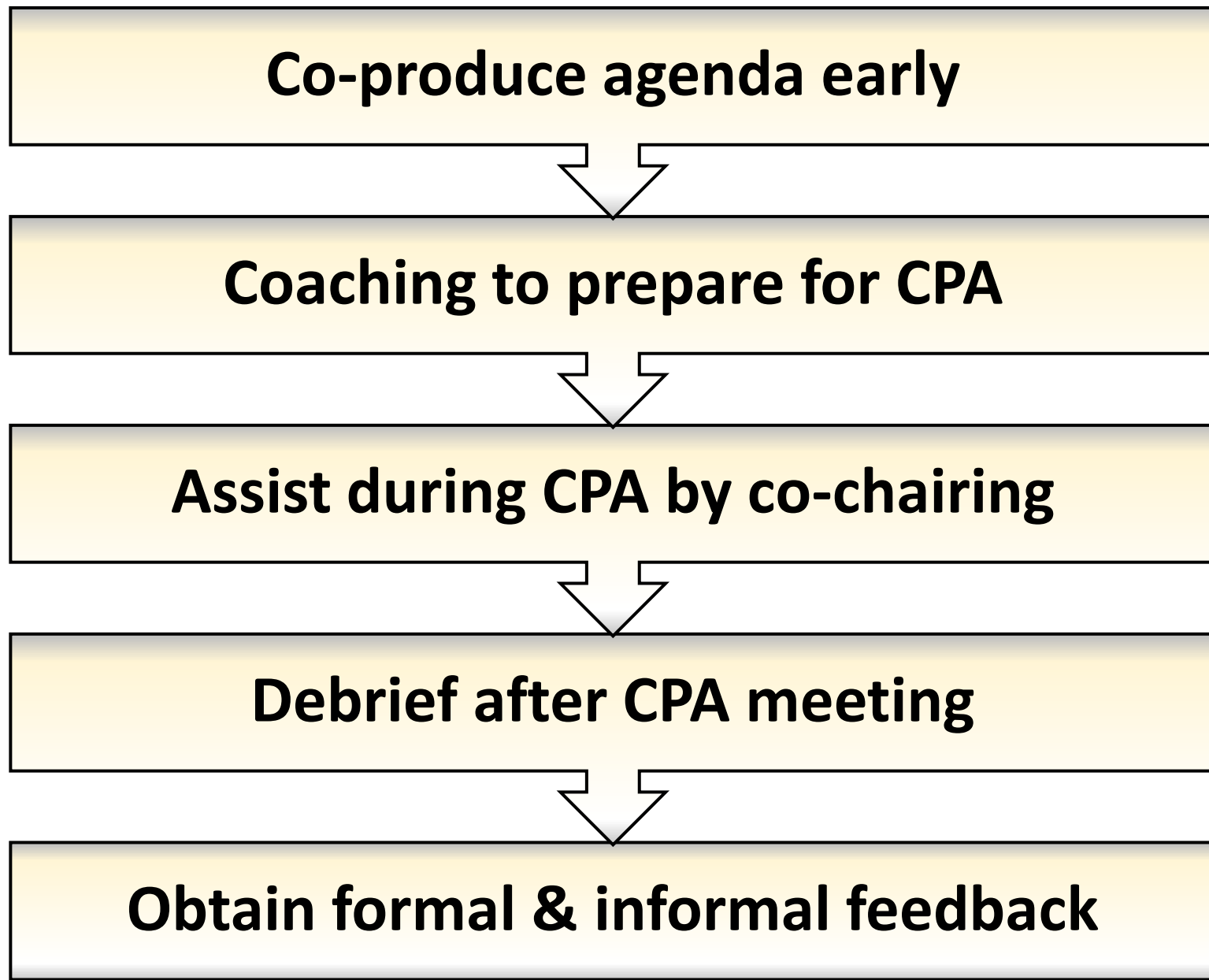
2/3 had comorbid drug & alcohol problems

75% had at least one long term physical disorder

Significant past risk histories (>80% violence risk)

High treatment needs & support needs

Service user chaired CPA stages @ Heather Close



My CPA agenda on 20/06

Chair: Me Co-chair _____

1. _____
2. _____
3. _____
4. _____
4. _____
5. _____

Learning from feedback from early stages

**Having a
prompt sheet**

**Coaching &
practice**

**Personal goals
& support**

**Shared
decisions**

**“No
interrogation”**

**Positive
feedback**

**Help reduce
anxiety**

**Informal
approach**

We used all informal feedback to improve the meetings

Improving prompt questions & person centred language

Safety

***Do I feel safe? What can help me feel safe?
Can staff support me?***

Risk to others

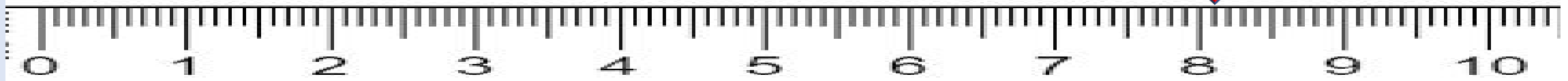
- Do other people feel safe around me?***
- How can I make others feel safer?***

Accommodation

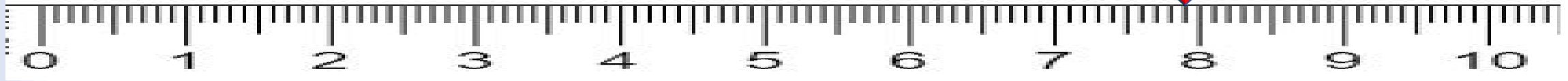
- Where will I live after discharge?***
- Who will support me to remain well?***

Patient Feedback Measure

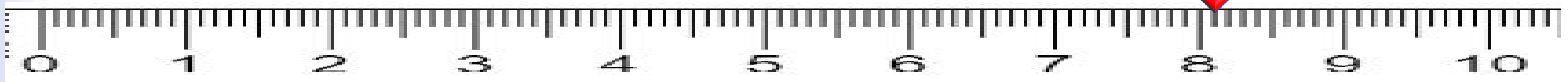
It is important for me to chair my CPA



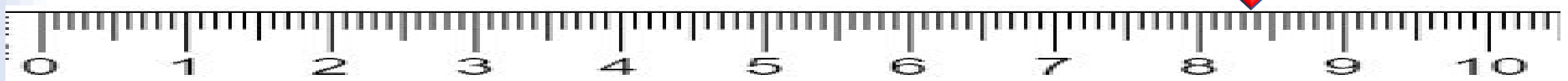
I was supported by staff to prepare for my CPA



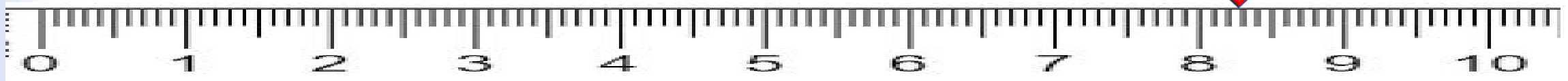
People I wanted to attend, came to my CPA



I had enough time for my CPA meeting

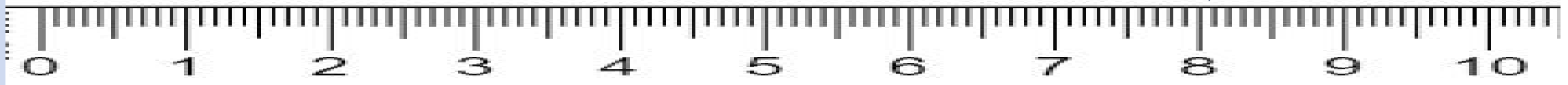


I was able to speak openly in my CPA meeting

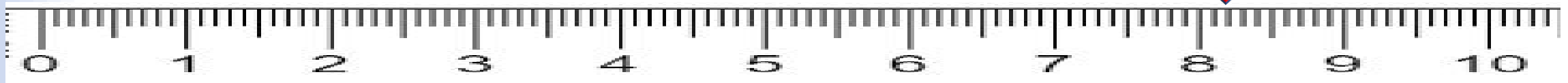


Patient Feedback Measure

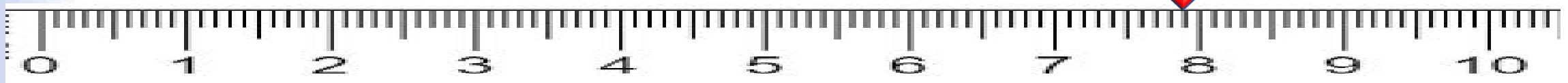
I was able to ask staff to contribute to my CPA



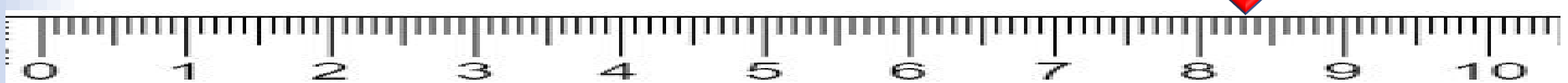
I had choice and control over treatment decisions



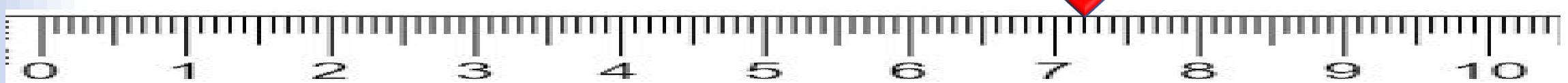
I feel I understand my treatment decisions



Chairing my CPA has helped me to focus on my recovery



I would like to chair my next CPA.



Using feedback to understand patient experience

“It gave me a sense of control and confidence”

“I felt free to speak about things”

“Sharing my views, enlightening in a positive way”

“There should be more time to discuss things”

“I felt that everyone was looking at me”

“I have never chaired a meeting before, it felt good to do it”

“People I wanted to be there, did not come”

“It was good to be able to ask questions”

“It is not really my job to chair meetings”

Using feedback to improve patient experience

In a nutshell, our QI project taught us...

Service users can be supported to lead their CPA

Staff need to focus on strengths

Staff need to have skills to enable

Autonomy is essential to recovery

Achieving & Maintaining the 'culture shift'

Scaling up and spread

Every aspect of care is person centred

All care plans completed in first person

Use co-production in all aspects of care

Staff attending recovery college courses

Use Shared Decision Making

Medication choices, training to skill up staff

Sharing and training other services

CPD for consultants, supporting other services to implement

Breakout task

Objective

To understand how your organisation might be limiting its understanding of the local community and decide on some first steps to address this.



STEP ONE (5mins)

Make a list of all the things an organisation could do to ensure that they **don't** know who is in their population or know what their needs are.

Add your ideas to the board on Mentimeter. A link will be provided in the chat or you can go to www.menti.com and enter the following code:

4522 7543



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STEP TWO (5mins)

Go through the Mentimeter list and ask yourselves *'Is there anything we are currently doing that in any way, shape or form resembles this item?'*

Be brutally honest and make a second list of all your counterproductive actions/activities.



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STEP THREE (15mins)

You will be randomly allocated into breakout rooms of 3-4 people.

Look at your list of counterproductive activities you are currently doing.

Discuss some of these with your group and decide on some first steps that will help you stop doing these things that are unhelpful to your organisation and the populations you work with.



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Next steps

Tom Ayers

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