

Charter for Mental Health Services in Manchester

- 1. We want to feel that we've been listened to**
- 2. We want to have a real influence on services**
- 3. We want to be part of services**
- 4. We want to be part of our own care**
- 5. We want services to decrease stigma**
- 6. We want services to think properly about the consequences of changing what they provide**
- 7. We want services that work for people from all the different communities and cultures in Manchester**
- 8. We want services to understand us as whole people**
- 9. We want to know what services are available**
- 10. We want to know what's happening in services**

Charter for Mental Health Services in Manchester

Introduction

This charter is about what people want from mental health services in Manchester. It has been drawn up from what people who use mental health services have said in consultations over the last few years.

On the following pages these wishes have then been explained in more detail and translated into the language of commissioning. Each wish has been translated into an outcome and an overarching aim for a mental health service. Accompanying each outcome is a set of suggestions for monitoring whether the outcome has been achieved.

A service user is defined, for the purpose of this charter as “someone who has direct personal experience of mental distress”. This may or may not mean a current user or previous user of voluntary or statutory mental health services. (Adapted from Dorset Mind Service User Policy).

A person is a “user” of any health services if the person is someone to whom those services are being or may be provided. (Department of Health 2007).

Who developed this Charter

This charter was drafted by a steering group, co-ordinated by Macc and made up of people who use mental health services and people who are active campaigners for improvements in mental health services. The job of the steering group is to promote the Charter and monitor its usage and impact.

How can you get involved?

- **Tell us how you will use the Charter.**

For instance you may use the Charter to guide the development of your services or use it to campaign for change in other organisations.

- **Propose additions**

Please note this charter is based on what people who use services have already said so we do not want to take anything out. Also we think it is more powerful in its current form by being short and using simple straight forward language. If you think that something important is missing please email John Butler, john@macc.org.uk with your proposed additions. Any proposed additions will be discussed and agreed by the steering group.

- **Attend Charter Alliance meetings**

At our first Charter Alliance meeting we will discuss the Charter, agree a plan of action and how we will implement, monitor and evaluate the Charter. We anticipate, following further discussion and consultation that the wording of the outcomes and the ideas for monitoring the charter could be improved or may look different for different organisations. If you wish to attend this event please contact John Butler at Macc with your contact details.

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This report was prepared by John Butler from Macc, 28 April 2014

The Charter in more detail

This section explains each of the wishes in more detail suggests an appropriate outcome for each of the wishes in the Charter and; ways that the outcomes could be monitored.

1. We want to feel that we've been listened to

At the core of mental health services is the quality of the relationship between the person using the service and the person working with them. The interaction between them is so important – it is the basis for so much. Do staff behave as if they care, do they behave as if what I think is important, or do they assume that the professionals always know best?

In order to ensure that service users experience empathy from staff, the organisation in which staff work must continually support and enable them to work in that way.

“I do believe that the number one priority is to have caring staff. Number two is to be in an environment which you feel secure in, whether it be nice and quiet and private or boisterous but secure. But definitely having people that care and not just using the job as a, if you like, a way of ending up with a pension at the end of it”.

Outcomes

1. A high level of empathy is demonstrated by all staff in regular contact with users of mental health services.

How it should be monitored

There should be user evaluation of all staff in regular contact with users of services which allows users to comment on individual staff and how they:

- demonstrate through their behaviour that they care
- demonstrate through their behaviour that they think what the user says is important
- demonstrate through their behaviour that they do not assume that they always know what is best for the users of services.

There should be other appropriate mechanisms in place to measure levels of empathy - for example, peer evaluation or management observation and assessment.

2. An organisational culture that supports and enables staff in regular contact with users of mental health services to act in an empathetic manner.

How it should be monitored

At a minimum there should be regular independent and published staff surveys which survey: motivation; levels of trust in the organisation; levels of satisfaction with the organisation; provision of training and support to enable staff to maintain a high level of empathy with clients.

2. We want to have a real influence on services

This is about the user voice being listened to. It is most effective when users come together in groups, where people can support each other, share information and develop a common view, and when organisations see users as partners. Service users want to see improvements to services resulting from their views.

“If we can all work together, we can balance the service before it tips into the abyss. Even on a reduced budget, we could have a better service, working together, that other trusts could emulate.

You won't listen to the knowledge of our side. We have knowledge in our field. We live it all the time. Your experience of mental health is budgets – it's not the same as being on the receiving end.”

Outcomes

3. Organised groups of users feel that their views and opinions have a measurable impact on improving services.

How it should be monitored

User groups can point to service changes which they feel they directly influenced. User groups can point to commissioner decisions which they feel they directly influenced. Provider organisations will have in place a funded programme of systematic user involvement in decision-making.

3. We want to be part of services

We want to support other service users. The value of peer support should be recognised – we are experts by experience. Peer support and peer advocacy should be part of the services, and should be adequately supported.

Outcomes

4. That all users of services can feel part of the solution, and can contribute to services for others.

How it should be monitored

Peer support is available for all service users who could benefit. This could be as part of a group or as a volunteer. The numbers, types and quality of the opportunities should be monitored. The availability of support for people volunteering also needs to be monitored.

The organisation should positively encourage former users of services to become employees and the way they are doing this and the levels and type of jobs should be monitored.

4. We want to be part of our own care

We want to be part of the solution for ourselves as well as for others. We want to have an input into our own care. We want accurate information about our condition and proposed treatment and access to someone who has an overview of our care.

Outcome

5. All users feel that they are contributing to their own care.

How it should be monitored

Provider organisations should have in place systems, policies and training to support this way of working. For instance, the assumption should be that most people will have control of their medication, the right to accurate information about their condition and proposed treatment, including the suitability of alternatives, likely side effects of treatment, and their impact.

Users need to have access to a range of forms of independent advocacy, and the range, numbers and types should be monitored.

5. We want services to decrease stigma

The stigma that people with mental health services face is a major obstacle to being part of ordinary society and all services need to do what they can to minimise stigma.

“I am not abused as much out in the community since coming here.”

Outcomes

6. To minimise levels of additional stigma in the provision of services.

How it should be monitored

The organisation should have in place a plan and policy to reduce stigma, applying to all buildings and premises where services take place. There should be regular training for staff and action plans for all services and premises.

6. We want services to think properly about the consequences of changing what they provide

Too often in recent years' service users have felt abandoned when services change. Services they value disappear, and also staff whom they have known and trusted.

“I am concerned that the day centre may not be available to me to drop in, just to see some friendly faces. When I am stuck at home on my own, my mood gets lower and lower and I go back to bed. Having a safe place to come to is therefore very important to me.”

“I've become a shut-in. Going out is my most creative act this year. I came here by tram, myself.

We need services that are suitable to us. We need consultation before services change, and they need to be assessed as to whether they work or not – not in Oxford or wherever, but here.”

Outcome

7. A plan for the emotional and practical impact of change, arrived at with meaningful user involvement.

How it should be monitored

There must be independent evaluation of the way that the change was carried out based on talking to the people impacted. How often are key people involved in our care changed?

7. We want services that work for people for all the different communities and cultures in Manchester

Manchester's population is a diverse one and we would like services to reflect that more than they have so far. For example, there should be interpreters, information in various languages about emergency and crisis services, cultural awareness in service provision, awareness of wider equalities issues and a diverse workforce.

Outcome

8. Staff in the organisation have a high level of cultural sensitivity

How it should be monitored

There is regular training for staff in working with people from other cultures and from different communities. All evaluations or surveys of what users think about services should measure what different communities and cultures think and feel about services.

8. We want services to understand us as whole people

There are all kinds of things that affect us, family, friends, money, housing, isolation, discrimination something useful to do, employment. Mental health services need to have good links with lots of other kinds of people and services that can provide support and help them to provide better support for us.

Outcome

9. Mental health services are able to directly offer or work with other agencies to provide support in all of the areas that are needed to live an ordinary life.

How it should be monitored

There should be multiple case-studies done with people who use mental health services to understand how the organisation is facilitating good quality support from other providers of services.

9. We want to know what services are available

We want easily available up-to-date information about mental health services in Manchester, both statutory and voluntary.

“There is a lack of information on what services are available. There should be a Directory of Services, published once a year. A user and carer group should be set up to organise it and forward it to GPs. Bolton has one, updated every 2 years.”

Outcome

10. Users of services have a simple way of finding out what support services are available (statutory and voluntary) and how to access them

How it should be monitored

Ask users, staff and GP's if they know how to find out about services in Manchester, and what experiences they have had in getting such information.

10. We want to know what's happening in services

Service users want to know what decisions are made – about them and about services; how decisions are made and who makes them.

Outcome

11. All raw data relating to mental health services is available publicly in an accessible format and; organisations regularly publish information about what they are intending to do.

How it should be monitored

There should be regular monitoring as to whether the organisation is providing data and notifying the public about future intentions. There should be a user evaluation as to the accuracy and accessibility of the data.

References

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2. (2003) St Luke's Art Project report 02 – 03 including Pool Arts Report.
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4. (2005) As seen through our eyes: our vision of mental health care in Manchester. Patient and Public Involvement Forum for Manchester Mental Health.
5. (2011) A record of comments made by service users and carers in response to proposals to modernise mental health day services in Manchester. John Butler, Macc.
6. (2009) Key recommendations for the future of Primary Care Mental Health Services: a Primary Care Mental Health Service that works well for Refugees and Asylum. MARIM.
7. (2012) Notes (parts verbatim) from Manchester User Network's Public Meeting, Friends Meeting House, Manchester, 26 June 2012. Tom Griffiths and Angela Young.
8. (2013) Specimen (Draft) Service Users Charter, Manchester Users Network.
9. Findings from a series of engagement events co-ordinated by Macc (part of the CCG's engagement process for developing a new service specification for mental health services (2014)