

Hearing Stories July 2010

Summary of group discussions

Inclusion

How can we identify mental health problems? What can we do about them? What is the most appropriate way to deal with these to move members on and help them to be included in society once again?

The Group expressed concern that even when they felt they had identified a mental health problem, access to professional opinion was frequently difficult. This could be further aggravated by a reluctance on the part of those exhibiting symptoms of mental illness to accept services offered. CIRDIC offers a supportive environment but would benefit from a greater input and advice from community mental health services. Early intervention may prevent a person deteriorating but CIRDIC needs the knowledge of where these services are and a simple referral system. It was agreed that the development of the Talking Therapies Service would prove helpful if used appropriately.

There was much discussion regarding meeting the needs of men who find it extremely difficult to admitting having a mental health problem. This is due in part to the stigma of mental illness and the fact that men are frequently less forthcoming about their problems. It was felt there is a need for more health promotion geared towards destigmatising mental illness and enabling men to understand that it was a not a sign of weakness, and early diagnosis can help prevent further deterioration, restore good mental health and enable members to move on.

Facilitators comments

We had only 2 people in our group, apart from Elaine, who was scribing, Mabel and myself. One of them was the director of the Talking Therapies service. The other was 'a service user'. Being such a small group, extra time was not really needed although, even so, the 'service user' did not have the chance to contribute a great deal!

It was very useful to hear about Talking Therapies and to learn that it was definitely an 'opt in' service and thus not suitable for bringing to CIRDIC. It is likely that it could be very useful for people using our services who are ready to 'opt in'. Inevitably this would probably be a small group but it is very helpful to know that Reading is fortunate to have the service.

It was also helpful to hear from the Community Mental Health Team at the conference. I spoke to the head of the team and he was helpful. He invited CIRDIC to a Monday morning meeting to talk to the team about CIRDIC's needs, and also gave me phone numbers for contacts. (which I haven't yet passed onto Mabel!)

There is a continuing need at CIRDIC for volunteers who are able to listen to the people who come to us. We have just held a short 'listening' course to enable us to improve in this area. We also need more training in recognising the symptoms of mental illness. The Mental Health First Aid course run by the PCT, which I am not sure was mentioned at the conference, will probably be very helpful here.

Altogether I think the conference was very helpful in opening up the whole question of mental health and the community. Congratulations on organising it.

Coping and Caring

How carers can overcome difficulties

- **Training** (an awareness of difficulties)
 - Using free counselling services available
 - Being recovery focussed (positive) avoid negative company
 - Partnership work (carer and cared for – statutory and voluntary services)

- **Be open about difficulties**

Talk about it – people listen & somebody may help

Knowledge about respite care, eg emergency respite services – Crossroads

- **Trained Befrienders**

To relieve isolation

- **Peer mentoring schemes**
 - Mutual support
 - Understanding confidentiality
 - Include carers in care-planning (if there is CPA)
 - Support from everyone to improve carers well being

Facilitator's comments

It felt like a good mix in the group. I feel it was helpful for the group that I put together some of the major issues as a starting point for discussion

I felt the group worked well together. It was particularly helpful that a member of the group had personal experience of caring for someone with mental health issues

The key points really confirmed my experience of what some of the major issues are in mental health caring

When someone has a mental health issue, the community needs to work in partnership to support the person and their family. This includes, family, friends, statutory services and faith groups

On a personal note, I would have liked the information stands at the back of the church to have been available for a little while after the conference ended. Because I had a carer with me, I was unable to "browse" the stalls until the end of the conference and they had all packed up by then.

If you are organising an event at another time, may I suggest a theme of "spirituality and mental health. It would be good to have an appeal broader than just the faith leaders. It would be good to have statutory services, doctors and individual working in the mental health field who feel spirituality is a dimension that needs to be more prominent in the treatment of mental health issues. See link to Royal College of Psychiatrists and BACP below:

<http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx>

<http://www.apsc.org.uk/>

Managing mental health and work

Key Points

References and mental health

You can ask for 'open reference'. No comment on employee required. 'closed reference' cause for concern for people with mental health issues. Employer has to work within discrimination guidelines.

Bullying in the workplace

What matters to you?

Bullying at work

- People becoming mentally ill due to bullying at work. How the workplace deals with bullying
- Do managers get trained in bullying?
- Supporting staff in a recession. Fear of raising issues ie training requests
- Mistakes made at work that leads to mental illness
- How to return to work after mental health issue?
- Reference issues: moving into new job
- If manager not supportive, where is support coming from? HR? how can it be changed?
- How can people who support those with mental health issues help themselves / get support for themselves as a mental health worker?
- Overwhelming work load for social workers. Stress of overwork
- Social isolation in the workplace when someone doesn't 'fit in'
- First step back into work after mental illness
- Stigma attached to labelling
- Realising your potential. Confidence issues. Empowering people

'Pressure Cooker'

- Bullying
- Organisations understanding their own mechanisms
- Systems emerge when people work together including a sense of belonging. Sometimes they can become dysfunctional. System breakdown – when money is tight, perception changes and people start to work differently.
- Incapacity to be flexible and to change leading to someone being picked on
- Who can people talk to? Talking about it is first step.
- Signposting to someone who can listen

What do you do if there is no money?

- Conference call support groups – sounding board
- Employee Assistance Programme – counselling for employees. Nothing personal passed on to employers. First port of call
- Conference Genie – Action learning, group coaching

Bullying

- Perpetrator / victim
- What could they do differently
- Who next appropriate person

Future of the Story

Key Points

Education

Framework for coping

- Encourage s/o's to be more open about their mental health issues
- Educate employers & employees on mental health
- Clear, fair, equal boundaries
- Educate teenagers on all mental health but also severe & enduring mental health, so they are able to identify it, understand it and to encourage them to seek help early
- Awareness of own and those close to you and their mental health
- Allowing people to deal with things at their own pace

Integration

Key Points

Workers in mental health support roles are not allowed / encouraged to have conversation on faith as it is not acceptable / allowed

Spirituality needs to be considered as part of the process (not as an add-on) as a holistic way of dealing with mental health issues.

Other issues spoken about:

- When to bring faith into counselling
- Forgiveness and guilt with respect to faith

- Faith as a resource or part of problem
- Reconciling professional and personal faith at work
- Society changes, ie culture, fashion – different levels of acceptance of faith
- Conversations (on faith) not conversion – acceptable? Allowed?
- Resistance in NHS to include spiritual / holistic side (for workers and clients)
- Spirituality is added in not considered as part of process
- Daily living / integration of other parts of life
- Fear of speaking up on what you believe

Facilitators comment

The conclusion, from the Integration group, recognised the dichotomy in how patients are treated and how staff are treated in various mental health settings. It seems patients are allowed and encouraged to explore their spirituality but staff are expected to expunge theirs during their working day. Faith groups could join together to encourage mental health organisations to allow both patients and staff to share the part of them that is spiritual. This is not about evangelising, recruiting or manipulating anyone but simply sharing who one is as and when this occurs naturally in conversation. It is possible that such a change will have unforeseen consequences.

Outcomes

Conclusions drawn from the above comments demonstrate that more work is needed to raise awareness of mental health issues. There are a number of target points that the committee would like to pursue but work may be limited due to lack of funding.

A website <http://shift.org.uk>

Has a resources and information for those in the workplace relating to mental health conditions.