MENTAL HEALTH CHARTER

AUDIT

August 2011

SUCRAN
AUDITS
RESEARCH

Service User and Carer Research Audit Network

Contents:

Abstract

The Service User Research Audit Network (SUCRAN) evaluated the impact and outcomes of the “Charter for Mental Health”, with particular reference to the outcomes for people who have received mental health services.

The Charter’s 12 targets defined a common shared value base, regardless of the variety of different provider perspectives to ensure better services that more effectively support people's recovery from mental distress. These formed the basis for thematic questions, which were designed by service users and carers to ascertain the lived experience of people who use services.

The study captured the experiences and perceptions 123 service users through direct one to one interviews of which, less than 30% were definite about their awareness of the Mental Health Charter but 87% felt the services they received had helped to make positive life changes.

Executive Summary

The Charter's 12 targets aspire to ensure that every person in Leicester, Leicestershire and Rutland has the right to mental health services that:

Make a positive difference to each person they serve. Over 80% of respondents stated that the service they had received had made a positive difference, however almost 13% (not a lot / not at all), do not feel positive changes have resulted from the service they have received.

Stop doing things that are not working. 19% of respondents were less satisfied with treatment changes made based upon what they had said.

Are guided by the individual's views about what they need and what helps them. What people need and what helps them was broken down into education, employment, relationships, finance and physical health. Rebuilding relationships support was disappointing, and of the 58 respondents who felt they needed assistance with employment issues 28 (48%), felt they had not been helped or "helped "a bit". No respondent was in paid employment.

Treat everyone as a capable citizen who can make choices and take control of their own life. Over 75% of respondents replied "yes definitely" although the 25% who were less positive.

Work with respect, dignity and compassion. 91% of participants suggested this was their experience. Of those, 76% were very positive, and stated "yes definitely".

Recognise that mental health services are only part of a person's recovery. Satisfaction with this was reflected in the responses to matching services with both wants and needs, which was a positive experience for 81% of respondents.

Recognise, respect and support the role of carers, family and friends. The recognition of the role of family and friends play in the support and recovery of a person requiring services was mixed. With a worrying quarter of respondents stating "not at all", that is, respondents felt there was no recognition or respect of familial support. Furthermore, when asked about staff assistance in building or rebuilding positive relationships with friends and family "not at all" responses rose to 27%.

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Communicate with each person in the way that is right for them. Positive answers suggested that 80% of respondents were encouraged to express feelings, and that for 82%, staff ensured that information was understood.

Understand that each person has a unique culture, life experiences and values
85% of respondents felt they were treated as a whole person and given all the necessary information to make decisions, which was endorsed by 73% who felt they were able to use life skills, capitalise on them and develop new personal challenges.

Give people the information they need to make their own decisions and choices. 84% of respondents identified that they were "allowed" to make mistakes. Although the type and range of mistakes were not described, the positive responses suggest that "positive risk taking" is a feature of planned care for the majority of those who answered this question.

Support their workers to do their jobs well. Perceptions that staff seemed "happy in their jobs" were recorded by 82% of respondents. Perceived happiness assumes that the staff member is being supported to perform their role.

Challenge "us and them" attitudes both within mental health services and in the wider society. The phenomena of being stereotyped or labelled is a real issue for people with mental health problems, suffering discrimination and prejudice reduces life opportunities in wider society, and we are pleased to report that us and them attitudes did not feature in any of the reported answers or comment in this study.

Recommendations

10 key recommendations emerge from this study. These are not prioritised but represent actions that SUCRAN suggest to be taken to emphasise and promote the impact of the Mental Health Charter.

1. Awareness of the existence of the Charter should be improved by ensuring posters and copies are available in all areas that provide mental health care in Leicester Leicestershire and Rutland. Staff providing care should be made aware of the Charter standards and be encouraged by organisations to use them as a benchmark for quality.
2. Service providers should ensure that during initial assessment the person's previous achievements, life experiences and personal aspirations are clearly recorded, and incorporated into any subsequent plan of care.
3. Voluntary / not for profit services, local authority and NHS community services should receive appropriate recognition as the main providers of services.
4. Service providers should receive additional training to enable signposting or assist resolution of problems related to education, employment, finance, housing and physical health to assist recovery.
5. Service providers should receive additional training to better recognise of the role families and friends play in recovery, and how to facilitate relationship reparation as a cornerstone of community care.
6. Service providers should receive additional training to enhance their listening and communication skills.
7. Service providers should receive additional training to empower them to take positive risks that recognise the wishes and needs of service users.
8. More work needs to be done to engage with ethnic minorities and gauge their experience of mental health services.
9. Service providers should work with employers to generate more employment opportunities and reduce stigma.
10. Closer partnership working between service providers and recovering service users as an effective means of improving service quality.

If the recommendations are acted upon this will:

- Enable service users to understand what they can and should expect from providers.
- Ensure that communication with service users, their families and carers is clear, appropriate, timely, and based upon the best available evidence.
- Help the healthcare professional to develop a range of skills that support and enhance the service user's recovery which optimise the skills and abilities of the service user and their family or significant others
- Improve the healthcare professional's understanding of factors from the perspective of the service user, their family and carers.
- Create an open accessible service that is responsive, and meets the needs of service users, their families and public expectation.

Introduction and Background

The Service User Research Audit Network (SUCRAN), evaluated the impact and outcomes of the “Charter for Mental Health”, with particular reference to the outcomes for people who have received mental health services.

The Charter for Mental Health is a clear set of statements for service users and carers about what they can expect from local mental health services in Leicester, Leicestershire and Rutland. For staff it provided one set of consistent values, making clear what is expected of them and what they can expect from their organisations.

These targets were launched as part of the Charter in March 2008 and were the culmination of a multi-agency agreement signed up to by representatives from Leicestershire County and Rutland County Councils, Leicester City and Leicestershire County and Rutland Primary Care Trusts, Leicester, Leicestershire and Rutland Voluntary Sector Partnership and Leicestershire Partnership NHS Trust.

The Charter’s 12 targets aspire to ensure that every person in Leicester, Leicestershire and Rutland has the right to mental health services that:

1. Make a positive difference to each person they serve.

2. Stop doing things that are not working.

3. Are guided by the individual’s views about what they need and what helps them.

4. Treat everyone as a capable citizen who can make choices and take control of their own life.

5. Work with respect, dignity and compassion.

6. Recognise that mental health services are only part of a person’s recovery.

7. Recognise, respect and support the role of carers, family and friends.

8. Communicate with each person in the way that is right for them.

9. Understand that each person has a unique culture, life experiences and values.

10. Give people the information they need to make their own decisions and choices.

11. Support their workers to do their jobs well.

12. Challenge “us and them” attitudes both within mental health services and in the wider society.

Service users and carers from across the city and county were involved in the development of the Charter to ensure that people who receive services had their views and preferences valued and taken into account, and, that prerequisites to quality care such as respect, dignity and compassion are at the forefront of all interactions with professionals.

The Charter defined a common, shared value base, regardless of the variety of different provider perspectives on mental health. to ensure better services that more effectively support people's recovery from mental distress.

Mindful of the ethnically diverse population within the city and county the document was translated into Urdu, Polish, Somali, Bengali, Gujarati, Chinese, Hindi, Punjabi, which highlights the need to reach all sections of our community.

Rationale and Method

The aim of the study was to capture the experiences and perceptions of the sample group with a target of 100 interviews, although 123 interviews actually took place, and to produce an independent evaluation matched against the stated aims and aspirations as defined by the Leicester, Leicestershire and Rutland Charter for Mental Health using a questionnaire completed during individual interviews.

The questionnaire was designed by service users and carers to meet this demand, and research interviewers, who themselves have experience of using mental health services and are employed by De Montfort University captured the views, inputted data and made interpretations.

According to Lord Darzi DH (2008 p3) people want a greater degree of control and influence over their health and healthcare, more information and choice to make the system more responsive to their personal needs, and this factor coupled with earlier writings by Dooher (2002, 2003, 2005, 2006) strongly suggest that self efficacy and empowerment is enhanced through greater control of processes. This underscores the justification to engage a range of expertise in the collection and interpretation of data and why the equal contribution of service users and carers has been so important.

This audit gives Mental Health Service User’s in Leicester and Leicestershire an opportunity to make themselves heard. Incorporating their own views on the success of the services they receive and of their experiences. It promotes the Darzi “ethos” in that, personalising services means making services fit for everyone’s needs, not just those of the people who make the loudest demands, and has its focus upon people who are traditionally less likely to seek help or who find themselves discriminated against because of their Mental Health problem.

A quantitative methodology was considered most appropriate, for this audit. The responses to the Likert scale questions were analysed and interpreted together with the demographic information that contextualises responses.

Data Collection was through individual interviews held in a place that was convenient to the participant (generally a health or social care setting. No interviews were conducted in the participant’s home.

The sample group of participants self selected into the study and were consented into the project following an advertising campaign to alert people that this opportunity was available.

The sample was drawn from people described as inpatients within Leicestershire Partnership NHS Trust, people attending day facilities or organised groups in the voluntary or independent sector.

All participants were required to give their consent and were able to withdraw at any point during the study. The process of gaining consent involved potential participants being invited to a gathering where they were be given the participant information sheet, and provided opportunity to clarify issues , raise concerns and ask questions. Participants then made their choice to be involved or not, and interviewed individually as appropriate.

Ethical Approval was sought from the De Montfort University Ethics Committee and confidentiality was assured. Translation, Advocacy and Language Issues were considered and the questionnaire was produced in English. Interpretation in terms of language or signing was provided by Leicestershire Partnership NHS Trust free of charge as part of their commitment to this work and in addition patient Advocates were available by arrangement to enable subjects who require it to participate on an equal level. Psychological support was available to the interviewers through the project.

Analysis

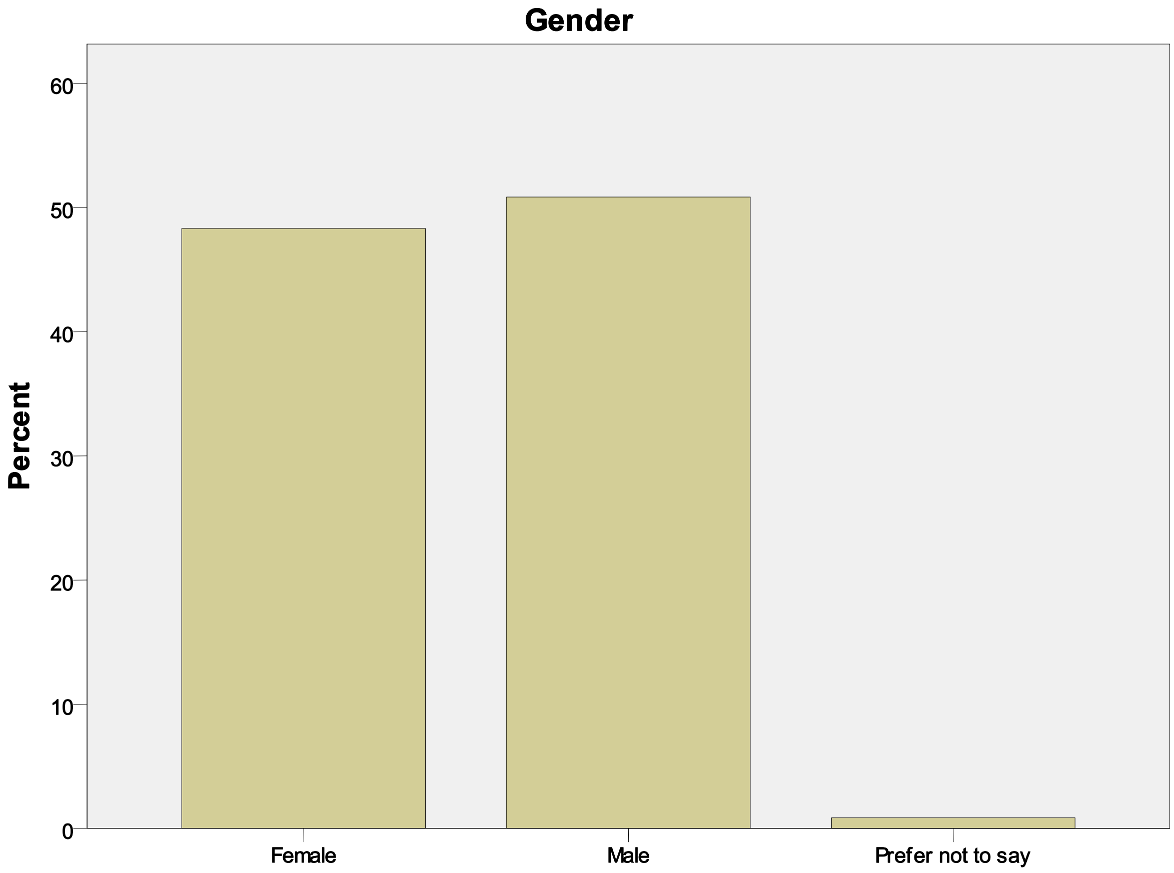
Simple statistical analysis was be performed in the responses to the Likert scaled questions using PASW (Predictive Analyitics Software formerly SPSS) and a range of tests were performed to pursue statistically significant responses, allowing the data to be managed and analysed systematically.

Initial identification of codes and themes were undertaken independently by 6 research team members (service users and carers) and entered into the first data base then coded by 8 of the Research Team. A Task and finish group charged with interpretation of results were again drawn from SUCRAN service user and carers employed by De Montfort University. This group met on a number of occasions and considered each question in isolation and within the context of the remaining questionnaire and aspirations of the Charter.

Discussions and observations were recorded during primary and secondary analysis. These were organised using the principles of content analysis and appear as a narrative interpretation following the pictorial and numerical representations for each question.

Part One: Demographic data

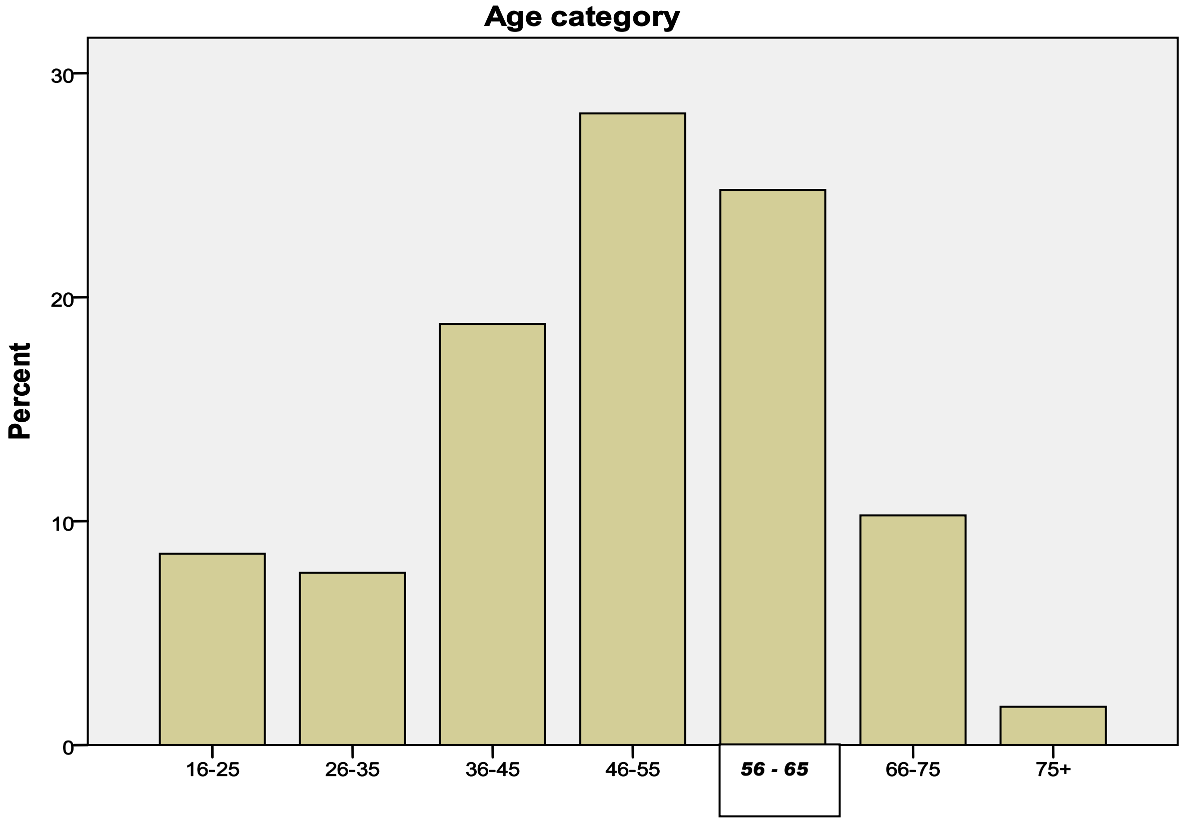
Question 1



Frequency	Percent	Valid Percent	Cumulative Percent
57	46.3	48.3	48.3
60	48.8	50.8	99.2
1	.8	.8	100.0
118	95.9	100.0	
5	4.1		
123	100.0		

Males and females were represented proportionately but there was one person who preferred not to say which may represent gender confusion, or in fact that they just preferred not to say.

Question 2

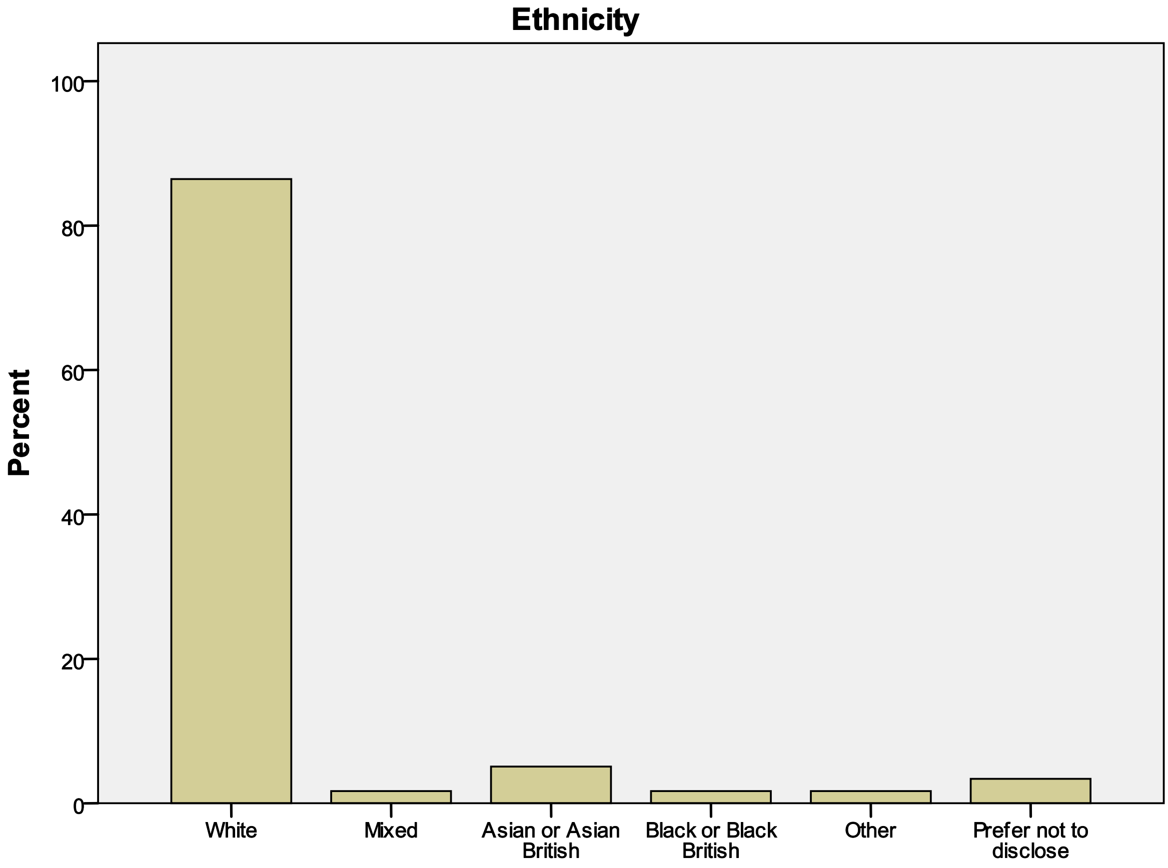


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-25	10	8.1	8.5	8.5
	26-35	9	7.3	7.7	16.2
	36-45	22	17.9	18.8	35.0
	46-55	33	26.8	28.2	63.2
	56-65	29	23.6	24.8	88.0
	66-75	12	9.8	10.3	98.3
	75+	2	1.6	1.7	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

Age bracket 36 – 65 are well represented but ages 16 – 35 and those over 66 years are less well represented. Younger people may have declined to take part or there may be fewer accessing services.

Further Investigations This may indicate that locations for interviews for further studies might need to be expanded to incorporate nursing homes or venues that attract younger service users.

Question 3

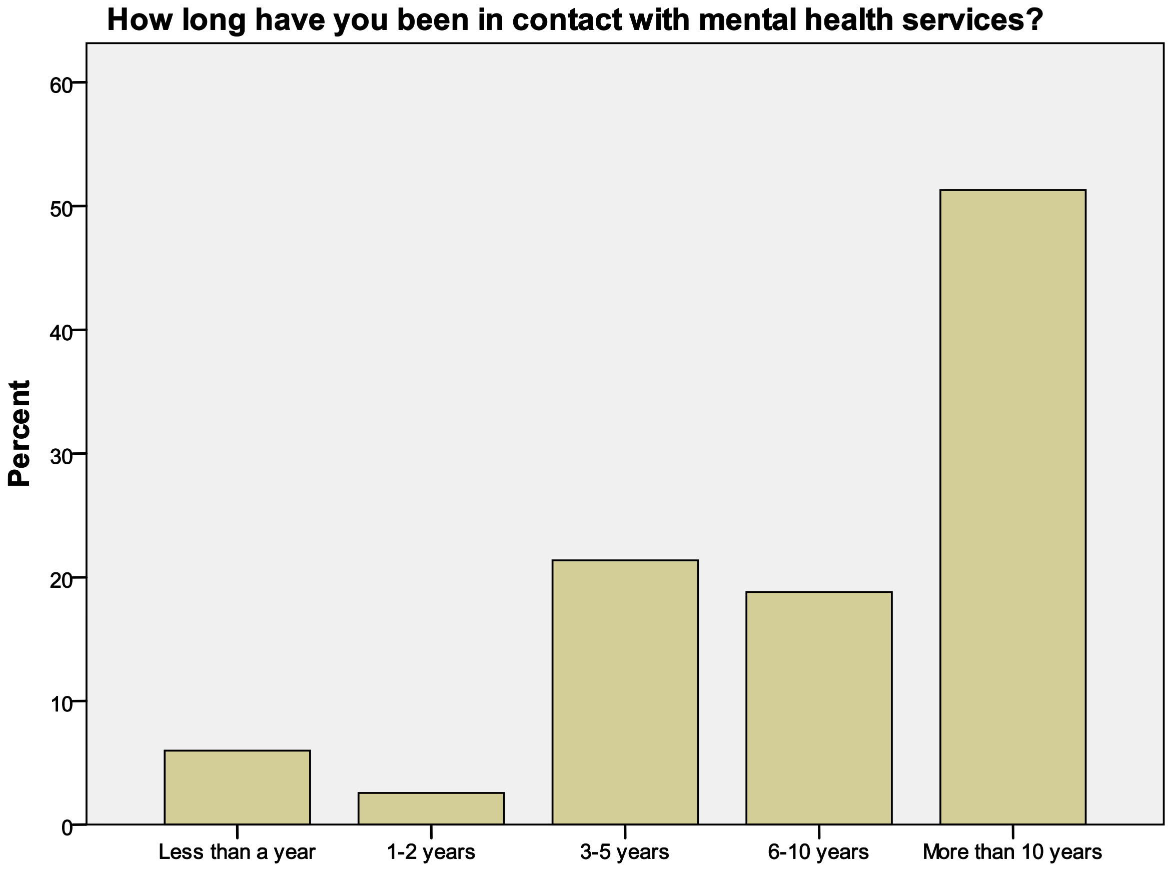


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	102	82.9	86.4	86.4
	Mixed	2	1.6	1.7	88.1
	Asian or Asian British	6	4.9	5.1	93.2
	Black or Black British	2	1.6	1.7	94.9
	Other	2	1.6	1.7	96.6
	Prefer not to disclose	4	3.3	3.4	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Nearly 83% of respondents described themselves as being white which indicates an extreme under representation of ethnic minorities.

Further Investigation More work needs to be done to engage with ethnic minorities and gauge their experience of mental health services.

Question 4

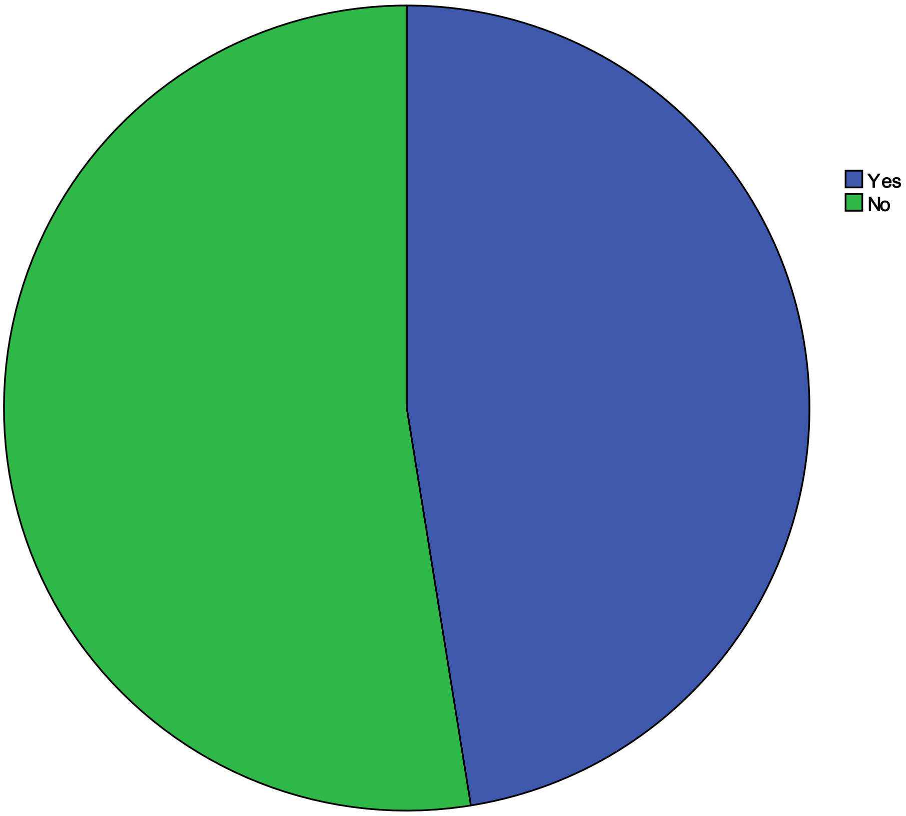


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than a year	7	5.7	6.0	6.0
	1-2 years	3	2.4	2.6	8.5
	3-5 years	25	20.3	21.4	29.9
	6-10 years	22	17.9	18.8	48.7
	More than 10 years	60	48.8	51.3	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

Nearly half of those responding have been in contact with mental health services for 10 years or more. In comparison service users with fewer than 10 years experience of care, are underrepresented and in particular, those engaged for less than 2 years. This may be related to the age of the respondent 8.5% of who were between the ages of 16 and 25.

Question 5

Have you ever lost your job because of mental health problems?



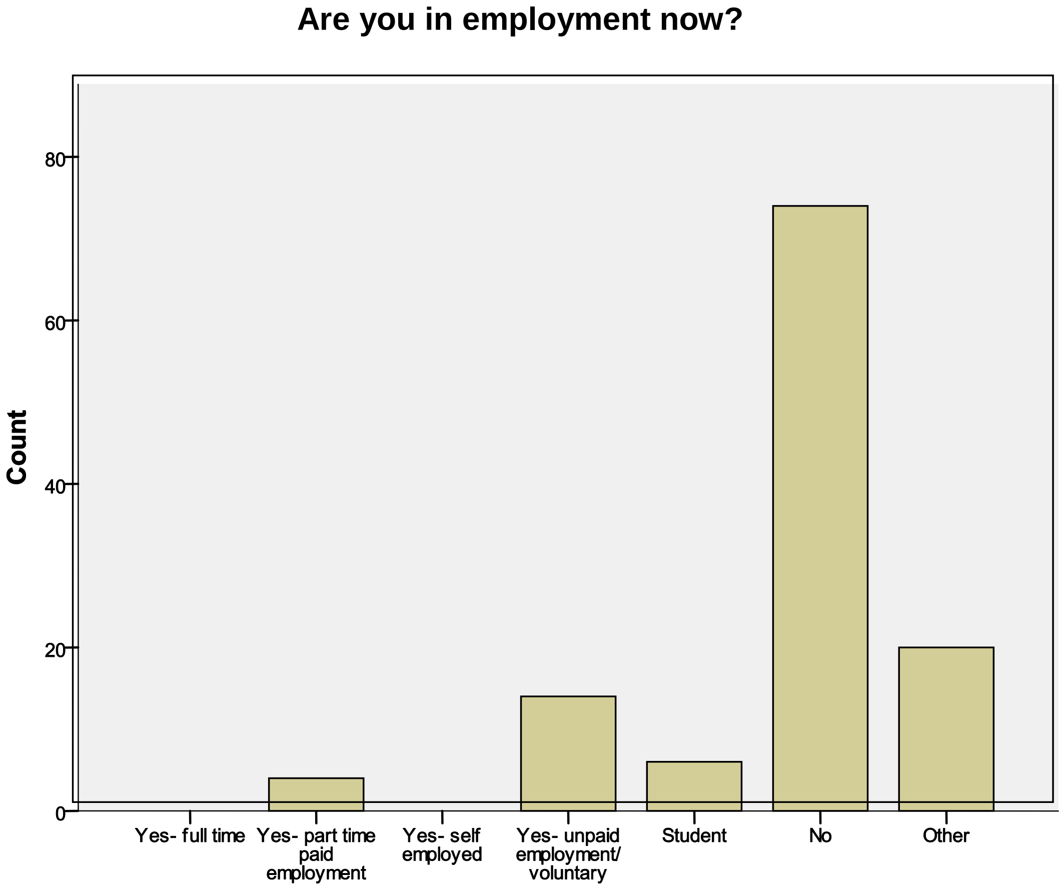
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	56	45.5	47.5	47.5
	No	62	50.4	52.5	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

The fact that nearly 50% of respondents have not lost a job through their mental health problem at first glance appears to be encouraging however when we consider that the numbers of respondents actually in paid employment (full, part time or self) these total only 3.4%. Respondents may not have lost their job because they did not have one in the first instance.

Further Investigations

Employers still need to be more empathetic and there appears to be a need to raise awareness with employers. This may to some extent address the stigma which is implicit within this interpretation.

Question 5a



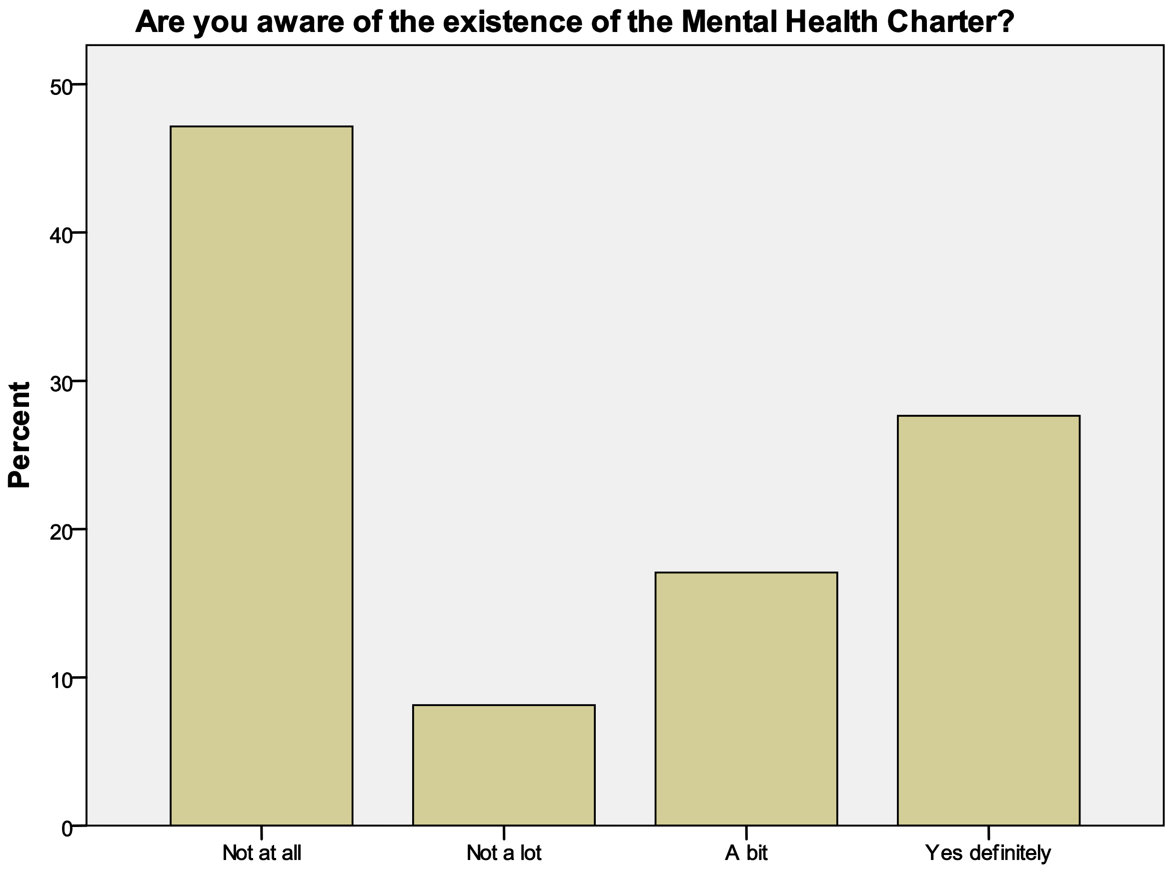
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes- part time paid employment	4	3.3	3.4	3.4
	Yes- unpaid employment/ voluntary	14	11.4	11.9	15.3
	Student	6	4.9	5.1	20.3
	No	74	60.2	62.7	83.1
	Other	20	16.3	16.9	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Service Users who are in full time paid employment or self employed are not represented at all.

Further Investigations

A way of including these groups needs to be investigated. This may turn out to be a surprisingly large group and could possibly influence the end findings.

Question 5b

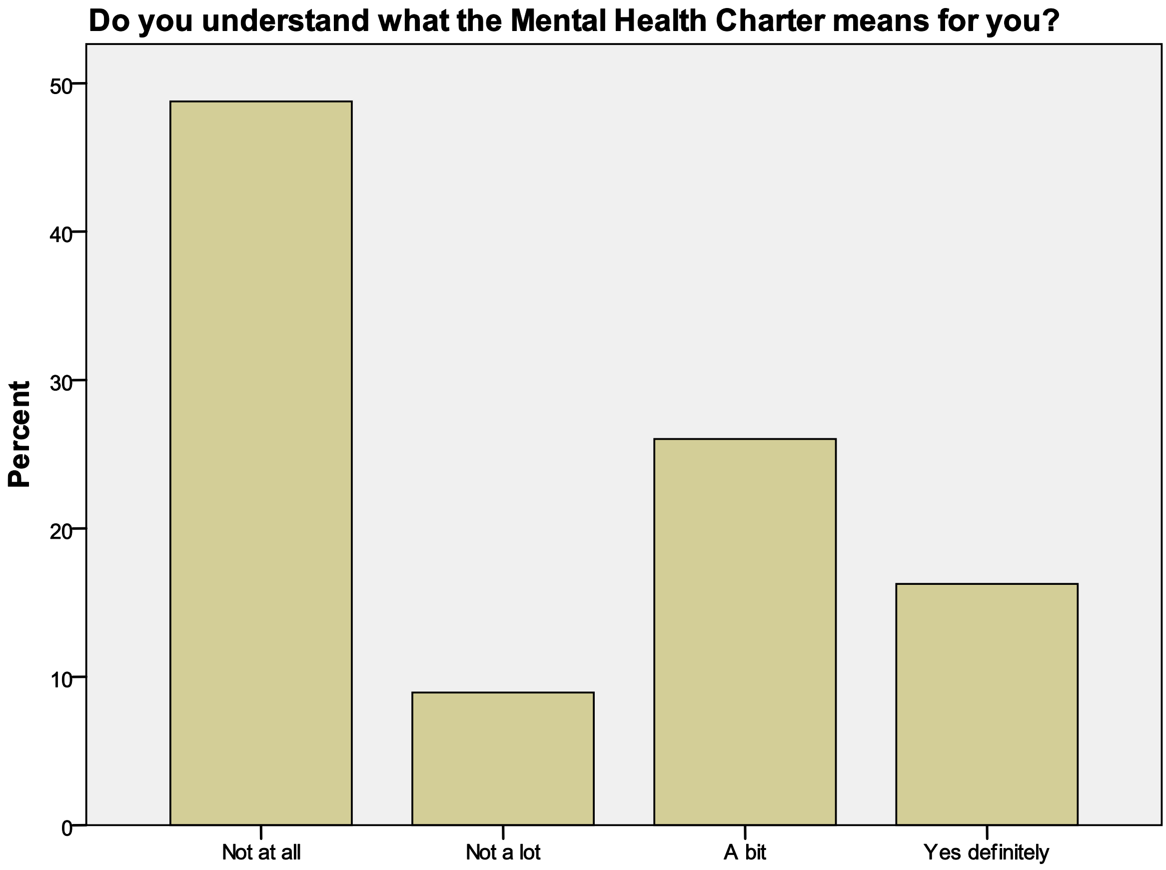


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	58	47.2	47.2	47.2
	Not a lot	10	8.1	8.1	55.3
	A bit	21	17.1	17.1	72.4
	Yes definitely	34	27.6	27.6	100.0
	Total	123	100.0	100.0	

Less than 30% of respondents were definite about their awareness of the Mental Health Charter. This may indicate that Service Providers need to raise awareness.

A shocking 47.2% knew nothing at all about the Mental Health Charter.

Question 5c

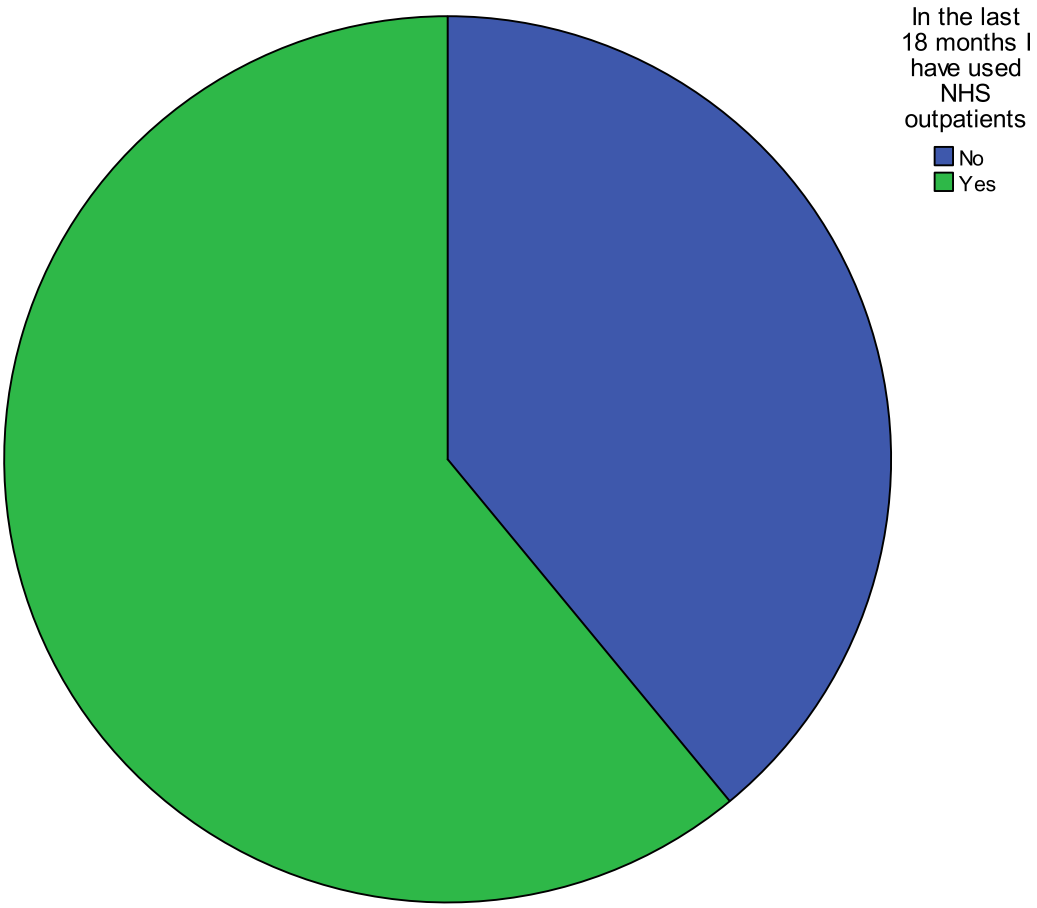


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	60	48.8	48.8	48.8
	Not a lot	11	8.9	8.9	57.7
	A bit	32	26.0	26.0	83.7
	Yes definitely	20	16.3	16.3	100.0
	Total	123	100.0	100.0	

This result correlates with the results of those unaware of the Mental Health Charter. Unfortunately of the 27.6% who were definitely aware it appears that their understanding of what the Charter meant to them was less positive. There was an 11% difference between awareness and understanding.

Question 6

In the last 18 months I have used NHS outpatients

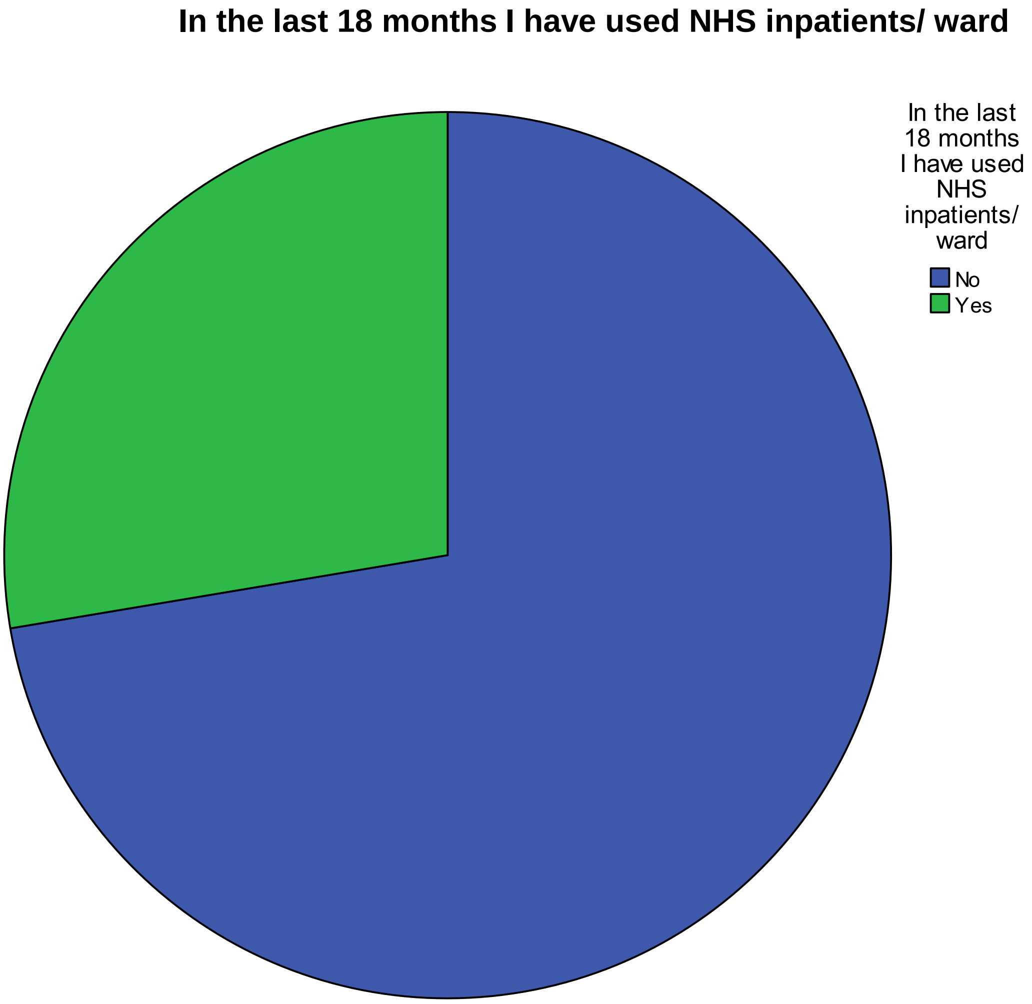


In the last 18 months I have used NHS outpatients

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	48	39.0	39.0	39.0
	Yes	75	61.0	61.0	100.0
	Total	123	100.0	100.0	

Just over 60% of respondents had used NHS Outpatients in the last 18 months. Questions may be asked regarding the venues for care for the other respondents.

Question 6a



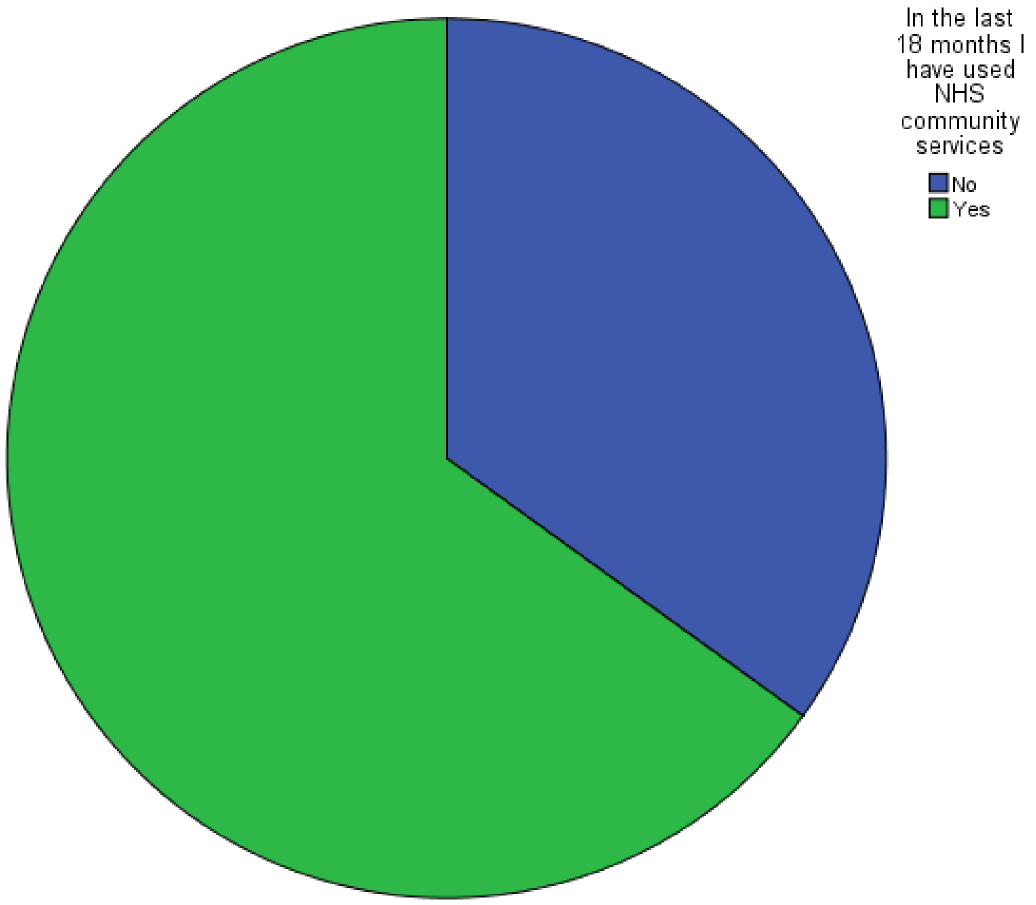
In the last 18 months I have used NHS inpatients/ ward

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	89	72.4	72.4	72.4
	Yes	34	27.6	27.6	100.0
	Total	123	100.0	100.0	

Fewer than 30% of respondents have been in hospital within the last 18 months.

Question 6b

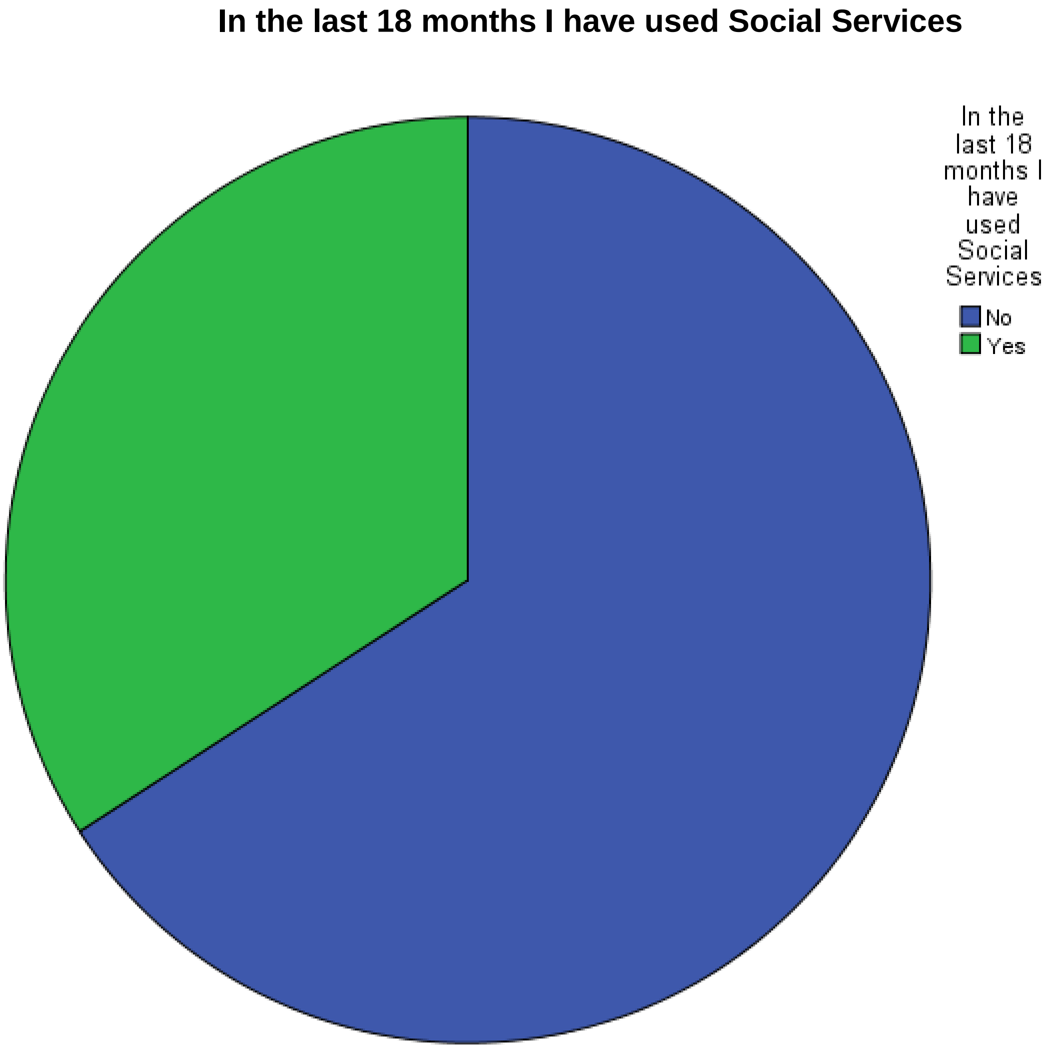
In the last 18 months I have used NHS community services



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	43	35.0	35.0	35.0
	Yes	80	65.0	65.0	100.0
	Total	123	100.0	100.0	

65% of respondents have used NHS community services in the last 18 months.

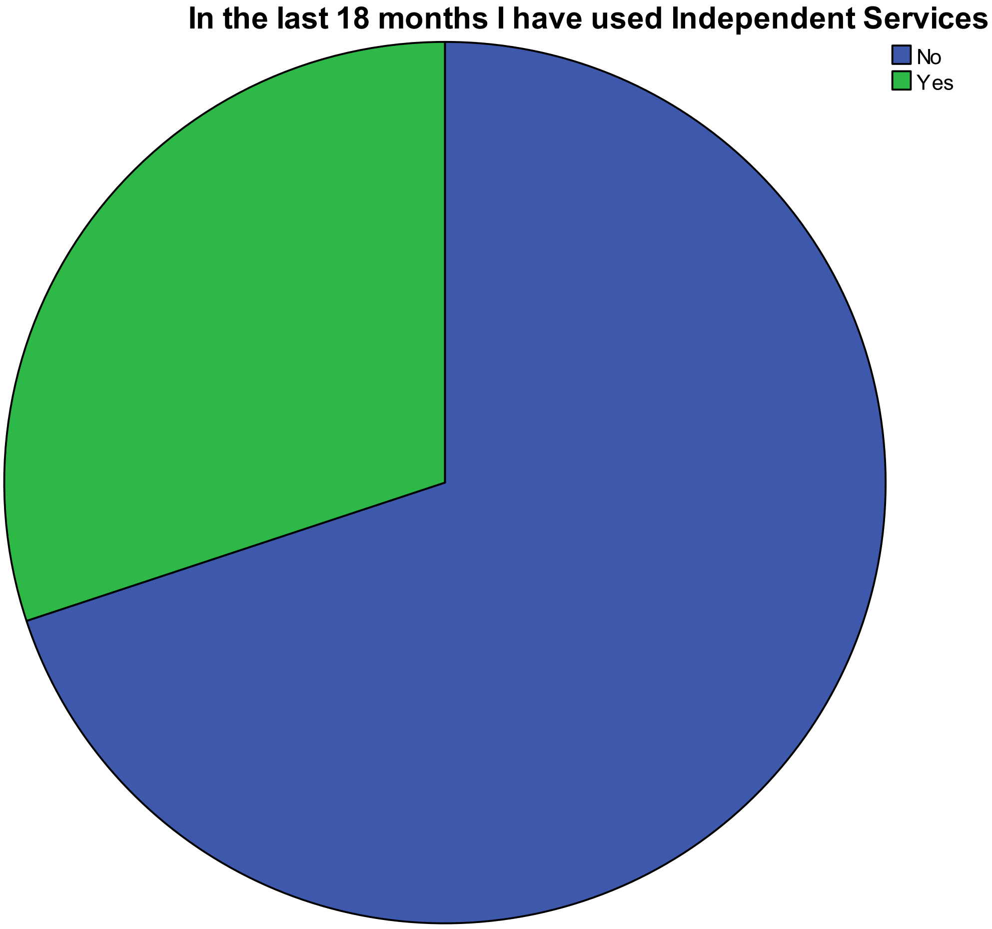
Question 6c



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	81	65.9	65.9	65.9
	Yes	42	34.1	34.1	100.0
	Total	123	100.0	100.0	

Nearly 35% of respondents have used Social Services in the last 18 months. This may be linked to the number who have been NHS patients.

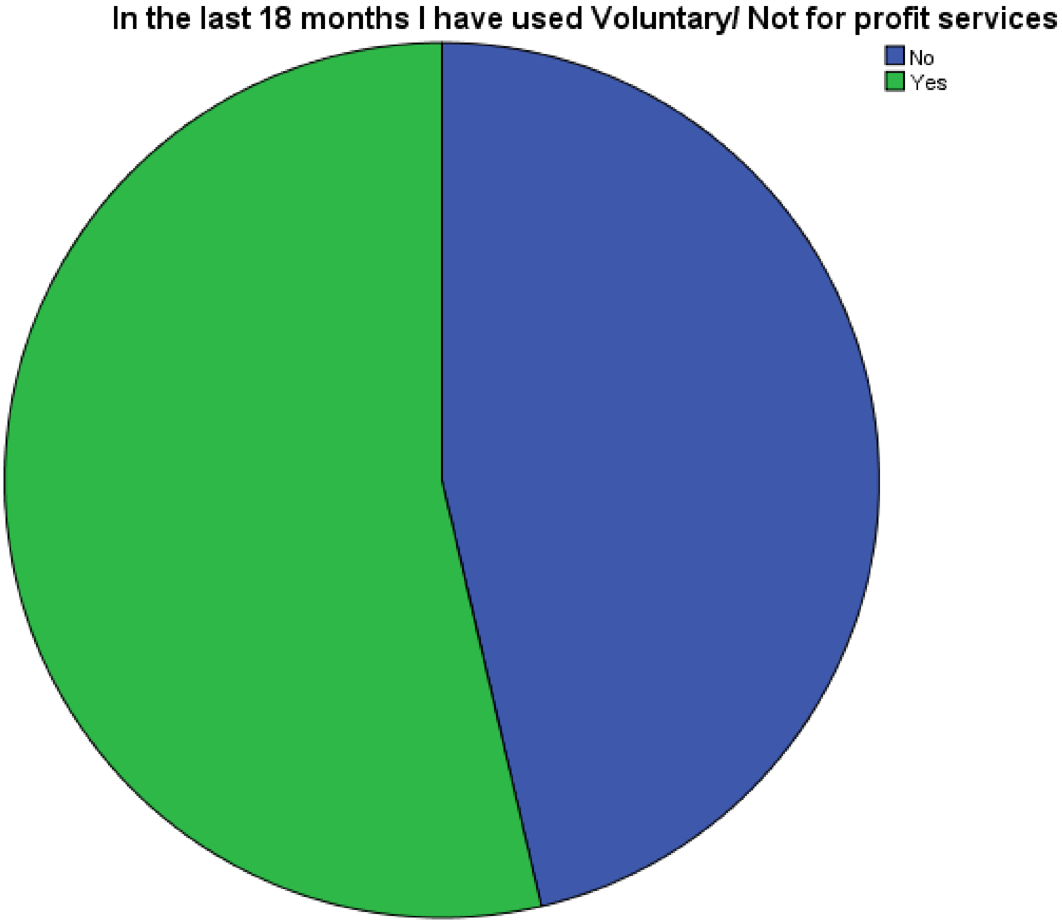
Question 6d



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	86	69.9	69.9	69.9
	Yes	37	30.1	30.1	100.0
	Total	123	100.0	100.0	

70% of respondents have not engaged with Independent Services, which may indicate a lack of availability, difficult referral process or lack of awareness.

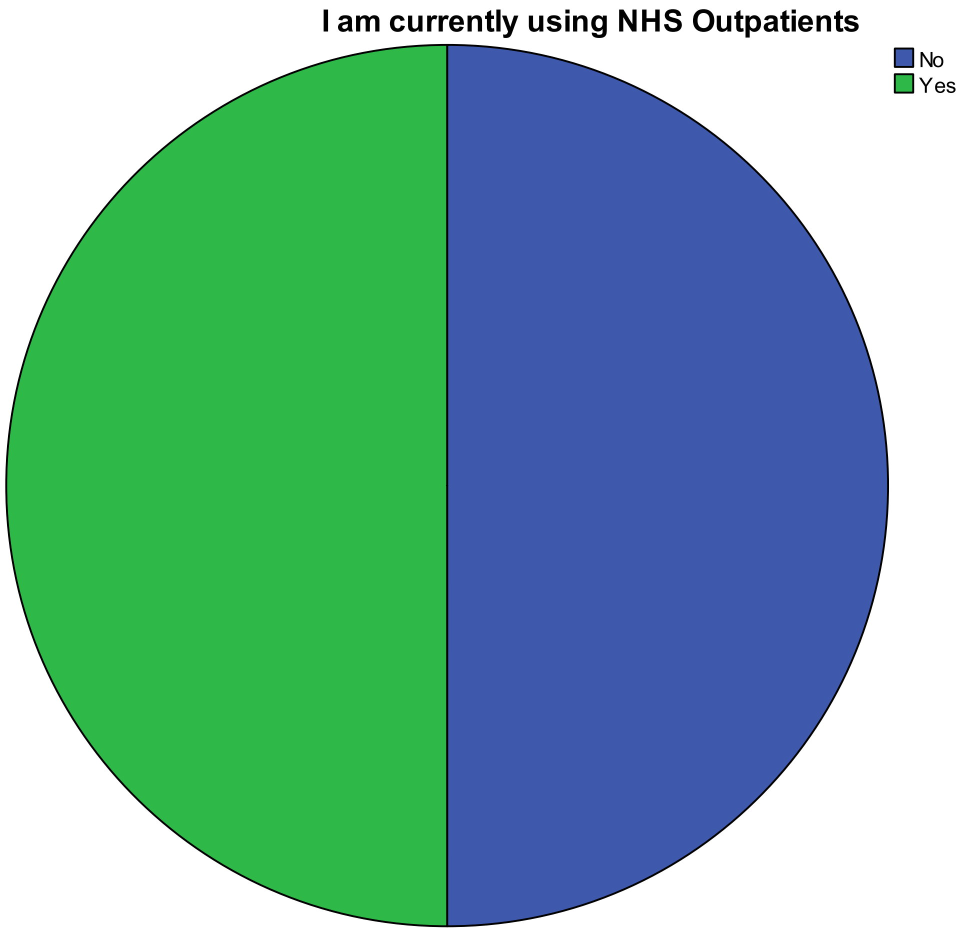
Question 6e



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	57	46.3	46.3	46.3
	Yes	66	53.7	53.7	100.0
	Total	123	100.0	100.0	

Voluntary or not for profit services were used by 54% of respondents and could be considered to be providing the shortfall of care previously provided by the statutory sector.

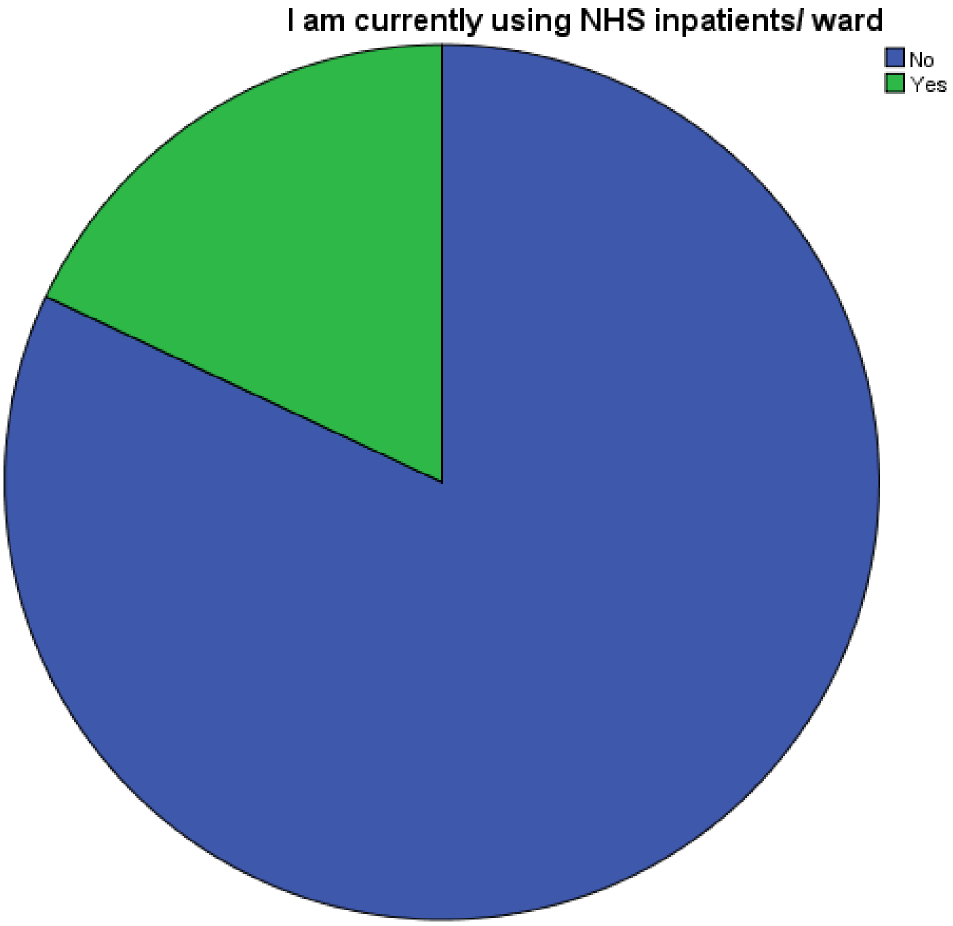
Question 6f



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	61	49.6	50.0	50.0
	Yes	61	49.6	50.0	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

Half of the respondents are NHS outpatients and indicates that these people have not received secondary care in the last 18 months.

Question 6g



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	100	81.3	82.0	82.0
	Yes	22	17.9	18.0	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

Only 18% of respondents were in hospital. This may indicate inpatients were under represented. Anecdotal evidence would suggest difficulty in accessing community services after discharge if referrals are not made whilst an inpatient.

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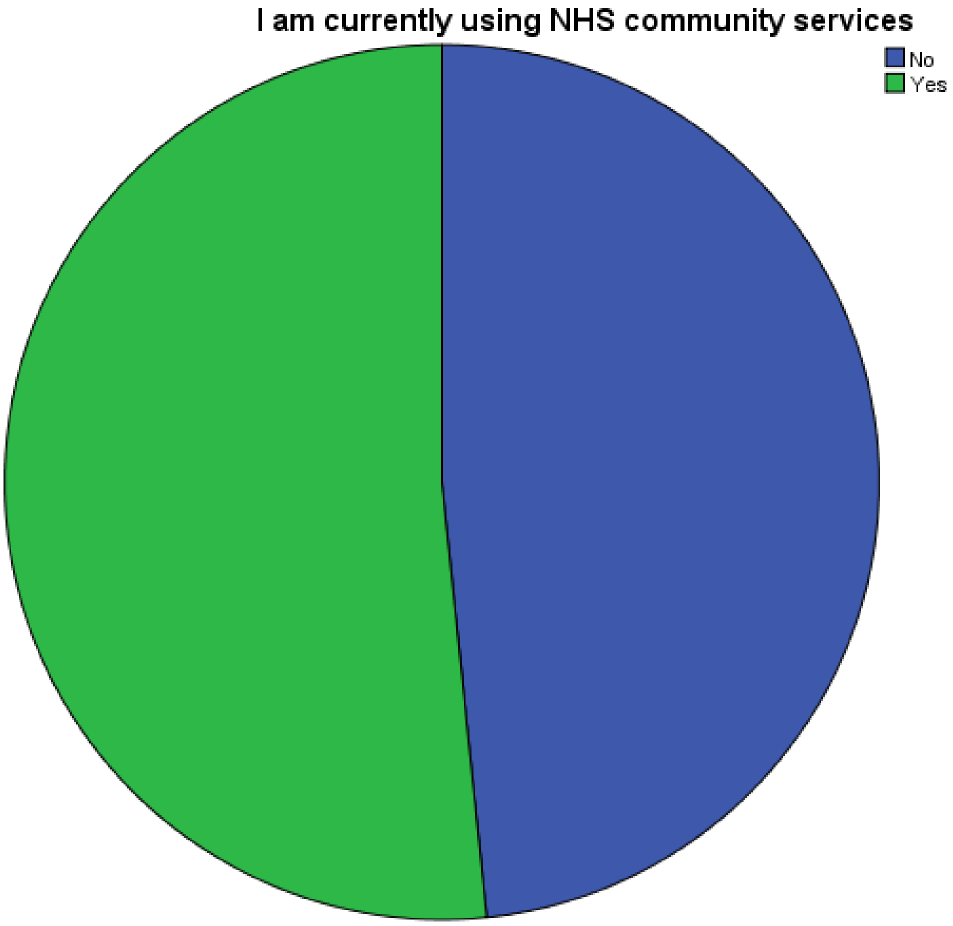
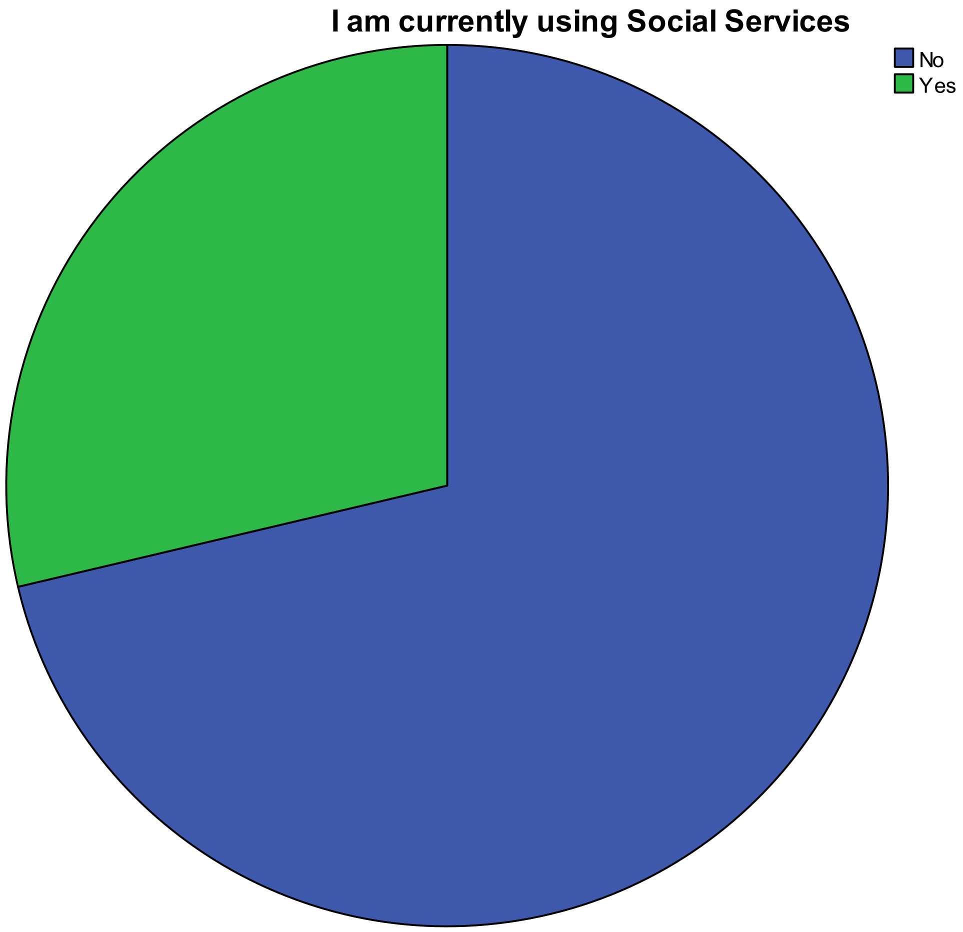
Question 6h



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	59	48.0	48.4	48.4
	Yes	63	51.2	51.6	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

This may indicate that the 50% of service users who are not using NHS Community Services are either using Voluntary / Independent Services or are NHS Inpatients.

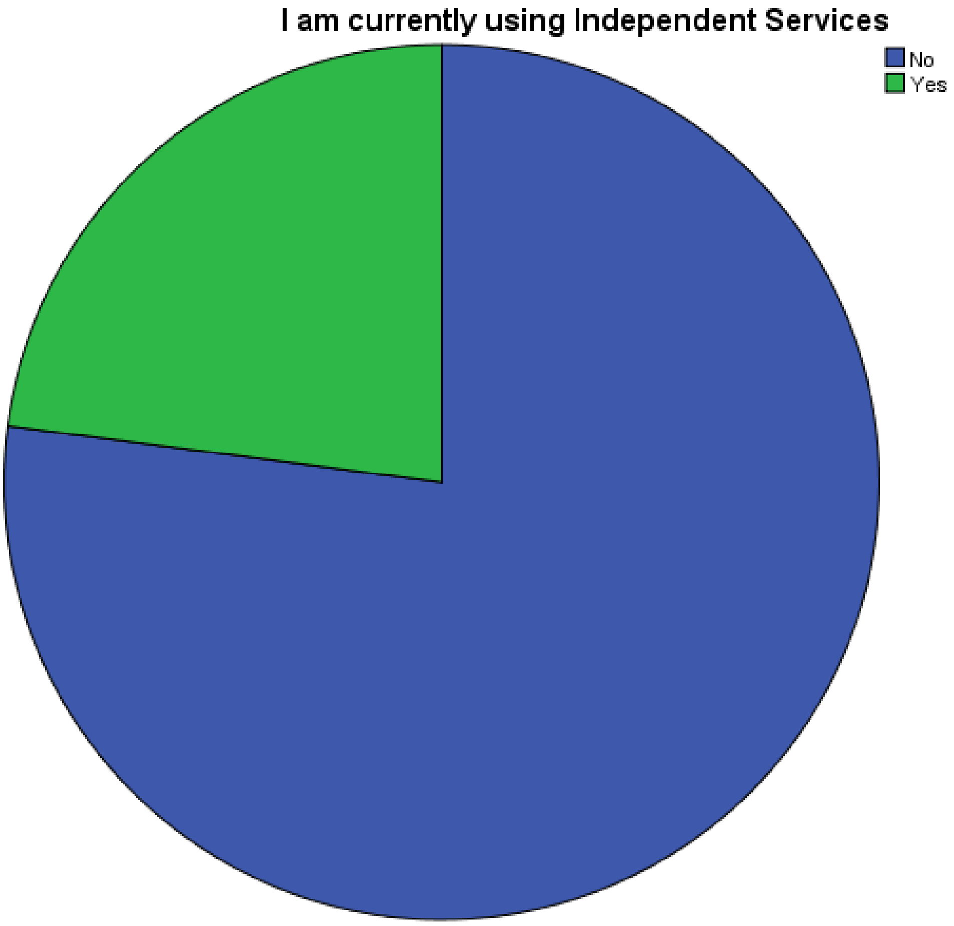
Question 6i



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	87	70.7	71.3	71.3
	Yes	35	28.5	28.7	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

During the last 18 months only 5% of people had ceased using social services (34.1% reducing to 28.5% during this period) The group feel that this is extremely disappointing because if the mental health service people had made sufficient progress in their recovery they would no longer need the help social services provide.

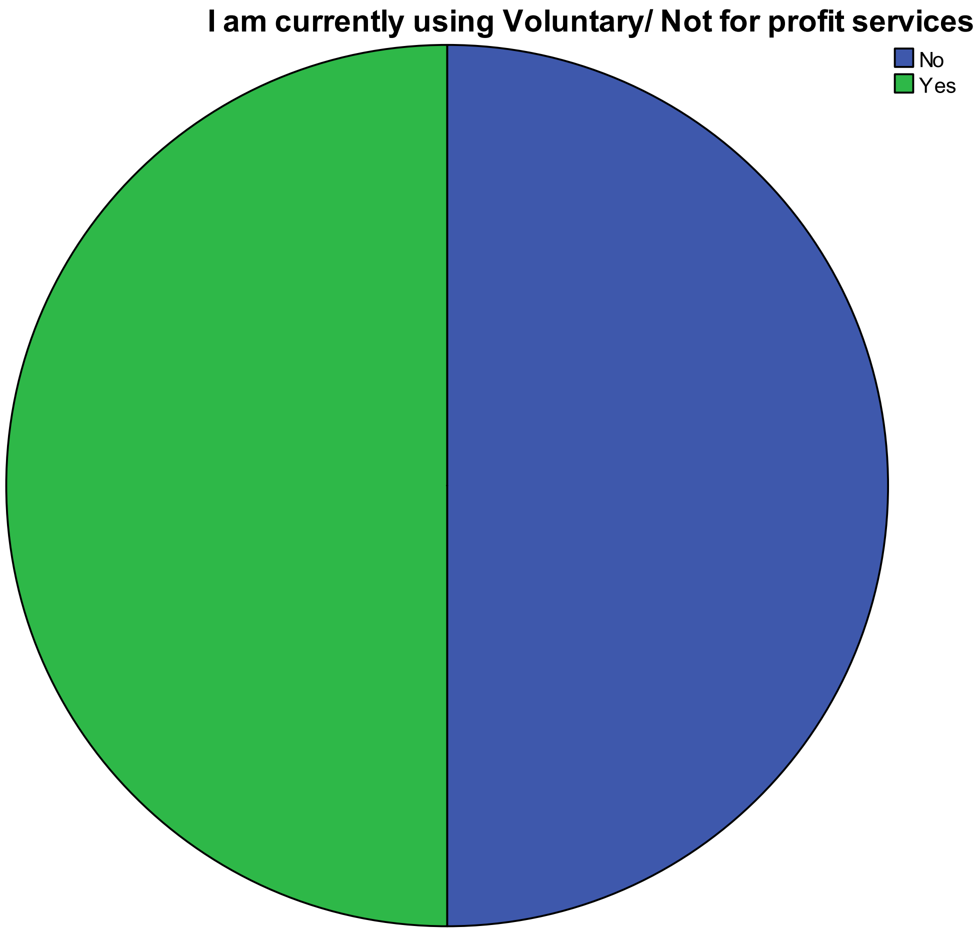
Question 6j



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	94	76.4	77.0	77.0
	Yes	28	22.8	23.0	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

These results show that a large proportion of people are not accessing Independent Services. This may reflect a lack of awareness.

Question 6k

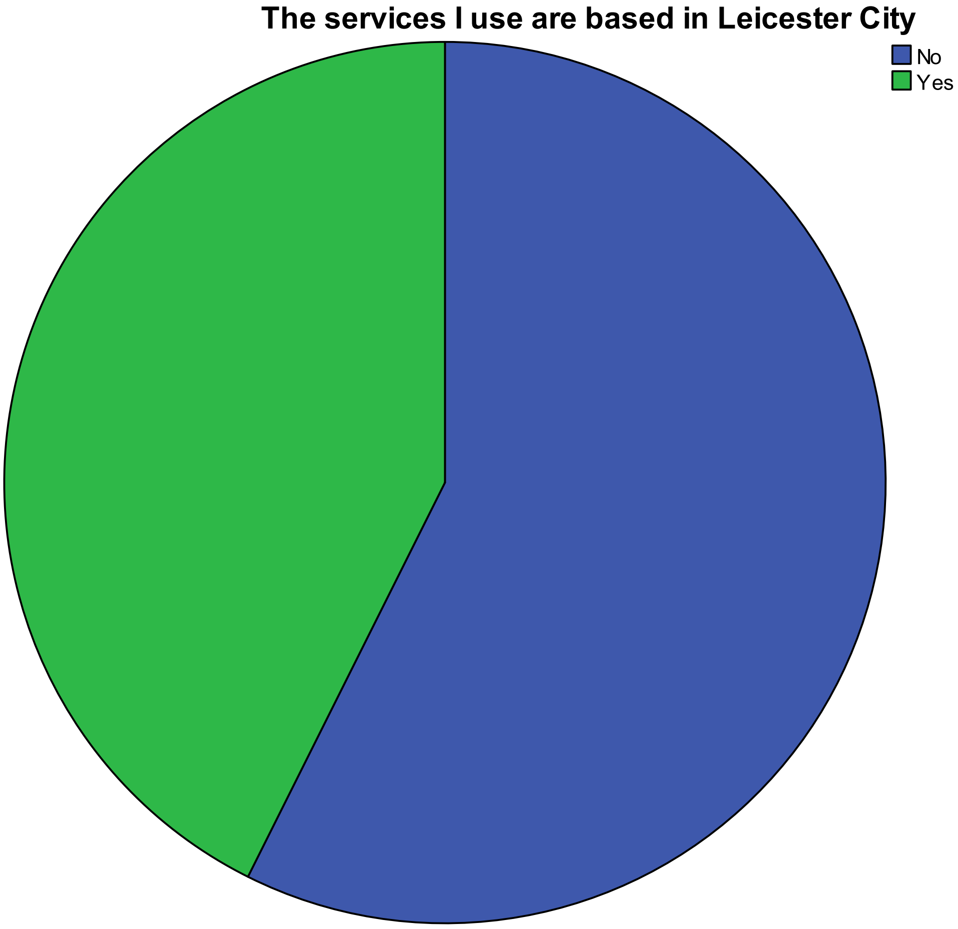


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	61	49.6	50.0	50.0
	Yes	61	49.6	50.0	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

Voluntary and Not for Profit Services are accessed by 50 % of respondents.

It is not clear that the remaining 50% were aware of the availability of services. It would also appear that voluntary services are filling the gaps left by absent statutory services.

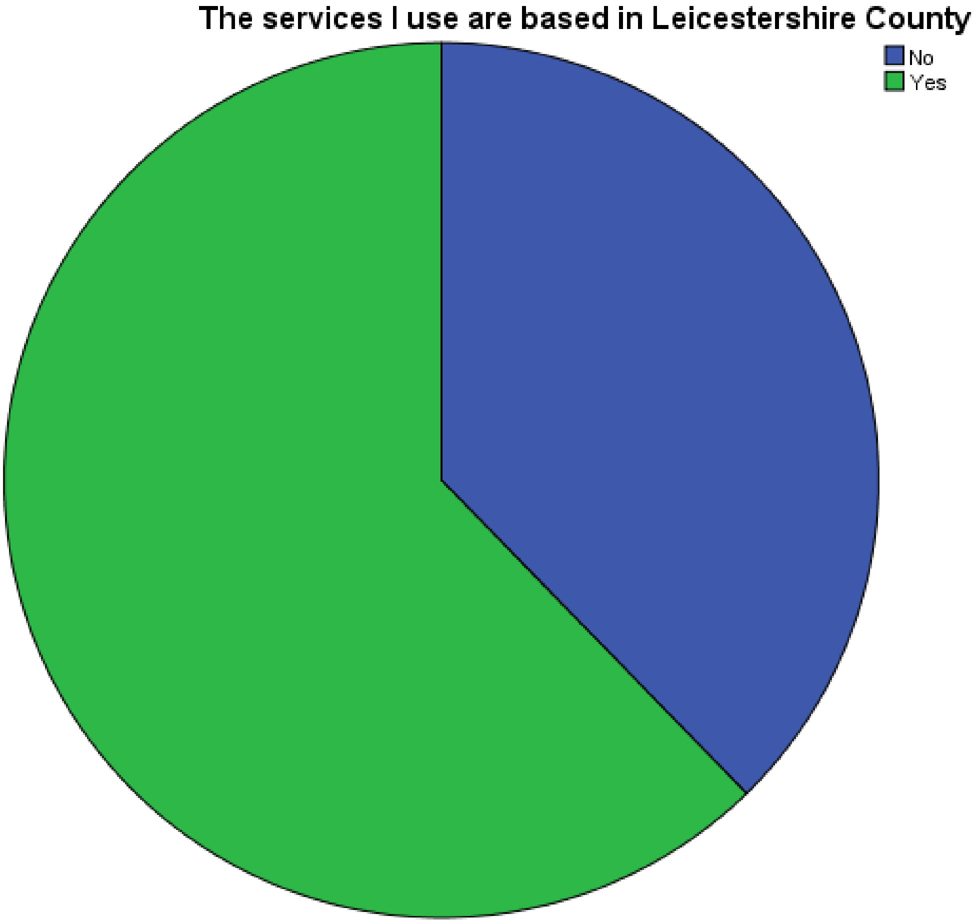
Question 6l



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	70	56.9	57.4	57.4
	Yes	52	42.3	42.6	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

It appears that some people (5% of respondents) may be accessing both City and County Services.

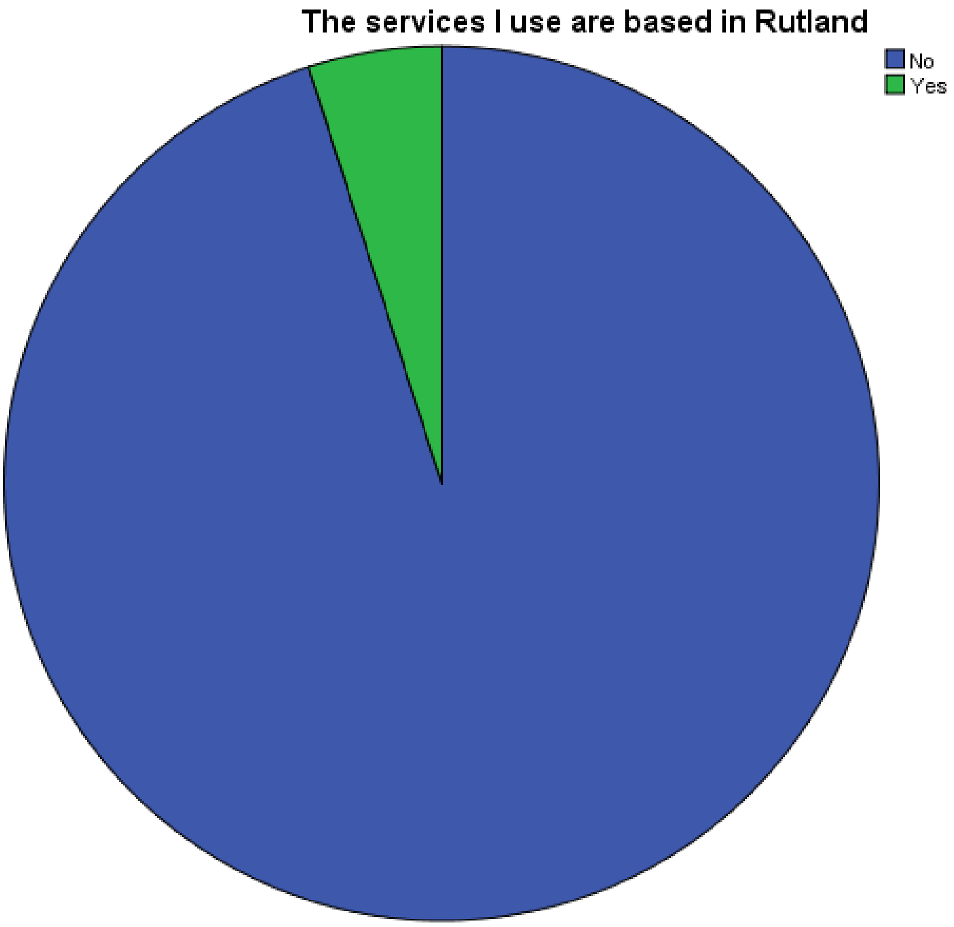
Question 6m



The services I use are based in Leicestershire County

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	46	37.4	37.7	37.7
	Yes	76	61.8	62.3	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

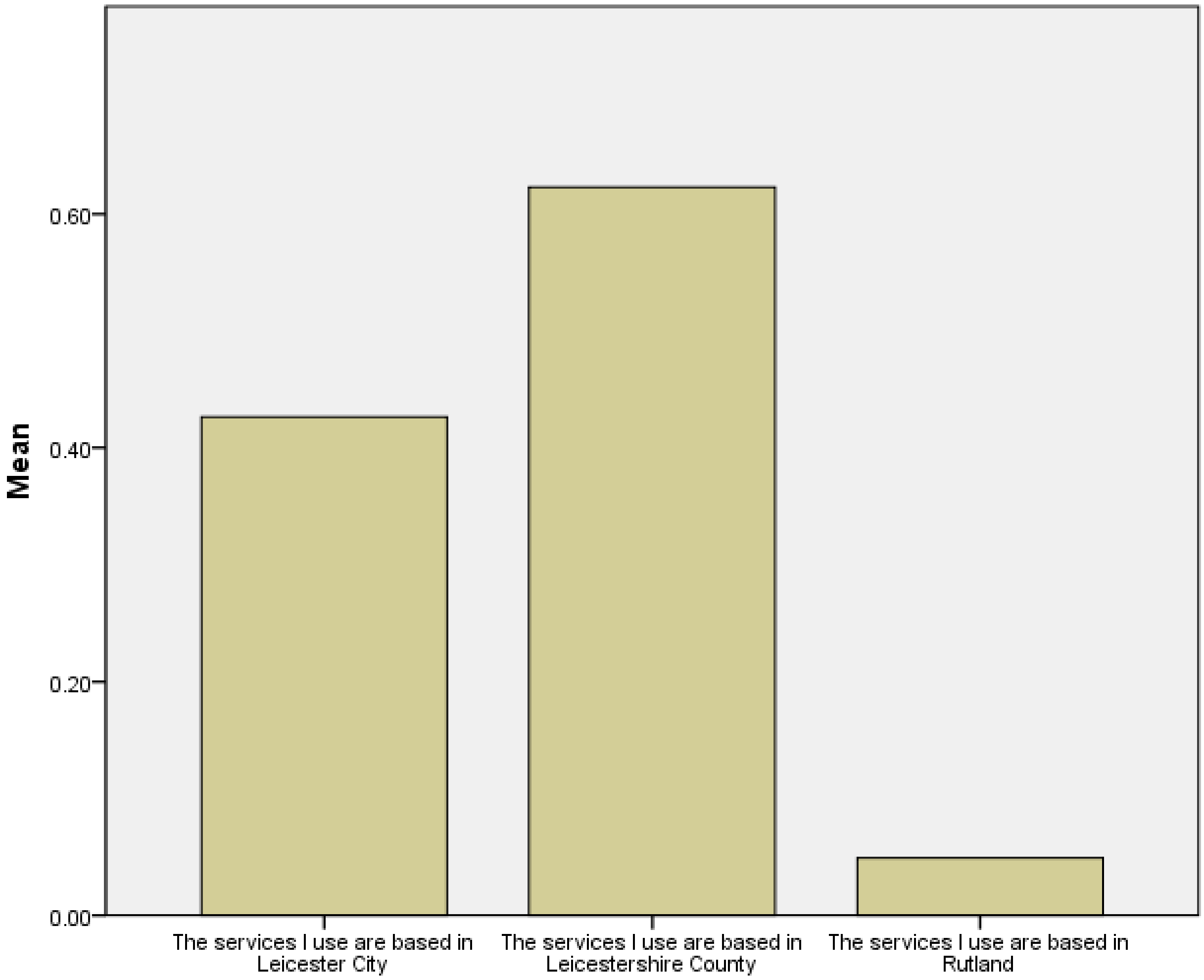
Question 6n



The services I use are based in Rutland

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	116	94.3	95.1	95.1
	Yes	6	4.9	4.9	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

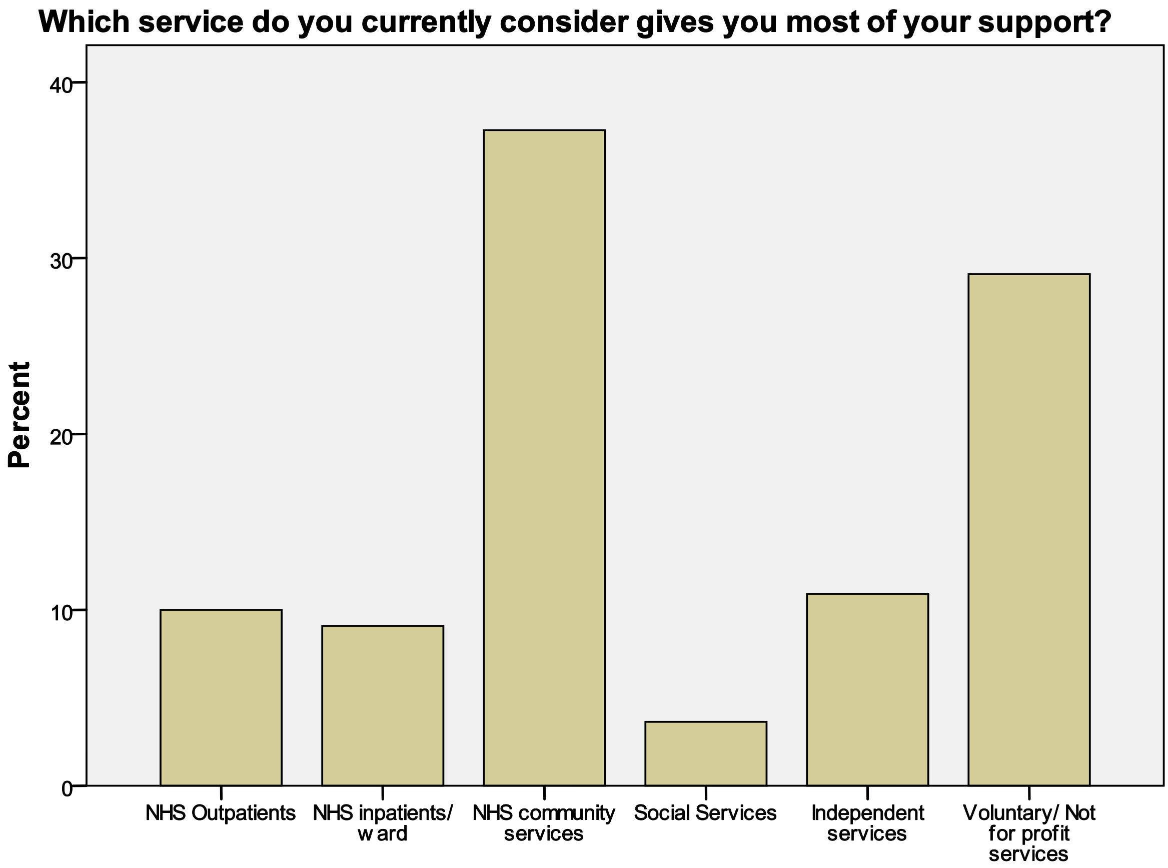
Question 7a



Rural areas must not be ignored in terms of demand for quality services (Rutland).

Additional services may be required.

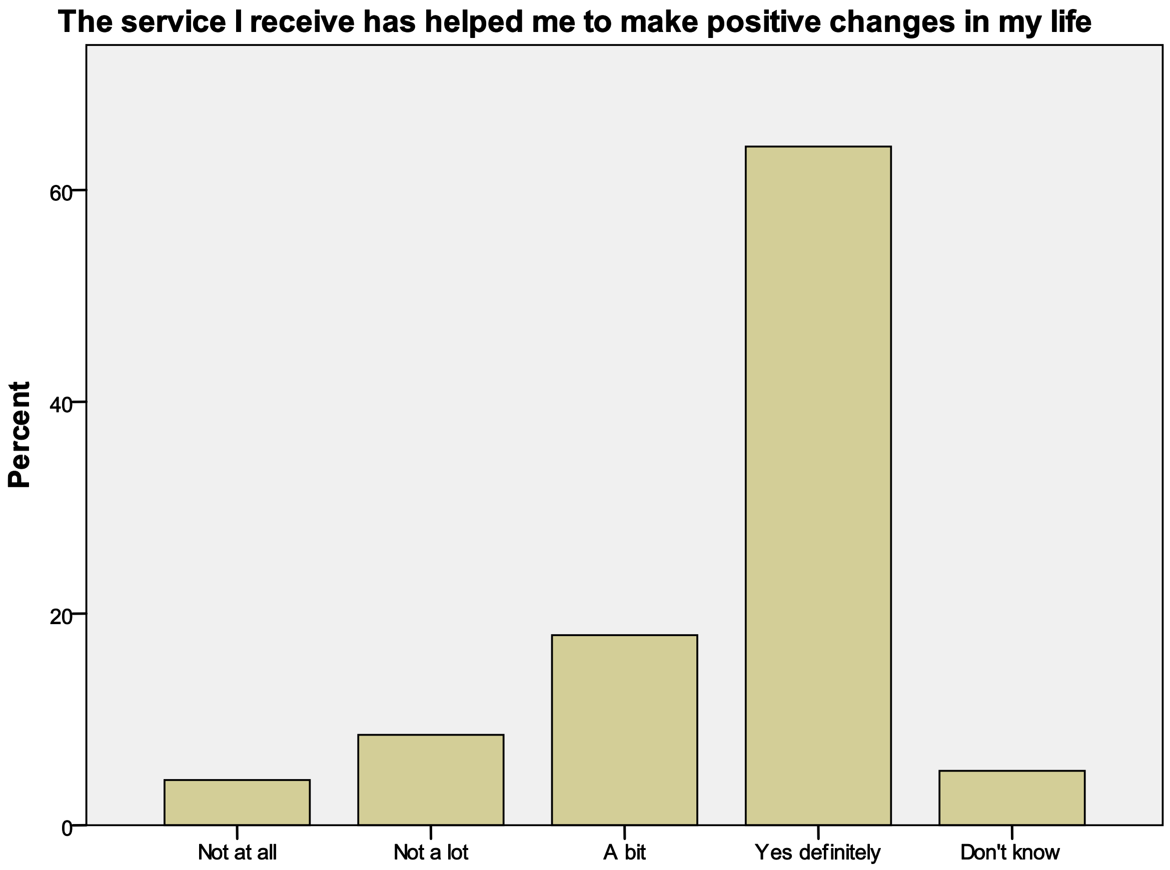
Question 7b



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NHS Outpatients	11	8.9	10.0	10.0
	NHS inpatients/ ward	10	8.1	9.1	19.1
	NHS community services	41	33.3	37.3	56.4
	Social Services	4	3.3	3.6	60.0
	Independent services	12	9.8	10.9	70.9
	Voluntary/ Not for profit services	32	26.0	29.1	100.0
	Total	110	89.4	100.0	
Missing	System	13	10.6		
Total		123	100.0		

The analysis team were shocked to discover that Service Users do not seem to consider Social Services to be providing support with only 4% (n = 4) feeling that most support was provided by Social Services. Community and Voluntary / Independent services are providing the majority of support.

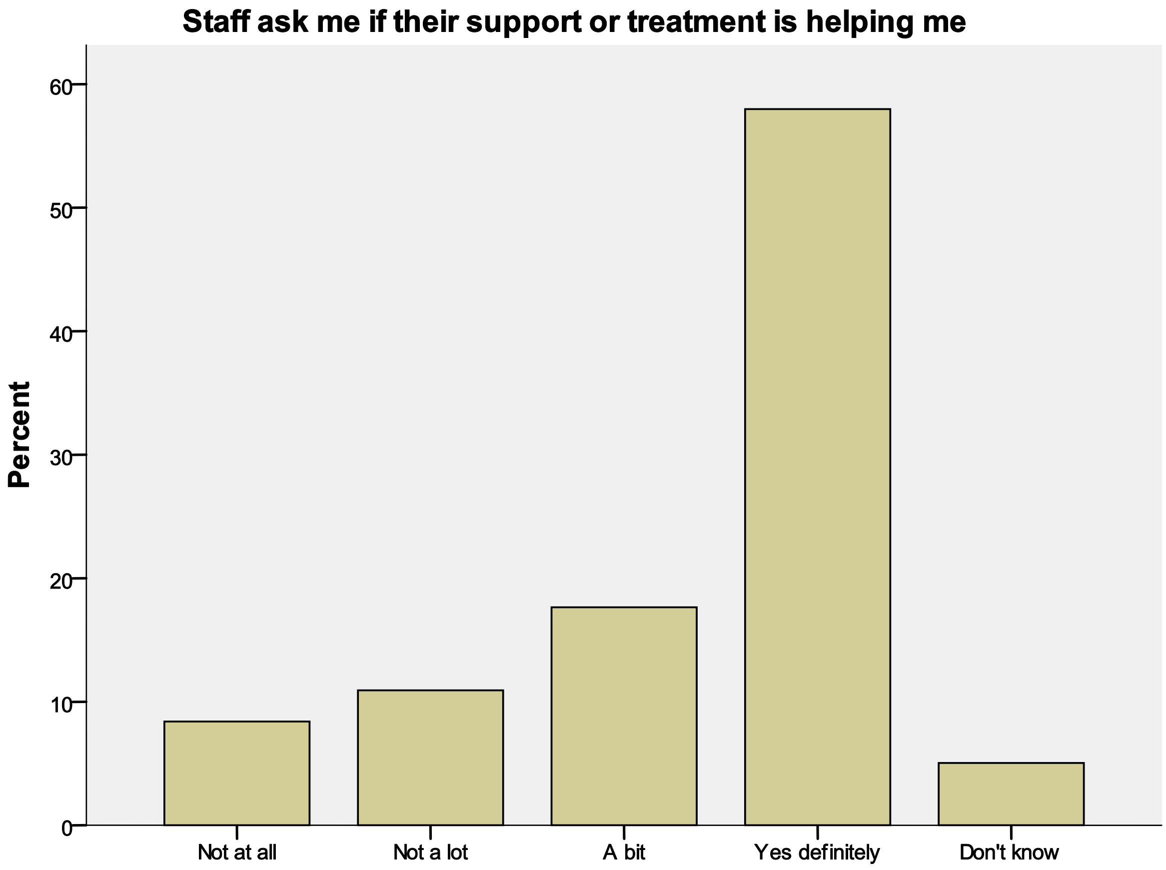
Question 8



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	5	4.1	4.3	4.3
	Not a lot	10	8.1	8.5	12.8
	A bit	21	17.1	17.9	30.8
	Yes definitely	75	61.0	64.1	94.9
	Don't know	6	4.9	5.1	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

It is strongly indicated in the above graph that those who are using services felt positively about them. However, it is concerning that almost 13% (not a lot / not at all), do not feel positive changes have resulted from the service they have received. In addition it is important to distinguish between positive feelings towards services (or support workers) and the things they do to move them towards long term recovery or employment.

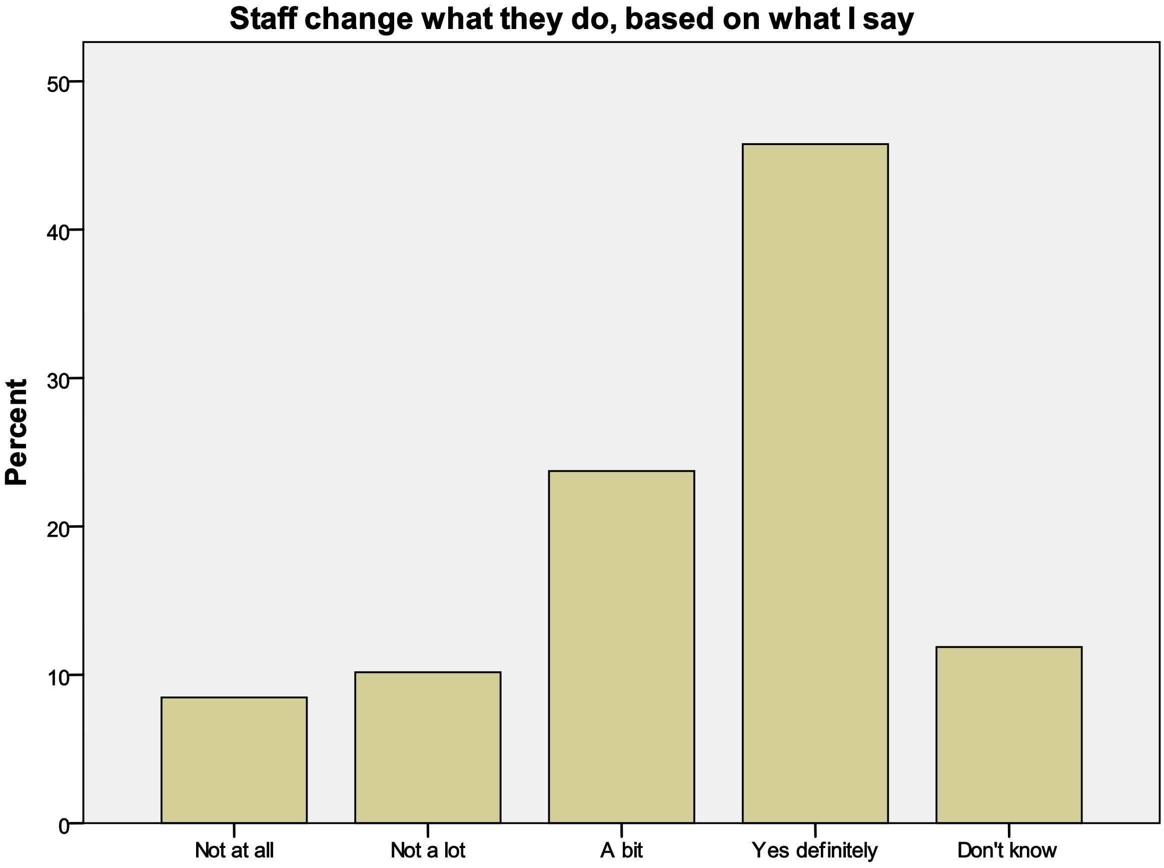
Question 9a



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	10	8.1	8.4	8.4
	Not a lot	13	10.6	10.9	19.3
	A bit	21	17.1	17.6	37.0
	Yes definitely	69	56.1	58.0	95.0
	Don't know	6	4.9	5.0	100.0
	Total	119	96.7	100.0	
Missing	System	4	3.3		
Total		123	100.0		

There is strong evidence to show that staff did listen to service users needs. This confirms the perceptions that services received (Question 8), helped to make positive changes for the service user respondent.

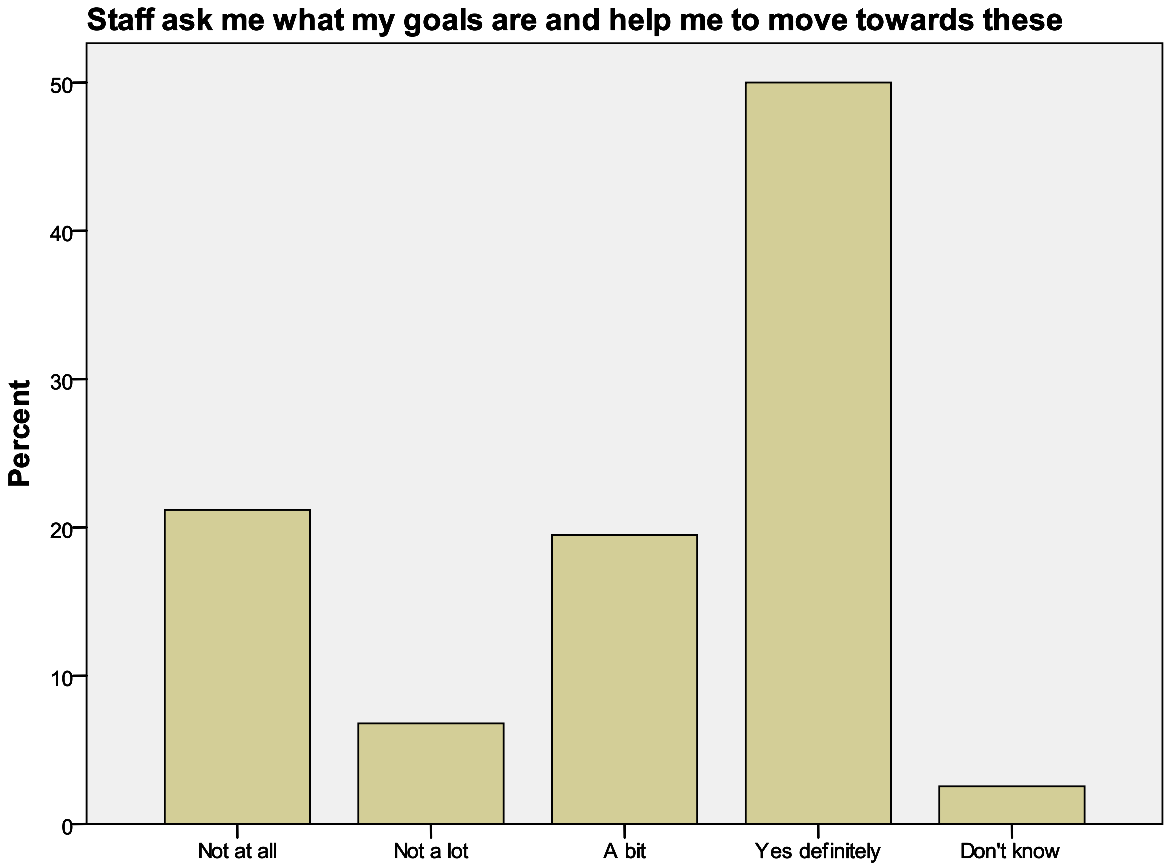
Question 9b



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	10	8.1	8.5	8.5
	Not a lot	12	9.8	10.2	18.6
	A bit	28	22.8	23.7	42.4
	Yes definitely	54	43.9	45.8	88.1
	Don't know	14	11.4	11.9	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Strong evidence to show that for some service users staff were listening to them and took action, however a significant proportion (@19%) were less satisfied with changes made based upon what they had said. The proportion of respondents who did not know suggests that no tangible effects were observed.

Question 10

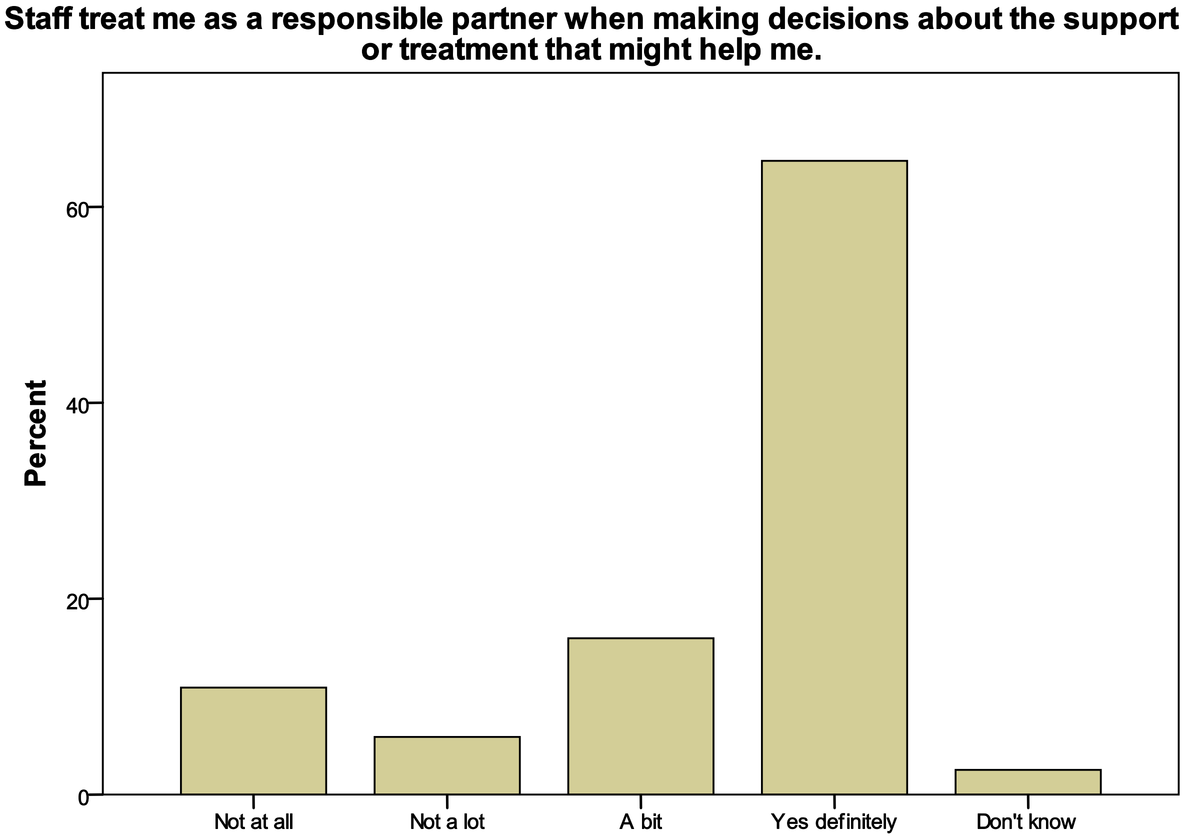


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	25	20.3	21.2	21.2
	Not a lot	8	6.5	6.8	28.0
	A bit	23	18.7	19.5	47.5
	Yes definitely	59	48.0	50.0	97.5
	Don't know	3	2.4	2.5	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Although just over 50% of service users agreed with this statement approximately 20% identified “not at all” or “a bit”. Therefore around 50% felt they were helped to move towards their goals.

This question addresses the critical issue of service users remaining “stuck” and not moving towards long term recovery or employment.

Question 11

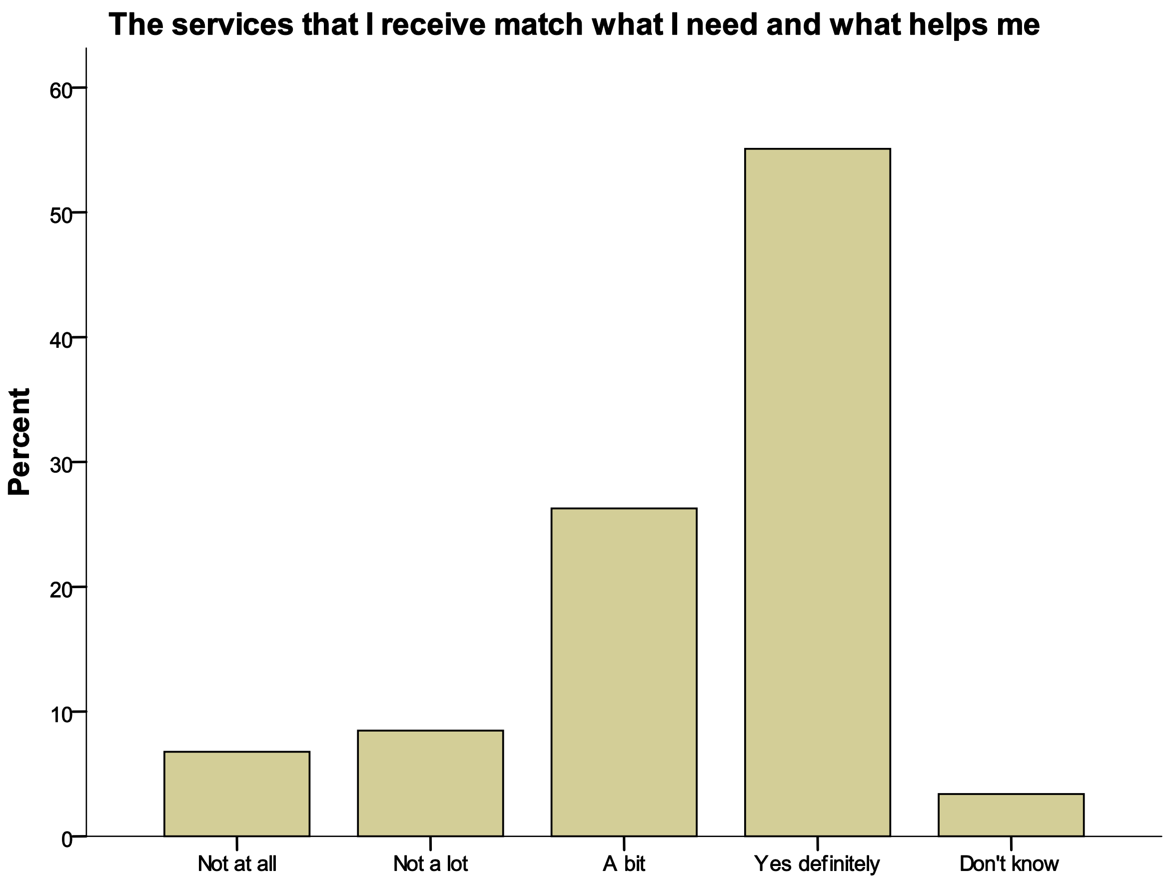


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	13	10.6	10.9	10.9
	Not a lot	7	5.7	5.9	16.8
	A bit	19	15.4	16.0	32.8
	Yes definitely	77	62.6	64.7	97.5
	Don't know	3	2.4	2.5	100.0
	Total	119	96.7	100.0	
Missing	System	4	3.3		
Total		123	100.0		

There is strong evidence that this statement is true. Over 75% of respondents replied “yes definitely”

The 25% indicates (as before) there is a gap in services

Question 12

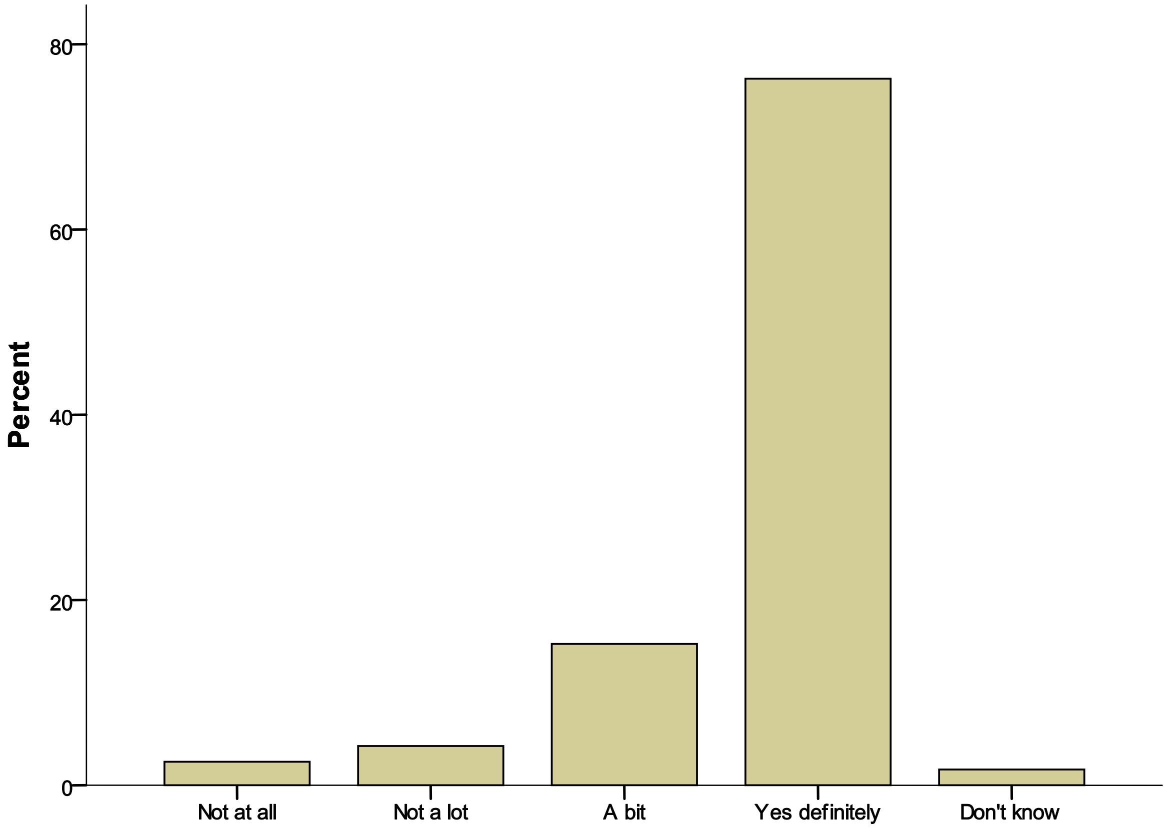


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	8	6.5	6.8	6.8
	Not a lot	10	8.1	8.5	15.3
	A bit	31	25.2	26.3	41.5
	Yes definitely	65	52.8	55.1	96.6
	Don't know	4	3.3	3.4	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Good evidence that this statement is correct, with 60% of respondents saying that this was the case. It must be noted however that 30% thought the statement only applied “a bit”

Question13

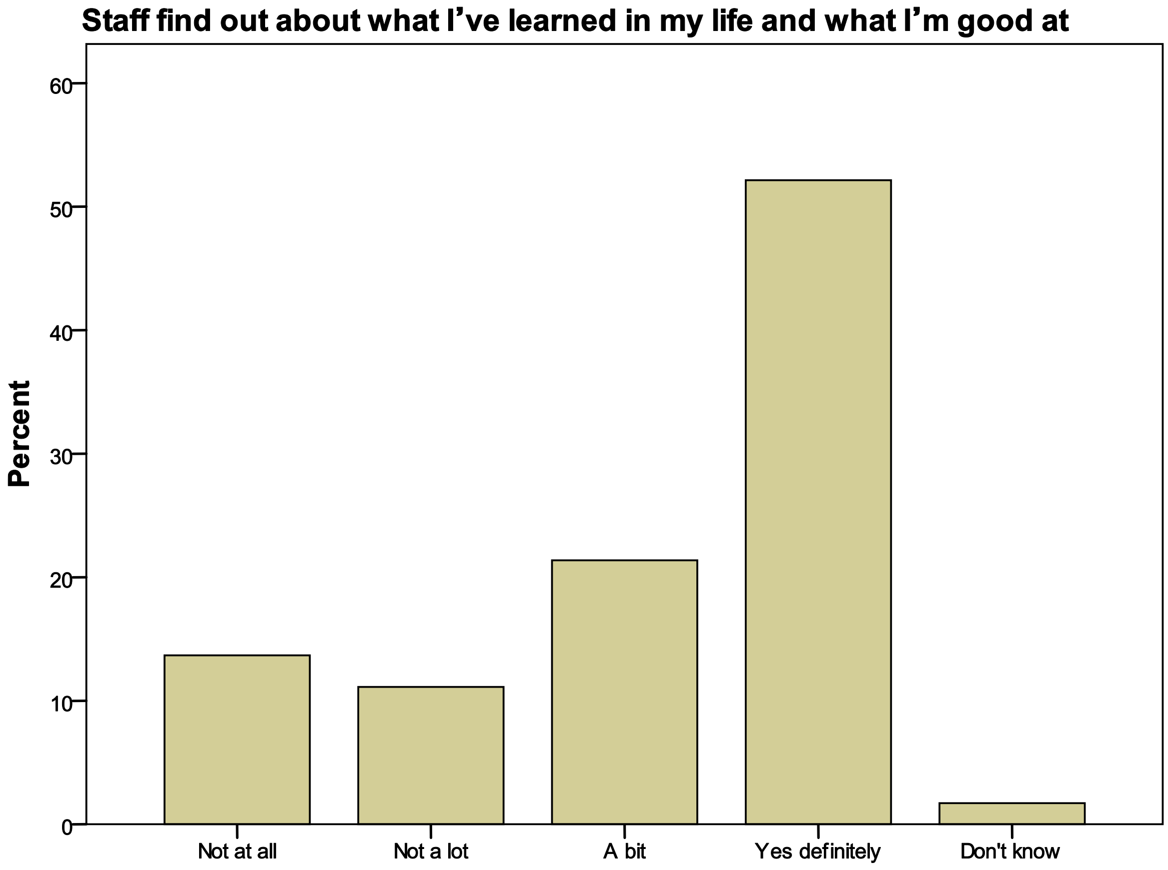
I feel that I am treated with respect, dignity and compassion in this service



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	3	2.4	2.5	2.5
	Not a lot	5	4.1	4.2	6.8
	A bit	18	14.6	15.3	22.0
	Yes definitely	90	73.2	76.3	98.3
	Don't know	2	1.6	1.7	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Strong evidence to show that respect, dignity and compassion are evident across all services, and service providers should be congratulated on the significant positive response. However these results emanate from an 83% cohort of respondents who described themselves as white and evidence would suggest that issues such as respect, dignity and compassion are factors which feature strongly in complaints from people from alternative ethnic backgrounds.

Question 14



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	16	13.0	13.7	13.7
	Not a lot	13	10.6	11.1	24.8
	A bit	25	20.3	21.4	46.2
	Yes definitely	61	49.6	52.1	98.3
	Don't know	2	1.6	1.7	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

73% of respondents felt that staff had taken notice of their life experiences knowledge and skills, however a quarter were less confident. This indicates that a fully holistic approach is universal.

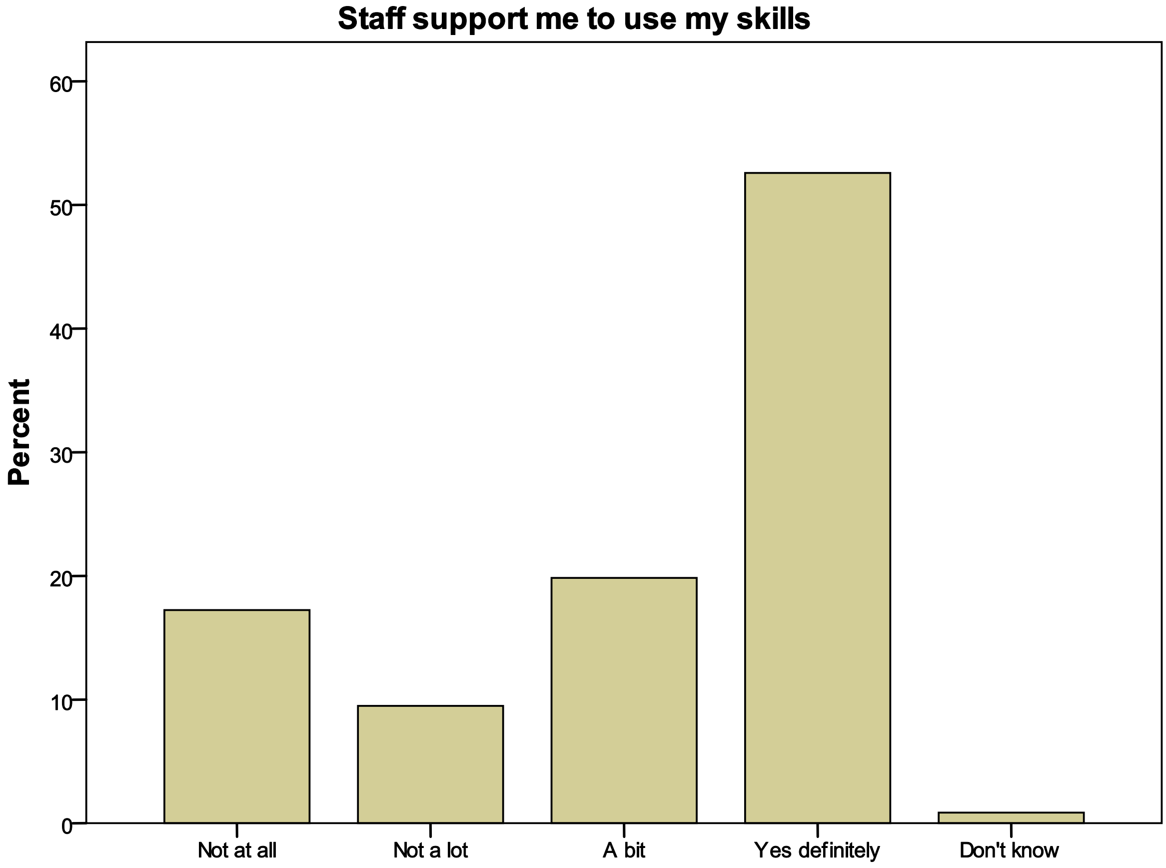
Future recommendations

Staff should ensure that during initial assessment the person’s previous achievements, life experiences and personal aspirations are clearly recorded and incorporated into the subsequent plan of care.

The importance of staff being able to work with the service user and utilize this information as they recover will help ensure that a personalised service is delivered.

It is recognised however that the service user themselves may not be in a position to provide this information and in these cases staff should look to significant others, friends, and relatives to ascertain positive features of the persons life which can be translated into goals for achievement.

Question 15



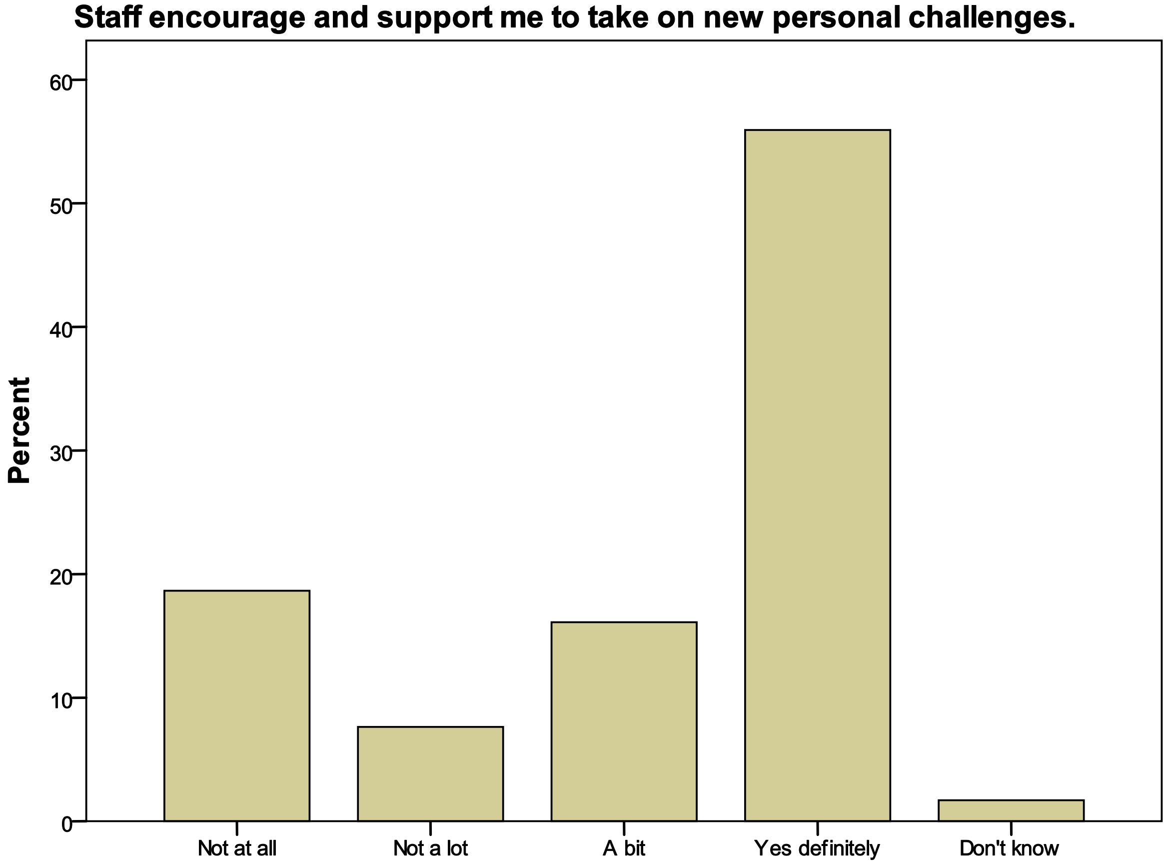
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	20	16.3	17.2	17.2
	Not a lot	11	8.9	9.5	26.7
	A bit	23	18.7	19.8	46.6
	Yes definitely	61	49.6	52.6	99.1
	Don't know	1	.8	.9	100.0
	Total	116	94.3	100.0	
Missing	System	7	5.7		
Total		123	100.0		

Recognising skills is essential to long term recovery but again the recognition of staff supporting skill development is split. Clearly some respondents received more support than others and this discrepancy is an issue to be considered when reviewing operational activity.

Whilst the cumulative positive response (A bit and Yes definitely, 73%) could be described as excellent, the remaining 27% who provided a less positive view are of concern.

The importance of the initial assessment and information gathering is critical to ensure that the service user’s skills are recognised and encouraged at all stages of recovery. This may involve an increased amount of time dedicated to gathering this information.

Question 16

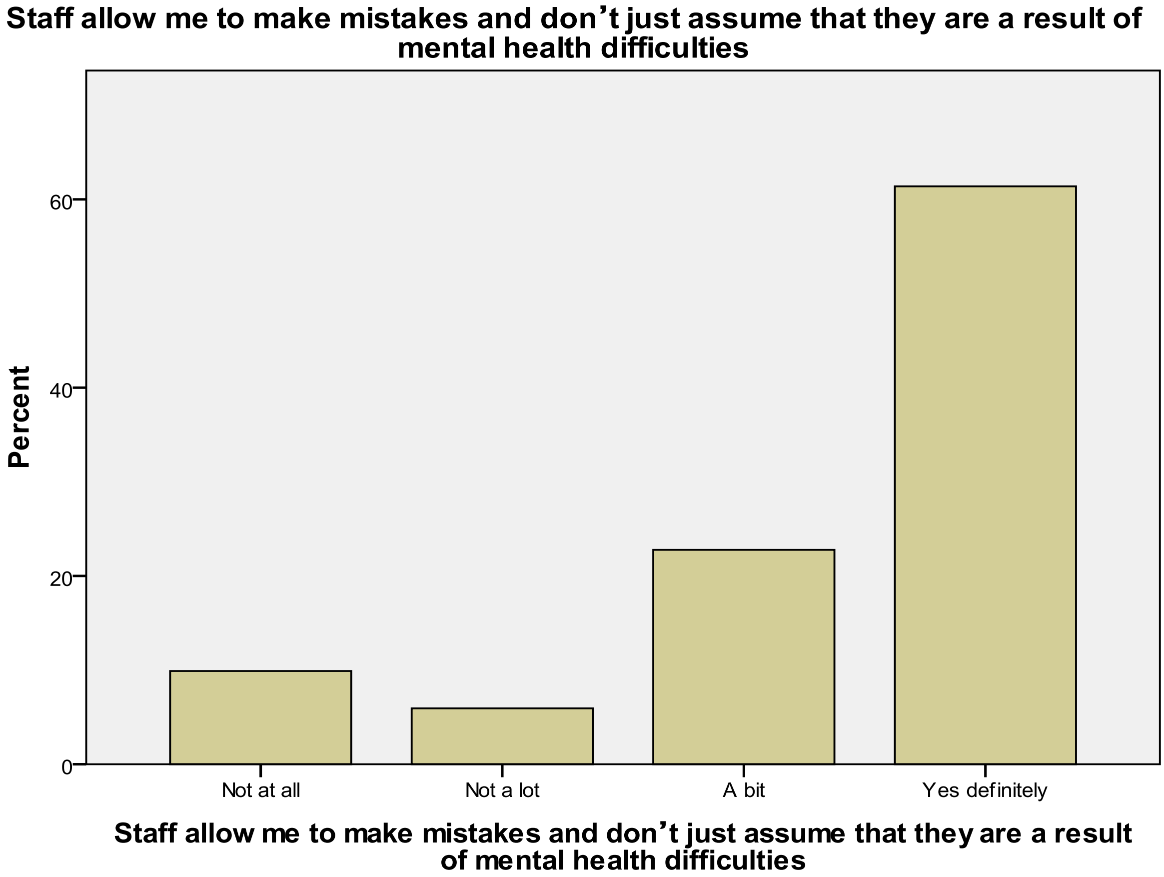


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	22	17.9	18.6	18.6
	Not a lot	9	7.3	7.6	26.3
	A bit	19	15.4	16.1	42.4
	Yes definitely	66	53.7	55.9	98.3
	Don't know	2	1.6	1.7	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

The encouragement for service users to take on new personal challenges is varied and this again reflects discrepancies in the application of holism. The practical nature of the question may inform a change of practice.

These results are linked to staff knowledge of the service users previous skills, abilities and aspirations. The proportion of those who answered negatively (Not a lot, Not at all 27%) is concerning.

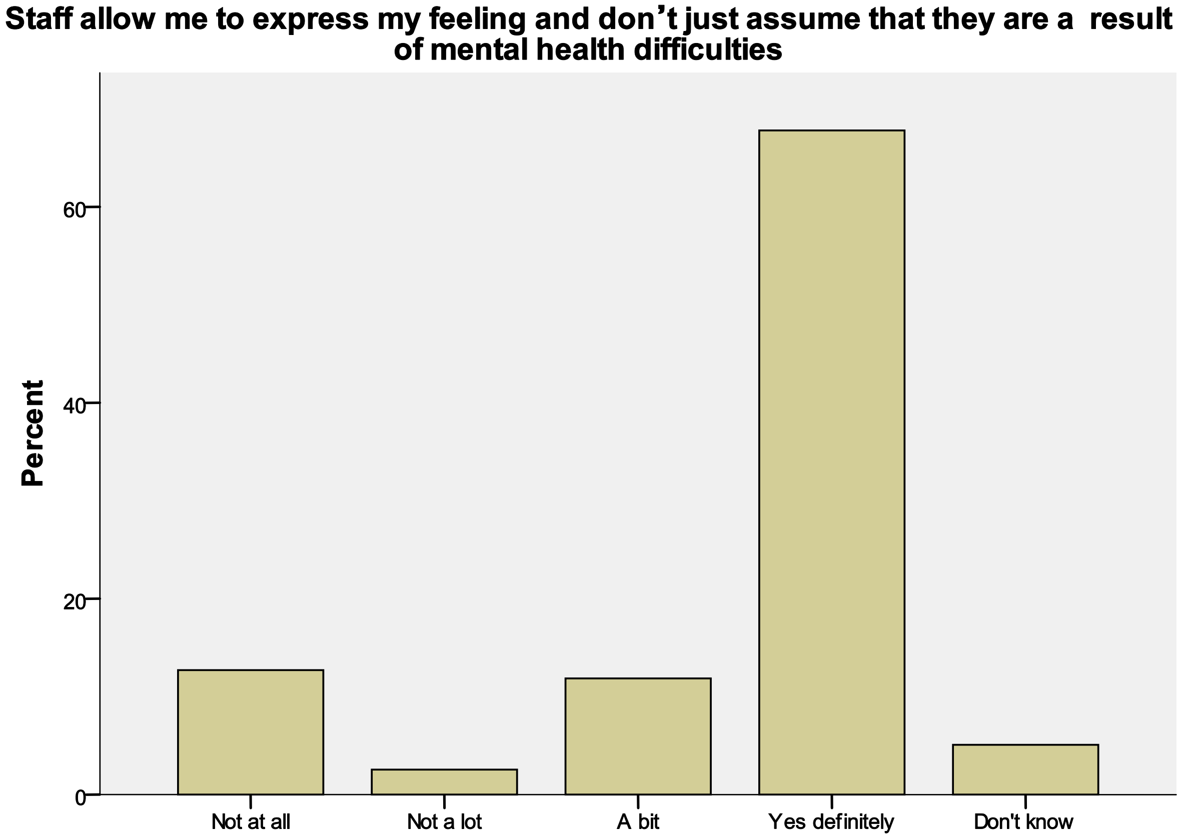
Question 17



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	10	8.1	9.9	9.9
	Not a lot	6	4.9	5.9	15.8
	A bit	23	18.7	22.8	38.6
	Yes definitely	62	50.4	61.4	100.0
	Total	101	82.1	100.0	
Missing	99.00	17	13.8		
	System	5	4.1		
	Total	22	17.9		
Total		123	100.0		

Strong evidence to support this statement that @84% of respondents felt that they were “allowed” to make mistakes. Although the type and range of mistakes were not described the positive responses suggest that risk taking is a feature of planned care for the majority of those who answered this question. It should also be noted that taking risks is an important and inevitable aspect of the recovery journey and “permission” to make reasonable mistakes demonstrates trust by care providers and is in itself an empowering experience.

Question18



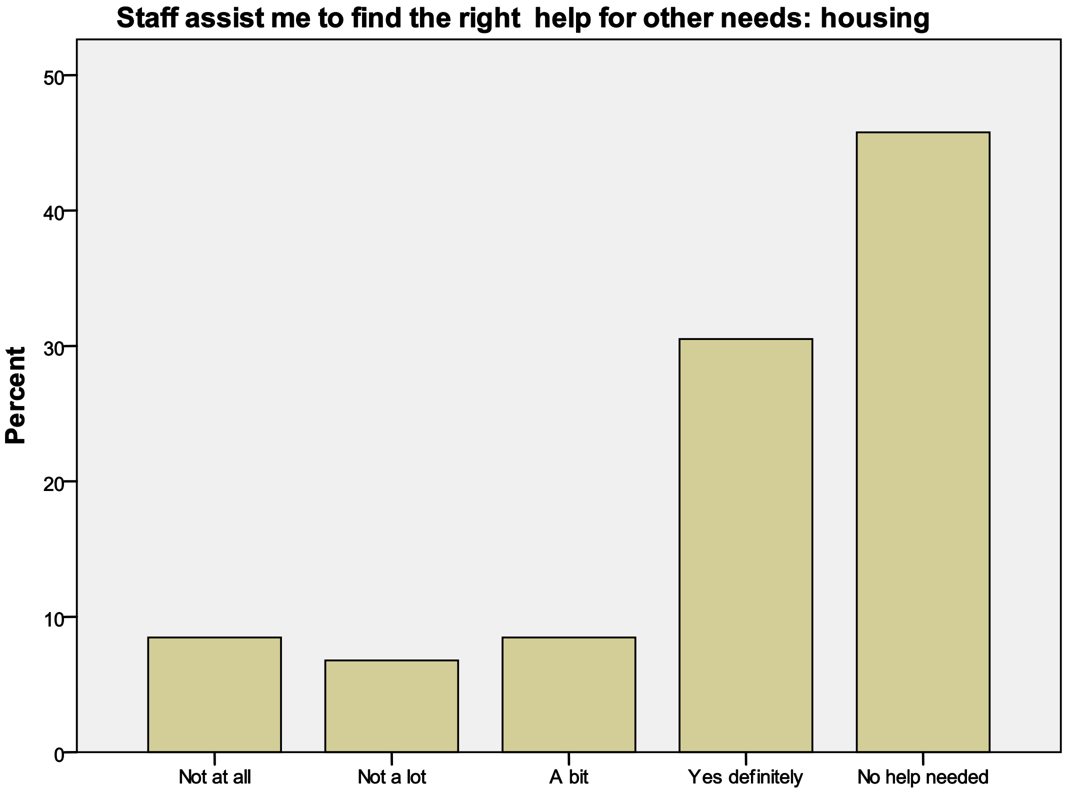
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	15	12.2	12.7	12.7
	Not a lot	3	2.4	2.5	15.3
	A bit	14	11.4	11.9	27.1
	Yes definitely	80	65.0	67.8	94.9
	Don't know	6	4.9	5.1	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Self expression and the demonstration of feelings or emotion is a key part of recovery and the majority of respondents felt this was “allowed”, if not encouraged.

Question 19

Other than help with Mental Health needs staff assist me to find the right help for any of my other needs.

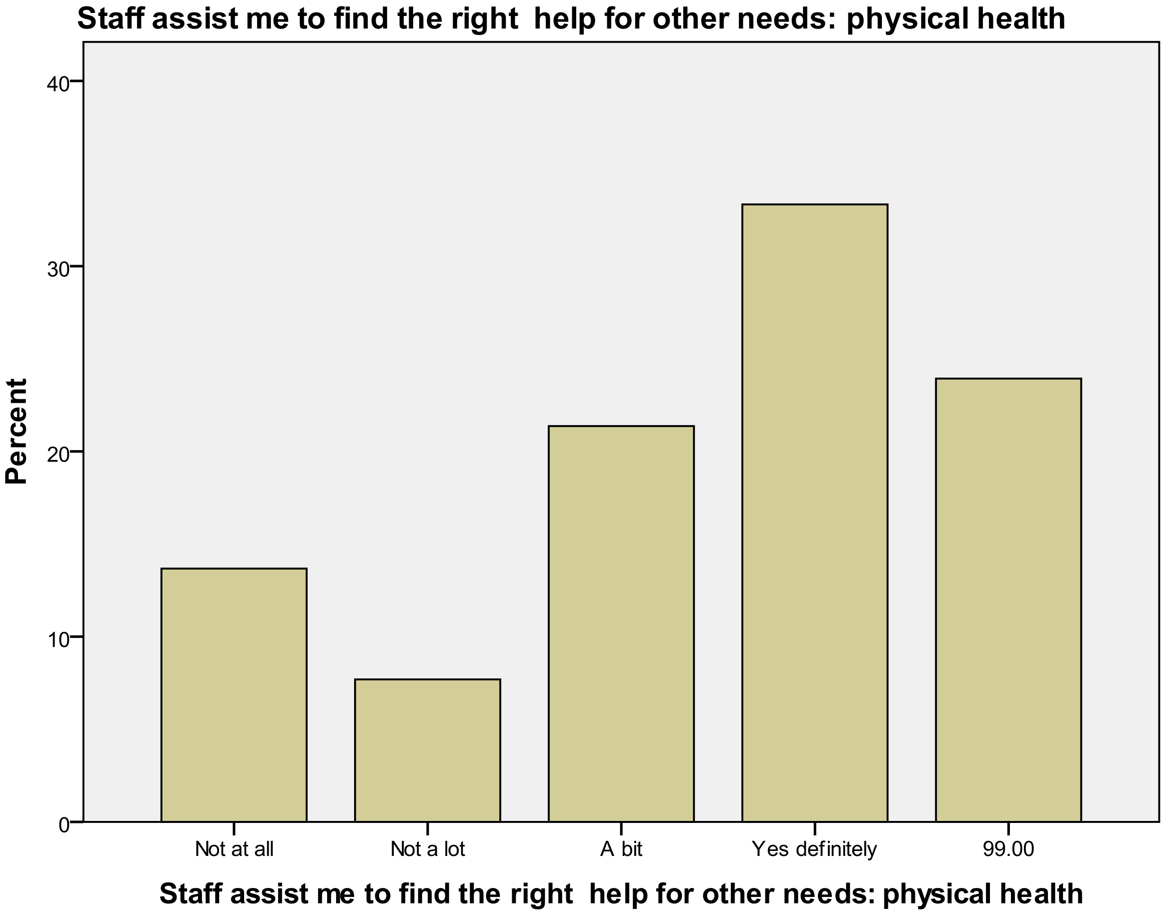
Question 19a



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	10	8.1	8.5	8.5
	Not a lot	8	6.5	6.8	15.3
	A bit	10	8.1	8.5	23.7
	Yes definitely	36	29.3	30.5	54.2
	No help needed	54	43.9	45.8	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Of the respondents who felt they had a need, nearly 60% felt they had been supported in finding the help they needed with regard to housing. A place to live is a fundamental requirement for good mental health and it is concerning that @28% of service users had received minimal assistance.

Question 19b

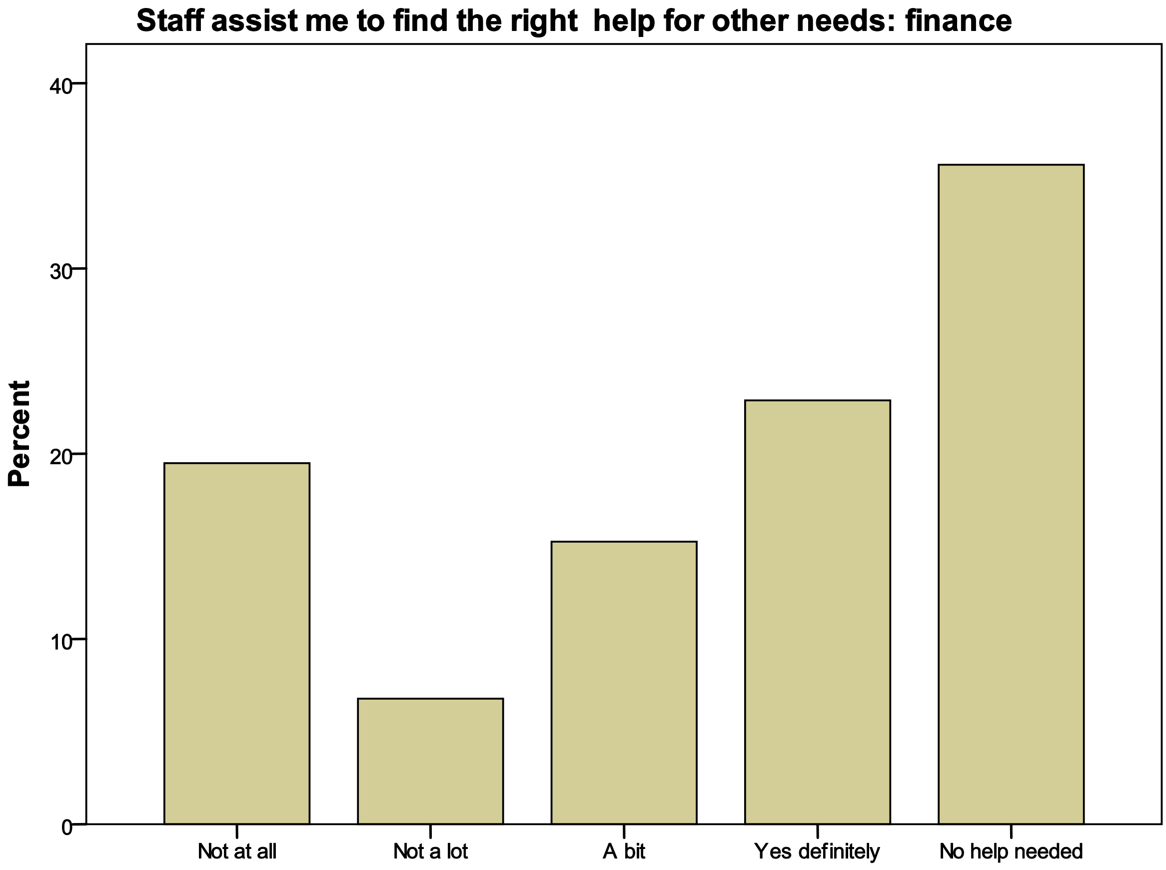


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	16	13.0	13.7	13.7
	Not a lot	9	7.3	7.7	21.4
	A bit	25	20.3	21.4	42.7
	Yes definitely	39	31.7	33.3	76.1
	99.00	28	22.8	23.9	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

The age of respondents may have influenced the outcome of these scores. However it should be noted that positive responses are encouraging in that, mental health care is taking account of physical needs.

The negative response of @28% indicates a training need, to ensure service providers are aware and take account of the service user as a whole person with physical and mental health needs leading to a more holistic approach.

Question 19c

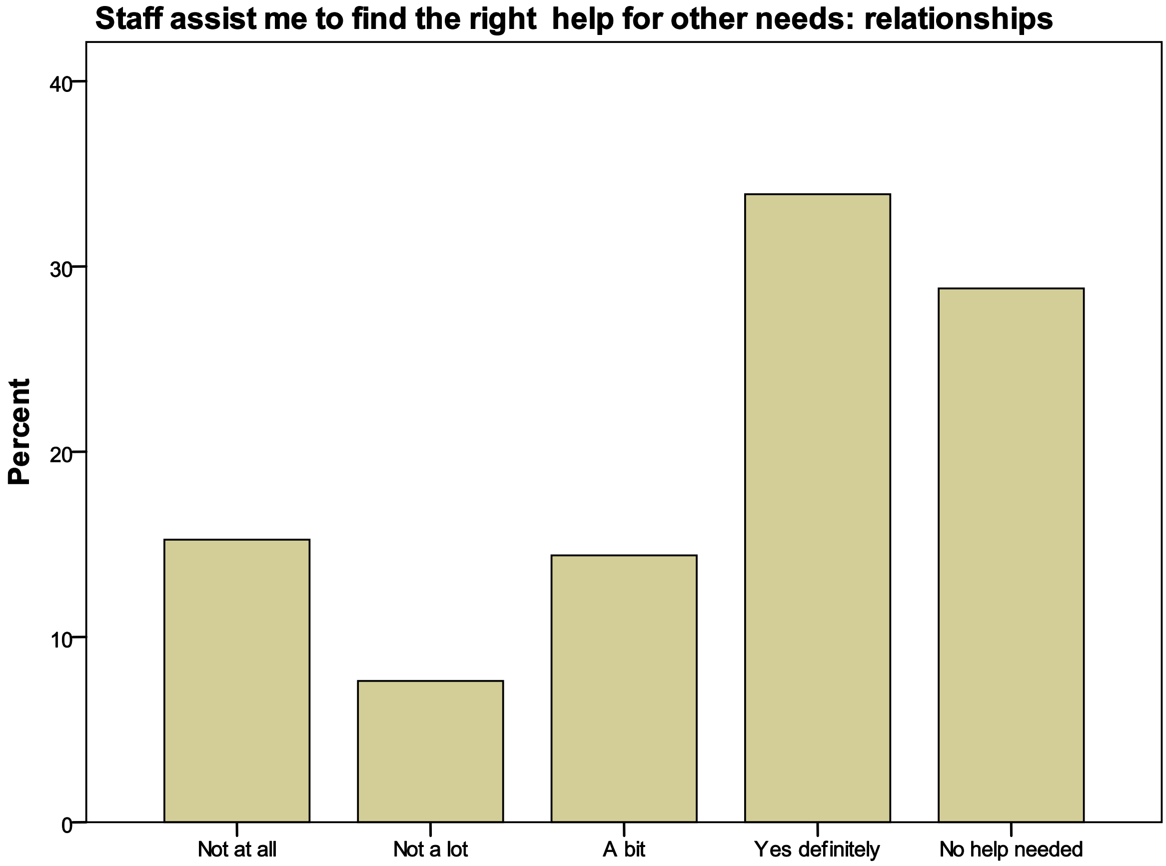


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	23	18.7	19.5	19.5
	Not a lot	8	6.5	6.8	26.3
	A bit	18	14.6	15.3	41.5
	Yes definitely	27	22.0	22.9	64.4
	No help needed	42	34.1	35.6	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

This question relates to a very important element of the maintenance of a key supporting element that enables life to continue outside of any care provision. For the significant proportion that answered negatively (not a lot and not at all @34%), this lack of assistance may have serious impact upon their ability to either prepare for discharge or maintain financial security with debts and housing for example whilst receiving care.

There may be a training issue for staff and better knowledge of the welfare benefits system. This is particularly relevant as traditional sources of financial support including Citizens Advice Bureaus and Welfare Rights Offices close. Nursing and care staff need a greater knowledge in the area of financial advice. However if the health worker does not have sufficient expert (contemporary and relevant) knowledge, this may result in wrong information being given, and have a negative impact upon the financial situation of the service user and their family. Consequently the mental health of these people may well be adversely affected.

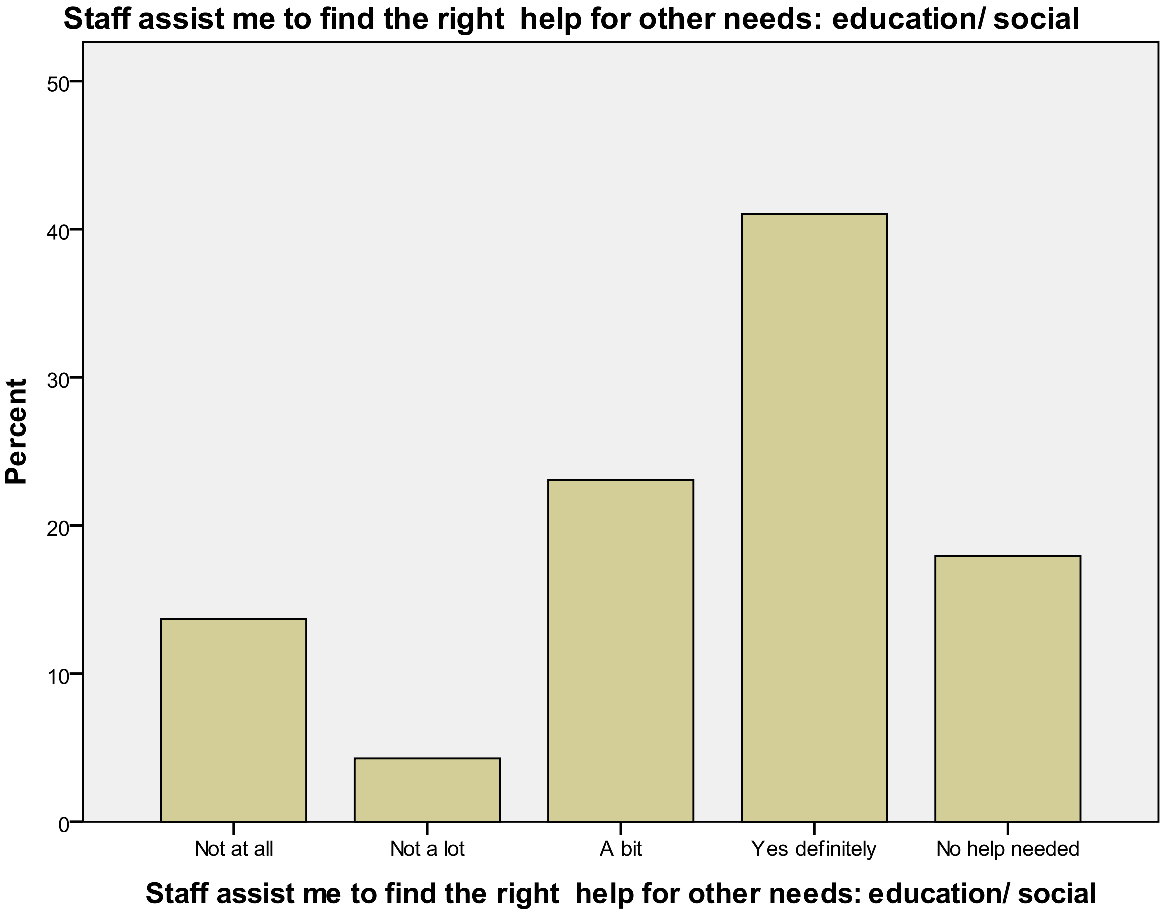
Question 19d



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	18	14.6	15.3	15.3
	Not a lot	9	7.3	7.6	22.9
	A bit	17	13.8	14.4	37.3
	Yes definitely	40	32.5	33.9	71.2
	No help needed	34	27.6	28.8	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Some of the respondents would not actually need assistance with relationships however it is useful to note the variations in responses, and these answers may reflect a reluctance to discuss personal relationships that have no bearing upon care with staff.

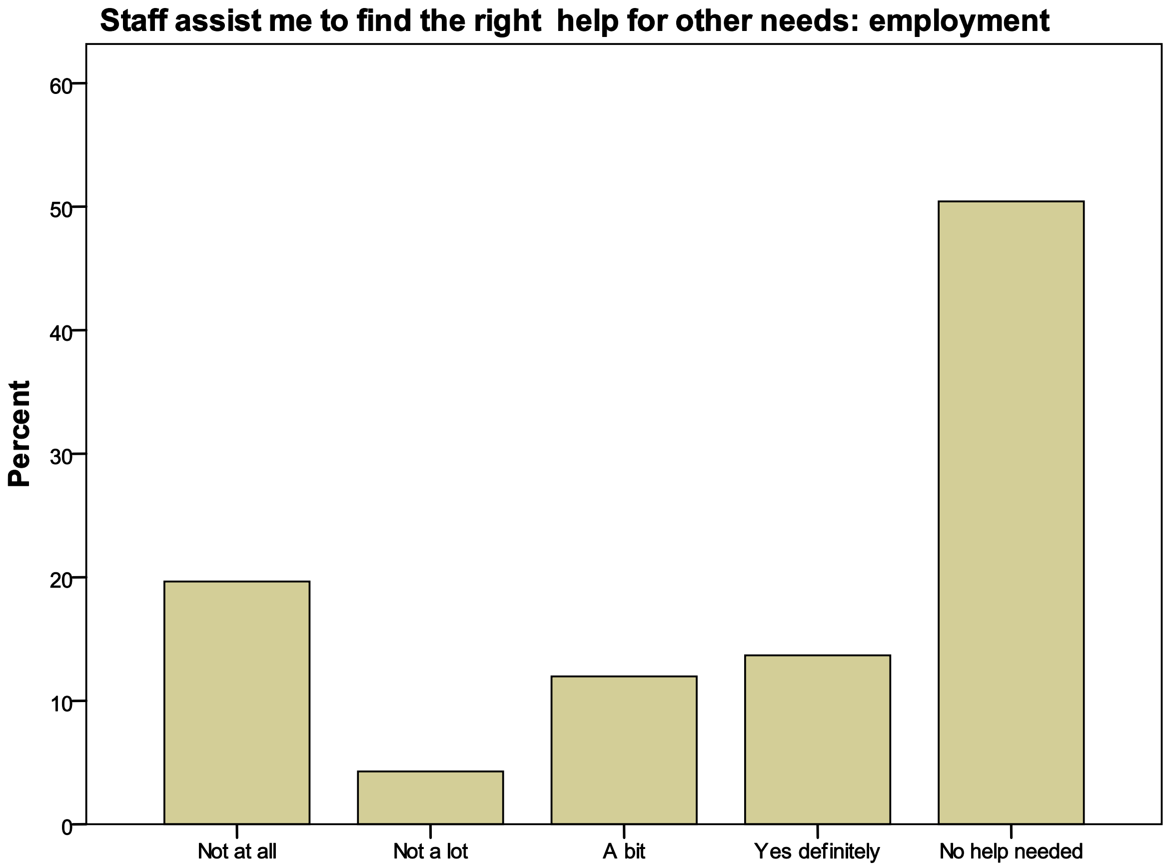
Question 19e



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	16	13.0	13.7	13.7
	Not a lot	5	4.1	4.3	17.9
	A bit	27	22.0	23.1	41.0
	Yes definitely	48	39.0	41.0	82.1
	No help needed	21	17.1	17.9	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

A significant proportion of respondents felt that they had been helped with educational or social needs (78%). However @22% suggested a less favourable response and this is of concern. Occupational Therapy and Outreach workers should be involved in preparing a whole pathway of support and education prior to discharge for those that need it.

Question 19f



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	23	18.7	19.7	19.7
	Not a lot	5	4.1	4.3	23.9
	A bit	14	11.4	12.0	35.9
	Yes definitely	16	13.0	13.7	49.6
	No help needed	59	48.0	50.4	100.0
	Total	117	95.1	100.0	
Missing	System	6	4.9		
Total		123	100.0		

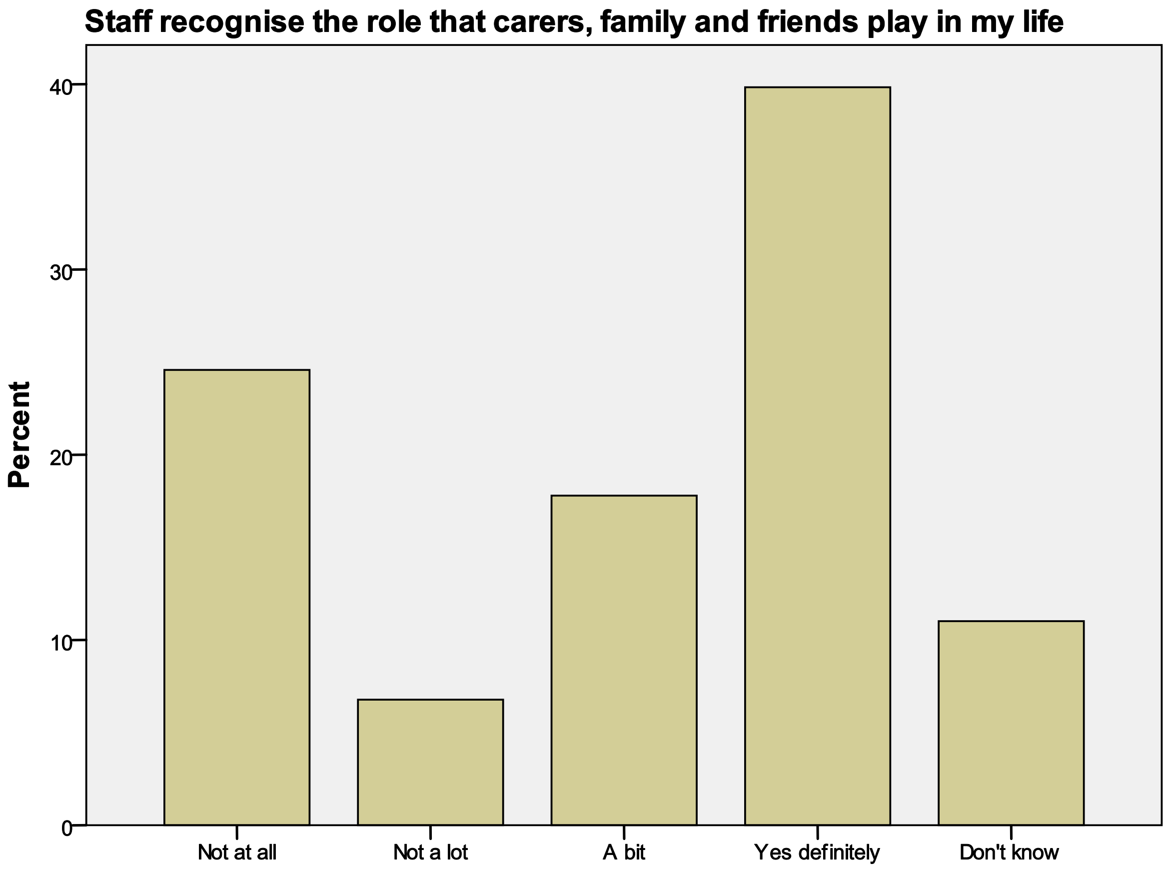
Half of respondents felt that no help was needed however the remainder were split in their answers to this question. It is clear however that as a key element of recovery, employment may be seen as one of the most important factors in preventing social exclusion . Of those who felt a need for assistance @48% felt staff had helped “not a lot” or “not at all”, which may reflect a lack of knowledge, skill or expertise on the part of staff. This response should be considered in conjunction with questions.32 and 33 which highlight that paid employment for people with a history of mental health problems is almost nonexistent.

There may be a culture of low expectations amongst staff surrounding the possibility of service users returning to or maintaining paid employment, and changes in the benefit system have placed an increased challenge upon those in recovery with a shift of emphasis from “encouragement” to get a job, to a withdrawal of benefits if a job is not secured.

Future Work

Employability should become a key factor in the preparation for discharge and ongoing support plans for service users. Staff should receive ongoing training to ensure they are familiar with the rules of employment whilst claiming benefits and that they can provide basic advice on employment matters or at least extol the benefits of having a job.

Question 20



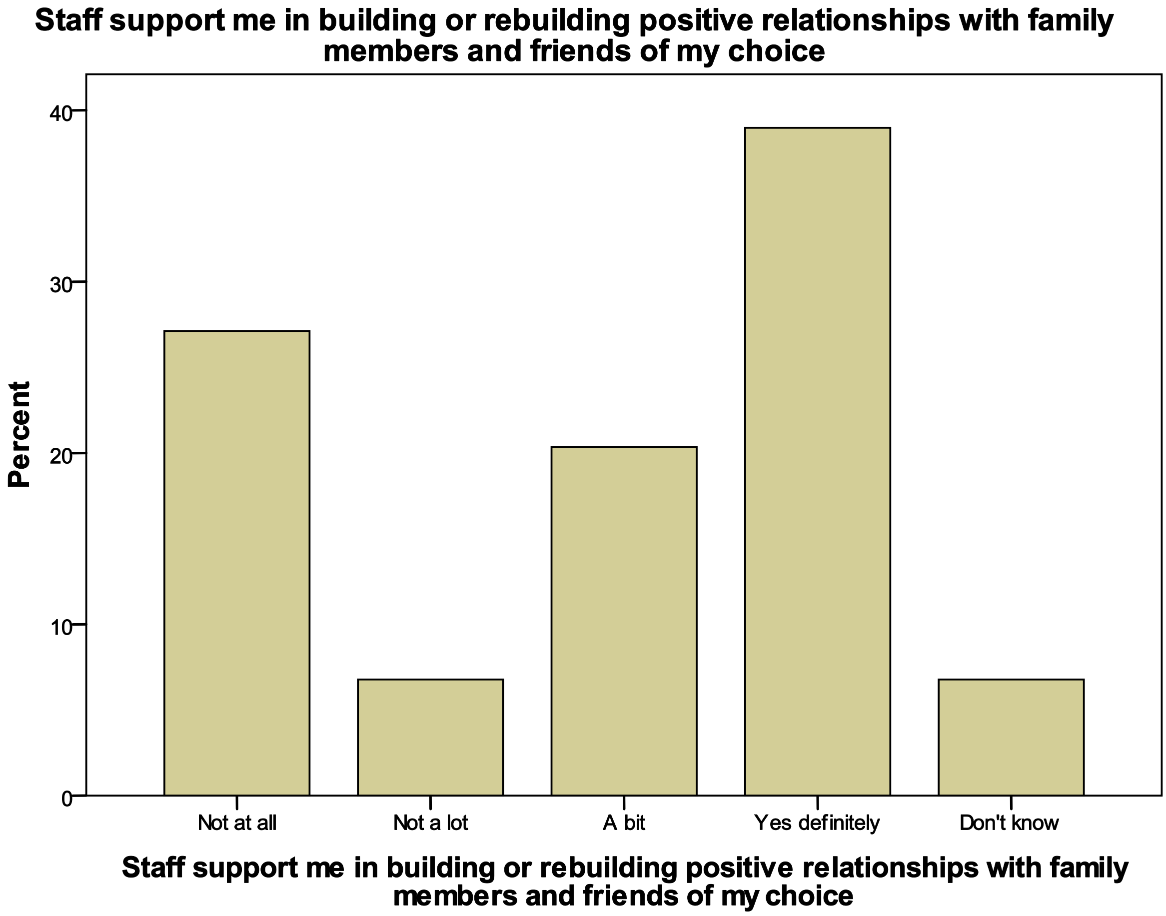
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	29	23.6	24.6	24.6
	Not a lot	8	6.5	6.8	31.4
	A bit	21	17.1	17.8	49.2
	Yes definitely	47	38.2	39.8	89.0
	Don't know	13	10.6	11.0	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

There is significant concern that the number of responses that stated “not at all” and “not a lot” indicate a failure of services to recognise perhaps the most important elements in the ongoing support for service users.

Future Work

This needs to be given serious consideration by provider organisations.

Question 21

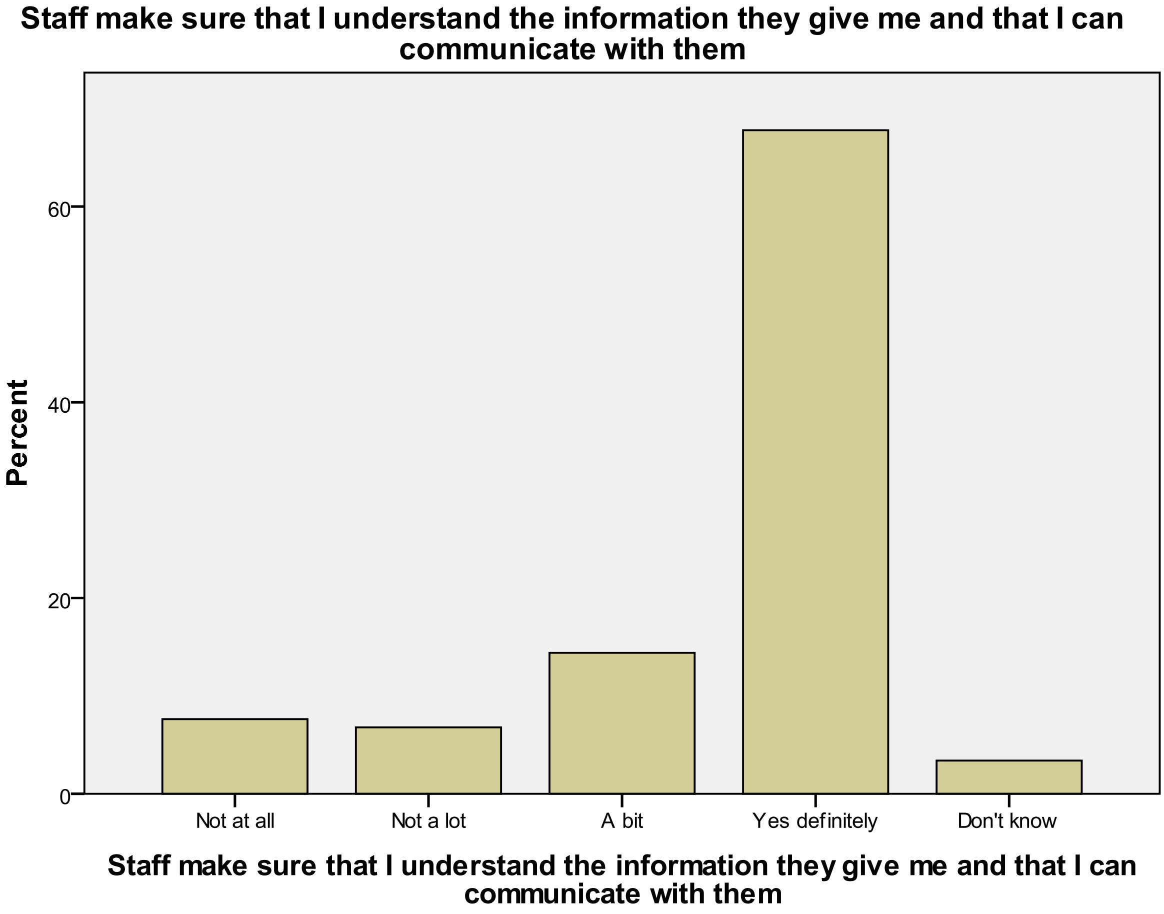


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	32	26.0	27.1	27.1
	Not a lot	8	6.5	6.8	33.9
	A bit	24	19.5	20.3	54.2
	Yes definitely	46	37.4	39.0	93.2
	Don't know	8	6.5	6.8	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

The numbers of respondents that stated “not at all” or “not a lot" are of concern.

Future Work In service training should emphasise the important role that family and friends play as part of the recovery process and highlight this within training. The initial assessment and information about the service user’s history must incorporate details of those who may well be providing support post discharge.

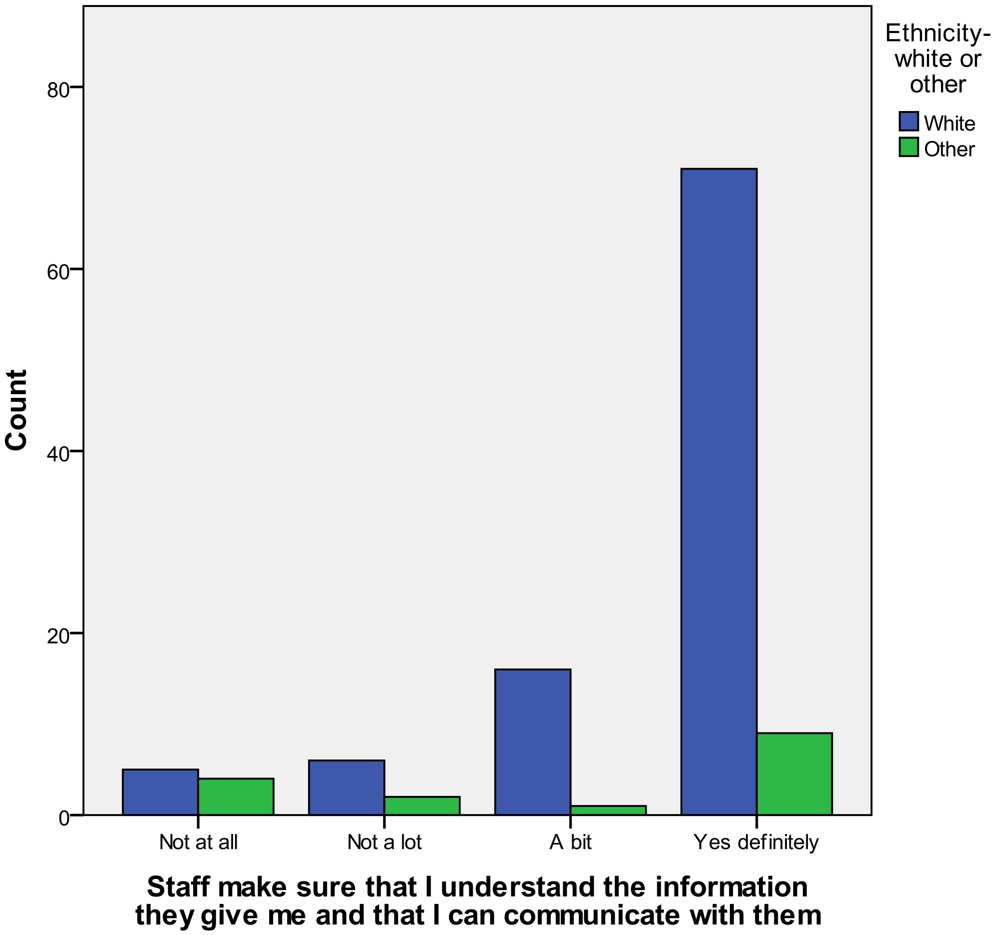
Question 22



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	9	7.3	7.6	7.6
	Not a lot	8	6.5	6.8	14.4
	A bit	17	13.8	14.4	28.8
	Yes definitely	80	65.0	67.8	96.6
	Don't know	4	3.3	3.4	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

The small number of respondents who described themselves as not white, represent a statistically significant element of those who stated “not at all”.

Using a Pearson Chi squared test (Monte Carlo Analysis) generated a probability factor of .012, and Fisher’s Exact Test of .011. This leads to the assumption that the percentage of non white respondents who answered “not at all” is disproportionately high. (See additional graph below:



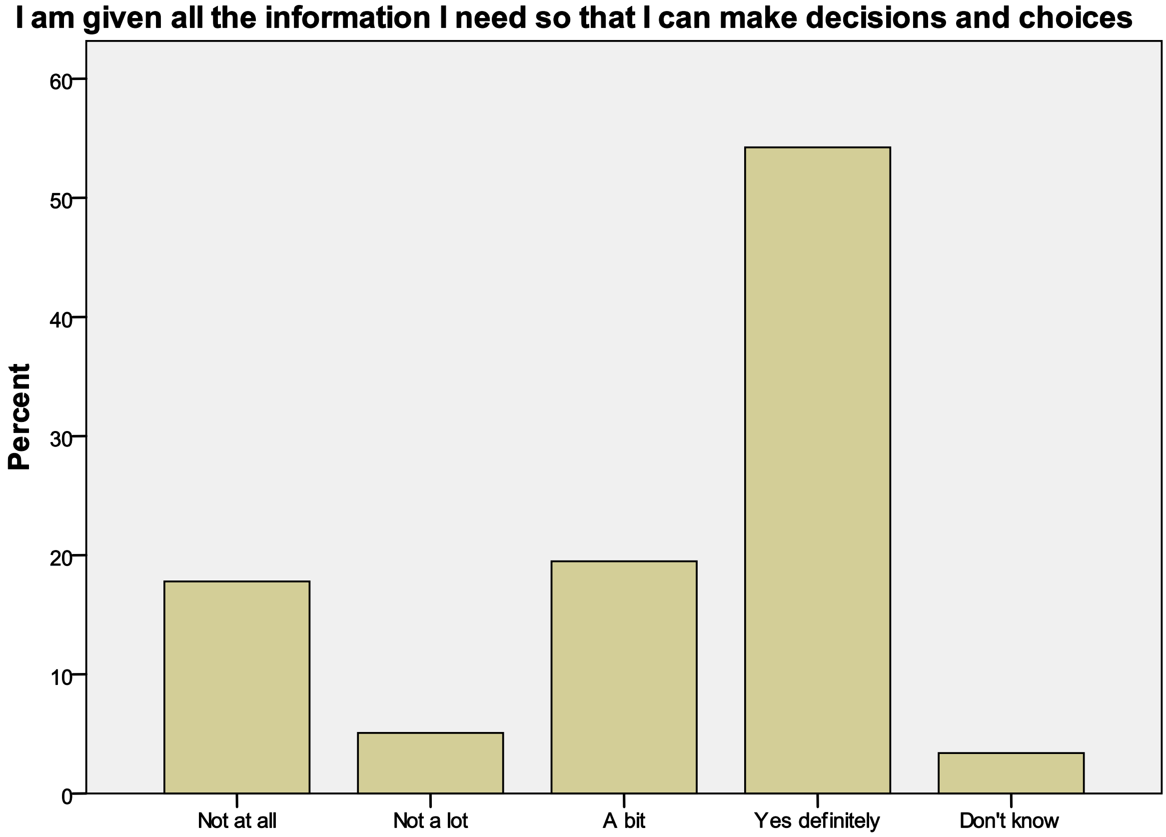
		Staff are interested in and understand my culture, life experiences and values				Total
		Not at all	Not a lot	A bit	Yes definitely	
Ethnicity- white or other	White	7	4	18	65	94
	Other	5	2	2	6	15
Total		12	6	20	71	109

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Monte Carlo Sig. (2-sided)			Monte Carlo Sig. (1-sided)		
					99% Confidence Interval			99% Confidence Interval	
				Sig.	Lower Bound	Upper Bound	Sig.	Lower Bound	Upper Bound
Pearson Chi-Square	11.736[a]	3	.008	.012[b]	.009	.015			
Likelihood Ratio	9.262	3	.026	.027[b]	.023	.032			
Fisher's Exact Test	10.141			.011[b]	.008	.014			
Linear-by-Linear Association	10.327[c]	1	.001	.003[b]	.001	.004	.003[b]	.001	.004
N of Valid Cases	109								

Question 23

I am given all the information I need so that I can make decisions and choices, for example about my mental health problems, support and treatment available, side-effects of medication, my rights



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	21	17.1	17.8	17.8
	Not a lot	6	4.9	5.1	22.9
	A bit	23	18.7	19.5	42.4
	Yes definitely	64	52.0	54.2	96.6
	Don't know	4	3.3	3.4	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

A high proportion of respondents suggested they agreed with this statement, however there is still a sufficient number of negative responses. 24% suggested they had not been given information. The way people receive information was the subject of a recent study by Jones Z 2011 (accessible through the Peoples Forum) which concluded that 1:1 interventions are the most preferred by inpatient service users.

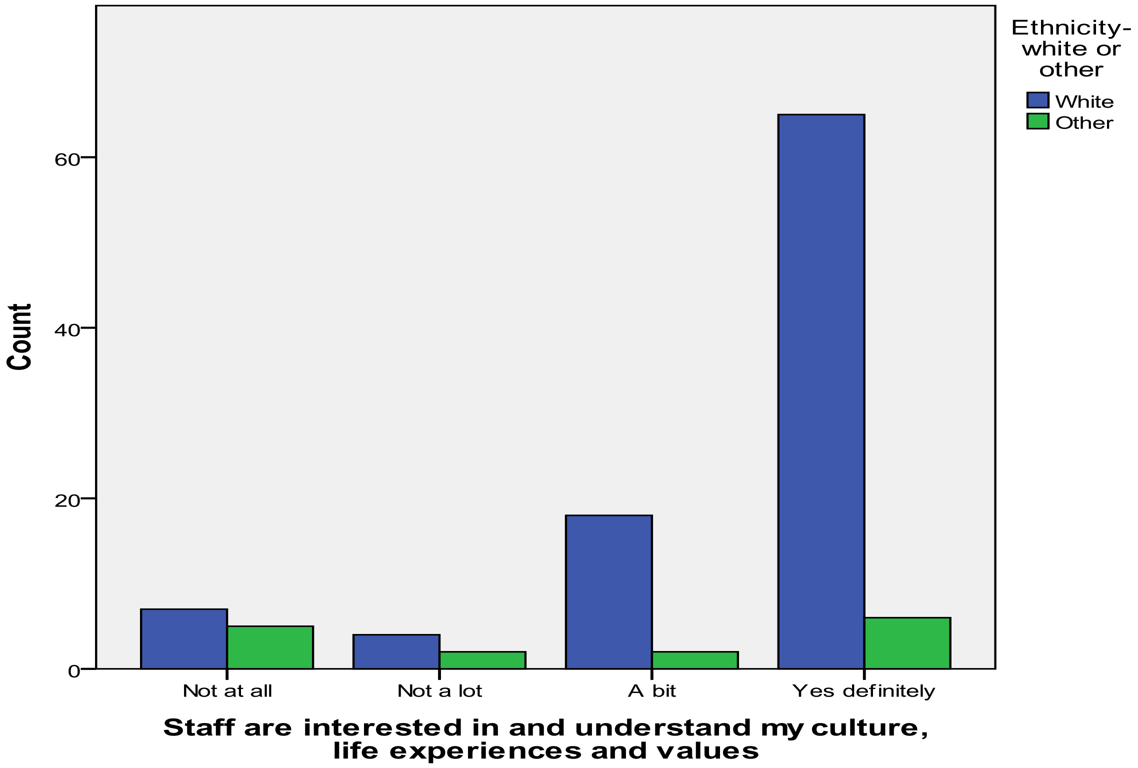
Question 24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	12	9.8	10.2	10.2
	Not a lot	6	4.9	5.1	15.3
	A bit	20	16.3	16.9	32.2
	Yes definitely	71	57.7	60.2	92.4
	Don't know	9	7.3	7.6	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Strong evidence to support that staff are interested in culture life experience and values. This positive is tempered by the fact that the demographic breakdown of the respondents described themselves 86.4% white.

The small number of respondents who described themselves as not white, represent a statistically significant element of those who stated “not at all”.

Using a Pearson Chi squared test (Monte Carlo Analysis) generated a probability factor of .009, and Fisher’s Exact Test of .010. This leads to the assumption that the percentage of non white respondents who answered “not at all” is disproportionately high. (See additional graph below:



Chi-Square Tests

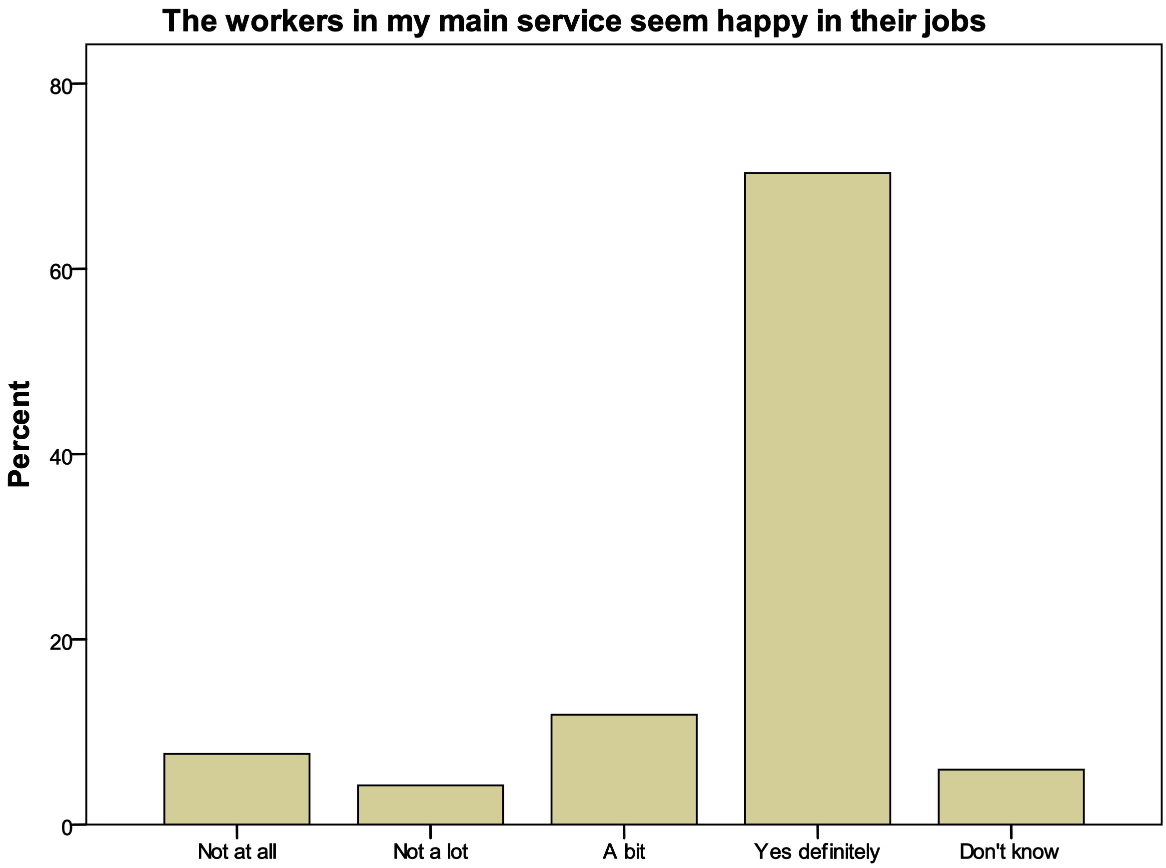
	Value	df	Asymp. Sig. (2-sided)	Monte Carlo Sig. (2-sided)			Monte Carlo Sig. (1-sided)		
					99% Confidence Interval			99% Confidence Interval	
				Sig.	Lower Bound	Upper Bound	Sig.	Lower Bound	Upper Bound
Pearson Chi-Square	11.736[a]	3	.008	.009[b]	.007	.012			
Likelihood Ratio	9.262	3	.026	.028[b]	.024	.033			
Fisher's Exact Test	10.141			.010[b]	.007	.012			
Linear-by-Linear Association	10.327[c]	1	.001	.003[b]	.001	.004	.003[b]	.001	.004
N of Valid Cases	109								

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is .83.

b. Based on 10000 sampled tables with starting seed 1993510611.

c. The standardized statistic is -3.214.

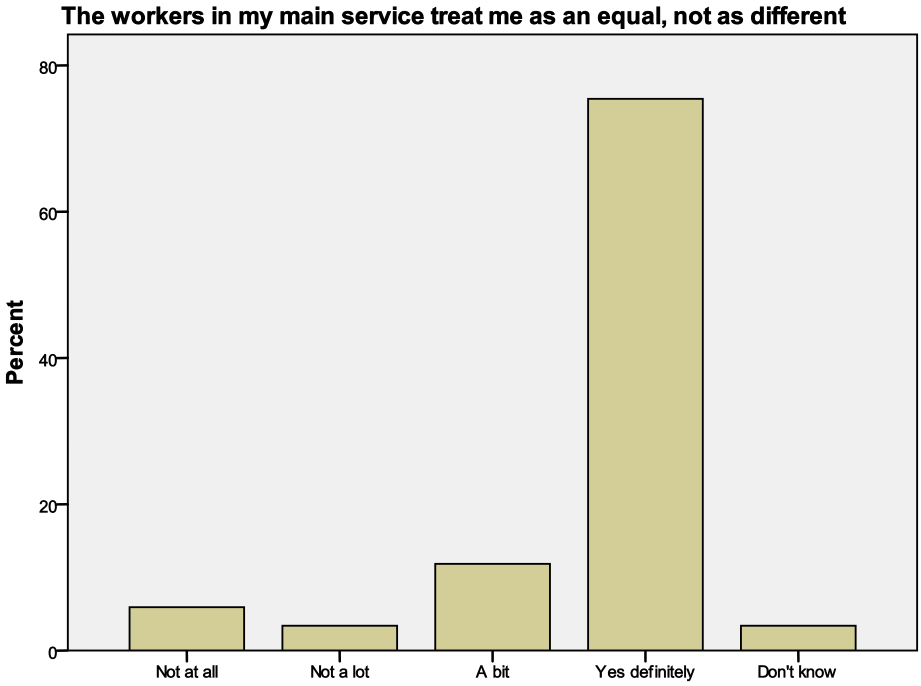
Question 25



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	9	7.3	7.6	7.6
	Not a lot	5	4.1	4.2	11.9
	A bit	14	11.4	11.9	23.7
	Yes definitely	83	67.5	70.3	94.1
	Don't know	7	5.7	5.9	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

Additional cross tabulations with the areas of employment measured against perceived happiness in the job proved inconclusive.

Question 26

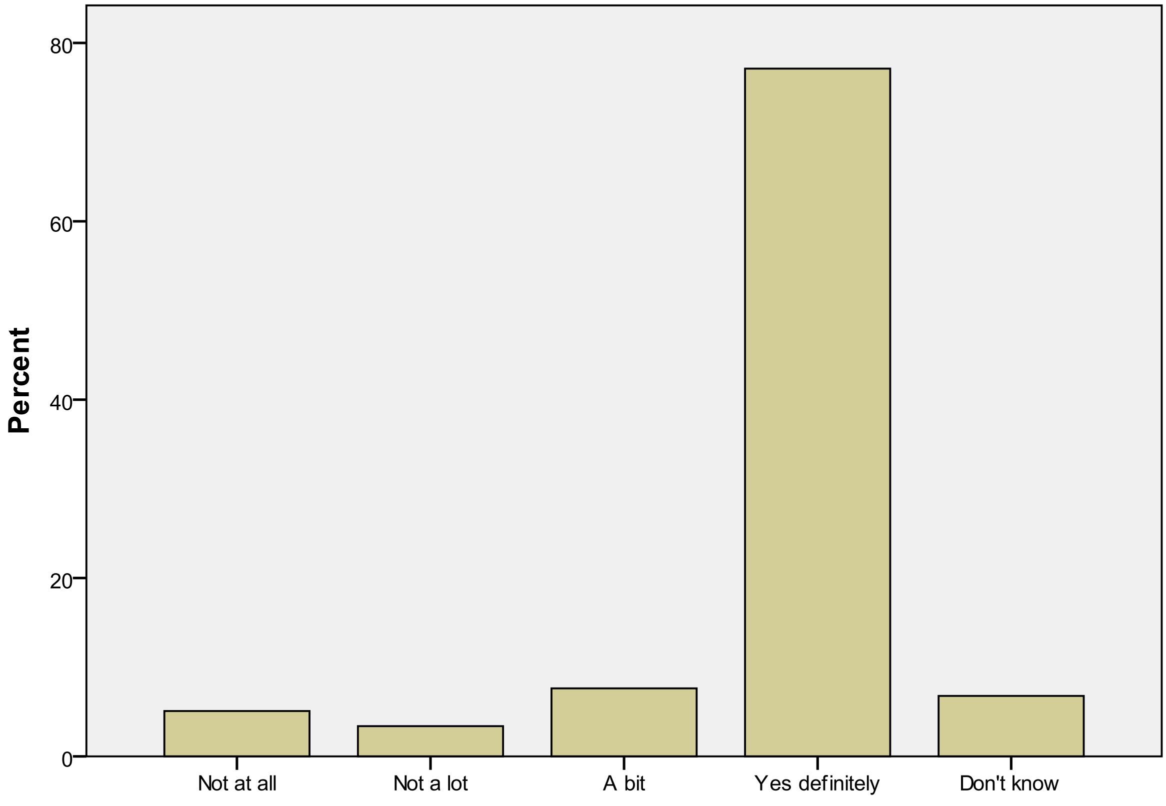


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	7	5.7	5.9	5.9
	Not a lot	4	3.3	3.4	9.3
	A bit	14	11.4	11.9	21.2
	Yes definitely	89	72.4	75.4	96.6
	Don't know	4	3.3	3.4	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

An overwhelmingly positive response.

Question 27

Staff see me as a whole person not just a person with a mental health problem.



Staff see me as a whole person not just a person with a mental health problem.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	6	4.9	5.1	5.1
	Not a lot	4	3.3	3.4	8.5
	A bit	9	7.3	7.6	16.1
	Yes definitely	91	74.0	77.1	93.2
	Don't know	8	6.5	6.8	100.0
	Total	118	95.9	100.0	
Missing	System	5	4.1		
Total		123	100.0		

An overwhelmingly positive response.

Discussion and Conclusions

The demographic data enables us to ascertain some of the contextual information that may have shaped responses about participants views of the Charter. It gives some insight into the type of service people receive and their background.

Questions 1 – 7 demonstrate that there were and equivalent split between genders and that the majority (71%) of respondents were between the ages of 36 and 65, from a white ethnic background (86%), were unemployed and had received services for more than 10 years.

The study was unable to ascertain why those in the younger age brackets and those who were less well known to services, declined to participate.

The ethnicity of the participants is considered to be a factor when analysing issues of understanding and the implications of the Charter, and a review of the selection process reveals that a sufficient number of groups were invited to participate from African, Caribbean and South Asian origins. It raises the point that despite advertising and the request, people from these backgrounds were unable or declined to become involved. The questionnaires were in English however translation services were offered and available for those whose first language wasn't English. One service for African Caribbean service users, actively refused access to the researchers because we could not (and did not feel it appropriate to) guarantee an interviewer from the same ethnic background as the participant. This has been the subject of much debate within the Steering Group, however there is strong evidence to suggest that the ethnicity of the interviewer does not adversely influence the quality of responses. (Weeks and Moore (1981), Davis (1997a), Davis, (1997b), Chevannes et al (1998a), (1998b), Dotinga et al (2005), Bhagavathula (2004), Blaydes and Gillum (2011)). This said, the Steering Group recognise that people who's ethnic background is not white British, may have not understood the advertising poster or been reluctant to participate for some other reason. This fact does however uphold the results of the 2008 study, Mental health needs of Black and Minority Ethnic communities in Leicester, Leicestershire and Rutland which identified that people from Asian/Asian British communities in Leicester, Leicestershire and Rutland who experience mental health problems are generally under-represented in many of the secondary mental health services, including general psychiatry outpatient episodes and inpatient admissions, crisis resolution, dynamic psychotherapy and specialist services. LPT (2008 p 9). However against the backdrop of people from minority ethnic groups being over-represented in psychiatric hospitals, (CQC 2009), with 22% of adult inpatients in England & Wales being from minority ethnic groups under representation in this study is of concern.

Awareness of the existence of the Charter may be described as weak, as less than thirty percent of those questioned were positive about their awareness and had developed an understanding of what the Charter meant to them, However the awareness of the service user may have little impact upon the quality of the service they received. It does however impact on the service users understanding of what they are entitled to, and their ability to make an informed choice with regard to assessing if a standard has been achieved. Furthermore, if service users are not aware of the benchmark standards then their propensity to challenge care may well be inhibited.

The geographical spread of received services showed that respondents from the County were in the majority (62%) however 5% received services from both City and County with the remaining 5% receiving services from Rutland. This constitutes a representative sample from the 3 target areas.

Some respondents were receiving more than one service were common with NHS community, Social Services and Voluntary / not for profit services being subscribed to both currently, and within the last 18 months.

Notably, respondents perceptions of “most support” were from Voluntary / not for profit services and NHS community services, which reflects an emphasis on community care, but also implicates the role that friends and family might play in the recovery and maintenance of good mental health. It is also interesting to note that only 4% (n = 4) of respondents felt that most support was provided by Social Services.

The 12 targets of the Mental Health Charter aspire to ensure that every person in Leicester, Leicestershire and Rutland has the right to mental health services that are consistent and of the highest quality. The outcomes of the study have been matched against each target which are now considered in turn.

1. Make a positive difference to each person they serve.

Over 80% of respondents stated that the service they had received had made a positive difference, and it is strongly indicated that those who are using services of whichever type, felt positively about them. However, it is concerning that almost 13% (not a lot / not at all), do not feel positive changes have resulted from the service they have received. Furthermore, it is important to distinguish between positive feelings towards services (or support workers) and the things they do (behaviours, activities assessments, planning, implementation and evaluation), to move them towards long term recovery, more independent lifestyles or employment. The study was not able to differentiate this factor.

2. Stop doing things that are not working.

The views and suggestions of service users seem to be making a difference to staff work behaviour. Based on negotiated goal setting, staff were said to change what they do or did based upon what the Service User said. This is a very positive outcome and indicates that relationships are based upon partnership and equality, with a recognition of the service user being an expert in their own care.

There was strong evidence to show that for some service users, staff were listening to them and took action, however a significant proportion (aproximately19%) were less satisfied with changes made based upon what they had said. The proportion of respondents who did not know suggests that no tangible effects were observed. The positive response may be related to the service user’s ability to articulate these requests and the language skills associated with ethnic origins may have contributed to this.

3. Are guided by the individual’s views about what they need and what helps them.

The ability to recognise and respect the contribution that people make to their own care and wellbeing is an important element of the partnership between professional care giver and the recipient of that care. 76% of respondents had been asked about treatment options and in addition this was broken down into education, employment, relationships, finance and physical health. It is clear from responses that some people did not feel that they required help, and for those who did, the answers appeared mixed. It seems that assistance in these areas is inconsistent across all services and may well relate to the knowledge and confidence of staff who are providing the advice.

In particular positive support in rebuilding relationships with significant others was felt to be rather disappointing as the role of family and friends can play a significant part in the recovery journey. This is underscored by the results that Recognise, respect and support the role of carers, family and friends.

In addition, work has a central role in most people's lives, Shepperd (1989) offering rewards beyond that of income. Employment provides not only a monetary recompense but also ‘latent’ benefits — non-financial gains to the worker which include social capital, identity and status, contacts and support beyond the care offered from professionals. Employment is a way to structure and meaninfully occupying time. The very basic notion of activity, participation and involvement brings about a sense of personal achievement self effecacy and stature. Of the 58 respondents who felt they needed assistance with employment issues 28 (48%) felt they had not been helped or “helped “a bit”

Considering the importance of work as a key preventor of social exclusion, Bond (2008), Burns (2009) Schneider (2009) this is a very dissapointing outcome.

4. Treat everyone as a capable citizen who can make choices and take control of their own life.

The recognition of a persons skills and establishing the goals that the service user wants to achieve is a very important part of services promoting self efficacy. Without this the partnership between provider and recipient of services will not achieve its full potential. 81% of respondents felt that staff treated them as a responsible partner to some extent which is a positive outcome, and there is strong evidence that this statement is true. Over 75% of respondents replied “yes definitely” although the 25% who were less positive may indicate a shortfall in the recognition of service users having the capacity to take, or retake control of their own lives. This may relate to risk taking on the part of staff who are reluctant to work outside of what they consider their scope of practice, job role or perceived sphere of competence. This said, care giving staff may not be best placed to facilitate choice although signposting to someone who is, may enhance choice, capability and control.

5. Work with respect, dignity and compassion.

Results confirm that respect, dignity and compassion were a feature of most respondents contact with services, and 91% of participants suggested this was their experience. Of those, 76% were very positive, and stated “yes definitely”.

This is strong evidence that shows respect, dignity and compassion are evident across all services, and service providers should be congratulated on the significant positive response. However these results emanate from an 83% cohort of respondents who described themselves as white British. Evidence would suggest (Cortis 1998, SCMH 2002), that issues such as respect, dignity, compassion and communication failures are factors which feature strongly in complaints from people from alternative ethnic backgrounds.

The positive results may reflect the care that is provided by registered nurses who must abide by the NMC (2008) Code of practice which directs nurses to

> “make the care of people your first concern, treating them as individuals respecting their dignity and treat people as individuals not discriminate in any way, treat people kindly and considerately and act as an advocate for those in your care, helping them to access relevant health and social care, information and support”.

6. Recognise that mental health services are only part of a person’s recovery.

Being defined by one’s diagnosis, either attributed by professionals, or the often stigmatised and insulting labels ascribed by the public, is a recognised difficulty encountered by people with mental health problems. A single encounter or on-going interventions do not elevate mental health services into the most important aspect of a person’s ability to function, or their life as a whole.

The positive responses identified in many of the answers suggests that care providers have recognised the complex nature of what is needed to maintain good mental health beyond the remit of what they actually provide. Key to this is the incorporation of family and friends into both treatment and aftercare, and the recognition that the service user is able to draw upon their reserves of social functioning to augment the care provided. This allows people to recognise themselves as autonomous people with skills, abilities and the capacity to shape their own lives beyond the diagnosis. Whilst this is an important part of recovery, it is recognised that complete independence may lead to isolation so with this in mind the analysis team support the interdependent relationship a person may have with their care provider. Satisfaction with this was reflected in the responses to matching services with both wants and needs, which was a positive experience for 81% of respondents.

7. Recognise, respect and support the role of carers, family and friends.

The recognition of the role of family and friends play in the support and recovery of a person requiring services was mixed. With a worrying quarter of respondents stating "not at all", that is, respondents felt there was no recognition or respect of familial support. Furthermore, when asked about staff assistance in building or rebuilding positive relationships with friends and family "not at all" responses rose to 27%.

It is widely recognised in policy documentation (HMSO (1995), DH (1999a), DH (1999b) DH (2001), DH (2010),Banks (1998) Banks Roberts (2000)), that the family often becomes a central component of care for a person recovering from an episode of mental ill health and the acknowledgement of the powerful impact that family and significant others can have on health should be a consideration for all care providers. Historically this has been overlooked and undersupported.by organisations. The support offered by family and friends has been considered a cheap means of augmenting care provision particularly for people with longstanding disorders. Family members and friends are in a position to make significant contributions to the care of a person with a mental health problem although it is recognized that not everyone had supportive family or friends they could rely on, or are not in a position to ask their friends or family for help. It should also be noted that events and life experiences within the family may influence a family member's susceptibility to illness or the relapse of a chronic disease. In other words, conditions in the family, such as stress and social support, increase or decrease the likelihood that family members will become ill themselves (Doherty and Campbell, 1990).

There are more than 5 million carers in England and Wales, more than a million of whom care for more than 50 hours a week RCP (2004) and it is suggested that providing education, support, and therapy for families of people with mental health problems prevents relapse of the service user and results in cost savings of 19 to 27 percent; the increased costs of family support are offset by decreased use of mental health services (COFO, 1992).

In summary, families play a critical role in the health and treatment of their members, a play an important role in recovery which for over 25% of respondents is reported as not recognised by their main service provider.

8. Communicate with each person in the way that is right for them.

> The government's strategy DH (2010) to improve the quality of the fundamental aspects of nursing care cites communication as one of its 10 key benchmark areas.

Positive answers suggested that 80% of respondents were encouraged to express feelings, and that for 82%, staff ensured that information was understood. These reassuring results may again reflect registered nurses adherence to the code of practice NMC (2008p6), that instructs nurses to:

> “Collaborate and listen to the people in your care and respond to their concerns and preferences. Support people in caring for themselves to improve and maintain their health and make arrangements to meet people's language and communication needs”. Furthermore registered nurses are must share with people, in a way they can understand, the information they want or need to know about their health.

The National Patient Safety Agency (2010) support this with their suggestion that openness in communication has benefits for healthcare professionals too, as it can help to reduce stress through the use of a formalised, honest, communication method; alleviate the fear of ‘being found out’; and improve job satisfaction.

9. Understand that each person has a unique culture, life experiences and values

The demands placed upon service providers to deliver bespoke services tailored to the needs of that individual is challenged by an increasing emphasis on pathways of care, which bundle similar symptoms, diagnoses and presentations together to inform the actions, behaviour and treatment options that are made available by mental health providers. And whilst every individual is unique, the analysis team recognise that services must be provided within the available resources.

85% of respondents felt they were treated as a whole person and given all the necessary information to make decisions, which was endorsed by 73% who felt they were able to use life skills, capitalise on them and develop new personal challenges. In addition, staff were felt to be interested in the respondents culture. This fact however must be placed in the context of the majority of respondents being of a white ethic origin and an assumption that the majority of staff delivering care were also white.

10. Give people the information they need to make their own decisions and choices.

Providing good quality, accessible information is a critical factor that ensures people who use services are able to make informed decisions, “Once you make a decision, the universe conspires to make it happen.” Emerson (1870). Empowered choices lead to decisions and behaviour that are a practical expression of that choice, and choice is an important element for service users to feel empowered and fulfilled. Dooher (2003).

Whilst choices may be constrained by both economic and health factors, the information that explains the options should be honest, explicit and accessible. Information should provide a rationale for the rationing of services as well as those which are available.

Offering service users the “freedom to choose” does not however equate to offering them more power, although the availability of information enables a better understanding of the range of available or un- available options.

Given that the freedom to choose, brings with it both the risks and responsibility for making that choice, there is strong evidence to support the enablement of service users in this respect, with approximately 84% of respondents identifying that they were “allowed” to make mistakes. Although the type and range of mistakes were not described, the positive responses suggest that “positive risk taking” is a feature of planned care for the majority of those who answered this question. It should also be noted that taking risks is an important and inevitable aspect of the recovery journey, and “permission” to make reasonable mistakes, demonstrates a level of equality and perhaps trust by care providers which is in itself an empowering experience. As a counterbalance to this statement, it may be said that too much information with too many choices may be perceived as overwhelming which may diminish rather than enhance, subjective well-being."

11. Support their workers to do their jobs well.

The task of ascertaining if care giving organisations are supporting their staff was considered to be a research project in itself, so the team decided to capture the perceived happiness of workers who provided care.

Workplace wellbeing and resilience has become an increasingly important part of organisational culture Young and Bhaumik (2011), and it was felt that if the workers were happy this would translate into care practices that reflected this.

Perceptions that staff seemed “happy in their jobs” were recorded by 82% of respondents. Perceived happiness assumes that the staff member is being supported to perform their role.

12. Challenge “us and them” attitudes both within mental health services and in the wider society.

The phenomena of being stereotyped or labelled is a real issue for people with mental health problems, suffering discrimination and prejudice reduces life opportunities in wider society, and we are pleased to report that us and them attitudes did not feature in any of the reported answers or comment in this study.

Recommendations

Ten key recommendations emerge from this study. These are not prioritised but represent actions that SUCRAN propose to be taken to emphasise and promote the impact of the Mental Health Charter.

1. Awareness of the existence of the Charter should be improved by ensuring posters and copies are available in all areas that provide mental health care in Leicester Leicestershire and Rutland. Staff providing care should be made aware of the Charter standards and be encouraged by organisations to use them as a benchmark for quality.

2. Service providers should ensure that during initial assessment the person's previous achievements, life experiences and personal aspirations are clearly recorded, and incorporated into any subsequent plan of care.

3. Voluntary / not for profit services and NHS community services should receive appropriate recognition as the main providers of services.

4. Service providers should receive additional training to enable signposting or assist resolution of problems related to education, employment, finance, housing and physical health.

5. Service providers should receive additional training to better recognise of the role families and friends play in recovery, and how to facilitate relationship reparation as a cornerstone of community care.

6. Service providers should receive additional training to enhance their listening and communication skills.

7. Service providers should receive additional training to empower them to take positive risks that recognise the wishes and needs of service users.

8. More work needs to be done to engage with ethnic minorities and gauge their experience of mental health services.

9. Service providers should work with employers to generate more employment opportunities and reduce stigma.

10. Closer partnership working between service providers and recovering service users is an effective means to improve the quality of services and should be promoted.

If the recommendations are acted upon this will:

- Enable service users to understand what they can and should expect from providers.

- Ensure that communication with service users, their families and carers is clear, appropriate, timely, and based upon the best available evidence.

- Help the healthcare professional to develop a range of skills that support and enhance the service user’s recovery which optimise the skills and abilities of the service user and their family or significant others

- Improve the healthcare professional’s understanding of factors from the perspective of the service user, their family and carers.

- Create an open accessible service that is responsive, and meets the needs of service users, their families and public expectation.

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