

## ACUTE CARE SUMMIT 16<sup>th</sup> July, 2009

The following were read out at the beginning of the acute summit by Marion and Alan

### A SERVICE USER PERSPECTIVE

Just to share with you my service user credentials, my latest acute admission to St Ann's qualified me for their *Golden Circle* loyalty programme. I've also got hundreds of crisis service club points.

So what I need from home-based crisis services are:

- Real access to 24/7 services – with a live and emotionally fluent person responding.
- A proper range of options, not just someone (different) popping in once or twice a day for 10 minutes trying to make conversation about Buddy (my dog). Instead there should be the full range of intensity from the dog chats right up to someone being with me up to 16 hours a day so that I can continue to be as connected with my real life as possible, like continuing not to go to my synagogue. And helping me stay safe.
- Good liaison with my psychiatrist and therapists

The last time I seriously thought about 'what I need from acute services', was after I'd been sectioned a few years ago. This prompted me to come up with 75 ideas on how wards can make small changes to really improve acute care for patients which then became Star Wards.

But in essence, if I need "residential" care then I think it is reasonable to expect that :

- There will be a non-hospital option, such as Kaya House, a local crisis house run by service users
- I will lose as little as possible of my identity, autonomy and daily life
- I will be listened to and accepted (ideally liked!) by staff and even my mad, paradoxical, self-destructive behaviour being understood, contained and reined in
- I will be helped in developing new coping skills
- My visitors will get a hospitable welcome from the ward. I've been privileged to visit loads of hospitable hospitals.
- The ward is actively taking part in Star Wards-type activities, both in and out of hours and at the weekend
- I will have access to psychological therapies.

St Ann's is genuinely a real haven for me and this national initiative, which is giving priority focus to acute care, is exceptionally important for patients,

including me. I hope that the summit results in all delegates and organisations enthusiastically signing up to and supporting the Declaration.

Marion Janner  
Director of Bright Charity and service user

# A CARER PERSPECTIVE - WHAT WOULD HELP CARERS AND SERVICE USERS?

( inspired by Rudyard Kipling)

## Accessing help

*What if:*

- both my relative and I had a phone number to call if an acute situation were to develop.
- as a carer I could call the staff, tell them the need was urgent and I would get a quick response.
- when assessing my relative the worker(s) talked to me as well, so as to get a clear picture of how to help.
- the workers tried to get a good picture of what my son was like when he was well and aspired to help him to return to this.

## Home Treatment

*What if:*

- staff gave explanations and offered a choice of options.
- treatments were explained and strategies for managing the medication were given.
- as a carer I was given the same sort of information, support and coping strategies that are now seen in many inpatient settings.
- I was given information about the right things to do and staff offered me reassurance when my relative became a person I couldn't recognise.

## Admission

*What if:*

- when an admission is needed, the service is close enough to keep up family support.
- the service had developed alternatives to a hospital bed and these were considered.

## On the ward

*What if:*

- the staff gave time each day to have good conversation and give support.
- the ward provided a warm friendly atmosphere with things of interest to do.
- there were groups to explore general life and MH problems, with opportunities to learn from others and develop companionship.
- when I visit the ward I was welcomed as a friend and supporter of the work and staff accepted that I wished to contribute for my relative's benefit and the benefit of others.
- I was offered information about the ward and services.

- If the named nurse was not available there was someone else who was willing to talk to me.

## At leave or discharge

### *What if:*

- I was involved in the planning and we all worked out the “what to do if?” e.g. “If there was a relapse?” “If the carer became ill?”
- My relative was given practical help with keeping his meds sorted and help with remembering to take it.

## Afterwards

### *What if:*

- when the episode was over the services asked for feedback and used it to improve things in the future.
- I knew that my relative would be visited within 2 days of discharge.
- I knew that his physical and mental health would be reviewed at regular intervals.
- if necessary we would be offered Family therapy or Talking Therapies.

Then my caring duties would diminish to a point when I could look towards my own recovery.

Alan Worthington  
Carer