

PERSONALISATION AND MENTAL HEALTH

WHAT ARE THE OBSTACLES?

- ❖ Lack of understanding/narrow definition
- ❖ Resistance of staff who feel threatened by change in role
- ❖ Local Authority driven and not a health priority
- ❖ Taking risks in a risk averse culture
- ❖ Too bureaucratic and needing a settled lifestyle to manage
- ❖ Language doesn't connect
- ❖ Neither does IT systems or paperwork!
- ❖ Not embedded within Care Programme Approach
- ❖ Not 'owned' by health commissioners
- ❖ FACS criteria seen as an obstacle
- ❖ Financial constraints
- ❖ Block contracts
- ❖ Services not recovery or outcome focussed
- ❖ Lack of user demand
- ❖ Lack of time to think and reflect
- ❖ There are perverse disincentives around recovery
- ❖ Lack of leadership and vision/capacity to lead

POTENTIAL SOLUTIONS

- Explanation via awareness/training
- Understanding of new roles and opportunities this brings
- Identify common links between the priorities/ 'joint wins'
- Ensure Safeguarding protocols are followed and use MCA
- Simplify requirements (i.e. swipe cards/support agencies)
- Establish a 'common language'
- Establish agreement for CPA to drive assessments
- Ensure CPA assessments/paperwork are outcome focussed
- Get it written in to mental health strategies and service specifications
- Revisit 2010 FACS Criteria and its emphasis on prevention
- Common RAS can increase resources into mental health
- Ensure commissioners have read commissioning guidance
- Need to challenge organisational leadership and culture
- Ensure simple locally based information gets to users
- Establish a local working group with a commitment to meet
- Ensure those who 'recover' can easily re access help/services
- Work with change agencies/organisations to assist

WHY BOTHER?

- ❖ 'If we get this right we get right what we should be doing'
- ❖ Person centred
- ❖ Recovery and social inclusion oriented
- ❖ Matching the vision/direction of travel

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May 2010