Innovation Lab summary, Pimlico Academy, 22nd September 2015 (1/5)

HYPOTHESIS:

What if there were only ever 10 mental health beds in every borough?

This workshop was held to push the thinking of those who commission, work in and use mental health care and support in North West London. Supported and led by the West London Collaborative, the Like Minded event invited attendees to test and challenge the bold hypothesis: 'What if there were only ever 10 mental health beds in every borough?'. 40 people from across the 8 boroughs competed to design the most effective and radical local response to serious and long term mental health needs.

Attendees also experienced some of the latest evidenced based thinking presented in a variety of innovative ways. A summary of the presentations are included in this write up and formal presentations can be made available upon request to likeminded@nw.london.nhs.uk

Simon Boyle, Chef Social Entrepreneur at Brigade, invites us to feast on 'real' hospital food

- Brigade is a social enterprise that helps the homeless become chefs; Simon introduced the concept of his work by emphasizing the centrality of good food to feeling good!
- Hospitals are struggling to feed their patients nutritious, appealing food. Budgets per day often hover around £2 per patient.
- But good food needn't be expensive. It should be carefully prepared, and not overcooked (when all the nutrients have been lost).
- There is so much waste in hospitals: patients miss meals due to procedures, assessments and often have poor appetites due to pain or medications.
- We need to rethink food! It needs to be small and delightful (not overwhelming), cheaper to produce, and part of the path to wellness!

Guests were invited to feast on Salmon, quinoa and green vegetables as an example of what 'real' hospital food could be

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Val Jackson from Open Dialogue UK and Dr Darren Baker from East London NHS Foundation Trust present a TED-style talk on the Open Dialogue approach

- The open dialogue approach puts patients and their social assets at the centre of its approach
- Focus on what is important to patients, bringing in their social network
- Reduced emphasis on drugs and diagnosis – more focus on rehab and resilience
- The outcomes from Finland are the best anywhere in the world, with many more users coming off medications, 75% going back into gainful employment or study and not requiring social security support as compared to their counterparts in other parts of Western Europe.
- Schizophrenia diagnosis reducing, shorter untreated period in psychosis, reduced system cost due to fewer beds
- A series of training programmes are being launched in the UK (1 year and 3 year) and across the world

Data compared to outcomes from Stockholm

	Western Lapland	Stockholm
Diagnosis: Schizophrenia	59%	54%
Other non-affective psychosis	41%	46%
Neuroleptics: Used	29%	93%
Ongoing	17%	75%
Mean hospitalisation days	31	110
GAF at follow up	66	55
Disability allowance / sick leave	19%	62%
Relapse rate	28%	N/A

Peter Bullimore, Hearing Voices, discusses the Maastricht interview technique

- The Maastricht interview technique helps voice hearers to develop a relationship with their voices and understand why they are hearing them.
- It seeks to get to the bottom of life experiences that underpin the voices - "What happened to you?" and not "What is wrong with you?"
- It is based on a semi-structured interview technique. Results are fed back to the user so that they can make sense of what was discussed (rather than just be re-traumatised with questions and no closure)
- Acknowledges that voices are often responses to stressful life events. Helps users to engage meaningfully with these events and drive out the voices
- Promotes psychological resources of individuals and families – emphasis on rapid response to those in crisis, and continuity of care
- Peter stressed need to engage innovative staffing models and techniques to de-escalate – e.g. peer support workers, peer groups on wards. More emphasis on care than paperwork.

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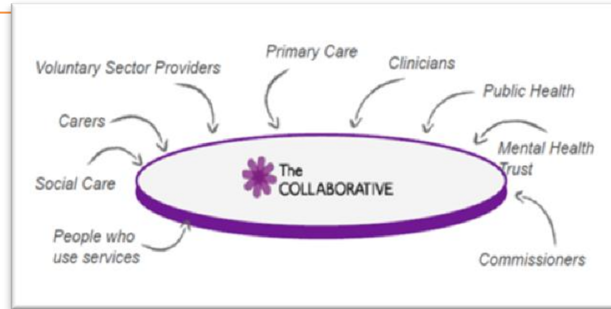
Nicholas Campbell-Watts, Certitude,
talks about the new Lambeth one stop shop



- Move away from thinking about what treatment people need, to what contribution they can make to society and how their assets can be used to support them
- Stressed need to help "nudge" people back to wellness early when they begin to struggle
- Includes the Lambeth Living Well Collaborative (see picture above). Lots of involvement of peer support workers, voluntary sector, other users. Peer support isn't "problem orientated". It assumes reciprocity in relationships
- Emphasis on person-centred approaches, flexible services, geared towards recovery, performance measured by outcomes, promote independence and resilience, big primary care input
- Operates peer-exchange networks – provides solidarity in crisis, A&E peer support pilot/in-reach, helping users re-adjust beyond prison, and many other programmes!

James Leadbitte from MADLOVE takes us through his Designer Asylums

- "Mental health units are awful environments". James was admitted to a room with no windows, broken wardrobe and hard bed when he was sectioned aged 16
- How can we make wards places of healing? A feast for the senses? Smell, touch, taste, sight and sound. James is designing "asylums" that cater to all the senses and provide imaginative spaces where anything is possible for those recovering from crisis.
- Some of the ideas included a "womb room" with soft, pink walls as a safe space for quiet time, a "Turkish delight" that you can step in to and have safe, intimate conversation with your peers and care providers, and a "staircase to nowhere" that allows you to step away from what is happening and see it from a different angle, yet remain close by (see 3 pictures).

west london collaborative

Like Minded
WORKING TOGETHER FOR MENTAL HEALTH AND WELLBEING IN NW LONDON

INNOVATION LAB by Like Minded

Innovation Lab summary, Pimlico Academy, 22nd September 2015 (4/5)

HYPOTHESIS: What if there were only ever 10 mental health beds in every borough?

How **QUICK** would you be to say "something needs to change"?

How **VITAL** would it be to support people to stay well?

How **CREATIVE** would you be with your commissioning?

How **OPEN** would you be to trying out new models to keep people out of hospital?

How **IMPORTANT** would your community assets become?

In the brainstorming sessions, the four teams presented a range of ideas for what the future model of care could look like, which included the following:

"Why don't we…?"

"Couldn't we…?"

- An emphasis on choice and options for individuals, underpinned by continuity of care
- At the heart of communities, there could be "green rooms" that provide wellness support to individuals and provide safety
- Stop thinking in terms of "provision". We need networks around people
- Have open access where people can go for mental health support – may be like a coffee shop with peer supporters or telephone support lines, support to get back into work and catering for other social needs like housing
- "It takes a village to raise a child" – we are losing our communities. We need to rebuild a sense of community around people who need support. Today's facilities are not fit for purpose
- Support for serious and long term mental health needs begins early in life with children and adolescents. We need to tie these services together to what we offer in schools

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" What if…?"

- Our community hubs need to be places of support, somewhere to go where there are people around 24/7… places where problems are not stigmatised. A one stop shop
- Like a "crisis house" (i.e.; not a hospital) where open dialogue approaches are used to support people and there are lots of activities – e.g.; women's groups and outings, sport, socialising

"Hang on a minute"

- Role of hospitals needs to be redefined – challenge the "CQC way" of seeing risk
- We should provide lots of day hospital support
- Our focus should be on involving people, focusing on their story and narrative
- Open dialogue/Maastricht ideas immensely popular as they 1) work and 2) are person-centred
- People should be able to dip in and out of services as they need - small nudges + support to keep people well
- More listening, less drugs

Other comments that were made:

"We need a crisis café… like a single point of access.. But face to face where staff talk to you about needs"

"We need to define people by their narratives, not by their diagnoses"

"Let's ask: what can we do to help you manage your problems and live well?"

"We need to engage the community meaningfully – "care in the community" has negative connotations"

"Our support needs to be culturally sensitive"

"We need to integrate these new approaches into the system, not just add them on"

"People needed an "extended family" of carers to provide continuity"