**This action plan is in draft at the present time.**

**The action plan has been co-produced by people who have experience of a mental health crisis. It contains their priorities for how mental health services and supports across Sandwell need to improve. The decision to co-produce the action plan was made by a multi-agency meeting with Sandwell MBC, Sandwell and West Birmingham Clinical Commissioning Group, a range of voluntary and statutory providers of mental health services, community organisaitons and Changing Our Lives, a rights based organisation. The action plan is underpinned by the following beliefs:**

* **We need to work to banish the stigma surrounding mental health.**
* **We believe in the ‘normalisation of recovery’. Leading a life in the community where our contribution is valued enables our sense of self and our emotional well being to thrive.**
* **We believe the Experts in our mental health and emotional wellbeing are ourselves. We want to be in control of our own recovery and our own lives.**

***"No one should be excluded because they have mental health difficulties. I know what that feels like and what it feels like to be excluded. It's exacerbates my feeling that I am a failure and I don't want anyone feeling like that. "***

**The action plan will be monitored by a Mental Health People’s Parliament, run by Changing Our Lives. The Parliament will be led by MPs with lived experience of mental health crisis.**

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| 1. **Access to support before crisis point**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
|  **My mental health wellbeing plan** ***“The patient is the Expert in their own lives. We know ourselves better than any doctor but we are given very little say in important decisions about our lives. I'm intelligent and a lot of people expect people with mental health problems to just except things. I say no I'm not going to just accept things. "*** |
| 1 | We will write our own “Mental health wellbeing plan” which will include how we want to be supported and treated when we experience poor mental health. This will also include things I need in place to help prevent crisis and what to do if I reach crisis point. It will also include information about patient choice and a right to request a second opinion, from an alternative health body. | End May 2015 to identify how this will be developed.  | **Lead agency:** Sandwell Metropolitan Borough (SMBC) co-produce with Experts by Experience. Partners involved Black Country Partnership Foundation Trust (BCPFT), Sandwell and West Birmingham CCG (SWBCCG)  | People will be in control of their own emotional wellbeing, defining what support they may need and where they would like this support to come from.  |

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| **Building community resilience** ***"We don't want people to be dependent on institutions. We should let the community look after its own people. "******"It would be good to have a place where you could go that was open a lot of the time. We don’t want to be judged, when you could just talk to us and we could talk to you."*** |
| 2 | Support the development of a Sherpa type service led by volunteers with lived experience of mental ill health, homelessness or disability, who will provide a listening ear, advocacy and support. Linked to social media so people can receive positive messages quickly. Explore how this can be developed across Sandwell. Make links between range of community led initiatives including: Neighbourhood Watch, Safe Places, local befriending supports, outreach projects and social work teams based in localities and Community Operating Teams (COGs).Ensure community supports are culturally responsive to enable people to develop a sense of cultural identity and resilience.  | Sept 2015 start pilot. End May 2015 to identify how this will be developed. | **Lead:**Lisa Done, Brook Street Community Centre, Tipton. Partners: SWBCCG, SMBC | People will know where to go in the local community to get support if they are feeling low and want to talk and get support. A bank of experienced volunteers will be developed to support people at the point in at which they ask for the help. Resilience will develop in individuals. People will feel less isolated and more confident to go out in the community. A network of community initiatives will be in place, working together to provide support to people when they need a place to go to feel safe, to talk to others, to be listened to and gien advice. People will have gained a sense of cultural identity, which will aid confidence building, resilience and development of a positive self-identity.  |
|  **Support for young people in transition** ***“My problems started at 13, when I moved from children’s services to adult’s everything changed, and I didn’t receive any support for a while.”*** |
| 3 | Ensure that as young people move into adulthood, any services or support they receive timely and designed around their needs.  | End May 2015 to identify how this will be developed. | **Leads:** Carole McAuley (SMBC) Manjinder Palak (SWBCCG) Fiona Grant, Sandwell Public Health.  | Young people will develop a high degree of resilience and wellbeing, with positive mental health enabling a person to overcome setbacks, achieve peace of mind and feel fulfilled. |
| 4 | Young people are supported to produce their own ‘Mental health wellbeing plan’ which tells professionals and services what support they require and how they would like to receive this support.  | End May 2015 to identify how this will be developed. | **Lead agency:** SMBC co-produce with Experts by Experience. Partners involved BCPFT, SWBCCG.  | Young people will be in control of their own emotional wellbeing, defining what support they may need and where they would like this support to come from. |
| **Talking therapies in the community** ***“I was offered medication but I wanted talking therapies.” “I would like to access talking therapies, but 6 sessions is no use.”******“I want and need talking therapies but my GP will only prescribe 6 sessions. It takes me 3 or 4 sessions to establish trust with someone, so it’s not enough. So I end up on medication like a zombie. “*** |
| 5 | There needs to be increased access to Talking Therapies in the community. Talking Therapies need to continue for longer than 6 weeks. Ensure mental health primary hubs meet people’s needs in crisis and also offer prevention supports.  | End May 2015 to identify how this will be developed. | **Lead agency:** CCG. Work in partnership with BCPFT and GPs.  | People will have time to talk through what’s troubling them. People will have support to find their own solutions.  |
|  **Positive mental health courses in the community**  |
| 6 | Ensure there are sufficient positive mental health courses, including mindfulness courses available to people in their local communities.  | End May 2015 to identify how this will be developed. | Sandwell Public Health | People will have time to talk and think about what makes good mental health as it is more than the absence of a diagnosed mental health problem. The Mental Health Foundation defines good mental health as “*a person’s ability to fulfil a number of key functions and activities, including: the ability to* [*learn*](http://www.mentalhealth.org.uk/help-information/10-ways-to-look-after-your-mental-health/do-something-youre-good-at/)*, the ability to* [*feel, express and manage a range of positive and negative emotions*](http://www.mentalhealth.org.uk/help-information/10-ways-to-look-after-your-mental-health/talk-about-your-feelings/)*, the ability to* [*form and maintain good relationships with others*](http://www.mentalhealth.org.uk/help-information/10-ways-to-look-after-your-mental-health/keep-in-touch/)*, the ability to* [*cope with and manage change and uncertainty*](http://www.mentalhealth.org.uk/help-information/10-ways-to-look-after-your-mental-health/ask-for-help/)*.”* |
|  **Peer mentoring** **“The more things that are led by people who have lived experience the better.”** |
| 7 | Develop peer mentoring schemes across Sandwell. Make links to BCPFT Recovery College.  | End May 2015 to identify how this will be developed. | People’s Parliament identify lead for this area.  | Experts with lived experience of mental health crisis will provide support to their peers.  |
| **Who to contact before crisis** |
| 8 | Look at effectiveness 111, review the links to 24/7 CR/HT services  | End May 2015 to identify how this will be developed. | **Lead agency:**BCPFT |  |

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|  **2. Urgent and emergency access to crisis care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
|  **Crisis team** ***"We need support quickly and at evenings and weekends because you don't just have a crisis only in office hours."******“I sat in Accident and Emergency for hours and this made me feel worse and more stressed.”*** |
| 9 | The Crisis Team needs to be able to respond quicker and avoid long waits at A&E during out of hours.  | End May 2015 to identify how this will be developed. | **Lead:** SWBCCG Systems Resilience Group, Jon Dickin.  | People receive a more timely response out of office hours.  |
| **Place of Safety*****“It's not a criminal offence to be mentally ill, so why go to a police station as a place of safety. "***  |
| 10 | The police custody suite should only be used as a last resort – Review of places of safety to be carried out by the group | End May 2015 to identify how this will be developed. | **Lead:** SWBCCG Systems Resilience Group. Jon Dickin.  |  |
|  **Community place of safety** ***"A place of safety could be a community centre because it opens outside of office hours. Mental health doesn't happen Monday to Friday 9-5 PM. "******"You could have a place of safety in the community but it would have to be secure and the staff would have to be really well trained."******“If there was an alternative to the hospital I’d certainly use it.”*** |
| 11 | Community places of safety need to be established. These need to include concrete advice and support during out of hours times.  | End May 2015 to identify how this will be developed. | **Lead:** Joint SWBCCG and SMBC. | People will have an alternative to the hospital as many people prefer to seek help from non-medical people, based on previous experiences.  |
|  **Support in my own home** ***“I wanted to stay at home, not go to hospital but that was not a choice for me because the crisis team is difficult to get hold of out of hours. I went to the hospital after a long wait at A and E, only to be told I could go home and the hospital was not the right place for me!”******"The home treatment team just works from nine till five. It needs to be open 24-hour every day because you don't just have a crisis only in office hours."*** |
| 12 | The Home Treatment Team needs to be open 24 hours for 7 days a week to enable people to be treated at home, Actions which will be agreed with Service user panel | End May 2015 to identify how this will be developed. | **Lead:** BCPFT |  |

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| **Community beds*****" If it haven't been for this place I wouldn’t be alive. This is a safe place. I feel safe here because it's only women. I feel stay safe because there's always some staff around that I can talk to. "******“It's different to the hospital here, there is still support here from nurses but if you pose a risk to yourself unlike the hospital, where they take everything away from you, they don't take everything off you here. Here they try to make you think differently. They try to make you think more logically and turn it round so you can see the world in the way that other people see the world. We learn to be logical here. Things aren't taken away from us because all risks can't be taken away from us. "*** |
| 13 | Ensure some of the community beds are women only. Ensure that if beds are still required, community beds continue to be funded as people identified they develop independence and the ‘normalisation of recovery.’ | End May 2015 to identify how this will be developed. | **Lead:** SMBC |  |
|  **Hospital beds** ***“Hospital should be a last resort”******"I was really pleased when I moved from the hospital. I hated it there. After a while it's a bigger risk for us being in the hospital than not being there. When you first go there, they help you manage some of the risks but if you stay there for too long it becomes more risky staying there because the environment isn't making you get better, it's making you go backwards."*** |
| 15 | Hospital needs to be seen as a last resort if all other solutions have failed. Define what the hospital offer and pathway? – Review of places of safety to be carried out by the group | End May 2015 to identify how this will be developed. | **Lead:** BCPFT  |  |
|  **Culturally responsive services and supports** ***“Black people are still more likely to be detained under the Mental Health Act. Why is this? We don’t have any more mental health needs than anyone else?”***  |
| 16 | Investigate ethnicity of detentions under the Mental Health Act of Sandwell residents, and track pathways of a sample, pre detention and post detention to determine how people have been supported, what works locally and what needs to improve. Start to work with young Black men to hear their experiences, link with Sandwell African Caribbean Mental Health Foundation and 300 Voices in Birmingham. | End May 2015 to identify how this will be developed. | **Lead:** BCPFT.  | Reduction in number of inappropriate mental health detentions of Black individuals, especially young men. More appropriate supports found for these individuals, if they require support.  |
|  **Training for the police**  |
| 17 | Training for the police needs to be provided by people with lived experience of mental health crisis.  | End May 2015 to identify how this will be developed.  | Training to be provided by Experts by Experience. | Police officers will have greater understanding of mental health needs.  |
| 18 | The police need to consider a range of ‘reasonable adjustments’ that could be made to make people feel more at ease. E.g. Wear normal jacket, not police uniform.  | End May 2015 to identify how this will be developed. | Training to be provided by Experts by Experience. | Police Officers will understand how to adapt their service, if possible, to minimise distress when approaching and working with a person in a mental health crisis.  |
|  **Training for A and E** ***"It's like you’re a leper. My mental health means people treat me differently. If you've overdosed and they think you have self-harmed, there’s a real stigma, they stereotype you and treat you like …...”*** |
| 19 | Training for the staff in Accident and Emergency needs to be provided by people with lived experience of mental health crisis. | End May 2015 to identify how this will be developed. | Training to be provided by Experts by Experience.  | Staff in A and E will be more aware of how to approach and work with people with mental health needs, who may be in crisis.  |

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| **3. Quality of treatment and care when in crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
| **Being in hospital** **“Too many agency staff, not enough permanent staff”****“Staff never had any time for us. It used to drive me crazy at the hospital I didn't want to speak to people there so I slept all day, that was my way of getting away from people. Some people on the ward wouldn't stop talking.”****“I was bored out of my brains!”****“I’ve had good and very bad experiences of being admitted to hospital. It’s not always safe and I’ve felt scared.”** |
| 20 | **Improve in-patient experience**: Reduce dependency on “bank staff” and enable permanent staff to build positive relationships with patients. Ensure that items on wards that are broken are either repaired or replaced quickly. Increase the number of activities available.  | End May 2015 to identify how this will be developed. | **Lead:** BCPFT | To enable permanent staff to develop positive relationships with patients, and have a consistent approach to treatment on wards To improve the quality of life for people staying at Hallam Street To enhance and develop social skills, and provide opportunities for relieving boredom. |
| 21 | Utilise advice and support from “volunteers” to prepare people for discharge.  | End May 2015 to identify how this will be developed. | **Lead:** BCPFT in partnership with Experts by Experience.  | To support medical staff by helping with non medical issues such as applications for bus passes, accessing leisure opportunities and addressing housing issues  |
| **Training for police** ***“Mental Health just isn’t seen as a priority by the police. They do their best but don’t understand.”******“I was in a general hospital, really unwell and I had to be handcuffed. My mother wasn’t allowed in, who was the only person who could calm me down. Felt like a piece of meat, when with the police. I was spitting at them. I was threatened with being sectioned, but eventually my mum came and calmed me down.”***  |
| 22 | Provide mental health awareness training | End May 2015 to identify how this will be developed. | **Lead:** Experts by Experience. | Police officers will have greater understanding of mental health needs. Police Officers will understand how to adapt their service, if possible, to minimise distress when approaching and working with a person in a mental health crisis. |
|  **Training for A and E** ***“I was asked to wait in a busy communal area in the hospital, and I found the noise and interruptions hard to cope with. Thankfully a support worker arrived just in time”******“I was cared for well in A and E.”*** |
| 23 | Provide mental health awareness training | End May 2015 to identify how this will be developed. | **Lead:** Experts by Experience. | Staff in A and E will be more aware of how to approach and work with people with mental health needs, especially when they are in crisis.  |
|  **My mental health wellbeing plan, to include crisis plan** ***“It’s important to write your plan when you are well, not when you are ill. I want my care to be what I decide, as I know what’s important to me”******“I know when I am becoming ill. I know what will help me when I’m ill.”***  |
| 24 | To utilise plans written by people who use mental health services as part of their crisis planning.  | End May 2015 to identify how this will be developed. | **Lead agency:** SMBC co-produce with Experts by Experience. Partners, BCPFT, SWBCCG.  | People are in control of their own recovery.  |
| 25 | To further develop the “Discharge Pack” developed by Experts by Experience leaving the hospital site.  | End May 2015 to identify how this will be developed. | **Lead agency:** BCPFT | People leaving the hospital are informed about services in the community and supports they can access when they return home.  |
| 26 | To develop a best practice “Recovery Plan”, which will be adapted to the needs of the individuals. This will could part of the ‘Mental Health Wellbeing Plan”.  | End May 2015 to identify how this will be developed. | **Lead:** Experts by Experience, drawing on “Recovery Plan” developed by Sandwell African Caribbean Mental Health Foundation (SACMHF).  | People are in control of their own recovery.  |
|  **Child and Adolescent Mental Health Service (CAMHS) improvements** ***“We need to know just how we can help in a crisis for children and young people. The pressures on young people are huge, and many are very vulnerable, and end up getting ill”*** |
| 27 | To improve the current CAMHS provision, which will respond to periods of crisis. Reflect actions from this plan in the CAMHS improvements.  | End May 2015 to identify how this will be developed. | **Lead**: SMBC  |  |

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| **4. Recovery and staying well / preventing future crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
| **Parity of employment** ***“I’d really like to help other people who have anxiety problems. I want to train to be a counsellor, but can’t afford it.”******“Getting a job can help as some people a part of recovery.”******“"The first step for me would be voluntary work because I'm lacking confidence.”******“I can work and would like a job, but I need help to sort out my benefits. This would give me something to do with my time, and help me get better.”*** |
| 28 | Support people in the workplace so that they can retain their employment when ill.Support to return to employment as part of a person’s recovery. To support people who wish to be self employed as part of a person’s recovery. | End May 2015 to identify how this will be developed. | SMBC | People stay in paid employment during periods of mental ill health, if this is what they wish. People gain new employment options and support.  |
| 29 | To develop support for individuals to gain employment via personal budgets. (Draw on practice developed by Sandwell African Caribbean Mental Health Foundation).  | End May 2015 to identify how this will be developed. | **Lead:** SMBC, SACMHF | People gain new employment options and support. |
| 30 | Train and support Disability Employment Advisers in local Job Centres on mental health  | End May 2015 to identify how this will be developed. | Job Centres Experts by Experience  | Disability Employment Advisors are made aware of how to work with people with mental health needs. Disability Employment Advisors understand how reasonable adjustments can be used to enable people to gain and retain employment.  |
|  **Mental Health Alliance** ***“It’s a great idea to have an alliance between big businesses and employers. That would help us keep jobs and banish stigma.”*** |
| 31 | Establish a mental health alliance of local employers who are seeking to address mental health stigma in the workplace. | End May 2015 to identify how this will be developed. | People’s Parliament | Development of a “mental health friendly” community within Sandwell. |
|  **Mindfulness courses run by employers** ***“Looking back I don't know why I resigned from my job, I just didn’t think I could go on. If my employer had been more understanding I could have continued with my career, and they wouldn’t have had to recruit and train someone else”*** |
| 32 | Mental health 1st Aid in the workplace training for employers | End May 2015 to identify how this will be developed. | **Lead:** Experts by Experience linking with no 29 above.  | Employers have increased awareness of good mental health and understand how to best support their employees through crisis.  |
|  **Health and Wellbeing** ***"We don't want people to be dependent on institutions. We should let the community look after its own people. "*** |
| 33 | Promote wellbeing activities to reduce isolation within community based services and groups such as: * leisure centres
* walking groups
* book clubs
* creative arts including, music, singing and dancing
 | End May 2015 to identify how this will be developed. | **Lead:** Public Health, Sandwell Leisure Trust  | People feel less isolated and feel like part of their community. People develop friendships and networks within their communities.People feel greater sense of overall wellbeing and greater purpose in their lives. |
| 34 | IT training and advice for people who use mental health services to promote positive use of IT and social media, and prevent on-line bullying, grooming and harassment  | End May 2015 to identify how this will be developed. | **Lead:** SMBC, libraries, West Midlands Police.  | People will be able to know what services and supports are available by accessing the internet.People will be more aware of how to stay safe on the internet.   |
| 35 | Support people who have had mental health problems to ‘give back’ to the community by volunteering | End May 2015 to identify how this will be developed. | **Lead:** Sandwell Volunteer Bureau | People will feel fulfilled and valued in their local communities. People will develop coping mechanisms, keep active and develop local networks. People will become more skilled and thereby feel more confident.  |
| 36 | Develop the Safe Places Scheme for use by people with mental health problems. | End May 2015 to identify how this will be developed. | **Lead:** Changing our Lives | People will feel safer in their communities and safer to go out across Sandwell and neighbouring boroughs.People will feel less isolated and begin to make links in the community.People will know where to go if they feel unsafe. |

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| **5. Commissioning to allow earlier intervention and responsive crisis services** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
| **Development of personal budgets and personal health budgets so we have more choice and control over our emotional wellbeing** |
| 37 | Roll out the development of personal health budgets to include people with mental health problems in order that they have more choice and control over their wellbeing.Support more people to have individual social care budgets to have more choice and control over their wellbeing. | End May 2015 to identify how this will be developed. | **Lead:** SWBCCG and SMBC | People will be able to make their own choices about what support they want, how they want it to be delivered and where they want the support to come from.People will be in control of their own recovery. People will have greater control over any support their need in their lives.People’s quality of life will improve. |
| **People’s Parliament to work in partnership with commissioning to run Dragon’s Den** |
| 38 | The Mental Health People’s Parliament to work in co-production with commissioners to develop the market by running events such as Dragon’s Dens | End May 2015 to identify how this will be developed. | **Lead:** Changing our Lives | The market is stimulated, allowing new ways of working to be explored. Experts with lived experience of mental health crisis work in co-production with commissioners to shape provision and stimulate innovation in the market.  |
| **People’s Parliament to monitor action plan**  |
| 39 | People’s Parliament to monitor the Crisis Care Concordat Action Plan | End May 2015 to identify how this will be developed. | **Lead:** Changing our Lives | MPs with lived experience of mental health crisis will hold statutory bodies and service providers responsible for the action plan outcomes to account.  |