

Effective involvement in mental health services: the role of assertive outreach and the voluntary sector

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SUMMARY

BACKGROUND

The study aimed to explore in detail how both statutory and voluntary sector services could best work to promote effective access to, and engagement with, services for people with serious mental health problems who get labelled as being 'hard to engage'. The primary focus was on the perceptions and needs of people using services and of those avoiding them, but it also included input from carers/supporters and staff. There was also a focus on people from black and minority ethnic groups, including Gypsies and Travellers.

The study took place in Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire from 2005-2008. It was a user-led research project based at Bristol Mind, supported by the Big Lottery Fund.

METHODOLOGY

The study was mainly qualitative. Participants took part in in-depth interviews structured by a topic guide. The conversations were recorded and transcribed, then coded and analysed for themes. Staff took part in focus group discussions which were recorded, transcribed and analysed in a similar way. A mapping exercise was also conducted using questionnaires to gather information about relevant local services.

WHO TOOK PART?

- Twenty people who had used statutory (NHS) assertive outreach services.
- Twelve people who had used voluntary sector outreach services.
- Fifteen people who had gone out of contact with specialist mental health services.
- Nine carers/supporters.
- Thirty two staff from assertive outreach teams, voluntary sector outreach services, and other statutory services.

In total there were 64 service user/avoider participants and 9 carers. Twenty-one of these participants were from black and minority ethnic groups, 9 of the 21 were from Gypsy and Traveller communities.

OVERARCHING THEMES IDENTIFIED BY THE STUDY

This summary only presents the overarching themes that emerged from the study findings. See the full report (Davies et al. 2009) for further information on all findings.

PARTICIPANTS WANTED HELP FOCUSED ON USER PRIORITIES

Despite the fact that all service user/avoider participants were theoretically 'hard to engage' most wanted help for their problems. Only four out of 15 people avoiding mental health services were certain they did not want to use such services again. Participants wanted services focused on their own priorities. However, staff identified some institutional barriers to working to users' agendas which included inflexible service specifications and targets that did not work for people with more complex needs. Both statutory and voluntary sector outreach services were, in general, experienced as more effective and helpful than other more conventional appointment-based services that participants had used in the past. They are therefore successful in supporting better access to services for people who have been marginalised and excluded.

BUILDING AND MAINTAINING RELATIONSHIPS

The key importance of relationships between service users and staff was very clearly identified. Good relationships had intrinsic value for participants and enabled people to tackle their problems and access other services and activities. There was a need for consistent, flexible, reliable and responsive relationships with known staff over the longer term. There was evidence that many outreach staff were able to build good relationships with service users. Most assertive outreach participants wanted to see one or a few team members and this implies a flexible interpretation of the 'Team Approach'. There was evidence that most assertive outreach teams in the study area did offer such flexibility. While participants agreed they wanted staff who were friendly and approachable and genuinely cared, they did not all want the same sort of relationships; some wanted informal relationships where staff felt like friends, others wanted staff to be more professional. Informal emotional support from known staff was identified as an almost universal need, and many outreach staff were experienced as offering this kind of support. Some people wanted more access to formal talking therapies, but more participants did not want such support. If 'therapeutic' support is to be provided this implies that it should be available informally. Despite the negative impact of coercion for many, there was some evidence that some assertive outreach staff could maintain relationships even though they were involved in the detention of their users, and a few users positively appreciated staff involvement in their admission to hospital, particularly if this led to voluntary rather than compulsory treatment.

WHAT HELPED AND WHAT WAS WANTED

Participants across all sample groups wanted a broad range of support with different areas of their lives and reported that this was being offered by many assertive outreach services and some voluntary outreach services (other voluntary services were more specialised). Voluntary outreach services were good at engaging with people who were out of contact with mental health services. Much of the help wanted was with everyday living, and help with housing and managing money was particularly important. While outreach services were often experienced as flexible and responsive to users' needs, the study identified that people with complex needs did not get access to all the specialist support they needed. Both service users/avoiders and voluntary sector staff felt there was poor access to mental health support, especially for people with a dual diagnosis and those using voluntary outreach services for the homeless. In addition, there was a lack of properly integrated care for people with a dual diagnosis and a lack of decent housing with support. It was particularly hard to access housing if participants had a dual diagnosis, a 'difficult' housing history or were assessed as being a high risk. The need for a range of support implies a need for multi-disciplinary teams and/or that services need to work in strong partnerships with other specialist agencies. Despite the need for strong partnership working there was evidence from staff of mainly informal relationships between organisations and staff. Staff also identified barriers to co-operation between organisations and to taking on people with the most complex needs.

WHAT PEOPLE WIDELY EXPERIENCED AS UNHELPFUL

A number of issues that created difficulties in engaging with services were identified. Emphasis on prescribed medication for mental health problems was a significant issue for many service users/avoiders. Some people wanted to stop medication, some wanted to reduce doses and others had concerns related to side effects. Many people felt that mental health services only offered medication and did not want this to be the only focus of support. Many participants had simply stopped taking medication at some point, but participants using assertive outreach services were more likely to have negotiated coming off medication or reducing levels with the agreement of staff. However, there were some participants who wanted medication, or knew that it was necessary and appreciated staff supporting them to take it regularly. Nonetheless, medication was often an important reason that participants had disconnected from mental health services.

Some study participants had experienced mental health services (mostly not assertive outreach) as intrusive and controlling, and this was the reason given for going out of contact. Compulsory admission, forcible medication and being in hospital were often experiences that undermined people's willingness to engage. This was particularly the case for participants who had gone out of contact with mental health services, although such experiences had a negative impact for many study participants. Participants also identified problems with crisis provision, particularly for people who were not being seen by specialist mental health teams.

RECOMMENDATIONS

All outreach practitioners should:

- Avoid labelling people as 'hard to engage'; this does not reflect the fact that most want help.
- Follow user priorities and focus on practical support and quality of life issues.
- Recognise the intrinsic importance of relationships with users and the need for consistent, flexible and reliable support that is available in the longer term.
- Provide informal emotional and 'therapeutic' support.
- Offer different kinds of caring relationships to suit different users.
- Offer help with a range of needs including accommodation and money.
- Support users to access other services and activities.
- Have the skill to identify mental health problems and drug and alcohol problems and either offer appropriate skilled support or know how to access such support for users with these problems.

Assertive outreach practitioners should, in addition:

- Be flexible about the 'Team Approach', allowing for continuity of contact with a few staff.
- Focus on user concerns and quality of life issues and continue to shift the focus away from medication and mental health symptoms.
- Sustain and develop good practice in negotiating around medication, and in maintaining relationships through detention and in supporting shorter voluntary admissions where possible.
- Ensure users with drug and alcohol problems get appropriate integrated care.

All outreach services should:

- Maintain and develop a commitment to outreach provision because it does help people with complex needs access the services they want and need.
- Assess and address people's needs overall, not in relation to individual service criteria, and make sure people with complex needs are not being excluded inappropriately.

- Recruit, train and support staff who have excellent relationship skills who can respond to users in flexible and responsive ways.
- Provide strong supervision and support for staff so they can develop their skills and sustain commitment for the work.
- Provide multi-disciplinary teams and/or develop systematic links to other services to ensure that users get support with the full range of their needs.

Mental health services should:

- Maintain a commitment to the provision of assertive outreach focused on the kind of service most valued by users, providing a wide range of support, access to talking therapies and to informal 'therapeutic' support.
- Work more effectively with the voluntary sector and improve access to mental health support for people with complex needs. This may mean reconsidering acceptance criteria and providing more support in community locations alongside voluntary outreach services.
- Provide fully integrated care for service users with a dual diagnosis.
- Address the fact that users will disengage from services in relation to medication issues by improving the capacity of staff to negotiate with users effectively and by providing more different kinds of support without such a focus on medication.
- Work actively to engage people in inpatient care and on discharge to mitigate the impact of coercion for those who have been detained and forcibly medicated and who seem likely to disengage.

Planners, policy makers and commissioners should:

- Maintain and develop a commitment to assertive outreach and complementary voluntary outreach provision with a focus on people with more complex needs.
- Emphasise long-term support and flexibility and instead of assessment based on individual service criteria, overall level of need should be used to determine service provision. People with complex needs are in particular need of a holistic and integrated approach.
- Commission services that can provide their users with staff who have the appropriate level of relationship skills and other specialist skills, including adequate funding for the provision of training and supervision to maintain a high quality of service. Audits of satisfaction with relationships and time spent in face-to-face contact could also be required.
- Address lack of mental health support, lack of integrated treatment for dual diagnosis and lack of appropriate housing for those with complex needs.
- Improve crisis provision for people who are not receiving specialist mental health services.
- Review service specifications, targets and referral/assessment criteria for services to ensure that services do not exclude people with more complex needs.
- Address systemic issues like perverse incentives and barriers to partnership working and reward services for working together and for accepting and doing long-term work with people with complex needs.
- Consider the use of outreach services for other marginalised and excluded groups, for example for Gypsies and Travellers.

DAVIES, R., SHOCOLINSKY-DWYER, R., MOWAT, J., EVANS, J., HESLOP, P., ONYETT, S., SOTERIOU, T. (2009) *Effective involvement in mental health services: the role of assertive outreach and the voluntary sector*. Report by Bristol Mind: Bristol. Available from Bristol Mind, 35 Old Market Street, Old Market, Bristol BS2 0EZ. Telephone: 0117 980 0370. Website: www.bristolmind.org.uk.