

'IT FEELS LIKE BEING SEEN'

HOW CAN LOCAL AUTHORITIES KNOW IF THEIR MENTAL HEALTH SERVICES ARE WORKING WELL?



Summary

- ⦿ Local authorities are in an unparalleled position to prevent mental health problems, intervene at an early stage, and offer people the support that is their right, including through their adult social care responsibilities.
- ⦿ Local authorities can, if resourced and with sufficient staffing, trigger a sea-change in the effectiveness of collaboration between different agencies to meet people's needs well.
- ⦿ Understanding how well mental health services are meeting people's needs starts with knowing what good support *feels like* to the people using it.
- ⦿ Local authorities and their partners can then assess what good mental health support *looks like*, identifying observable characteristics of quality that matter to the people who use services.
- ⦿ This approach can help system leaders to codesign and coproduce services that achieve improvements in experiences and outcomes for everyone.



INTRODUCTION

How do local councils and their partners in the NHS know if the mental health services they fund, for example through their adult social care responsibilities, are working from the perspectives of the people who use them?

In 2022, Centre for Mental Health conducted research to inform the work of the Care and Health Improvement Programme, funded by the Department of Health and Social Care and jointly delivered by the Local Government Association and the Association of Directors of Adult Social Services.

We focused on two core questions relating to the role of local authorities that commission and provide adult social services in assessing and meeting people's mental health needs:

- ⦿ What does it look and feel like when support effectively considers people's social and psychological wellbeing as part of mainstream assessments and care planning?
- ⦿ What does it look and feel like when there is good collaboration in the commissioning and planning of mental health services and support?

The way services are monitored and held to account is currently based on limited information, little of it relating to the outcomes they achieve for people. Changing this could bring about a major improvement in services and systems. Measuring how well services are meeting people's needs must put how people feel at its heart. Given that mental health is necessarily about how people feel, the current gap raises serious questions about the validity of existing measures. And in this gap, people's experiences of mental health support can sometimes be poor, with negative experiences hidden in plain sight because they are never included in the data and intelligence that services use.

WHAT DOES GOOD MENTAL HEALTH CARE LOOK AND FEEL LIKE?

We undertook a series of interviews and discussions with service users, carers and cross-sector professionals in mental health and social care. Through this work, the following statements were developed to describe what it feels like when support effectively considers people's social and psychological wellbeing as part of mainstream assessments and care planning.

It feels like being seen. Like I am being understood as a whole person. My family, friends and community are recognised as part of the big picture.

It feels like knowing support is there for me, even when I don't need it. I know I can trust in it, so I can be more independent. I don't need to keep checking that the support is still there because I'm not anxious about it.

It feels like I have support. Like I have an ally; someone to lean on and turn to. It feels like I'm able to rely not only on one individual professional, but on the whole system.

It feels like everyone is being honest and realistic with expectations and not putting up walls.

It feels like I am being helped in the way I want to be helped, to take my life in the direction I want to take it. Like things aren't being imposed on me.

It feels like we're working together; not like someone is holding power over me. I can say if something's not right and people will listen.



These statements were then used to explore what that would look like in practice: what observable evidence would provide assurance that assessment and care planning is considering a person's social and psychological wellbeing? Ten key themes were identified:

SERVICE USERS SAY IT FEELS GOOD

There is evidence that service users are giving feedback along the lines of 'what does good feel like?' statements (eg. "It feels like being understood as a whole person"). If service users aren't saying that the service feels good to use, then it doesn't look good.

ASSESSMENTS ARE HOLISTIC, CULTURALLY COMPETENT AND STRENGTH-BASED

Case file audits demonstrate that service users are routinely asked not just about their loss of functioning but also about their social and psychological needs. Assessments are culturally competent; they see the big picture of the person's life (including family, friends and community), and they recognise the strengths and resources they have.

CARE PLANS ARE BUILT AROUND WHAT SERVICE USERS WANT

Care plans demonstrate that professionals have worked in partnership with service users to design care packages around the outcomes the service user wants (i.e. professionals have not imposed goals on them), and that they have put service users in control of the planning and review process.

COPRODUCTION IS MEANINGFULLY EMBEDDED AT ALL LEVELS

Professionals demonstrate a clear understanding of the added value of coproduction, and embed it strategically both in system planning and review, as well as in day-to-day practice. Managers welcome real-time feedback from service users as a positive resource for improving care, and use this to amend practice on a daily basis.

THE LOCAL POPULATION AND SERVICE USERS ARE WELL-INFORMED AND EMPOWERED TO ASSERT THEIR RIGHTS

There is evidence that members of the public understand what services they are entitled to; know their rights under the law; and understand how to access services locally. Complaints processes enable service users to assert their rights without fear of being penalised as trouble-makers.

WORKING CONDITIONS ENABLE PROFESSIONALS TO CARE WITH COMPASSION

Terms and conditions ensure that professionals are safe and supported in their roles. Professionals report that working conditions give them the freedom to provide care with compassion and humanity, and to build continuous relationships with those they support.



LEADERS HAVE ACCESS TO ROBUST AND VALID MONITORING DATA

Metrics are available which enable leaders to measure whether their statutory duties are fulfilled; the extent of unmet needs; and whether the outcomes that service users want are being achieved. Performance data captures how service users feel about their care. Data systems between local authorities, NHS and other partners are inter-operable.

DIRECTORS OF ADULT SOCIAL SERVICES DEMONSTRATE STRONG KNOWLEDGE AND EXPERTISE ABOUT MENTAL HEALTH

Senior leaders can clearly articulate the role of mental health in the context of social care, and how their services are experienced by service users (including racialised and marginalised communities). They can hold their own alongside NHS colleagues and make the case for social care as a pillar of effective mental health recovery and prevention.

THERE IS A ROUNDED SERVICE OFFER WHICH INCLUDES PUBLIC HEALTH AND COMMUNITY WORK

Service users can access care packages that are broad in scope and include offers on public health, community-level and prevention work. Professionals are accustomed to stepping out of their comfort zones to facilitate care plans outside their ordinary specialism.

SENIOR LEADERS AND SOCIAL WORKERS TAKE AN ASSET-BASED APPROACH TO THEIR OWN SKILLS AND INSTITUTIONAL CAPACITY

Social care professionals can articulate the added value of their skills in a mental health context, and confidently challenge clinicians whilst maintaining good working relationships. Institutional arrangements demonstrate mutual respect, clear boundaries and trust.

COLLABORATING TO COMMISSION AND PROVIDE MENTAL HEALTH SUPPORT

We held a parallel series of interviews and discussions to explore collaboration in the commissioning and provision of adult mental health services – the aim being to ensure a seamless, or “integrated”, service from the perspective of a service user and their family, friends and community. The following statements were developed to describe what it feels like when services are collaborating in a good way.

It feels like being listened to. Like they understood what the issue was and they were talking clearly in my language. It feels like there is a proper plan in place that I can have confidence in.


It feels like someone’s thinking of me and looking out for me. It feels like they know me and we have a relationship. I don’t always have to ask – they are anticipating what I might need.

It feels like it is about my problems, not their problems. Like they are dealing with the situation that I am in – and that everything isn’t dominated by the situation that they’re in as professionals.

It feels like they are going beyond signposting. Like there is some coordination about putting me in touch with the next organisation, dealing with confidentiality issues in a sensible way but making the first connection to make it easier.

It feels like I can be myself. It feels like they’re being transparent and honest with me, which means I can be honest with them too. Like we have mutual trust and I don’t have to lie to get what I need. They believe me as an individual and don’t prejudge me for being part of a certain group (for example, a racialised or marginalised community).

It feels like instead of being shown the door, that they are holding the door open for me to walk through. It feels like a seamless service, where I’m not having to navigate it on my own.



These statements were then used to explore what that would look like in practice, and what observable evidence would provide assurance that there was effective collaboration in the commissioning and delivery of adult mental health services. Eight key lines of enquiry were identified.

SERVICE USERS SAY IT FEELS GOOD

There is evidence that service users are giving feedback along the lines of ‘what does good feel like?’ statements (i.e. “It feels like a seamless service”). If service users aren’t saying that the service feels good to use, then it doesn’t look good.

CORE SOCIAL CARE DUTIES ARE BEING DELIVERED

Leaders have assurance that their statutory duties are being fulfilled in a high-quality way, with appropriate safeguarding measures in place. The legal frameworks of mental health social care are fully understood within the local authority, among NHS colleagues and key partners, including the leadership role of local councils in delivering Care Act responsibilities for mental health and duties under Mental Health Act.

THERE ARE STRONG, TRUSTING RELATIONSHIPS BETWEEN PEOPLE IN DIFFERENT AGENCIES, WHICH ARE RESILIENT TO BUMPS IN THE ROAD

Local authorities, NHS trusts and voluntary sector partners reflect, train and learn together, rising above institutional interests and financial concerns to build longstanding partnerships. Leaders set a culture of collaboration where teams have assurance that they can look at the big picture and give up control, without compromising their statutory duties. Concerns about risk are proportionate and do not overshadow the benefits that collaborative work can bring.

AN OUTCOMES FOCUS MEANS THAT WHAT MATTERS TO SERVICE USERS COMES FIRST

Case file audits demonstrate that professionals are taking a problem-solving approach and addressing issues from the service user’s point of view, rather than through the lens of their own institutional silos. Service offers are personalised and coproduced with service users at every stage to address their preferences (including those who might not be engaged by traditional services). Leaders set a culture of striving for outcomes that are good from the service user’s perspective, taking anti-racist action and promoting service users’ choice and autonomy.

ADVOCACY SERVICES MEET THE NEEDS OF THE LOCAL POPULATION AND SUPPORT SERVICE USERS TO NAVIGATE THE SYSTEM

Service users have timely access to effective, culturally competent advocates who support them to access the services to which they have a right. Granular demographic data enables commissioners to select providers who have capacity to represent the specific racialised communities who live locally. Assessments for advocacy eligibility take a holistic view and do not require service users to undermine their existing competencies in order to access support.



SHARED DATA SYSTEMS ARE INTER-OPERABLE, REPRESENTING BUDGETS AND MEASURING OUTCOMES FOR SERVICE USERS IN A MEANINGFUL WAY

Well-governed data systems enable information to be shared so that agencies can work together, and allow all partners (including those in the voluntary sector) to initiate records. Outcomes data is valid from a service user perspective and illuminates any inequities (for example, amongst racialised and marginalised communities). Transparent and coded budgets represent resource allocations in a meaningful way.

THERE IS MUTUAL RESPECT BETWEEN DIFFERENT PROFESSIONS AND BETWEEN THE STATUTORY AND VOLUNTARY SECTOR, WITH RECOGNITION OF MULTIDISCIPLINARY AND DIVERSE EXPERTISE

Professionals can articulate the roles, responsibilities and skills of their colleagues in NHS trusts, local authorities and the voluntary sector, and value experts by experience both by including them strategically and by resourcing their contributions. Tendering processes are designed to pre-empt power imbalances and value small voluntary organisations (including those from racialised and marginalised communities). Professionals routinely build bridges between services for service users, rather than just 'signposting' them.

BOTH FORMAL STRUCTURES AND LEADERSHIP CULTURE SET THE CONDITIONS FOR EFFECTIVE COLLABORATION

Leaders affirm the centrality of local authority work in the mental health sector. They set a culture where colleagues know what they bring to collaborative work and are confident working as 'one team' with other agencies. Lines of reporting, co-working arrangements and workforce planning make collaboration easy. Formal frameworks (e.g. Transformation Plans) address the needs of all parties in a comprehensive way.



REFLECTIONS AND IMPLICATIONS

Local authorities play a crucial and unique role within the mental health ecosystem, and the expertise of the local authority workforce adds distinctive value to that of colleagues in the NHS and elsewhere. While their contribution is not understood widely enough, local authorities hold levers that can transform the lives of adults with mental health difficulties. The everyday work of care assessment and planning means that, with sufficient resources, local authorities are in an unparalleled position to prevent mental health problems, intervene at an early stage, and give people the support that is their right. With an ability to bridge between voluntary and community sector and health service partners, local authorities can, if resourced and with sufficient staffing, trigger a sea-change in the effectiveness of collaboration between different agencies. This completely alters how being 'in the system' feels from a service user's point of view.

In exploring these two key questions, we have highlighted the need to develop a set of benchmarks for 'what good feels like' with 'what good looks like' that can give local authorities and their partners a holistic and robust means to assess the quality of services. The approach should recognise how observable characteristics can complement conventional metrics of 'how many, how much and how long?' to assess whether support is really delivering what matters to service users.

This approach may unsettle assumptions, and show that what practitioners and policymakers think of as a 'good' service may not be so good after all. It may challenge professional assumptions about what really matters to people. And it may highlight significant gaps in current provision. This is particularly important in the context of inequalities and the structural discrimination faced by racialised and marginalised communities, for whom mental health support is often less accessible, less well trusted and less effective.

The project has surfaced a number of practical and strategic ways that local authorities can play their part in tackling the injustice that leads to unequal outcomes for disadvantaged groups. In many respects, an inequalities perspective plays to the strengths of local authorities. Their combined responsibilities for housing, public health and social care combine with what we know about the many intersecting dimensions of disadvantage, healthy communities and the social determinants of mental ill-health.

It is clear that the commissioners and providers of mental health services can benefit from hearing and listening to the experiences and views of service users and carers. Starting from how services 'feel' to the people who use them, this process can enable local systems to work more collaboratively to build support that meets people's needs effectively and equitably. And by identifying the observable characteristics of what good 'looks' like, it can help system leaders to codesign and coproduce services that achieve improvements in experiences and outcomes for everyone.

CENTRE FOR MENTAL HEALTH



BRIEFING 60: 'IT FEELS LIKE BEING SEEN'

Written by Dr Amy Pollard and Andy Bell

Published April 2023

Image: [istockphoto.com/portfolio/MmeEmil](https://www.istockphoto.com/portfolio/MmeEmil)

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research.

Support our work here:

www.centreformentalhealth.org.uk

© Centre for Mental Health, 2023

Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.