



Logo created by Pete Savin – Graphic Designer

Mental Health and Wellbeing Charter and ‘In Practice’ document

Bath and North East Somerset (B&NES)

This Charter was created by New Hope volunteers in collaboration with people who have used services for their mental health, family, friends and supporters, volunteers, 3rd sector and statutory groups in B&NES

Version 2 – September 2017

In Memory of Andrea Morland

(Senior Commissioning Manager, Mental Health, B&NES)

“It’s not about competing it’s about working together, to serve people in the best way possible... not silos of organisations but a group of people with solid working relationships that give people the support they need”. (2014)



Mental Health and Wellbeing Charter

The 10 Guiding Principles followed in
Bath & North East Somerset

To support mental health and wellbeing

My Support, My Way

Feeling safe and supported

Insight into my mental health

Supportive staff and organisations

Advice and Information

- I understand the different support available to me. It is clear where and how I can access it.
- I have the opportunity to plan my unique care and support. This support changes as my needs change.
- I have supportive people around me, who understand my needs and who can enable me to get help early to avoid a crisis.
- I have one agreed plan that supports my wellbeing and helps keep me safe if I become unwell.
- I am empowered to gain insight into my mental and physical health and explore what either supports or hinders my wellbeing.
- I am supported to view my life as a whole, with my mental and physical health as components.
- I can access organisations which support their staff using a clear set of principles, training and procedures.
- I am supported by competent, compassionate and respectful staff who understand my unique needs at every stage of my journey.
- I can speak to people who have the knowledge and expertise to advise and help me to get the support I need.
- I have access to clear and practical information that supports my wellbeing and ability to be independent.

This Charter was created by people who have received support for their mental health

For more information on the Charter and the 'In Practice' document please contact Caroline Mellers (caroline.mellers@mungos.org, 07525 594606) or Ralph Lillywhite (ralph.lillywhite@mungos.org, Tel: 0782 5115775)

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What is the Charter?

The Mental Health and Wellbeing Charter provides a clear set of principles to guide people who require mental health support on their wellbeing journey. Alongside the 'In Practice' document it promotes a shared approach between those using services, their families, friends, groups and professionals to support each person's unique mental health needs.

We have worked with over 100 people who have received support for their mental health to create the Charter and the 'In Practice' document. The aim of the Charter is to inform those who work with people with mental health issues about the key areas which support and maintain their wellbeing.

The Charter supports the key aims of:-

i) New Hope which are to *'affect positive change in treatment and support services'* and to *'give service users and carers a voice'* and ii) the 'Bridging the Gap'⁽³⁾ report which currently underpins mental health commissioning strategy. One of the key findings of this report was the importance of *'statutory services and other support networks working together to optimise support for the individual'*.

The Charter has been informed by i) the B&NES Crisis Care Concordat⁽⁴⁾, ii) Care Quality Commission 'Right here, Right now'⁽⁵⁾ report of June 2015 and iii) the projected transformation of mental health services highlighted in the 'The Five Year Forward View for Mental Health'⁽⁶⁾.

The creation of the Charter ran alongside the consulting process for 'Your Care Your Way'⁽⁷⁾ . I

Highlighting existing best practice is a core element of the Charter which can be used as a foundation for making services even better.

The Charter sits alongside the AWP Friends, Family and Carers Charter⁽⁸⁾, created by the Carer's support group Keep Safe, Keep Sane and the Avon and Wiltshire partnership Trust (AWP).

There are two parts to the Charter

Part 1 : The Charter (Page 2)

The Charter highlights the 5 Key Areas and 10 Guiding Principles that reflect the support people need for their mental health and wellbeing. To date over 20 local organisations have signed up to these principles.

Part 2 : 10 Guiding Principles 'In Practice' (Pages 8--17)

The 'In Practice' document goes into more depth about the needs and expectations of people using services. It also provides a framework and local examples of best practice to enable staff and other supporters to understand, reflect and develop a supportive network which addresses the Guiding Principles of the Charter. This document provides the framework for the Charter Awareness training and pilot evaluation tool (Page 7).

Overall the Charter is designed to support:-

- **People using services** – by highlighting their needs and expectations in relation to their mental health and wellbeing.
- **Family, friends and supporters** – by enhancing a shared approach and enabling effective communication between the people they support, professionals and other groups and organisations.
- **Services** – by highlighting the importance of a person-centred approach directly involving people in their care planning. Also stressing the value of effective collaborative working to ensure that service delivery is timely, consistent and co-ordinated. This approach will hopefully support staff within organisations to recognise and highlight any gaps in service delivery where people could 'slip through the cracks'.

How the Charter was created

All the following elements were co-produced by volunteers with lived experience of receiving support for their mental health as well as staff from a number of local statutory and 3rd sector groups.

New Hope and St Mungo's:-

- Worked collaboratively with Healthwatch ⁽⁹⁾ (Care Forum) and B&NES Council's 'Making it Real'⁽¹⁰⁾ to i) establish a framework for the Charter and In Practice document and ii) to establish the most effective way of obtaining feedback.
- Ran two pilot focus groups to establish a first draft of the Charter and 'In Practice' document.
- Ran ten focus groups and informal conversations with over 100 people who had received support for their mental health. They were able to capture the needs and expectations of people with lived experience of mental health challenges using the 'Making It Real' concept as a framework.
- Collated all the feedback and created the final Charter and In Practice document.
- Launched the Charter at a celebratory event in May 2016, which was attended by the Mayor of B&NES and where over 20 organisations signed up to the Charter.

Inspiration behind the Charter

The idea of Charter was introduced, co-created and led by Caroline Mellers, initially as a St Mungo's and New Hope volunteer, and later as a St Mungo's employee. Caroline has a personal and professional background in mental health, having used crisis and inpatient services. She worked for the District Health Board in Auckland New Zealand for 2.5 years as a service evaluator and has for the past 3 years worked with a number of local statutory and 3rd sector organisations in B&NES and South West.

The meaning behind the Charter logo (designed by Pete Savin, Graphic Designer)

The logo illustrates a feeling of openness and transparency and welcomes everyone using the Charter in B&NES to express what they need to have the best quality of life possible

The tree symbolises support and safety. The birds are people who use services, who fly onto the tree and are supported and nurtured until they are ready to fly off in the knowledge that the tree is there if needed. The sunrise brings hope, bringing light and a sense of new beginnings to challenging times. The image is fluid with the movement of the sunrise, birds, leaves and branches illustrating that our lives are not static and services need to be dynamic to support people. Within this eco-system, at all stages, people are supported to increase their understanding and self-awareness

Key Terms

Seeing service users as people

We deliberately haven't used the term 'service user' in the document, because we feel it can define someone as the passive recipient of services, rather than a person with skills and abilities, who also has a mental health diagnosis. We prefer to say people who may need support for their mental health and wellbeing. We want the Charter to emphasise the person as a whole and to support true person-centred planning in B&NES. This will work towards Parity of Esteem and reducing stigma.

Supporter or Carer (different stages of a person's journey)

In the Charter we've used the term 'supporters' to mean family, friends, volunteers and professionals who support someone with their mental health. 'Supporter' reflects the dynamic and empowering relationships people require on their mental health journey. We recognise at times people do need care which is essential for wellbeing and can be lifesaving. However, as a result of focus group feedback, people felt the term 'carer' could be disempowering and could suggest a static state of being.

Launch Event May 2016



Avon and Wiltshire Partnership Trust	Keep Safe Keep Sane
Bath College	B&NES Mental Health Commissioners
Bath Mind	Missing Link / Next Link
Bipolar UK Bath	New Hope
Carer's Centre	S.E.A.P.
DHi	Second Step
Fresh Arts	Sirona
Healthwatch	Soundwell
Hope Space	St Mungo's
Julian House	The Mayor of Bath

Charter in 2017

The Charter has been supported by Quartet Funding since inception where the funding supported the consultation process to create the Charter. Quartet Funding is also supporting two recent developments.

i) Charter Awareness Training

Quartet Funding was obtained in 2017 to develop a training programme to raise awareness of the Charter locally and support its implementation into local organisations. These training sessions are being delivered by people with lived experience to participating organisations in during the Autumn/Winter 2017.

ii) Development of a Peer Evaluation Tool

Quartet Funding has also been granted to use the framework of the Charter to develop a pilot Peer Evaluation Tool. The tool would enable people with lived experience to measure how principles of the Charter are being effectively delivered.

B&NES - Recent endorsements of the Charter

April 2017 – the Charter was written into the new B&NES Mental Health and Wellness Commissioning Pathways.

May 2017 - B&NES Council Health and Wellbeing Select Committee resolved to support the Charter 'in all areas of work within the Council'.

July 2017 – the B&NES Health and Wellbeing Board resolved to endorse the Charter and recommended that Board members take the Charter back to their respective organisations and adopt the principles set out within it.



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‘In Practice’ Document

Mental Health and Wellbeing Charter

Bath and North East Somerset (B&NES)

- **My Support My Way**
- **Feeling Safe and Supported**
- **Insight into my mental health**
- **Supportive staff and organisations**
- **Advice and Information**

My Support My Way

Principles

- I understand the different support available to me. It is clear where and how I can access it.
- I have the opportunity to plan my unique care and support. This support changes as my needs change.

In Practice

- 1) I am involved in planning my support, aware of the timescales and this is regularly reviewed with my supporters. I know at what point services may reduce or stop.

Best Practice example - "When I accessed Talking Therapies, they clearly defined the programme of support and what would happen at the end of this period so I felt supported".

- 2) I am supported at home, however there are other options available.

Best Practice example - "I stayed in the Wellbeing House for a few days it gave me some space to clear my mind away from home".

- 3) I do not need to repeat my story unnecessarily as organisations work together effectively.

Best Practice example - "It was useful that the Complex Intervention Team were able to access the records of Social Services when my partner was unwell. As this really helped them understand his needs and I did not have to repeat information at a time of stress".

- 4) I am supported to navigate the best possible, timely support on my mental health journey. Assessments are kept to a minimum so I do not experience unnecessary distress especially at times of transition.

Best Practice example - Talking Therapies take into account that I might be unwell. I am able to say how I feel every session by filling in a feedback form. They also called me to make sure I was OK when I missed a session".

- 5) I understand what happens if I leave services and need to re-access them. I have a support plan that includes ways of staying well.

Best Practice example – "Second Step are developing a Move On Tool Kit so people feel supported when they leave the service. It will also inform people of how they can contact the service once they have left and where else they can go for support".

- 6) I have one mental health plan that is transferable and takes into account my physical and mental health needs.

Best Practice example - “One joined up plan would have been really useful, as staff on the inpatient ward might have known to support my daughter to keep taking her epileptic tablets. The discharge part could include informing supporters on the possible side effects of new medication.

- 7) I’m supported to access and remain in education, work, and volunteer roles.

Best Practice example - “Sirona’s Work Development Team spoke with the Occupation Health Department at my work about when I would be able to return to work. They also helped me identify barriers to my wellbeing”.

- 8) My age, culture, race, religion, disability, gender identity and sexual orientation are not a boundary to receiving the best support I need.

Best Practice example - BGEN Message “My age, culture, religion, disability, gender and sexual orientation are not a boundary to receiving the best support I need” If I need support I can contact BGEN Bath.

Feeling Safe and Supported

Principles

- I have supportive people around me, who understand my needs and who can enable me to get help early to avoid a crisis.
- I have one agreed plan that supports my wellbeing and helps keep me safe if I become unwell.

In Practice

- 1) I feel safe and supported in my relationships with my supporters, the type of support and boundaries are clear.

Best Practice example - "I felt that no one was listening to me, until a member of the Intensive Team really listened to my concerns and helped me develop a plan of action that I felt would work".

- 2) I am supported to have equal access to activities.

Best Practice example - "I wouldn't need staff support if I had peers/friends who understood my condition and needs. I really like the development of peer mentors, within AWP and St Mungo's who would be proactive in supporting people like me achieve this".

- 3) I feel informed and understand different medication options, side effects and the potential alternatives that are available to me.

Best Practice example - "I was able to discuss my concerns about medication and physical side effects with my psychiatrist and integrate this with my plan for wellbeing".

- 4) I know how to report concerns I have about my treatment and support.

Best Practice example - "I rang the Patient Advice and Liaison Service (PALs) when a staff member didn't get back to me about an important health issue. I was impressed when the team resolved the issue quickly and I had an apology from the member of staff 3 days later".

- 5) I can have a facilitated meeting between my supporters and services to share concerns and agree appropriate action.

Best Practice example - "My psychiatrist encouraged me to bring my friends, who were supporting me, along to a meeting to discuss how we could all work together, this really helped".

- 6) I have the opportunity to be supported by people with lived experience.
Best Practice example - "I feel supported by people from Fresh Arts to express myself creatively. The facilitator and other participants are peers with lived experience".
- 7) I have one agreed plan everyone follows that supports me when well, unwell or in crisis. This is regularly updated to ensure vital information is not missed.
Best Practice example - "I knew my client was distressed. I was able to refer to their plan and found the names of their beloved pet to start a conversation".
- 8) When I am too unwell to keep myself safe, plans or interventions and support are always in my best interest. This takes into account past discussions and experiences with my supporters.
Best Practice example - "I wasn't well enough to say what worked for me in the past, my care co-ordinator spoke to my supporters to find this out. The information is now recorded in my plan so if I am unwell again it is available, and can be shared with the other supporters".
- 9) I understand confidentiality is used to protect my personal details and not to create boundaries to care. At times of risk information may be shared and I will be informed of this.
Best Practice example - "After attending the B&NES confidentiality conference I felt comfortable to speak to my manager with issues of confidentiality".
- 10) I live in a safe environment that meets my needs.
Best Practice example - "A patient was really worried about going back to their accommodation as they had no phone, buying them a phone removed the stress of not being able to ask for support in a crisis. (Move on Worker, on an inpatient ward)

Insight into my Mental Health

Principles

- I am empowered to gain insight into my mental health and explore what either supports or hinders my wellbeing.
- I am supported to view my life as a whole, with my mental health as a component.

In Practice

- 1) I have the opportunity to create my own plan to increase my understanding of what keeps me well.

Best Practice example - "I attended a Wellness Recovery Action Plan course at the Wellbeing College. I was able to create my own plan, which I can add to as I learn more about my wellbeing".

- 2) I am recognised as an expert in my wellbeing and supported to enhance this via self-understanding and awareness.

Best Practice example - "St Mungo's Bridges to Wellbeing believed we were able to facilitate our own group, with training and support it turned out we are".

- 3) I am supported to integrate my mental health as part of my life rather than it controlling my quality of life.

Best Practice example - "Joining Tiny Monuments has led me to join other creative groups and build a peer (friends) network. I now run groups, have gained skills and confidence and as a result I'm much more stable. The support from Creativity Works has been invaluable".

- 4) I am supported in understanding any trauma that has impacted on my mental health to strengthen my resilience and self-understanding.

Best Practice example - "My psychologist was able to slowly help me understand aspects of my trauma and how it linked to my having psychosis. I have now been well for 10 years."

- 5) I am empowered to explore what triggers affect my mental health and what steps can be taken to reduce my distress.

Best Practice example - "I worked with the Recovery Team to come up with proactive ways to help me understand and manage my triggers".

- 6) I have the opportunity to learn from people with lived experience.
Best Practice example - "I had a diagnosis of personality disorder. To increase peoples understanding and ability to provide really good support I now deliver training on it".
- 7) I am encouraged and supported to identify what steps I can take to improve my wellbeing.
Best Practice example - "I was supported to become a volunteer. This really helped my confidence to get ready to go back to work after being off for a long period of time".

Supportive Staff and Organisations

Principles

- I can access organisations which support their staff using a clear set of principles, training and procedures.
- I am supported by competent, compassionate and respectful staff who understand my unique needs at every stage of my journey.

In Practice

- 1) Managers provide support and opportunities for staff to reflect on their work to improve clients' experience.

Best Practice example - "I really liked being asked my opinion about staff for their appraisal, I felt really listened to and believe it can really help staff to be the best they can. It also made me think about the service I should receive."

- 2) Staff are supported by managers to understand the qualities of a therapeutic relationship which enable people using services to feel their needs are heard and understood.

Best Practice example - "My Plan (Bristol) includes a tool designed by a team of staff and those using services to support the co-production of care plans. It's for people ready to be discharged and those at high risk of requiring more intensive support. (AWP pilot in Bristol)".

- 3) Organisations are encouraged to develop and share best practice in innovative ways.

Best Practice example - "Creativity Works facilitates meetings every 6 weeks with the Creative Perspectives group. This gives members a voice and enables them to successfully run the groups themselves".

- 4) Staff coordinate with other organisations involved in a person's support to ensure the pathway and sharing of information is effective and seamless.

Best Practice example - "DHI and Curo supported me and, with my consent, shared information about me. This made moving into my property quick and less stressful".

- 5) Staff provide opportunities for people to develop and maintain their peer support network and links to community activities.

Best Practice example - "I used the Hope Guide to help find a peer led group that would support my interests in a safe and supportive environment"

- 6) Staff appraisals include feedback from colleagues, clients and carers.

Best Practice example - "I really liked being asked by St Mungo's to give feedback for staff appraisals".

- 7) Trained peer evaluators are part of the process for assessing how effective services are.

Best Practice example - "I heard that a manager say they provided staff with reflective practice sessions that encouraged dialogue around cases studies. I think this would really help staff to understand the needs of people experiencing a crisis".

- 8) All records are written in the knowledge that they may be viewed by people using the service. The process to request this information is clearly explained.

Best Practice example - "I was an evaluator in New Zealand. The unique perspective of people using services was heard alongside the views of family, staff, management and other organisations. This was seen by many as the missing part of the puzzle and supported a 360° view of the complexity of mental health".

Advice and Information

Principles

- I can speak to people who have the knowledge and expertise to advise and help me to get the support I need.
- I have access to clear and practical information that supports my wellbeing and ability to be independent.

In Practice

- 1) I have access to independent advice and support as needed.
Best Practice example - "The Hope Guide is really useful to help me find a group. It would be even more useful if there was a central website with all available information, this site could be developed with people who use services".
- 2) Advice and information empowers me to make an informed choice on what is available locally. This includes support for filling in forms and accessing the benefits system.
Best Practice example - "CAB at the One-stop-shop is where I always go for advice on anything related to benefits or finances. They are always really helpful".
- 3) Organisations clearly explain what support they are responsible for providing and how this links with the support provided by others.
Best Practice example - "The Intensive Team gave me a leaflet with all their information including how the team worked and the time frame their support would run for. I felt better supported as I understood the team".
- 4) I receive up to date, accurate information on services, groups and one-to-one support available, especially in times of first onset, transition or additional stress.
Best Practice example - "My GP told me about Talking Therapies, I booking online or by phone is simple, and when I left a message they got back within 24 hours".
"It felt like the information I need was locked in a safe and I didn't have the combination. One place which details all available support can be lifesaving".
- 5) The advice I receive takes into account issues that might stop me getting the best information, such as my age, culture, race, religion, disability, gender identity and sexual orientation.
Best Practice example - "B&NES Council is working in collaboration with GPs to understand the needs of recently arrived refugees".

- 6) Information is available to meet my individual communication needs including: large print, web based, interactive technology, different languages (including sign language).

Best Practice example - "Age UK provide large print options on their website". ? Are interpreters available in services?

References

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