

Psychology Service User Involvement Group (PSUIG) Newsletter

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Welcome to the third edition of Psychology Service User Involvement Group (PSUIG) Newsletter. PSUIG aims to promote high quality, recovery focused user involvement in psychology services throughout the Trust. This newsletter has been developed to keep you up-to-date on interesting involvement activities and projects taking place within the Trust. In each edition we will showcase an involvement project that represents a good example of service user involvement, in addition to other interesting involvement activities taking place around the Trust. If you would like to contribute to future newsletters, please email either Jeffy Wong (wongjeffy@gmail.com) or Joe Oliver (joseph.oliver@slam.nhs.uk). More information about PSUIG can be found on the intranet here:

<http://sites.intranet.slam.nhs.uk/psychology/sui>

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What and Why?

The Work of the MAP CAG Advisory Group

By Claire Barracliffe

The Advisory Group was set up in 2010, as a response to the reorganisation of the previous borough structures of SLaM to the new MAP CAG. It was a recognition by SLaM of the importance of working in partnership with service users in moving forward with service developments and improvements.

The MAP CAG stands for Mood, Anxiety & Personality Clinical Academic Group – an organisational structure which manages services for mood, anxiety & personality disorder across SLaM. The Advisory Group members have experience of using mental health services and meet every month. We work with the senior managers to keep the views of service users at the heart of all strategic developments.

Now in our second year, we have established a solid track record of working with a wide reach of SLaM stakeholders – from managers, other service users, voluntary organisations and local service user groups. This has been a process of learning together that has been both rewarding and innovative, as through it the service user voice has become integrated into the new structures and pathways, rather than acting as a consultative body on decisions that have been taken. We are working with clinicians and managers at the coal face of some of the challenges facing mental healthcare in today's economic climate.

This has enabled us to bring the perspective of delivering quality, and its measures, in what really matters to us as patients. We seek to build on the achievements of the Trust, to identify, mark and scale up excellence where we can, and to focus on objectives that will enhance well-being for the near 50,000 people across the Trust who

depend on flexible services that can meet their real needs, at the real point of need.



Members of the Mood Anxiety & Personality Clinical Academic Group and Service Users Academic Group

We comprise 10 members, with the Patient and Public Involvement Lead, a Deputy Director, the Head of Clinical Pathways, and invite SLaM specialists to particular discussions, such as a Clinical Governance Officer, CAG Managers or the Head of Research.

To date, we have taken part in a series of peer reviews across SLaM to help prepare teams for the CQC inspections; collaborated on the new Privacy and Dignity Policy; appointed a member to the Education and Research Committee; facilitated a psychotherapy focus group; and are contributing to a research project (called the MAPLE Project) run by the Institute of Psychiatry to examine the impact on service users of the change to the MAP CAG structure. This research project aims to develop a model that will help improve service delivery.

We have played a key role in planning and running a stakeholder event on the reconfiguration of psychological therapies and are now working to incorporate into the new service specification where

we can, the feedback gathered from our involvement work with service users over some months. Our input into the reconfiguration of the psychological therapies continues via the structure of the Project Implementation Board, which will now support an operational group.

Our further involvement work includes a forthcoming workshop on developing a framework for evaluating the success of the newly configured services, and two short-term working groups on patient experience & developing good information for stakeholders. Advisory group members will participate in these and we will encourage participation from the local LINKs. A short report on the way service user and carer feedback has helped shape the new service structures to date is available from the Advisory Group.

Feedback from the stakeholder event has highlighted a number of salient issues. These include, the importance of addressing the needs of black, minority and ethnic communities, equality of access and experience for all service users, whatever their sexual orientation; and the need to support our 4,000 plus staff as we go forward together in a period of significant change and opportunity.

This work is fundamental to SLAM's strategic development and will help lay a foundation for promoting and sustaining quality as we move towards changes in commissioning and standardised outcome measures.

We have made significant steps forward in the last few months towards some of our key aims. Clinical research & service delivery is now a standing agenda item. We are working hard to improve our communications with stakeholders, and we now produce a monthly briefing sheet which updates people on our current work. It is circulated to service user groups and forums; voluntary organisations connected with SLAM; is posted on the SLAM/TWIG website; sent to senior staff and reaches all staff members in the CAG via the MAP CAG internal newsletter. Also part of our communications resource will be a "Short History and Vision for the Future" leaflet to involve more people and help set our goals for the future. We hope soon to have a presence of some kind on the SLAM website to communicate more widely and demonstrate SLAM's commitment to including service users at the centre of strategic development.

We are engaged in working to promote excellence within the Trust in the way outcome measures are collected, and to give voice to the need for collaboration and joint ownership with service users. A group member has written a report drawing on positive experience of this in the Touchstone Centre Therapy Programme. We believe that quality and excellence in supporting this process helps the Trust's return on investing in people and translates into better quality of life for those using the service. We are currently thinking with senior managers about the possibility of running a workshop event on measurement processes and outcomes in psychological therapies.

We look forward to continuing to contribute to mental health services, to support people's well-being and recovery as we work with the many dedicated clinicians and teams striving to deliver high quality services and to face the challenges ahead together.

Interview with Adrian Webster

By Carmine De Rosa



Carmine De Rosa interviewed Adrian Webster, pictured, about user involvement and peer support work.

Adrian has always been interested in equalities work and has attempted to address some of the issues related to Black Minority

Ethnic (BME) community's access to psychology. He strongly believes in the importance of promoting equality, partly because he comes from an immigrant family. His mother was a German Jew who escaped Nazi Germany; she also used psychiatric services later in her life.

Peer Support

Adrian is currently providing supervision and support for peer supporters working with the Lambeth Vital Link peer support project. The role involves providing advice and support to assist them with the difficult work they do, providing one to one support to service user in-patients. The ward environment can be tough going if you have personal experience of ward life. Peer supporters can provide valuable support to service users in treatment but this should not be seen as a cheap option. Providing effective support structures including professional supervision not only supports the work they do but places value on the work they undertake. The knowledge, experience and skills peer supporters can bring to mental health services should be valued.

Values

Being involved in service user involvement projects keeps Adrian connected to the main point of the service. It also allows him to make a contribution which reinforces the values which brought him into the profession in the first place. Psychology has an important role to play in effectively supporting peer support initiatives. Psychologists can provide effective supervision and training for peer supporters and the psychology user involvement group (PSUIG) is a good way of promoting peer led initiatives.

The common theme between user involvement and equality work is passion, you can draft all the documents in the world but unless you feel strongly about something, nothing is going to change. Culture change will not start from a policy document; you need to have structures which will allow for input from the shop floor.

Supported by senior managers

I asked Adrian what made being involved in user involvement projects easier. "Having senior management on side was helpful and being a manager in a position of power meant he could make things happen. Focusing on the values that are the foundation of my clinical practice allows me to be passionate about the user involvement I have been involved in. PSUIG has been a positive experience as there is a beautiful level of engagement between

users and clinical staff. The group have supported and nurtured many user involvement initiatives”.

Adrian Webster’s work is an excellent example of co-production, working professionally with peer supporters to support their work. This places value on the knowledge, experience and skills peer supporters can bring to mental health services and that this should be taken seriously. PSUIG’s goal is to promote partnership and co-production and to provide recovery focused interventions. Adrian’s experience, professionalism and passion for user involvement is an inspiration and example to us all.

"This cartoon was drawn by Anthony Merrett, who has been attending CBT. It expresses how he felt at the start of therapy and how he has been feeling generally more optimistic about life now".



PSUIG Consultation

By Jo Allen, Psychologist & PSUIG member

When I joined the trust in January this year, I became involved in my team's service-user involvement group. This group brings together staff and service-users from the South Southwark Support and Recovery service. It has been very successful in involving service-users in service development, sharing information and supporting service-users in an informal way. However the service-users initially involved in the group planning have now moved on and the group numbers have been variable, so we have been thinking of ways to revive this important group. I spoke to Emma Harding, our service-user involvement lead and she mentioned that PSUIG offer consultation and recommended I attend a session to ask their advice.

I went along to the Maudsley Psychology department and entered a room packed full of experienced psychologists, service-users and service-user involvement experts. Everyone was very welcoming and the meeting was well chaired by Joe Oliver. I thought I was coming to observe and would have an opportunity to chat to someone afterwards. However Emma brought up my concern as a consultation agenda item and before long I was describing the issues to the group.

The group took my problem seriously and discussed various options for change. One of the suggestions was to convene a focus group asking service-users what they found helpful about the group presently; what topics they would like to see in the future; ideas for getting new people involved in the organisation; and how we can encourage people to share their views. They also proposed including a feedback section in the meetings possibly anonymously with post-it notes. Another idea was to introduce a buddy system for people to support each other and possibly enable people to feel more comfortable to discuss topics openly. It was suggested we leave a section at the end for service-users to meet by themselves to debate issues they felt uncomfortable discussing with professionals. Furthermore, Anne Kirby, Service User lead for the psychosis CAG,

offered to ask service-user consultants, who are experts in group development to come and help collaborate on the group to encourage the service-users to get involved in group planning.

I brought back the ideas to the other group facilitators and the experience of attending the PSUIG consultation slot has given us the impetus to hold a strategy meeting and to implement some of the suggestions. I would recommend the consultation slot to anyone who wants support in developing any service-user involvement projects. The group were very friendly and professional and gave interesting, practical and realistic advice given their knowledge of the trust and service user involvement. It was particularly nice to see service-users actively involved in this group. Their advice was particularly useful and meant there was a range of views in the group.