Newsletter

Faculty of General and Community Psychiatry
The Royal College of Psychiatrists

Issue 8 **Spring 2004**

Service User Views: Not an optional extra

Paul Blenkiron

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Other professionals in the community mental health team (CMHT) agreed to take part, despite some understandable reservations about completing more paperwork. This was not helped by the simultaneous re-launching of new CPA documentation. However, the local managers readily agreed funding for support and a training day on CUES was organised with the Royal College of Psychiatrist's Multi-centre Audit Team.

Service users receiving CMHT input were asked to complete CUES anonymously, either on their own or with help from family, friends or advocates at the local resource centre. We achieved a response rate of 72% (86/120 replies). CUES served two main purposes. First, the care coordinator went through the replies with the individual concerned in order to make improvements to their clinical care plan (useful changes were made in 49% cases). Second, CUES acted as a baseline to identify gaps in local services and (we hope) act as lever for change.

What were our findings? Service users were most unhappy with their "Social life" (only 49% satisfied) and "How you spend your day" (55% satisfied). We are currently looking at how leisure and group activities can be improved, both in and out of mental health services. "Relationship with Mental Health Workers" achieved one of the highest levels of satisfaction (87%), but some bias is likely as respondents knew that their care coordinator would later be seeing the replies. One question arising from this project was how these satisfaction levels would compare with those of the general population - something we are now investigating locally.

We also examined the 397 free text comments made by service users. Their commonest problem by far was financial difficulties, followed by a lack of confidence mixing socially and the stigma of mental illness. Respondents raised concerns about understanding social security benefit forms, and poor access to NHS dentistry, more often than questions about medication and treatment. The issues important to these individuals do overlap, but do not always coincide with, government policy initiatives such as the National Service Framework.

Being older or having a psychotic disorder increased a service user's satisfaction levels, but their gender and duration of mental illness did not affect satisfaction. Perhaps predictably, those labelled as personality disorders were the least satisfied of all. One important take-home message was that those who were satisfied with their life in general (housing, money, relationships) were significantly more likely to be happy with their mental health care. So service satisfaction is affected by social circumstances beyond the direct control of mental health professionals. This is important because the Department of Health is currently piloting CUES-U as a possible outcome measure, before implementing an NHS minimum dataset for mental health. ("Not everything that counts can be counted, and not everything that can be counted counts").

Our experience suggests that the future success of worthy initiatives like CUES depends upon reducing (not adding to) the paperwork of professionals. Service users' views should be built into the CPA process. We also need to be clear about the practical purpose of involving service users in the development of local mental health services. As John Cox, Past President of the Royal College of Psychiatrists, once commented: "Isn't a vision without resources a hallucination?" Moreover, as only one-third of our respondents were rated as actively engaged in the CUES process, we must avoid consultation fatigue. However, I feel one thing remains certain: involving service users in their care is no longer an optional extra.

If you wish to make a comment or respond to this article email us at adultpsychiatry@yahoo.co.uk Pages 4-5

From the Editor

This issue of the newsletter carries articles on the Mental Health Bill, advanced access for patients in primary care, CPD, research and the role of service users and training issues among others. The variety of topics in this newsletter highlights the range of issues that we deal with as psychiatrists working in the UK. We have not published many articles concerning training and supervision, and hope to do so in our future issues. So a request especially to trainees: do send in articles concerning clinical training and related issues to us.

The next faculty residential meeting jointly with the Collegiate Training Committee (CTC) will be in Cambridge, 14th - 15th October 2004. The first day of the conference is themed "Getting into the mood using the appliance of science" and will have workshops in the afternoon. I am glad to say that our workshops have been well received by our members. The second day is themed "What has biological psychiatry research taught adult psychiatry?" We also have a debate on the second day on Multi-Agency Public Protection Panels (MAPPPs) and their implications on the doctor-patient relationship. This is no doubt going to be an important theme in mental health care in the UK. In this issue we include the preliminary programme of the October conference. We hope to see many of you there: apart from the stimulating workshops, topics and presentations, it will also be an opportunity for you to share your concerns and thoughts on mental health care with your colleagues.

The faculty executive committee meets four times a year at the College and discusses issues that are immediately relevant as well as discussing future work of the faculty in the light of new policy and initiatives. Matters of importance for the College are normally published on the College website. The faculty executive needs to know your thoughts and views on these issues. So please do keep sending these to us, either through your regional representatives or by directly contacting us through our web page.

It should be also of interest for members to note that the College website is going through a period of restructuring, and in the not-too-distant future, members should have more opportunities to interact with the College, and be able to do more through the College website.

In this issue

How to contact us

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Our web page

To log on: Type in www.rcpsych.ac.uk, click on the College, then click on Faculties

Go to Faculty of General and Community Psychiatry

Service user views: friend or foe?

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Service users receiving CMHT input were asked to complete CUES anonymously, either on their own or with help from family, friends or advocates at the local resource centre. We achieved a response rate of 72% (86/120 replies). CUES served two main purposes. First, the care co-ordinator went through the replies with the individual concerned in order to make improvements to their clinical care plan (useful changes were made in 49% cases). Second, CUES acted as a baseline to identify gaps in local services and (it is hoped) to act as lever for change.

What were our findings? Service users were most unhappy with their "Social life" (only 49% satisfied) and "How you spend your day" (55% satisfied). We are now looking at how leisure and group activities can be improved, both within and apart from mental health services. "Relationship with Mental Health Workers" achieved one of the highest levels of satisfaction (87%), although some bias is likely, as respondents knew that their care co-ordinator would see their replies. One question arising from this project was how these satisfaction levels would compare with those of the local population - something we are now investigating.

We examined the 397 free text comments made by service users. The commonest problem by far was financial difficulties, followed by a lack of confidence mixing socially and the stigma associated with mental illness. Respondents raised concerns about understanding social security benefit forms and accessing NHS dentistry, more often than questions about medication and treatment. The issues important to these individuals do overlap, but do not always coincide with, government policy initiatives such as the National Service Framework.

Being older or having a psychotic disorder increased a service user's satisfaction levels, but their gender and duration of mental illness did not. Those diagnosed as experiencing personality disorders were the least satisfied. An important "take home" message was that those who were satisfied with their life in general (housing, money, relationships) were significantly more likely to be happy with their mental health care. This suggests that service satisfaction is affected by social circumstances lying beyond the direct control of mental health professionals. This is important because the Department of Health is currently piloting CUES-U as a possible outcome measure, before implementing the NHS Minimum Data Set for mental health. ("Not everything that counts can be counted,

EDITORIAL

Well things are really 'hotting up' here in Manchester. This unfortunately has nothing to do with the weather. Instead I am referring to the European Association for Behavioural and Cognitive Therapies (EABCT) Conference coming to town. The Scientific Programme looks fantastic – matched only (though some may say eclipsed) by the social events.

Manchester is a fantastic City and I personally am very excited about showing it off at the conference – I'm a Yorkshire lass so this is praise indeed. I was surprised to hear this week that it wasn't just Yorkshire people who were coming round to the idea of Manchester being such a fantastic city. Sarah Bruce, a colleague of mine, reports that her grandfather, on hearing she was moving to Manchester, was very excited by this and quoted an old North east saying: 'ee ya'v neva lived till ya'v bin ta Manchester!' So much for County rivalries.

This edition of the Magazine has quite a 'professional issues' flavour. Our feature article is written by Paul Blenkiron who has been championing 'increased meaningful service user involvement & inclusion in service planning'. I was really pleased that Paul agreed to write this piece because in many of our services this work is startlingly lacking. Hopefully, through this forum, we can help Paul impact not only on his service, but on those of our readers.

We have two book reviews, one on supervision and one on how to become a clinical psychologist (I will add that to my 'must read' list!). There is obviously a clinical psychology theme, if not 'core', to both of these contributions but hopefully the former will be of interest to one and all.

Continuing with professional issues theme, the Accreditation and Registration Committee have been working very hard, as usual, and have compiled a supplement for anyone who has anything to do with supervision – giving or receiving – I am sure you will find it very useful.

Last, but certainly not least, I want to draw your attention to a flyer from OCD Action. We would appreciate it if you could put this up in your places of work to publicise this valuable organisation who provide amazing support for individuals living with what are often such a debilitating difficulties.

All that is left to say is 'happy reading' and I hope to see you in Manchester

Mary Welford
magazine@babcp.com

Contents

Collaborating with Service Users: the CUES Project

Feature by **Paul Blenkiron**

As healthcare professionals in the United Kingdom, we are learning to live in a climate of seemingly constant structural change. The American writer Marsha Sinetar aptly observed that "Change can either challenge or threaten us. Your beliefs pave your way to success or block you". Alongside the growing scrutiny of our professional practice, one important development is the increasingly powerful voice of those we are there to help – the individuals we call our clients, patients or service users. Recent Department of Health publications have promoted this trend. "Patient and carer experience" is one of the main areas used for determining performance in the National Service Framework for Mental Health (1999). The Mental Health Policy Implementation Guide (2001) envisages "increased meaningful service user involvement & inclusion in service planning". Similar changes are occurring in clinical research. The Service User Research Group in England (SURGE) is part of a new Mental Health Research Network supported by the National Institute of Mental Health. It is encouraging collaboration between clinical academics and service users in large scale studies to address basic questions about the risks and benefits of therapies (see www.mhrn.info).

Of course, cognitive behavioural therapists are no strangers to user involvement. Cognitive Behaviour Therapy (CBT) emphasises collaboration between the therapist and client, socratic enquiry and guided self-help. The client is also encouraged to provide feedback to their therapist on the most helpful aspects of therapy, backed up by rating scales and questionnaires. As therapists we believe that a clear invitation from us to the client to modify (or openly disagree with) formulations, goals, and homework suggestions will usually strengthen our working relationship and positively affect the final outcome.

My job includes cognitive behaviour therapy and also working as a psychiatrist in an adult Community Mental Health Team (CMHT) with community psychiatric nurses, social workers, a psychologist and an occupational therapist. We recently decided to find out how satisfied our service users in North Yorkshire actually are. One questionnaire caught our attention: Carers' and Users' Expectations of Service – User Version (or "CUES-U"). It is a self-rated booklet that was developed jointly by the National Schizophrenia Fellowship (now known as Rethink), the Royal College of Nursing Institute, and the Royal College of Psychiatrists. CUES-U covers the top 16 issues that service users - rather than professionals - have identified as being their priorities. These include areas of quality of life (eg "Where you live", "Money" and "Social life"), as well as health service measures (including "Access to mental health services", "Your medication", "Information & advice" and "Advocacy").

All the professionals in our CMHT agreed to evaluate the service using CUES, despite some understandable reservations about completing more paperwork. The local managers readily agreed funding for support and a training day was organised with the Royal College of Psychiatrists Multicentre Audit Team.

Service users receiving CMHT input were asked to complete CUES anonymously, either on their own or with help from family, friends or advocates at the local resource centre. We achieved a response rate of 72% (86/120 replies). CUES served two main purposes. First, the care coordinator went through the replies with the individual concerned in order to make improvements to their clinical care plan (useful changes were made in 49% cases). Second, CUES acted as a baseline to identify gaps in local services and (hopefully) act as lever for change.

What were our findings? Service users were most unhappy with their "Social life" (only 49% satisfied) and "How you spend your day" (55% satisfied). These findings have been replicated in other studies using CUES nationally. We have tried to address this problem on three levels: individual face to face work (eg activity scheduling), provision of a "Self Management of Depression" CBT group therapy programme, and better access to employment & training opportunities via appointment of a workplace experience officer.

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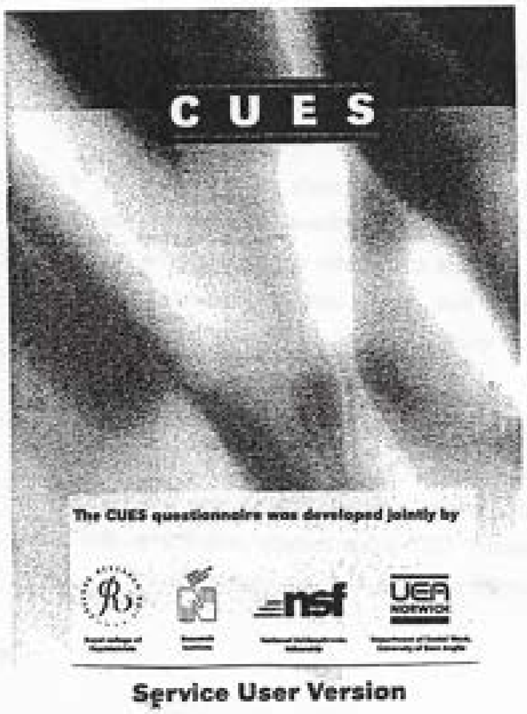
"Relationship with Mental Health Workers" achieved one of the highest levels of satisfaction (87%), but some bias is likely as respondents knew that their main healthcare professional would later be seeing the replies. About one third of respondents had a psychotic or bipolar disorder, one third were depressed and one third had a range of anxiety disorders. Further statistical analysis showed that being older or having a psychotic disorder increased a service user's satisfaction levels, but their gender & duration of mental health problems did not affect satisfaction. Perhaps predictably, those labelled as having personality or relationship difficulties were the least satisfied of all. One question arising from this project was how these satisfaction levels would compare with those of the general population (and health professionals themselves) - something we are now investigating locally.

We also examined the 397 free text comments made by service users. Their commonest problem by far was financial difficulties, followed by a lack of confidence mixing socially and the stigma of mental illness. Service users said that they wanted general practitioners and psychiatrists to consider the full range of psychosocial treatment interventions, not simply to prescribe medication. This view echoes the 2001 Department of Health Treatment Guideline on Psychological Therapies (www.dh.gov.uk/PublicationsAndStatistics/) which makes frequent references to the efficacy of CBT. Respondents also wanted their mental health workers to use "uncomplicated language – straight talking not long words". For cognitive behaviour therapists, this should ring familiar bells (eg using phrases such as "extreme ways of thinking" or "unhelpful rules", rather than "cognitive distortions" and "dysfunctional assumptions"). Suggestions from service users for improving services included a call for wider provision of self help materials, more user-support groups, and better resources for training professionals, especially for those who deliberately self harm.

The issues important to individuals in our study did overlap, but did not always coincide with, government policy initiatives such as the National Service Framework for Mental Health. For example, respondents were often more concerned about understanding social security benefit forms, and poor access to NHS dentistry than they were about options for specific mental health treatments. Long waiting lists for psychological services was identified as a major problem, although no one specifically mentioned CBT by name.

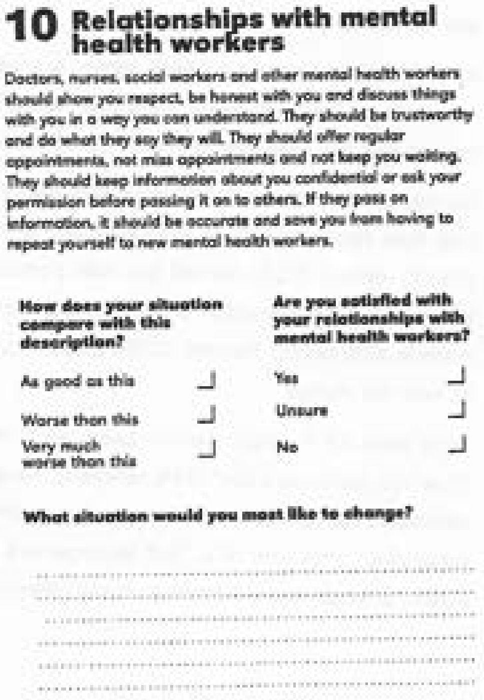
An important take home message from CUES was that those who were satisfied with their life in general (housing, money, relationships) were significantly more likely to be happy with their mental health care. So it seems that service satisfaction is affected by social circumstances lying beyond the direct control of mental



CUES

The CUES questionnaire was developed jointly by

Service User Version



10 Relationships with mental health workers

Doctors, nurses, social workers and other mental health workers should show you respect, be honest with you and discuss things with you in a way you can understand. They should be trustworthy and do what they say they will. They should offer regular appointments, not miss appointments and not keep you waiting. They should keep information about you confidential or ask your permission before passing it on to others. If they pass on information, it should be accurate and save you from having to repeat yourself to new mental health workers.

How does your situation compare with this description?		**Are you satisfied with your relationships with mental health workers?**	
As good as this	☐	Yes	☐
Worse than this	☐	Unsure	☐
Very much worse than this	☐	No	☐

What situation would you most like to change?

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health professionals. This is important because the Department of Health is currently piloting CUES-U as a possible outcome measure, with a view to implementing an NHS minimum data set for mental health. ("Not everything that counts can be counted, and not everything that can be counted counts").

Our experience suggests that the future success of initiatives like CUES depends upon reducing (not adding to) the paperwork of professionals. Service users' views should be regularly built into the assessment process, in the same way that formulation in CBT is not simply a "one-off" event. We also need to be clear about the practical purpose of involving service users in the development of local mental health and psychology services. As John Cox, Past President of the Royal College of Psychiatrists, once commented: "Isn't a vision without resources an hallucination?"

My core belief that all service users would welcome attempts to elicit their views was not entirely confirmed. Professionals rated only one third of respondents as "positively engaged" with the consultation process (these were more often women than men). This indicates that we must avoid consultation fatigue in those we are trying to help. However, one thing remains certain: involving clients in their care is not an optional extra. The voice of those who use our mental health services has yet to be fully realised: they have an important role in ensuring that access to good quality and timely CBT is achieved for all those that can benefit from it. As the German writer Lichtenberg (1742-99) noted: "I cannot say whether things will get better if they change: what I can say is that they must change if they are to get better".

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Further Information

1. CUES-User Version is available from The Royal College of Psychiatrists Research Unit, 83 Victoria Street, London, SW1H 0HW, tel 020 7227 0839, www.rcpsych.ac.uk/cru, or E-mail kim.mclellan@virgin.net
2. Blenkiron P, Mo KH, Cuzen J and Hammill AC. Involving service users in their care: the CUES Project. *Psychiatric Bulletin (The Journal of Psychiatric Practice)*, 2003 Sept; 27: 334-338. http://rcpsych.org/content/abstract/27/9/334
3. Blenkiron P, Hammill CA. What determines patients' satisfaction with their mental health care and quality of life? *Postgraduate Medical Journal*, 2003 July; 79(932): 337-340.

Table: Cues-U questions on Satisfaction

QUALITY OF LIFE	
1. WHERE YOU LIVE	Are you satisfied with the place you live in?
2. MONEY	Do you have enough money to meet your basic needs?
3. HELP WITH FINANCES	Are you satisfied with the level of help you get with your finances?
4. HOW YOU SPEND YOUR DAY	Are you satisfied with the way you spend your day?
5. FAMILY & FRIENDS	Are you satisfied with your relationships with the people closest to you?
6. SOCIAL LIFE	Are you satisfied with your social life?
7. STIGMA & DISCRIMINATION	Are you satisfied with the way other people treat you?
MENTAL HEALTH SERVICE	
1. INFORMATION & ADVICE	Are you satisfied with the information and advice you get?
2. ACCESS TO MENTAL HEALTH SERVICES	Are you satisfied with your ability to get help when you need it?
3. CHOICE OF MENTAL HEALTH SERVICES	Are you satisfied with the range of choice you have?
4. RELATIONSHIPS WITH	Are you satisfied with your relationships with mental health
5. CONSULTATION & CONTROL	Are you satisfied with the level of consultation and control you have?
6. ADVOCACY	Are you satisfied with the help you get in difficult situations?
7. YOUR DRUG TREATMENT	Are you satisfied with your current medication?
8. ACCESS TO PHYSICAL HEALTH SERVICES	Are you satisfied with your access (GP, hospital, dentist, opticians, chiropodist)?
9. RELATIONSHIPS WITH PHYSICAL HEALTH WORKERS	Are you satisfied with the way your physical problems are dealt with?

The Royal College of Psychiatrists

Section of Rehabilitation and Social Psychiatry

hereby certifies that:

Dr Paul Blenkiron

has been awarded

The Douglas Bennett Prize 2003

Dr Sarah A Davenport
Chair of the Section of
Rehabilitation and Social Psychiatry

Dr Robin Arnold /Glen Roberts.
On behalf of the Prize Adjudication Committee

Date 17th October 2003