

The Mental Health Conference 2021:
Developing Resilient Mental Health Services
29 June 2021

Case Study: Community-Driven Mental Health Services: Enabling Town Slough

POWER AND OWNERSHIP through co-produced, relational, mental health services

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www.EnablingTownSlough.com
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Once upon a time...



Slough

...something troublesome was happening a few years ago:

- Ward closures – no psychiatric beds left - and a public outcry
- Nearest hospital in Reading 20 miles away
- What happens to complex MH patients?
- What can be done with multiple admissions?

...Bids were invited for 'alternatives to admission'

'ASSiST' was born...

- Tenders – option appraisal – etc
- £225k pa from 2013
- Small multidisciplinary staff team
- Strategic and operational policy written
- Based on 'Assertive Engagement': building safe therapeutic relationships (>1)
- Diagnosis not of primary importance
- But all based on **RELATIONAL PRACTICE and ENABLING ENVIRONMENTS**

FOR WHOM?

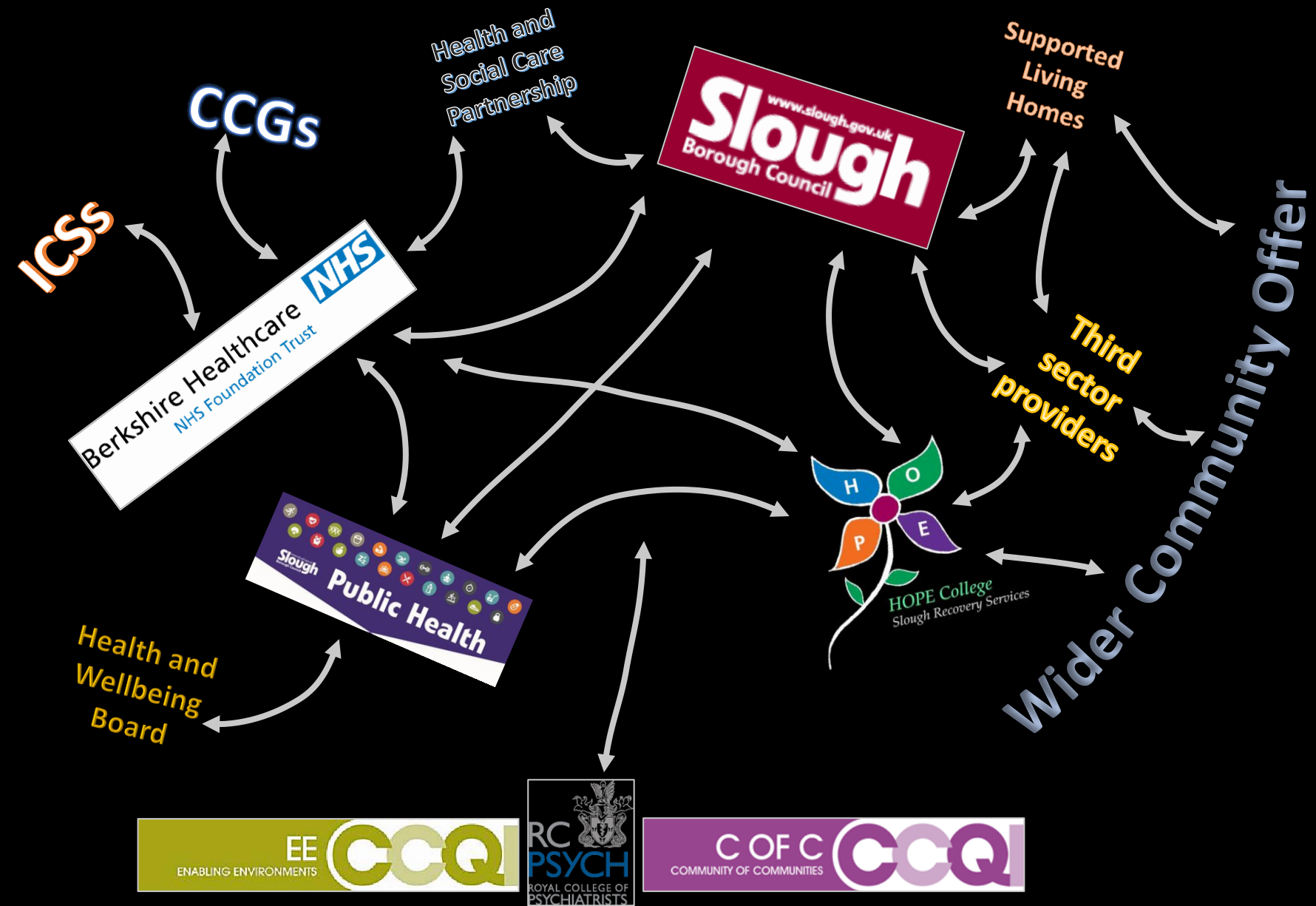
- East Berkshire - wide
- People with >30 bed days in 1yr: 'revolving-door' admissions
- Who weren't helped much by mainstream services
- Non-psychotic
- Often 'personality disorders'
- 'Complex trauma' formulations etc...
- High comorbidity
- Dual Diagnosis
- Several treatments tried
- Do not 'fit the boxes'
- High risk to self

...so a bad time of austerity became an opportunity

From ASSiST grew EMBRACE

- For psychotherapeutic alternatives to mainstream services - after 12 weeks with ASSiST
- A thoroughly co-produced or 'asset-based' therapeutic community
- With co-pro, it grew a whole network of links to cross-agency services across the town
- *Authentic experience of care and containment by the whole system: an ENABLING ENVIRONMENT*

Cross-agency Synergy: working across the whole system



Co-produced service philosophy

Compassion is the foundation of our philosophy and combined with trust and honesty we can thrive in our community together.

We want to be allowed to find our own voices and for our own unique individuality to be heard and seen.

We would like to be empowered to help ourselves based on support, acceptance and kindness which will enable us to grow as people.

We can all learn from each other and we don't always want advice, sometimes it is to be non-judgmentally listened to and validated as human beings.

We are not a diagnosis we are people and we would like to be involved in decisions around our mental health, and when this is not possible – to still be treated with utmost respect.

Please do not concentrate on 'un-wellness' and find at least a small bit of 'wellness' each day.

- *Responsive*
- *Flexible*
- *Adaptable*

...so much so that change is EASY!

...recent example is our adaptations to online groups for covid

Some words we use:

An... enabling

Formulation-driven

Asset-based

Co-produced

Relational

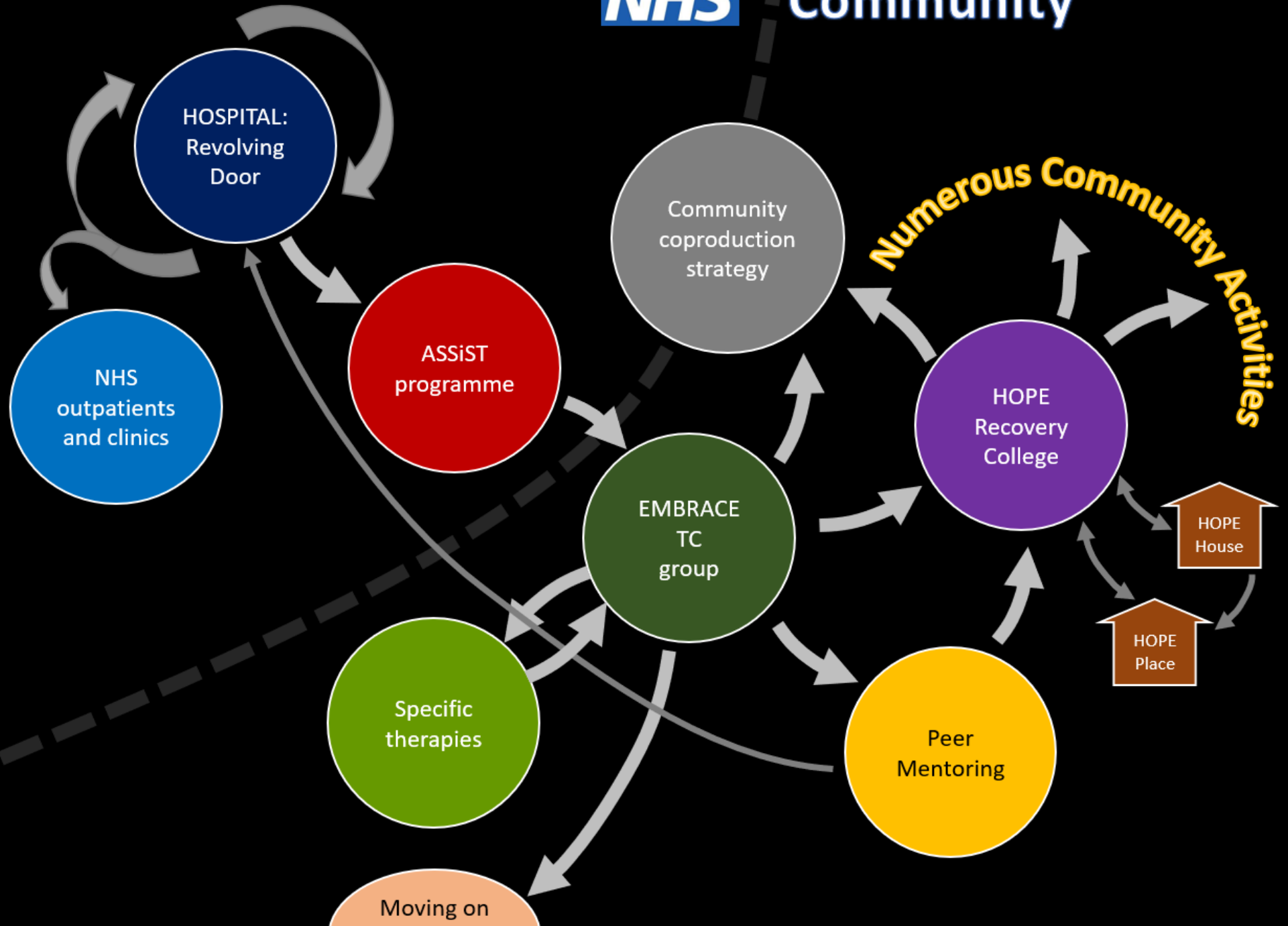
Discovery -focused

Trauma-informed

Bio-Psycho-Social ...programme.

NHS

Community

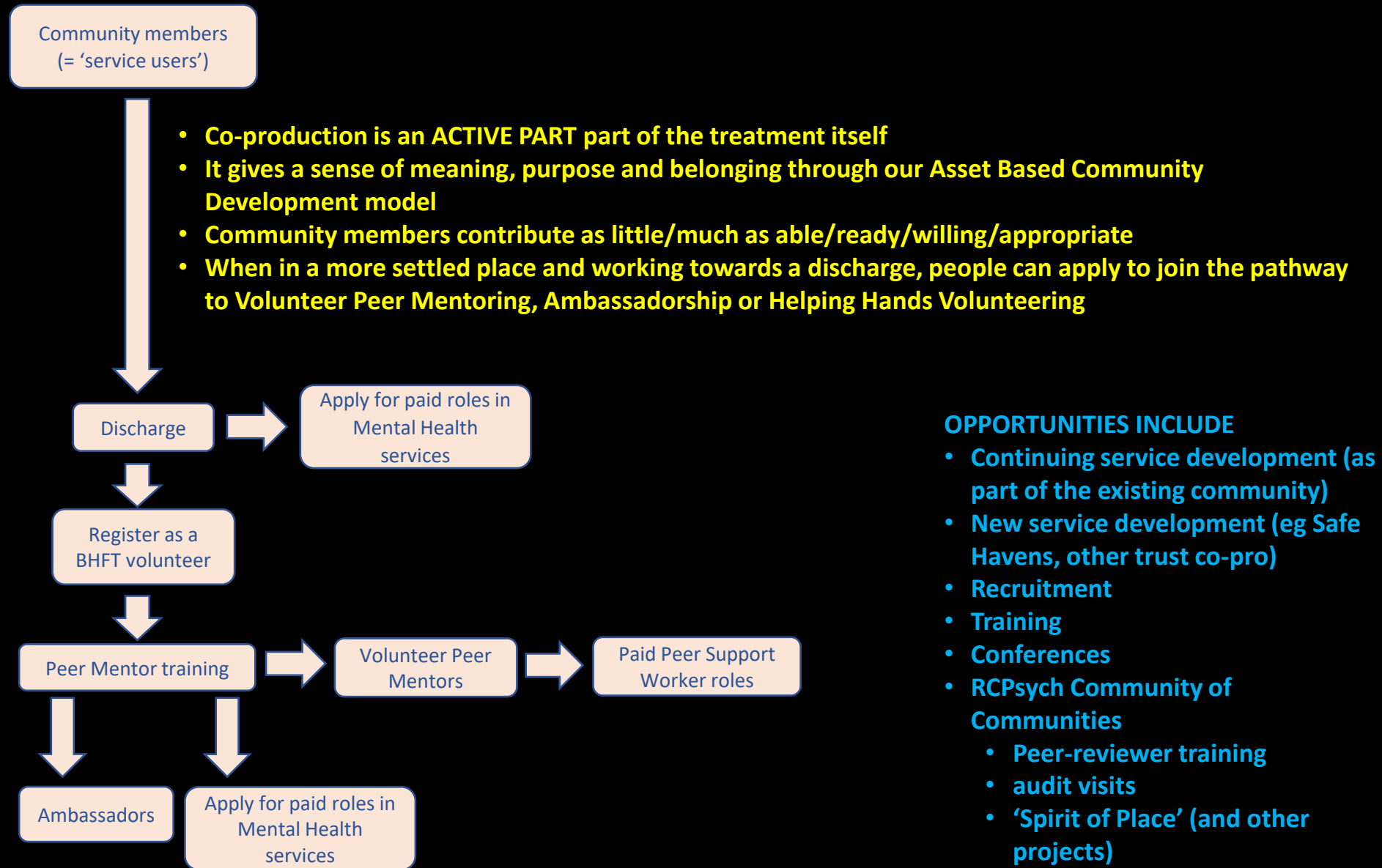


A Flexible Pathway

Numerous Community Activities

- Emotional regulation
- Uni teaching & training
- MH Ambassadors
- IP support network
- Substance misuse
- CCQI
- Healthy living
- Employment
- Sleep hygiene
- Managing anxiety
- Co-pro
- NHS work
- Recovery star
- Anger management
- Group co-facilitation
- Arts & crafts
- Anti-stigma training
- Service Development
- Training
- Community networking
- Safety planning
- Community hub
- Managing depression
- Distress tolerance
- Workshops
- Coffee shop
- Personal development
- Charity work
- Peer audit and research
- Research & evaluation
- Urge management
- Volunteering
- Friends and family
- Volunteering
- Peer mentoring
- Mindfulness
- Compassionate mind

Co-production pathway and roles



OPPORTUNITIES INCLUDE

- Continuing service development (as part of the existing community)
- New service development (eg Safe Havens, other trust co-pro)
- Recruitment
- Training
- Conferences
- RCPsych Community of Communities
 - Peer-reviewer training
 - audit visits
 - 'Spirit of Place' (and other projects)
- External consultancy
- Research involvement

Some of the co-produced extras

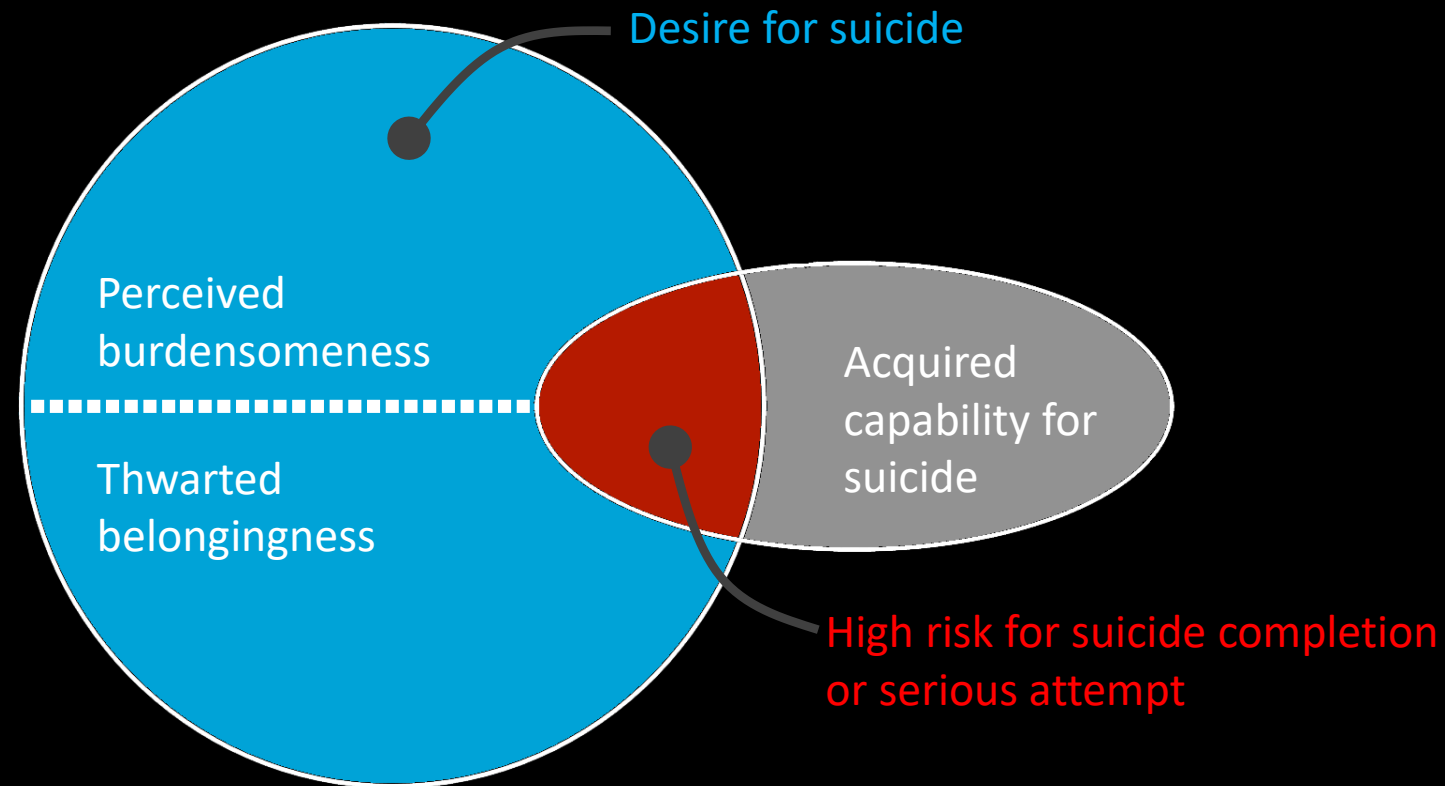
- Ward Embrace
- Reflective Spaces
- Learning Spaces
- Regular review of rules
- Outings
- Themed lunches
- Art-for Fun
- Coffee & Chat
- Green Cloud
- The whole online programme for covid
- Values and goals
- Shared individual outcome data
- Passports, portfolios and certificates
- Visitors' ceremony

Green Cloud – a covid extra



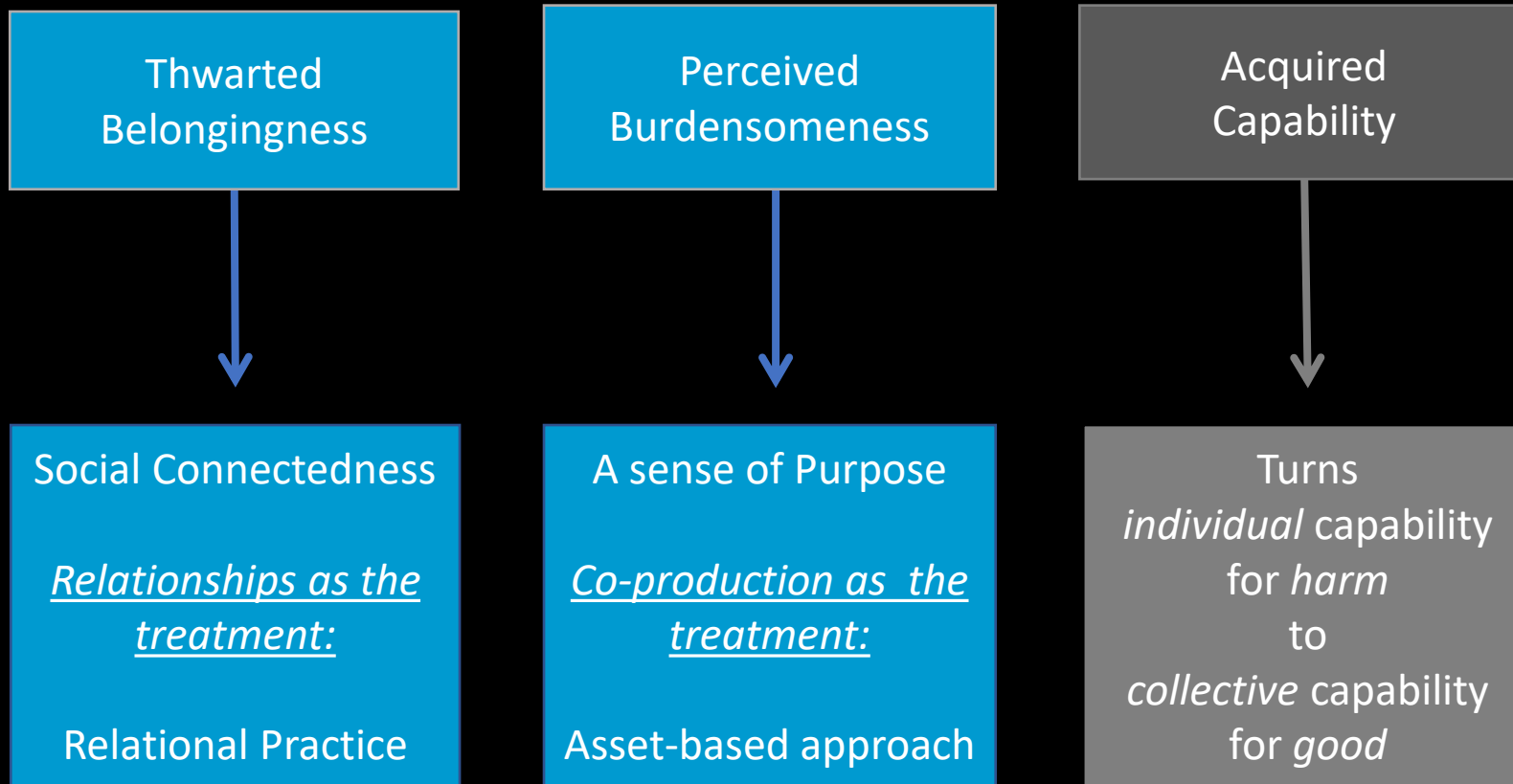
- Weekly online group – 3rd sector
- Structured 'check-in' and 'check out' with planticon evaluation
- Share photos / videos / descriptions of nature experiences
- Light-hearted activity / game / quiz
- Sociotherapy *'it's not a therapy group but people find it therapeutic'*
- Now going international with TC partners in India and elsewhere

Psychological model



Treatment Care Plan

(based on Joiner's model)



Therapeutic community model

- *adapting to the environment:*

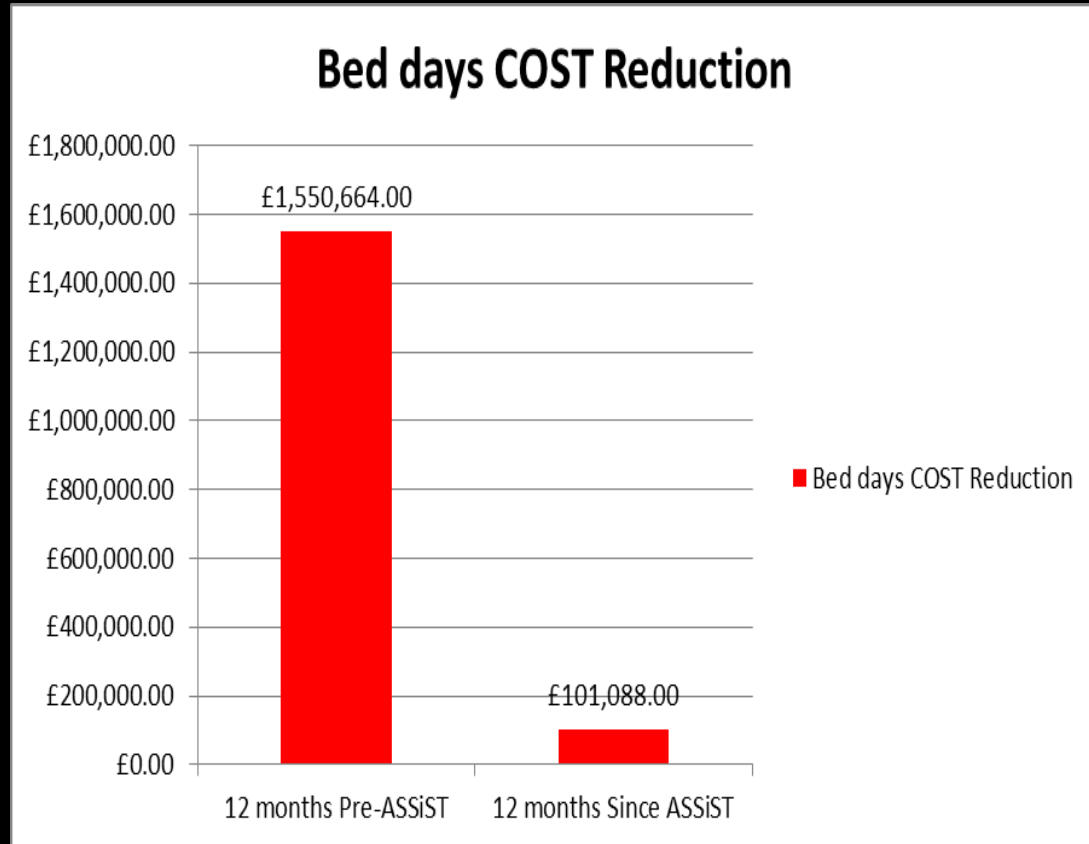
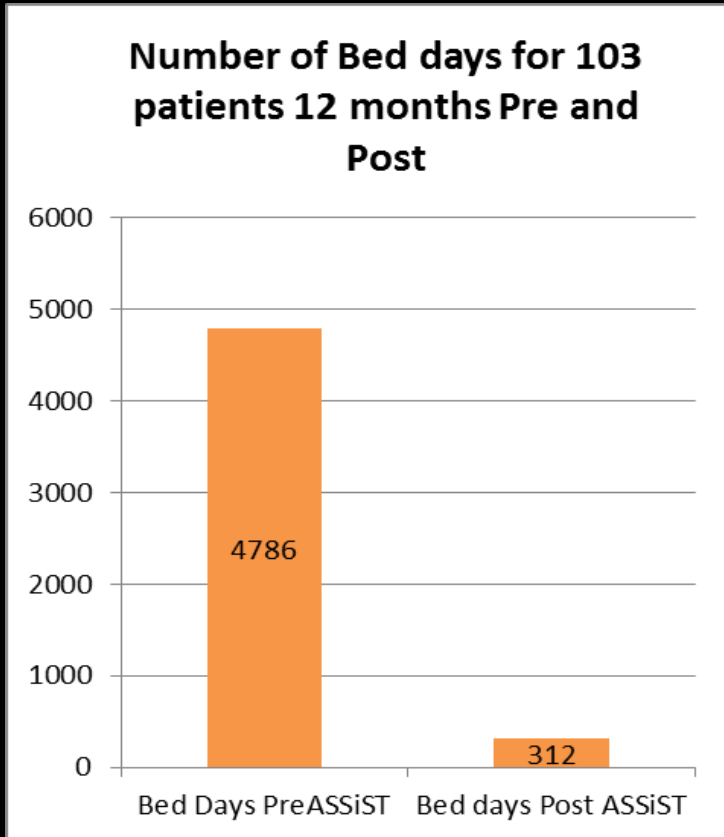
- 1300s Geel, Flanders: mentally afflicted pilgrims in agricultural communities
- Late 1700s Moral Treatment, Retreat York (and elsewhere)
- 1940s and 1950s Democratic Mental Health; Social Psychiatry; hospitals unlocked
- 1970s to 1990s Residential units become non-residential, part of national Personality Disorder Development Programme
- 2000s Enabling Environments – ‘TCs without walls’ or ‘the TC in the head’
- 2020s Relational Practice, flexible adaptations to local needs

Outcome Data (First cohort)

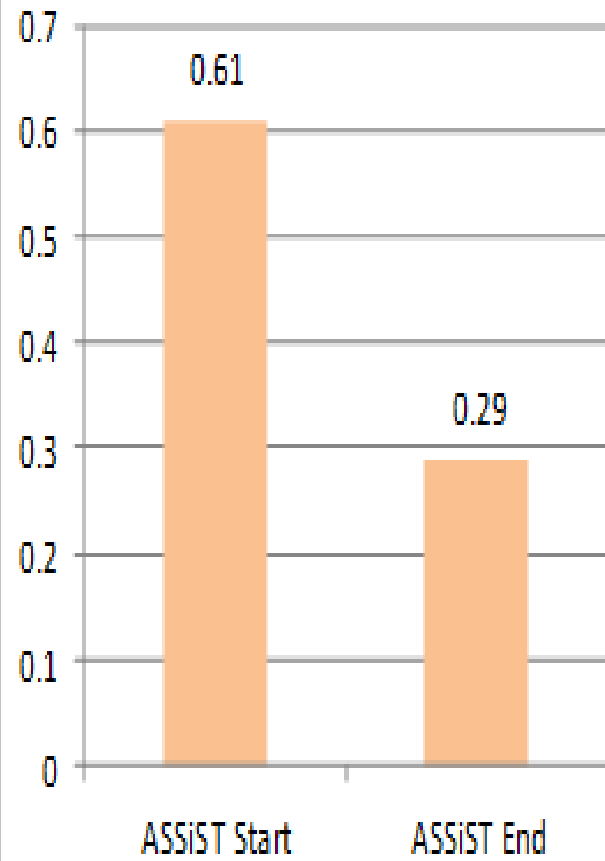
N= 103

	12 months Pre-ASSiST	12 months Since Start Date of ASSiST	REDUCED BY
Number of admission episodes	173	15	91%
Bed Days	4786	312	93%
Cost of Bed days	£1,550,664.00	£101,088.00	93%
CRHTT	4248	1199	72%
A&E	203	37	82%

Bed Days and Cost Reduction



CORE Risk to Self

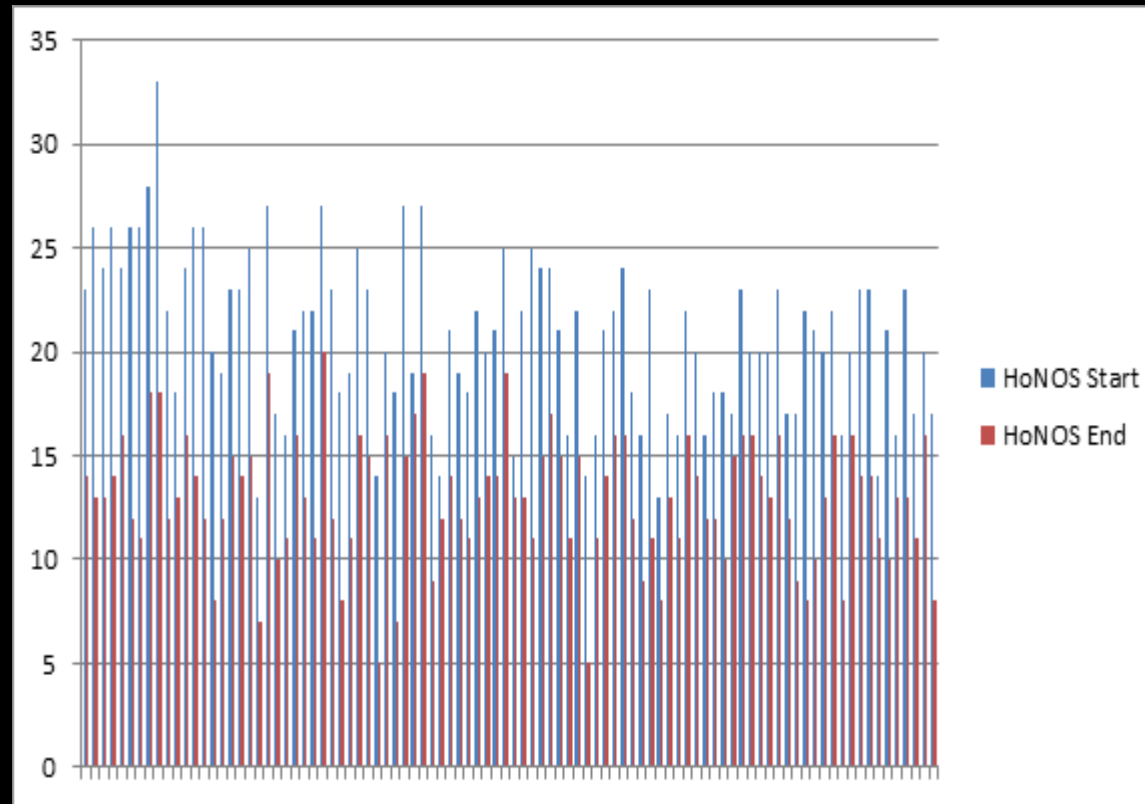


CORE-OM Mean Score



HoNOS Compared Scores

Health of The Nation Outcome Scale (HoNOS) compared scores for the 103 patients pre and post ASSiST.



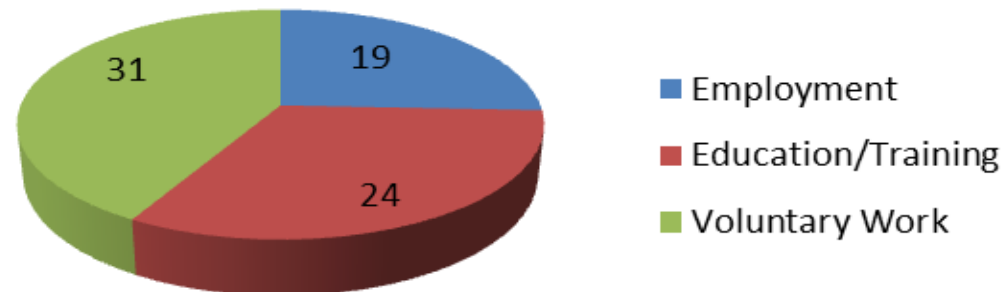
Onward pathways

ASSiST discharged its first 107 patients from services to the following:

Psychiatrist only	19
Psychology	23
Psychotherapy	3
Alcohol/Drug Residential treatment	5
Trauma Service	7
Residential psychological treatment	3
Care Coordination CMHT	25
Supported Living Houses	4
Discharged from MH services	18

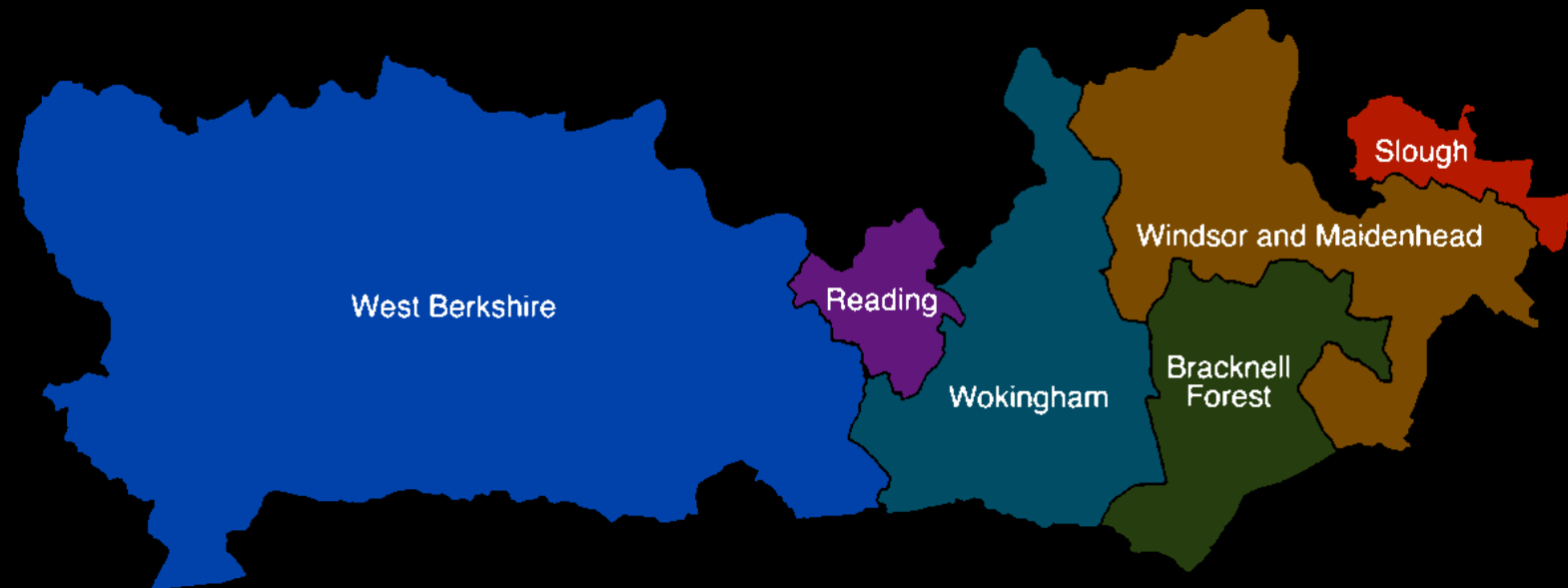
Using wider community resources, 74 patients went on to employment, training and education:

Purposeful Activity Outcome



Recent developments

- Assertive engagement programme (ASSiST) – now scaled up and delivered across the county
- Asset-based therapeutic community (EMBRACE) – being replicated in Bracknell - immediately after Covid restrictions lifted



What happens in Slough?



- Years of developing *co-produced asset-based services*
 - Introduction of HOPE Recovery College, HOPE House (Supported Living), ASSiST (Alternative to admission), EMBRACE (Group Therapeutic Programme), Peer Mentors/Trail Blazers/Wellbeing Practitioners, Slough Academy training opportunities
 - Relational practice and integrated connectivity
 - A co-produced Service Philosophy **StrongerTogether:** "I am not my diagnosis...see my wellness."
 - Gives ownership and social value to all involved
- #NotAlone** Loneliness and Isolation Campaign

www.EnablingTownSlough.com

The screenshot shows the homepage of the Enabling Town Slough website. The header includes the logo "ENABLING TOWN SLOUGH" and navigation links: "Why We Exist", "Community Opportunities", "Community Stories", "Resources", "News & Events", and a language selector "ENG". A red banner at the top right says "If you are a service user or carer, please login here." The main content area features a large teal section with the text "BUILDING ON THE STRENGTHS AND ABILITIES THAT ARE INTEGRAL TO THE SLOUGH COMMUNITY." and a sub-section "Our Mission, Vision and Values What is Co-production?". Below this is a "COMMUNITY STORIES" section with the headline "WORKING WITH THE TEAM AT EMBRACE WAS INVALUABLE" and a "READ AN EMBRACE STORY" link. At the bottom right, there are three buttons: "WHY WE EXIST", "BROWSE OPPORTUNITIES", and "READ COMMUNITY STORIES".

Recognition and commendations

- 2014 RCPsych: Inaugural sustainability award for Greencare project
- 2015-6 BHFT: Best Patient Initiative for co-production
- 2018: Slough Partnership award for community integration
- 2019 National Positive Practice Awards: winner of 'Addressing Inequalities in Mental Health'
- 2020 Partner in Parliamentary launch of 'all age crisis care pathway report'
- Strategic influence of the wider field...
- Participation in numerous conferences, committees and workshops throughout



Also:

2017 CQC commendation for 'the inherent value of the patient's voice'

2017 Local Healthwatch: 'Excellent patient experience example'

2018 Shortlisted for National Innovation in Mental Health Practice

A Shared Vision for the Future (1)

co-production and relational practice

1. 'Being and belonging' (social connectedness)
2. Taking an asset-based approach (social value)
3. Building on service users' existing capabilities
4. Opposite to 'deficit model'
5. Peer network (whole-town approach)
6. Working *with* people, not *on* people

A Shared Vision for the Future (2) – Asset Based Community Development

- Requires a paradigm shift in mind-set for everyone involved
- Sees individuals and communities as the co-producers of health and well-being, rather than the recipients of services.
- Empowers communities to control their own futures.
- Health as a social movement – not a commercial commodity

A Shared Vision for the Future (3) – Enabling Environments across the Town

- The EMBRACE community programme – accredited by RCPsych’s CCQI ‘Community of Communities’ programme
- Supported housing providers – are required through commissioning process to work for accreditation by the RCPsych’s CCQI ‘Enabling Environments’ award
- Relational practice to be supported by training in different settings
- Relational working at strategic level – work in progress, most impact so far on CJS policy!

THE END



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