Making Our Voice Count

Suffolk user forum

Our Feedback

1st October 2021 - 30th December 2021

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Making Our Voice Count
Introduction

Suffolk User Forum is an independent mental health user-led, involvement, peer support and advocacy organisation.

Listening and giving people a voice by opening conversations about mental health and emotional wellbeing, is at the heart of our organisation.

Making our Voice Count is our feedback report on service user and family carer experiences of mental health and wellbeing services in East and West Suffolk.

This report provides feedback for the period 1st October 2021 to 31st December 2021.

Feedback has been received through our engagement work with service users, family carers, SUF community members, mental health advocacy, and service users volunteering within Mental Health (MH) services, and from other contacts including our information and signposting service.

By connecting areas of individual feedback together, we have drawn together the key themes and emerging trends for people receiving MH care and support during this period.

For the purposes of reporting, our feedback is categorised in the following ways:

POSITIVE - Where people have reported their experiences as being positive, helpful, and meeting their needs.

NEUTRAL - Where people have shared views that are neither negative or positive, but are more of an observation on a service, an idea for development or recommendation for best practice.

NEGATIVE - Where people feel they have not been listened to; that the quality of care or service has been poor or has not fully met their needs or expectations.

This report contains statistical information. Where we have received a range of feedback about a service, we provide, with permission, anonymised stories that describe both positive and negative experiences. Our conclusions are evidence-based and aim to be objective, balanced, and fair.

Making Our Voice Count is presented at strategic meetings and sent to key strategic leaders. Our feedback aims to inform mental health service development, improvement, and coproduction.

You can read our previous Making our Voice Count publications on our website by visiting our Feedback Reports Page, which can be found using this link: www.suffolkuserforum.co.uk/news/feedback-reports

SHARE YOUR FEEDBACK & MAKE A DIFFERENCE

SUF is here to listen to your lived experiences of mental health and wellbeing services, so please share your story.

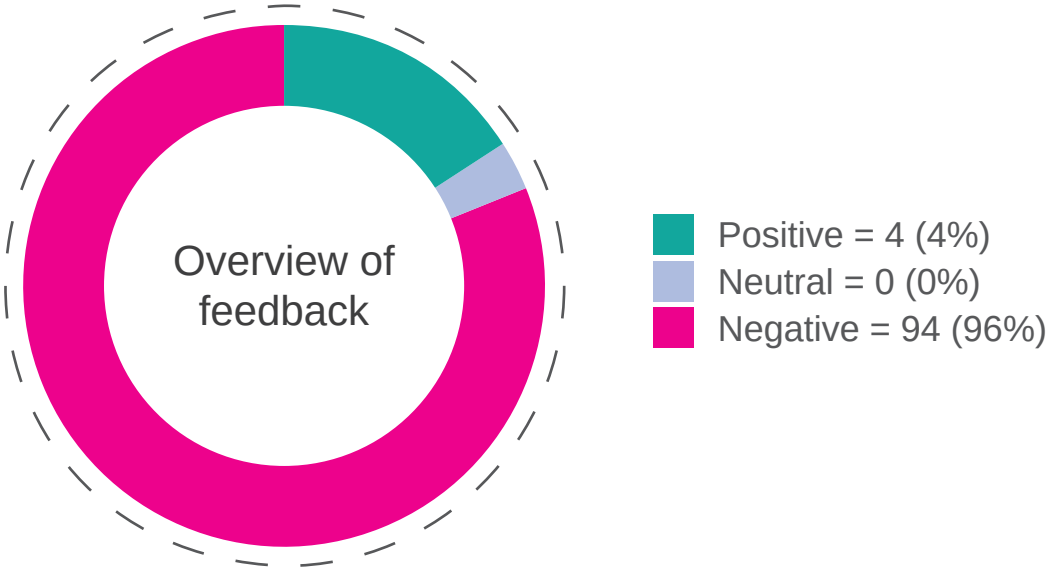
Tell us what has been good and helpful, what has not been so good or unhelpful; what do you think could be done differently to improve the service you received.

You can leave feedback on our website using our feedback form:
www.suffolkuserforum.co.uk/your-feedback

Or you can call us on 01473 907087.

Feedback at a glance

1st October 2021 to 31st December 2021
Opinion of Services from 98 pieces of feedback



In total, from 1st October 2021 to 31st December 2021, SUF has received 98 individual experiences of mental health care. This report is set out in two main feedback areas, primary/community care, and specialist mental health services, called secondary care. Across the mental health system, we have seen a significant decrease in positive feedback this quarter, with only 4% of feedback reporting good experiences of care. Negative feedback has increased to 96%. Areas of most concern relate to access to services, particularly access to social care support through the Suffolk County Council's first point of access service known as Customer First. This feedback has been shared with Adult Social Care as part of their current review to improve this service. In February 2022, SUF circulated a survey for people to complete to share directly to Suffolk County Council their feedback about Customer First.

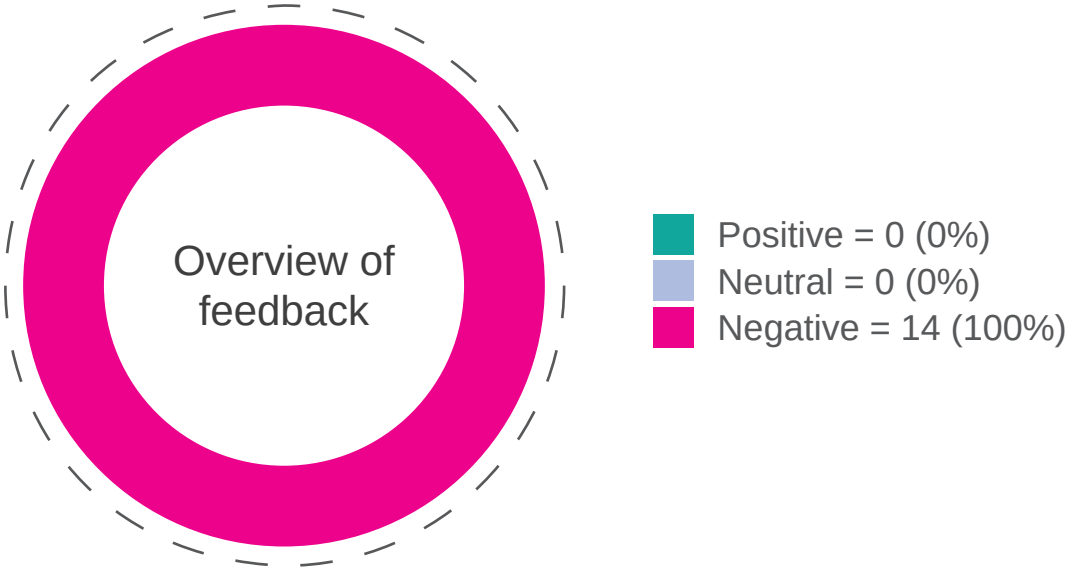
Discharge from secondary care services remains a high level of concern, with service users reporting being discharged with little or very short notice, and with no involvement in their discharge plans.

We have received feedback about inpatient services at Woodlands, with service users raising concerns about staffing levels, staff attitude, provision of information to inpatients about their rights and the basis of their detention, and patient safety.

1. Primary and Community Care Feedback

See our feedback about Customer First

1st October 2021 to 31st December 2021
Opinion of Services from 14 pieces of feedback



Our feedback about primary and community care is provided in four main areas.
1. Mental health support provided at your GP surgery or medical practice
2 Wellbeing Suffolk, 3 Customer First and, 4. Smoking cessation services.

1.1 Mental health support provided at your GP surgery or medical practice

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the National Health Service (NHS). GPs are responsible for treating patients with a wide range of mental health conditions, including people with high levels of need and complexity.

GPs refer people for more support to Suffolk Wellbeing Services, which includes counselling and other therapeutic support known as Improving Access to Psychological Therapies (IAPT). For those who need more specialist support, GPs refer patients to secondary mental healthcare services, which in Suffolk are provided by the Norfolk and Suffolk NHS Foundation Trust (NSFT).

In this reporting period we only received one feedback about GP support. This related to the delay experienced in a referral for mental health support.

The service user stated “My GP who I asked to support me, by referring me to mental health services has still not got back to me. I am scared and need help”.

They did not know if their GP had made a referral, as this had not been confirmed to them. They also did not know if the referral had been received by the mental health service and whether they were on a waiting list for assessment.

Communication about referrals and waiting lists for assessment within secondary care mental health services has previously been raised as an important need, to ensure that patients/service users know, and can feel assured that their referral has been received and understand when they are likely to be contacted. It helps to reduce anxiety and provides assurance that referrals have been received.

1.2 Wellbeing Suffolk

Wellbeing Suffolk provides a range of support for people with common mental health and emotional issues, such as low mood, depression, or stress. They help you to make changes that can improve your wellbeing and quality of life. Their services are free and are available to people and for people aged 16 or over.

We have received two negative feedbacks about Wellbeing services. Both feedbacks related to service users feeling that the service has not responded to their individual circumstances with understanding, kindness, or compassion.

One service user stated:

> “I emailed Wellbeing in advance to let them know I had a job interview so could not make the Wellbeing online course in two days’ time. I said that I am finding the course useful and confirmed I would still attend the remaining sessions as planned.
>
> However, Wellbeing stated that I would need to re-start the course, from the beginning if I missed one session.
>
> They then emailed me back and said that I did not attend the last session. I HAVE NOT MISSED ANY SESSIONS.
>
> They did not even say good luck with the interview.
>
> I am being punished for something that I did not do. I thought the Wellbeing team would be understanding and supportive, but I clearly got that wrong. I am not going to re-apply as don't like being accused of things I did not do”.

A second service user had a similar experience. They explained:

> “I was doing the Wellbeing course and one evening I was very unwell so could not log on to zoom.
>
> I felt better the next day and emailed them and said sorry I missed it, I explained I had been too mentally unwell to attend. However, they emailed back stating that they have discharged me, and I would have to re refer myself again. This clearly shows they have no understanding of mental ill health and no compassion or kindness to help people who are struggling.”

For more information about Wellbeing services in Suffolk visit: www.wellbeingnands.co.uk/suffolk.

1.3 Customer First

Customer First is the first point of contact for social services in Suffolk. They deal with enquiries and referrals for adults, children, and mental health assessments.

Suffolk User Forum has received eight pieces of feedback about Customer First in the period 1st October to 31st December 2021. All feedback has been negative.

The biggest problems facing people is the length of time it takes for the phone lines at Customer First to be answered. One person reported it took 1 hour 54 minutes and another waited 2 hours 30 minutes for the phone to be answered.

The second issue raised is that people do not get the call back from Customer First that they have been promised. Further when service users call back, there is no record saved of their previous conversation with Customer First, meaning that they must re-tell their story or explain again their situation and need for help.

One person was not clear when they should call Customer First for advice, support, and help, or when they should call mental health services.

Service users stated:

> “I have been on hold now with Customer First for 1 hour and 54 minutes trying to get help for my son from the customer first phone number and no one is answering.”
>
> “When you are waiting for the phone to be answered at Customer First there is no information or even anything to tell me where I am in the queue, just a loop of jazz music which plays over and over. A man tells me every few minutes I can speak to Customer First by their web chat but the link from Suffolk County Council website to Customer First doesn't even work.
>
> What kind of service is this for desperate people? I am nearly in tears with the frustration. Suffolk County Council you should be ashamed.”
>
> “I have been dealing with Customer First for 3 months for my parents, every time I get through to see what is happening, they have no record saved. So, I must go through all the details again, its soul destroying when you have vulnerable parents and need help.”

> “I called Customer First and eventually someone answered after 2 hours and 30 something minutes. By that time, I was in floods of tears.”
>
> “The person from Customer First never came back to me.”
>
> “I don’t know who I am meant to call. Mental health services or Customer First.”

Service users and family carers have recommended that action should be taken to ensure Customer First phone lines are answered in a more reasonable time and have suggested that the maximum amount of time someone who needs help and/or in distress should wait, is ten minutes. They have asked that a message is included during the waiting time to tell callers where they are in the queue.

Although the current message offers callers the opportunity to use the Web Chat function, this was recently not working when callers tried this option. They have stated that Customer First should ensure the webchat is working if they offer this as an alternative way of contacting them. Service users would like to be assured that records of calls to Customer First are made accurately so that they can then be accessed for future calls to avoid people having to re-tell their situation.

1.4 Smoking Cessation

We have received two feedbacks about Smoking Cessation Services commissioned by public health and currently delivered by One Life Suffolk. Two service users reported that this service had not fully met their support needs.

One stated:

> “They didn't send me my packs in time and did not offer the support I needed. It is more like a quick ‘check in’ service.”

At the time of writing this report Suffolk County Council are reviewing how they spend money to support people to live healthier lives (for example support to stop smoking, lose weight, become more active, reduce alcohol use, or improve diet).

SUF asked to be involved in this review to explore how services such as smoking cessation can be tailored to better meet people's needs, particularly when people live with more complex and enduring mental health needs.

One Life Suffolk is a partnership between Leeds Beckett University and MoreLife, commissioned by Suffolk County Council. They provide free healthy living services, including:

- Adult Weight Management,
- Stop Smoking Support,
- Get Help to Get Active,
- Wellbeing Walks,
- NHS Health Checks.

2. Secondary Care Specialist mental health services provided by Norfolk and Suffolk NHS Foundation Trust (NSFT)

Norfolk and Suffolk NHS Foundation Trust (NSFT) is the large mental health trust that provides secondary and specialist mental health services in Norfolk and Suffolk. Its full range of services including inpatient and community services can be found of the NSFT website: www.nsft.nhs.uk. Its headquarters are at Hellesdon Hospital, in Norfolk.

The Trust's mental health services are regulated by the health and social care regulator, the Care Quality Commission (CQC).

The CQC has rated the Trust as Requiring Improvement overall. NSFT is rated as requires improvement in four areas: well-led, responsive, effective, and safe. Caring is rated as good. The CQC report can be read via this link: www.cqc.org.uk/provider/RMY.

The latest inspection report, following the CQC inspection in November 2020, focused on places of safety and crisis care. Service users have also asked SUF to share the findings of the CQC report on community mental health service user experience. The report can be read through this link: www.cqc.org.uk/publications/surveys/community-mental-health-survey-2021

This report follows a national survey about the experiences of people who use community mental health services. The report shows that people nationally are consistently reporting poor experiences of NHS community mental health services, with few positive results.

Many people reported that their mental health had deteriorated because of changes made to their care and treatment due to the pandemic. In some areas of care, such as accessing care, communication, support and wellbeing, results have been declining for several years. Findings show that, across many areas of care, experience of using mental health services is at its lowest point throughout the eight-year period 2014 to 2021. CQC's analysis found people who received telephone-based care reported worse than average experiences in four key themes: overall experience, access, communication, and respect and dignity.

Sean Duggan, Chief Executive of the NHS Confederation's Mental Health Network, commented on the CQC report stating:

> "These statistics make for a sobering read; it will not be lost on mental health leaders that, despite their best efforts, they have been unable to overcome all the challenges presented by Covid-19.
>
> While increasing phone and video consultations has been essential during the pandemic to protect patients and staff, what this data shows us is just how important it is that we take a blended approach of both remote and face-to-face provision going forward.
>
> Now is the time to take action to improve access to and experiences of services. We hear from individuals with lived experience, that they want to access services that meet their needs at a time and in a format that works for them, and that being unable to do this may risk further worsening of their conditions.

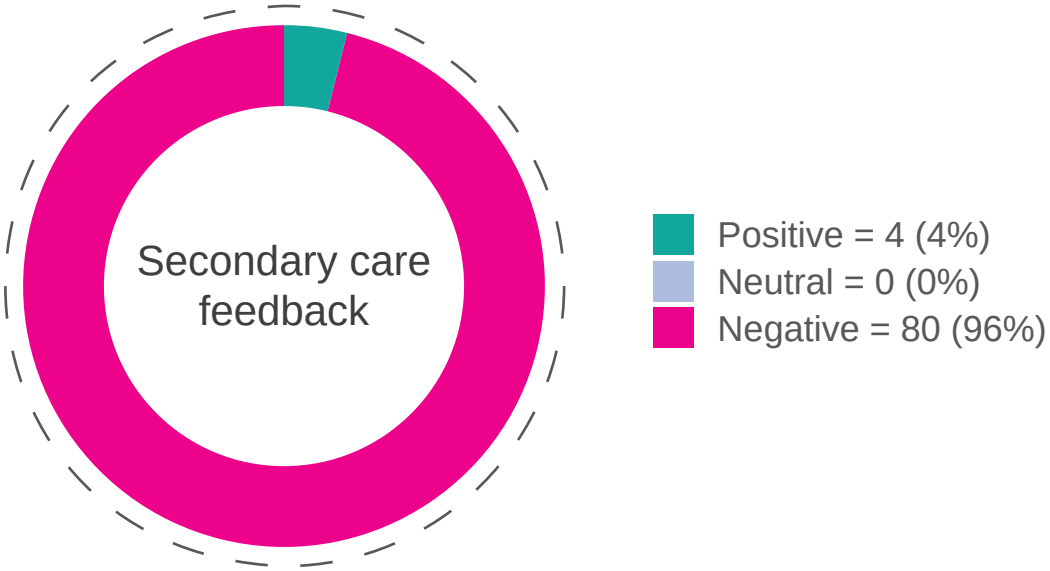
Our members are transforming community mental health teams to improve the care they provide, and the next two years will be critical to help address the increased demand and acuity of patients they are seeing.

Both providers and commissioners are clear that more holistic measures, including an integrated approach to service delivery that fosters better links between primary and community mental health teams, as well as working in partnership with vital agencies such as the voluntary sector and supported housing providers, is the necessary approach and our members are working hard to implement new community services that reflect this."

Source:
www.nhsconfed.org/news/cqc-survey-shows-peoples-experience-vital-mental-health-services-poorest-years

Feedback received by SUF over the last year continues to reflect this national report on service user experience, including a significant increase in negative experiences in this reporting period. It is worth noting that before the pandemic, service users had started to report some improvements in NSFT services albeit from a very low baseline. It is disappointing that these early signs of progress appear to have been lost.

1st October 2021 to 31st December 2021
Opinion of Services from 14 pieces of feedback



During this reporting period, service users have provided the following feedback:

1. Crisis Support - First Response Service (FRS)

Service users have reported that they appreciate the change in music on the FRS telephone line stating, “The music is a lot better on the FRS line now, thank you for changing it.”

They have asked for the phone line to include a message that lets people know where they are in the queue, suggesting it states, “Your call is important to us please stay on the line, we are here to help” and for it to then tell people “You are number XX in the queue." This has now been implemented.

One service user reported a breakdown in communication for crisis support. They were advised that the crisis team would offer them support and would call them back the following day. However, no call was received. They were then advised to call the Integrated Delivery Team, however, despite several calls to the duty desk, and promises that they would receive a call back, no one called them. They reported that this had a terrible impact on their mental health and increased their feelings of hopelessness.

2. Personality Disorder Services

Historically there has been no dedicated service provision for people with Personality Disorders in East and West Suffolk. Norfolk and Suffolk Foundation Trust (NSFT) has been one of only nine secondary mental health care organisations in the country that has lacked a specific personality disorder service, which has been a serious area of concern for service users, reported on by SUF since 2013. As part of the new mental health strategy (2019-2029) for East and West Suffolk, commissioners have made a commitment to ensure that a personality disorders pathway is developed. This has been ongoing work over the last three years.

In collaboration with service users, family carers, professionals, and with input from SUF, who has represented service user views and feedback, NSFT have developed a personality disorder pathway, based on service user views and needs, alongside developing a pathway for people living with personality disorders that is based on clinical evidence.

NSFT’s new personality disorders service will be based on supporting people with their presenting needs, called ‘formulation and needs typing’ as well as providing diagnostic services depending on people’s needs and the intensity of their symptoms.

The new service is now in the process of being implemented and will include a specialist secondary care community therapy service, time limited inpatient admissions and crisis support, multi-agency working, all of which are underpinned by specialist staff training, so that staff have the skills to better support people living with both traits and diagnosed personality disorders.

Staff training will focus on changing culture, practice and developing evidence-based skills to transform services and improve people's experiences of mental health support and treatment. Staff delivering this service will join existing clinical teams across primary and secondary mental health care settings. This will provide interventions throughout services, rather than through a distinct specialist referral pathway or team.

Service users have asked to know more about this new service model. They have asked for assurances that the new 'formulation and needs typing' for people with traits of personality disorder do not stigmatise people. They have also asked about specific treatment for personality disorders, and NSFT's offer of Dialectic Behaviour Therapy (DBT). NSFT have confirmed that they will initially deliver an intensive DBT programme, which will provide a 12-month treatment plan where people receive weekly group sessions together with weekly one to one sessions.

Service users receiving this DBT programme will also have access to their one-to-one therapists for telephone coaching. This DBT programme has already started to be delivered in West Suffolk. The first programme for service users at Ipswich Integrated Delivery Team is due to start in February 2022.

NSFT has advised that DBT will be provided as a secondary mental health care offer initially. Over time, NSFT plan to train staff in primary care to also run intensive DBT programmes to prevent people needing to come into secondary care.

You can read more about the mental health strategy through this link:
www.suffolk.gov.uk/assets/Care-and-support-for-adults/how-adult-social-care-can-help/Mental-Health-Strategy.pdf

You can find out more about DBT through this link from National Mind:
www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/dialectical-behaviour-therapy-dbt

Service users living with personality disorder may find the following webinar of interest. It has been recommended to us:
www.nhsconfed.org/events/personality-disorders-and-intersectionality-through-lens-lived-experience

3. Discharge from community mental health, Integrated Delivery Teams.

Service users have been raising concerns about their experience of discharge from NSFT community teams over the last five years. They have stated that discharge planning from secondary mental health services is a key component in patient safety and suicide prevention, as people are at a high risk at the point of discharge. Service users have emphasized the importance of discharge planning, asking for discharge plans to be fully coproduced between clinicians, service users and parent/family carers to ensure discharge is prepared for and discharge planning includes safety planning, and ways for service users to connect and be supported through local community resources to help build ongoing recovery.

Feedback from service users tells us that service users are still not being involved in planning for their discharge. They are finding out that they have been discharged from services without any conversation about discharge and without discharge planning. Service users have stated:

> “I have just been discharged from Mariner house and I have no idea why. I have been following my care plan and doing everything they have asked of me.”

> “I do not think I am much better now than when I was first referred to Mariner House just over a year ago. I cannot understand why they have suddenly discharged me.”

> “I think Ipswich IDT discharged me because I was costing them too much money as I have very complex needs. I have no trust with NSFT at all now.”

> “I was referred to the IDT and given two weeks to confirm a date for my first appointment. This was at the same time as I was trying to cope with the death of my father. I was trying to arrange the funeral as well as coping with my sudden loss. I could not cope with attending an appointment and instead of re-arranging this for me, Mariner House discharged me. I would have expected a mental health trust to have shown much more kindness and compass for my situation, and to understand that bereavement has a huge impact on how anyone can cope.”

For several years' service users also raised concerns about the long delay between discharge from NSFT and GP's receiving discharge letters. This was addressed as a system process, whereby the trusts ICT system automatically generates a discharge letter for GP's 72 hours after discharge.

However, service users have continued to raise the following concerns:

> "My discharge letter was not factually correct."
>
> "I was horrified when I finally read my discharge letter that was sent to my GP, I felt humiliated, stigmatized and judged by things my care coordinator had written about me."
>
> "An auto generated discharge letter does nothing to improve the experience of the person being discharged."
>
> "Discharge letters sent to GP's need to be factually correct. The quality and content of the discharge letters are important."

Service users at the East Suffolk Working Together group in 2018/2019 had asked for a Discharge Quality Improvement (QI) Project, to support the trust in developing improved discharge planning. Although this has been promised, with commitments made in writing in meeting minutes, to date service users have not had the opportunity to be involved in this important QI project.

4. Outcomes in secondary care mental health treatment and support.

Service users have stated that outcomes of new initiatives for support, particularly support for staff during COVID-19, should be reported on. They stated that it is the outcomes, and individual experience of services that matter most. They stated:

> "Outcomes are a true measure of the difference clinical services and interventions have made for individuals. It is these that matter most".

5. Inpatient care

5.1 Feedback about Woodlands, East Suffolk.

SUF has received 23 feedback comments about inpatient care in East Suffolk. Of these, one was positive and 22 were negative.

One service user positively stated:

> “The staff on the ward are lovely and they listen to what I say.”

Negative comments included the following concerns:

- Inpatient Rights

> “I have no idea if I am on a section, or a voluntary patient, as staff don't tell you anything on this ward.”

- Inpatient Food

> “There is no vegan food on the ward, and I keep asking for this.”

- Staffing levels and staff attitude.

Inpatients at Woodlands have raised concerns about staffing levels, communication, the availability of staff to provide one to one time, support to apply for appeals against their sections.

One person stated that asking staff to complete their appeal paperwork had been very stressful, causing them high levels of anxiety.

Other inpatients stated that they did not know who their Primary Nurse is. Inpatients reported that staff do not introduce themselves at the start of their shift or inform them that they are there to support them and are available for one-to-one time. Inpatients have stated that they feel unsafe on the ward due to the low levels of staffing and poor communication between patients and staff.

Inpatients gave the following feedback:

> “The activities worker is on holiday so there are hardly any activities on the ward.”
>
> “Staff are always in the nursing office it makes me feel very isolated.”
>
> “Staff do not listen to me when I am talking.
>
> “Most staff do not engage with the patients”.
>
> “I have not seen my care plan or been involved in it.”
>
> “Staff were arguing in the office because a male staff member stopped the observations he was doing, in order to make us, the patients cups of tea, because the other staff were ignoring our requests for a hot drink.”
>
> “Staff are on their phones on social media, when they are in the office.”

• Medication

Inpatients have raised concerns about a lack of information about medication and its side effects; they have reported medication being administered later than required and reported medication errors.

> “Medication is sometimes given very late”.
>
> “My medication has not been explained to me, and I do not know anything about its side effects”.
>
> I have raised questions regarding my medication with the ward staff a few times and this has been ignored. It is only when the person who is your carer calls the ward that they seem to listen, and things change.”
>
> “Staff do not know what meds they are giving me. They had me signed up as the wrong person until I told them who I was.”
>
> “Staff gave me medication that was for another patient. It was not until I said these are not my meds that they checked and realized they were not for me”.

• Patient safety

Inpatients have reported several patient safety issues.

They have raised concerns about how staff manage incidents on the ward, stating.

> “When someone “kicks off” on the ward, we are all sent to our bedrooms. We feel punished rather than the other way around. It seems to be the person who is the most disruptive gets treated better by staff.”

Another raised concerns that they were not supported to stay safe whilst trying to manage their suicidal thoughts and feelings. They stated that their personal possessions had not been checked to support their safety, and that they had bought onto the ward items, which they subsequently used to hurt and injure themselves.

> “My bag was not searched when I was brought on to the ward. I had a lanyard, dressing gown tie and my keys.”

Two inpatients reported that after they had self-harmed on the ward, staff were not very kind. They felt patronized and treated like a child. Another stated:

> “There is no follow up if you try to hurt yourself on the ward.”

5.2 Feedback about Wedgwood House, Bury St Edmunds.

SUF has received feedback from eight inpatients at Woodlands, two people reported positive experiences, six reported negative experiences,

Positive feedback included:

> “The staff here have been very nice.”

> “The staff are brilliant.”

Negative feedback included concerns in the following areas:

- Rights

Two service users raised concerns about not understanding their rights. They stated:

> “I do not know why I have been brought onto the ward”

> “I do not know if I am on a section.”

- One to one Time

Four service users raised concerns about staffing levels and the impact this had on staff being able to spend time with inpatients and to deliver one-to-one time.

> “We hardly ever have one to one time.”

> “What is 1-2-1 time I have never had it.”

> “Due to staffing levels, one to one time is very hit and miss.”

6. Dual Diagnosis

Over the last few years’ service users have raised concerns about the difficulties they have accessing both mental health and substance misuse services (often referred to as ‘dual diagnosis’). They frequently report being told they must address their substance misuse problem, before they receive mental health treatment and support. They have asked SUF to follow up on the agreed actions to improve services for people living with dual diagnosis.

The actions were set out in a document called the Joint Partnership Improvement Plan. This is a partnership plan owned by NSFT, Turning Point, Suffolk County Council, Ipswich Housing Action Group (IHAG). It was prepared following an independent investigation into the care and treatment of a service user, following their sudden death

SUF has asked Suffolk County Council to confirm the following information, which is listed using the same numbered sections as set out in the action plan.

Section 1C
The action plan states, ‘Communications to staff to sustain knowledge continues through monthly multi-agency working groups that include NSFT Liaison and Diversion teams, High Intensity Users Service and Suffolk Constabulary.’

SUF has asked - Can you confirm that monthly multi-Agency working groups continue or if they have been replaced by a different forum. Can you advise on how the needs of people living with complex mental health/dual diagnosis are now included in these discussions given that the High Intensity Service (called the Joint engagement Team) ended last summer (July 2021)?

Section 2C
Suffolk is a pilot site for the implementation of the national Patient Safety Incident Framework. This went live on 1st January 2021.

SUF has asked - Can we have feedback on the impact and outcomes for this pilot. Will there be a public report on this?

Section 3A
Reviewed Dual Diagnosis protocol published 24/11/2017. This was due for review in 2021. SUF understands from the updates in the action plan that the protocol is no longer used as more effective communication has been established.

SUF has asked - Has there been a review to ensure that this positive working/communication is still effective in meeting the needs of people living with dual diagnosis?

Section 3B
The action plan states that ‘A substance misuse and mental health pathways guide has been put together’. Further this document includes guidance on writing a pathway, good practice examples, key staffing roles, inclusion and exclusion criteria, referral processes, recovery planning and review, care coordination and multiagency working, strategic planning, and training.

SUF has asked - Can we please have a copy of this guide so that service users can understand how professionals respond to service user’s needs?

Section 3E
Patients will no longer be required to be signposted back to their GP to access mental health services. The impact of these working arrangements will be monitored.

SUF has asked - Can you confirm the outcome of the monitoring to ensure that service users are not signposted back to their GP to access mental health services.

Section 4
NSFT continue with weekly reviews of assessments, care plans and reflective practice through Improvement Cycle Meetings.

SUF has asked - Are you able to confirm that Improvement Cycle Meetings continue, and that Commissioners are assured that all service users have a thoroughly reviewed risk assessment and risk management plan in place.

Section 6
Monitoring meetings set up with partners. Regular meetings were held to review objectives within this improvement plan.

SUF has asked - Can you confirm that regular monitoring meetings are in place and how frequently they take place.

Many mental health trusts across England publish patient-related policies and strategies on their website which means that anyone could find out more about the mental health trust policy on a range of topics.

SUF Recommendation

SUF recommends that all partners (NSFT, Turning Point, Suffolk County Council, and Ipswich Housing Action Group (IHAG)) work together to ensure that patient and family/parent carer related policies and strategies are available on their websites. This will ensure joint working arrangements are made clear, describing best practice in relation to the care and treatment of people with substance misuse and mental health problems.

Appendix One – The coproduced LISTEN model for Crisis Care

If you would like to find out more about the background to the coproduction for LISTEN, you can find out more on our website:
www.suffolkuserforum.co.uk/coproduction-projects/listen

Read more about how LISTEN can support people in crisis and distress, with our coproduced LISTEN for suicide prevention:
www.suffolkuserforum.co.uk/listen-for-suicide-prevention

Suffolk user forum

your voice for emotional and mental health

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