

# Images of Psychiatry

## Trainers' Notes

### Listening to voices – learning from patients and carers



This is a resource for trainee psychiatrists and their trainers, and other members of the multidisciplinary team.

We hope you will find this training resource useful. The film takes you through the patients' and carers' journey – from first contact with psychiatric services to recovery and coping – with examples of people's personal experiences at each stage. The film can be paused at different points to allow for group discussion and includes some key principles.

## Patients

### First Contact

**Q1:** Who suggested you should see a psychiatrist?

**Q2:** How did you feel about that?

#### Discussion - pause

- Discuss how different routes into psychiatric care can impact on people in varying ways. What do you think are the reasons for these range of views?

**Q3:** What were your impressions at the first meeting with the psychiatrist?

#### Discussion - pause

- What does this tell us about the importance of first impressions? How does your service or your practice stack up in this area?

### Admission - Detained

**Q1:** How did you feel about being admitted against your will?

**Q2:** Were there things that staff did that helped you?

**Q3:** Were there things the staff said or did which made you feel worse?

#### Discussion - pause

- What were the ingredients that contributed to this being a negative experience for these people? What mattered most to them when being detained against their will?

### **Admission – informal and home treatment**

**Q1:** How did you feel when you were admitted or started to receive home treatment?

**Q2:** Can you think of some of the benefits about being in hospital, or having home treatment?

**Q3:** Are there things the staff did or said which didn't help and made things harder for you at the time?

#### **Discussion - pause**

- What made the experience different for these patients and what good practice points can you draw out of their responses?

### **Multidisciplinary Review Meetings**

**Q1:** Did you feel you had enough information about what would happen at your review meeting?

**Q2:** Have you any comments to make about how your reviews could have been done better?

#### **Discussion - pause**

- After listening to these responses, try and draw out the unhelpful features of reviews these patients' experienced.
- How do we respond when faced with such robust criticisms?

**Q3:** "What sort of help would you have liked to get more benefit from the reviews?"

#### **Discussion - pause**

- Are any of these suggestions in use in your service, or could there be?

### **Discharge**

**Q1:** How did you feel about the prospect of going home, or being discharged from home treatment?"

**Q2:** "Are there ways this could have been handled better by staff?"

#### **Discussion - pause**

- How do we respond to these criticisms on the discharge process for these patients and are any of the positive suggestions made in the film in evidence in your service? Could they be introduced?

**Q3:** How did you feel about the continuity of care you received over the discharge period?

#### **Discussion - pause**

- What impact do you think experiences like this have on patients for their future involvement with us?

### **Recovery and coping**

**Q1:** Do you feel able to cope with your illness in the future?

**Q2:** Do you have worries about how people see you because you've had psychiatric care?

#### **Discussion - pause**

- Can you draw out the positives and negatives of these patients' experiences as they think about their future?

**Q3:** Are 'recovery' and 'cure' words which have meaning for you?

#### **Discussion - pause**

- What is our response, both at a personal and at a professional level, to hearing these views on 'recovery' and 'cure'?

**Q4:** What final messages would you like to give doctors and other members of the team, using this resource in their training?

#### **Discussion - pause**

- What are the final take-home messages here?

## Carers' Views

### First contact

**Q1:** How did you feel about the way the person you care for was identified and given an assessment?

**Q2:** How did you feel about your involvement in this process?

**Q3:** What could psychiatrists or services have done better?

### Discussion - pause

- Discuss how carers' experiences could have been improved.
- How would you feel if a loved one developed a medical condition of which you had little or no knowledge? What support or guidance would you want?
- How could the first carer's poor experience of multiple assessments been managed better?
- What sorts of information would be useful for carers in the initial assessment phase? (if prompts needed: general information on mental health conditions, treatments, and medications, including consent issues can be found on the Partners in Care website, including a confidentiality leaflet [www.partnersincare.co.uk](http://www.partnersincare.co.uk))

### Admission and Sectioning

**Q1:** What was your experience of the admission or sectioning process?

**Q2:** How were you involved in the admission process by mental health staff?

**Q3:** While the person you care for was being admitted or sectioned, what support or information were you given?

**Q4:** During this time, how could the psychiatrist or team have supported you and the person you care for better?

### Discussion - pause

- The first carer gives a list of things she did not have during this process; the second gives examples of how he was well supported. Think about your own experience of service practice – what is the more common scenario? How can you make the process more supportive to carers without undermining patient care? Does such a trade-off even exist?

- Imagine your loved one has just gone into the local Inpatient Psychiatric Intensive Care Unit. What would you want to know? How would you want to be involved?
- The final carer talks about 'involving the kids' in support. Thinking about your practice, do you know what proportion of patients have children? How is this recorded? How would you go about ensuring that children with patients have their needs recorded and addressed? How could you work in partnership with other services to make this happen?

## **The Multidisciplinary Review**

**Q1:** How did you feel about the way the professionals conducted the review? How could this be improved next time?

**Q2:** How were you involved in the review process?

**Q3:** How would you like to be involved in the future?

### **Discussion - pause**

- Lead a discussion on the helpful elements identified in the review stage.
- Why do you think some carers feel their views are not taken seriously?
- Think about how much time carers spend supporting and caring for some patients. What knowledge will they have that is useful to patient care in the review stage? How could carers and psychiatrists work with each other to ensure reviews are not intimidating for patients, carers and mental health professionals themselves?
- In a previous section, a carer said that they were not involved by psychiatrists at first contact. How do you feel this will affect your relationship with the family at the time of the review?

## **Discharge**

**Q1:** How were you involved in planning for the discharge of the person you care for?

**Q2:** What support or information was given to you when the person you care for was discharged?

**Q3:** How could the process of discharging the person you care for have been improved?

### **Discussion - pause**

- Imagine you are a carer who is concerned that their loved one is too ill to be discharged back into the family home. How easy would it be for you to make

your case to psychiatrists? What would you need to know/to have in order to be able to care effectively for that person at home?

- One carer says that she was given no information on medication doses, a contact phone number, or support for herself. What might be the impact on the patient's care? How might this affect the continuity of care between appointments? How might this affect the carer's wellbeing? What is the impact of the carer's illness or stress on the patient's wellbeing?
- Another carer asks that psychiatrists take the time to explain the current situation to them at discharge, and have a discussion about how they can work together. How do you involve carers at discharge at the moment? How could you improve your practice in this area?

## Recovery and Coping

**Q1:** Following their discharge, what support did you as a carer receive from the psychiatrist, the team and other local services?

**Q2:** To help the person you care for recover, what support would you like to receive from mental health services?

**Q3:** Is there any other kind of support that you would like, in order to help the person you care for?

### Discussion - pause

- These carers offer a range of different support that they would find helpful from psychiatrists and mental health services. What barriers might there be to them receiving this support? How could these barriers be overcome?
- What is your knowledge of carers' support services in your area? What support is available to carers of your patients?
- How best could you and your team provide support for carers after discharge (a) directly and (b) with the help of other organisations?

## Summary learning points

The health and social care system relies on families and carers to provide support for people with mental health problems. To ensure patient care is consistent and effective, carers should be partners in the treatment process. They should be:

- **Involved** – from initial contact through the process of treatment, review, discharge and recovery.

- **Informed** – about general mental health issues, rights, support for themselves, as well as more specific elements of the individual care if consent is given.
- **Supported** – offered support for themselves from external carers' services, as well as from psychiatric services to ensure their own needs are supported too.

This will help safeguard consistent care and treatment for patients, by strengthening the support structures around them, as well as promoting better joint working between whole families and psychiatrists.

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Listening to voices - learning from patients and carers

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