

HIGHLAND USERS GROUP (HUG)

QUALITY

A Report on the views of the Highland Users Group on what elements of an organisation's practice contribute to a high quality service.

JANUARY 1998

Highland Users Group can be contacted through Graham Morgan,
Highland Community Care Forum, Highland House, 20 Longman Road, Inverness IV1 1RY
(Telephone 01463 718817)

HIGHLAND USERS GROUP

The Highland Users Group (HUG) was established on 11 June 1996.

Its aims are to:

1. Represent the interests of users of mental health services living in the Highlands.
2. To identify gaps in services and to find ways of improving services for mental health service users.
3. To provide information about mental health issues to users living in the Highlands.
4. To participate in the planning and management of services for mental health service users.
5. To pass on information and news amongst mental health user groups in the Highlands and to interested parties.
6. To increase knowledge about resources, alternative treatments and rights for users of mental health services.
7. To promote co-operation between agencies concerned with mental health.
8. To promote equality of opportunity and to break down discrimination against mental health users.

At present (13 January 1998) HUG has 145 members and 8 branches in

- Caithness
- Easter Ross
- Lochaber
- Skye & Lochalsh
- Inverness
- Craig Dunain

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

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1. WHY LOOK AT THE QUALITY OF A SERVICE?

Normally the comments and wishes of the members of HUG inspire reports. However we were approached by the Quality Assurance Unit of the Highland Council Social Work Service who were developing quality standards for the work of the Service. As a major part of this exercise, they wished to consult with users and carers about the draft standards of service. HUG agreed to take part and this report represents HUG's account of the series of discussions that occurred.

Quality does feature in the discussions of branches of HUG and was therefore an appropriate subject for HUG members to look at. However in HUG the discussions that reflect on quality tend to be directed to all mental health services rather than specifically about Social Work. This report therefore talks about the quality of any mental health service, with a slight emphasis on Social Work Services.

Any service needs to know what people want from it, what aspects of the service are appreciated and which disliked, if it is to meet the needs of its users and provide a high quality service.

However the user approach to standards and quality issues is likely to be very different from that of professionals. Users may have different priorities. To be meaningful to users standards may require to be expressed in language they are comfortable with. Quality standards are often expressed in terms of HOW services should be delivered rather than the outcomes they should obtain for users.

This report could be seen as a first attempt to make a bridge between these two perspectives. We feel it also points up some aspects of the delivery of mental health services where standards and performance could usefully be strengthened.

The discussions took place in April 1997 in all eight of the branches of HUG. Workers from the Social Work Quality Assurance Unit attended five of these branch discussions and in total 59 people were involved in the discussions.

During the majority of the meetings held in the branches of HUG there were professionals from outside of HUG present to hear members' comments. This was broadly welcomed by the group as showing commitment to finding out the views of users. On some occasions however it appeared that there was both defensiveness on the part of the professionals and a slight unease on the part of members of HUG about criticising the organisation the professionals represented.

Although everyone present had experience of services funded to some extent by the Social Work Service, only a minority of people had had direct experience of a social worker being allocated to them (perhaps one or two of the people who were present when each branch of HUG discussed the subject). This did not matter too much as the exercise was not intended to be an audit of Social Work services, but an attempt to talk about what is essential for a good quality mental health service.

Members of HUG who were unable to attend the April meetings sent in some comments on quality.

2. WHAT MAKES ANY SERVICE A GOOD QUALITY SERVICE?

Initially we looked at any service, irrespective of whether it was a mental health service, and tried to identify the points that demonstrated its good quality. There was, however, a tendency to relate this to mental health services. The following are the views of members of HUG on what key points comprise a good quality service:

A good quality service

- treats you with dignity
- listens to you
- increases your confidence
- doesn't treat you as a number
- is empathetic
- has compassion
- treats you as an equal
- has a positive atmosphere with laughter and jokes
- has committed staff
- treats you with kindness
- values you
- enables you to participate
- does not dismiss you
- talks to you as a human being would
- is sympathetic
- has respect for people
- creates a comradely atmosphere
- takes you seriously
- treats you as an individual
- has staff who keep their word
- has staff who are honest
- has staff who are courteous
- gives people a chance to meet other people
- increases your motivation
- is supportive
- is a lifeline
- accepts your thoughts as real, not paranoid
- provides enjoyable things to do
- has a caring attitude
- responds to your needs
- does what it says it will do
- gives people goals to achieve
- gets results
- helps you feel good
- notices people in need of someone to talk to
- provides someone to talk to straight away
- creates a supportive atmosphere
- provides a social life
- respects your privacy
- is helpful
- anticipates your needs
- opens all hours
- looks good
- presents an accurate and positive image
- is accessible
- is known about
- people know that they can come to it without having to pass any criteria for acceptance
- finds someone to handle situations if the staff cannot
- is responsive
- has immediate access
- is free
- is not compulsory
- is a service that you can get information about
- is prompt
- makes a commitment to people over and above the expectations of the job
- has staff who make an important contribution to the quality of a service

- involves you and stands by you
- gives you feedback about what is happening
- is a service with expertise in its field
- guarantees that it will do what it says it will do

SUMMARY OF KEY ELEMENTS OF A GOOD QUALITY SERVICE

1. Is accessible with accurate, positive information provided about it.
2. Provides the outcomes users want and is valued by them
3. Has values which place users at the heart of what it does
4. Has staff whose personal qualities are suited to a caring role
5. Is prompt, responsive and flexible.
6. Provides a positive, participative role for everyone involved, including users
7. Is optional
8. Acknowledges its limitations and is pro-active in seeking outside help where necessary.
9. Creates a positive atmosphere around its work
10. Has staff committed to the work that they do.
11. Has expertise in what it is doing.
12. Is well promoted

3. WHAT MAKES A BAD QUALITY SERVICE

Next we posed the question - what constitutes a bad quality service? Again there we concentrated on mental health services, and the comments made by members of HUG stemmed from their real life experiences. The following are the main elements of what constitutes a bad quality service. From this list it is clear that anyone using such a service would feel devalued and unwilling to use the service.

A bad quality service

- is patronising
- is not interested in the users of the service
- is given grudgingly
- is unreliable
- treats the users as second class citizens
- makes users feel unequal
- does not take responsibility for their mistakes
- 'fobs off' users demands
- does not appreciate your problems
- abuses you
- treats you unfairly
- does not tell the truth
- devalues you
- doesn't take you seriously
- shows a lack of commitment
- does not offer individual attention
- doesn't turn up on time
- is suspicious of its users
- is dishonest with you
- is frustrating
- doesn't treat you as an individual
- insults you
- makes you feel that they are being paid to do something and do not care for the people they work with
- treats you as stupid
- ignores you

- is coercive
- communicates badly
- is difficult to find out about
- does not provide information about what is being done to you
- is under-publicised
- gives the wrong information or leaves you to seek out information
- does not have the resources to carry out its job effectively
- is low in the “pecking order”
- does not achieve anything
- over stretches its staff
- is trying to do more than it is capable of
- is expensive
- is means tested
- is inflexible
- is hard to get an appointment with
- is only open from 9am - 5pm
- has restricted access
- does not offer continuity
- does not seek solutions
- does not do what it says it will do
- takes control away from you
- is bureaucratic

SUMMARY OF KEY FEATURES OF A BAD QUALITY SERVICE

1. The service is under-resourced and the staff stretched so far that they cannot provide satisfactory outcomes.
2. The staff and the service do not value the user and do not treat them as equals with a right to good service.
3. There is low morale amongst staff, which is reflected in the way users are treated.
4. There is limited access to the service.
5. There is limited information about the service and what is being done with the users.
6. Users of the service are not treated as individuals.
7. Users of the service do not feel that they participate in the service but instead feel they are passive recipients of the service.
8. Staff feel superior to the users they work with and will not account for their mistakes.
9. The service is unreliable.

4. **ASPECTS OF QUALITY AND TREATMENT WHICH ARE SPECIFIC TO A MENTAL HEALTH SERVICE**

We then concentrated more specifically on mental health services and came up with the following points about actions and behaviour that should and should not be carried out to ensure a good quality service. This list showed little variation between different branches of HUG and has many similarities with the general points identified above.

A Good Quality Mental Service.....

- treats you with respect, with dignity and as a human being
- does not patronise you
- lets you keep your freedom
- does not treat you as a pest or nuisance
- gives you time and acknowledges your individuality
- helps you to feel in control and respects you even when you are out of control
- treats you as an adult
- treats your problem as a legitimate illness and makes you feel that you have a right to the service
- treats you like anyone else
- is non- judgmental
- provides information about what “they” are doing and why
- doesn’t keep you at a distance
- doesn’t treat you like an object
- has staff who know how to speak to you
- gives you hope
- staff have an understanding of the issues and your experience
- gives you control over what is happening to you
- treats you as an equal
- offers continuity of service
- listens to you
- addresses your needs and those of your carer
- uses Plain English
- doesn’t give you more drugs if you question your treatment
- makes you feel wanted and normal
- makes you feel cared for

It would seem important that anyone working in mental health, having read the above list, takes time to reflect on why users of mental health services feel the need to make such basic statements about how they should be treated.

The Basics Of A Good Quality Service

Throughout all the discussions members of HUG were at pains to point out four very basic criteria of what makes a good quality service:

<p style="text-align: center;">SKILLS OF THE PERSON WORKING WITH THEM PERSONAL QUALITIES OF THE PERSON WORKING WITH THEM RESOURCES AVAILABLE TO LET THE WORKER DO THE JOB RESULTS OF THE WORK DONE WITH THEM</p>
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5. WHAT DO USERS WANT MENTAL HEALTH SERVICES TO ACHIEVE?

This seemed an important question to ask as quality in a service is also tied into the outcomes of that service. The sorts of outcomes that users want from a mental health service are to:

- * be able to secure their rights to benefits, good housing etc.
- * have the presence of a caring person in their lives
- * get well
- * have enabled individuals to influence their care and treatment
- * be recognised and treated as a person
- * be treated better by others
- * be able to maintain their chosen lifestyle
- * be able to accept their illness and cope better with it
- * have a choice of services
- * feel better about themselves
- * be more informed about their illness and what to expect from services and treatments
- * be given care in both the short and long term
- * get help quickly when in crisis
- * to be more in control
- * have access to people who care

It was also said that some people do not want an outcome from the mental health services or any involvement with them.

It is clear that treatment for mental health problems will sometimes only result in stopping a situation from getting worse. Members of HUG, whilst hoping that there will be an end to mental health problems, also see finding the techniques to maintain or improve their present lifestyle as a positive outcome and perhaps as a sad reflection on our society - finding people who will understand or care is seen as a positive result in itself.

6. USERS VIEWS OF THE HIGHLAND COUNCIL SOCIAL WORK SERVICE

Comments about the Social Work Department reflected three extremes of opinion - great appreciation of social work, great hostility and indifference and ignorance. The comments were made by people who had direct experience of the Social Work Service and others who had not. The views of users and the general public are therefore reflected. There was not a great deal of difference between users of social work services and people's perceptions of social work. Some of the most hostile comments were made by people who had had experience of social work in the distant past.

Positive comments about the Social Work Service

The most positive perceptions were about the role of the Service and the quality of work provided by the staff were:

- "It is composed of people who are there to care and give people in trouble a better quality of life."

- “Someone is there to help you get back on the right road. Someone who would support and encourage you, give you help with practicalities and tell you your rights”.
- “Terrific.”
- “She had gone out on a limb to get things for me”.

Social work was also appreciated for being accessible in most situations:

- “If you need them, they are there”

The continued expansion and development of mental health teams was seen as positive for Social Work’s image. Previously members of HUG were used to receiving help from the Community Psychiatric Nursing Service but are now beginning to realise that Social Work could also have a supportive role to play.

Negative comments about the Social Work Service

There were a series of comments made, both about the public image of Social Work and the power that social workers have:

- “You can become stigmatised by using it”.
- “It has a bad press”.
- “They intervene when they shouldn’t”.
- “You must conform to benefit from it”.
- “It puts fear into people”.
- “Once you are involved with them, and they have records of you, you can never get rid of them”.
- “People that come in and take over your life, tell you what to do and then walk away leaving more of a mess at the end than in the beginning”.
- “They have the power to do what they want you to do, and get angry if you don’t”.

In contrast to the positive comments about access to Social Work, there were also negative comments on this subject:

“I had no knowledge of the possible outcome of my enquiries..... I felt in limbo..... I felt dirty as if the whole of me was being dismissed and not worth helping..... all the pain goes onto you, you need to know what is likely to happen.....and there are big gaps where it doesn’t work”.

This comment was echoed by several others, especially difficulties in knowing what is being done for you.

It was also said that the involvement of Social Work could create a situation where it is hard to live independently:

- “You can become dependant on it”.
- “It can be overprotective and is sometimes encountered in a crisis when you’re whipped off to hospital”.

Other comments

Other comments were more specifically concerned with improving social work services:

- Access is very important and could perhaps be improved by having a local out-of-hours number for Social Work instead of the central Inverness number.
- Privacy and confidentiality are important. It was said that in one Social Work office it was possible, from reception, to overhear everything being said in the office and in the interview room.
- It was said that it is important for a social worker to meet you on your home ground - for instance in your own home.
- “I was never asked whether I wanted it or needed it and have never had one”.

This final comment illustrates the main concern people had about Social Work - they did not know what services Social Work provided and under what conditions they should ask for help. There was a call for Social Work to provide clear information that helps people to understand whether they would benefit from the help of the Service or not.

7. OTHER POINTS ABOUT QUALITY

Access

All groups were clear that access is very important. There are a number of aspects to accessibility - it is important to be able to self refer and to know what you are referring yourself to. It is important that the service is local and can be used at all hours and that if a person can't get to an office that someone can come out and see them.

It was said that if someone cannot easily get to a service because of physical or emotional problems, or distance, they should be provided with transport or expenses to cover the costs incurred. In addition, all premises should be accessible to people with physical disabilities.

Access is also influenced by the attitude of staff - if they are off-putting then people will not use the service.

It is important to know about a service if you have never had occasion to use it before, and it is important to know the criteria for referral to a service - i.e. one person's definition of emergency may be very different to another's.

It was said that it is important when seeking help to be able to talk with someone with knowledge of all available and appropriate services.

A point said by many in terms of access was not to have to use answer phones: “I can't talk to a piece of plastic”.

Confidentiality

All groups were agreed that this was important. Only a small minority had any concerns about it being broken, some of whom had direct experience of confidentiality being betrayed.

It was agreed that it is necessary for information to be shared between professionals involved in their care. It was emphasised however that the user should know who will receive personal information about them. Some people had found other professionals knew personal details about them that they did not realise were being passed on. It was agreed that this behaviour was discourteous to the user. Some people thought that they might be more careful in what they said if they knew that information could be passed on to another professional with whom they were less comfortable.

Speed of Response

This, as in other reports by HUG, was said to be very important. It is also important for any request or query to be acknowledged along with any reasons for delays.

Creating Confidence in a Service

You need to know what to expect, stated commitments should not be broken, false hopes should not be created and workers should be realistic with clients.

Complaints

The complaints system of organisations is often seen to be an important way of ensuring quality is maintained. Members of HUG discussed how they would react if they were dissatisfied with a service.

People's reactions varied:

- Some people would drop it
- Some people would moan about it but do nothing
- Some people would complain or "go straight to the top"

Most people said that if they felt comfortable with the person concerned, they would discuss it with them first before making a complaint.

People would make a complaint to stop a situation happening to them or someone else again, to help change for the better occur and lastly to get an apology.

Many people felt apprehensive about making a complaint. Some people would not know how to make one, and some people said that they would only make a complaint if the situation were very extreme. A lot of people talked about the stress and trauma of making a complaint. This, combined with their mental state, would discourage them from making a complaint. Having to put complaints in writing and be part of an investigation could be too traumatic. A better system would be to have an informal comments system combined with the complaints system so that suggestions for improving the service could be made without any formal investigations having to be mounted.

Some people were worried that if they made complaints they could be "struck off" (for instance from a GP's register) or put into Craig Dunain again. Others talked about situations in the past where the consequence of making complaints about treatment was to have medication increased. Many people thought that they would be viewed differently, or treated differently, if they made a complaint.

A small number of people saw making complaints as a purely positive action, which could only result in improvements to mental health services.

A major fear was that making a complaint often results in one person's word being put against another's. Many people held the view that the word of someone with a mental health problem would never be given the same weight as the view of a mental health professional.

If someone is making a complaint against a small tightly knit organisation it would be best if the person had access to someone independent to whom they could refer the complaint.

Lastly, it was said that someone making a complaint should be treated with dignity, they should be treated promptly. The aim should be to get justice and to allow people to improve their practice.

8. CONCLUSION

Mental health services involve people working and associating with each other at times when the user of the service is often in distress, faced by seemingly impossible problems and marginalised by much of society, with few people to talk to about personal issues.

If professionals are to use their skills to best advantage with users it is vital that their commitment, non judgmental attitude and basic humanity is apparent to the user. This will allow trust to develop and communication to take place. The personal qualities of people working in a service dealing with emotions and people are the bedrock on which quality can be improved. If staff don't have appropriate personal qualities no amount of standard setting will change the service.

If a service is under-resourced and over-stretched staff will not have the opportunity or morale necessary to display their humanity and quality will suffer. A service which does not treat its staff well is unlikely to treat its users well.

A quality mental health service needs to:

- * involve users to the extent that they feel comfortable with
- * communicate with users about what is happening
- * give users choices about how they are treated
- * be accessible
- * above all make it clear to users that they are equals in the process.

However good a service is, if people do not know what it is for or what they will get out of it, its quality will be poor because the users of the service will not know that it may be a service that could help them.

9. **RECOMMENDATIONS**

1. Person specifications for people directly involved in providing a mental health service should incorporate descriptions of the personal qualities required of someone doing the job.
2. Users should feel a part of, and comfortable with, any mental health service that they use.
3. Mental health services (especially the Social Work Service) should provide clear information about the services they provide, in a variety of formats, including who the services are for and how to access them.
4. Mental health services should present a realistic but positive image about themselves.
5. If mental health services are under-resourced this should be acknowledged - adequate resources are essential to a quality service.
6. Complaints systems are cumbersome and are an inaccurate tool if used to measure or monitor quality. They should be easy to use and not frightening. People should not feel that adverse treatment will be a consequence of a complaint. There should be an informal way of feeding in comments about a service that does not bring in the whole weight of the complaints system.
7. It is important that an outcome to the help provided is possible. An outcome does not necessarily mean a large change in circumstances or health. The user view of what they want to happen should be respected.

ACKNOWLEDGEMENTS

With thanks to all the members of the Highland Users Group who participated in this round of discussions. Thanks also for the help from the staff of the Quality Assurance Unit

For more information on HUG, or an information pack, call:

Graham Morgan
Highland Users Group
c/o Highland Community Care Forum
1 Ardross Street
Inverness
IV3 5NN

Telephone: (01463) 718817