'The service with an inferiority complex': older people with mental health problems

Introduction

This story is about a team with very low morale, working with older people with mental health problems. It concerns the strategies the locality manager used to revive people's energy and sense of purpose, working across professions, especially with social services and the voluntary sector.

There is only one viewpoint represented here as the other actors were under too much pressure to be interviewed.

Ben, Locality Manager

Ben accepted a post to set up a third community mental health team for older people, on the understanding that the trust had secured money for this team. The purpose of this team was said to be to support the work of an extra new consultant, to 'meet the demand that the new post would stimulate. They generally say that for every consultant post you're looking at 20 per cent extra in capacity.'

A service at a low ebb However, it emerged that the funders [the Health Authority] were 'playing funny b.....s', and transferred the money to the community mental health team for younger adults, as they had run into a financial crisis. 'At the beginning', Ben commented, 'the service was at a very low ebb and morale was very, very low, right from the consultant right the way through the service. People felt very frustrated, very disappointed. Promises which they had apparently been given hadn't been [kept], So I think there was a lot of backbiting going on, within our part of the trust against our younger adult colleagues [i.e. colleagues working with younger adults]. And also between ourselves and the health authority.'

After this disappointment, Ben and his colleagues wanted to set up within the joint planning teams their own Mental Health and Older People subgroup 'to try and ensure that our

service didn't really fall through the net again, and that there was a robust voice for it at the table' .

Engaging with key people

'What we did was essentially try and engage with key people in each of the organisations, in order to talk to them about what happened, to talk to them about why we felt this had happened, and to explain to them that this was a way in which we felt we could avoid this happening again.... When we were looking to establish this, what we decided was that we very much wanted Social Services and also the voluntary sector on board; particularly the Alzheimer Society; who have a strong and developing voice within our community... We also wanted very strong clinical input as well, because we felt that that was a good way of using, utilising their efforts.'

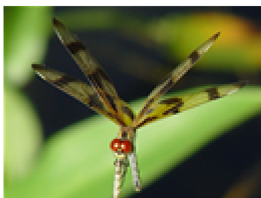
Ben found there was an old colleague working as Commissioning Manager at the Health Authority, 'so we automatically had quite a good understanding...I was also fortunate in that he was an Elderly Mentally Ill (sic) advocate , given that he had been in my role in a previous trust.

'Within the planning group there was a lot of tension - 'politics going on within a small group'.

Starting a much better dialogue

'So we thought that actually what we could be doing was turn it into something quite positive here. Actually start a much better dialogue, particularly given that there were new people on the ground who weren't involved in the historical backdrop. And I think we were probably a bit naive to some degree in that we got this group together and, I think, for the first couple of meetings, it descended into arguments and backbiting really, because really people were very angry about some of the things that had happened, whether it be from the Trust against the Health Authority or Social Services against the Trust or whatever. So there was a fair amount of tension. I remember quite a vIrtual stand up row between the clinical director and the assisant director of commissioning. But in a way I think that was a good thing, because that got it out into the air; and enabled it, rather than fester, for people to have their say and then move on. ..This was a good thing from my perspective because it essentially brought all the things that tend at times to be under the surface of a meeting or group or whatever, out into the open right at the very beginning, and almost dealt with. One of the things that we constantly felt we were, or we are still, doing, is containing a particular clinician who is extremely vocal, will generally take up three quarters of the air time and sort of apes traditional consultant behaviour at times. And that's I

think still a challenge for us; but I think that's something that, as a group, we are getting better at dealing with; not least because the contribution is actually quite important. But there needs to be a recognition that other people's contributions are as important. In terms of moving it forward I think that the development of this group and the links it's built into have brought some success. For instance, for the first time we secured winter pressures money for mental health for older adults, which is the first time it's happened in our area, and I think within the Trust, actually. Quite substantial investment, which has proved to be quite a notable success in the evaluations that happened afterwards. [The trust did also develop the third team, and also] .. won a notable success in securing anti-dementia medication as well.'



A service with an inferiority complex: celebrating successes

'I think [the service has] got a slight inferiority complex about itself. And I think that stems from the fact that if mental health is a Cinderella service, then what does that make mental health for older adults? So any disappointments that it receives, it tends to, seems to hit more harder than the successes that it receives. One of the things that we're quite keen to do as a whole community, really, is to try to make sure that we do celebrate our successes, incorporating our Social Services colleagues as well, because there was a lack of dialogue with them as well. So I think we've moved on, but there's still a lot of underlying issues, I think, within the service. And I think a lot of them, unfortunately, do stem around the one clinician, who seemed to be quite controlling, and simply doesn't have the time, or the skills really, to do it and do it effectively.'

Issues arising from this story

What is striking here is the way Ben saw the service as having an inferiority complex. This reflected his view of the low priority given to older people, particularly those with mental health problems. Because of this, staff in the service appeared to be unable to hear any good news.

The expansion being developed was resource-led and was measured in terms of consultant capacity and the staff required to work with an extra consultant, rather than according actual user needs and how different staff could meet these needs.

Ben turned around the morale of this unit by setting a clear direction as leader and by engaging with key people such as the consultant, despite the difficulties of this, and an influential user group.

In common with people in other stories Ben already knew a key player and used this positively.

High emotion is evident in this situation in common with other stories – and here it appeared to be helpful to allow the emotions to be expressed.