



Introducing Professional Practice

Wychavon Mental health team

Martin Leeder

My name's Martin Leeder, my official title is Locality Manager for Wychavon, which is one of the six localities in Worcestershire, for the provision of mental health services. It's the only community mental health team in Worcestershire which is fully integrated, in terms of a multidisciplinary team. So, we have a single base for all disciplines providing mental health services, so that's a range from consultant psychiatrists, and the other medics, Psychology, social workers, Community Psychiatric nurses, Community OTs, and admin staff. I directly manage the social workers, CPNs, the OTs and the admin staff. The other staff, the medical staff and the psychologists, I have a role of co-ordinating the work of the whole team, but I don't, not directly responsible for day to day management of their work.

In terms of day to day communication for the team, that's relatively easy, as long as you've got the systems in place. So for example, we always start the day with, whoever is actually in on that day getting together for, even if it's just five minutes at the beginning of the day, just to run through basic things that are happening, where people are going to be, what is actually happening through the day. We have a weekly team meeting on a Wednesday which is the only day that all members of the team work, so that at least there's one point of the week, when the team regularly comes together. So that's a crucial way of communicating really. But all members of the team have access to mobile phones, so that's, I suppose that's a crucial thing in a sense, because when we didn't have that, you wouldn't always be able to contact somebody, and certainly in terms of needing to contact a manager, you would have to be very clear about where you were and, when you were going to be there. Now with mobile phones, you can just say, "you can contact me on that number", so that obviously improves things.

The contact I have with service users, tends to be much more on a kind of equal footing I suppose, in the sense that they would be party to service development groups that we might have, for example we have a locality planning group for Droitwich, and service users are represented on that. So I tend to meet service users on planning meetings, and service development type projects, rather than as a professional providing a service. So in that sense it's more of an equal relationship really.

The locality planning groups were set up when we first went into the integrated teams. The basic role or purpose of those groups, is to actually get everybody together who's involved in providing mental health services, or has an interest in mental health services, to look at what the current needs are, current needs and future needs, and to be actively involved in planning new services, providing services, and developing the service in the way that we wanted to go. So, we did a service review for Droitwich, which was very very, very heavily-involved service users and carers, and they were involved in, providing all the information in terms of, what was needed within the locality. The whole approach is very much client-centred, so that, the individual who's referred will be, at the centre of any assessment that took place, and their needs. It wouldn't be a case of professionals making an assessment, saying well, we think

you need A B and C, it's more done in a in a partnership way really. So that individuals, certainly within the mental health service are very very much involved in their own assessment, and devising their own care plan.

We deal with a whole variety of other agencies, which is crucial in us achieving our aims in terms of integrating people in the community. I think we have very close relationships now with the local housing department, and housing providers, the housing associations that, most of our service users will be tenants of. We have a bimonthly housing liaison meeting. In terms of good communication, that is a really good example of how we've moved things on and, actually sitting round a table with people, on a regular basis, discussing individual cases, and beginning to understand from both sides, the problems that housing has. That's actually fostered a very close working relationship, and better understanding, which means that the outcomes for the service users, are better, and people are much more likely to get a good service. Probably somewhere around ninety to ninety five percent of referrals that we get will come directly from primary care, from GPs, sometimes from health visitors, but it's mainly GPs. And communications there can be very different at times. We have some GPs who, because they understand more about the service that we provide, their referrals will be much more appropriate, and there's good rapport and understanding. But there are, quite a number of GPs who probably don't fully understand where we're coming from in terms of our priorities, with people with more severe problems. So, we're not really geared up to working with people that have, moderate, well certainly mild mental health problems. Some communication can fall down because of different expectations from different people.