

Mental Health Rights Group: Card Before You Leave campaign Case Study 1

Background

“Not all suicides or incidents of self harm are preventable. However caution should be taken to ensure that acknowledging this does not translate into an acceptance of any individual death as inevitable.” Department of Health, Social Services and Public Safety

In the years following the end of conflict, north and west Belfast experienced skyrocketing rates of suicide and self-harm. Between 1991–1997 and 1998–2004 suicide rates in the North Belfast parliamentary constituency’s rose from 319th to 11th highest in the UK; the increase in suicide in West Belfast led to a similar increase, from 259th to 13th highest.



A number of families who PPR had been meeting with felt that a key aspect in their loved one’s suicide was the failure of mental health services to provide support when it was most needed. A 2007 official review into how the Belfast Trust’s actions failed to support north Belfast boy Danny McCartan stated that:

“the organisation and management of services for both young people and adults were fragmented, disunited, focused on issues of maintaining service boundaries rather than on the well being of patients who had to cross the boundaries. When continuity of care above all else was required it was not available to him”

“We got the independent report carried out for Danny and to ensure that his situation would not happen again. We didn’t want another family to be treated like ourselves”
Gerard McCartan

Danny’s father, Gerard McCartan, said of the review:

“We were not in it for an apology. We want the recommendations implemented to the full and we also want to be involved with the implementation of the recommendations.”

But the Trust did not move to implement these recommendations in full or meaningfully involve the McCartans or other families. PPR worked with Gerard, his wife Carol, and families from across north and west Belfast to push the Belfast Trust to improve services in line with what people’s rights are.

The very first step was to find out exactly where and how families experienced poor services and what improvements could look like. This could only be done by people with first-hand experience of the services.

Priority Concern

One of the issues which emerged from discussions with mental health service patients and their carers was that people were not getting access to services when they were at their most vulnerable. When they presented to their GPs they were either prescribed medication or sent to A&E. When presenting at A&E patients and carers told us that they often felt dismissed and that the urgency of

their crisis was not acknowledged. When they were discharged from hospital they were not provided with any support.

People in mental health crisis were not being provided with access to a care pathway and services which could provide life-saving support.

Defining the Campaign Demand

The big issue was clearly the disgracefully under-resourced nature of mental health services; a culture within the NHS that treats mental health services as a poor relation. But families in crisis did not have the luxury of waiting for a culture change to happen – something that could take decades. They needed change now, and they were best placed to identify small but significant changes that could improve lives whilst also prioritising mental health services.

The group felt that no-one going to A&E experiencing mental health crisis should walk away feeling worse than they walked in. They felt one of the most important things was to secure access to a care pathway as the most important first step.

The group looked at human rights standards which emphasised the need for health care to be accessible to the most vulnerable members of society. They looked at a UK government report which stated that discharge from hospital was a time when patients with mental health issues were particularly vulnerable to suicide.

They looked at NHS guidance which stated that follow up appointments should happen within one week of discharge. But when the group carried out research with other people, they found that only 13% of people were receiving follow up appointments within a week.

Therefore, as a first step the group called for an appropriate mental health appointments system that would ensure everyone who attend A&E in mental health crisis is guaranteed a link into services. Without achieving this, broader mental health service improvements wouldn't actually reach people in need.

Monitoring what is Wrong, Pushing what is Right

The group then decided to monitor the situation of people presenting at A&E 3 times a year to see if the situation was getting better, worse or staying the same.

But they also developed the demand. They called for the implementation of a 'Card Before You Leave' (CBYL) scheme. Based on a similar scheme in Australia, the CBYL would be given to anyone presenting at A&E with suicidal ideation or self-harming incident who was discharged. The CBYL would provide details (date, venue & time) for a full psycho-social assessment with a medical professional within one week of being discharged. Carers said this would be a 'lifeline' for the patients who would, at the very least, have the comfort of knowing that they are linked into services and further support instead of being on their own.



The group believed that as well as providing for people's immediate needs, this change would also open up further changes in the care pathway provision. It could open up the whole issue of not only access to mental health support, but the *quality* of that support.