

Personalisation in Mental Health Care: Some Initial Thoughts.

Daisy Bogg, May 2008.

Social Care provision in the UK is in a state of rapid change, with an increasing emphasis on user-led outcomes and self-directed care. Mental health services, in particular, have experienced a range of change over the last decade, with the implementation of the national service framework (NSF) (DH, 1999), the push towards integrated health and social care, and more recently the introduction of 'New Ways of Working' (DH, 2007). The local authority circular '*transforming social care*', published in January 2008, followed on from the 2006 white paper '*Our Health, Our Care, Our Say*', and clarified the outcome framework for service delivery and embedded it within the vision of personalisation as the cornerstone of modern social care. This circular forms the first stage of the changes that public services are to develop with the stated aim of:

...everyone who receives social care support, regardless of their level of need...will have choice and control over how that support is delivered. (para. 14, p.4)

So how does this aim translate into current mental health services?

New ways of working places significant emphasis upon the skilling-up of professional groups, so that the full range of psychosocial interventions can be delivered within existing mental health services. Transforming social care on the other hand indicates that a wider choice of service providers, including service user led and voluntary sector organisations, should be developed and delivered to enable choice and control to become a reality. These two agenda's are going to be difficult to reconcile within the current climate of service delivery, with an emphasis on risk aversion and best interest decision-making.

Historically, the statutory sector (i.e. NHS trusts and social services departments) have been the major players in the delivery of mental health services, and at the current time this is still very much the case. Commissioning arrangements between health and social care are often bureaucratic processes which for small third sector or service user-led providers is a difficult a complex system to negotiate. The rules of engagement are often not clear, and while

statutory organisations are used to operating in this manner, organisations outside of this system may have trouble when it comes to establishing a share of the market.

The impact of organisation culture on choice & control:

Working within a mental health service is to operate within a distinct culture. Organisations, professions, and individual teams all have a manner of operation, based on custom and practice as well as an evidence-base, that contributes to the way in which workers perceive and react to concepts such as the social care outcomes. The challenge for senior managers within large integrated agencies, such as partnership trusts, is to manage and balance the competing understandings and agendas. The use of medication is a particular example of the differences that can occur in the views of professionals and services users. Whilst the medical practitioner considers the service users wish to stop taking medication an unwise decision, and potentially a sign of deteriorating mental health, the service user understanding could be that they no longer need the medication as they feel much better, or they are unwilling to continue to endure severe side effects, stances that are unrelated to a deterioration in their mental state. The choice and control exercised / not exercised by the service user in this situation could be a significant and positive step that they are taking within their overall recovery, however the professional will not view this as a positive outcome and as such it is likely that the choice and control is impaired as a result.

A Vision of the Future:

Whilst there are evident difficulties in the delivery of the personalisation agenda within mental health care this does not mean it is impossible. Organisational culture shifts will be required and support for the third sector will need to be embedded within the commissioning processes. By addressing some of the power dynamics which are currently apparent across all levels of services, and incorporating positive risk taking within risk management processes within services it is possible to make changes to service provision, however this is a long-term task and buy-in from all the various stakeholders will be needed to make personalisation less of a rhetoric and more of a reality.

References:

Department of Health (2008) *Transforming Social Care*. LAC (DH) (2008) 1. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

Department of Health (2007) *Mental Health: New Ways of Working for Everyone*. TSO: London

Department of Health (2006) *Our Health, Our Care, Our Say*. TSO: London.

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Models*. TSO: London