



**Getting in on the Act**

*dros adferiad  
o afiechyd  
meddwl difrifol*

**hafal**

*for recovery  
from serious  
mental illness*

**Handout 3**

*Priorities identified by a group of carers at Hafal's AGM on 5<sup>th</sup> November 2015*

<b>Workstation Theme</b>	<b>Top 2 Priorities</b>		<b>Other Priorities</b>		
<p><b>Involvement</b> of carers and families, being listened to, and issues around confidentiality</p>	<p>There needs to be a discussion between health and social care professionals when early warning signs are there of the cared for becoming unwell. The views and concerns of carers must be taken more seriously – particularly when crisis signs are there</p>	<p>A triangle of care needs to be established between the cared for, the carer and the health/social care professional at the beginning of treatment to establish how the person's care, support and treatment will be taken forward, roles, responsibilities and boundaries, etc. Carers need to be more involved in the planning and implementation of care for their loved ones</p>	<p>There needs to be greater flexibility with arranging meetings and appointments, and more support in helping carers attend meetings and appointments</p>	<p>Consent to share information should be sought through a trusted third party, and be agreed at the beginning of treatment</p>	<p>Wording in Codes of Practice, other guidance and legislation should always try to use the terminology that professionals <b>'must'</b> work with carers, rather than using the term <b>'where necessary'</b></p>
<p><b>Advice and training</b> on issues affecting carers needs to be received by health professionals as well as by carers themselves</p>	<p>Health professionals need to receive regular, mandatory and on-going specific training relating to family/carers' needs, and how better to engage and involve, etc.</p>	<p>Training for health professionals should emphasise the importance of care co-ordinators engaging more with families/carers to listen to their needs, and visiting the family house</p>	<p>Staff in CMHTs and other professionals need increased understanding of the impact of the carer's role, and need to have a good understanding of what other support services are available, including from the third sector</p>	<p>Carers need to receive training in the mental health system, about their rights, discharge planning, etc. and should be involved in developing and delivering this training</p>	<p>Professionals need more training on carers' issues, and part of this should be talking to carers and listening to their experiences</p>

## Handout 3

<p>Better help and <b>support</b> for carers</p>	<p>There needs to be more specialist mental health advocates and mental health carers' champions to act as the link between carers and support services and organisations</p>	<p>There needs to be increased awareness of mental health carers' issues within primary care services, particularly in GP surgeries</p>	<p>There needs to be more whole family intervention services and family involvement around carers' needs</p>	<p>Carers need to be more involved in formal reviews aimed at mapping their loved ones progress and prognosis</p>	<p>There needs to be more anti stigma campaigns (public) and training (organisations)</p>
<p><b>Carers' Rights</b></p>	<p>Carers need to have greater access to information about their rights. 'We don't know what our rights are!'</p>	<p>Professionals are not always listening to the word of carers, and sometimes carers feel they are undermined. Carers therefore need to be aware what their rights are</p>	<p>Need to have dedicated advocates for carers</p>	<p>Need to explore ways to ensure meaningful and impartial carers' assessments are properly carried out</p>	<p>Need to explore the option of having joint appointments with the carer and cared for to meet with the professional</p>
<p><b>Other issues</b></p>	<p>Some carers need talking therapies, as well as access to drop in clinics for carers, to receive advice, support, information and signposting</p>	<p>Consider establishing an advice line for carers. There is a strong need for better support and advice, particularly around who to contact in a crisis</p>	<p>Need for carers' champions to be established</p>	<p>Find ways of better liaison with the carer on discharge from in-patient care – assessment for suitable housing</p>	<p>Needs to be better primary care services for carers, including talking therapies, and better link between GP and social services</p>