



# healthwatch



## Shaping Mental Health Services Together Report 16<sup>th</sup> March 2016

## Introduction

Healthwatch Middlesbrough, Stockton and Redcar & Cleveland hosted an event on Wednesday 16<sup>th</sup> March in collaboration with North East Together and Voices for Choices. The main purpose of the event was to gather views and experiences of those who access mental health services in the locality. The event 'Shaping Mental Health Services Together' attracted over 120 people ranging from service users, family members, carers, mental health service providers and staff from the Clinical Commissioning Groups and NHS England.

The event was chaired by Paul Johnson (Director of North of England Mental Health Development Unit) and it was opened with three presentations, firstly by Alisdair Cameron who introduced the organisations North East Together and Voices for Choices, followed by Mark Burdon (South Tees CCG) who gave an introduction to 'Involvement in Commissioning'. The final speaker was Professor Paul Crawshaw (Healthwatch Middlesbrough Chair) who gave an overview of the role of Healthwatch.



Paul Johnson - North of England Mental Health Development Unit



Alisdair Cameron - North East Together



Mark Burdon - South Tees CCG



Professor Paul Crawshaw - Healthwatch

Following the presentations, table top discussions took place steered by facilitators. Those who attended were asked:

- What health and social care services do you use?
- What is working well?
- What is not working well?
- What would make it work for you?
- What is the top priority?

The event was a huge success with attendees providing valuable information regarding issues or concerns and suggestions for improvement to consider for the future development of mental health services.

## Feedback from the Event

### 1. What health and social care services do you use?

During the table top discussions, those who attended were asked to list which health and social care services they currently use or have used in the past in the areas of Stockton, Middlesbrough and Redcar & Cleveland.

The services talked about at the event were:

<p><b>Primary Care Services:</b></p> <ul style="list-style-type: none"><li>- Doctor / GP</li><li>- Pharmacies</li><li>- Dentist</li><li>- Optician</li><li>- Podiatry</li></ul>	<p><b>Secondary Care Services:</b></p> <ul style="list-style-type: none"><li>- James Cook / North Tees Hospital services</li><li>- Accident &amp; Emergency</li><li>- Roseberry Park</li><li>- Wessex House Crisis Team</li><li>- Ambulance services</li><li>- Walk-in Centres</li></ul>	<p><b>Learning disability Services:</b></p> <ul style="list-style-type: none"><li>• Learning disability services for adults &amp; young people</li><li>• Real Life Options</li></ul>
<p><b>Community and Voluntary Services:</b></p> <ul style="list-style-type: none"><li>- Carers Together</li><li>- Young Carers services</li><li>- Carers UK</li><li>- The Junction</li><li>- The Moses Project</li><li>- The Stroke Club</li><li>- Stockton Steps</li><li>- The Lighthouse Drop-in</li><li>- Lakeside / Parkside Community Mental Health Centre</li><li>- LGBT Matters</li><li>- Saltburn Wellbeing Centre</li><li>- John Paul Centre</li><li>- Counted4</li><li>- Earthbeat Centre (Saltburn)</li><li>- The Gateway</li><li>- The Stockton Service Navigation Project</li><li>- Good Food Mood Café</li><li>- Crest Support Services</li><li>- Eva</li><li>- Harbour</li><li>- Bridges</li><li>- Doorways</li><li>- Stamp Revisited</li><li>- Footprints in the Community</li><li>- My Sister's Place</li><li>- Positive Support in Tees</li></ul>	<p><b>Improving Access to Psychological Therapies (IAPT) Services:</b></p> <ul style="list-style-type: none"><li>- Talking Therapies</li><li>- Starfish Health and Wellbeing</li><li>- Alliance Psychological Services</li><li>- Middlesbrough, Stockton, Redcar &amp; Cleveland MIND</li><li>- Tees, Esk and Wear Valley Trust</li></ul>	
<p><b>Adult Services:</b></p> <ul style="list-style-type: none"><li>• Adult Mental Health Crisis Teams</li><li>• Eating Disorders services</li><li>• Lifeline</li><li>• Foxrush House</li><li>• Social Worker/Team</li></ul>		
<p><b>Children and young people's Services:</b></p> <ul style="list-style-type: none"><li>• Children and Adolescent Mental Health services (CAMHS)</li><li>• Children's Health Visiting services</li><li>• Social Worker/Team</li></ul>		

\*Please note, this is just a few of the services highlighted at the event.

## 2. What is working well?

### Stockton

When the facilitators asked what was currently working well, the feedback received found that those accessing services in Stockton felt that there were good relationships with the Community Psychiatric Nurses. More positive feedback was received with regards to the Lighthouse drop-in centre based in Stockton which was found to be reliable, informal and that the service can be used for as long as the individual feels necessary. Another comment received found that the GP services in Stockton were working well. Some attendees also expressed that they had seen improvements over the years for mental health assessments, skilled workers and a better awareness between organisations and staff. MIND, Starfish, The Halo Project, The Good Food Mood Café and North Tees Hospital also received some positive comments. The Live Well Dementia Hub was praised for its access to information about 'anything' along with the Stockton Dementia Advisory Services.

### Middlesbrough

Residents of Middlesbrough reported noticing a greater awareness of mental health with a wide range of services available and improved partnership working. Comments received regarding Roseberry Park found that the staff listen, provide good support and that patients did not feel 'pushed' into discharge. The John Paul Centre, MIND's Living Life Service and the IAPT Services also received some positive feedback.

### Redcar & Cleveland

Those attending the event who had used services in Redcar & Cleveland expressed that the Children and Adolescent Mental Health Services had very skilful and knowledgeable staff. In addition to this, it was felt that the services were becoming more accessible in the community with more GP's making referrals to services and better partnership working with voluntary support agencies. There are also various groups in the area including peer support to suit different people's needs. The holistic centres and in particular, the Saltburn Wellbeing Centre received significant praise from those who had accessed its services/therapies. In addition to this, Footprints in the Community, Age UK, Redcar Primary Care Hospital and Carers Together were also found to be working well in Redcar & Cleveland.

### All 3 Areas / Area not specified

Taking the three Local Authority areas as a whole, attendees felt that patients have a wide choice of where they can go due to the range of services available. It was felt that the staff working in the numerous services are experienced with a wide range of knowledge and skills. Praise was given to community groups who support those who are isolated and lonely e.g. Young at Heart (Stockton) and Intergenerational Days (Redcar) as well as Developing Initiatives Supporting Communities (DISC) which provides a range of support services.

Numerous positive comments were received from individuals who use the Startrium, an art group provided by Starfish explaining how they found it very helpful, relaxing and a means of socialising with others, all of which helped aid the individual's recovery. Additional information about what was working well was given regarding the Samaritans Helpline and TEWV's group psychotherapy service (despite withdrawing funding for the Tees area).

### 3. What is not working well?

In Stockton, the housing associations are currently taking a high level of referrals of service users with mental health problems and due to the huge increase in demand for social workers, they are not adequately equipped to deal with these pressures.

In Redcar and Cleveland in particular, Foxrush House is proving inaccessible due to lengthy waiting times for an initial appointment and follow on appointments. Concern was also raised with regards to Foxrush House where a lack of privacy and confidentiality was felt by clients when certain rooms are used for appointments (those located at the front near to the waiting room).

Concern was also expressed for those who have accessed services in all three areas regarding the lack of prevention services due to limited resources. There are also barriers to accessing services especially for patients who have sensory or learning disabilities e.g. autism and those who find it difficult to interpret information.

Information gathered with regards to The James Cook University Hospital and Roseberry Park found that concerns were raised about the lack of beds available in addition to poor communication. There is also a lack of information provided to services users about the walk-in which is available but service users are unaware of. There is also the need to

ensure hospital discharges are safe, appropriate and that sufficient support is provided.

Further issues were found on the topic of long waiting times for children and young people which could be related to GP's referring to the same organisations each time causing poor utilisation of all the services and organisations which are currently available. It was felt that there were barriers to social prescribing and communication problems in getting through to speak to the 'right person'. There needs to be a faster development of links and sharing of information between services including a change in GP's prescribing practices with them actively referring patients to a service without expecting patients to do this themselves.

Long waiting times to access services are also a major concern. There is the feeling that there are some gaps between services which need bridging with a sharing of information with regards to what's available and where the services can be found, in particular with GP's as this is usually a patient's first point of contact. In addition to this, it was felt that the doctors are not listening to the patients and find it is 'too easy to just give medication'. There is a need to improve inter-departmental communication to prevent patients having to repeat 'their story' more than once.

Additional comments received found that social services appear to be 'too quick to pass you on' and that they had too much to do with too little resources. A high proportion of attendees found that time scales for counselling services and talking therapies were too short e.g. 6 weeks with no support services to follow on to after this time period. This is following a lengthy wait before being able to access the service in the first place.

The transition from children to adult services also needs reviewing along with the relationships between primary and secondary care providers to help prevent inappropriate referrals to services. Young people often feel they aren't listened to due to lengthy waiting times to access CAMHS and no additional information or further help being given following a diagnosis e.g. Autism.

The Crisis Team received a great deal of criticism with feedback received explaining how it was a 'very bad service' where there appears to be no staff or responsibility and lengthy waiting times. The team is difficult to access and there is an uncertainty as to what services are available to those in crisis, particularly at weekends.

Issues were also raised with regards to a lack of support for those with a dual diagnosis and the need for 'joint working' for mental health and addiction services.

Concern was also raised in that there appears to be problems accessing carer support due to limited services/staff available and there are times when those who provide these services are unavailable leaving carers with no one to turn to. This, in addition to waiting times of approximately 18 months to get a carers assessment highlights the problems faced by carers who would like to access support.

There is no awareness and little promotion of mental health for those in the community, which should not just be targeted to those who have a mental health condition. There appears to be a lack of choice and information available with barriers to accessing services e.g. the language used.

The NHS 111 service was also discussed which highlighted that those with mental health conditions were not being asked the correct questions and suggestions consisted of better mental health training for those who provide the NHS 111 service so they can provide better support to those who need it.



#### 4. What would make it work for me?

Various suggestions were put forward to help improve mental health service provision to ensure it works for those who are using the services or may need to access them in the future. Ideas presented at the event included:

Ensuring that there was support available for individuals and their families who have been / are being made redundant to help them deal with stress and anxiety.

A need to increase funding for more staff with expertise in mental health to help take the pressure off Community Psychiatric Nurse's (CPN's).

To have more accessible services for young people e.g. youth clubs and for schools and universities to be involved in raising awareness and prevention.

To increase the public and professionals awareness of services so they know what is available and where/how they can access it.

A mental health prevention service / mindfulness course to teach people about life skills.

To raise the profile of mental health by improving communication, signposting and pathways with assistance to accessing services where necessary. E.g. Directory of services / online communications for individuals with hearing difficulties.

A service available after people have been in crisis whilst in recovery to provide aftercare support and to help prevent relapse.

For service providers and professionals to work together more efficiently creating more joined up services.

To ensure hard to reach communities are targeted and to improve education for the general public to help reduce stigma.

To improve training and awareness in workplaces and across organisations.

To have an improved approach to dual diagnosis - substance misuse and mental health.

To improve accessibility and support provided from the Crisis Team.

For service users to have an informed choice enabling them to choose their pathway to recovery.

For service providers to be open and honest about the problems they are facing, to have a common ground and share challenges to help these be overcome by working together.

To bridge the gap between learning disabilities and mental health and to ensure better support for their families and carers.

Improved GP service - To listen to the patient and to increase their awareness of services available which will ultimately increase the number of referrals. To ensure there is a balance between prescribing medication and alternative therapies with a greater willingness to explore a more holistic model of care. Could also provide an appointment reminder service for patients and to offer a longer appointment time for those with mental health problems.

To have reduced waiting times for access to services and a patients GP.

To have support available while waiting to access a service or in-between services / at weekends. E.g. a 24 hour helpline.

To provide regular updates on expected waiting times and to check if individuals are coping / managing / feeling OK so they do not feel forgotten about while waiting to access a service.

Improved transition between children and adult services.

Individualised Community Living Strategy needs a full service review and re-design.

To extend the limit on the number of sessions / length of times available to access a service - 6 weeks is not enough time.

To have one assessment of needs for GP / Hospital / Mental Health Service / Physiotherapy etc. - Preventing patients having to repeat their story more than once.

To see the same doctor each time to ensure continuity of care and to have more contact with the clinician.

To have more user-led peer support groups.

More training provided to GP's on the topic of mental health.

To have more Community Psychiatric Nurses (CPN's) and Psychiatrists working within GP surgeries making them more accessible.

To ensure communication is open, honest and within an appropriate time period to ensure family, carers and service users are kept informed at all times.

To encourage more organisations to sign up to the Mental Health Crisis Concordat.

More funding provided for voluntary organisations

Improvements made to safeguarding procedures and assessments.

Ensuring all services are patient centred.

Sharing good practice.

To improve signposting - Advertise services in pharmacies & community centres used by the public.

To ensure carers have support for appointments.

## 5. Top Priorities

Each of the 12 tables decided on a top priority that they felt was the most important to act upon to help improve mental health service provision. Each table's top priority is listed below:

1. Increase funding allocated for preventative services and publicity to help raise awareness and reduce stigma.
2. Improve BME access to services (information and encouragement) with a readiness to move on and identifying the right moment with service users (feel abandoned) with a clear pathway to access services for all individuals tailored with hard to reach communities and individuals in mind.
3. More commissioning of wellbeing colleagues with better links with/from GP's to refer, empower and allow for informed choices to ultimately reduce costs.
4. Statistics found that 44% of carers are experiencing mental health problems - To ensure we improve mental health for all.
5. Improved communication across the local community which provides information, education and support.
6. More services available on a weekend.
7. Accessibility - To be listened to and treated as an individual (face to face).
8. To improve timescale for referrals, accessibility through communication and a clearer pathway.
9. To have information at the end of the phone 24/7 with one number to provide a signposting service e.g. NHS 111.
10. To value people providing person centred care with transparency and good communication from services to service users.
11. For carers to be listened to.
12. To ensure meaningful follow-ups with increased mental health expertise in GP surgeries (e.g. CPN, Psychologists, Psychiatrists) and to ensure services are working together and communicating with and about each other.

