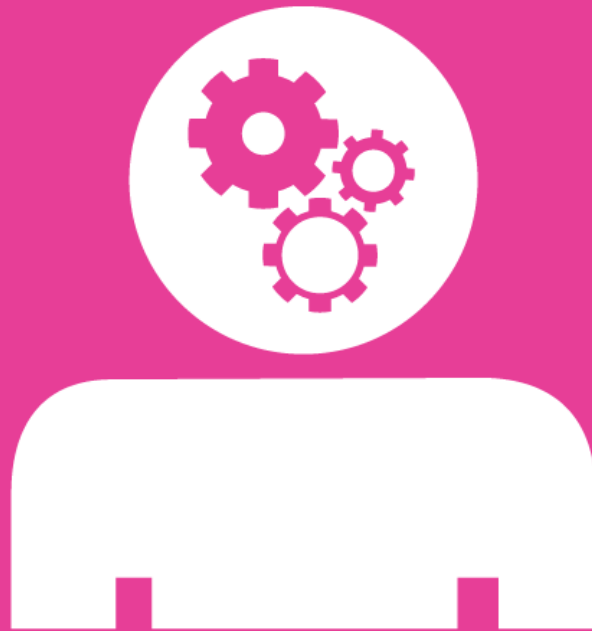


# Mental Health Consultation Report



**July - August 2018**

## **Understanding Mental Health Services in Thurrock**

**The people's voice**

## **Introduction**

Healthwatch Thurrock is the independent Health and Social Care Services champion for the people of Thurrock. We gather and represent views of local health services in order to build up a picture of where services are doing well and where they can be improved. Along with consultation work and gathering the voice of residents, Healthwatch Thurrock also provide an information and guidance service.

Residents are invited to “Speak Out” via an online forum as well as through targeted surveys, conversations and face to face engagement within the community.

Healthwatch Thurrock presents the voices of Thurrock to aid in identifying the need for change, considerations before commissioning and to support best practice across services.

## **Learning from a user-led approach and hearing the voice of residents**

Healthwatch Thurrock through conversation and engagement highlight and promote improvements from people actually using the services.

We know that services are better when they treat people as individuals, understand their needs and actively involve them in shaping support.

To do this services need to learn from existing examples of real experiences, how they can be adapted and making them fit around local need.

What is also important is to understand where services are working well and that should be considered to be a blueprint of change when designing services and support.

## **Overview**

Through anecdotal discussion from service users and residents, a need to better understand services supporting Mental Health Services in Thurrock were identified in early 2018. To support any proposals or recommendations; real experiences and voices were needed to ensure improvements were user centred and tailored to Thurrock’s need.

Healthwatch Thurrock have identified gaps within Mental Health Services within Thurrock from conversations in the community during events, Healthwatch Thurrock planned drop-ins and from our Information, advice and signposting service.

We have also received complaints which we have signposted to the service provider and for some we have referred to NHS Complaints Advocacy Service to support the complainant through the process.

Much of the feedback we receive has been that there is not a suitable service to refer these people to. Many are referred to Local Area Coordinators’ who are not mental health trained workers, but they to report the difficulty in finding the right service and that service not being available without a long wait. Our Social Prescribing team report their frustration in finding a suitable service that is accessible without a very long wait.

Some of the feedback we received prior to this report were:

- Long waiting times for Improving Access to Psychological Therapies (IAPT) services.
- No Personality Disorder Service resulting in people with PD being ‘bounced’ around the system, touching many services but never actually receiving a service.
- The ‘missing middle’ those with mental health illness being too unwell to receive a service from the IAPT service, but not unwell enough to receive a service from Tier 2 mental health. They report that their only options are to ‘ramp up’ their needs by self-harming or threatening/attempting suicide.
- Concerns around how long it takes some GP’s to offer more than medication.
- Grays Hall not seeing people unless they are already in their system and sending them back to GP’s which can be another 3 week wait to get an appointment.
- Poor crisis service, especially out of hours.

Healthwatch Thurrock have raised their concerns at Health Overview and Scrutiny Committee, Health and Well-being Board, through Adult safeguarding, Thurrock Adult Social Care Commissioners and with Commissioners at Thurrock CCG.

The issues around Mental Health Services is what prompted this piece of work within Healthwatch Thurrock priorities for this year, we felt that the real voices and lived experiences of some of our most vulnerable residents needed to be heard to ensure the commissioning of Mental Health Services within Thurrock meet the real needs of residents as identified by them.

From the feedback we received Healthwatch Thurrock have made 5 recommendations for commissioners of Mental Health Services to consider. These can be found at the end of the report.

## Common Issues

The common issues people report are:

- Mental needs not being understood
- Waiting too long for referral or assessment
- Not having the right services available
- Not always getting the same level of service
- Struggling to find information or support available

## Methodology

Over the course of two months Healthwatch Thurrock sought the views of residents to understand what their experiences were of Mental Health Services including:

- How long people wait between referral and assessment
- How people felt about their primary care (GP) service
- Were people referred to a wider Mental Health Service
- What support was available and what did it feel like
- Dementia support

Resident voices were heard through:

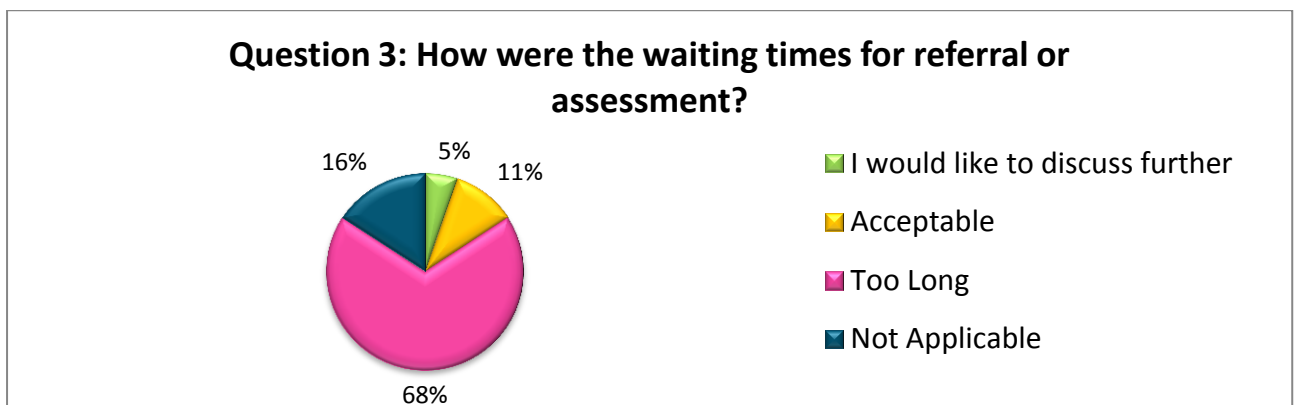
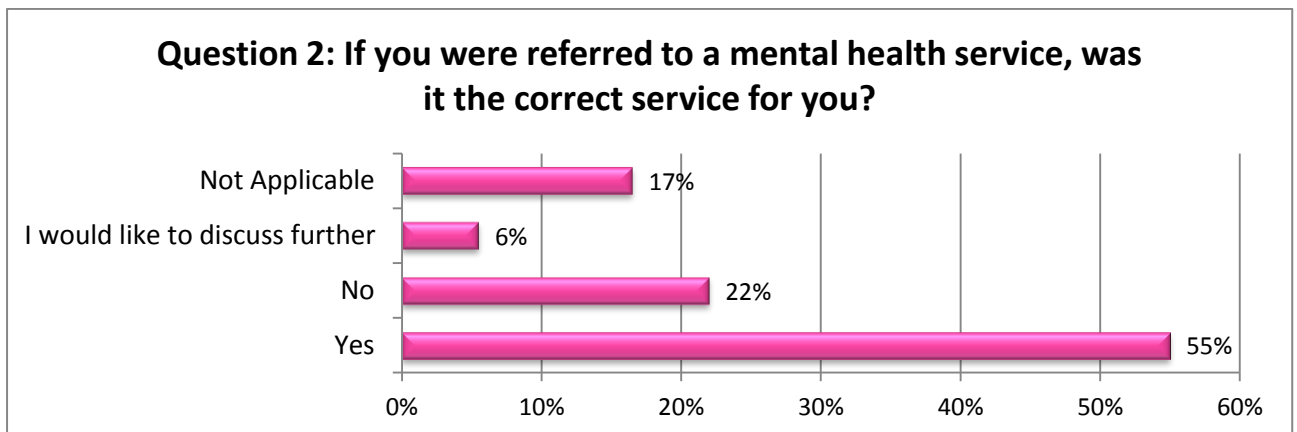
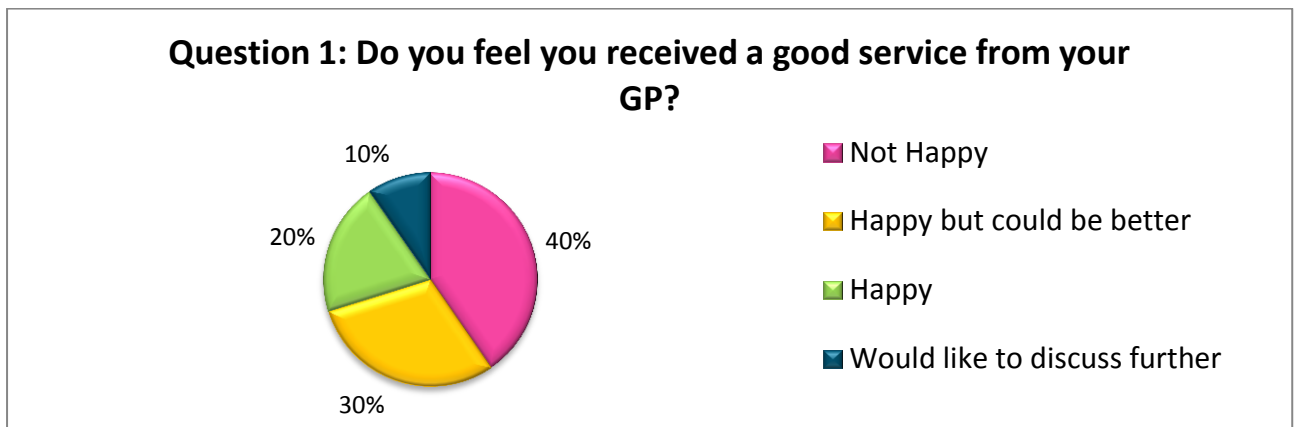
- Online survey

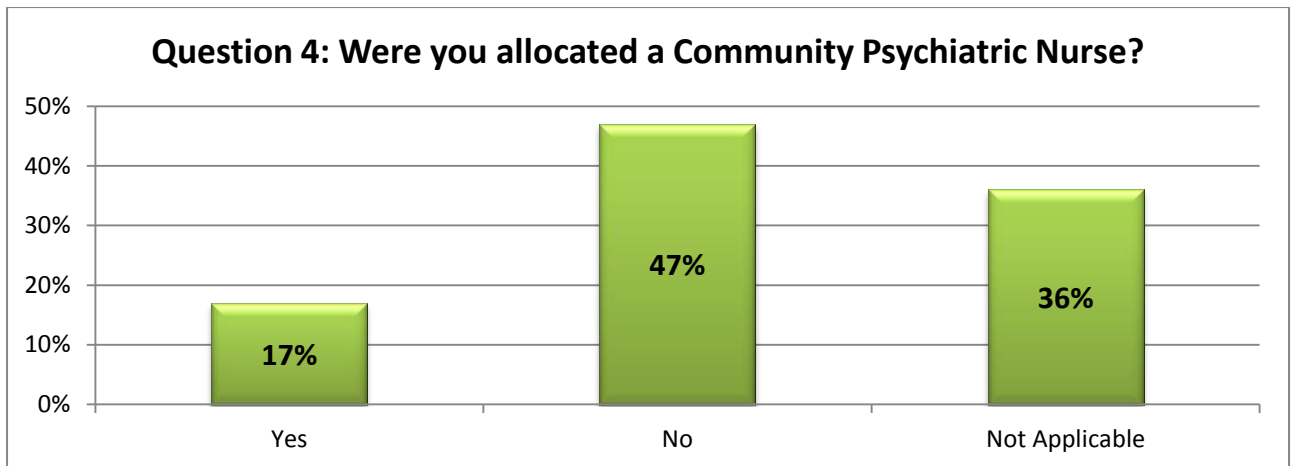
- Information and advice phone service
- Face to face engagement at community events
- Signposting through community hubs
- Meetings with groups and organisations who support residents with LTC and Disabilities

## Online Survey

An online survey was developed by Healthwatch Thurrock to ask specific questions. The survey was published online and promoted through social media and face to face during engagement sessions throughout the eight week consultation.

Charts show % of answers from the online survey.





**Question 5: How was the support from the Community Psychiatric Nurse Service?**

From those referred to the Community Psychiatric Nurse Service (30%) felt that the service was good but the same amount felt that whilst it was good, by the time they met too much time had lapsed so was not very relevant.

**Question 6: Did you feel the Community Psychiatric Nurse Service could be different or improved?**

All answers to the Community Psychiatric Nurse Service suggested there was room for improvement. In particular, this was around more understanding or experience in specific mental illnesses.

**Question 7: Have you had an experience of Dementia and have you had support?**

The area around Dementia was answered by 60%) of the respondents that completed the survey. This was an invitation for free text from people who had experienced services for dementia sufferers.

In over half of the answers we were told that the support available was not enough and that it had impacted greatly on the carer. Greater reliance on unpaid caring from relatives told a story of the potential for creating additional problems for persons connected to the original service user.

“My father was in a good position as my mother was able to support him; this however had a detrimental effect on her own health. Had my father not had my mother to make calls and chase things up about his other medical conditions they would not have had any support for anything”

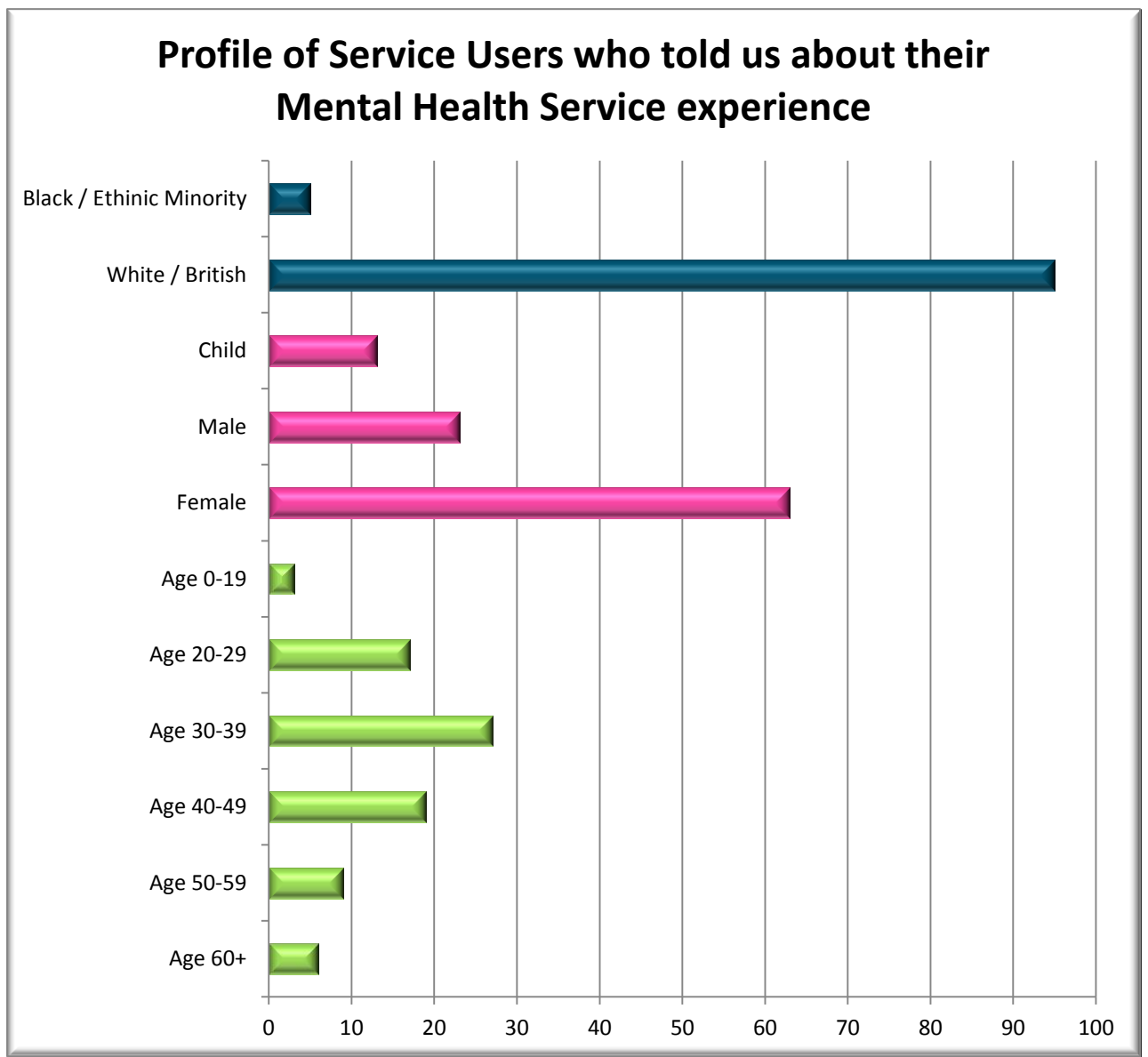
“Dementia support for the person affected and the family is essential to the management of the condition. Need to recognise the impact of the carer too”

## Face to Face Engagement

During July and August 2018 Healthwatch Thurrock attended fourteen events across Thurrock. This was a mixture of Community Hubs at Mental Health Drop In sessions; community fun days alongside conversations with mental health groups, Thurrock Coalition, Local Area Coordinators and Social Prescribers.

A total of (464) residents were spoken to with (66) giving their views as users of Mental Health Services.

Residents that gave their voice told both of experiences for themselves and family members. The breakdown of this profile is given below:

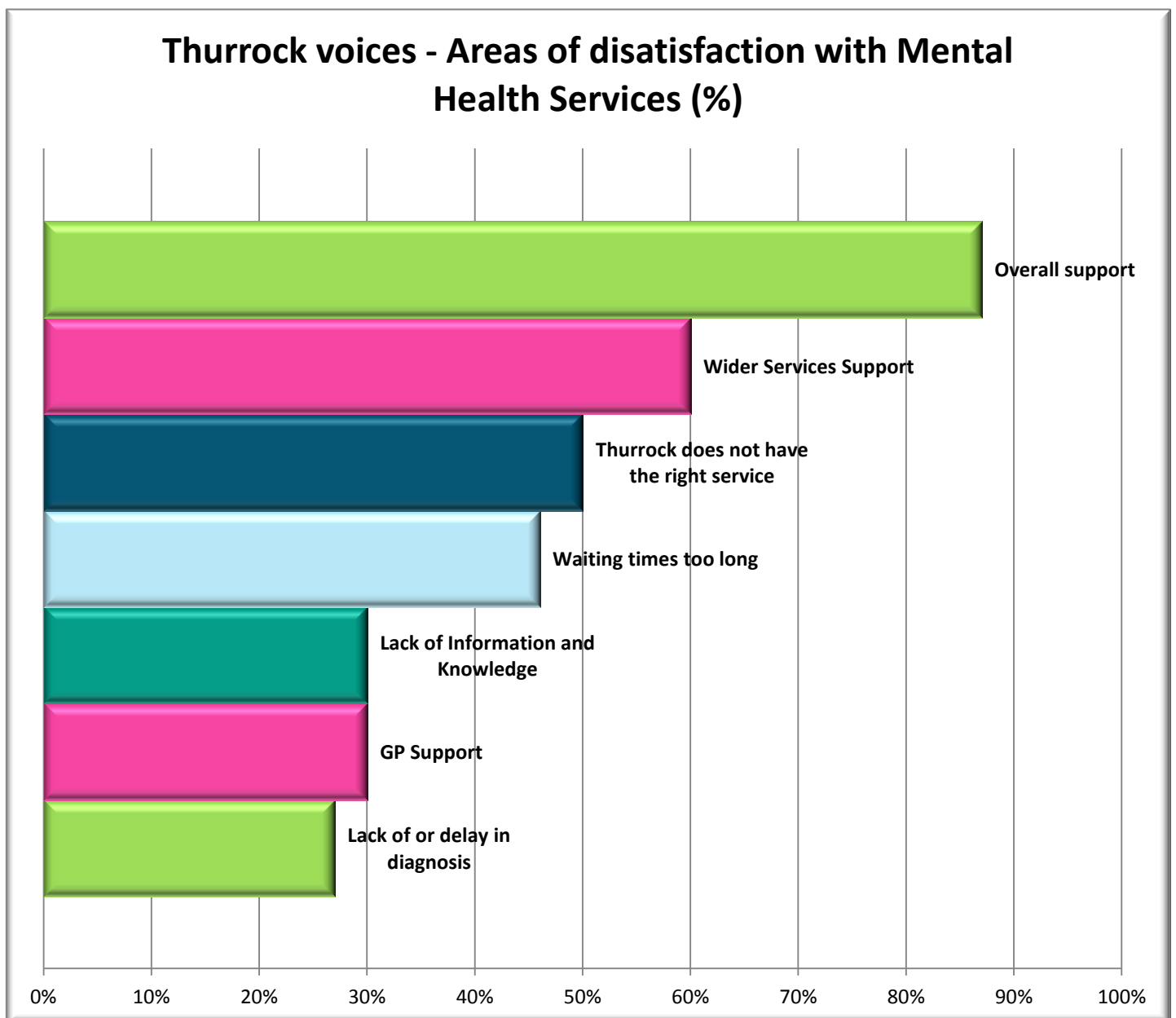


## Themes and Indicators

Overwhelmingly the stand out indicator in all engagement activities and the voices Healthwatch Thurrock heard about Mental Health Services were that (87%) of service users were not happy with the support they received. The areas of dissatisfaction are detailed below.

Dissatisfaction was felt in GP/Primary Services and wider Mental Health Services. In most responses, residents said they were not happy with more than one area.

## What Thurrock voices told us



## Area of dissatisfaction - Overall support

Conversations revealed (88%) of residents felt unsupported in their mental health issues. This is an overall message suggesting that when someone in Thurrock is suffering or supporting a mental illness; there are failings across most areas.

There are some good news stories and (12%) of the people Healthwatch Thurrock spoke to had a good experience and receive adequate support. All of the positive experiences told of the wider Mental Health Services rather than primary.

Most conversations with residents felt that the improvements were not confined to one particular area and that several issues were evident in their experiences.

***“I am a recovering drink & drug addict; I went to private Rehab and then found out about Inclusion Drug and Alcohol drop-in. I have stayed clean and now volunteer at Inclusion, I help run the café.”***

***“Working at Hardie Park as a volunteer has helped me manage my mental health due to being part of a community and not being isolated.”***

***“My sister had problems when her husband died. She sectioned herself into Basildon, she was there for 5 weeks, then discharged herself but still gets monthly visits from the Basildon staff. She firmly believes that if any help is needed they’re just a phone call away or a short drive there, for any help or anxiety. So her treatment has been spot on and so has the after care and it’s still going on.”***



## Area of dissatisfaction - Wider services support

Wider Services including community mental health, hospital and social services were cited as not being as supportive in (60%) of the people Healthwatch Thurrock spoke to. Much of the dissatisfaction is around reduced services, funding and whether the right services are in place.

***“The mental health service does need improving, more money needs to be invested into creating more supported services as well as allowing medical professionals to assist patients to get the help that they require.”***

***I have suffered over 20 years with mental health, have been referred to Mind & Psychiatrist, under Inclusion, I have been waiting months for appointment, would like to see a walk in centre. GP just prints repeat prescription on review, never checks.***

***“I think the service is rubbish. I have been waiting ages for a counselling appointment. I needed it 2 months ago.”***

***“Unfortunately too much money is being taken away from mental health. At the weekends there is only A&E available during this time, more help is needed during this time, during my son's crisis time his intensive support team have been excellent during office hours and been there as soon as we have needed them. The only issue at the moment is waiting for over 2 years for direct payments to be sorted out. We are still waiting for his social worker to sort it out. All associations are all ready to take him. I'm just waiting for social worker to give the go ahead.”***

## Are of dissatisfaction - Thurrock does not have the right service

Half of every Thurrock resident Healthwatch Thurrock spoke to believe the right services are not available. Services such as children and young persons as well as walk in centres appeared in several conversations.

*"I would like to have a place outside the doctors where I could talk about my illness."*

*"There are gaps in mental health service for young people. Young people are suffering."*

*"I have suffered with severe depression for many years and the services in Thurrock are rubbish. I have no support and still waiting for a follow up appointment after overdosing and self-harming for a long time. I can no longer work but refused to give up for my children. Son is 15 and Gay without any LGBT services in Thurrock another son who is 11 but has been living as a girl since the age of 3 has written a suicide note but was told that she did not mean it because she did not attempt suicide. Have to travel into London to Tavistock for support for her."*

*"Mental health awareness in primary school is hugely lacking. Girl's confidence issues at secondary level education needs attention."*

*"Daughter supported by GP at Orsett, she had counselling but just a few sessions are now over, there is nothing after this and she is getting bad again."*

## Are of dissatisfaction - Waiting times too long

Nearly half (46%) of everyone Healthwatch Thurrock spoke to reported that waiting times either to see GPs, referrals or mental health services were too long. Notably when a person is in crisis, there does not appear to be any immediate support at a time when need is highest.

***“Too long to wait for mental health services! This makes other professionals have to hold up with these patients problems with no mental health training.”***

***“I have accessed services before and have severe depression which comes & goes. I feel that when my depression is very bad I need help at the time, not 3 months later. I am in a good place now but have been in hospital before. I don't ever want to go to hospital again it's awful.”***

***“Suffering with depression, still waiting for an appointment with Inclusion.”***

***“Husband is suffering with severe anxiety and depression and was 'eventually' referred to Inclusion by his GP. He had a second breakdown this weekend (he has had a breakdown previously) and as he has been waiting 20 weeks for an appointment at Inclusion I contacted them to find out when he would have an appointment. They stated they could not say and it would be when a slot became available and he would just have to wait. He was so bad at the weekend that he ended up in A&E for a second time. This is not acceptable. Our GP Surgery will not speak with me and my husband is finding it difficult to deal with so now we have to wait for a telephone appointment with the GP as we cannot get an appointment.”***

## Lack of information or knowledge

Lack of knowledge by GPs and information available presented an obstacle to referrals or initial diagnosis with (30%) of people suggesting this should be improved.

Often people felt they had a better understanding of mental health conditions and found it frustrating this was not mirrored within either the GP surgery or in wider services.

***“I've suffered with mental health for many years and haven't been able to access any services due to my GP's lack of knowledge. He just gives me tablets to take and says "these will sort you out". I've not got no faith in Mental Health services in Thurrock. Lack of understanding & support.”***

***“Some GP's offer a good service but we need a wider range of services. Not so good, no mental health crisis services, young person's service too slow. Some GP's need mental health knowledge.”***

***“Over the years I have struggled to find a GP service that offers a good service and understanding of mental health.”***

## GP Support

During the consultation, inadequate GP support was a theme picked up in (30%) of the voices heard. Some of these were suggested as a lack of training or understanding from the GPs; some were that GPs are reluctant to refer to a mental health service. Administration of medication as a primary solution was not felt to be a suitable or singular solution.

***“GP was not understanding for my daughter. After months of tablets, I as her mother asked for a referral to Grays Hall. He refused. Self-referred to Inclusion. They said an appointment was sent and not attended, so she was discharged. No appointment was received! Had to self-refer again and waited over 6 months for appointment for CBT. This is the only thing that has been offered.”***

***“Went to Doctors feeling very low & depressed. Spoke to my GP, he did not seem interested and was very off hand, this made me feel worse, like no-one cared. I was offered tablets but no other support.”***

***“I take meds for my mental health issue. GP wants me to continue on medications. I have also been referred to Mind but have been waiting months for an appointment. Nowhere or no-one to help now, I struggle to get up, washed, eat, self-care and leave the house.”***

***“Mental health treatment shouldn’t just be a 6 or 8 week course. Doctors need to be more supportive and understanding.”***

## Lack of or delay in diagnosis

Residents told us that there was difficulty at times gaining a diagnosis; some people reported that this was years in some cases. This type of response mimics difficulties in waiting times but also lack of recognition that there is an issue.

***“The GP's are not given enough time to speak to the patients, they don't know enough about mental health. Not long enough therapy offered to patients, 6 or 8 weeks course don't fix you or make you better & it takes too long to diagnose.”***

***“Found it's a long hard road to get formal diagnosis.”***

***“Some time ago I suffered with post-natal depression - GP very good and told me it was normal and referred me to Mind for counselling which was good. My sister slipped through the net was told she should just deal with it. She has recently been diagnosed after 10 years.”***

# Healthwatch Thurrock Recommendations for Commissioners

The two months that Healthwatch Thurrock ran their Mental Health Consultation, views and feedback were gathered allowing identification of gaps in service; where services could be better and also where good practice was demonstrated.

Issues made aware to Healthwatch Thurrock prompted the consultation and different streams of information was analysed to bring together a holistic picture leading to five recommendations.

These recommendations look to address gaps in service, improve patients experience and provide a people's voice as commissioner's review and consider elements of provider contracts.

The recommendations that Healthwatch Thurrock would like to offer for consideration are:

- A review of the IAPT service and MIND waiting times
- Ensure a service is commissioned to support those with a Mental Health Illness who do not fit either the IAPT service or Tier 2
- Work needs to continue to identify a service accessible to those with a Personality Disorder to prevent them being 'bounced around' in services that are not specific to their need
- Out of Hours Crisis support needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option
- Commissioning of a low level support service out of hours, where people with MH Issues can go to talk with peers and support workers. (café like place as suggested by people we spoke with)

Healthwatch Thurrock would like to thank everyone that contributed to this report, from our colleagues across different organisations, local groups and of course everyone we met that gave us their voice.

If you would like to know more about this report or would like to talk to someone from Healthwatch Thurrock, please contact [admin@healthwatchthurrock.org](mailto:admin@healthwatchthurrock.org) or call 01375 389883. Alternatively you can "Speak Out" through our website <http://www.healthwatchthurrock.org/content/speak-out>