Mental health

The public's number one issue for 2016

We ask local Healthwatch every year to tell us what matters most to local people regarding health and social care. This year it was mental health that came out on top with 77 out of 152 local Healthwatch identifying it as a priority.

The Department of Health is currently seeking to ensure continued progress towards its commitments to parity of esteem between physical and mental health. As well as providing care for those in crisis, the Department wants to help people early on. This agenda has been supported by the Prime Minister's announcement calling for "a much-needed revolution for mental health treatment in Britain".*

NHS England's Mental Health Taskforce's report, published in February 2016, aims to improve mental health outcomes for people of all ages in the health and care system. As the Mental Health Taskforce's recommendations are implemented it is vital that service users and the wider community are involved from the start.

This briefing shows how engaging people in improving care and support makes a real difference in enabling mental health services to deliver for people.

The Healthwatch network exists to hear and share the views and experiences of local people so that their voices can inform decisions regarding health and social care services. Local Healthwatch have engaged with people across the country so that they could develop an understanding of local mental health support, and have then documented their findings and recommendations. Some have used their statutory powers to carry out visits to mental health wards in order to find out inpatients' views.

While this briefing is not a comprehensive study, it highlights examples of work local Healthwatch have done with mental health commissioners and providers to ensure that more people receive the mental health support they require. It also provides helpful insight for decision-makers into the current challenges people face in accessing the support they need.

healthwatch

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Recurrent challenges highlighted by the Healthwatch network

This section brings together examples of what the network has found over the last few years, as well as the findings that we have identified at a national level regarding people's experiences.

In focus: Mental health awareness, prevention and early intervention

Tackling stigma attached to mental illness

People with mental health problems told local Healthwatch that the attitudes people have towards them make it harder to access the support they need.

- At the national level, people told *Healthwatch England* about the assumptions, myths and stigma that they feel contributed to the fact that their mental health needs were not identified early enough or treated properly. They also said that their own concerns about coming forward prevented them from accessing the support they needed.

- *Healthwatch Lambeth* told us that the shame and embarrassment people experience highlight the need for more open and meaningful dialogue around mental health within communities. People said there is an urgent need to challenge current attitudes so that people feel able to seek help in a timely way, either for themselves or someone else.

Read our Safely Home report to find out how stigma affects people before, during and after discharge from hospital and mental health settings.

Promoting children's and young people's mental health and wellbeing and taking early action if problems arise

People said there is a need to promote good mental health and wellbeing in all children and young people instead of focusing on mental illness.

- A number of local Healthwatch asked young people what information they get about mental health and how they get it. *Healthwatch Bristol* heard that the only information young people receive is about mental illness while what they want is information about how to stay mentally healthy, build resilience and

manage stress, anxiety and low mood. Young people said that they have to be in crisis to get a referral to mental health services.

- Many local Healthwatch highlighted the crucial role many schools play in raising mental health awareness, yet provision of information in schools is patchy. *Healthwatch Leeds* heard that young people would like there to be greater awareness in schools about mental health and the services available. Young people and professionals suggested that the following ideas could be implemented in schools:
  - A hub of information about the services available and how to access them
  - Support and/or peer groups
  - More trained staff onsite to help with emotional health and wellbeing, as well as a school nurse-led drop-in service

- People also said that efforts should be made to engage people outside school to cater for those not in education, and those who would prefer to discuss such issues outside of the school environment.

Read our briefing on local Healthwatch work to explore children's and young people's experiences of mental health services.

Ensuring all GPs understand mental health needs and pathways

People said that some GPs and health care providers should be better able to understand mental health needs and provide more information about the mental health support available, both clinically and within the community.

- People told *Healthwatch North Tyneside* that:
  - Some GPs are not proactive in their approach to mental health unless the patient raises it.
  - Some GPs are not aware of the services available in the community.
  - A normal GP appointment may be too short to discuss a mental health issue.

- People *Healthwatch Kent* spoke with said that while many doctors are good at talking about mental health, some are less confident in this area. People felt that some doctors were relying too much on anti-depressants and other medications to resolve people's problems.

- Some young people told *Healthwatch Essex* that they can be discouraged from seeking the support they need if they have been dismissed by a GP.

- At the national level, people suggested to *Healthwatch England* that work with family doctors should be undertaken to ensure they are better trained to recognise mental health problems early and help people reach support.

In focus: Access to effective and appropriate support for all

Setting up more responsive, coordinated and flexible mental health support

People raised a range of concerns regarding difficulties getting the right support at the right time. They also came up with suggestions for ways that people could be helped to stay well and ease pressure on busy GPs.

- We heard that:

  - Waiting times for assessments and treatments in adults', children's and young people's mental health services are a significant issue for patients, who feel that capacity and timeliness of services are not satisfactory.
  - Transitions from children's and young people's mental health services to adult psychiatric services need to change urgently. People with significant mental health needs can leave the system at the age of 18 with insufficient support in community-based services.
  - In some cases, discharge plans from mental health settings cannot be properly implemented as people struggle to book GP appointments.

Case study: Jean's story

Jean was discharged from hospital after a suicide attempt. She told her local Healthwatch that she felt she wasn't taken seriously by doctors. Jean felt unprepared to be back home. "Living alone means I have to cope alone, like shop for food, cook, take all meds properly as prescribed." Being discharged without any support meant that she had to "travel home alone on buses whilst still under influence of tablets taken to end my life" and in a state of "shock at what I had done… and how I had been treated".

Regarding her first week back at home, she said: '"At least having somebody visit on those two days afterwards or at the very least a phone call or two a day would have made all the difference!"

Local Healthwatch have heard how important it is that services are responsive and flexible when providing mental health support.

- Support networks and groups were seen by the people *Healthwatch Lincolnshire* spoke to as the most valuable services provided to patients and carers when dealing with mental health.

- 82% (42 out of 51) of respondents to the survey carried out by *Healthwatch Leicestershire* said that attending drop-in sessions with their peers would motivate their recovery.

People also told us that peer support could be better used, calling on the experiences of former patients to help people dealing with similar mental health challenges.

- People suggested that mental health service providers should engage their local communities when developing their communications regarding mental health services to find out what they think would work most effectively.

  Healthwatch Lambeth's findings highlighted that very few people in their community knew about local mental health support. Their findings suggest that more could be done to broaden the awareness of non-GP mental health service options available to people.

- *Healthwatch England's* research identified people's strong desire to work with health professionals to design services that deliver more responsive and flexible low level mental health support. People suggested:

  - Enabling people to 'self-refer' rather than having to go through a GP to access mental health support.
  - Offering in-house counselling services through GP surgeries so that there is greater collaboration to promote physical and mental wellbeing.

Read the findings from our research into people's experiences of primary care services and what they think could improve them in future.

Addressing people's difficulties in accessing mental health crisis support

It is vital that people are able to access crisis support especially when they are leaving services, yet both people who needed support and their carers reported difficulties getting help from mental health crisis services.

- At the national level, *Healthwatch England* heard multiple stories about people contacting out-of-hours mental health crisis support services only to receive no response or to be told to call back later. Our analysis of NHS data from mental health hospitals suggests that one in five patients is still not being followed up with within seven days of a hospital discharge.

- Mental health services in Essex face a real challenge, due to the rise in demand and increasing financial pressures. People told *Healthwatch Essex* about their difficulties accessing crisis support. Some had to go to A&E and said that they felt abandoned there late at night.

- *Healthwatch Nottinghamshire* heard that, when calling the crisis helplines, lots of people needing support and their carers talked about being placed on hold for long periods of time and not receiving any response to their messages.

Case study: Shaz's story

With a known history of self-harm, Shaz was discharged from hospital, armed with only the phone number of the crisis mental health team. Following suicidal thoughts, she rang the crisis team that evening but they were not available. She also contacted her out-of-hours GP services, which were unable to see her that night. Distraught, she walked to her local pharmacy to buy medication. The pharmacist recognised her and, worried about what she might use the medication for, refused to serve her.

Shaz told the pharmacist that she felt she was in crisis and concerned that she might harm herself. He gave her a phone to call NHS 111, who told her to go to the A&E department of the hospital she had been discharged from that day. Following an assessment by an A&E nurse, Shaz was told it was fine for her to go home. The next day she visited a different pharmacist, took an overdose and was taken by ambulance to the A&E department she been discharged from the night before.

Providing mental health support to new mothers

A significant number of local Healthwatch have identified concerns about new mothers not getting the mental health support they need before and after giving birth.

- *Healthwatch Norfolk* found that the mental health needs of young mothers and fathers (aged 19 or under) can be overlooked by health and social care professionals, and women can develop mental health problems that are not consistently identified and appropriately supported or treated.

- *Healthwatch Essex* promoted a peer support group launched by Essex Mental Health Community for people with mental health issues at the start of family planning, during pregnancy, and in the period after birth. Run by trained facilitators with lived experience, the support group offers a confidential, safe, and non-judgmental environment, giving people with mental health problems hope and a road to recovery at the earliest opportunity.

- *Healthwatch England*'s Special inquiry into what happens when people are discharged from hospitals and mental health settings outlined examples of excellent practice that could be adopted elsewhere. The 13-bed mother and baby unit at Bethlem Royal Hospital is one of only 17 units in the country that provides a holistic approach, seeing mothers working with staff to establish a relationship with their child and to prepare for a lasting return to the community.

Find out more about our work on maternity services on our blog.

Supporting carers and families

Much of the care people with mental health conditions received is from their family members, but a number of local Healthwatch found that family carers do not always feel their role is acknowledged by professionals.

- Many carers *Healthwatch Enfield* spoke with have been caring for years for an adult son or daughter with a long-term mental illness but do not feel well-supported. *Healthwatch Lincolnshire* heard from people who said that caring for any ill or disabled relative is a major commitment and can be very stressful. Their findings suggest there should be much more support offered to carers particularly where the carer is an older person.

- *Healthwatch Rotherham* heard that some parents do not feel listened to by health professionals or feel blamed for the problems that they and their children are experiencing. Moreover, many feel they are not being given the right advice and support.

Case study: Isaac's story

Isaac was admitted to hospital following his first episode of psychosis. His mother, Laura, had been told that once he was well enough he would be able to return home on a community treatment order, still subject to conditions under the Mental Health Act.

Laura went to visit Isaac and was told he would be discharged that day. Unfortunately, when Isaac returned home he became increasingly anxious and was reluctant to leave Laura's side. She had no choice but to have Isaac readmitted. Laura felt that if she had had sufficient notice of Isaac's discharge, time to prepare (emotionally and practically) and space to raise her concerns and anxieties with staff prior to discharge, the situation might not have escalated so quickly.

Supporting people with mental health needs from Black, Asian and Minority Ethnic (BAME) communities

A number of local Healthwatch highlighted the difficulties faced by BAME communities in getting mental health information and support.

- *Healthwatch Enfield* raised concerns that people from BAME communities may not always receive culturally appropriate support. For instance, local people told Healthwatch Enfield that people with mental health needs from BAME communities tend to prefer to self-refer to organisations offering support in the community, yet this is not always possible.

- *Healthwatch Lambeth* collected 180 responses from people aged 16 and over who completed their mental health survey. More 'Black' participants (who defined themselves as being from a 'Black African', 'Black Caribbean' or 'Black Other' ethnic or cultural background) than 'White' participants (who identified themselves as being from a 'White British' or 'White Other' ethnic or cultural background) said that shame (45% and 33% respectively) and not knowing where to look for information (30% and 17% respectively) were barriers to trying to get help.

In focus: Patient and family involvement in care and discharge planning

A number of local Healthwatch heard how important it is that people's families are well informed about plans to discharge them from hospital and mental health settings, and about their ongoing care needs.

- *Healthwatch Kent* looked into the experiences of patients and their families following the closure of the Sapphire Ward in Medway Maritime Hospital and the subsequent transfer of patients to facilities in Dartford, Maidstone and Canterbury. They found that, during this transition period, communication between the Trust, patients, support workers, carers and families was very poor and caused additional distress for patients.

- Almost everyone that *Healthwatch Leeds* spoke to in hospital understood why they were in hospital. However less than half said that they were aware that they had a care plan and/or felt involved in their care.

- *Healthwatch Wolverhampton* heard that some mental health staff do not engage with family and carers as much as they need, meaning that they do not have an opportunity to ensure their concerns and wishes are taken into consideration.

- Three quarters of the people *Healthwatch Central West London* spoke to knew what a care plan was and around half were involved in producing it. Similarly, only 50% (99) of people said their family, advocates or keyworker were involved with their care plans. People said these could be improved by:
  - Increasing involvement of patients and their families in developing them.
  - Allowing more time, allowing for regular reviews.
  - Including social needs and medication reviews.

In focus: Investigation into patients' safety and quality of care in mental health settings

Local Healthwatch heard about instances where people have been concerned for people's safety whilst in mental health settings, and about whether their worries will be listened to.

- *Healthwatch Enfield* visited four mental health services to find out about people's experiences there. They heard from patients who said they had been harassed by other patients, that they had attempted to harm themselves, and that they did not feel supported by staff. They also witnessed some aggressive behaviour between patients and said that staff did not intervene effectively to calm the situation down.

- After hearing concerns about the quality of care at St Andrew's – one of the largest secure mental health settings in the UK – *Healthwatch Northamptonshire* decided to look into the issue. Their concerns were reinforced by information about four unexpected deaths which happened on the same ward within an eight month period, between 2010 and 2011.

  Following a visit to the hospital with the charity Together for Mental Wellbeing, Healthwatch Northamptonshire spoke to patients and identified issues with safety, patient involvement in care plans, staffing levels and the quality of the environment, which they shared with the hospital, the lead commissioner at NHS England and the Care Quality Commission.

  Healthwatch Northamptonshire gave evidence to the Equality and Human Rights Commission inquiry into deaths in custody and *Healthwatch England* contacted NHS England regarding the delayed review into what was learnt from the four deaths, restating the need for investigations to be done in a transparent manner, with full involvement of family members.

> If you want to know more about our work on investigation processes in the NHS, please read our Independent Patient Safety Investigation Service (IPSIS) briefing.

Change in action

This section brings together ways in which local Healthwatch are helping make positive changes to local mental health services.

We strongly encourage health and social care commissioners and providers to speak to their local Healthwatch and their local population to find out local people's views on services and how they could be improved.

Mental health support for all

WHAT HEALTHWATCH YORK DID

Healthwatch York launched a comprehensive guide to mental health and wellbeing in the area. This project was led by a former mental health service user, Louise, who was able to shape the directory to answer the questions those with mental health issues were likely to ask.

WHAT HAPPENED AS A RESULT

Local service providers have said how impressed and pleased they are that such a resource is now available to people in York. Healthwatch York has also received a very positive response from the public. A mother told them this was exactly what she needed a year ago when her son was having serious mental health problems. Another person said that they hadn't known where to turn and, after using the guide, they are now having regular contact with the Community Mental Health Team.

Read Healthwatch York's guide to mental health and wellbeing

WHAT HEALTHWATCH SUFFOLK DID

Over 770 local people shared their views with Healthwatch Suffolk and they also held a number of focus groups to understand people's experiences in more detail.

Almost half of people from Black and Minority Ethnic (BME) communities said that mental health services were not culturally sensitive. One in four people said that they had been asked questions by mental health services that were not acceptable to their culture or faith. Healthwatch Suffolk also found significant differences in who people felt able to talk to about mental health issues.

Healthwatch Suffolk produced a range of infographics and a short video to highlight what local people told them and to encourage others to share their views.

WHAT HAPPENED AS A RESULT

The Mental Health Trust welcomed Healthwatch Suffolk's findings and has put in place a series of actions to improve its services, including adapting the way services are promoted to different communities.

The Trust is using the video to train its staff and encourage discussions on cultural differences. It is also running more local events to promote mental wellbeing and has organised seminars to promote mental health to faith leaders.

Read Healthwatch Suffolk's full report

Body image

WHAT HEALTHWATCH SUTTON DID

Healthwatch Sutton spoke to young people and found that body image was their greatest area of concern. It decided to make a short film, where young people discuss their thoughts on body image, how it affects them and what they want from health and care services.

WHAT HAPPENED AS A RESULT

Healthwatch Sutton premiered their film to the public at Sutton Salvation Army Hall. The film has enabled them to establish good links with youth groups and schools which will enable them to reach a wider group of young people. They presented their work to key voluntary sector organisations, including the Mental Health Foundation, Place2Be and Youth Access. They also hope to influence commissioners to develop solutions to help young people manage these concerns.

Watch Healthwatch Sutton's video

Eating disorders

WHAT HEALTHWATCH DORSET DID

Healthwatch Dorset teamed up with Bournemouth University and Dorset Healthcare University NHS Foundation Trust to produce videos to raise awareness and reduce stigma about eating disorders. The videos feature people from Dorset speaking about their experiences of eating disorders such as anorexia and bulimia nervosa, and their recovery, alongside friends and family talking about how they were also affected.

WHAT HAPPENED AS A RESULT

Healthwatch Dorset unveiled the videos as part of the Carers Week at Bournemouth University to a packed audience of mental health professionals, service users and carers. People told them that they were shocked by some of the statistics and found the videos powerful, informative and emotional. Professionals also said they will find the videos useful for their work. Collectively the videos have already had over 3000 views on YouTube.

Watch Healthwatch Dorset's videos

Children's and young people's mental health and wellbeing

WHAT HEALTHWATCH ESSEX DID

In December 2013 Healthwatch Essex produced a film in which young people in Essex shared their experiences of health and care services. Despite having made considerable use of many different services, the young people local Healthwatch spoke to felt that they were rarely listened to and did not have the opportunity to influence the way services are run.

The following year, they created the YEAH! Project: a unique study providing young people across Essex with a platform to share their daily experiences of health and care. Working in partnership with Essex Boys and Girls Clubs, they spoke to over 400 people, aged 15-19.

WHAT HAPPENED AS A RESULT

The report as a result of the YEAH! Project has had a wide-reaching impact. Most recently, clinical commissioning groups and councils in Essex, Southend and Thurrock have launched a £3.3 million plan to improve mental health for children and young people. Healthwatch Essex's report was a key source of evidence for the service revamp. The Open Up, Reach Out plan sets out how mental health services for children and young people in Essex will change over the next five years. Some of the improvements include:

- Nearly £1 million per year to expand services for eating disorders.
- Enhanced crisis services open from 9am-9pm, seven days a week.
- Making it easier for young people to access mental health services.
- Special training and support for schools and other places that help children and young people.

Watch Healthwatch Essex's film and learn more about the YEAH! Project

WHAT HEALTHWATCH RUTLAND DID

Healthwatch Rutland has worked with young people to identify ways to help improve mental health and wellbeing. Following an extensive survey in schools and in partnership with the Youth Council, they organised discussions with young people, representatives from CCGs, schools, the voluntary sector, service providers and local authorities.

WHAT HAPPENED AS A RESULT

This work led to a six-month mental health pilot scheme at Rutland County College which has been running since October 2015. As part of this pilot scheme:

- Young people are invited to discussions about various mental health topics, including stress, resilience and coping strategies.
- All college staff have undertaken online training by MindEd. Staff are able to recognise symptoms and direct young people to the help they need.
- A pastoral team has been set up and is undertaking in-depth training delivered by CAMHS in order to be better prepared to deal with mental health issues.
- A visiting specialist school nurse will be available to talk to students and the pastoral team.

The local Transformation Plan for Leicester, Leicestershire and Rutland has drawn on the work Healthwatch have done in Rutland and supports this pilot scheme.

Learn more about the mental health pilot in Rutland school

WHAT HEALTHWATCH HILLINGDON DID

After hearing from lots of parents, carers and young people about their views on children's and young people's mental health services, Healthwatch Hillingdon decided to do some targeted research in this area. Their research led to the publication of a report, 'Listen to Me!', in December 2014 which set out what they heard.

They have since launched a follow-up report, 'Seen & Heard – Why not now?', drawing upon face-to-face interviews with 24 young people, 19 parents and 25 professionals, as well as surveys and published secondary data. This report outlines 10 key principles that form a 'blueprint' to provide better support and services in Hillingdon.

WHAT HAPPENED AS A RESULT

The 'Seen & Heard – Why not now?' report has been welcomed by a range of organisations including NHS Hillingdon CCG, the local authority and the Health and Wellbeing Board.

The findings and principles outlined in the report have been used extensively by local commissioners to inform their Local Transformation Plan. Additional services are also being put in place, such as a new voluntary sector Young Minds service, which was not available before.

Central and North West London Mental Health NHS Trust (CNWL), the local child and adolescent mental health service provider, has also endorsed the report and supports the 10 key principles for commissioners, in particular those that focus on drawing on expertise in the community, ensuring timely responses from specialist services and enabling all parties to co-operate more fully whilst people are in care. They will work in partnership with local commissioners and the Health and Wellbeing Board to ensure sustainable improvements are delivered.

Read more about Healthwatch Hillingdon's work in this area

WHAT HEALTHWATCH WOKINGHAM DID

Healthwatch Wokingham worked with a local school and youth groups to find out their health and wellbeing concerns, surveying over 1000 young people in Wokingham Borough. It used the findings to create a report and short animation and shared it with the school, the council and local newspapers.

WHAT HAPPENED AS A RESULT

Wokingham Borough Council has since re-written its Health and Wellbeing Strategy in relation to young people. Healthwatch Wokingham continued to work with the local school and has developed a programme of further work with young people. The school has changed its Personal, Social, Health and Economic Education (PHSE) lessons. Students are now forthcoming when Healthwatch visit and they have a better understanding of the help and information they can access.

Healthwatch Wokingham is now setting out how it did this work so that other local Healthwatch can learn from it, and is also working with other schools.

Learn more about Healthwatch Wokingham's work in this area

WHAT HEALTHWATCH NORTHUMBERLAND DID

Healthwatch Northumberland helped develop Northumberland CCG's Local Transformation Plan for Emotional Health and Wellbeing of Children and Young People in Northumberland. Healthwatch Northumberland has also established a Mental Health Task Group providing a forum for people, commissioners and providers to discuss the implementation of community transformation in mental health.

WHAT HAPPENED AS A RESULT

Healthwatch Northumberland has helped ensure that patients' voices have been heard regarding changes to local services.

The feedback obtained from young people, such as that they did not know how to access mental health/emotional health services, that they did not receive support until they reach 'crisis point', and that they experienced long waits for appointments, helped to inform the new model and to focus more on prevention and early intervention.

Read more about the Mental Health Task Group established by Healthwatch Northumberland

Mental health crisis support

WHAT HEALTHWATCH KIRKLEES DID

Concerns had been raised by West Yorkshire Police in Kirklees about the number of individuals detained using Section 136 of the Mental Health Act (1983)*, who were being held in police custody rather than in suitable care environments. Healthwatch Kirklees started to talk to those who have been detained and their carers in order to better understand the issue from their perspective.

WHAT HAPPENED AS A RESULT

Healthwatch Kirklees' work has led to the introduction of mental health nursing staff in the local police control room, under a 6-month pilot scheme. Furthermore it contributed to a training package being developed and delivered to approximately 250 front line police officers from Response Teams and Neighbourhood Police Teams between October and December 2014.

From January 2015 to April 2015 approximately 105 fewer people were detained by the police in Kirklees compared to the same time the previous year. Feedback from officers suggests that the presence of the Police Liaison Mental Health Nurses has been positive for patients and the police; and will be beneficial in the long term for other mental health services. Now the pilot will continue following extra funding from the Greater Huddersfield Clinical Commissioning Group.

Read more about Healthwatch Kirklees's work in this area

* The Mental Health Act is the law which can be used to admit people to hospital for assessment and/or treatment for a mental illness. The police can use Section 136 of the Mental Health Act to take people to a place of safety when they are in a public place. A place of safety can be a hospital or a police station. The police can move people between places of safety. The police can keep people under this section for up to 72 hours. Read more about Section 136 of the Mental Health Act.

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About us

Healthwatch England is the national consumer champion in health and care.

We are working towards a society in which people's health and social care needs are heard, understood and met. Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

We have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Local Healthwatch across England provide unique insight into people's experiences of health and social care issues. They act as our eyes and ears on the ground, telling us what matters to their local communities.

Find your nearest local Healthwatch:

http://www.healthwatch.co.uk/find-local-healthwatch

You can find further information about each local Healthwatch and their work on their websites.

Acknowledgements

If you would like further information or if you have any queries, please contact Zoe Mulliez on zoe.mulliez@healthwatch.co.uk or call 020 7972 8053.

Please contact us if you would like this policy in another language or format for example in large print, in Braille or on CD.

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