

Mental Health report 2017

Healthwatch Tameside

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Executive Summary

Healthwatch Tameside is the independent consumer champion for health and social care in Tameside.

We listen to local people, and gather information about their experiences of using health and social care services.

We use this information to talk to the people who arrange (commission) the services and the people who provide the services. We can influence changes which will make these services better for everyone. If we hear about good practice, we encourage this to be shared. If you tell us about something that could be improved, we will talk to the people in charge about this too.

Any information we are given will remain anonymous. We are careful to share ideas in a way which will not identify any individuals.

Healthwatch Tameside regularly hold Healthwatch Champions sessions in various public locations around the borough. We also visit groups, attend events, have market stalls and are always looking for new ways to engage with the residents of Tameside.

Mental health project

In March 2017, Healthwatch Tameside published a report which included a summary of all information collated during 2014, 2015 and 2016, with a more detailed focus on information from 2016. We maintained anonymity, therefore only an overview of stories was included. A few people gave us permission for more detail to be included, and some stories were already in the public domain - on Care Opinion or NHS Choices.

The information contained in the first report was the starting point for a mental health project to be carried out by Healthwatch Tameside during 2017, and can be found on our website at

https://www.healthwatchtameside.co.uk/sites/default/files/mental_health_report_2016.pdf

On 1 April 2017, we held an event at The Grafton Centre in Hyde, attended by people who used the mental health services, and providers and commissioners of those services. A summary report from the event was produced. This can be found at

https://www.healthwatchtameside.co.uk/sites/default/files/summary_of_event_discussions.pdf

Report 2017

This new report highlights everything we have been told about mental health care, between December 2016 and August 2017, plus the findings from a series of focus groups. The report is in three parts.

Part 1:

We conducted a survey from March to July 2017, which was completed by 104 people. We look at the results of the survey, and the comments made by people about their mental health care.

Part 2:

Since the first report, Healthwatch Tameside has continued talking to people about their mental health. We have many stories and comments, collected between December 2016 and August 2017. The themes in these stories have been analysed, and can be found in part 2. As with the first report, we will look at some of these themes in more detail, including anonymous comments as examples.

Part 3:

During August, September and October 2017, several focus groups were held. 55 people attended in total, at one of the following venues:

- The Volunteer Centre (Ashton-under-Lyne) - 2 groups
- The Anthony Seddon Fund - 2 groups
- Making a Difference
- Opt-in (St Mark's Church, Dukinfield)
- Opt-in (St George's Church, Hyde)

A summary of these discussions is included in part 3.

The complete report can be found on our website at <https://www.healthwatchtameside.co.uk/news/healthwatch-tameside-mental-health-care-report>

Alternatively, paper copies are available by contacting the office on 0161 667 2526.

Key messages

In the original 2014-2016 report, some key messages were highlighted. Healthwatch Tameside has looked at the information contained in this new report, and revised the key messages. These now read:

1. Any person receiving mental health care is to be respected as a human being, who has feelings, with everyone cared for in a personalised way.
2. Getting the access to services right is critical. This includes the length of waiting times to start treatment, or for follow-up appointments. Appropriate support is needed at a time of crisis. The process to accessing care is complicated, with too many barriers.
3. Effective communication in all areas can make the difference between a positive and negative experience.
4. People want to feel supported. They want to be listened to and understood. They want to receive the right care at the right time, in the right place, and with the right service. They want employers to be understanding.

5. The health and wellbeing of carers needs to be considered alongside the treatment provided for service users.
6. Peer support is very important, and is often found at community and charity support groups.
7. When people are struggling with their mental health, they often do not want to burden their families, and suffer alone. If families understand mental health better, people may be more likely to discuss how they are feeling with those they are close to.
8. When anyone is being treated for both physical and mental health conditions, they are treated separately, and the impact on each other is not always considered - treat the person as a whole.
9. When a person is a multi-service user, all the agencies involved need to work together, whilst respecting confidentiality.
10. The way a member of staff interacts with service users is remembered. For example, do they always smile, even when they are busy?

I statements

On page 60, a description of an interactive exercise is provided. Using the preferences from this voting, and the key messages from all the other sources, a set of 'I statements' for adult mental health care has been put together by Healthwatch Tameside. These are:

- I expect caring, compassionate support, delivered by competent, understanding staff, who realise that I need to trust them if they are going to help me.
- I want to get the right type of help when things start to be a problem, at the right time, in the right place, and without having to wait until things get worse.
- I should be listened to, given time to tell my story, and feel like what I say matters.
- I have a voice to control the planning and delivery of my care and support.
- I want to feel safe in hospital.
- I have the information to keep me up to date about my care and to stay healthy.
- My family is supported which helps me to cope. I want them to understand the issues so that we can support each other.
- I want my situation to be treated sensitively, and I should be respected and not feel judged.
- I want my physical and mental health to be treated together.
- I want to feel that services are shaped around my needs, and not the other way around, especially if I need to see different people and services.

Conclusion

This report takes data from several sources, to provide a snapshot of mental health care through the eyes of the people using the services. Healthwatch Tameside are aware there are many other people who also use the services, who may have different views.

The key messages and the 'I statements' summarise what people would like their mental health care to look like, with specific examples of what has or has not worked shown throughout the report.

There are common themes appearing throughout each section of the report, which also mirror themes in other areas of health and social care provision, as shown from other work carried out previously. These include communication, peer support and support for carers and families, in addition to the care received by the service user.

Next steps

This report will be shared with the commissioners and providers of mental health care. The comments provided within the report are the voices of the people who have used the mental health services, and need to be taken into consideration when the provision of care is reviewed.

There is currently a review of mental health care provision being undertaken in Tameside. Healthwatch Tameside are working with both commissioners and providers of services, to influence any changes being made to the mental health service, using the evidence we have collected.

All NHS services are finding it difficult financially. Everyone is aware in Tameside, that to provide the level of mental health care that people would like to see, will need imaginative, innovative ways of providing the care that is needed to be considered.

Healthwatch Tameside welcomes the opportunity to be involved, on behalf of the residents of Tameside.

Healthwatch Tameside will continue to talk to people, and collect feedback, about all services, including mental health care.

Comments from Pennine Care NHS Foundation Trust

Updated Statement in response to Mental Health Report by Healthwatch Tameside - Nov 2017

We would like to thank Healthwatch Tameside for producing this further report and extend that gratitude to all the service users and carers who gave their feedback.

Along with mental health providers across the country, Pennine Care faces significant financial challenges but the Trust does all it can to minimise the impact this has on patient care. Providing safe and high quality services to those who need our support is the Trust's top priority - we want to ensure every patient has the best possible experience. Therefore, we welcome the opportunity to listen to honest feedback and identify areas for further development.

We agree with the recommendations in this report and fully support the next steps. Pennine Care has now developed a new strategy for mental health, spanning the breadth of the system including access, children's, adults and older people and specialist services. The Trust is also working with partners to define what mental health improvements will be made across Greater Manchester as a whole.

We will continue to work with Healthwatch to further inform this work and the future design of services.

We look forward to working in collaboration with Healthwatch Tameside, our commissioners and other local partners, to ensure improvements are made to the whole health and social care system to better support those with mental health needs.

Comments from Tameside & Glossop Clinical Commissioning Group

Tameside and Glossop Single Commission are delighted to work in partnership with Healthwatch and value the opportunity to listen to patients and their carers. This enables us to understand experiences of the mental health care services we commission so that we can develop and improve services and health outcomes for people living in Tameside and Glossop.

Dr Vinny Khunger, GP Clinical Lead for Mental Health says, 'It is an exciting time for Tameside and Glossop with the integration of health and social care services and we look forward to building on the work of the past year to really transform our mental health offer. We want to bring as many mental health services as possible into neighbourhoods to allow care to be accessed closer to home in a location familiar to the local population.'

Introduction

Background and purpose

Healthwatch Tameside has a statutory duty to listen to local people and find out what their experiences of health and social care services are. This information is collated anonymously, and Healthwatch Tameside talk to the providers and commissioners of these services on a regular basis. Using the anonymous stories from members of the public, we can help to influence improvements in the services provided.

Healthwatch Tameside have been told by a number of people that they do not like to talk about their mental health with strangers. The Champions will attend a session to build up relationships, and to become a face people recognise. Once a level of trust and familiarity has been established, people find it easier to talk about their mental health care, and how they are feeling.

There is a fear that telling their story will result in the care they receive being affected. Healthwatch Tameside shares collated information with providers, in a way which does not identify individuals, unless the patient or service user has given consent to be more specific.

Within our report, we are also including stories relating to mental health issues where the patient or service user has dementia, a brain injury or disease, has a diagnosis on the autism spectrum or has a learning disability.

Methodology

The information collected about mental health care comes from different sources (please refer to appendix 1 for more details), in addition to the project-specific work. As well as the face-to-face contacts mentioned above, we have collated stories and comments from the following:

- Brief comments on the Healthwatch Tameside short survey form.
- Stories collected by Healthwatch Champions in the community.
- Stories posted on Care Opinion.
- NHS Complaints where Healthwatch Tameside are providing guidance through the process.
- Signposting requests received by Healthwatch Tameside.

We have included all information collected from these sources between December 2016 and August 2017 (the previous report covered the three years up to the end of November 2016).

Mental health services at Tameside Hospital are provided by Pennine Care Foundation Trust, apart from triage at A & E. Triage is provided by Tameside Hospital staff. If care for your mental health is required in A & E, the Pennine Care RAID team (rapid assessment interface and discharge) are called.

PART 1

Mental Health Survey

Background

In March 2017, Healthwatch Tameside published a report, containing data, information and personal stories about mental health care in Tameside, collected during the period 2014 to 2016. The information it contained provided the basis for our current mental health work.

On 1 April 2017, we held an event at The Grafton Centre in Hyde, attended by people who used the mental health services, and providers and commissioners of those services. A summary report from the event was produced.

Both these documents are available on the Healthwatch Tameside website at https://www.healthwatchtameside.co.uk/sites/default/files/mental_health_report_2016.pdf

and

https://www.healthwatchtameside.co.uk/sites/default/files/summary_of_event_discussions.pdf

Alternatively, paper copies are available by contacting the office on 0161 667 2526.

Survey

In March, Healthwatch Tameside launched a mental health survey. The intention of the survey was to find out what people think about their experience of mental health care, including what is good, and where people have ideas for change and improvement.

A copy is available in the appendix. The survey was available to complete online, or on paper. This was publicised widely from March 2017, alongside the information for the event in April:

- Healthwatch Champions and staff spoke to people in the community, and attended community groups (including Anthony Seddon Fund, Opt-in, Woman2Woman, and the probation service).
- We included information about, and how to access the survey, in our ebulletin, and on Twitter.
- Healthwatch Tameside and Action Together websites both had articles about the mental health project and the survey link.
- Healthwatch Tameside paper newsletter sent to members, and copies left in community venues around Tameside, and sent to GP surgeries.
- Information, including an online link, and a few paper copies of the survey, sent to all GP surgeries in Tameside.

- The people who attended the event in April were given an opportunity to complete the survey.
- A link to the survey was forwarded to Pennine Care Foundation Trust, Tameside and Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council, Tameside Hospital, Mind, Lifeline, The Sanctuary, Cloverleaf, and Age UK, among others.

The survey was open from March to July 2017.

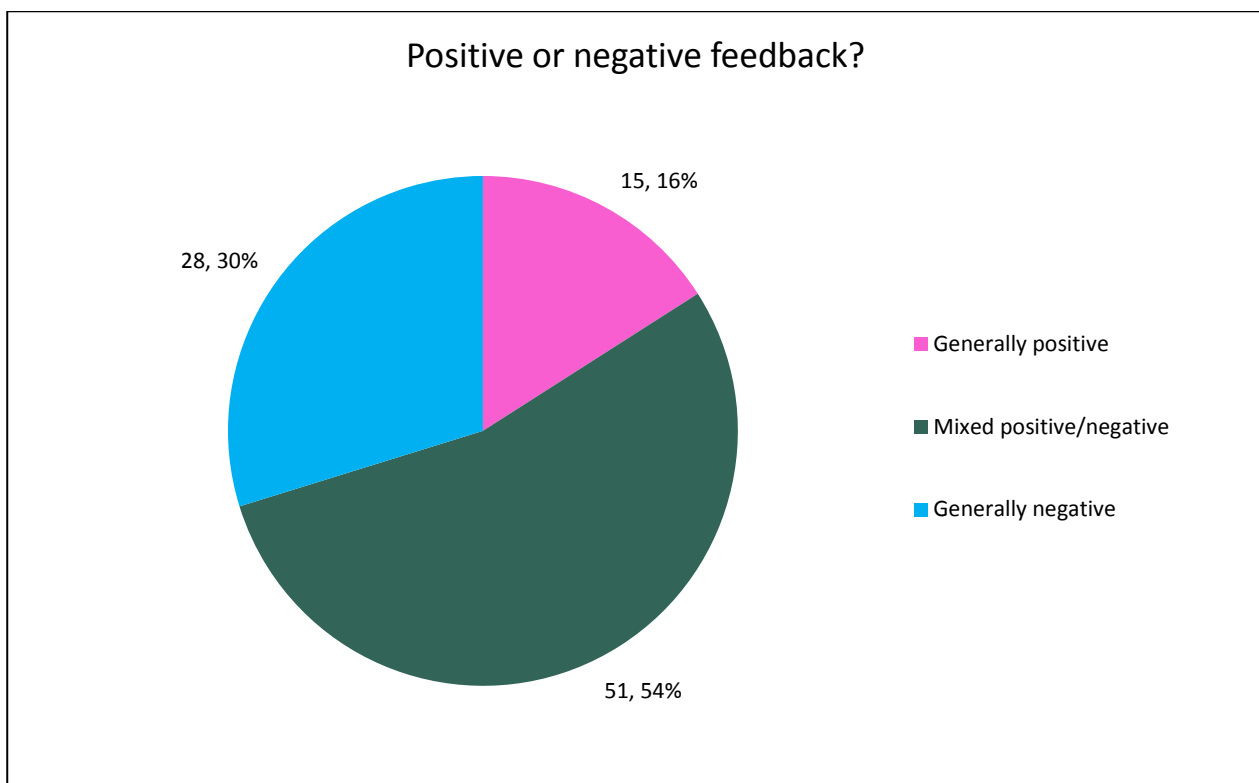
Results from the survey

Altogether, 104 surveys were completed. Of these, 13 were completed online, and the remainder on paper.

Many of the questions had tick-box answers, with the option to make a comment. The final few questions provided an opportunity to say what they thought was good about care, or could be improved, and, finally, any other information they thought was relevant, to help Healthwatch Tameside understand about their experiences.

Looking at all the answers on each survey as a whole, Healthwatch Tameside have considered whether the service user is generally making positive or negative comments about their care. Some people have strong opinions about the mental health service, either positive or negative. Many people found some aspects of their care good, but also suggested areas where they felt changes could be made, to improve the service. Some surveys were only partially completed, or the person had not used services in the previous 12 months. These have not been included in this graph.

The overall picture looks like this.

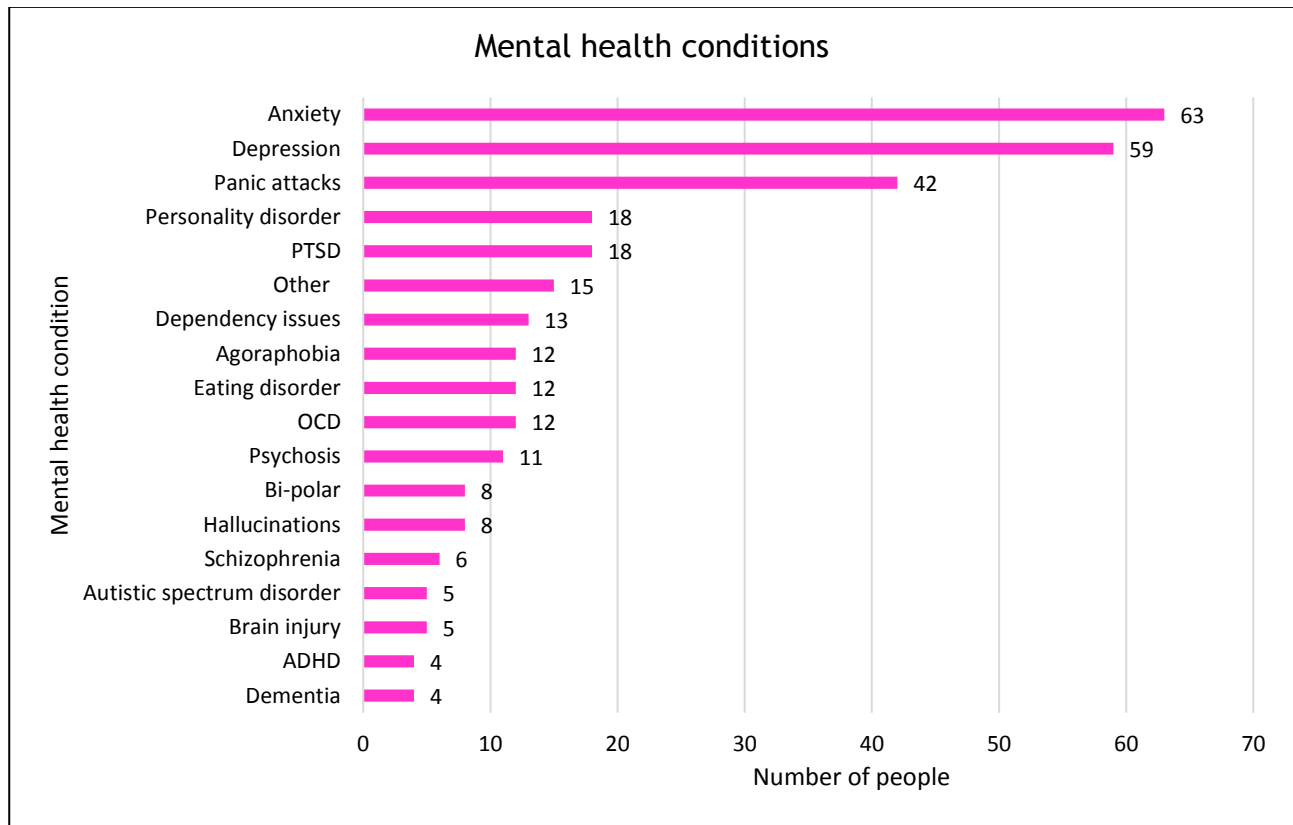


We will look at the responses in the order of the individual survey questions. Where comments, taken from the survey, have been included in the report, spelling mistakes have been corrected, but not the way the comment was written. The box to write in was small, and many of the comments are not in full sentences. Comments are shown in italics.

Survey questions

Here is a list of examples of mental health conditions - we know there are others too. Please tick all those which apply to you.

84 people answered this question.



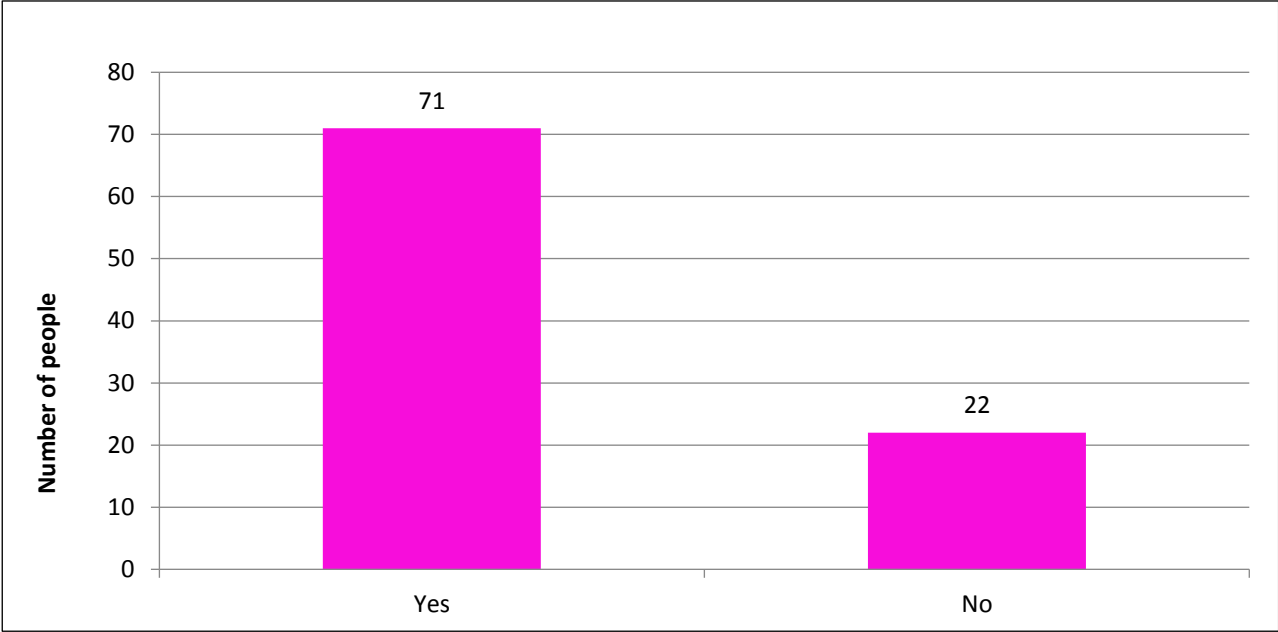
15 people answered 'other'. The answers included:

- *Adult onset tic disorder*
- *Dyspraxia*
- *Emotional isolation, loneliness, etc. Sleep disorder (irregular sleep) bad diet (eating) etc*
- *Not sure - get paranoid*
- *Paranoia*
- *Schizoaffective disorder*
- *Self-harm (my drug is self-harm). Post-natal depression - never had treatment.*
- *Short term memory loss*
- *Social phobia. Detest being with people or people anywhere near me. Just absolutely detest people.*

Many people ticked multiple conditions. Anxiety (75%), depression (70%) and panic attacks (50%) are the most common.

Have you received care for your mental health in the past 12 months?

93 people answered this question.



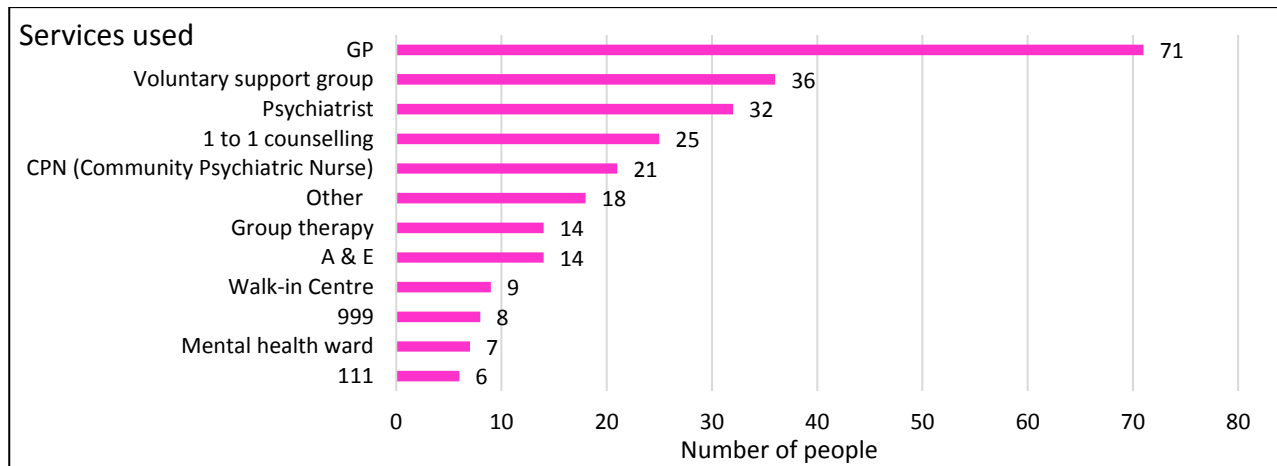
25 people also added a comment. Looking at the people who have not received care, in answer to the question ‘If not, why not?’, the comments included:

- Anxiety
- *Been to 7 sessions with Healthy Minds. Should have had another assessment at Haughton House but not allowed to go there - now got re-referred.*
- *Can control or tolerate*
- *Can't access*
- *Don't know (2 people)*
- *I don't think I get enough support from mental health*
- *Last time I went to the GP had a panic attack waiting. Can't face getting past the receptionists. Too many people also in the waiting room - too stressful!!*
- *My husband has just been diagnosed with dementia*
- *Never. Had brain injury in 1940's.*
- *NHS incompetence*
- *Psychiatrist dismissive refused to make necessary adjustments for my care I'm now over 17 months OVERDUE a follow up my experience with mental health support in Tameside is diabolical. Even the psychiatrist asked why doctors should be treating mental health issues? We were lied to by staff on several occasions.*
- *Put off by previous experience*
- *Referrals keep being done and keep being told all I need is therapy, when done it, was advised no more therapy, also say don't meet criteria.*
- *Still on waiting list*
- *The hospital doctor has decided there is nothing they can do*

There were also a few people who had not needed any care.

Have you used any of the following services for your mental health in the past 12 months?

87 people answered this question.



71 people had visited a GP about their mental health in the previous 12 months. As the frontline provider of primary care, GP surgeries are the place for people to go, when they are not feeling well. As expected, this service provider is at the top of the chart.

Almost half of the people who answered this question, had visited a voluntary support group. Comments later in the survey explain how important people consider peer support at these groups to be.

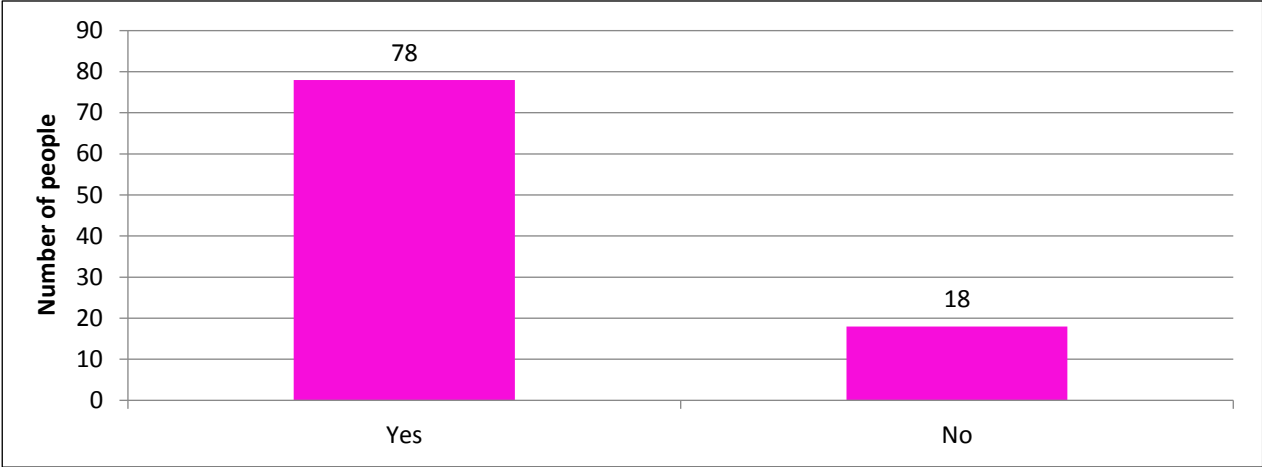
Within the 'Other' comments, five people said they had used Haughton House or Healthy Minds, but did not specify whether they received 1 to 1 counselling or group therapy. People who used a 'Voluntary Support Group' named The Anthony Seddon Fund (4 people), Woman2Woman (2 people) and the Samaritans.

Comments about 'other' services used included:

- *Ambitions*
- *High Intensity Emor*
- *Initial referral to memory clinic by GP*
- *Lifeline - one person said 'see doctor here', and another said 'first time yesterday'*
- *My wife (come carer)*
- *Nothing. Mental health care in Tameside is awful - no one takes ownership of issues. Complete lack of empathy and discrimination are rife within GP surgery, walk in and the hospital - it's a disgrace.*
- *Phone consultation, 2 face to face visits*
- *Psychologist (2 people)*
- *Social worker (2 people)*
- *Support worker Shared Lives*
- *The support of my partner*
- *Voluntary support group but not voluntarily*
- *When I had the last stroke I was seen by the hospital psychiatrist who prescribed me anti-depressants. I received no after care while taking the anti-depressants.*
- *When not feeling well won't use phone - have to talk to people*

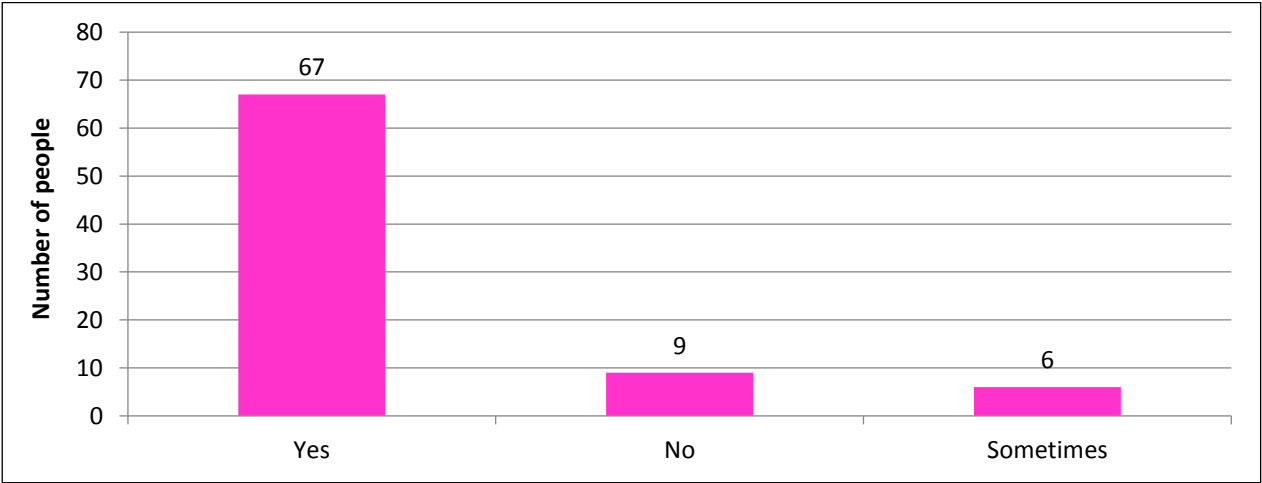
Have you been prescribed medication for your mental health in the last 12 months?

96 people answered this question.



Do you take your mental health medication?

82 people answered this question.



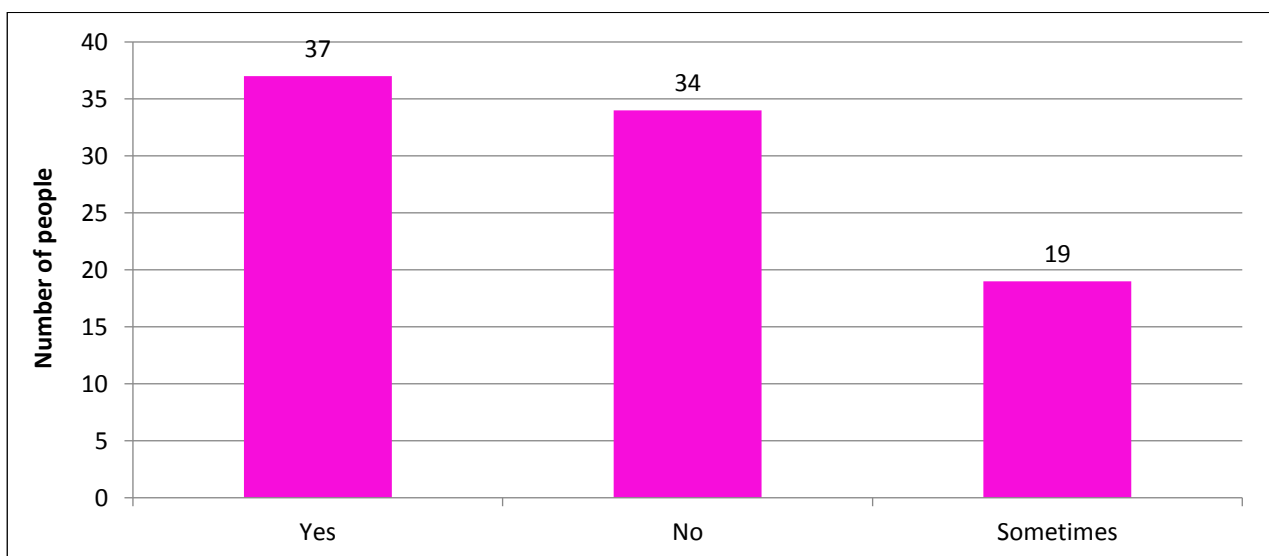
Written responses to 'If not, why not?', included:

- *! Fight back !*
- *A tablet at night, same medication for about 40 years.*
- *Because a reaction to medication I notified my doctor immediately as stated on leaflet I called everyday he refused to help unless I went in I had no way of going in with no support I am being discriminated against by the NHS constantly for agoraphobia there is NO support I have even called 111 emergency over the weekend and been mocked and bullied by a doctor for my condition appalling*
- *Didn't help me and made me put on weight*
- *Don't like taking tablets*

- *Feel like zombie. Told GP - have underactive thyroid - tried different medications but all the same.*
- *I have had adverse reactions to medicines supplied I have been told nothing else is available. The psychiatrist told me to go back to GP and they tell me to go back to the psychiatrist and refused to treat me. The psychiatrist secretary faxed my GP after calling both for a week requesting the GP offer an alternative the GP still states there is nothing else available. I have checked this with a pharmacist who tells me there are many many more alternatives the GP and Psychiatrist leave me piggy in the middle with no care no meds other than ones having allergic reactions to*
- *I stopped taking them because they made me unsteady on my feet which I already am unsteady due to suffering strokes and being partially sighted also I put on a lot of weight which wasn't good for the type ... diabetes I suffer from.*
- *I was offered medication but preferred not to take it.*
- *Injection*
- *Last January was too strong for me so looked for other solutions*
- *Make me drowsy*
- *Makes me feel ill*
- *None to take*
- *Review of meds at moment*
- *Side effects can affect my ability to drive, work and function and are at present affecting my physical health.*
- *Sleeping tablets - working*
- *Take anti-depressants & quitapin for moods*
- *Take for OCD, but not had appointment about psychosis yet. Should I be taking them? Google says could make worse.*
- *Take regularly but not always*

Do you get appointments for your mental health when you need them?

90 people answered this question.

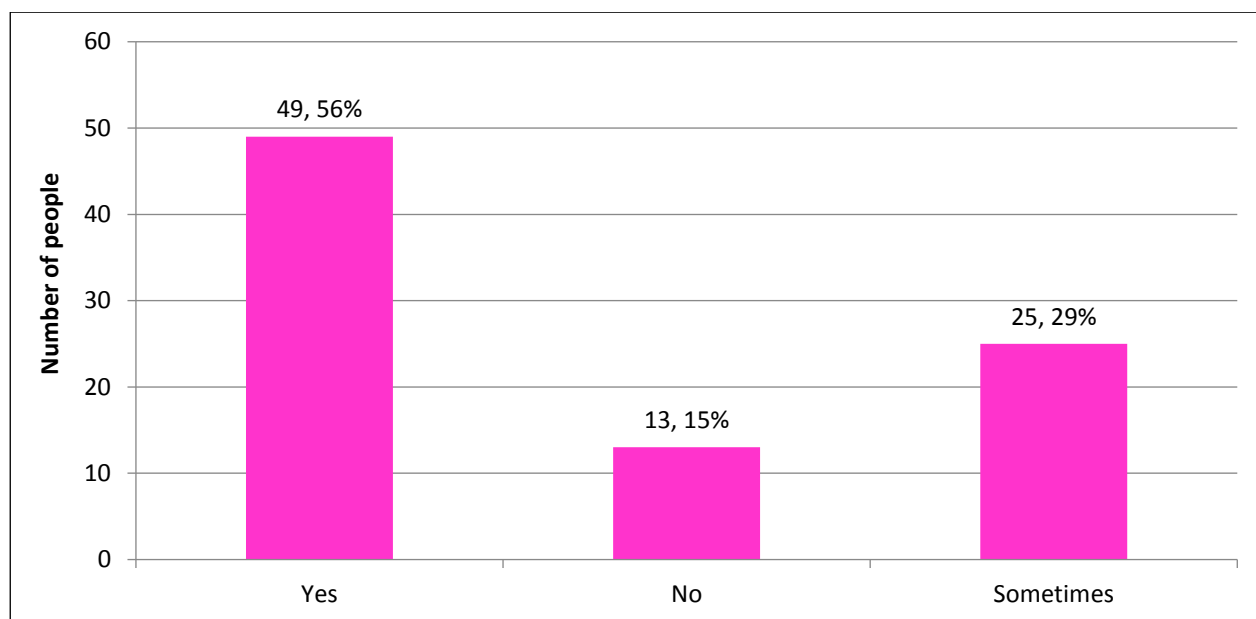


31 people provided a comment, in answer to the request 'If not, please explain why.'
The comments include:

- Age
- *Appointments scarce*
- *At least one week waiting list*
- *Budget cuts*
- *Can't face receptionists and waiting in the waiting room at the GPs. Different GP each time or wait weeks for appointment with requested GP*
- *Don't always because don't like phone consultations*
- *Feel unsupported*
- *Get no call back from people*
- *GP in Manchester - can't always get appointment - have to see same GP*
- *GP!!!*
- *GPs don't understand mental health*
- *Has support worker from Turning Point so she helps*
- *Have to wait at GP. Been to Healthy Minds - finished with them now - given me a card for future but only online - can't always do it - need phone number*
- *Have to wait too long*
- *I see to myself as best I can*
- *Live Well Tameside sorted me*
- *Long waiting lists.*
- *Not at present*
- *Not available*
- *On waiting list 5-6 months for CBT*
- *Only because partner is forthright - won't take no for an answer*
- *Only been diagnosed*
- *Only with GP*
- *Poor communication to my psychiatrist from admin staff whom I contacted by phone. This put my mental health at risk, plus a need to conceal my paranoia from employers to play the sickness and absence policy game.*
- *Self-referral*
- *Sometimes people do not call you back when you said refer. The doctor won't refer me.*
- *Stigma and discrimination if you miss an appointment. Refused appointments.*
- *Symptoms are acute, immediate. Appointments always need forward planning.*
- *The hospital doctor and mental health team don't listen*
- *They refuse to work around my needs. Why in this day and age can't I speak to my doctor or psychiatrist unless in person, due to this I am neglected by NHS staff all the time. Why can't the doctor video call me use Skype etc these as easy cost free solutions yet they are NEVER used I am neglected by staff all the time equality act 2010 states I can't be discriminated against how my disability affects me yet I am all the time unacceptable*
- *Under GP*
- *Wife not supportive - has alcohol issues - won't have people in the house*
- *Yes at GP, no mental health services*

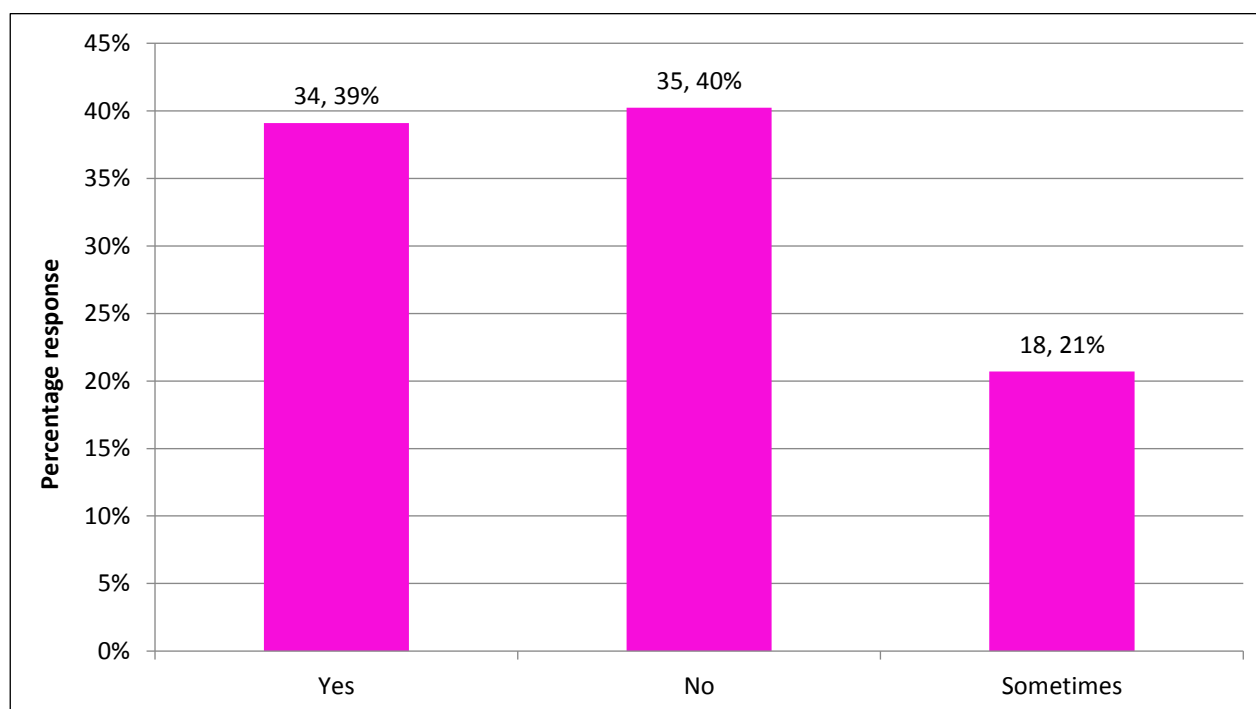
Do the people who provide your mental health care listen to your views and treat you with respect?

87 people answered this question



Do you get enough information to understand about your care?

87 people answered this question.

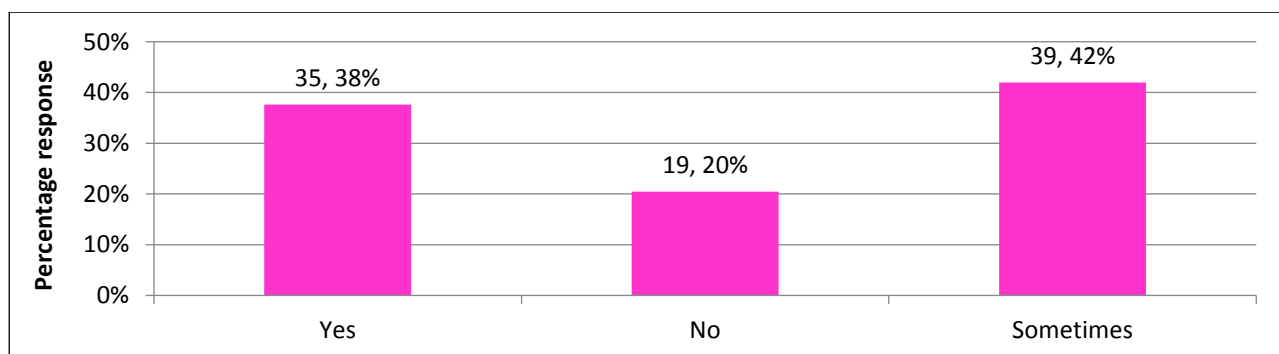


We asked 'If not, please explain why.' Here are some of the answers:

- *Again because no one takes ownership or follows things up even when crying out to them for help for years*
- *Anxiety is not really discussed*
- *At the moment nobody provides my mental health care*
- *Because still under assessment*
- *Certainly on physical health*
- *Depressed due to death of child 45 years ago. Never had help. Suffered in silence.*
- *Don't want information, want someone to help*
- *Good at explaining but look yourself online. Used to be a nurse so will question if not sure.*
- *GP doesn't give me any information*
- *GP is decent. Gives me stuff to read.*
- *GP!!!*
- *Hard to find out about some services*
- *I can not understand why I have been left to suffer for so long, with only GP care, medication, and no care from the mental health team at all. All they seem to offer is CBT, which hasn't worked very well for me in the past. I feel I need more person-centred talking therapy to deal with life-long issues and PTSD. Six weeks of CBT (which is what I am told I am still on the waiting list for), I do not feel is nearly enough.*
- *I don't know - 2 people said this.*
- *I was just given the medication and left unchecked*
- *My doctor will not refer me on.*
- *Never- something needs to change, no wonder suicide rates are high. No one can get support.*
- *No idea what's going on*
- *Nobody really cares*
- *No-one seems to understand my issues*
- *Technically not getting care. All information comes from community groups*
- *Would like more*

Do your family or friends know how are feeling?

93 people answered this question.



We asked 'If not, please explain why.' The answers included:

- *Brother knows - don't bother with rest of family*
- *Cut off from associates*
- *Death of a child - difficult to talk about*
- *Depends who it is. Close family do but am selective about others.*
- *Don't like speaking about it*
- *Family don't understand (2 people)*
- *Haven't told them*
- *Hide it so don't worry them (2 people)*
- *I don't want to over burden them*
- *I don't want to upset them*
- *I have been diagnosed by bi-polar for 30 years*
- *I have been grieving.*
- *I'm isolated and have no friends or family. I was in care.*
- *It is too hard to explain, or even try to explain. Stigma, prejudice and judgemental views make it harder. Fear of making things worse.*
- *My partner works, supports our children and gets very stressed to the point he feels overwhelmed, putting strain on and jeopardising our relationship, our safety and security. My children are too young to shoulder this responsibility. I have few friends all of whom have their own problems I don't burden them, and they don't understand my illness.*
- *Not well*
- *Son is carer and have circle of friends that help.*
- *They don't understand because it is not a physical illness and there are no visual symptoms - like a broken leg*
- *They know but cannot put it all on family*

**Do you have any other illnesses which affect, or are affected by, your mental health?
Please say what.**

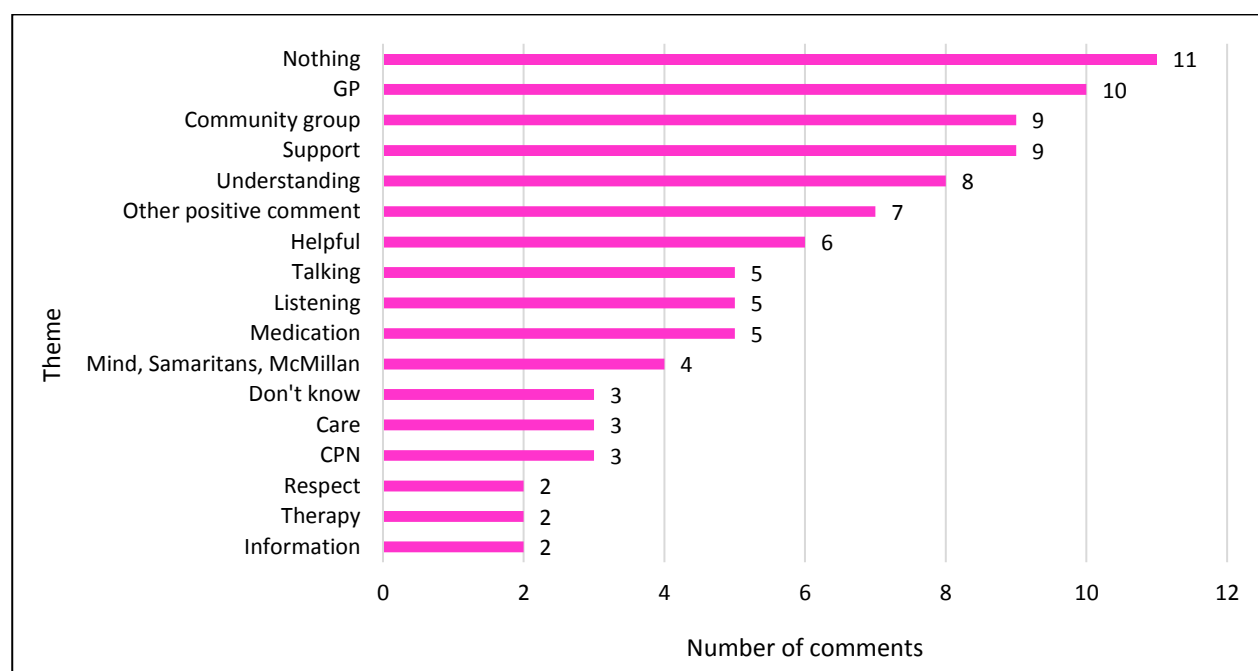
50 people included physical illnesses/symptoms in answer to this question. Actual comments will not be included, as Healthwatch Tameside wish to keep the people anonymous.

Some of the conditions mentioned are arthritis, asthma, diabetes, epilepsy, fibromyalgia, heart, stroke, and thyroid, among others.

What is good about your mental health care?

This is the first of the questions requiring only a written answer. 69 people commented.

We have looked at the themes included in the comments, and can summarise as follows:



Whilst 11 people said nothing was good about their care, and 3 did not know what was good, there are 55 people who made positive comments.

One of the negative comments was:

- *'Nothing it's a shame to say but there isn't anything good about it, if anything it made me worse with the constant farce I'm put through'.*

We will now look at some of the positive themes in a little more detail, including some comments from the surveys.

'GP'

The comments refer to specific doctors at a practice, rather than a practice as a whole. This is when a relationship has been built with an individual, or the person receiving care feels a specific GP has a particular understanding of mental health. Examples of comments include:

- *Doctor atPractice - brilliant. Cannot fault - anytime want to chat.*
- *GP is very good - if I ring and ask for contact, will ring back same day. In the time between appointments with psychiatrist, will ring to see how I am.*
- *I can call the GP surgery and get an appointment but it is only a couple of GPs in the practice who understand mental health.*
- *I didn't really have any mental health care. Unless you count a very understanding and supportive GP, who is just as frustrated with the mental health services as I am.*

'Community group'

41% (36) of the people who completed the survey had accessed a community support group during the previous 12 months.

Groups specifically mentioned are the Anthony Seddon Fund and Woman2Woman. Some people said they attended groups, but did not say which.

Community groups provide peer support, and a place where people can meet informally. Here are some of the comments:

- *Anthony Seddon is good - come and talk, to meet people.*
- *Being at Anthony Seddon - not stuck in house. Talk to people. Feel useful - volunteer at Anthony Seddon.*
- *Community groups. Always someone to talk to. People not judgemental.*
- *Have friends at Anthony Seddon.*
- *Peer support at Anthony Seddon and Woman2Woman. Activities here - provide a focus. If it wasn't for Anthony Seddon wouldn't be here.*

'Support'

One of the areas which makes care 'good', is the support received. Here are some comments:

- *Having a CPN. Being in supported housing*
- *Having support from CPN, Woman2Woman*
- *I am now in recovery but, it has taken many years of care and treatment to get there. Last stay in hospital 2012-2015. Been given a lot of support this time.*
- *I have support from the mental health service from the NHS. They have intervened on many occasions and been very helpful for over 20 years.*
- *Support from my husband - he is my carer*
- *Support! They listen to me and help.*

'Understanding'

This theme includes understanding by the mental health practitioner, and also by the service user. The comments include:

- *It helps me understand how I am feeling and why I am feeling that way.*
- *They do understand and listen, but you (I) might wait a long time for help/appointments etc.*
- *Understanding psychiatrist. Pro-active CPN. Caring staff on inpatient wards.*
- *What's good about my mental health care is that they are always there for me if I need them, understanding too, reassuring.*

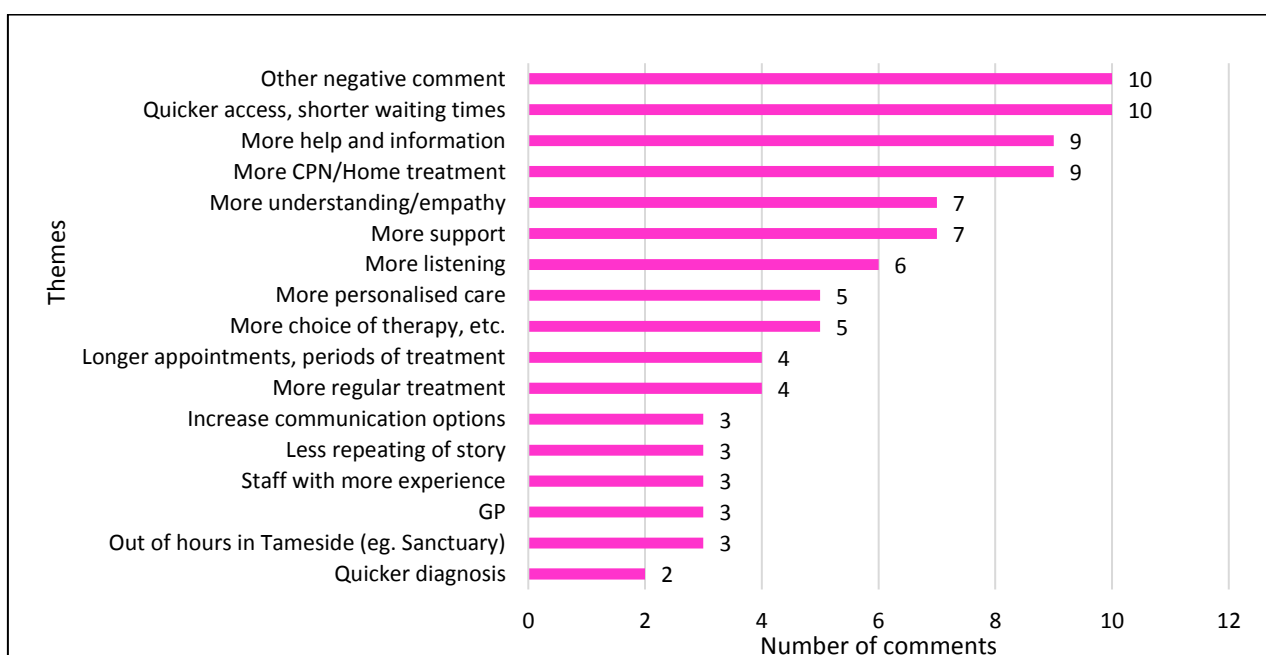
‘Other themes included in ‘What is good?’’

There are many other themes, each with a few comments. A selection of these comments is shown below:

- *CAT therapy with Healthy Minds. Highly recommended!*
- *Everything excellent*
- *I feel respected by my psychiatrist listened to and empowered to make my own choices in treatment I feel safer knowing I have monitoring and backup to life’s stress.*
- *I have always received a good standard of care.*
- *I have been treated with respect and sympathy*
- *Information that’s available. Information about medication and picking the right one.*
- *People do listen. Sometimes I remember thing. Attend groups.*
- *Seem to trust that meds keep me well so only see psychiatrist every 9 months. Go to Haughton House for meds. Meds are good apart from restless legs.*
- *Tablets keep me stable. See psychiatrist every 12 months. Been stable for a long time.*
- *That I am dealt with in a professional and consistent manner.*
- *The only positive is a rise in awareness that mental health care needs attention, funding and ultimately change.*
- *There are some very good people in the care sector but most don’t care and forget to do what they say.*

What changes would you like to see, to make your mental health care work better for you?

66 people answered this question. We have grouped the comments into themes, which are summarised in the following graph.



As with the positive comments earlier, the next section of the report will look at some of the negative themes in more detail, and include some of the comments made in the surveys.

What changes would you like to see?

'Quicker access, shorter waiting times'

10 people said they would like to be able to access care when it is needed, without a long wait. Here are some of the comments (similar comments have not been included).

- *Increase in services decrease in wait time.*
- *More understanding. Better access to help without having to wait over 6 months for it.*
- *Once your condition is known should be able to fast track me for help when needed.*
- *Prompt treatment for psychosis - if caught early can be treated - if not could become schizophrenia - dad had it.*
- *Quicker access to healthy minds workshops ipt.*
- *Want to get support straight away before mental health issues get really bad.*

'More help and information'

9 people wanted additional help or information, although not everyone said what sort of information they would like to have. Here are some comments:

- *Healthy Minds should be there to help not just say we aren't a crisis team. Too quick to judge.*
- *I'd like more activities to get me out and about with living on my own and getting few visitors.*
- *More help like psychologist come free.*
- *Quicker appointments, mental health staff to be interested in helping you instead of ignoring you and being dismissive.*
- *See someone and talk about it.*

'More CPN/Home treatment'

9 people mentioned the importance of community care, or requested an increase in the community care available. Here are some of the comments:

- *Better systems for discharge from inpatient care. Better access to Home Treatment Teams.*
- *By helper in the community not in a hospital.*
- *CPN frequently cancels to fit me in around others. Should have come yesterday but supposed to come today. Last time re-arranged 3 times.*
- *Everyone especially those who are under services or have been inpatients, should be given a lot more support regarding help in the community.*
- *More CPN's at Haughton House. Government should fund mental health better.*
- *More home visits. Listening.*
- *Need a CPN and PIP*

'More understanding/empathy', 'More support', 'More listening'

There were 20 comments in total, across these themes. We will look at them together, as the comments cross over the themes.

People said they want to feel the practitioner has got the experience to understand their situation.

- *More experienced, knowledgeable and understanding staff and professionals about mental health/autism.*
- *Need person and needs to be treated as individual. Previous counsellor said also sees people who have lost job. Felt she was too young and lacked empathy.*

People want to be listened to, and to receive the care that works for them.

- *I want to be listened to till understood and have my requests taken seriously.*
- *People to be there and listen without judging - hospital is not always the best place. Place in community.*
- *Someone who listens. GP doesn't listen.*
- *To have more one-2-one help and to get more people who understand you.*

People want to feel supported.

- *I would like less harshness and poor judgement, better supervision, kindness, understanding and support within my job role- some kind of independent advocate mentorship/outreach worker to ensure I can stay in employment and continue to pay my mortgage.*
- *More support workers.*
- *Support for partners and kids with mum or dad with mental health problems.*

'More personalised care', 'More choice of therapy, etc.', 'Longer appointments and periods of treatment', 'More regular treatment'

18 comments were made about these themes. Some of the comments have already been included in earlier sections, so will not be repeated here.

Some people did not feel they were offered suitable care, and would have preferred other options to be made available.

- *Meeting a patient's needs. Someone who cares, has genuine empathy and willing to work with me. Who offers something more than CBT that made me worse.*
- *More care and activities for us who don't have a psychiatrist. List very limited. Can only access charities MIND etc.*
- *More hands on alternative therapies - massage, reflexology, holistic approach.*
- *More options in a crisis situation.*
- *Talking therapy (ies) that can be accessed from home, as I am also physically disabled and unable to leave the house without support... Therapy via phone or skype.*
- *Triage when self-refer - do it without seeing you. Need to listen - asked for counselling and got CBT.*

The length of time waiting for an appointment in the first place was an area some people wanted to see changes.

Also, the length of the appointment itself, or the number of sessions available was an area of concern.

- *A proper GP appointment - a 10-minute slot is no good at all! One person to deal with it - not luck of the draw on which GP you get. Being passed from person to person is no good at all.*
- *CAT therapy only lasted 16 weeks. Needed more intensive course of treatment.*
- *Longer appointment times when seeing psychiatrist especially when seeing them every 12 months. Has you in and out as quick as possible.*
- *See Healthy Minds once a week.*
- *Seen on a more regular occurrence without having to call up.*

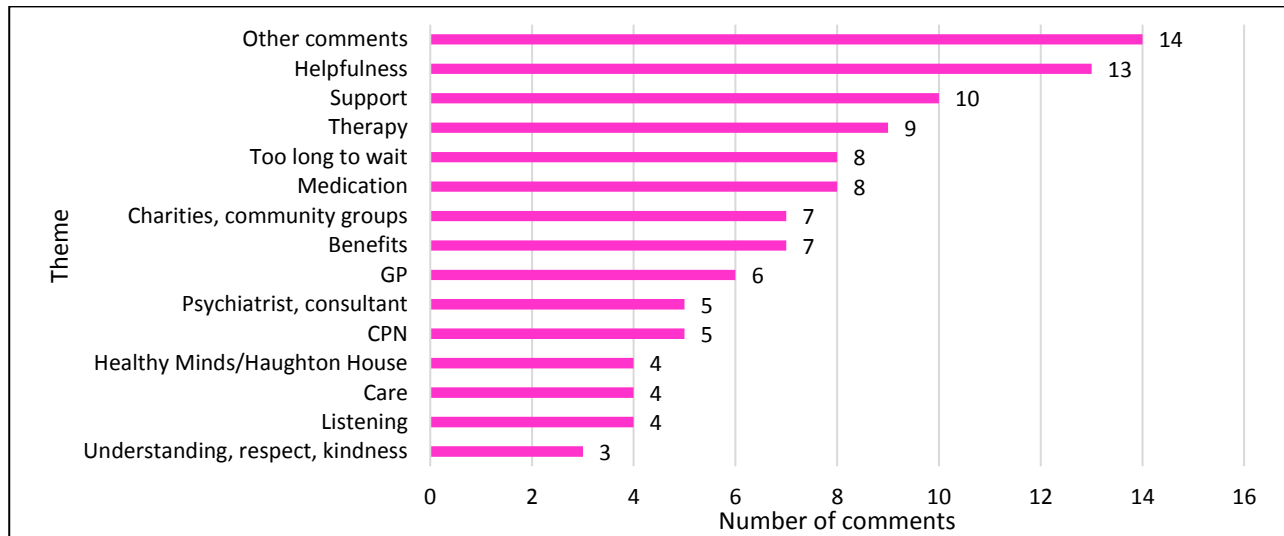
Other themes

A variety of other comments were noted, including.

- *!!! Physical health & mental health are inextricably linked. GPs will only see you for 1 issue at a time, IMPOSSIBLE! We are human, a whole, not individual symptoms. TREAT ME AS A WHOLE!!!*
- *Communication - need one number to contact not loads of different ones - costs too much.*
- *Don't like ringing and keep telling story over and over. Be nice to have an out-of-hours in Tameside when Anthony Seddon shut.*
- *For them to not push you as much if you are having a bad day.*
- *I am housebound, and would like just sometimes to be checked up on occasionally.*
- *Needs to be an organisation like Sanctuary for people in the Tameside area so people have support through evening/night time.*
- *Seeing a professional to get a formal diagnosis would help.*
- *This box is not big enough to explain my anger and frustration on this subject.*
- *To be treated with the same respect and care as you would treat somebody with a different life-threatening disease eg. Cancer*
- *To get on right meds for me to say how am feeling rather than others decide and also me say what I need rather than others and to have the relevant support and meds.*
- *Very occasionally discriminated against by some staff*
- *Video calling for people with my condition why is this not available in cases such as mine the surgery has an internet connection.*

Do you have any other comments about your mental health care? Healthwatch Tameside want to understand what works for you, and what makes you feel worse?

56 people made a comment. Many people made comments which fall under more than one category.



People have been honest and open in completing the survey. Here are a selection of comments from the various themes.

‘Helpfulness’

- *I need someone to help when I feel down. Doesn't seem to be anybody who can help.*
- *Meeting people is helpful to me, I am interested in all alternative acupuncture meditation.*
- *There is such a lack of understanding. Professionals need to be aware that if you are suffering with a mental health issue it is going to be 10 times as hard to seek help and then stay committed to getting better. Especially when the very thing that is ill, your mind, the thing you are constantly fighting, telling you that there is no help, you won't get better, you are not worth helping etc etc. is the very same thing you now need to help you get through, it is your mind and your mindset that you rely on for your ability to tackle and to beat serious illness/difficulties.*

‘Support’

- *Having a support worker really helped. Currently I don't and am really struggling.*
- *I am scared of being unwell and there being no support.*
- *Not enough support for those with mental health issues in the community*
- *Personally it has taken a long time for me to get to where I am now, but I have had great support from my psychiatrist. My stays on the ward being very mixed. Every admission having its problems some never being resolved (eg lack of staff, no-one to talk to). No pastoral support.*
- *The support of psychiatrist, CPN, therapists at Haughton House (CBT) has saved my life, quite a few times. They have treated me with respect and kindness. Always been professional towards me.*

'Therapy', 'Too long to wait'

- *CBT doesn't work and I'm sick of being told it does it's utter rubbish.*
- *Healthy Minds referred to Haughton House. Saw woman who was suggesting police involvement re past - came home suicidal. Waited ages for phone call - been referred back to Healthy Minds who rang and put me on waiting list for CBT. Healthy Minds listen. Haughton House don't.*
- *I go to group therapy on a Friday which is good.*
- *I have looked at the different available sessions through Healthy Minds but I have not been offered the ones I feel are suitable. I need to be part of a group at the moment.*
- *Last time I was unwell my GP was unable to get help from the CPNs and it took months to get an appointment. Should be a better system.*
- *Less waiting time - makes it worse. Help with filling in forms.*
- *Mental Health care seems very impersonal and far from caring so far. I am finding it increasingly difficult to believe I can get help and continuing support, as someone with complex needs, and feel worse whenever I try to get help, only to be ignored, or put on a list again for a very long wait, and only able to access CBT with no other options offered.*
- *One to one therapy helps - but not 8 weeks (once a week) and then pass onto somebody else and another type of therapy. Continuity would help as it is particularly stressful meeting someone for first time - be it GP, therapist, etc. Not helpful being passed on from one to another therapist continually! Made me give up on the system years ago, which was only making me worse.*
- *The system is too complicated, lacks many of the treatments it claims to have. It is slow and filled with errors and excuses.*
- *There is a reliance on the person to feedback if they need more counselling no 12 monthly check.*
- *They referred me to psychiatrist in mid-September and I'm still waiting for an appointment. The doctor had said he would send the referral as urgent. (Survey completed in March)*

'Medication'

- *Although feel well can't work - lots of appointments and meds make me sleep a lot. Plus haven't worked for 2 years. Don't get any hassle from job centre on ESA.*
- *Being involved and being busy works for me. The drugs sometimes stop me from functioning.*
- *Changing medication and increasing it without listening to how it affected me.*
- *I have side effects to every anxiety medication and on nothing so is difficult.*
- *I would like to find a medication that helps my Anxiety and helps me to sleep without taking my personality away and for a doctor to help me do this.*
- *Medication right now. It is excellent.*
- *Seems like patient has to do bulk of work - chasing psychiatrist appointments, CPN's, appropriate medication!!!*

'Charities, community groups'

- *Anthony Seddon - fantastic support. Financial - sorted debt. MIND too complex.*
- *Bi-polar UK support groups are a good help, so you feel like you are not alone.*
- *I had support from MIND last year (the sessions finished in September 16) but I was told I have to wait 12 months to be seen again for help and support etc.*
- *Lifeline drug and alcohol service - really happy with.*
- *The Anthony Seddon centre is supportive, friendly. I also attend Moodswings in Manchester who support and encourage me.*

'Benefits'

- *DWP assessments affect mental health.*
- *It's hard to prove to a doctor you have never met before that my bi-polar is real after one 30 minute session and this is all it took for Albert Bridge House to decide to stop my ESA even though I've been under my doctors for over 10 years. This puts more pressure on you and doesn't help recovery.*
- *My GP knows my health better than anyone but as GP and locums are so widely spread no-one knows me like my old GP used to. I feel deserted by my GPs at a time where the social system is cutting benefits to their own whim and fancy, literally able to directly contradict the medical/personal facts as if to call us liars. This exacerbates my mental health problems and leaves us feeling absolutely desperate. THIS MUST STOP!!! PLEASE HELP!!!*
- *Universal credit - have to pay childcare then claim it back.*

'Other'

- *Feel that sometimes caught in a power struggle between different services.*
- *I am also a full time carer.*
- *I cannot do day to day things.*
- *I just need people who care.*
- *I need to be able to access services in my own way, at my own pace. I feel I know best what works for me.*
- *Last time I was unwell my GP was unable to get help from the CPNs and it took months to get an appointment. Should be a better system.*
- *Like to see CPN more. Don't always turn up when they say will. Just turns up. Since accident has tried to see me weekly, Have too many clients.*
- *More understanding in the workplace. Managers need to have more knowledge.*
- *Please someone sort mental health services out in Tameside they are awful. Keep being told it's a postcode lottery when it comes to care. Have been discriminated against not only for how my illnesses affect me but also because of my sexuality which in this day and age is completely unacceptable someone needs to secret shop the whole system to really see and document how appalling it really is.*
- *Positive attitudes, relaxation. I feel worse when people don't listen and start going on about diet, exercise, etc.*
- *Sometimes to talk to myself. Get worked up on buses going to an appointment.*
- *They are there when I have need.*
- *What makes me worse people don't listen and decide what's best for me I don't receive care from mh and finding accessing it a nightmare.*

Overall thoughts (based on survey comments)

Peer support is found to be very helpful. People are not judgemental and understand what you are experiencing.

Family and friends are not always aware when someone is going through a bad patch. The person receiving mental health care thinks they will not understand, or that they will be a burden, so hide how they are feeling. However, people say they want to feel supported.

The length and frequency of appointments (including GP appointments) for mental health care makes a difference, and the number of sessions of any treatment or therapy.

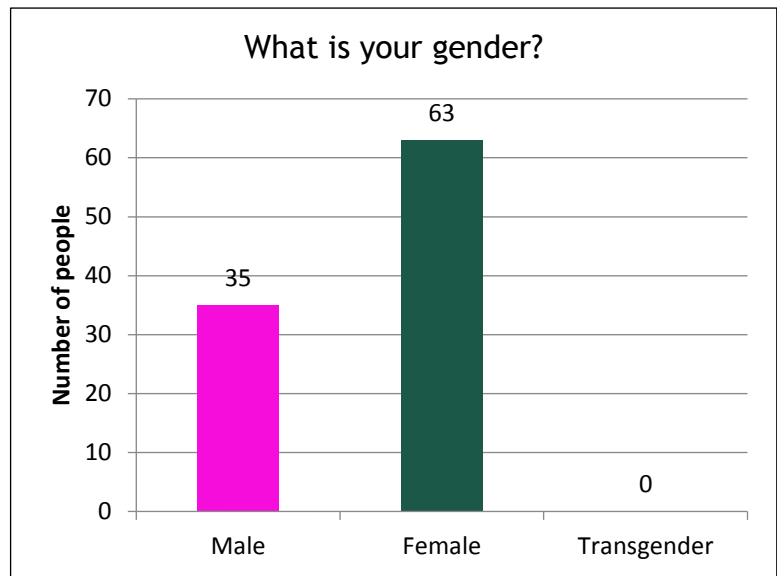
People do not want to be telling their story over and over again.

Physical and mental health are both important. People want these to be treated together, not separately.

Demographics

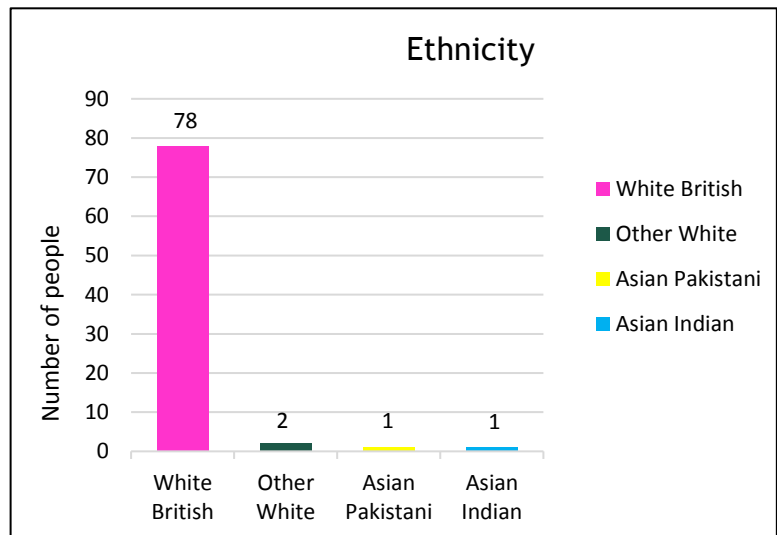
Gender

98 people answered this question.



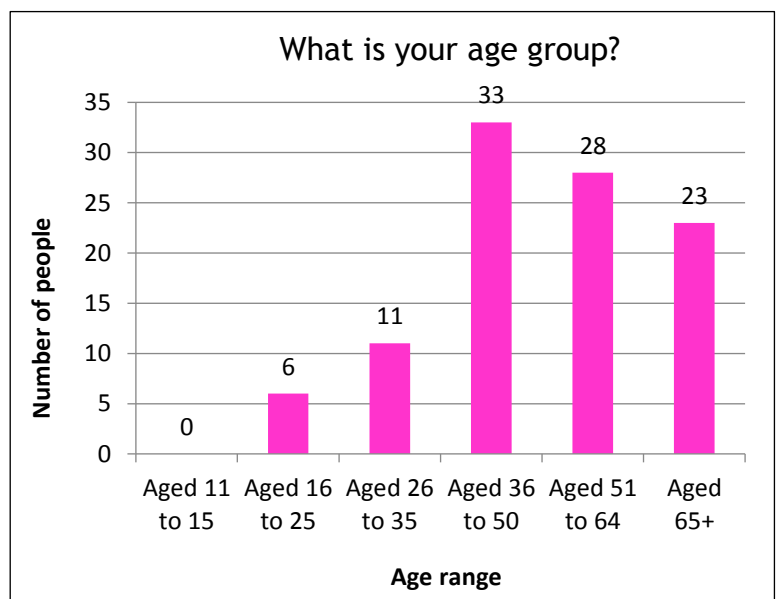
Ethnicity

82 people answered this question.



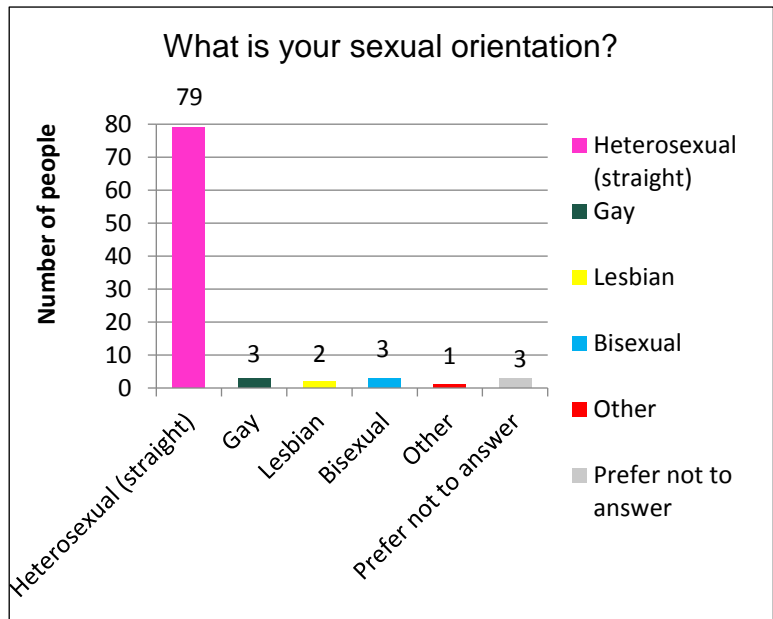
Age

101 people answered this question.



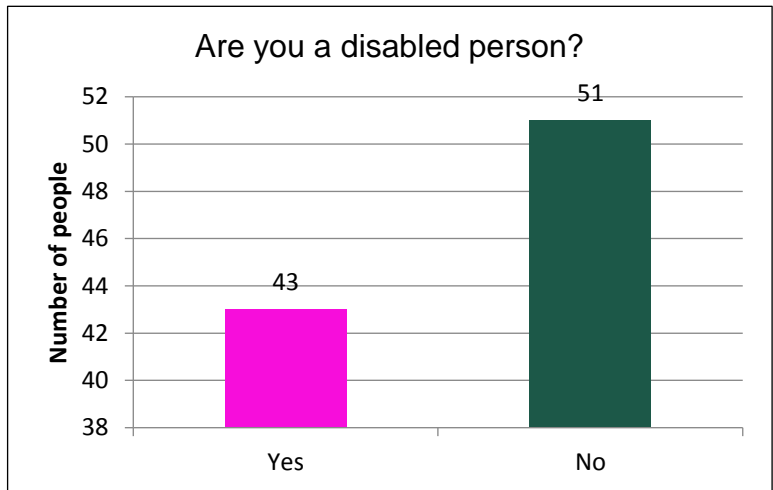
Sexual orientation

91 people answered this question.



Disability

94 people answered this question.

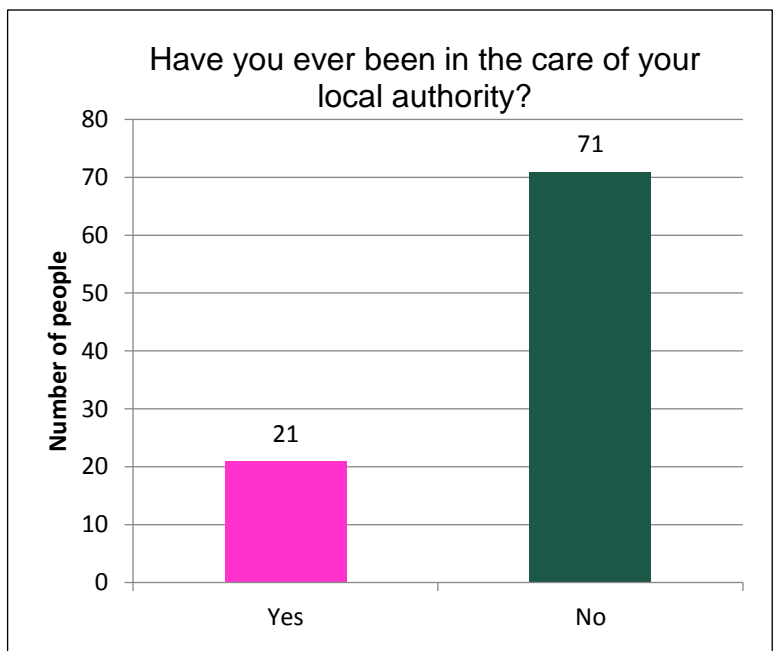


Care leavers

92 people answered this question.

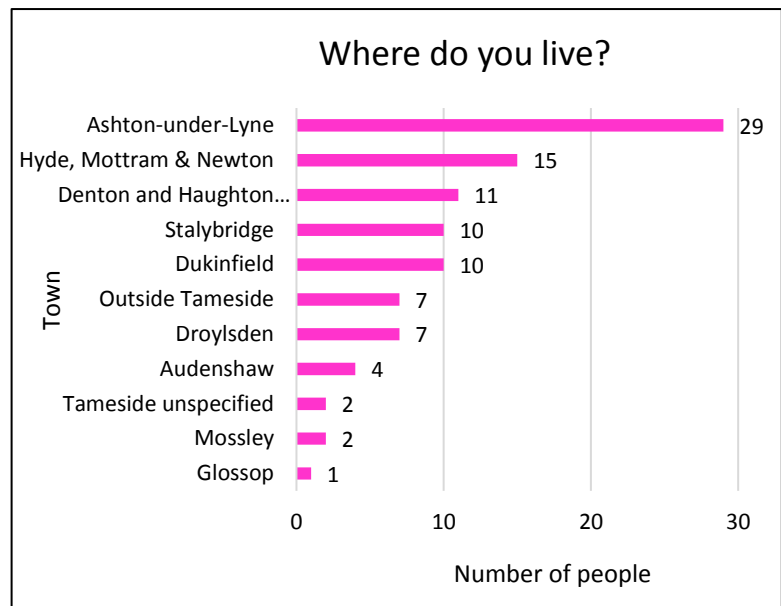
This question has also been included in the Healthwatch Tameside general health and care survey. At the time of writing this report, 151 people had answered the question on that survey, and 6% (9 people) said they had been in the care of the local authority.

This compares with almost 23% (21 people) completing the mental health survey, who said they were care leavers.



Which town do you live in?

98 people answered this question.



Part 2

Stories and comments about mental health care

Total number of stories

We have 107 stories in total from the sources outlined earlier, which mention mental health care (collected December 2016 to August 2017). These are split:

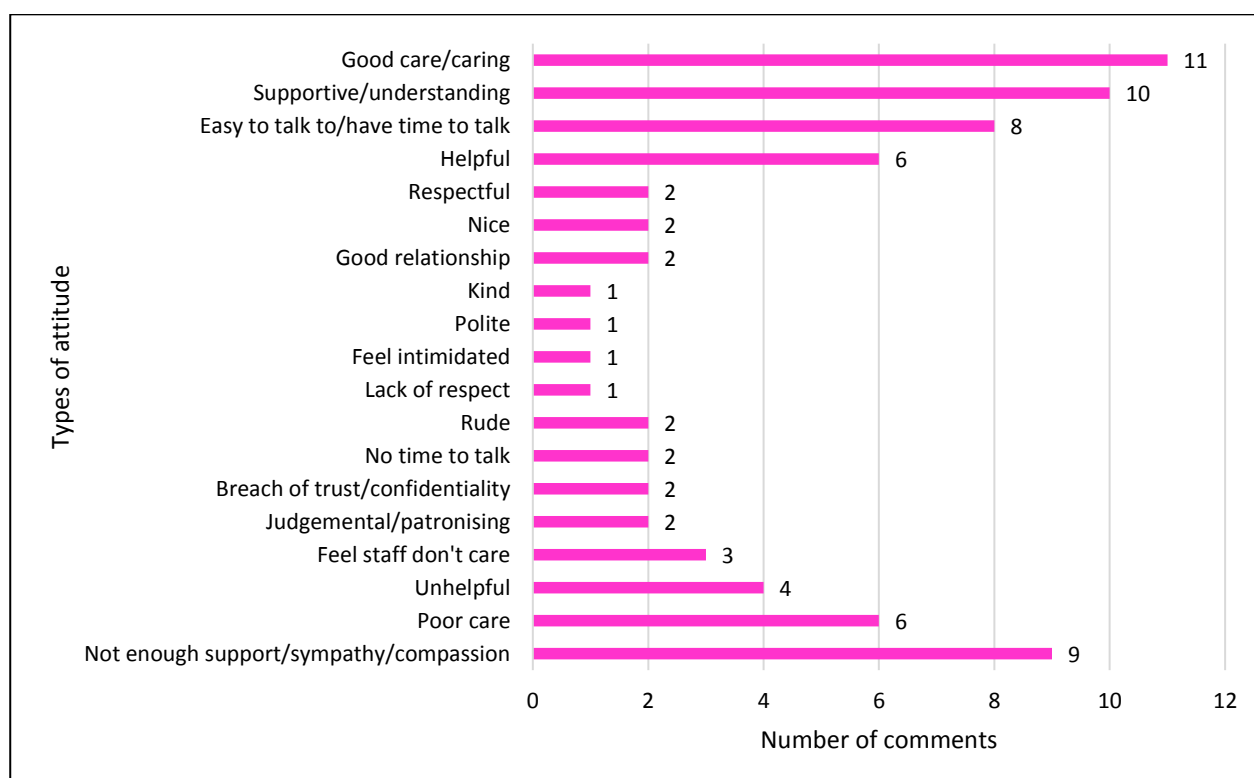
Short survey	28
Healthwatch Champions	60
Care Opinion	7
NHS Complaints	1
Information Signposting	11

Themes

The next section looks at information about individual themes from the stories and comments. Comments will be shown in italics, and will be shown under one section only, even when the comment covers multiple themes.

Attitude of staff

This theme has the highest number of comments at 75. There are both positive and negative comments, as shown in the following chart.



All the positive comments are at the top of the chart, and the negative comments at the bottom. As you can see, the highest numbers of both positive and negative comments are about the same areas - care and support/understanding.

Positive comments

We have selected a few comments as examples:

- *The emergency team were very helpful and understanding.*
- *Had a lot of time for me when I needed it.*
- *Treated with respect and unhurried.*
- *Helping me with independent living, get lot support.*
- *Staff treated her like she was their own daughter. Fantastic service.*
- *Staff were excellent - practical help, not patronising.*
- *Girl on phone was good, understanding, trying to calm me down, and giving advice.*
- *Nice, helpful and time to listen to you.*
- *Good support off staff.*
- *Helps to cope with anxiety and feels she is taken seriously.*
- *The staff in hospital were excellent. Gave me good care and were kind.*
- *He is compassionate, listens and has understanding of alcoholics and depression. I always see him because I had a bad experience with another doctor.*
- *GPs are good when you see them.*

Negative comments

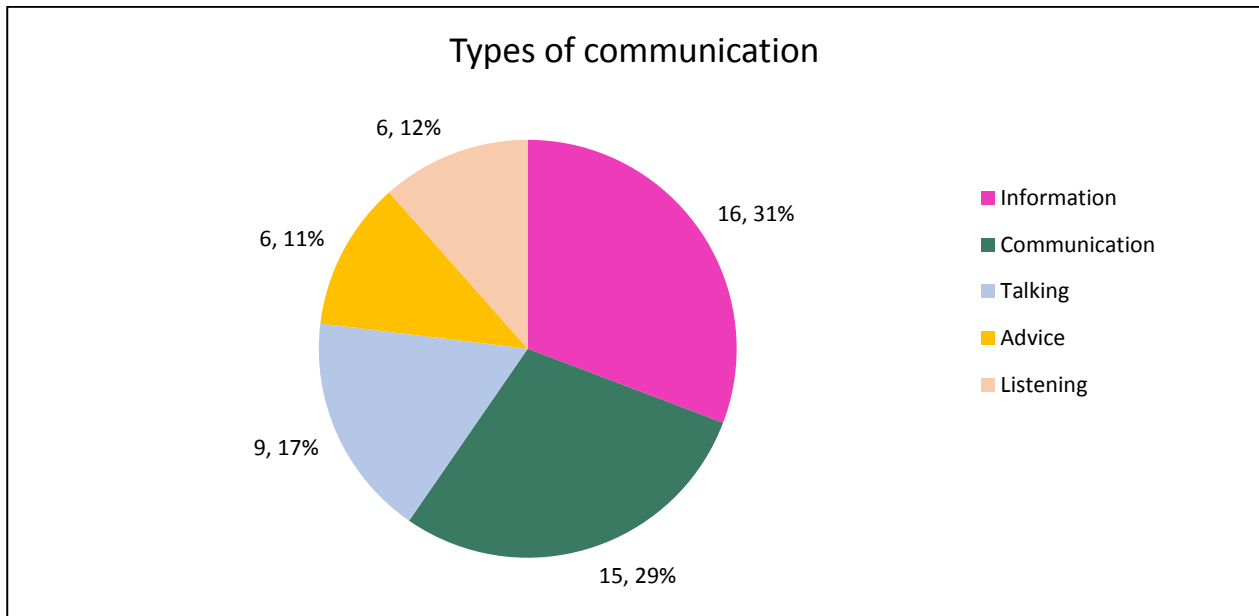
Here are some examples:

- *During this time, no-one offered me any support.*
- *CAMHS - the attitude needs approaching. Everything needs to be looked at. It's a horrible service.*
- *Some of the nurses are quite rude/disrespectful. Puts you off going.*
- *I have just experienced typical NHS admin staff paid to waste my time and not do anything at all productive, you are causing stress and anxiety, I am livid.*
- *He feels people don't listen or explain things.*
- *I don't find my GP or psychiatrist have the time to fully hear and understand how I feel.*
- *He didn't feel safe with the therapist - he felt it was a trap or they want to be rid of him.*
- *She felt her GP wasn't taking her problems seriously and hadn't been given any support.*
- *In A & E you are triaged. They talk to you normally until you mention mental illness, and then they talk to you like a 5-year-old.*
- *Staff don't treat son well when sectioned on a ward.*
- *She feels no-one is interested in the carer.*

Communication

This theme includes providing information, general communication, talking and listening, and providing advice.

These were mentioned 52 times.



Here are some comments:

Information

- *Wanted information about mental health services*
- *I have not been kept informed about anything. Did not know anything that was being done.*
- *The group lecture I had to attend and I was given a date and time, which when I got there was totally the wrong date!*
- *Feels the discharge procedure is extremely poor. There is no care plan to take to GP or to show to any health professional, and no information on discharge.*

Communication

- *Lady has rung Healthy Minds three times now, and they have said that another copy was sent, but the GP says they haven't received it. She just wants the letter.*
- *Less repeating concerns to numerous assessors when they all write everything down in notes.*
- *Due to swap over to older mental health services - not heard anything.*
- *Healthy Minds - rung and left number twice, nobody gets back to you.*
- *CPN - doesn't return calls.*

- *I called them as recommended and could not get through as they are only available whilst most people are in work, I then took time out of work to call and still they were absolutely no help, they will not talk to me over the phone, I had to go online and fill out a triage form answering the same questions my GP asked when they referred me to this farce of a service.*
- *A lady without internet access wanted to find out if the Healthy Minds service have any hard copy information for the services available. They don't, their suggestion was that this woman go along to a group. In order to find a group or attend one, you have to refer yourself or be referred in by your GP. To refer herself, this has to be done online, there is no phone number.*

Talking

- *Daughter was having problems. GP said it was anxiety related and referred us to HYM at Stalybridge clinic. Somebody talked to her and made another appointment. Fantastic service.*
- *Was in a bad way. Rang emergency number at Sanctuary. Gave me option to go down in taxi but was in a bad state - too bad to go. Girl talked to me for over an hour and a half.*
- *The Anthony Seddon Centre gives me a place to go where I can speak freely to other people who have mental health issues. I do not know how I would manage without it.*
- *Had to visit the practice nurse. Just through chatting with me she picked up that there was a problem and gave me a form to fill in. I was scoring as clinically depressed.*
- *The surgery are good in that someone will always talk to you - not used to such caring treatment.*

Advice

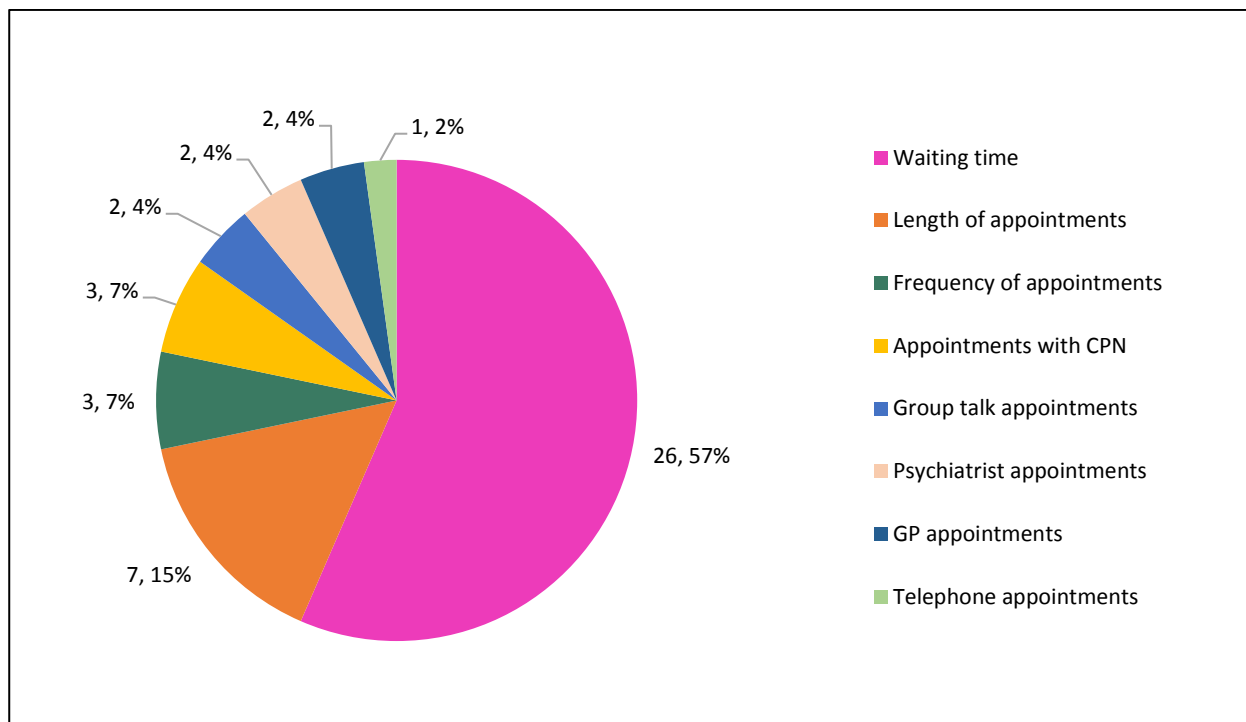
- *What could improve? - Possibly more direction to other services once the 12-week course was over.*

Listening

- *Locum GP listens (more than the regular GP, who writes out prescription before you sit down).*
- *Services don't listen. They don't tell you if son admitted, or if discharged from hospital under carers. Everything is confidential. If someone is sectioned, by law services have to tell the main carer. They are not doing it with me.*
- *Key is staff listening to patients.*

Appointments

46 comments have been made about appointments.



Here are some of the comments:

Waiting time:

- *What could improve? - CAMHS response times.*
- *Healthy Minds - I had to wait a little while, but wasn't a huge problem.*
- *Healthy Minds - long wait times (6 months+).*
- *MIND - Got appointment really quickly and the sessions have really helped.*
- *Referred to Healthy Minds in October. I had it confirmed that I was on the Healthy Minds waiting list, however this is the only counselling service I have been offered and am still waiting now (March).*
- *He gets very angry with himself. He has had some telephone counselling. Healthy Minds were due to get back to him, but it's been 4 weeks and he hasn't heard anything.*
- *Daughter has been having some psychological problems - self-harming. Taken to GP. Took us a while to get her on a waiting list for therapy (although no idea how long you have to wait once on the list - not given any indication).*
- *Healthy Minds - he had waited over a year for treatment. Four times appointments have been cancelled, and letters have had incorrect information in. In May, he attended an appointment. When he got there, he was told the appointment had been cancelled for an emergency. He went back home. A letter was pushed through his door, but he didn't open it. The following morning, he received a text telling him he had an appointment that morning. He didn't attend the appointment, and has been told it is recorded as Did Not Attend on his records.*

Length of appointments:

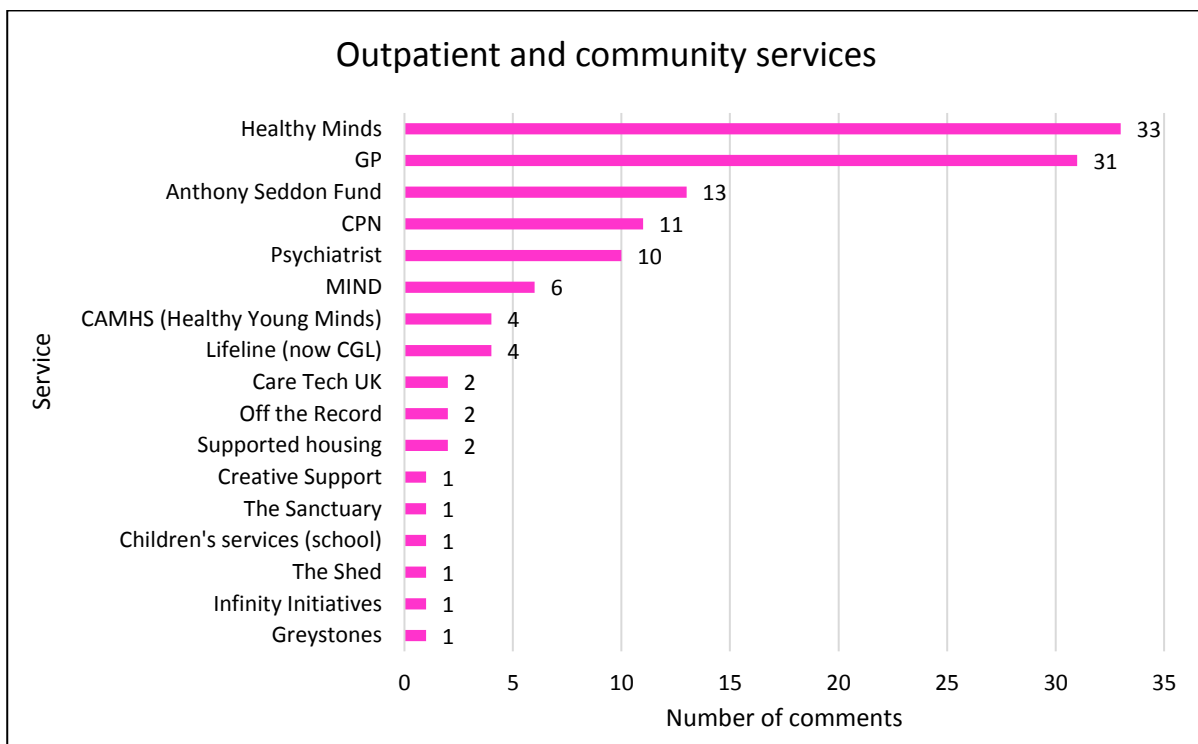
- *Not enough time in GP appointment to discuss everything.*
- *Really nice doctor. 15-minute appointments and can have phone appointment.*
- *They send you for CBT or CATS for 8 weeks. It isn't long enough for her - it takes 2 or 3 weeks to get over her anxiety of something new, leaving only 5 or 6 weeks of the course. She says she probably needs 30 weeks.*

Frequency of appointments and appointments with CPN:

- *I have an excellent CPN who visits me once a month.*
- *More time with CPN. Once a week is not enough.*
- *CPN - makes appointments and forgets. Sometimes doesn't come and not let me know. She wants to stop service, but I don't feel ready. When does come - not on time.*
- *Would like more frequent appointments with psychiatrist and CPN. They make judgements without really seeing what is happening - relapses occur between appointments, so they are not seen.*
- *I was attending a pain management clinic for my back. A great nurse picked up the problem. She referred me to the psychologist (part of the pain management team). I have almost completed 6 sessions of therapy now and feel I can cope with whatever comes along.*

Outpatient and community care

Some people have used more than one of the different outpatient care and community support on offer. Altogether, there were 124 mentions, and the total for each service is shown in the chart below.



Here are some of the comments about outpatient and community care:

Healthy Minds:

- *Computerised CBT so at home but run by Healthy Minds. Great that could access from home.*
- *Healthy Minds - after initial meeting I didn't hear anything from them for four months. 1-to-1 wasn't available either just telephone consultation.*
- *I was referred to Healthy Minds by the hospital mental team. I was ping ponged between several of their "services" before finally being discharged back to my GP when they admitted they had no idea what to do. With resources for mental health being so scarce in the NHS it is an absolute scandal that a place like this is allowed to function.*
- *I was advised by my GP to phone healthy minds to get some one to one counselling as I am really struggling with stress and anxiety. (Care Opinion story relates difficulties in gaining access to care.) Is it any wonder the NHS is always crying about being so underfunded, far too much money is wasted on services like this that do not help at all and are filled with staff who are focused on running you round in circles in a ridiculous system rather than talking to you, helping or looking for a solution.*
- *GP referred me to mental health services. I was asked did I want group therapy or 1:1. I need 1:1. Therapy just brings me down. I have now been told that the waiting time for 1:1 is 2-3 months.*
- *Young man with mental health issues struggling to access services. Contacted Healthy Minds - he was in the system but then had a family break-up - moved house and missed the appointment, so has to start again trying to help himself.*

CPN:

- *CPN - known her for years. Go to Healthy Eating (at St Georges for people with mental health issues) so see CPNs there every week. Always there.*
- *Lives alone. Very little family support. Used to have help from Home Treatment Team but told that is not available to her now. Sees CPN once a fortnight, and finds this helpful, but not adequate. Feels there is very little community support and worries that a reduction in hospital beds for mental health patients will make situation worse.*
- *They keep changing mental health diagnosis and CPN's every 3 months. They are just struggling through.*

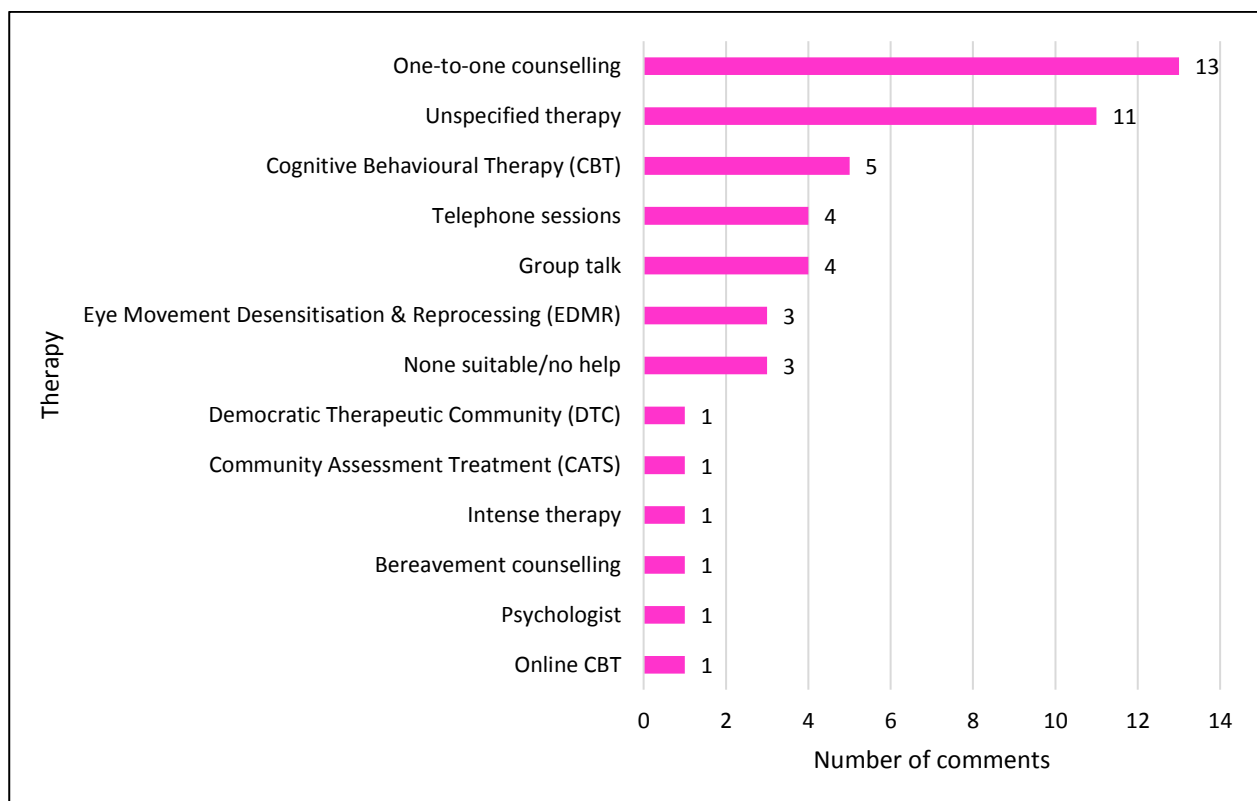
Other comments:

- *MIND - can't just drop in for a chat. Anthony Seddon - more like MIND used to be.*
- *I am using Lifeline at the moment. They are good and learning all the time. I feel they can be a bit hard - reducing methadone too quickly and expecting total abstinence during treatment, whereas going from a £60 a day habit down to one use in a week is still a lot of progress.*
- *Greystones is a brilliant place. They make sure I get medication, I have a permanent support worker, there is security, and they have lots of support groups. Infinity help out as do Anthony Seddon.*

- *Lifeline are supportive - they now do aftercare, so getting support around training and employment, basic literacy. They are helpful. You have to want to change. Not good to just throw moods at people, you need to motivate people. Self-referral can be beyond some people.*
- *Husband has needed care for many years and has been sectioned a few times. Just moved to Tameside. Have some great carers via Tameside. Think The Shed is a great project for my husband, and we go to the Anthony Seddon drop-in which is another great project. Husband is very difficult to care at home. Will chat whilst we are out in the community.*
- *Lady wants to express how pleased she is to have a place at Beatrix House. She has been bullied throughout her life but now feels secure and happy in her new home. She has been there for 14 months and says she never wants to leave!*
- *Things are going downhill at Lifeline - too much reliance on volunteers. Peer mentors have a caseload - they are still expected to deal with these even when they have started drinking/taking drugs again themselves.*

Types of therapy

People included within their comments mention of various different types of therapy they had received, were receiving, or were trying to be referred to. This is shown below, followed by some comments.

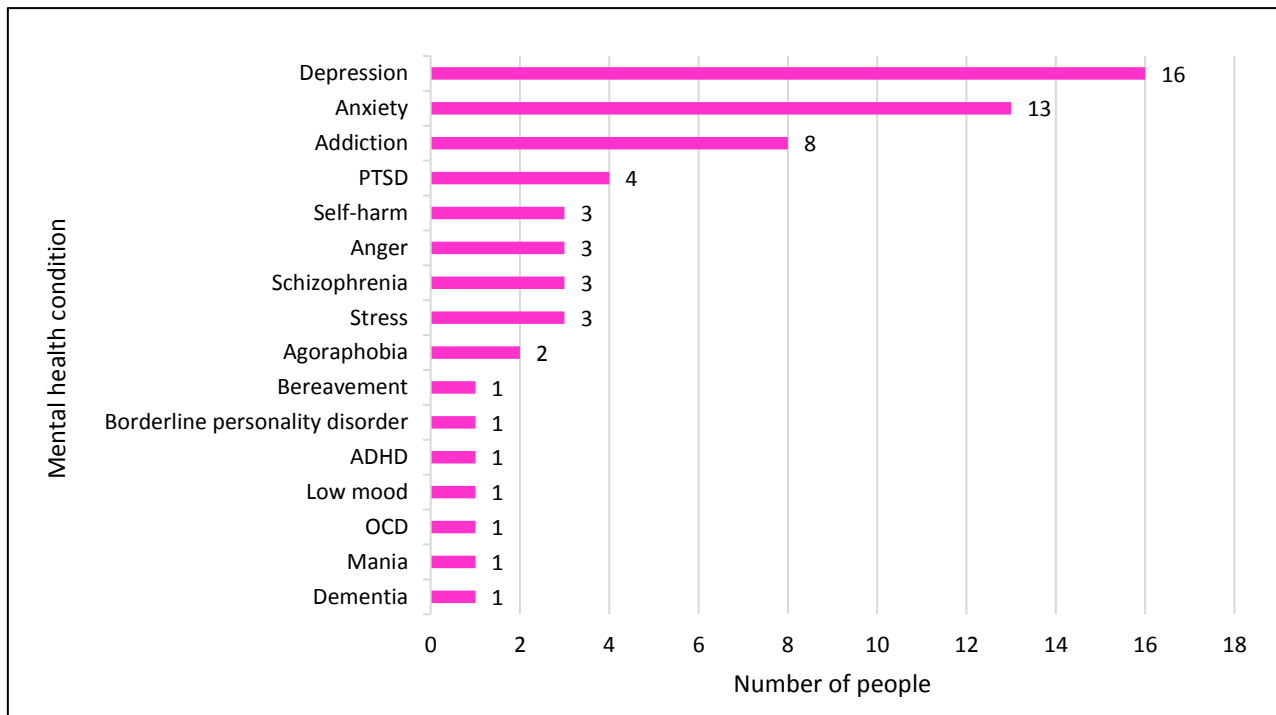


Comments about types of therapy:

- *I filled in the self-referral form, eventually invited to clinic to fill form etc. Had missed call, rang back person I needed to talk to wasn't in so left message did not receive call back. I registered in February and have had several missed calls from a private number this weekend (last week in June) which I rarely answer but did today and was Healthy Minds. Asked if I could take phone sessions, said I could whereupon person ringing asked when I was only available and when I said my working hours 9 til 5 they said theirs were same and said they thought Mind did later calls and would refer me to them if OK with me. I just said yes. This all feels like very hard work and I don't really have it in me to deal with all this. I have no confidence in this service. It is adding to my distress and unhappiness. What can I do?*
- *I was referred for CBT and because I was classed as high risk I was seen straight away. But after the course there was no follow up. I did feel better at the end, but 6 months later I was in the same state I was in at the time of my referral. Because I had been seen I couldn't be seen again. I waited another 12 months, during this time my husband had to take time off work to care for me. I re-referred myself and was sent on a group 'lecture', which did nothing at all and then I was put on another waiting list. Sessions need to be preventative, rather than a plaster over a wound. I feel if I'd had been offered follow up sessions I wouldn't be in the state I'm in now. Very disappointing! I can't blame the staff, just lack of funding, I hope.*
- *Have been referred to Healthy Minds so going for CBT next week.*
- *Lady had a miscarriage. This re-triggered my depression. I got told I was grieving, and offered support for grieving. In my head I knew I wasn't just grieving but my mental health in general was going back downhill. I was trying to get help for mental health in general and they purely focused on the miscarriage, which was only one component of the issue.*
- *Young woman on probation - did a self-referral to drug services, then waited. After 8-9 weeks Cavendish Mill got onto them and they then got back straight away with an appointment 3/4 days later. The GP referred her to Healthy Minds. She had an assessment then a phone assessment - told she can't do groups. A 4-6 month wait again. Cavendish Mill chased it up and were told she was on a waiting list but should be seen. The lady feels it's only because staff have chased it for her that she is getting anywhere.*
- *This person wants 1 to 1 mental health care, not group or telephone initially. They say a Sanctuary is needed in Tameside.*
- *Daughter diagnosed with PTSD - waiting for EDMR, after a phone interview. She has had this before, but staff were constantly late, cancelled or didn't turn up and she stopped before the end.*
- *Young lady was referred to a psychiatrist, but has not been seen. Consultant has twice refused to see her. She has been sent for CBT, which didn't work, EMDR (Eye Movement Desensitisation and Reprocessing) which worked better, and intense therapy.*
- *Attended DTC (Democratic Therapeutic Community) group for 15 months, and have just left. They don't allow access to other services for mental health while you are a member of the group. Now attend a peer support group.*

Mental health conditions

Various mental health conditions were mentioned, 62 in total. Some people talked about more than one condition.

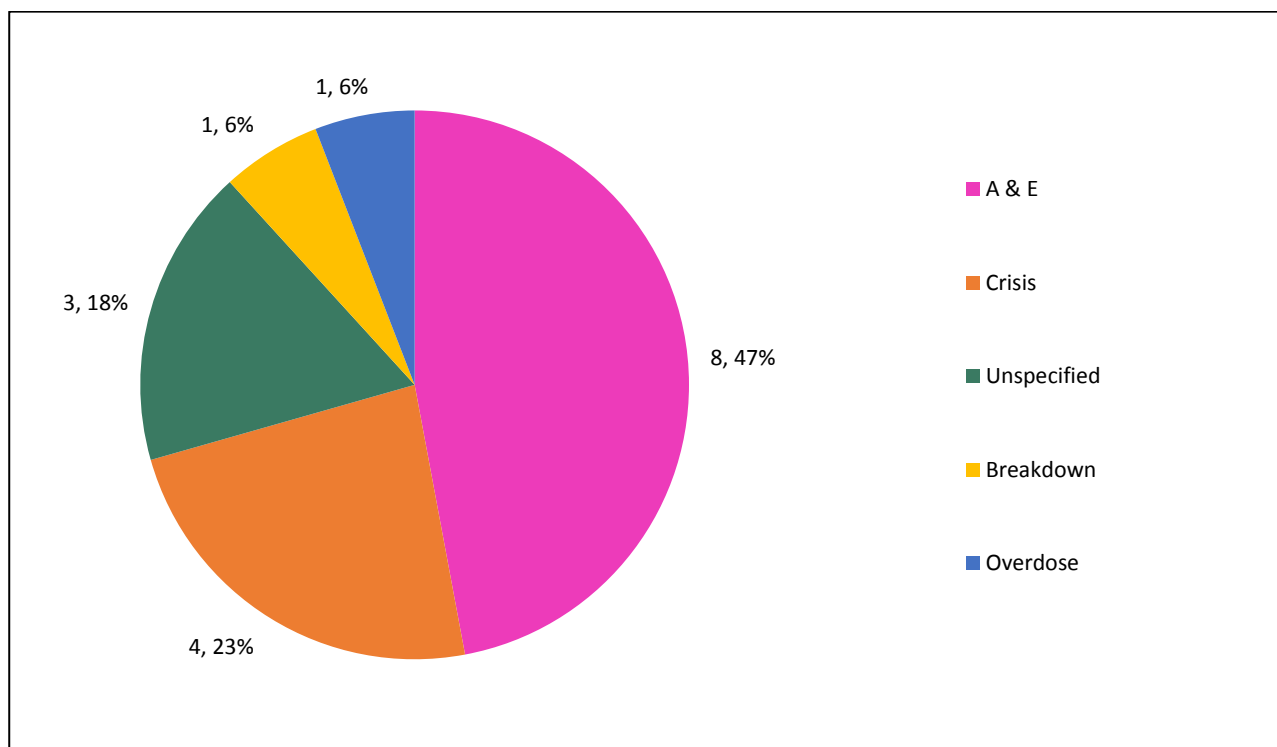


Here are some of the comments:

- *Mind - counselling helped my boys cope with me and my husband splitting up.*
- *Lady going into hospital for a minor operation but husband suffers from dementia and will need care including additional help when she returns home. She is in touch with Age UK who are helping.*
- *Had a housing association property. I had a breakdown and signed the property over to my daughter when I was unwell. They shouldn't have let that happen. I ended up homeless. I was told I wouldn't be put anywhere that I don't feel safe - I'm in the middle of a housing estate inhere there is loads of trouble and on the floor. I'm not happy and my mental health is deteriorating. I'm on the bidding list but is very stressful, waiting for them to contact me causes anxiety.*
- *He has had depression for a long time. The GP is no longer at the practice, and he has had no follow-up since they left. When he rings the practice, he is told nothing is needed.*
- *CAMHS promised to do CBT when he was 16, when he saw them again they discharged him. Now an adult. Thinks he has PTSD/ADHD/Depression. Booked in to see GP because struggling mentally at college - he had to leave. It took 3 weeks to get an appointment. GPs are good when you see them. He was referred to Healthy Minds, got a prompt response saying to go to a group at the library. He suffers from anxiety and needs one-to-one. Filled in forms there and then, got a letter saying there would be a telephone consultation. Half an hour before it was due they rang to say the computers had gone down, and would ring him back in 45 minutes. That was the last week of January (now June). He is waiting for EMDR.*
- *Lady has suffered from anxiety from being a child, and is now in her sixties.*

Suicidal

17 people provided information about situations when they had felt suicidal.



Here is a sample of the comments:

Positive comments:

- *Was in bed with bad thoughts in head. Had them before but not as bad. Took an overdose. Ended up in a coma. Mum called an ambulance - went to intensive care for the weekend. Then came out and they said I was suffering from depression. Waited two weeks to see psychiatrist - put on anti-depression/anti-psychotic medication.*
- *I have been to see RAID team (who are very good) however the doctors have a habit of sending me to A & E due to suicidal thoughts...even though these occur very frequently.*

Negative comments:

- *Went to my GP as I was struggling to cope. I was told by my GP I could self-refer to healthy minds. I filled out an online form and got a letter back saying you are very depressed and should go to A & E if you have suicidal thoughts. That was it. I am so confused and feel worse than before. It took a lot for me to reach out, knowing where to begin, struggling with thinking nobody could help me, and why should they even care? I was so scared and it seems I had good reason to be. To have the very thoughts that keep people who are suffering with mental illness from getting the help they desperately need confirmed when they take such a brave step to get help is beyond acceptable.*

- *My partner threatened suicide (his sister had previously completed suicide). Rang 999. Was asked did he want to go to hospital. He went to A & E - they talked to him, checked his blood pressure, gave advice. Sent him home at 7pm alone on a bus.*
- *Went to A & E - breakdown and bereavement - saw mental health team. Went there because just had a breakdown and found out my dad had died. Didn't want to do anything for me as said it was the bereavement - not taking into account mental health issues - only because my daughter made a fuss they sent for mental health team.*
- *I went to A & E today and found it totally unhelpful. My GP insisted I went because I was having suicidal thoughts, and he felt the medication I was taking was not adequate. The person I saw at triage just told me to make life-style changes.*
- *The doctor sent me to A & E as I had suicidal thoughts. I sat for 4 or 5 hours in a room at the back of A & E without seeing anyone. I had to go home to get some food and my tablets. Lady from RAID rang me and said to come back at 9pm. I went back and waited for 2 hours. I saw a guy from RAID who said he was busy sorting a patient and if I wanted to see him I would have to wait another 2 hours. I left and had to wait for a bus. Luckily a friend came.*

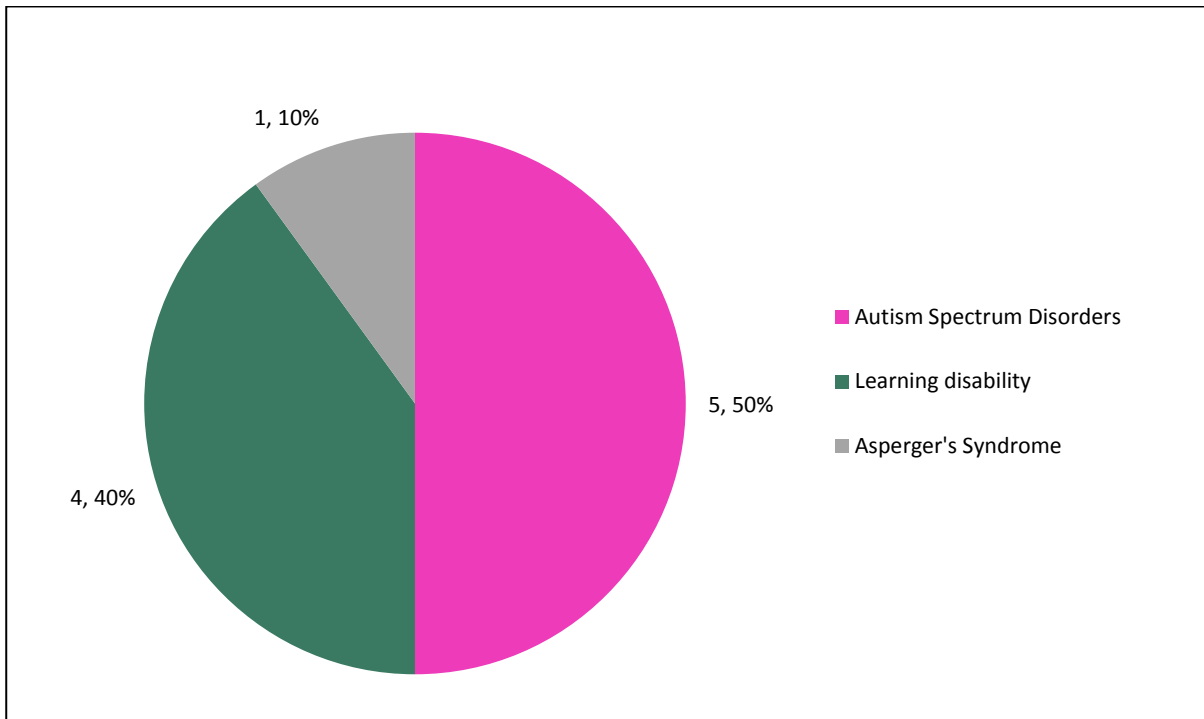
Ideas for improvements:

One member of the public provided some ideas for Healthwatch Tameside to pass on to the providers and commissioners of services, based on what they felt would work for them. These are:

- *If in crisis I don't want to ring strangers. When in such a bad place I don't want to have to explain all over again.*
- *Need something like The Sanctuary in Tameside.*
- *There needs to be an A & E for mental health - informal but with access to stuff if in crisis - with counsellors, (could be trainees needing practical experience), and mental health triage.*
- *Need lounge area to just sit and talk until I feel fit to go. Or when assessed maybe need to be admitted. Needs to be at the hospital, but separate from A & E - somewhere calm.*

Autism spectrum disorders and learning disability

Some of the people on the autism spectrum and/or with a learning disability, also have a diagnosis of mental health conditions. The people who told Healthwatch Tameside about their experiences included:

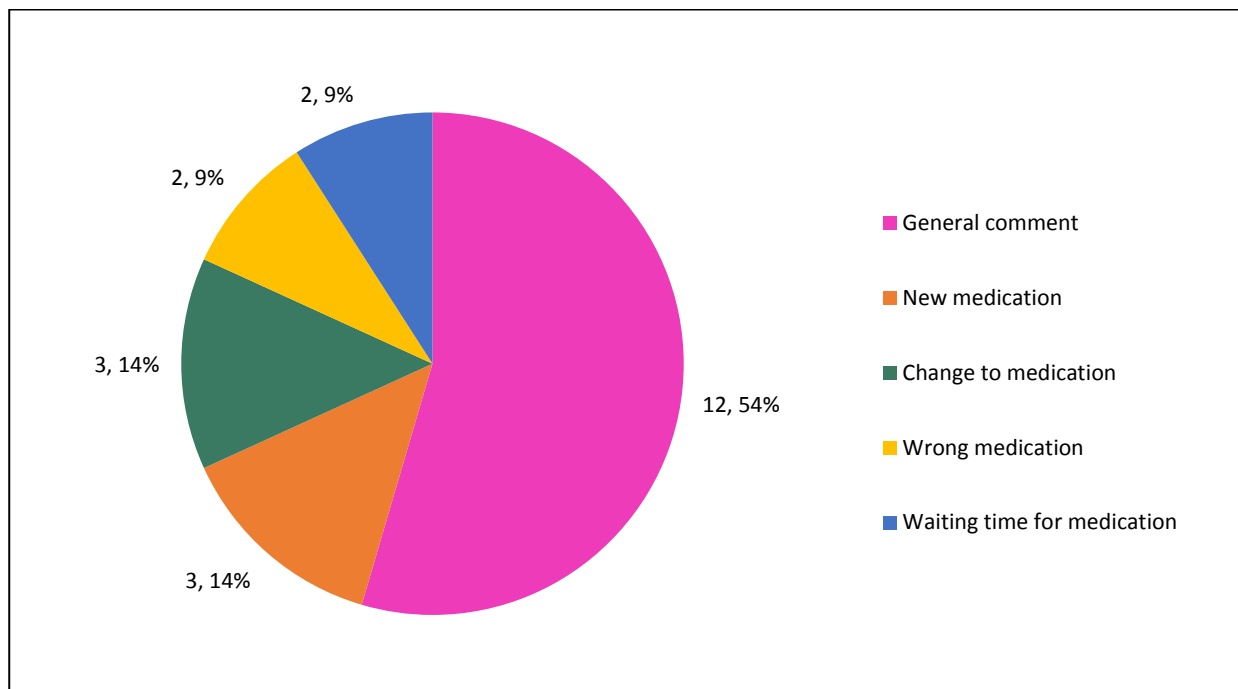


Some of the comments received are shown below:

- *This person had Asperger's syndrome, various physical issues and no short-term memory. There is nothing out there that meets his mental health needs because his memory is too short term. He has been referred to Healthy Minds in the past. Has been in trouble with issues around medication. Has been in contact with the police.*
- *Son has recently been diagnosed as autistic. Had a lot of help from school to access services. All services involved have been very good, especially Children's mental health services. Support from all services excellent.*
- *Autism should be recognised within mental health - all interlinked. Took son off CTO without telling carer. They want cake and eat it - they want you to be a carer and involved when it suits them. No specialised provision.*

Medication

22 comments included mention of medication.

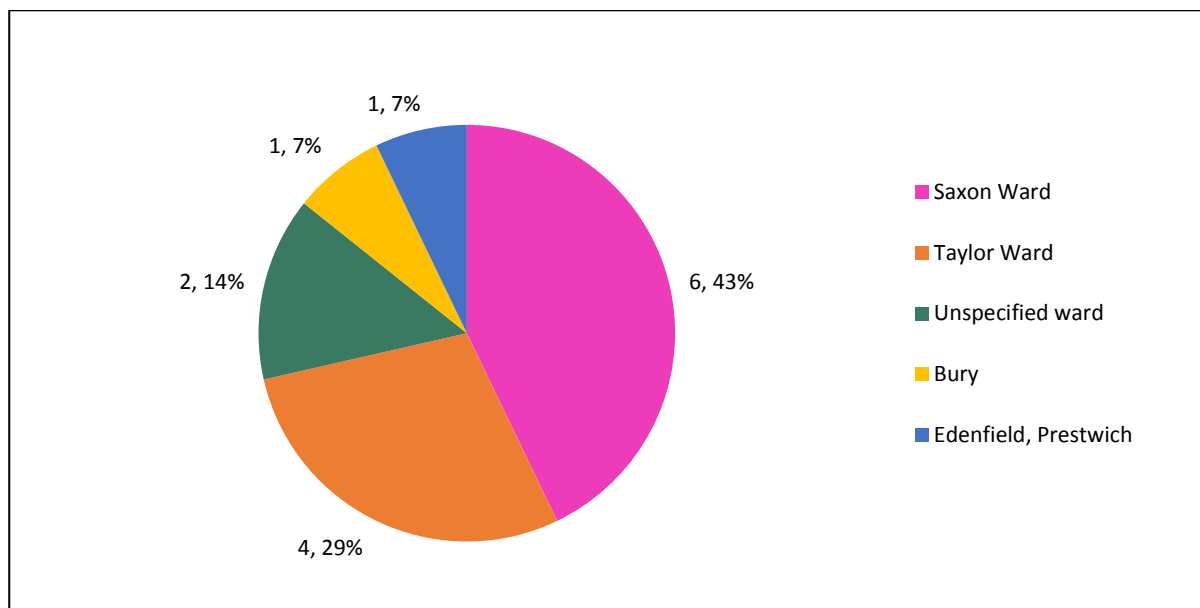


Some of the comments are shown here:

- *Outpatient psychiatrist - make me feel better - give me injection - go every 2 weeks.*
- *In May 2017 my partner was a patient on the Saxon ward and she was collapsing on the ward because they were giving her the wrong medication for high blood pressure.*
- *Lady feels she has been wrongly diagnosed as schizophrenic. She takes medication, although she researches other more natural forms of medication and only takes prescribed treatment because she fears her benefits would be withdrawn if she refused it.*
- *I had a crisis. Doctor prescribed a higher dose of Diazepam - 5mg up from 4mg - but it makes me feel drunk so going back to be put back on lower dose.*
- *Husband taking so many different medications (for a number of physical conditions, as well as mental health) they don't know whether they interact with each other. Wife feels husband needs a medication review.*
- *The medication has led to her needing clothes 4 sizes bigger. This has increased her depression and pain.*
- *She takes medication to help with difficult situations, and to help sleep.*

Inpatient (mental health care)

Sometimes, when people experience crisis, they will spend some time in hospital. 14 comments related to inpatient wards.

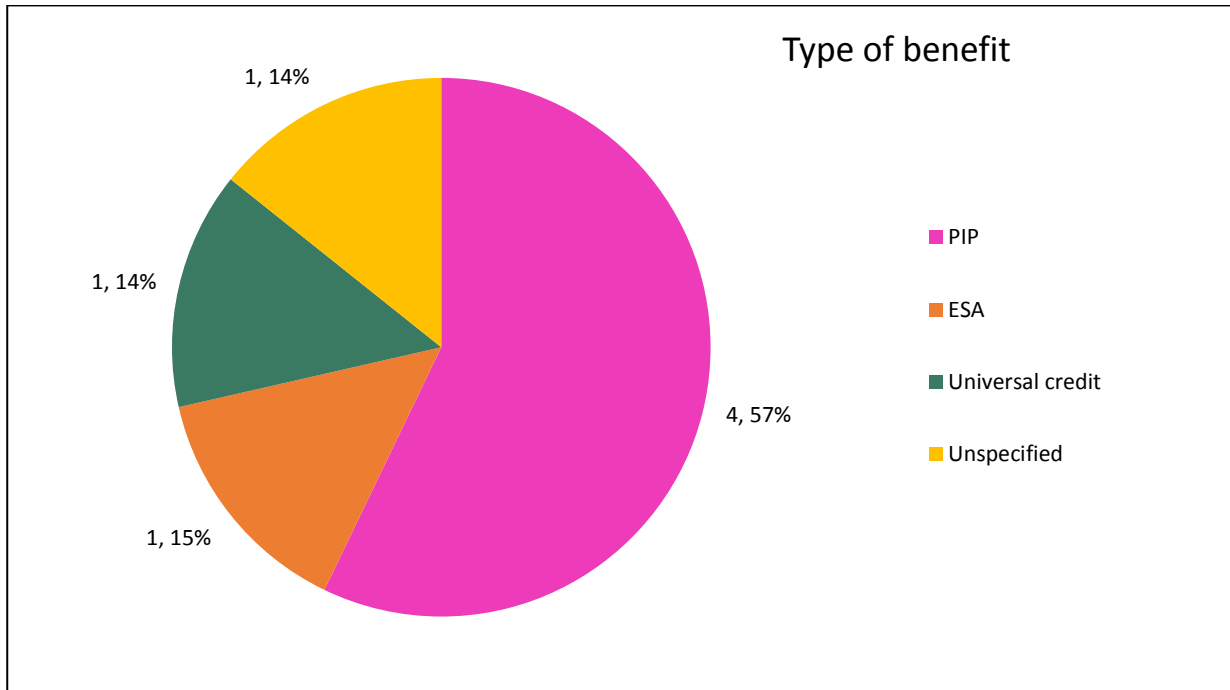


Here are some comments:

- *She has had very mixed experiences of Pennine Care for the last 10 years. Her treatment in their unit in Bury was very poor, but Saxon Ward was much better, and she has recently been an in-patient there.*
- *Recent admission to Taylor Ward. Had weekend leave and told when to return to ward. On arrival, found her bed allocated to an emergency patient.*
- *She was told there were strict conditions concerning home leave for sectioned patients. Her family had to agree to them and she was told specific time to arrive back on the ward. She was reluctant to return but complied with the instructions. There was no bed and she was told to sleep on sofa. She refused and husband took her home. She has had several long admissions over many years and has found in the past that after care when discharged has been adequate because she's on section, but her recent experiences have been very poor.*
- *My partner spends most of her time in her room on the Saxon ward because patients throw chairs at each other. This is not a safe environment for vulnerable patients to be living in and needing to get better. They allowed a patient off the ward and he came back in a very angry mood and started to smash things, how do I know this happened because I saw it with my own eyes.*
- *Inpatient on Saxon Ward. Pleased with treatment on Saxon and the support given to become more independent. Comes down to Hartshead South three times per day. Also two flats in the grounds where people can try out managing alone. Get good treatment and the staff are good. What could improve? - To have all permanent staff so that they don't have to use bank staff.*

Benefits

Sometimes, people receiving care for their mental health, find they are unable to work, and receive benefits. 7 comments were made about benefits.



Here are some comments:

- *Young woman could not afford to attend Health & Wellbeing College in Oldham on Universal Credit. (Story collected before new college in Tameside was opened.)*
- *I needed a letter for a PIP appeal. I suffer from agoraphobia and anxiety. I was told by GP surgery to write my own letter, they photocopied it on headed notepaper, signed it and charged me £16! I struggled to write it because of anxiety - got help from Anthony Seddon. Payments for PIP letters can vary between £16 and £50.*
- *Husband has not had benefits review for PIP yet - has been advised not to request review, as they might lose money and they are already struggling.*
- *Person who waited 14 months for treatment, and has been unable to work for a few years, completed an application for benefits. There was a delay, and he received payment recently, back-dated to the date of the application. He was really pleased, whilst not believing it was true.*

Physical health (in a mental health patient)

26 different physical conditions were mentioned in the stories and comments. These included various issues with organs, joints, tumours and disabilities. Some people were being treated for multiple conditions.

Comments which related to mental health conditions include:

- *Not listening to physical problems.*
- *Physical conditions are often blamed on what is in husband's head. Doctors for physical conditions want mental health sorting out first, and mental health professionals want physical conditions sorting first.*
- *Lady may need orthopaedic operation. Husband has recently moved to residential care, and she has lost a lot of weight, is confused, scared and not eaten much for months. Family has advised medical profession about history of anxiety and depression, but no mental health support provided. Physical investigations not shown any cause for symptoms. There have been over 140 medical contacts with different specialists over 28 weeks - earlier diagnosis of a mental health condition and appropriate referral would have saved money by reducing the number of investigations.*
- *The illness has brought about my depression, and it has also had an adverse reaction for my wife resulting in anxiety.*

Miscellaneous

We received a few comments which do not fit within any of the themes above. These include:

- *What could improve? - Services for carers - Chance to talk to someone more often - have appointment once a year but think they write same things.*
- *How many hoops and barriers will they put in the way to avoid helping people? You are a waste of time and are causing me to lose my mind.*
- *When her son has been sectioned, reports are written and put in front of a magistrate before being allowed release. Reports have been incorrect. Basic details on the reports are wrong. Eg. There have been four reports, all with different ages.*
- *Two people complained that during treatment for their mental health, they were asked about their father, and in both cases, it stated in the notes that he had died some years earlier. This caused distress.*

Overall thoughts (based on stories and comments)

As with the survey comments, there is a mixture of positive and negative comments within the stories Healthwatch Tameside were told.

Communication continues to be an important theme. Lack of effective communication causes frustration.

The comment about length and frequency of appointments at the end of Part 1, also applies to Part 2. People want time to talk and be listened to, and not to have to wait too long for care.

In times of crisis, appropriate and timely support is important.

People with autism spectrum disorders and/or learning disabilities may also require care for their mental health. They are interlinked.

Again, physical and mental health need to be considered alongside each other, taking into account the effect or impact each is having on the other.

Carers have an important role to play. Adequate support is needed to make sure they stay fit and well.

PART 3

Summary of focus group discussions 2017

During August, September and October 2017, several focus groups were organised by Healthwatch Tameside, to find out what was important to people using mental health services. We asked about what was important to them, and how they thought services could be improved. 55 people attended in total, at either:

- The Volunteer Centre (Ashton-under-Lyne) - 2 groups
- The Anthony Seddon Fund - 2 groups
- Making a Difference
- Opt-in (St Mark's Church, Dukinfield)
- Opt-in (St George's Church, Hyde)

Healthwatch Tameside also attended a meeting of the Autism support group in September 2017, to hear about the experiences of these families.

The following summary brings together the comments from all the groups.

What do people like about their mental health care?

In this summary of discussions, we will look first at what people think is currently good about their care. During any review of services, it is important not to lose aspects of care which work well for patients and service users. Healthwatch Tameside recommends that areas of good practice are shared with other providers of services.

What is good?

Self-care and self-management:

- Several people said they would be interested in using the Health & Wellbeing College, following its move to Tameside from Oldham. One person had already enrolled.
- Tameside Adult Education courses were well-received, helping with confidence, anxiety and coping.

Therapy:

- CAT therapy from Healthy Minds
- Counselling from Mind
- Counselling at Willow Wood, through McMillan nurses
- CBT and counselling over the phone
- Mindfulness

Support:

- Saxon Ward
- Turning Point support worker after discharge from mental health ward
- The Sanctuary - will phone you back if they are engaged when you call. Will send a taxi for you. Will call an ambulance if you get there and they feel you should go to A & E (although A & E then ask why you are there)

Medication:

- Got pills at GP

Peer support:

- The Anthony Seddon Fund - useful, convenient location.
 - Men's group
 - Voices group
 - Art group
 - Drop-in - nice to go out.
- Allotments on Lodge Lane
- Snooker at Pyramid in Dukinfield (used to be organised by Haughton House. After support was finished, a few people carried on going themselves as a small group)
- Making a Difference - it is for us, not the money. It is fantastic. There is motivation and stimulation, with listening and understanding. All positive here, with loads of activities.
- Age UK depression group.

GP:

- GPs are OK but time is a problem.
- GP good. (3 people said this)
- Just ring up and they ring back same day. Know me well.

Mental health professionals:

- Good CPN - lucky.
- Hospital psychiatrist lovely - retired now.
- Wanted to discharge husband, but he wasn't ready - they did listen and not discharged.

What do people not like about their mental health care?

In the next section, Healthwatch Tameside asked about areas where it was felt changes could be made. Some ideas for change were also voiced.

What could be improved?

Self-care and management:

- Volunteering not always useful
- Not seeking help - no confidence in the service

'What could be improved?' continued:

Therapy:

- Waited 12 months at Mind.
- 6 weeks group therapy at Mind - not appropriate for me. Need to have 1:1 initially. Needs to be an individual approach - one size doesn't fit all.
- GP referral to Mind - counsellor not got life experience. Never went back after first meeting.
- Waiting list too long. I've had to wait for more than 12 months to see a 1:1 counsellor. Still not got a date.
- It takes forever to get an appointment.
- Group counselling is shorter waiting. It is a step forward. It was not too bad.
- Can't express yourself in group counselling. There are trust issues - everyone in the group is listening.
- Counselling using Skype - not everyone thinks this is a good idea. They said they are 'technophobes'. It is bad enough having the counselling without having to deal with technology.
- Some counsellors are not compassionate. They are always watching the clock.
- 20 weeks of counselling and then the sessions just stop whether you are better or not.
- Counsellors always want to go back into the past. Don't want to keep dragging everything up - makes you feel worse.
- CAT therapy - needed more.
- Say you don't fit the criteria.
- Don't want to have to chase services.

Support:

- Not enough community support. Would be good to have:
 - Special clinics
 - Mental health A & E
 - Assessment place
- A & E - protection from harm, keep you safe.
- Houghton House used to provide support to carer, but that has gone with the cuts.
- Services are 9 to 5, Monday to Friday. What about weekends? There are emergency services, but they are with people you don't know.
- Carers Centre needs to move back to Ashton.
- Finding someone you can talk to, someone to connect to, is hard.
- Samaritans OK - will let you talk, but they give you less help than others. Police are more helpful.
- Get help when it is needed.
- Asked for help for last 5 years - no-one helped me.
- Have a system that tracks you - doesn't just let you drop off.
- More face-to-face support. I got no support - fob you off.

- Phoning support workers (you are on the phone waiting) and most of the time no-one answers or gets back to you.
- I have had mental health problems from a very early age. But why is there a barrier? Help gets harder to get as you get older.
- Support groups to be available with or without a formal diagnosis.
- A & E keeps you too long.

Medication:

- GPs too quick to up the anti-depressants or say 'here's your sleepers'.

GP:

- Can be over a week to get an appointment. Don't want to tell the receptionists what is wrong. If do walk-ins, don't know if it will be a man or a woman. Telephone conversation OK if with your own GP.
- Feel that GP can't really help with mental health.
- I don't know which doctor I am going to see at my surgery. Have to keep going through history and this brings trust issues.
- GP just refer to counselling.
- All the GP does is tell you about services.
- GP does not have anything else just pills and counselling.
- GP not wonderful.
- GP not good at all - had to keep seeing different doctors.
- Walk-in centre won't treat ongoing mental health.

Mental health professionals:

- I had a CPN for years, but this just stopped - just told me that they didn't want me anymore.
- Took too long to allocate someone - didn't do anything.
- To do what they say.

Mental health inpatient wards:

- Saxon Ward - staff haven't time for you. Seen violence.
- The wards are not good. No-one speaks to you, or when you say that you need someone to talk to they say, 'not now I'm busy'. Then they come back to you, but it is too late by then. When you have mental health problems you need to speak there and then. They only speak to you at their convenience.
- Some of the staff are so nasty to patients. Others can be nice sometimes.
- They check you when you are admitted, but some people are allowed to go to the shops or go home and then go back into the ward. You're not checked then and alcohol is brought onto the ward. Sometimes other things but alcohol is the big thing on the ward. No-one checks. Staff are not taking notice or care about this situation.
- 3 people said not enough time to talk.

‘What can be improved? - Comments about mental health wards’, continued:

- Door shut in your face by staff.
- Called by bed number, not name.
- Treat you like a child.
- Staff sometimes lock the staffroom.

Information:

- How do you find out about mental health services if you don’t go to GP, or even where to go for information?
 - Information is important - like leaflets - put them in free papers.
 - Information in the Asian community.
 - Even a central venue where people can go.
- More publicity needed for places like Adult Education Centre, including in a pictorial format.
- People on discharge to be given much more information on help available to prevent further admission (eg support groups, workers, information centres, etc.)
- More advice on therapy related to your condition.
- Understanding diagnosis.

Other comments:

- Struggling financially
- Not enough mental health professionals in Tameside.
- Transport is a problem - buses.
- When you go to a hospital appointment to see a consultant about a different problem, they always say ‘Oh you have got mental health problems’ and everything changes. You’re treated differently. They try to dismiss your symptoms. Physical problems are put down to mental health. I had to say ‘Wait a minute. This pain I have is nothing to do with my mental health and I want it investigating.’
- Services must meet current needs.
- Ensure diagnosis is correct - is it a mental health problem, or should the diagnosis be, for example, autism?

Overall thoughts (based on focus group comments)

Peer support is highlighted within the 'What is good?' section, with a number of different sources of peer support mentioned.

If therapy is required, one size does not fit all. Care needs to be relevant to the individual.

People would like the availability of mental health care in the community to be increased.

Interactive exercise

During the focus groups, in addition to collecting feedback about experiences and priorities, Healthwatch Tameside also led an interactive exercise. There are already 'I statements' which have been produced for various health and care services.

We started by looking at the statements produced by young people for their mental health care, and the statements agreed by patients in the wards at Tameside Hospital (physical health). We reproduced the statements one per page in very large print. One set of statements was on yellow/cream paper, and the other set was on blue or green paper.

For each of these lists of statements, we gave each person at the focus groups 5 stickers (ie. 10 in total). They were asked to put their stickers on the statements which were most important to them. They could put one sticker on a statement, until they had used their 5 votes, or could put multiple stickers on fewer statements, if they felt they were very important. Most people used all 5 stickers for each set of statements. A few people used less than 5 votes and returned some of their stickers.

Here are the results:

'I statements' - Tameside Hospital

	Number of votes
I expect caring compassionate support delivered by competent staff	57
I want to feel safe in hospital	36
I have a voice to control the planning and delivery of my care and support	42
I expect to have access to appropriate nutrition and fluids	11
My family is supported which helps me to cope	30
I would like assistance with my toilet and hygiene needs	1
I can live the life I want and am supported to manage any risks	21
I have the information to keep me up to date about my care and to stay healthy	31
I expect to be addressed by my preferred name and for staff to introduce themselves	11

Voice of the child 'I statements'

	Number of votes
I should be listened to, given time to tell my story and feel like what I say matters	47
I want my situation to be treated sensitively and I should be respected and not feel judged	26
I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me	29
I should always be made to feel safe and supported so that I can express myself in a safe environment	25
I should be treated equally and as an individual and be able to shape my own goals with my worker	14
I want my friends, family and those close to me to understand the issues so that we can support each other	12
I want clear and up to date detailed information about the services that I can access	12
I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse	49
I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling	25
I want my support to feel consistent and easy to find my way around, especially if I need to see different people and services	12

Allowing people to vote in this way gave everyone an opportunity to have their say, whether they had felt comfortable talking in the group, or not.

Some of the statements in the two groups are similar. Using the preferences from the voting, and the key messages from all the other sources, a set of 'I statements' for adult mental health care has been put together by Healthwatch Tameside. This can be found after the key messages, on page 7.

Conclusion

Healthwatch Tameside has collated the views from a sample of people who live in Tameside, about any mental health services they are using. These views highlight both areas of good practice and areas where service users feel improvements could be made.

In addition to the provision of any formal treatment, therapy or medication prescribed, it is clear there are also other areas that are at least as important and must not be neglected by those planning, delivering and commissioning services. These include peer support, support for carers and support for families.

Healthwatch Tameside has noted from the information collected (during the mental health project and our general work) that adults who have been in local authority care as a child are more likely to experience mental health issues as an adult, than adults who have not been in care.

Healthwatch Tameside look forward to sharing the information in this report, to highlight patient and service user views, during the current review of mental health service provision.

Acknowledgements

Healthwatch Tameside would like to thank everyone who has been involved in this mental health project, including:

Healthwatch Tameside staff

Healthwatch Champions

Residents of Tameside

The Anthony Seddon Fund

Making a Difference

Opt-in groups

Woman2Woman

Probation Service

Pennine Care NHS Foundation Trust

Tameside and Glossop Clinical Commissioning Group

Appendix 1

Sources of information

Here are brief descriptions of each source of information.

Short survey form - Healthwatch Tameside has a survey form which asks questions about which services people have used in the past 12 months. It also asks which gave the best service and which service they are less satisfied with (this could still be good), along with what was particularly good and how they think the services can be improved. There are two ways to complete the survey:

- Online via the Healthwatch Tameside website - <http://www.healthwatchtameside.co.uk/our-survey> .
- On a paper questionnaire. The details from the paper copies are then manually added to the online data.

We also have a young people's survey which is available on paper or online at <http://www.healthwatchtameside.co.uk/young-peoples-survey> .

There is an easy-read version available on paper.

The Healthwatch Champions and staff members have copies of the paper forms, and they are available at events which are attended by Healthwatch Tameside. The online forms are advertised regularly in the Healthwatch Tameside ebulletins and on Twitter.

Healthwatch Champions - these are volunteers who talk to people at various community venues around Tameside. Many of the stories we have are collected by the Champions. Sometimes the Champions record what they have themselves seen and heard, whilst out in the community.

Care Opinion - there are different ways for people to tell their story (or report their experience) using Care Opinion:

- They can type it themselves via the Healthwatch Tameside website or directly onto the Care Opinion website.
- They can record comments on the NHS Choices website. Comments about some providers will also show on Care Opinion, but without a criticality rating (see explanation below), because they have not been moderated.
- They can complete a paper form and send it to the Healthwatch Office.
- They can speak to a member of staff or Healthwatch Champion, who will record the details. This could be face-to-face in the community, by appointment in the office, or by phone. The story is then recorded on Care Opinion on their behalf.

When information is sent to the Healthwatch office, it is recorded on Care Opinion using a staff login, so maintaining anonymity, if requested.

When Care Opinion receive a story, it is looked at by a member of their team and moderated. The story is not usually changed, although anything which could be seen to

be defamatory may be reworded. They also allocate a level of criticality to the story. This is not a level of criticism, but is based on the impact on an individual of something going wrong. This ranges from 0 (not critical) through to 5 (severely critical). It will then be published. A level 5 will result in the provider being contacted directly by Care Opinion, instead of waiting for them to see the story online.

NHS Complaints - Healthwatch Tameside assists people to access the complaints system of any publicly funded health or social care service, and provides guidance through the process.

Information signposting - One of the functions of Healthwatch Tameside is to provide an information signposting service. We can help people get information that will help them to make an informed choice about what health or care service they (or a family member) might access for treatment, care or support.

Appendix 2



MENTAL HEALTH SURVEY 2017

Healthwatch Tameside are an independent organisation.

We talk to people to find out what they think about health and care services they have used.

Please take a few minutes to complete our survey, based on your care in the last 12 months.

Here is a list of examples of mental health conditions - we know there are others too. Please circle all those which apply to you.

ADHD, agoraphobia, anxiety, autistic spectrum disorder, bi-polar, brain injury, dementia, dependency issues, depression, eating disorder, hallucinations, OCD, panic attacks, personality disorder, psychosis, PTSD, schizophrenia.

Other (please write what)

Have you received care for your mental health in the past 12 months?

Yes No

If not, why not

Have you used any of the following services for your mental health in the past 12 months?

- | | |
|--|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Walk-in Centre | <input type="checkbox"/> A & E |
| <input type="checkbox"/> 999 | <input type="checkbox"/> 111 |
| <input type="checkbox"/> Group therapy | <input type="checkbox"/> 1 to 1 counselling |
| <input type="checkbox"/> CPN (Community Psychiatric Nurse) | |
| <input type="checkbox"/> Voluntary/community support group | |
| <input type="checkbox"/> Mental health ward | |
| <input type="checkbox"/> Other | |

Have you been prescribed medication for your mental health?

Yes No

Do you take your mental health medication?

Yes No Sometimes

If not, why not

Do you get appointments for your mental health when you need them?

Yes No Sometimes

If not, why not

Do the people who provide your mental health care listen to your views and treat you with respect?

Yes No Sometimes

Do you get enough information to understand about your care?

Yes No Sometimes

If not, why not

Do your family or friends know how you are feeling?

Yes No Sometimes

If not, why not

Do you have any other illnesses which affect, or are affected by, your mental health? Please say what.....

.....

P.T.O.

What is good about your mental health care?

What changes would you like to see, to make your mental health care work better for you?

Do you have any other comments about your mental health care? Healthwatch Tameside want to understand what works for you, and what makes you feel worse.

Equalities Monitoring Statement

Healthwatch Tameside has a legal duty to work with and provide services equally to the different communities in Tameside. It will help us to know that we are doing this if you answer the questions on this page. We will treat your answers in strictest confidence. These questions are all optional so you can leave any of them blank if you prefer not to answer.

Gender: Male Female Transgender

Ethnicity (eg. White British)

Age group: 11–15 16–25 26–35 36–50 51–64 65+

Sexual Orientation: Heterosexual (straight) Gay Lesbian
Bisexual Other Prefer not to answer

Are you a disabled person: Yes No

Have you ever been in the care of your local authority? Yes No

Religion/Belief:

What Town do you live in?

If you would like to tell us more about your experiences of mental health care, or would like to get involved in our mental health project, you can provide your contact details below, or you can email us at info@healthwatchtameside.co.uk, or call us on 0161 667 2526.

Contact details.....

Please return to:- Healthwatch Champions, Volunteer Centre Tameside, 95-97 Penny Meadow, Ashton-under-Lyne, OL6 6EP.