Cornish Communities in Mind

Mental Health and Suicide Prevention Research

Michelle Hooker -
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About us

Healthwatch Cornwall (HC) is the independent champion for the residents of Cornwall and the Isles of Scilly (CIoS). HC puts people at the heart of care by listening to their experiences of health and social care services and sharing with people who have the power to make change.

The Public Health (PH) team and Integrated Care Board (ICB) have been working collaboratively with HC to better understand what affects the mental health and wellbeing of local people. This includes understanding the impacts of the pandemic and local people's experiences of mental health services. This report describes the co-design of an engagement plan to help inform local strategies and the NHS long-term plan of the mental health and suicide prevention programme. To do this, HC has been jointly commissioned by PH and ICB Cornwall to undertake a range of engagement activities with local people in different communities to inform the adult mental health and suicide prevention programme.

After being on an even keel for 20 odd years, I had a wife, child, business, house. All of the normal things and I had a breakdown and lost everything. I was homeless and so alone and just needed people to believe in me and for me to believe in myself. I just wanted the pain to go away and so tried to die by suicide for the fourth time in my life."

Acknowledgements

A special mention for the generosity of everybody who has shared their experiences. HC are extremely grateful for your time and effort spent in contributing to this research. It has been a truly humbling experience, your voice has been heard and will make a difference. Thank you also to the PH team and the ICB who have worked closely with HC in the delivery of this project.

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Executive Summary

The Cornwall and the Isles of Scilly suicide rate is significantly higher than the average in the South West and England. On average more than one person dies by suicide every week in Cornwall and the Isles of Scilly[1]. Every single one of these deaths is a tragic loss and has a devastating impact on families, friends, colleagues, communities and services. There may be several underlying reasons for this, including levels of deprivation across the region, an isolated population and ready access to means for suicide in agricultural and coastal communities.

With mental health and suicide prevention being a key area of focus; Cornwall Council, in collaboration with Public Health (PH), Kernow CCG (now Cornwall Isles of Scilly (CIoS) Integrated Care Board (ICB)) and the voluntary sector, have been working on a Towards Zero suicide campaign and launched the CIoS Mental Health Strategy in May 2019. Following the Healthwatch Cornwall (HC) report *Accessing Mental Health in Cornwall*, changes were made to mental health provision to improve access to services in the county. However, the HC *Covid Impact Study* in March 2022 highlighted increasing mental health issues throughout the population, combined with increasing challenges to accessing support.

A multi-agency Mental Health and Suicide Prevention Response and Recovery group that was established and co-chaired by PH and the ICB to co-ordinate provision and support during the pandemic has continued to seek our input.

HC was commissioned by PH to engage with diverse communities and organisations across CIoS to understand what types of mental health and suicide prevention support and activities would support these communities. HC used an appreciative inquiry approach to understand what is working well and what could be improved from a prevention point of view. HC held focus groups and 1:1 interviews to engage with existing support groups and organisations. HC also created a survey which was promoted to the general population of CIoS via social media, held in person events and met with professionals working with specific groups. The findings and recommendations from this report will inform strategy and decision making to shape the mental health and suicide prevention programmes in 2023 and beyond.

281 individuals from 14 population groups took part in the survey, focus groups and interviews representing the population of CIoS. Respondents were asked to self-identify as belonging to one or more population group(s), with over half (57%) belonging to more than one group.

What works well

Participants were generally supportive of statutory services including Outlook Southwest, Community Mental Health Teams (CMHT) and psychiatric nurses. Practical activities and support were particularly useful, such as exercise, art therapy, talking therapy, young people and family support, blue health, domestic violence support and armed forces courses. Suicide postvention services were also praised.

The importance of community support, learning emotional resilience and enhancing life skills was recognised as working well to improve mood.

1 ONS, 2022 Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)

What could be better

The overarching theme of feedback about what could work better was a request for more joining up of services and continuity of care. Within this theme, there were specific topics that highlighted gaps in provision of support and emphasised the need for statutory and voluntary services to work in a much more person-centred way, liaising much more closely with each other to support individuals, as and when they need it.

People told us they find it difficult to explain their medical history repeatedly to different professionals, especially if this involves reliving a traumatic experience. Respondents across six population groups told us they wanted services to work together, with the person needing support at the centre of decision-making. Hearing people's different experiences highlighted that everybody is different and their mental health experiences have many layers, unique to them.

The importance of voluntary sector organisations and statutory services working together was stressed by many respondents. This extended to the need for more respect and effective working relationships between voluntary/third sector organisations delivering support and GPs, community mental health teams (CMHTs) and social prescribers. Many felt a truly multi-agency approach with central records access would make a positive difference.

The response from ten of the fourteen population groups told us that there is a need to treat the cause rather than the symptom. This was particularly prevalent among veterans, those with experience of gambling harm, people with a mental health diagnosis and those at risk of self-harm and suicide. People told us that they would like support to work through past experiences and treat unresolved trauma. Related to this was the need for support to be delivered by someone with understanding/experience of their disability, lifestyle and/or traditions.

There was feedback from a number of groups about accessibility of care. These fell broadly into two categories, the first of which was issues such as difficulties accessing GPs and services during and following the pandemic, or the need for a ramp for someone with limited mobility to get into an appointment. Other, more fundamental issues related to ongoing access to services, such as the sourcing and signposting of British Sign Language translators for the d/Deaf community and Post Traumatic Stress Disorder (PTSD) support for Veterans.

Conclusions and recommendations

The experiences of patients and their families should be at the forefront of decision-making and policy planning for the Mental Health and Suicide Prevention Strategy. Services need to be delivered in a way that people can access them, however they need to and at the time they need them, prior to crisis.

Statutory and voluntary services need to work together and collaborate more to build trust and respect, ultimately treating the needs of Cornish Communities.

Recommendations

- We need to hold the experiences of patients and their families in the highest regard by providing **person centred joined up care**. Staff training and sharing of information to enable **understanding and building trust is key** to supporting our communities well.

- To continue to **deliver support services in a variety of ways**; virtually, face to face, in a group and 1:1 with follow up support ensuring text services are utilised.

- **Further engagement** with **Ethnic Minority groups**, building in time and resource (to include translation services) to build trust with the community to find out what their mental health support needs are.

- Ensuring services working with our varied population in Cornwall regularly consider and include up to date training for the following:
    - How hearing loss can affect mental health.
    - Gambling, including gaming harm and the effects on mental health.

- To encourage utilising **Social Prescribing and Mental Health nurses** in **GP surgeries**, to help to relieve the pressure on GPs and to improve timely access to help and support in a realistic way.

- To continue to recognise the **link between physical and mental health** (SWEMWBS – more at risk groups for depression and anxiety are related to physical health) and continue to provide the Healthy Outlook service[2]. To provide specific help and support for a wider range of long-term conditions to include long covid and physical and sensory impairments.

- **PTSD therapy for Veterans** to be more widely publicised and easily accessible.

- **British Sign Language mental health support** for people with hearing loss which can be accessed from the **whole of Cornwall** either face to face or using an online appointment system to be more widely publicised and easily accessible.

- To work with **ARA Recovery For All** to ensure **local gambling** support is widely publicised and easily accessible.

- To provide **wider publicity** around 24/7 mental health helpline and Shout text service.

2 https://www.cornwallft.nhs.uk/healthy-outlook/

Background

At our *Together in Mind* conference in May 2019, the adult mental health strategy for Cornwall and the Isles of Scilly *Futures in Mind* was launched and sets out a clear ambition to develop and deliver mental health and suicide prevention programmes. This strategy was informed by a range of community engagement led by HC, culminating in our *Accessing Mental Health Support in Cornwall* report. As a direct result of the report findings, alongside National Strategic Intentions set out in the Long-Term Plan and additional mental health investment, positive changes have been made to mental health service provision, to improve access to mental health support in Cornwall, as well as the delivery of new mental health and suicide prevention services delivered by the voluntary sector.

Our findings from the *Impact of Covid* report told us that the Covid 19 pandemic has exacerbated a range of factors that influence mental health which includes issues such as debt, employment, housing and lifestyle choices. Following work by HC including an online campaign, Facebook live Question & Answer session, and survey we have found that the pandemic has resulted in an increase in the number of people experiencing anxiety and/or depression.

To address this, an all-age multi-agency Mental Health and Suicide Prevention Response and Recovery group was established and co-chaired by PH and the ICB. In response to the pandemic, this partnership has rendered a range of new provision in mental health and prevention services delivered by the voluntary sector. Implementation of an all-age 24/7 mental health telephone support line and increased access to evidence-based online support (including SilverCloud[3]) in a range of accessible formats has also happened during the pandemic and information has been distributed widely in public places such as food banks and vaccination hubs.

A range of voluntary sector mental health and suicide prevention projects were developed to help reduce the impact of the pandemic on health and wellbeing. This included new provision to support people who were struggling with social isolation (particularly those who were shielding), debt, finances, housing, wider lifestyle issues and their mental health[4]. New prevention approaches were launched, which included the Orange Button scheme[5] and a range of different innovation projects to help reduce the risk of self-harm and suicide among local communities[6]. Due to the success of this collaboration and prevention activities, PH and the ICB have come together with partners to design and deliver a new long-term approach to mental health and suicide prevention. The work of HC described in this report was commissioned to inform the development of this programme.

3 https://www.cornwallft.nhs.uk/silvercloud/

Aims

- To engage with diverse communities across CIoS to understand what aspects of mental health services and support are working well for people, as well as areas for improvement.
- To understand the pressures and needs of local people across CIoS.
- To understand what types of mental health and suicide prevention activities would support these communities.
- To co-produce with local communities and voluntary sector.
- To use examples from existing programmes such as social prescribing and community-based support.
- To understand which preventative approaches are effective in reducing the need for crisis interventions in our local population.
- Findings and recommendations to inform strategy and decision making and shape what the mental health and suicide prevention programmes will look like in 2023 and beyond.

4 https://www.cornwall.gov.uk/health-and-social-care/mental-health/coronavirus-and-mental-wellbeing/#:~:text=If%20you%20are%20worried%20about,any%20time%2C%20day%20or%20night
5 https://www.cornwall.gov.uk/health-and-social-care/public-health/public-health-campaigns/orange-button-community-scheme/
6 https://www.cornwall.gov.uk/health-and-social-care/mental-health/suicide-prevention-innovation-fund-projects/suicide-prevention-innovation-fund-round-1-funded-projects
/https://www.cornwall.gov.uk/health-and-social-care/mental-health/suicide-prevention-innovation-fund-projects/

What we did

HC and PH worked collaboratively to develop an appreciative inquiry methodology to identify what is working well and what could be improved. This involved working with local diverse communities and populations whose views are under-represented. Service users and their families, Health Care Professionals and the voluntary sector have been engaged with through traditional and digital methods of engagement. This has helped us to understand the most important issues and opportunities within the community and to enable services to be co-produced.

People engaged with identified themselves as the following

The population groups have been engaged with through Focus Groups, 1:1 interviews and pre-existing events both in person and online, between March and July 2022. These methods have ensured we have been able to have in depth conversations with all engagement participants. We have been flexible and creative in approach, to ensure participants have felt fully involved, listened to, and supported prior to, during and following engagement. Meeting people's needs has been equally as important as gathering the information needed. Additionally, a survey has been distributed to the general population of CIoS.

Spending time and effort building these relationships increased the depth of this project but will contribute to future projects. Established relationships can be built upon in future projects and ensure a smoother engagement process.

How we did it

HC has engaged with communities to ensure every person in Cornwall is placed at the heart of care. HC wanted to ensure that everybody's voice is heard.

A considerable amount of time has been spent making connections, establishing relationships and developing networks through a top-down approach to gain access to existing groups and individuals that are willing to participate, ensuring that information sheets were provided and consent was given.

In the first instance, all stakeholders were contacted and given information on the role of HC and a detailed explanation of the research and what we were asking of them. A virtual or in person meeting followed to ascertain if and how we were able to engage with pre-existing groups. For example, to engage with communities who have experience of domestic/sexual violence; Safer Futures were contacted through Cornwall Council; who then put us in touch with First Light, following this we were put in touch with Barnardo's. Following the meeting and gaining trust with Barnardo's it was agreed to contact group leaders of the Susie Project; (a support group for women who have experienced domestic violence) This has been an important area to focus on to build credibility with all stakeholders from the top down.

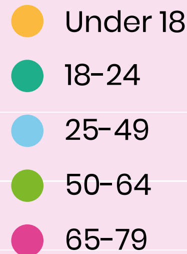
We received feedback from to a total of 281 people in all 14 of our target groups:

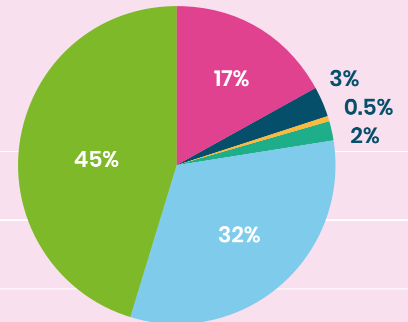
Who took part

- 281 individuals participated in total
- 67 took part in focus groups/interviews
- 214 took part in the survey

Age:

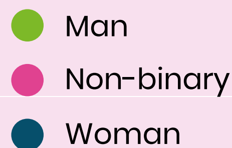
- Three quarters of all participants were between the ages of 25 to 64
- One in five were aged 65 or over
- 167 (78%) provided age information

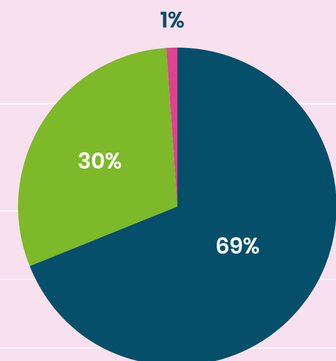




Gender:

- 167 (78%) provided gender information
- Over two thirds of respondents were women





More women aged over 50 took part in the survey. Studies have shown that trends exist around who responds to traditional modes of surveys. To ensure responses are representative of the general population across CIoS various methods of engagements were used including:

- Social media (Facebook and Instagram)
- Postcards with a QR code link to the survey distributed both digitally and in person:
    - At outreach events including the Royal Cornwall Show
    - To stakeholders including professionals working with specific groups
    - To Healthwatch IoS

Respondents were asked to self-identify as belonging to one or more population group(s). Over half (57%) of all respondents (including focus group participants) belonged to more than one population group. We found that there were links and cross overs between some population groups. For example, some Veterans also fall into the substance misuse population group. This highlights that people do not generally fit into one population group and the findings will reflect this.

Key Findings

What works well?

All respondents were asked to tell us 'What has worked well when receiving help and support?'

Focus groups / 1:1 Interviews and event responses

- In terms of activities; statutory services (Outlook SW, CMHT, Psychiatric nurse) talking therapy, art therapy, young people and family support, blue health, domestic violence support, suicide postvention services and armed forces courses have worked well
- In terms of support; community support, learning emotional resilience, improved mood and enhancing life skills have worked well

Survey responses

- Common themes were analysed from 104 people's comments in the survey about what worked well
- More than 1 in 4 people (29%) said both 'Talking Therapy' and/or 'Exercise' worked well
- 1 in 12 people (9%) said 'nothing' worked well
- 13 people mentioned specific organisations, including Man Down, Outlook Southwest, Valued Lives, Pentreath, The Wave Project, Sea Sanctuary, First Light and Hope for Harm.

Family/Friends (9/104) 6%

Greenspace (17/104) 16%

Talking Therapy (30/104) 29%

Blue Health (9/104) 8%

Support Group (9/104) 9%

Meditation (12/104) 12%

Exercise (30/104) 29%

Nothing (9/104) 9%

"Meeting other people with shared experiences and connecting with others. Connecting with physical body/ sensation/feelings, expressing feelings and supporting others all had a positive impact on me."

"None worked for me. Very limited remedies available, need wider choice of solutions."

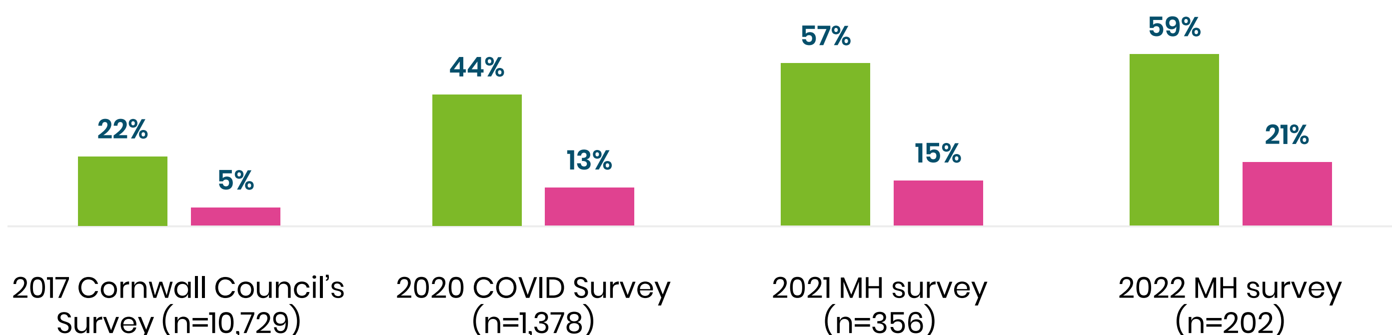
Short Warwick-Edinburgh Mental Wellbeing Scale(SWEMWBS)

We asked people a few questions about their thoughts and feelings over the last two weeks using SWEMWBS©. This is a tool used in the field of mental health to assess people's wellbeing. We used it to identify people with 'possible' and 'probable' depression and anxiety.

A total of 281 people from focus groups, 1:1 interviews, events and the general population survey completed the SWEMWBS Scale. Further analysis of SWEMWBS © is included in the appendix.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Short Warwick-Edinburgh Mental Wellbeing Scale © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.



Prevalence of 'probable' and 'possible' depression or anxiety in recent surveys of Cornwall residents. The current survey is '2022 MH survey (n=202).

When compared to a Cornwall Council resident survey undertaken prior to the pandemic, this figure shows that the number of people with probable anxiety and or depression has consistently increased through 2020, 2021 and 2022. This supports the need for increased provision of mental health and suicide prevention and especially more choice of support in local communities to help people with their mental health and wellbeing.

What could be improved?

70 survey respondents and focus group engagement participants suggested improvements

Addressing the cause

- People told us that there is a need to treat the cause rather than the symptom.
- This featured in ten out of the fourteen groups, with prominence in Veterans, those with experience of gambling harm, people with a mental health diagnosis and those at risk of self-harm and suicide.
- People told us that they would like support to work through past experiences and treat unresolved trauma.

Gambling is used as a crutch for mental health issues

Professionals working with people who have experienced gambling harm shared their experiences with us and the link between gambling and mental health difficulties is clear. Many people who experience gambling harm have diagnosed mental health conditions such as bi-polar or schizophrenia and experience suicidal ideation. We heard the following from local gambling support workers at ARA-Recovery for all:

"GPs are treating the symptom with anti-depressants and not getting to the root cause."

Veterans need to address past or present trauma

Across Cornwall and the Isles of Scilly it is estimated that there are in excess of 39,000 veterans[7]. Veterans are affected by substance misuse, domestic violence, self-harm and suicide, often resulting from trauma. When Veterans and their families spoke with us a sense of normalisation of these experiences comes across. Coupled with the possibility of physical injuries causing pain, Veterans' mental health can be greatly affected.

"Speciality post-traumatic stress disorder (PTSD) support for Veterans would be a beneficial service to have in Cornwall to support Veterans and their families[8]"

"My Dad died by suicide and if this had been addressed earlier that would have been beneficial for my mental health"

7 Population Health Summary (cornwall.gov.uk)
8 Community veterans service | Cornwall Partnership NHS Foundation Trust (cornwallft.nhs.uk)

Working together

There is a consensus that joined up care is imperative.

How do we stop our communities reliving trauma?

Six out of fourteen groups and 14% of survey respondents told us they wanted services to work together. People find it difficult to explain their medical history repeatedly, especially if this involves revisiting a traumatic experience. The importance of voluntary sector organisations and statutory services working together including GPs, community mental health teams (CMHTs) and social prescribers was stressed, and many felt a multi-agency approach with central records access would avoid repeating their medical history.

- Carers felt improvements could be made around staff training and funding in support services resulting in better joined up care
- We heard the need for a multi-agency approach with accessible entry points for self-referral; enabling gambling support services to engage with statutory services
- People experiencing gambling harm told us that relationships need to be built between gambling support in the third sector and statutory services
- Long Covid patients[9] suffering fatigue told us it was exhausting to re-tell their story to various services:

9 Your Covid Recovery - Supporting Recovery for Long Covid

"In the four months that I was really suffering I retold my story at every appointment. Despite multiple trips to GPs, A&E, blood tests and phone calls I was given no support information about managing the condition or my mental health."

We found that people do not always fit into one population group and can span across several groups. On closer inspection it seems there is often a root cause to the more obvious and immediate issues. This reinforces the need for services to work together to address the cause. One participant explained how childhood trauma has impacted their mental health, which has led to employment issues, substance misuse, homelessness, self-harm, domestic violence, PTSD and four attempts to die by suicide.

"It's not enough just having a roof over your head, without anything under my feet I was lost. Suicide is a permanent solution to a temporary problem. If my childhood trauma had been addressed, I don't think that I would have had my breakdown and lost everything."

Continuity of care and communication

The importance of continuity of care and communication was spoken about in five out of the fourteen groups and follows on from providing better joined up care.

Carers

- Carers reported that, in addition to a range of person centred, dynamic therapies, service users need continuity of care.
- Including regular contact with the same person, shorter waiting lists and flexibility to extend treatment beyond initial period if needed, shorter time between appointments and help to be available prior to crisis point.

"Continuity of care when dealing with mental health is the most important thing."

Long Covid Patients

- Engaging with Long Covid patients was complex due to their physical and mental health.
- Many people who were contacted and agreed to be involved in the project were suffering with fatigue and too exhausted to be able to contribute.
- However, engagement participants stressed the importance of receiving a better referral process, to feel supported by someone who is empathic, friendly and provides clear communication. Contracting Long Covid had a negative impact on family, relationships, finances and mental health.

"I didn't use Outlook Southwest. I didn't like the way it hadn't been discussed with me as an option and I was just 'thrown' a text message without any discussion following a GP appointment. It would have been great to go to a group close to home where we could all listen to one another and support each other"

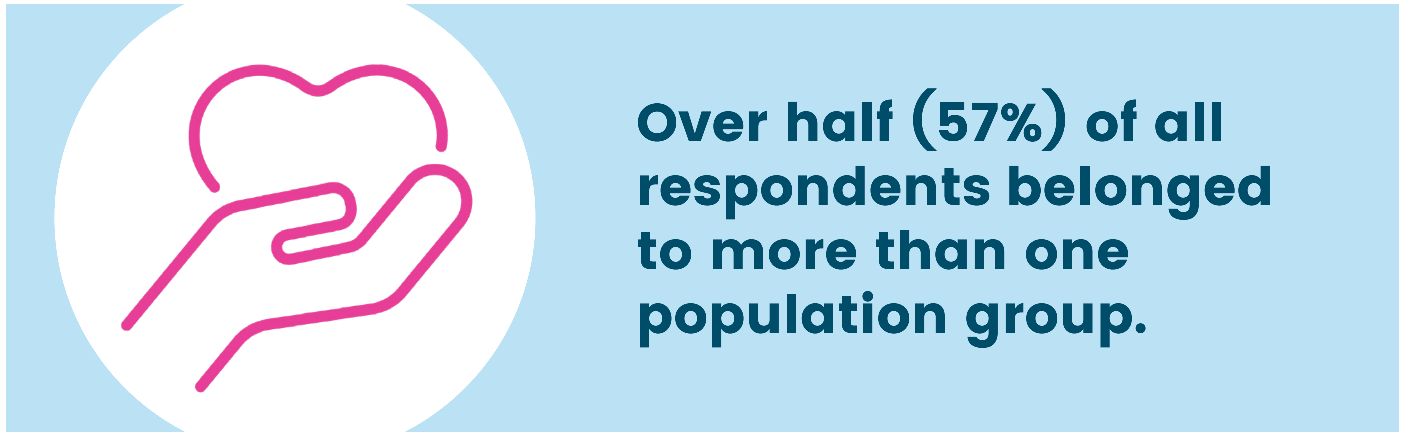
Gambling Harm

People who have experienced gambling harm said trust and continuity of care are important. Support used includes; national gambling helplines, talking therapies and meditation due to accessibility and supportive listening. However, accessible creative activities and activities that promote exercise and being outside delivered by someone from the community who understands the community, would be of added value to enhance life skills and emotional resilience.

"Coaching and 1:1 support, exercise and being outdoors is so important as this will replace the dopamine high that gambling gives"

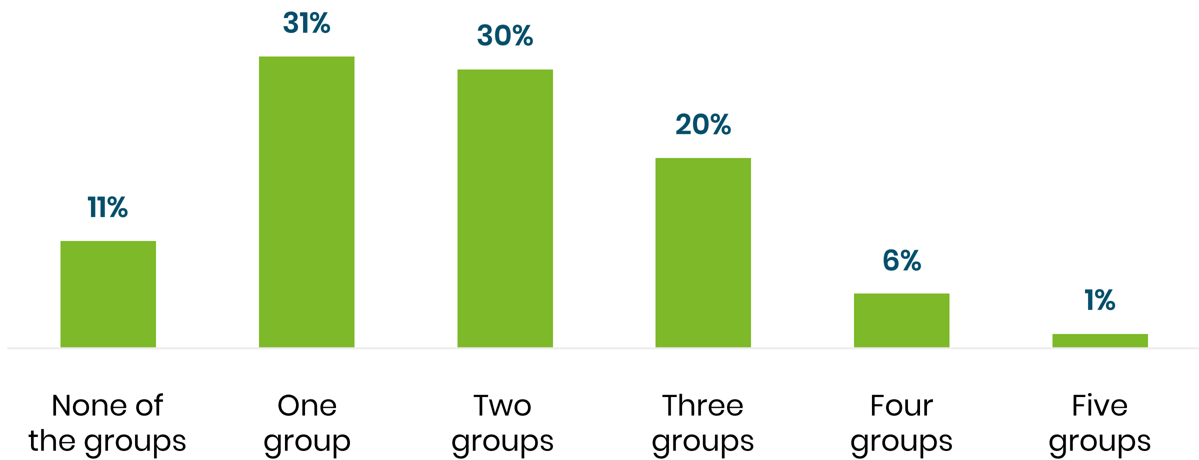
Person Centred Care

Putting people at the heart of their care was identified as important



Of the 20 people who identified as belonging to 4 or more groups:

- 75% have experienced self-harm and/or have been at risk of suicide
- 70% have a mental health diagnosis
- 55% have experienced domestic violence
- 50% have a physical and/or sensory impairment



This coupled with a multitude of life factors affecting people's mental health highlights the importance of person-centred care. We found from the general population survey and focus group engagement that family and relationship pressures, finances, employment, housing and homelessness, loneliness and physical and sensory health including learning disabilities, autism and long-term conditions are the life factors which affect people the most. This is the focus of the planned mental health and suicide prevention programme and will be built on over the next five years.

1 in 4 people said 'family or relationships' impact their mental health.

“Good relationships support me when I’m poorly and help me get through the difficult times”

When speaking to carers it was important to be flexible to ensure that they could prioritise caring. This is what makes carers brilliant but also makes them difficult to engage with and can also impact their mental health. We found that there is a link between carers having a mental health condition and being at risk of self-harm and suicide. When speaking with a carer they told us:

“I find that a holistic approach, enhancing life skills is better for prevention than a purely clinical approach. Following Covid there’s a storm coming that we need to prepare for”

Long Covid

We found that people with Long Covid used family and friends as support due to being easily accessible despite symptoms of fatigue and no specific support being available at the time. Locally based person-centred accessible support for people with ill physical health in a supported group situation is needed for this cohort. In addition, an option for online support with links to trusted information and an option to connect with others to enable support to one another.

“I thought about Man Down but too exhausted to make the journey to a session. I felt like the immediate condition(s) were treated but there was no compassion or empathy from the GP or long Covid clinic. I feel this is partly due to resource but also a lack of education and understanding”

Education and training

We found from survey results and focus groups that education and training was important. Nine out of fourteen population groups related it to different topics surrounding their identities and mental health difficulties.

This is the focus of the existing mental health and suicide prevention programme and will also be built on over the next five years.

"Access to help - I wouldn't know who to turn to if I was in crisis right now. It's only through years of experience I know how to self-help if needed"

We found that appropriately trained staff was a common suggestion for improving support.

Mental Health

People who have been diagnosed with a mental health condition ranging from mild to severe is understandably the biggest group spoken to. HC spoke with both people accessing mental health services and people working within mental health services. Hearing people's different experiences highlighted that everybody is different and their mental health experiences have many layers, unique to them. As with many other groups this is not a standalone issue and there needs to be provision to support people across the spectrum.

"We see large numbers of people with autism spectrum disorder (ASD). Acute Wards can be a scary environment. We need additional staffing as a basic requirement and staff need more training around autism to improve staff/patient interactions. Patients with ASD find themselves as an inpatient with little or no warning so may not have their self-soothing objects. Provision of these and a sensory area would help".

Gambling

"Gambling is the carbon monoxide of addictions – you can't see, smell, or taste it, but it's there."

HC held a focus group with gambling support staff which gave an insight into people who experience gambling harm. The detail was delivered with great passion which only highlighted the scale of the issue and need for help, support and education within this community:

- Gaming harm for young people is on the increase
- Gambling can cause or escalate domestic violence
- There is a real lack of gambling support in Cornwall
- GPs/Social Prescribers need more educational resource for signposting people who have experienced gambling harm to support services (e.g. provide a variation of Mental Health First Aid courses specific to gambling (Gambling Harm First Aid)[10]
- People don't realise there's a problem until it's too late and they are in real financial trouble

10 Wellbeign guidance_Gambling (cornwall.gov.uk)

"I felt like I had no control over my life. My parents separated when I was 17 and I had to grow up quickly. Gambling gave me a sense of control back"

Veterans

HC attended a family picnic and beach clean event organised by 'We are With You' to speak to Veterans and their families. Leaving the services and adapting to becoming a civilian impacts Veterans both practically and mentally. Many Veterans find themselves homeless once they have left the services. Education is also a factor to consider and educating Veterans to transition to civilian life is important and would benefit their mental health.

"Veterans need to feel understood. Being a Veteran and all that it entails is so unique. We have been told what to do our whole life and then suddenly we need to pay bills, catch a bus, cook, look after our finances and all of this can be overwhelming. Help and support with the practicalities would support so many Veterans' emotional resilience and mental health"

Accessing Services

Seven out of fourteen groups spoke about the importance of accessibility when receiving help and support. Accessibility was also the most common suggestion for improvements amongst survey respondents and related to geographical location, cost, waiting times and treatment pathways. Rurality and high levels of deprivation[11] in Cornwall only highlight the importance of accessibility for all.

- 1 in 5 people suggesting improvements would like to improve aspects relating to 'accessibility'
- The theme of 'accessibility' included easier access to activities like swimming[12], as well as talking therapies, day centres and availability of support, both out of hours and at home

Survey responses

- 1 in 5 people suggesting improvements would like to improve aspects relating to 'accessibility'
- Accessibility included easier access to activities like swimming, as well as talking therapies, day centres and availability of support out of hours and at home.

11 https://www.ons.gov.uk/visualisations/dvc1371/#/E06000052
12 https://www.socialprescribingcornwall.org.uk/

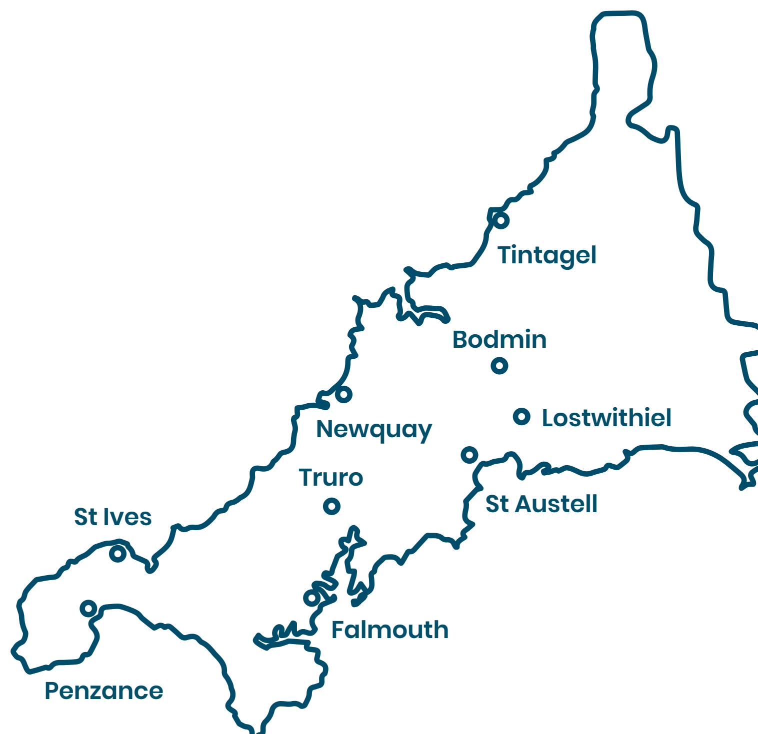
Domestic Violence

Domestic violence incorporates verbal abuse, physical abuse and sexual abuse. One person told us that they had experienced domestic violence which impacted their mental health and led to self-harm, suicide attempts and homelessness and with better accessibility, things would have been easier.

- 17% of participants have experienced domestic violence[13] and a range of support was accessed including talking therapy, support groups, exercise, meditation and green space
- Improvements included appropriately trained staff, treatment pathways, waiting times, accessibility, and quality of support
- Supportive listening was important
- Life factors affecting people who have experienced domestic violence are family/relationships, health, finances, employment and loneliness

One person told us that after being discharged from A&E following a suicide attempt, there was no transport available to return to their hometown 16 miles away. Supportive listening and practical support to help access services would have made a difference.

"I was kicked out of my home and put into emergency accommodation but was on the streets for a week. Staff need better mental health training in A&E. Following my last suicide attempt the nurse said 'not you again'. I am in a world where I have lost all trust in people and reasons to live"

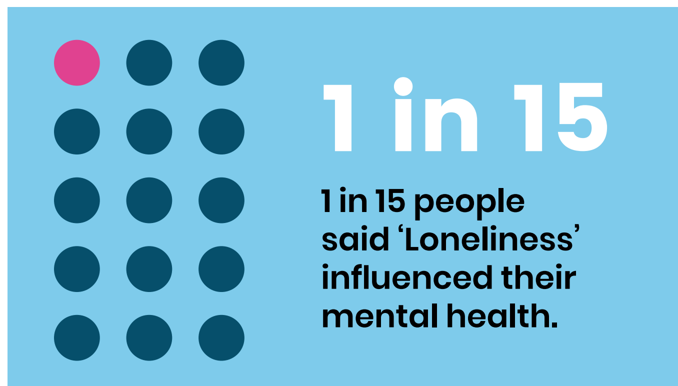


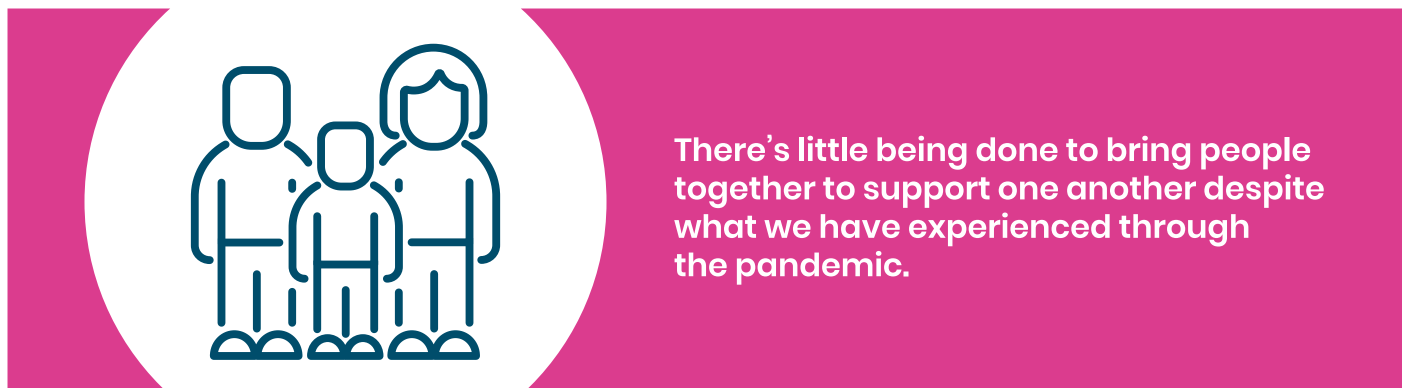
13 Increased Vulnerability Hidden Harm 50035_WEB.pdf

Older People

HC conducted two focus groups at housing complexes for retired people (65+). Cornwall has an increasing ageing population with 25.3%[14] (1 in 4) of people across CIoS aged 65 years and older. This group saw value in their housing communities and supporting one another through communal activities. Loneliness and social isolation are the main life factor to affect this groups mental health.

The benefit of coming together for exercise, social activities and learning tools for self-management was recognised and had been used as a support prior to Covid. The main reason people used the activities on offer was due to accessibility. Good communication was also important to people when using support and activities.





14 Population Health profile 2021 – 2022 Available online www.cornwall.gov.uk/media/lcgivi1r/population-health-summary_web-no-v21accessible.pdf

“Before Covid there was a great community here who came together to support one another. Now I feel lonely and isolated. Grouping together everyone over 65 is a big age group. Older people, 80+ have different needs.”

There was a sense of abandonment, (following the pandemic) in this group of people which has affected the way their world was viewed.

“All groups help at the time but if no support is given after this you soon forget and get caught up in the same negative and destructive thought patterns.”

Across all population groups talking therapy and crisis support was the most used therapy due to ease of accessibility.

Young People

Children and young people aged up to 24 account for 26.3% of the population across CIoS[15]. We spoke to a total of 16 young people (through focus groups and events) under the age of 25 and their families. Many young people we spoke with were under Child Adolescent Mental Health Services (CAMHS) and felt that more could have been done to help and support them sooner, before reaching crisis. Self-harm and suicide were topics that were covered and had been experienced by many young people we spoke with.

“We received no support apart from crisis support after wanting to jump off a bridge.”

“CAMHS need to work with parents not against them.”

The young people were really engaged and enthusiastic about what types of support could be made available to help prior to crisis.

15 Population Health Summary (cornwall.gov.uk)

Intercom Trust

The family Gender Identity Day we attended hosted by The Intercom Trust and the Speak Up Cornwall group hosted by Young People Cornwall were clearly a lifeline for many young people and their families. Transgender people are more likely than others to experience mental distress, social isolation and social exclusion. Rates of attempted suicide are significantly higher for transgender people. One survey found that 16% of transgender people had attempted suicide in the past year, compared to 2% of LGBT people who were surveyed[16].

"Gender Identity Days hosted by the Intercom Trust have been invaluable. This has been the best support - they are phenomenal!"

- **Activities used** included gender/age/sexuality specific support, talking therapy, green space activities, crisis support and medication. The main reason for using a particular service was availability and accessibility.
- **Creative activities** were activities young people would use and saw the importance and benefit to their mental health of coming together in a group to participate in activities including arts, craft, drama and music.

Stigma

People struggling with an alcohol or drug problem should get the same support and treatment as those with any other health condition.

Seven out of fourteen groups spoke about the stigma surrounding mental health and how it has affected them reaching out for support.

Healthy life expectancy for both males and females in Cornwall is below the national average. Men on average have poor health from age 63 and women from age 65. For rough sleepers, healthy life expectancy is significantly worse at around age 42 for men and age 47 for women. Nationally they also face a higher likelihood of dying from injury, poisoning and suicide[17].

People with experience of gambling harm[18], domestic violence, substance misuse, homelessness, self-harm and suicide, mental health conditions and Veterans can be affected by stigma. This coupled with stigma surrounding mental health and life factors including rurality, deprivation and family and relationship pressures can escalate problems.

16 Population Health Summary (cornwall.gov.uk)
17 Population Health Summary (cornwall.gov.uk)
18 Gambling-related harms evidence review: summary - GOV.UK (www.gov.uk)

"A listening ear by someone who is non-judgemental and will treat you with respect and in turn break everything down into manageable chunks."

These groups can be viewed with negative attitudes, which can internalise shame and affect people seeking timely help and support.

"There is also a huge stigma surrounding gambling harm and that coupled with the stigma around mental health increases the risk of suicide. Approximately two male suicides per day are due to gambling harm nationally (Robbie Thornhill)[19]"

"There is such a lack of gambling support, especially in Cornwall. The only local provision is ARA (Addiction Recovery Agency) Recovery For All and the rest is national. Relationships need to be built with the third sector to provide education and support which is non-judgemental to break down the stigma. For example, providing gambling first aid courses and self-referral to support services is vital."

Stigma also affected engaging with groups for the purpose of this research. HC contacted some groups working with people with experience of substance misuse, homelessness and ethnic minority communities, hoping to engage with their service users. HC received feedback that some service users wanted to remain anonymous for fear of judgement. They also felt "used"; they had participated in past research studies and hadn't received any feedback or seen any change in services and therefore weren't interested in taking part.

We spoke with staff and residents at local homeless shelters and food kitchens. It became apparent that there were differences in circumstances which had impacted their situations. The facilities were utilised for different reasons including food, shelter and warmth, safety, ablutions, social interaction, help and support, guidance and acceptance. The instability of renting and the current rental market crisis coupled with the increasing cost of utilities impacted on people's mental health. One person, who had been sleeping in a tent for three years mainly came to shower and for social interaction.

"I became homeless three years ago due to mental health difficulties. I prefer the isolation of the way I currently live, but the uncertainty of my situation impacts my mental health daily."

19 https://committees.parliament.uk/writtenevidence/2093/html/

Engagement with the Drug Related Death Prevention lead gave insights into the complexities experienced within this group. Substance misuse can include using alcohol, prescribed drugs and illicit drugs. Some people who misuse substances are patients at the pain clinic and self-medicate with illicit unregulated drugs. It is not uncommon for this group to have an underlying mental health diagnosis, be homeless, at risk of self-harm and suicide, have experienced domestic violence, gambling harm, PTSD or childhood trauma, have family and relationship pressures and/or a physical or sensory impairment.

"Feelings of abandonment of being unlovable...
I self-medicated with drink and drugs."

Activities used include talking therapy, housing support and substance misuse support. Trust and understanding and supportive listening is important and would use text support and PTSD support.

Support Activities

Let's Talk about it

The survey and focus group engagement told us that talking therapy and crisis support was the most used therapy across all population groups. However, with easier access and availability, a wider range of alternative community projects would be used to give life experiences and skills for daily living, to improve support and quality of life. The positive impact on mental health of being distracted while being creative with others in the community was recognised.

- 1 in 3 (36%) said they used 'Exercise' and/or 'Talking Therapy'

Themes	197 Respondents	% of 197 responding
Exercise	70	36%
Talking Therapy	70	36%
Green Space	36	18%
Statutory services	34	17%
Support group	31	16%
Meditation	23	12%
None	19	10%
Blue Health	18	9%
Family / friends	13	7%
Medication	12	6%
Creative activities	12	6%
Tools for self-management	7	4%
Helplines	6	3%
Leisure activities	6	3%

People told us that new support or activities with easier access would include:

- Social activities
- More support delivered by mental health professionals
- More targeted groups support e.g. Age or gender specific
- Easier access to PTSD support
- Long term condition specific support[20]
- Support group delivered by someone from their community who understands
- Text support/follow up support
- 1 in 9 people would like improved access to **'professional support'**. This included people looking for easier access to quality support provided by mental health professionals
- 1 in 4 people described either **support groups** or **social activities** they would like to see, including specific groups for over 50s, carers, eating disorders, arthritis, men, gay men, menopause, women who don't have children, and families affected by suicide; as well as more general, local, community leisure activities

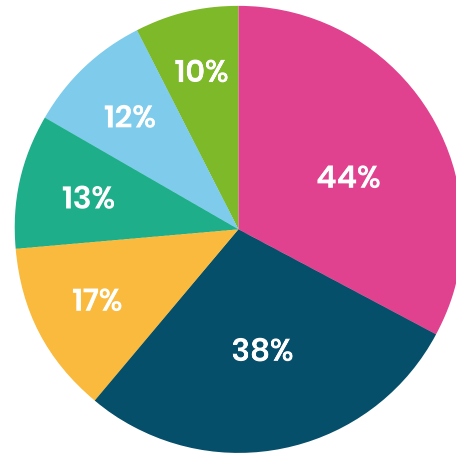
20 https://www.cornwallft.nhs.uk/healthy-outlook/

"Support groups for eating disorders/self-harm etc - there is nothing where I am. Mental health support for more longer-term mental illness - currently 'not ill enough' for community support, but 'too ill' for voluntary sectors, therefore I have to pay for therapy myself from my minimum wage job."

How would people like support to be delivered?

156 respondents selected one or more preference for delivery. **Groups** were the most popular, chosen by just under half (44%) of all respondents, followed by **one to one** support.

- **Group** - 68/156 Respondents
- **One to one** - 60/156 Respondents
- **Face to Face (in person)** - 26/156 Respondents
- **Online** - 21/156 Respondents
- **Text/phone app** - 18/156 Respondents
- **Telephone** - 16/156 Respondents



There were some differences in preferences across different populations groups:

One to one support was more popular amongst people with physical and/or sensory impairment, those who have experienced domestic violence, children and young people and those who have experienced self-harm and/or have been at risk of suicide.

"This is a personal thing and I think that a range of options should be available and to avoid digital exclusion. Because I have a long-term condition and physical impairments being able to access meetings and courses online has been beneficial for me."

- Carers would prefer support to be delivered dependent on age and population group
- Older people would prefer face to face support
- Younger people are more disposed to tech solutions and group work
- Ethnic minorities find it difficult to join groups as the predominant population is white
- Disabled people find it difficult to join groups due to access and other issues
- Improved communications/access, such as text messenger service for crisis and signposting
- Peer support either through friends, family or community support was an important factor in people's support networks

The role of the GP

The GP is often the first contact that people have for their mental or physical health. Positive and negative experiences were reported but respondents widely agreed that GPs need more training to gain a better understanding of mental health. One participant reported how invaluable the support from their GP was and stressed how important it is to have a good relationship within primary care alongside tools for self-management, supportive listening and meeting people with similar experiences.

"I feel let down badly due to Covid. My GP is still bad, even now and just wants to write you a prescription as a quick fix. People are aware of Covid and the waiting list, so struggle along."

Self-Harm and Suicide

Cornwall and IoS has higher levels of self-harm and suicide than the national average; CIoS has the 3rd highest rate of suicide in the UK. This is thought to be due to the levels of deprivation, isolation and access to means for suicide in CIoS[21].

Self-Harm and suicide are sensitive topics and so this group were spoken to in 1:1 interviews with emphasis being placed on the participant feeling at ease and supported before, during and after the interview. HC spoke to service users who have experienced self-harm and/ suicide, family members bereaved by suicide and Health Care Professionals from statutory and voluntary sector services working in prevention and postvention suicide services.

The importance of being able to access your GP, especially in times of crisis with shorter waiting times has been highlighted by many within this group. Our growing population and the Covid 19 pandemic have restricted accessing a GP appointment. However, as per the NHS Long Term Plan[22] and national drive to recruit Mental Health Practitioners to GP practices, more accessible mental health support should be available through each surgery.

21 Population Health Summary (cornwall.gov.uk)
22 NHS England https://www.england.nhs.uk/2022/06/gp-surgeries-to-provide-specialist-mental-health-support/

Whilst contemplating suicide one participant told us:

"My GP was amazing and really helped me, we walked and chatted and that made a real difference. Someone available within primary care who understands is invaluable. You just need to know that someone cares."

Life factors influencing self-harm and suicide include trauma, family and relationship pressures, finances, health and housing.

"I am a bereaved parent of an adult child who has died by suicide. My daughter developed psychosis whilst away at university but was misdiagnosed as having anxiety which led to many issues. She was under secondary mental health services when she passed. My daughter dying by suicide has had an impact on my own mental health. Suicide liaison services have been crucial to my survival. One staff member has been a tower of strength and has signposted me to many support services which has stopped my mental health escalating and been fundamental in my journey. Having an adult child with mental health struggles was hard for my own mental health and perhaps meeting other carers would have been helpful. Also, a single point of access with a mental health care co-ordinator providing information about what was available. The lived experience work that I have done since losing my child has enabled me to address the trauma of the loss."

We heard from a parent bereaved by suicide:

"It takes a huge amount of courage to ask for help and to not be able to access it poses the question; Why have I put myself through this?

My daughter died by suicide following years of mental health issues and self-destruction and was finally diagnosed with bipolar disorder in her early 20's. Prior to this she had suffered years of suicide ideation, self-harm and suicide attempts. Any interventions were met with resistance. It was difficult as a parent as she would often want to attend appointments without me and so I would never know what had been said or done. One visit to a local GP resulted in a misdiagnosis of anxiety, which delayed any treatment, help and support. She found it difficult to talk about how she felt to a person she didn't know or trust. She registered with a different practice and they were fantastic. The GP referred her to Community Mental Health Team (CMHT) for an assessment. She was sent a letter with her diagnosis which she misread/misunderstood (There was no follow up). Following her death, we discovered that she hadn't been taking her medication and hadn't collected her prescriptions from the pharmacy for the last month. A system where this could have been highlighted would be useful. In fact, a more joined up service from start to finish would be useful.

If I had been allowed access to her appointments/medical records she may have been able to access meds and treatments earlier which may have resulted in her not taking her own life. Laws around next of kin should be addressed."

What is most important to you?

We found that the following things are most important to people:

- 1 in 4 people said ‘supportive talking and listening’
- 1 in 5 people said ‘distraction’

Followed by:

- Confidentiality/Trust
- Continuity of care
- Good communication with appropriate language
- Tools for self management
- Person-centred care
- Waiting times
- Flexibility to extend treatment

Self-Harm and Suicide Help and Support

People told us that:

- Timely therapy for the whole family following a suicide, is important.
- Support and activities need to be accessible and delivered by someone with understanding.
- Access to specific support for PTSD which can be related to the trauma of suicide bereavement and prolonged grief disorder would be beneficial

We found that people in the population groups of a mental health diagnosis and self-harm and suicide have on average lower wellbeing scores and are more likely to be identified with probable depression:

"Timely support at the start of the journey including information sharing and signposting to support services for the whole family to support our physical and mental health would have made such a difference to us all."

Further Engagement

Ethnic Minority Groups

A generous amount of time has been spent making connections with community groups working with ethnic minority groups and attending events. This has been an unpredictable and challenging process and barriers have included language and trust. However, speaking with key workers in the community provided some understanding of the scope of work which would need to be undertaken, to meaningfully engage within these communities to address and understand their needs to provide appropriate help and support.

Although this group potentially represents many groups within the county, the fact that Cornwall has small numbers of minority ethnic communities increases the challenge. It has been reported that some minority ethnic groups feel that they are the constant source of focus for research and feel negatively about this. Other barriers include language (due to many non-native speakers) and illiteracy. Lack of trust is also a factor to consider which means engaging with these groups would take time, patience, and resource to build trust which has not been available in this research project due to scope and time scales. However, conversations have taken place to gain feedback from agencies working with these communities and it is anticipated that these will have a positive impact on this research.

It would be wrong to label ethnic minorities as one homogeneous group as there are so many different communities within. The Gypsy Roma and Traveller populations make up one of the largest ethnic groups in Cornwall and IoS[23]. At Minorca Lane, Bugle you will find Gypsy, Roma, Travellers, (GRT) Bulgarians and Romanians. To meaningfully engage with these communities there needs to be a level of awareness, understanding, respect and acceptance of their traditions and ways of life. For example, this is a very male orientated community.

23 Population Health Summary (cornwall.gov.uk)

Gypsy Roma and Travellers face many health inequalities. It has been reported that there are many residents with mental health difficulties living within the Minorca Lane community. Many residents are vulnerable and many have experienced discrimination and complex trauma but do not recognise the signs to reach out for help and support. The stigma surrounding mental health and navigating the health system further complicates this and it is often not until someone reaches crisis that they reach out for help. Transport is a huge issue so any help and support would need to be delivered locally, using easy read documents and translators/ translated material by a trusted person.

Gypsy Roma and Travellers have lower life expectancies and higher suicide rates compared to national figures Gypsy Roma and Travellers.[24]

A key worker working with the GRT community told us:

"When a woman needs a smear test a text reminder is sent. However, women rarely have access to the family mobile phone. This means that often reminders aren't acted upon. Language and terminology need to be appropriate. For example, "please come to the practice" (rather than "surgery") as surgery would be interpreted as an operation."

24 Population Health Summary (cornwall.gov.uk)

Physical/Sensory Impairment

“d/Deaf British Sign Language (BSL) users, cannot be cured, but with better mental health, they can be supported better in their daily lives.”

HC attended a monthly social lunch event at Cornwall Deaf Centre, which was well attended by the d/Deaf community, their carers and a British Sign Language (BSL) interpreter. We spoke to the group to explain the project and individually gathered views and opinions around how hearing loss affected their mental health and what support was needed. Speaking with staff at Hearing Loss Cornwall and Cornwall Deaf Centre gave us a broader picture of what it is like for people with hearing loss; where the hearing population have little or no understanding of what it is like to live in a world that goes on around them without them being a part of it.

There was an overwhelming sense of mistrust of society, loneliness, isolation and feeling misunderstood within this community. The Deaf Centre and Hearing Loss Cornwall are crucial to this community’s wellbeing and are heavily relied upon for help and support from all over Cornwall. Logistically, it can prove difficult for people to access this support with one centre serving the whole of Cornwall.

“Cornwall is so rural and getting anywhere is tricky.”

Mental health support and activities are wanted from people who understand what it is like to live in a world with hearing loss and the effect this has on their mental health. Confidentiality, trust, understanding, good communication and accessibility are paramount for this community when receiving support.

Covid has impacted this community’s mental health; the worry of the pandemic coupled with not being fully aware of what was happening in real time, mask wearing affecting lip reading and telephone consultations becoming the norm for general practice and secondary care.

“When we heard the outbreak of the Covid we weren’t fully aware or understood about Covid due lack of information from the government and news. I did not understand fully what was happening around the world because there were no interpreters on BBC when they aired the night before the national lockdown.”

The impact of hearing loss on the deaf community's mental health is substantial. Being deaf creates barriers to everyday things that hearing people take for granted. BSL users cannot read and write, this is a common misconception. BSL is their first language, not English. Their mental health is also impacted by the approach of staff working in health and social care, family and relationship pressures, finances, trauma and disempowerment. All of these things increase the community's vulnerability which has been highlighted by the number of people in this group who have a mental health diagnosis and experience of domestic violence.

"The Deaf Centre is my main support. I come to the lunch here once a month and other activities such as bingo. I have low self-esteem and am too afraid to ask for more help. I have been in a relationship in which my partner was very controlling and I suffered domestic violence. This impacted my mental health. Jackie who runs the Deaf Centre is phenomenal. We need more Jackie's."

We spoke at length with Hearing Loss Cornwall who do such important work to support this community. The deaf community in Cornwall have found it difficult to access face to face/ video conferencing mental health support over the last couple of years. With the only other alternative being telephone call support, this has meant deaf people have felt unsupported and isolated.

Co-Production

Co-production is key to this research and we have involved service users in a meaningful way throughout to help to shape our recommendations.

We held a task and finish group following engagement and analysis to share and sense check themes and findings.

The task and finish group were keen to look at co-producing these recommendations into potential service models and even gather feedback when the service is up and running.

"The main stumbling block is funding for activities and capacity of staff. Inclusion of patient voices in programme design - a bottom-up design process - would help to get activities that people need."

26 a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment and a person who identifies being deaf with a capital D is deaf from birth
27 https://www.cornwall.gov.uk/media/4txpbgm5/mental-health-and-wellbeing-guide-for-deaf-people_web.pdf
28 https://www.cornwallft.nhs.uk/video-appointments/
29 https://www.hearinglosscornwall.org/supporting-you/signposting-support

Next Steps

As a result of what you have told us; a "You said we did" report is currently being written and will provide detail of the story so far, including current provision of mental health support and activities, services to be commissioned and aspirations for the future.

healthwatch

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