

YOUR SAY ON....

**COMMUNITY
MENTAL HEALTH**

**NOVEMBER 2023
FULL REPORT**

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Executive Summary

With the aim of gaining greater insight in to peoples' experiences of community mental health services in Lincolnshire, Healthwatch Lincolnshire launched two surveys. One was for services users (both adults and children) which received **91 responses. 70 people shared their view on adult services and 19 on children's services.** The second survey for professionals received **20 responses. 10 respondents disclosed they worked in mental health services and 10 worked in other sectors.**

In the main body of the report, where possible, services are reflected on individually. This summary presents a broad overview of the findings.

What did people tell us?

- **67% (47) of respondents found it “difficult” to access adult services.**
- **66% (12) found it difficult to access children’s services.**

The main reasons for this (regardless of service) were:

- Lack of signposting.
- Difficulties contacting services and generally poor communication.
- The lack of available services.
- Long waiting times.

Overall, the majority of respondents rated services as “poor” in regard to the following areas:

Adults

- Addressing their needs - 72% (33)
- Communication whilst waiting - 66% (31)
- Information or support while waiting 56% (28)
- Offering different forms of treatment not just medication - 60% (27)
- Treated with care and concern - 58% (26)
- Being listening to - 57% (26)

Children

- Addressing your needs or making plans to do so - 83% (10)
- Involving you in decisions about your care - 83% (10)
- **Treating you with care and concern - 75% (9)**
- **Offering you different forms of treatment not just medication - 67% (8)**
- **Listening to you - 78% (8)**

Adults

- **63% (29) did not feel the support received had a positive impact on their mental health.**

Children

- **83% (10) did not feel the support received had a positive impact on their mental health.**

Professionals - What did they tell us?

- Experiences of making a referral were varied. Overall 55% (10) of respondents rated their experience as “poor”.

Over the past six months professionals working in mental health service had noticed the following trends:

- An increase in more complex cases.
- A rise in the number of young people needing support for their mental health.

Both service users, parents/carers and professionals highlighted similar concerns:

- The biggest concern raised by all parties was the long waiting times to access support including emergency support.
- Difficulties accessing support:
 - In terms of being signposted or referred to the right service.
 - The types of support/services available.
 - Complex and rigid referral pathways and criteria which often fail to take into account those with multiple needs or those who “slip through” the gaps.

It is important to recognise that some had a very different and positive experience of services including, Steps2Change, CRISIS, Community Mental Health Teams and the Eating Disorder Service.

“ I cannot fault the Lincolnshire eating disorder team they gave me my life back and I can never thank them enough.” *In relation to what worked well:* “The time and commitment from staff with the eating disorder service. I highly recommend the service when other people are being referred.”

Overall, service users, parents/carers and professionals all raised the same areas of concern in relation to community mental health services in Lincolnshire. By far the biggest concern raised by all parties was the long waiting times to access support. In addition to the fact that whilst waiting, few respondents were provided with information and support on “how to wait well”.

Background

Over the last two years, it is not just physical health services that have been under pressure. The lack of support available to help with people's mental health also appears to be worsening. From feedback received both nationally and locally by Healthwatch England and Healthwatch Lincolnshire, members of the public have highlighted their concerns over access to mental health support services, the resultant waiting times and apparent lack of support whilst waiting.

During the last two years **120** people **shared their experiences of mental health services in Lincolnshire** with our Information Signposting Team. **62% of the experiences were negative and just 10% were positive.**

Furthermore, at the beginning of 2023, we carried out a cost of living survey. The results highlighted that **the cost of living was negatively affecting respondents mental health and wellbeing.**

- **81% of respondents agreed that the rising cost of living was causing them to worry/feel anxious.**
- **69% reported a decline in their mental health.**

As a result of the rising cost of living, respondents had:

- Stopped paying for private services such as counselling.
- Reduced how often they saw family and friends and participated in social activities, leading to, for some, a growing sense of isolation.

To read our cost of living report, [click here](#).

With all this in mind, we wanted to gain further insight into experiences of mental health services in Lincolnshire.



Methodology

From August to October 2023, we launched two surveys to gain insight into experiences of mental health services in Lincolnshire.

Survey One – Service Users

This survey was for service users (both adult and children) and their parents/carers/relatives. The survey explored:

- Accessing support.
- The quality of the support provided.
- What worked well?
- What could be improved?

We were also especially keen to hear about individual's experiences of transitioning between Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.

Survey two – Professionals

This survey was open to professionals both those who work in mental health services in Lincolnshire and those in all other sectors. We wanted to understand professionals' experiences of signposting or referring people to mental health services in the county. The survey explored:

- Experiences of signposting or referring someone to support.
- Improvements seen in services and recommendations.
- Any changes seen in the need for and type of mental health support over the past six months.

Responses

Survey One – 91 responses*		Survey Two – 22 responses*	
78% (70) Adult Mental Health Services	21% (19) Children's Mental Health Services	50% (10) Professionals worked in mental health services	50% (10) Professionals did not work in mental health services

**Two service users shared their experience but did not state if it was in relation to adult or children's services. Similarly an additional two professionals shared their views but did not disclose whether they worked in mental health services or not.*

We would like to thank everyone who took the time to share their experiences.

Throughout the document total percentages may not total 100 due to rounding. The number in brackets is the number of respondents who selected that option.

Disclaimer

We recognise and acknowledge the following:

a) That mental health is a very sensitive and evocative topic and the experiences shared reflect this.

b) **The 91 experiences shared by service users may not be fully representative of all those who have accessed and received mental health support in Lincolnshire.** Furthermore, some of the experiences shared with us were from people who were waiting to access support from a service. This may explain why the experiences presented in this report are more negative than those in other reports. The latter mainly focus on those who have received support from a service. The experiences presented in this report highlight the need and importance to provide support to those who are waiting to access a service.

Similarly, the 22 experiences shared by professionals, 10 of whom work in mental health services in the county may not be fully representative of all professionals who either work in mental services in Lincolnshire or have signposted individuals to these services.

We do however believe that all individual experiences are important and should where/when possible be reflected on. The majority of the experiences shared were negative but, despite the small sample size, flagged the same concerns.

The findings from this survey will be presented in the following way:

1. Service Users

**A) Adult Mental Health Services -
breakdown by service**

**B) Children's Mental Health Services -
breakdown by service**

2. Professionals

A) Professionals working in Mental Health Services

B) Professionals working in all other sectors

Findings

1. Service Users

A) Adult Mental Health Services - breakdown by service

A) Adult Mental Health Services

80% (55) shared their own views on adult services and 20% (14) were a parent/carer/friend/relative sharing their views.

What services did people share their views about?

33% (23)	11% (8)	23% (16)	6% (4)
Steps2Change (Lincolnshire Talking Therapies)	Crisis Resolution Home Team	Community Mental Health Teams (CMHTs)	Mental Health Support Teams (MHTs)

1% (1)	1% (1)	1% (1)	1% (1)
Early Intervention in Psychosis	Integrated Place Base Teams	Older Adult Community Mental Health Teams (OA CMHTS)	NHS 111

1% (1)	16% (11)
Mind	Other*

*Other included:

- Crisis team at Boston (3)
- Learning Disabilities Team (1)
- GP (3)
- Psychiatrist (1)
- Coping with terminal illness (1)
- Eating disorders (1)
- Some included more than one service

For the cases in other and those services whereby on one individual shared their views they have been written up separately at the end of this section.

Steps2Change (Lincolnshire Talking Therapies)

23 people shared their views on this service.

How easy did you find it to access support?

17% (4)	35% (8)	26% (6)	22% (5)	52% EASY
Very easy	Fairly easy	Fairly difficult	Very difficult	48% DIFFICULT

The majority of respondents (52% (12)) found it “easy” to access support from Steps2Change. However, experiences appeared to be mixed shown by the fact that 48% (11) found it “difficult” to access support. From the information we collected, we could not explain these differences in experience.

Waiting times appeared to be the main reason why respondents found it difficult to access support. This was mentioned by 63% (7/11) respondents. Some commented that whilst they got an initial assessment quickly, they had to wait months to actually access support. One individual highlighted that “because I work I can’t get an assessment appointment for 2 months”. Two other respondents had difficulties getting a referral from primary care and appeared to be unaware that they could self-refer.

“

“Assessment times are relatively fast but waiting times for treatment are utterly atrocious at almost a year.”

“Once I entered into the “system” it took many months to start counselling.”

“Had to wait up to 6 months.”

”

When discussing their experience of getting a referral, the experiences shared were again mixed. Some found the online self-referral form quick and easy and were informed about next steps and what to do in the meantime.

“

“While waiting for an appointment, I received information on what to expect.”

“Filled in the paperwork – it was quick.”

“I was told that I could ring back if I had any further concerns or felt worse.”

“The referral process is easy.”

”

Other respondents again highlighted long waiting times.

“

“It all sounds very positive at the start. You can self refer and it looks like help is just around the corner. But in reality, that just gets you on the system. You might get assessed reasonably quickly if you are lucky. But then there is a VERY long wait. And no-one reassesses you, so you could be much worse by then. Or better. My experience is that every time you self refer, you eventually get put on a CBT online course. But weeks and months have gone by with little or no support. You do the CBT course and then you might get offered talking therapy. But in my experience it isn't necessarily geared towards your MH issues. I ended up having private counselling at my own cost.”

“Both the self-referral and the GP one took a long time to produce a result. Once the initial contact had been made it again took a long time before I saw a therapist in both referral events.”

”

Whilst waiting for your appointment were you given any information or support?

45% (9)	40% (8)	15% (3)
Yes	No	Not sure

Again experiences appeared to vary. 45% (9) received information and support whilst waiting for their appointment but 40% (8) did not. The data collected could not explain why some were given this information but others were not.

For those who received information or support, they were asked to shared one thing that was good about it. This included:

- Being told how long you would have to wait for support and what to expect.
- Being given basic emergency numbers for the CRISIS Team and Samaritans.

When asked what could be improved, respondents continued to highlight the waiting times to access the support. They felt they needed access to “actual” treatment quicker and one highlighted that the information was “too vague”.

“Length of time from referral to input. Referred myself in April and now 5 months later have still not received input from LTT.”

“It's too vague.”

“Just getting the appointment would be easier.”

One respondent highlighted the impact not receiving timely support.

“I was passed to 3 different people after 1 telephone chat with the first 2 told my situation was too complicated. My OCD score had trebled. Anxiety was sky high. Wasn't sleeping and starting to not eat which I had anorexia (EDNOS) for previously as I would use this as a way of coping.

I was waiting for a call from the 3rd person and got a text saying it was cancelled 10 mins before the appointment. So I felt I was really struggling and asked to speak to management. She said if I really really needed to speak to someone I could go on a waiting list but my person was off long term sick. So I said I'd go to my gp.

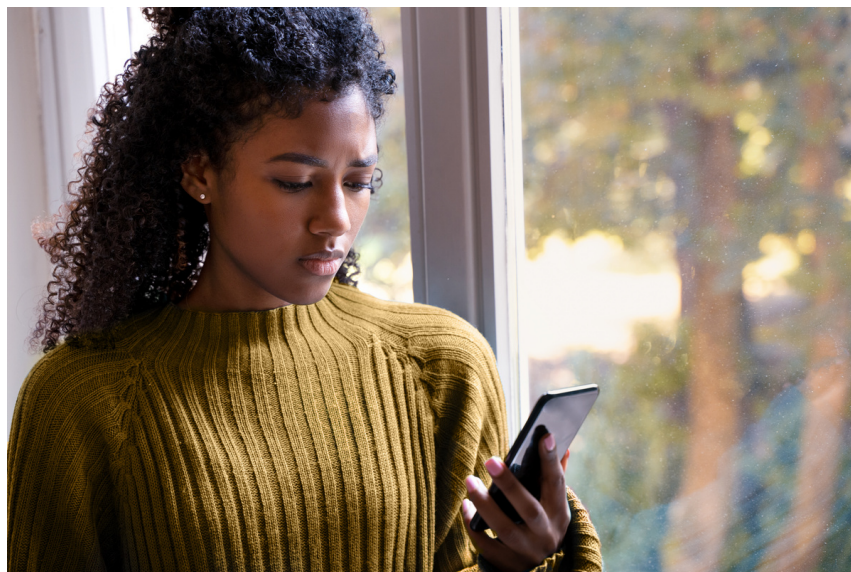
I'd lost weight. Hadn't slept and was trying to 'cope' whilst waiting for appointments and trying not to go backwards to let the EDNOS back in. I wasn't able to leave my home without touching everything and repeating OCD patterns as Anxiety so high. Well and truly felt let down by steps to change. If it was too much for the service I should have been referred back to GP or elsewhere. Not left 4 weeks of you'll have this person next oh and this person after that. Gp was brilliant and issues resolved. I would NEVER recommend steps to change to anyone.”

How would you rate the communication you received whilst waiting for your appointment?

11% (2)	28% (5)	39% (7)	22% (4)	39% Overall Good
Very good	Good	Poor	Very poor	61% Overall Poor

When asked to rate the communication they received whilst waiting for support, inconsistencies in experiences again became apparent. 61% (11) rated the communication as “poor” and 39% (7) rated it as “good”. Three respondents highlighted that they received updates about the progress of their referral. One respondent said in relation to this communication; *“I felt that I was not ignored or a nuisance.”* However, four did not receive such communication. Again the data we collected is unable to explain why this was the case.

<i>“Had an email update.”</i>	<i>“On 6 month waiting list and didn't hear anything until near the available appointment.”</i>
<i>“I have had two letters telling me I remain on the waiting list for support.”</i>	<i>“I haven't been given any indication of how long I will be waiting.”</i>



Thinking about Steps2Change, respondents were asked to rank the service in relation to a series of statements. The result again highlighted that respondents appeared to have very mixed experiences of the service. Some of this could be potentially accounted for by differences in expectations.

The majority (53% (9)) felt that Steps2Change was “good” at “listening to you” and “treating you with care and concern”. However, 59% (10) rated the service as “poor” in relation to “addressing your needs or making plans to do so”. For the other elements of the service there was a near even split in respondents rating the services as “good” and “poor”.

Thinking about Steps2Change, how would you rate them on the following:

	Good	Poor	N/A or Prefer not to say
Listening to you	53% (9)	35% (6)	12% (2)
Explaining tests and treatment	42% (7)	48% (8)	12% (2)
Involving you in decisions about your care	42% (7)	47% (8)	12% (2)
Involving your parents/carers in decisions about your care	6% (1)	18% (3)	76% (13)
Offering you different forms of treatment not just medication	36% (6)	42% (7)	24% (4)
Treating you with care and concern	53% (9)	42% (7)	6% (1)
Having access to relevant medical information about you	36% (6)	30% (5)	35% (6)
Addressing your needs or making plans to do so	42% (7)	59% (10)	0% (0)
Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, pharmacies etc.)	18% (3)	42% (7)	41% (7)

Totals may exceed 100% due to rounding.

Has the support you've received had a positive impact on your mental health?

24% (4)	53% (9)	24% (4)
Yes	No	Not sure

Percentages make exceed 100% due to rounding.

Overall, 53% (9) respondents did not feel the support received positively impact their mental health. For some this was because they were still waiting to get support from the service.

“What little contact I had didn't have any impact at all, in fact I was made to feel I inconvenienced them!!!”

“It just hasn't felt relevant and tailored to my needs.”

“I am still waiting treatment after 5 months. If anything it has become harder to manage my mental health and continue to work.”

Did you receive any follow-up communication from the service after your treatment?

18% (3)	47% (8)	6% (1)
Yes	No	Not sure

Please note that 5 people (29%) selected prefer not to say in response to this question.

47% (8) of respondents did not receive any follow-up communication from the service after your treatment. One person shared that follow-up communication would have been useful.

“It helped me, however I feel it should continue after 12 sessions, if at least by phone-call from time to time, rather than simply stopping. I feel follow ups would be good to continue ensuring the patient is managing.”

Crisis Resolution Home Treatment Team

Eight people shared their experiences of the Crisis Resolution Home Team.

How easy did you find it to access support?

50% (4)	0% (0)	0% (0)	50% (4)
Very easy	Fairly easy	Fairly difficult	Very difficult

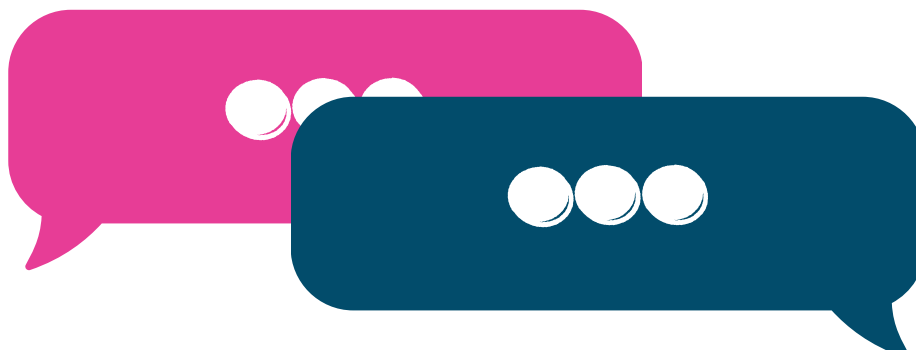
Experiences of accessing support from this service varied. 50% (4) found it “very easy” to access support, however, 50% (4) found it “very difficult”. Two people went on to say “no one seems to care”. One person raised the importance of accessibility and listening to people when they are trying to get support from services.



“I have bad speech. They use to let me text but now they do not.

I had a few bad experiences with them so I hardly ever call but this time I had tried all others (other services). They were busy so put me through to a man I asked for a lady if that was possible. He was rude and said there wasn't a lady. I said ok, I tried to talk but he said it was not a crisis. When I tried to talk he told me be quiet and listen which I did. I could not say what I had done but it was a crisis and he made it worse by not giving me time to talk.

I was in hospital and they were not caring at all and most times they said I had to go sleep. If I could I would. I know a lot people need help and other services are busy but there is no support. I'm not one to ask for help but I knew I really needed it but they made me worse.”



Whilst waiting for your appointment were you given any information or support?

50% (3)	50% (3)
Yes	No

Experiences continued to be varied, seen by the equal split of respondents who did and did not receive information and support whilst waiting for their appointment. The same split was seen when respondents were asked to rate the communication received whilst waiting for their appointment. The data collected in the survey could not explain these differences in experience.

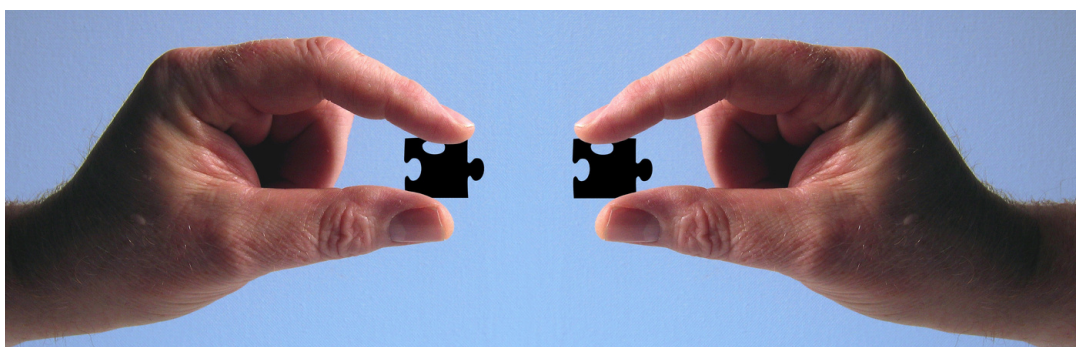
How would you rate the communication you received whilst waiting for your appointment?

50% (3)	0% (0)	0% (0)	50% (3)
Very good	Good	Poor	Very poor

“Good and understanding.”

“No communication happened, promised and never happened.”

“No communication at all.”



The majority of those who shared their experience of the Crisis Home Resolution Team rated them as “poor” in relation to the areas listed in the table below. Indeed only one individual rated elements of the service as “good” and none of the respondents felt the service was “good” at “treating them with care and concern”.

Thinking about the Crisis Home Resolution Team, how would you rate them on the following:

	Good	Poor	N/A or Prefer not to say
Listening to you	17% (1)	84% (5)	0% (0)
Explaining tests and treatment	17% (1)	83% (5)	0% (0)
Involving you in decisions about your care	17% (1)	83% (5)	0% (0)
Involving your parents/carers in decisions about your care	17% (1)	67% (4)	17% (1)
Offering you different forms of treatment not just medication	17% (1)	83% (5)	0% (0)
Treating you with care and concern	0% (0)	100% (5)	0% (0)
Having access to relevant medical information about you	17% (1)	50% (3)	33% (2)
Addressing your needs or making plans to do so	17% (1)	83% (5)	0% (0)
Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, pharmacies etc.)	17% (1)	83% (5)	41% (7)

Totals may exceed 100% due to rounding.

“*“Wouldn't contact them again in a crisis. My relatives felt like they were just a paper exercise.”*”

Has the support you've received had a positive impact on your mental health?

17% (1)	83% (5)
Yes	No

83% (5) did not feel the support they had received had positively impacted their mental health. One individual felt this was due to not actually receiving any support despite reaching out to the service. We are aware numbers are small and are likely to not be fully representative of everyone's experience but we believe individual experiences are important and many people are not finding this service supportive for their needs.

"I'm still recovering but better for their support."

"I've still not got the full treatment I need and just keep getting passed around. It can be weeks for any one ask if I'm ok by then I just say I'm ok as they do nothing."

Did you receive any follow-up communication from the service after your treatment?

17% (1)	83% (5)
Yes	No

The carer who shared their views in relation to his service disclosed that they did not receive information on how to support the person they care for or themselves as a carer.



Community Mental Health Teams

16 people shared their experiences of Community Mental Health Teams (CMHTs).

How easy did you find it to access support?

19% (3)	6% (1)	38% (6)	38% (6)	25% Overall Easy
Very easy	Fairly easy	Fairly difficult	Very difficult	76% Overall Difficult

Percentages make exceed 100% due to rounding.

76% (12) of respondents found it “difficult” to access support from CMHTs. These respondents shared that this was due to the following:

- Not being made aware of who to speak to/how to access services.
- Calls not being returned and enquiries being left unanswered.
- Waiting times to access support.
- Appointments being cancelled.

“I had no idea how to access services so we saw local GP who didn’t recognize symptoms and didn’t refer.”

“Having to go through so many people and time to get anywhere.”

“ Numerous appointments cancelled. I have given up trying to access help.”

Experiences of getting a referral to CMHTs again varied.

“Simply took a phone call to request support, and soon after (within 72 hours appointment was made), then had several successful appointments until issue resolved.”

“There’s no information in the general understanding. Our GP didn’t recognise symptoms . I had no idea where to get help for my poorly family member.”

Whilst waiting for your appointment were you given any information or support?

23% (3)	62% (8)	15% (2)
Yes	No	Not sure

The majority of respondents 62% (8) were not given any information or support whilst waiting for their appointment. For the three respondents given information and support, two went on to explain what they thought was good about it:

- *“Empathetic”.*
- *“Where to seek help and crisis support if needed”.*

When asked what could be improved about the information and support, one respondent stated “more staff are needed”. Accessibility concerns were again raised by an individual in regards to this question. This person has a note on their records requesting information about their care as they cannot remember things. However, despite this, they received no information.

“I had nothing given to me to say what would be happening and on my notes it should state I like to receive information to be given because I cannot remember things also I always ask no matter what's wrong with me for ppl to write things down so I can pin it up on my board. Everyone is different we are not all the same and have different disabilities or none but the medical services forget this.”

How would you rate the communication you received whilst waiting for your appointment?

18% (2)	9% (1)	36% (4)	36% (4)	27% Overall Good
Very good	Good	Poor	Very poor	72% Overall Poor

Percentages may not total 100% due to rounding.

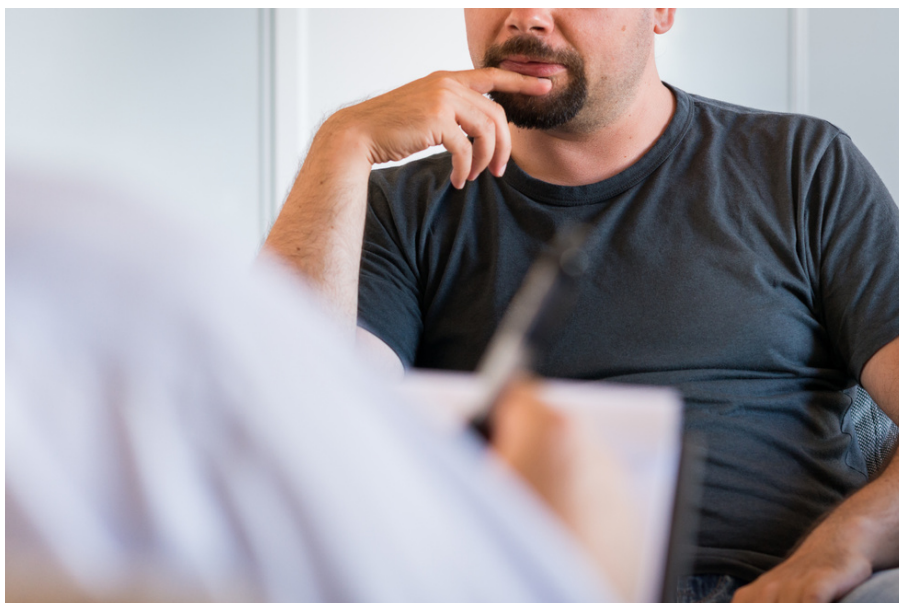
The majority of respondents (72% (8)) rated the communication they received whilst waiting for their appointment as “poor”. Four individuals wrote comments echoing the sentiments of “what contact?” or “no information on what was happening”.

However, again some individuals appeared to have an opposite experience. One person said they received communication and it was “very helpful” another added that it was “all arranged very quickly”.

The majority of respondents rated CMHTs as “good” at “*treating you with care and concern*”.

However, the service was rated “poor” by the majority of respondents in other areas including:

- Listening to the patient.
- Explaining tests and treatment.
- Involving patients in decisions about their care.
- Addressing their needs or making plans to do so.



Thinking about Community Mental Health Support Teams, how would you rate them on the following:

	Good	Poor	N/A or Prefer not to say
Listening to you	36% (4)	63% (7)	0% (0)
Explaining tests and treatment	18% (2)	63% (7)	0% (0)
Involving you in decisions about your care	27% (3)	54% (6)	18% (2)
Involving your parents/carers in decisions about your care	18% (2)	36% (4)	46% (5)
Offering you different forms of treatment not just medication	36% (4)	64% (7)	0% (0)
Treating you with care and concern	54% (6)	18% (2)	0% (0)
Having access to relevant medical information about you	36% (3)	46% (5)	33% (2)
Addressing your needs or making plans to do so	36% (3)	36% (4)	0% (0)
Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, pharmacies etc.)	18% (2)	73% (8)	9% (1)

Has the support you've received had a positive impact on your mental health?

27% (3)	55% (6)	18% (2)
Yes	No	Not sure

Overall, the majority of respondents 55% (6) did not feel the support received from CMHTs had positively impacted their mental health.

For the two people who did feel the support had positively impacted their mental health, one respondent said *"the assistance I have been given is helping me to address the problems causing my mental health situation"*.

Did you receive any follow-up communication from the service after your treatment?

22% (2)	56% (5)	22% (2)
Yes	No	Not sure

56% (5) did not receive any follow-up communication from the service after your treatment. For the three carers who shared their experience only one was given information on how to support the person they care for and themselves as a carer.

Whilst the number of responses is small, the findings do show that the majority appear to be struggling to access support from not only CMHTs, but also Steps2Change and CRISIS. Respondents are facing long waiting times, with what appears to be not little to no information or support whilst waiting. Communication during this period for the majority is also poor. Furthermore, again the majority did not feel services were “addressing their needs or making plans to do so” and as a result people do not feel the support is positively impacting their mental health.

Whilst there are instances where people are having positive and “smooth” experience of accessing support, they sadly, at least according to the data we collected, appear to be in the minority. Those who feel the support received has positively impacted their mental health are also a minority. It is also unclear why these differences in experiences occur: why are some given information and support whilst waiting and why are others not?

Some of this variation is potential due to differences in personal needs/preferences, perceptions of urgency and recollections of experience. However, it does also suggest that a more explorative review is needed to understand why there are such differences in experiences to help tackle the apparent existing inequalities in experience.

The theme of experiences of mental health services in Lincolnshire being very mixed, but the majority being sadly negative, is also seen in the following experiences.

The following experiences were also shared about adult mental health services in Lincolnshire.

- One individual commented on:
 - **Older Adults Community Mental Health Teams** and found it “very difficult” to access support from this service.
 - **NHS 111** and found it “very difficult” to access support from this service.
 - **Early Intervention in Psychosis** and shared that they found it “fairly easy” to access support from this service.
- Four people commented on **Mental Health Support Teams**:
 - All four respondents found it “difficult” to access support with 3/4 finding it “very difficult”.
 - Waiting times again appeared to be the biggest barrier to accessing support.

“

“The automated message to get to the correct person.”

“After a triage appointment nothing seemed to happen for several months. When I finally plucked up the courage to chase the team they sent me the triage report which simply bore no resemblance to the triage. I challenged this and, in the conversation, I explained that I had recorded the triage conversation and had proof absolute that much of what was included in the triage report was either false, had not been said or had been misrepresented. I was to later find out that the person responsible for the report had flagged my file with a comment that said “This gentleman likes to record telephone conversations.””

“The process to get them help seems very slow.””



- One individual commented on:
 - **Integrated Place Base Teams**
 - **Mind**

These experiences are shared on the next page.

Integrated Place Base Teams

One person shared their experience of Integrated Place Base Teams.

- Initially, they found it “fairly difficult” to access support and the reason for this was that their doctor was not aware that they had to refer them. Once the person self-referred they said “the team was great”.
- They were unsure if they were given any information or support whilst waiting for their appointment.
- They rated the communication they received whilst waiting for their appointments as “good”.
- Overall they appeared to be very pleased with the service shown by the fact that they rated all the following as “very good”:
 - Listening to you.
 - Explaining tests and treatment.
 - Involving you in decisions about your care.
 - Offering you different forms of treatment not just medication.
 - Treating you with care and concern.
 - Having access to relevant medical information about you.
 - Addressing your needs or making plans to do so.
 - Communication between professionals within the service and external services.
- They were unsure if the support had a positive impact on their mental health but noted this was due to “my mental health keeps coming back but don’t blame the help I had.”
- They did not receive any follow up communication from the service after the treatment.

Mind

One person shared experience of Mind.

- They found it “fairly difficult” to access support as they got little help from professionals to access support. Any support they got was due to them “being proactive” and able to afford to pay for private services.
- They were not given any information or support whilst waiting for their appointment and rated the communication received whilst waiting as “poor”.
- The support received did not have a positive impact on their mental nor did they receive any follow-up communication from the service.
- They again stated that the only way they got better was by buying for private support and that “the only time doctors spoke to me about my mental health was when I wanted to up my dosage”.

Other comments

The following experiences were also shared but these respondents did not disclose which service(s) they were reflecting on.

Experience 1

This experience was shared in relation to adult services, but they did not wish to disclose which service. They found it very difficult to access support sharing:

"Despite becoming suicidal and very low, I tried to access care via numerous sources as have a previous history of suicidal thoughts and depression, have received no assistance whatsoever, been told by Clinical Staff they don't see why they should help and that I should never have moved here. Been told that their mental health issues and stresses are far worse than mine."

"Have received no support and instead have been blamed for the Pandemic and the current demands."

Experience 2

This person also found it "difficult" to access support, stating capacity to be the biggest barrier to accessing services.

"They simply don't have sufficient clinicians, so the psychologist my husband was offered was someone who he'd seen before but had found he couldn't trust, therefore as there was no one else it was take it or leave it. This is quite dangerous for someone with psychosis - in the end he left it."

Their experience of getting a referral:

"When he first contacted LPFT they wanted him to go through the steps to change process which didn't take into consideration his previous history including multiple suicide attempts, our GP also told them this approach was inadequate. Eventually they agreed to see him through the unit at Grantham. All contact he had with them was judgemental, predetermined and not fit for purpose, this included the attitude of the administrative staff. Promises of the care he would receive were backtracked on and at one point led to a complaint about one clinical member of staff which was glossed over - you know when they start a reply with 'we are sorry if you feel' that they are anything but. Its like they have to keep the staff they have at all costs. Eventually he was assigned a psychiatrist who only wanted to prescribe sleeping tablets to him which he didn't want. The psychologist he had been offered was one he'd seen before and couldn't trust, they had no other psychologist to offer him so he was left with the psychiatrist who never listened to him nor did she make any pretence of being interested in him either."

They received no information or support whilst waiting for their appointment and communication during this time was rated as "very poor".

"No managing expectations e.g. how long do you have to wait, what care is on offer if you need urgent help other than pitch up at Grantham Hospital. The carer's package was woeful - just a load of printed information from an internet page so no live links, the personalisation wasn't completed and there were out of date insertions in the folder. Its a shame because they have an excellent LPFT offer on line."

Again they did not feel the support received had a positive impact on their mental health nor did they receive any follow-up communication from the service. They said "we just went our own way in the end, we manage his condition between us, we've learnt when its going badly and we try and mitigate those times with some mindfulness. It mostly goes OK."

Despite the carer being provided with information about how to support the person they care for and themselves as a carer, they felt it was "patronising" and the print out was "useless and didn't even signpost to their own webpages". "Use email and links - rather than a print out of the Carers webpage, some people don't do electronic communication but the majority have some form of access. Please listen to carers and stop treating them as though they have no intellect".

This person had been receiving support based at the hospital but was now being transferred to community services. They found it "fairly difficult" to access support due to appointments being cancelled and lack of signposting.

"Was told had been referred but then appointment cancelled as person doing it not at work but not communicated to me till I had to chase why no one had rung me this was for initial assessment which may have signposted me for further help and intervention."

"It's made it worse. All services want to do is as little as possible to get paid, regardless of where in a treatment programme they may be, then pass the patient to any other service that may tick the box. It's derogatory and has a negative effect on self-esteem mental health".

Positive Comments

Some highlighted once in the system that services were good, but sadly these comments were a minority.

"Once you are in the system, it's really good. However, getting to the system as well as aftercare is a big issue and should be looked at."

Service Users

Children's Mental Health Services

17 people shared their views on children's services. 29% (5) shared their own views and 71% (12) were parent/carer/friend/relative and sharing their own views.

What services did people share their views about?

88% (15)	11% (2)
Child and Adolescent Mental Health Services (CAMHS)	Healthy Minds Lincolnshire

Child and Adolescent Mental Health Services (CAMHS)

66% (10) found it "difficult" to access support from CAMHS. Just 7% (1) found it "very easy" to access support.

How easy did you find it to access support?

7% (1)	27% (4)	33% (5)	33% (5)	34% Overall Easy
Very easy	Fairly easy	Fairly difficult	Very difficult	66% Overall Difficult

Percentages make exceed 100% due to rounding.

The main reason as to why respondents found it difficult to access support from CAMHS was due to not being signposted to the right service/person. The other reasons were as follows:

- The lack of available services.
- The waiting times to access services.
- The lack of signposting on what to do whilst waiting to access support.
- The type of support offered - only "generic support offered".

“GP didn’t know what services available, didn’t see the child and didn’t provide enough information on the referral which slowed everything down. Didn’t know we could self refer, services easy to access that way.”

“Difficult to meet threshold and then when you do left waiting for contact & then left on a waiting list with no help & then they just do ‘guided self help’ which anyone can download of the internet but you’ve waited months for.”

When asked about the experience of getting a referral for CAMHS, for those that had a positive experience they highlighted the support provided by their GP and timely access to care. However, these experiences appeared to be a minority.

For those who did not appear to have a positive experience “lengthy time delays” was mentioned in 4/13 (31%) of the comments. It was unclear whether these individuals were talking about waiting times in relation to getting a referral or waiting for their initial appointment. Others highlighted that it took multiple serious self harming events, overdosing or suicide attempts to get the supported needed.

<p>“Really easy. A few phone calls and it was arranged in a fortnight.”</p>	<p>“Lengthy time delays.”</p>
<p>“GP couldn’t of been more helpful.”</p>	<p>“Took until multiple serious self harm and suicide attempts before camhs started to provide appropriate support. By then the behaviour was embedded resulting in ongoing out of county inpatient admissions.”</p>

Whilst waiting for your appointment were you given any information or support?

21% (3)	79% (11)
Yes	No

79% (11) of respondents were not given any information or support whilst waiting for the appointment. Furthermore, even one of those who was given information or support whilst waiting highlighted that it wasn't useful as they had "tried everything already". They also found it "patronising".

For the remaining two who were given support or information, one found comfort in knowing that the "child was not forgotten" whilst waiting. The other highlighted that:

"The professionals at the face to face assessment were very knowledgeable, kind and supportive."

When asked what could be improved these two individuals highlighted again the need for timely access to support and to:

"Listen to parents who know their child best. Late intervention and support destroys families through the young person's risk".

How would you rate the communication you received whilst waiting for your appointment?

17% (1)	25% (4)	33% (5)	25% (4)	42% Overall Good
Very good	Good	Poor	Very poor	58% Overall Poor

The majority (58% (9)) of respondents found the communication they received whilst waiting for the appointments as poor, with 25% (4) rating it as "very poor". For those who disclosed why they rated it as poor they explained that "no communication was received" or that they were just informed they "were on the waiting list."

However, one person rated their experience as “very good”, explaining:

“There have been regular phone calls asking how things are and letting us know that sessions should start soon. It is helpful to know that support will be given soon, and that we can contact at any time should things get worse.”

It is unclear why this was the case for this respondent but not others. This contributes to the narrative that there are inconsistencies in experiences. The majority (67%) rated CAMHS as “good” at “explaining tests and treatment”. However, the majority of respondents rated the service as “poor” in relation to:

- Listening to you.
- Involving patients and where appropriate parents/carers in decision making.
- Offering you different forms of treatment not just medication.
- Treating you with care and concern (rated as “poor”).
- Having access to relevant medical information about you (rated as “poor”).
- Addressing your needs or making plans to do so.
- Communication between professionals.

The breakdown of responses can be viewed in the table on the next page.

Has the support you’ve received had a positive impact on your mental health?

17% (2)	83% (10)
Yes	No

83% (10) did not feel the support they had received had positively impacted their mental health and gave the following reasons as to why:

- They had not actually received any support yet, they were still waiting.
- The lack of available and appropriate services.
- The type of support offered.
- The lack of follow-up support.

Thinking about CAMHS, how would you rate them on the following:

	Good	Poor	N/A or Prefer not to say
Listening to you	18% (2)	72% (8)	9% (1)
Explaining tests and treatment	67% (8)	34% (4)	0% (0)
Involving you in decisions about your care	16% (2)	83% (10)	18% (2)
Involving your parents/carers in decisions about your care	34% (4)	58% (7)	8% (1)
Offering you different forms of treatment not just medication	34% (4)	66% (8)	0% (0)
Treating you with care and concern	25% (4)	75% (9)	0% (0)
Having access to relevant medical information about you	41% (5)	41% (5)	17% (2)
Addressing your needs or making plans to do so	16% (2)	83% (10)	0% (0)
Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, pharmacies etc.)	16% (2)	50% (6)	33% (4)



“My daughter was only offered group CBT therapy after repeatedly telling CAMHS , she couldn't function in a group after having mental health issues at school and would have only just managed a one to one session.”

“Very few services. Constantly passed form one service to another. No time scales.”

“We got nowhere, the frustration caused by that was of no help at all.”

“Went on a short course with CAMHS. Didn't help and they refused to do anything else, refer my daughter elsewhere or discuss autism - which was later diagnosed once she became an adult.”

Insufficient funding and CAMHS community only strategy has failed my child. Crisis support is woefully inadequate for child or parents. Whole system is broken and staff are being asked to fail children.



Did you receive any follow-up communication from the service after your treatment?

19% (2)	72% (8)	9% (1)
Yes	No	Not sure

72% (8) did not receive any follow-up communication with the service after treatment. Furthermore the majority of those responding as a parent/carer were not given information on:

- How to support the person you care for? (63% (5))
- How to support yourself? (71% (5))

As a parent/carer/friend/relative were you given information on:

	Yes	No	Not sure
How to support the person you care for?	37% (3)	63% (5)	0% (0)
How to support yourself?	14% (1)	71% (5)	14% (1)

However, some were provided with this information. From the responses collected it was again unclear why this was the case.

“Useful to have a written care plan to refer to it.”

Transitioning from CAMHS to AMHS

Five respondents had transitioned between the two services and none appeared to have a positive experience. One shared that they “felt abandoned”. Another highlighted that one of their children was contacted by the transition team but the other was not.

When asked what worked well, one respondent resorted to paying for a private therapist who “understood their daughters needs”. When asked what could be improved about the transition, respondents listed:

- Services working together.
- Continuous care.
- Listening to patients.
- Expand inpatient facilities.
- The other two comments highlighted the lack of integrated and continuous care.

“Child needs supported placement to transition from child to adult services. As always there is no funding or flex in the system to meet need. Children are being failed by poor funding and rigidity of system.”

“No, just abandoned by CAMHS.”

“CAMHS trying to transition to adult but social care and adult care don't want to know.”

“I don't know why they so stubbornly refused to help. My daughter was 16 at the time and CAMHS said the paediatricians wouldn't be interested in my daughter due to her age. Just before she was 18, with help from a private therapist, we requested an autism assessment. We couldn't even be put on the adult waiting list until she turned 18.”

“CAMHS should go up to age 25. Appropriate inpatient wards and supported mental health placements close to home in Lincolnshire.”

Healthy Minds Lincolnshire

Two parents/carers/friends/relatives shared their views of the Healthy Minds Lincolnshire Service.

Experience one

They found it fairly easy to access support after being referred to the service by both a professional from their GP surgery and school/university/college.

Experience Two

They found it fairly difficult to access support and cited referral pathways and long waiting times to be the reason why. They were referred in February but support wasn't received until July/August 2023.

They were referred by a school/college/university.

- Whilst waiting for the appointment they were unsure if they were given an information or support and rated communication whilst waiting for the appointment as poor.
- They did comment that once they got the support it "was excellent" and rated the following as "good":
 - Listening to you.
 - Treating you with care and concern.
 - Addressing your needs or making plans to do so.

The support received also had a positive impact on their mental health. Follow-up communication from the service was also received after the treatment.

As a parent/carer/friend/relative they were provided with information on how to support the person they care for and themselves as a carer. When asked to rate the information received they appreciated being given "lots of tools" but suggested making this information "electronic, with links to follow and also provide the paper workbook".

“Good mental wellbeing workshops helped me to understand what my son was going through and why he was reacting in the way he was. It gave me some control and sympathetic ears to talk to. However, I think the support should be longer than 4 sessions, and more tailored to individual circumstances.”

One respondent did praise the Eating Disorder Team for their support:

“ I can not fault the Lincolnshire eating disorder team they gave me my life back and I can never thank them enough.” In relation to what worked well: “The time and commitment from staff with the eating disorder service. I highly recommend the service when other people are being referred.”

Respondents were then given the opportunity to share any other comments about children’s mental health services in Lincolnshire. Many of the comments reraised concerns shared in response to other questions. The concerns included:

- The difficulties of accessing support including signposting to services, rigid eligibility criteria and waiting times.
- The type and quality of the support offered.
- The lack of compassion shown by some members of staff.
- Not listening to parents/carers/service users.
- The lasting impact not accessing timely and appropriate support can have.

“Very lacking in getting help via a school, had to go to doctor. The service failed my daughter she had to end up leaving school at 14 with no GCSEs and stayed at home in her bedroom until begging a doctor for anti depressants at 17 and her life has very slowly improved.”

“The parameters that CAMHS works under are incredibly restrictive, in that they have treatment plans based on age and situation rather than individual patients. My son is a very mature 17 year old, but the treatments he was offered were suited to much younger/younger minded young people. As such, he was frustrated, felt patronised, and ultimately got no benefit from the time he spent with CAMHS.”

“Please invest more into these crucial services, especially low level mental health services to prevent people from reaching crisis point and needing more costly interventions.”

Findings

Professionals

In total 22 professionals shared their views. There was an even split (10 and 10) between those who disclosed that they worked in mental health services and those who did not.

Those who worked in mental health services were asked to identify any improvements seen in services in the last year and improvements that could still be made.

Improvements seen in the last year

Services for children and young people

- Half (4/8) of the respondents responded along the lines of “nothing” or “not aware of any”.
- Others highlighted:
 - “Support groups in CAMHS.”
 - “Young Minds Matter and NAVIGO” (North East Lincolnshire’s Mental Health provider).
 - “There are mental healthy type job vacancies advertised for children which is encouraging.”

Services for adults

- Only half of the respondents (4/8) were able to identify an improvement.
- The most common improvement highlighted was an increase in the workforce and expansion of different roles.
 - “More social workers within LPFT.”
 - “More roles being put in place to help people such as Social Prescribers, Peer Support Workers and Community Connector. More funding available in the community to make mental wellbeing projects more sustainable.”
 - “Charities have been set up which supports mental health in Lincolnshire like Be The Difference which provides free counselling for adults. This charity is funded by local people after the death of a young man by suicide.”
- “Quicker access to NHS counselling services.”



Areas for improvements

Services for children and young people

- Suggestions most frequently related to improving and simplifying the process to access to services and reducing waiting times. Timelier access was identified as key to stopping people from deteriorating and needing more complex support.
- One professional highlighted a need for “clarification on the diagnosis and information related to ADHD for parents and young people”.
- The need for “less difficult pathways” was highlighted.
- An increase capacity both in terms of workforce and the services available is needed.
- Services need to be made “ more user friendly”.
- One professional highlighted the need to improve the availability and consistency of services in the Gainsborough area : “Services on Gainsborough are sporadic. There are organisations that could provide these services however they have not been contacted regarding the state of the services.”
- Improve the process of transitioning between CAMHS and AMHS. There needs to be better communication with patient’s during this time to understand their expectations and improve service provision during this time.
- Increase staff awareness of both signs/symptoms and the support available for patients.
- Increase the availability of support groups both in and outside of schools.

“From a professional point of view there seems to be very little improvements that have been made. Young people that are moving into adult services report that they feel that they have been left in limbo not knowing what is happening and when they eventually get moved over to Adult Services that support structure that they had is completely changed with less support a lot of the time not seeing professionals for weeks on end and therefore their mental health going un monitored and deterioration not picked up early resulting in possible admissions.”

“Young people transitioning to Adult Services need to be informed fully about the difference in services, will require knowledge of what to expect and need to be prepared for this change prior to any plans of being transferred. Services seem to run on what they can offer and not on meeting the young person's needs. As a professional have heard colleagues tell me the that are not commissioned to deliver certain services. This is wrong and the service delivery needs to be in line with the individual's needs.”

“Since prior to COVID the mental health services have become really patchy with adults not being seen for weeks and months.

This is evident when service users are referred to my service and when gathering information it become apparent that mental health services have not been seeing services for far too long resulting in deterioration to the point that support in the community is not beneficial and the person needs admission.

Counselling and talking therapy's are really in affective as service users report that all that is offered is a telephone consultation and advise on doing some work on line. Not every service user has access to the internet or their mental health might prevent them or make it difficult. If the plan is to see a counsellor or psychologist then that service user is placed on a waiting list with no time scales off when they will be seen or told that they will have to wait 2 years if not more.”

Areas for improvements

Services for adults

- Increase capacity both in terms of the workforce and the services available. Including more funding for mental health services in primary care.
- Increase the provision of out of hours support. There is “lots of voluntary work carried out in the day. If you are working or job seeking it is difficult to get into these activities”.
- Provide long term support for those who need it.
- Staff attitudes - staff are “burn out” and appear “inpatient” with service users.
- Reduce waiting lists.
- Simplify the criteria to be referred to services.
- Review why waiting lists are so long.
- Investigate concerns around poor quality care.
- Better integration of private and accredited agencies.

“I receive a lot of referrals of people either waiting for the IAPT process or who have experienced IAPT services. there is something going wrong when the reported waiting times are still so high and the reported quality is still so low the integration of mental health services with community services could be improved.”

“Less waiting lists. Less “criteria” that doesn't fit real people .”

“I have witnessed mental health staff roll their eye at service users that call services for support. These people are sometime frequent callers but if the attitude of the staff is such as this then what hope does the service user or the service have in receiving a good quality service. Staff seem to be burnt out, under staff and impatient with service users. There seems to be a tendency by LPFT to bring out new services that are never probably staff resulting in services such as CMHT's and Crisis Team's losing staff to cover posts in the new services but they in turn lose staff that is never replaced but the requirement to maintain high standards at expected. Perhaps there has to be a re-think when thinking about new services and how they will staff it adequately.”

“Since prior to COVID the mental health services have become really patchy with adults not being seen for weeks and months. This is evident when service users are referred to my service and when gathering information it become apparent that mental health services have not been seeing services for far too long resulting in deterioration to the point that support in the community is not beneficial and the person needs admission. Counselling and talking therapy's are really in affective as service users report that all that is offered is a telephone consultation and advise on doing some work on line. Not every service user has access to the internet or their mental health might prevent them or make it difficult. If the plan is to see a counsellor or psychologist then that service user is placed on a waiting list with no time scales off when they will be seen or told that they will have to wait 2 years if not more.”

Professionals' experiences of making referrals

Respondents (both those working in mental health services and those in other sectors) had made referrals to the following services:

27% (6)	14% (3)	14% (3)
Steps2Change (Lincolnshire Talking Therapies)	Crisis Resolution Home Team	Older Adult Community Mental Health Teams (OA CMHTS)

The following services all had one respondent comment on them:

- **Tonic Health Safe Places**
- **Andy's man club. Shout and reframe therapy (hypnotherapist)**
- **A range of services.**
- **Learning Disability Mental Health Team**
- **Hay Lincolnshire**
- **Be the difference**
- **Mental Health Support Teams**
- **CAMHS**
- **Community Mental Health Support Teams**
- **"I'm told only GPs can refer."**

How would you rate your experience of making a referral to this service?

22% (4)	22% (4)	22% (4)	33% (6)	44% Overall Good
Very good	Good	Poor	Very poor	55% Overall Poor

Overall the majority (55% (10)) of professionals who responded to our survey rated their experience of making a referral as "poor". However, the data also shows that experiences again varied seen by the fact that 22% (4) rated their experience as "very good".

Upon closer examination the three professionals sharing their experience of referring someone to Crisis support selected “poor”. The majority (67% (4/6)) of those who shared their experience relating to Steps2Change rated their experience of referring someone to the service as “good”. Some elaborated on their experience further sharing “they listen and care” and “online referral was easy”.

“Very effective. Shout are incredible in crisis. Andys man club have eased a lot of stress on the guys I have sent there and the hypnotherapy has helped the 4 people I have recommended it to to remove their negative behaviours.”

However, these positive comments were very much a minority. For those who rated their experience as “poor” their reasons included:

- Difficulties getting in contact and communicating with services.
- Referrals having to be chased up by professionals and patients.
- Complex and rigid referral pathways and criteria.
- Long waiting times with no communication whilst waiting.
- Lack of available and appropriate support especially for those needing crisis support.
- Skills and attitudes of professionals.

“Often have to find alternative pathways to refer patients to as the crisis team often will not accept any responsibility for a patient and will not put any care or support in place”

“Referrals are rarely taken seriously from Housing Teams because of their supposed lack of knowledge of mental health conditions and the gatekeeping mentality of ASC . The next step would be to escalate to Team around the Adult. but even then, mental health services do not necessarily attend and if they do, there seems to be very little proactive input and again, a gatekeeping mentality. A homeless gentleman was assessed as needing 20 hours per week support in September 2022. Still waiting for it to start.”

“Some times I have to chase up referrals as when promised that service user will be seen on a certain date at time the crisis team do not attend. Other times the service user will receive a telephone call to say that they will be with the service user within an one or two but this appointment is not convenient, but the crisis team attend anyway and then discharge the service user as they failed the appointment.”

“My client has experienced being unable to access this team as no one answered the phone. The quality of team members varies considerably in terms of experience and expertise. The best person had retired and returned part time.”

“Often no one available to support patients and when you can get hold of someone they try and find any excuse to not take on any responsibility for the patient. They often do not take concerns if both the patient and us as medical professionals seriously, e.g. patient may be committed to repeating self harm or suicide acts and crisis team will not support them because they have had alcohol or just say 'they won't actually do it.'”

Changes in demand for services over the past six months

The following changes/trends were identified by the respondents:

- An increase in more complex cases.
- A rise in the number of young people needing support for their mental health.
- An increase in people looking to pay for private treatment due to long waiting times for NHS care.
- A need for better and alternative services.
- A need to treat patients holistically – helping patients manage their physical health conditions and addressing the impact unmanaged physical health conditions such as chronic pain have on mental health.

“More referrals rejected if they don't fit the criteria of KPIs being met.”

“The trend is for people with severe difficulties looking for private therapy as they can't get help on the NHS.”

“There has been a trend over the last 5–6 years of service users not being seen in the community for week and months. This is usually by CMHT’s and Crisis Teams.”

“I have noticed a number of people with significant needs on the verge of a sectionable psychosis begging for help and no help coming.”

Other comments

The professionals were then asked if they would like to make any other comment(s) about mental health services in Lincolnshire. The comments again raised similar concerns as to those raised in earlier sections of the survey. The following issues were highlighted:

- The rigid referral criteria which especially does not consider those with multiple issues.
- The difficulties accessing services both in terms of knowing who to contact and actually being able to make contact with services.
- Staff attitudes towards service users in some cases.
- The long waiting times and the impact this has on either people being put off from accessing support or as a result now needing emergency support.
- The lack of emergency support available.
- The type and quality of the support offered.
- Staff and service capacity.
- Service provision in some areas of the county e.g. Gainsborough.
- Concerns were raised about the impact not accessing timely and appropriate support has on patients.

“There are too many different services and some people have multiple issues and complexities which don’t allow people to fit into a certain tick box. In my own experience, customers who have been difficult to persuade to ring the mental health teams have then been met with an attitude from staff when they have finally rang which has then destroyed all our efforts to try and get someone engaged. Waiting lists are too long. Dual diagnosis with drug use is often ignored or “fobbed” off as drug use. People need to be stable before they can have treatment for certain things yes, but by not helping with mental health, the drug use is going to be more difficult to stabilise especially as some people self medicate.”

“The mental health services in Lincolnshire are diabolical. It's as if it's a conscious choice to make it as difficult as possible for people to access services and even if they do manage to, the cases are closed as soon as there is an excuse to do so. There is no emergency support so some deteriorate that much they end up with criminal convictions and detained in prison but sometimes this is the only way for them to have a MH assessment. How sad is that.”

“I feel that mental health services in Lincolnshire have gone down hill in the last 5-6 years with shortage of staff, unsupportive staff, staff being burnt out and management not really having a grasp on what the people of Lincolnshire need.”

“I think NHS services have got worse. I'm an independent practitioner and see a lot of people who wanted NHS help but were on long waiting lists, and sometimes when they got to the top, we're not offered what they were originally told they would get.”

Final Thoughts

We would again like to thank all those who took the time to share their experiences.

We recognise that the experiences shared may not be fully representative of all those who have interacted with mental health services in Lincolnshire (both as a service user/parent/carer or in a professional capacity). However, we believe that the experiences shared should be reflected on.

Despite the relatively small number of experiences shared, there were many recurring themes/concerns raised.

Some broad/overall take-away messages from the data collected:

The majority of respondents found:

- It “difficult” to access services (both service users (adult and children) and professionals).
- Long waiting times to access support.
- There was little information and support provided whilst waiting.
- The communication whilst waiting for an appointment was “poor”.
- That services were often “poor” at
 - Listening to respondents
 - Involving respondents in decisions about their care
 - Treating respondents with care and concern
 - Addressing respondents needs or making plans to do so
 - Offering different forms of treatment not just medication
- The support they received did not positively impact their mental health. For some this was because they were yet to receive any support.

It is important to recognise that some had a very different and positive experience. The data we collected was unable to explain these inconsistencies in experience.

Overall service users, parents/carers and professionals all raised the same areas of concern in relation to community mental health services in Lincolnshire. These concerns included:

- **The biggest concern raised by all parties was the long waiting times to access support including emergency support.**
- **Difficulties accessing support:**
 - In terms of being signposted or referred to the right service.
 - The types of support/services available.
 - Complex and rigid referral pathways and criteria which often fail to take into account those with multiple needs or those who “slip through” the gaps.

Final Thoughts

- **The (often) lack of information or support provided to those who are waiting for appointments.**
- **Poor communication:**
 - Difficulties getting in contact with services to make a referral.
 - Whilst waiting for appointments and after treatment.
 - Some felt they had been “abandoned” due to the lack of communication.
- **The lack of capacity** – both in terms of the workforce and the services available (particularly in certain areas e.g. Gainsborough).
- **The lack of aftercare/follow-up with service users.**
- **The lack of community and “lower level” support.**
- **The lack of non-emergency support for those who are working e.g. appointment times and services available outside of working hours.**
- **In some cases the skills and attitudes of professionals.**
- **The lasting impact not accessing timely and appropriate support can have.**

Provider Response

Healthwatch Lincolnshire's Questions/Areas to reflect on

- What information and support is available to those who are waiting to access services (both service users and carers)? What format is this information available in?
- What is the procedure in signposting or providing individuals with this support? Is there a policy in place around consistently signposting individuals to support.
- Has this information been co-designed or co-reviewed to understand its effectiveness/usefulness?
- Would it be beneficial to send patients (who consent) reminder texts or emails letting them know they are still on waiting list for support? Would it be beneficial to provide people with an estimation of how long it will be before they are seen? This could also be used as an opportunity to send people links to support etc.
- Are people provided with an opportunity to provide in depth feedback/free-text comments on services?
- Are people asked if their mental health has improved as a result of the support received?
- Is the impact of not being able to access timely mental health support monitored? (harm reduction?)
- An explorative review into the inconsistencies in the system. There were some positive experiences shared and examples of good practice. Why are some people signposted to support whilst waiting? Why do some receive communication whilst waiting but others do not.

Other areas to reflect on:

- Impact of demand for services on staff
- Inequalities of people paying for treatment - what about those who cannot afford it
- Impact of staff attitudes on people seeking support and potential harm this could cause e.g. people not reaching out for help

Demographics

Who did we hear from?

Demographic	Number of people	Demographic	Number of people
Age Under 18 18 to 24 25 to 49 50 to 64 65 to 79 80+	4% (2) 2% (1) 52% (29) 27% (15) 9% (5) 0% (0)	Ethnicity Mixed/Multiple ethnic groups: Asian and White White: British/English/Northern Irish/Scottish/Welsh White: Any other white background Prefer not to say	4% (2) 79% (41) 6% (3) 12% (6)
Gender Man Woman Prefer not to say	23% (13) 53% (35) 14% (8)	I am a carer I have a disability I have a long term health condition	30% (17) 29% (16) 30% (17)
		Sources of income Wages/salary Self-employment income Disability benefits Means-tested benefits State pension Other benefits Student loan Occupational/private pension Prefer not to say	44% (23) 10% (5) 23% (12) 19% (10) 8% (4) 4% (2) 2% (1) 13% (7) 15% (8)

Healthwatch Lincolnshire

Rooms 33-35
St Georges Road
Boston
Lincs
PE21 8YB

www.healthwatchlincolnshire.co.uk

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk

Twitter: [@HealthwatchLinc](https://twitter.com/HealthwatchLinc)

Facebook: [Facebook.com/healthwatchlincolnshire](https://www.facebook.com/healthwatchlincolnshire)