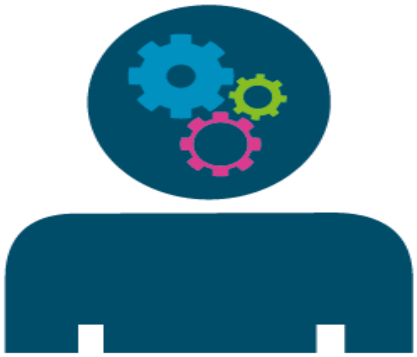
healthwatch
Stockton-on-Tees



Mental Health & Suicide Prevention Engagement Report 2020

Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.

- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf. The service is managed by Pioneering Care Partnership, a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.

- The statutory power to Enter & View publicly funded health and social care services.

- A statutory seat on the Health and Wellbeing Board.

Rationale

The aim of this work was to better understand the needs and experiences of those who access mental health services in Stockton-on-Tees and who may be particularly vulnerable and at risk. We wanted to find out their views on what was working well and what could be improved in relation to accessing and using mental health services.

Suicide is a major public health concern. In Stockton on Tees, suicide rates for men are higher than for women, a picture which is seen nationally. Reducing suicides will remain an NHS priority over the next decade. This work will support adults with severe mental illnesses, and provide support for individuals who self-harm.

Methodology

Discussion initially took place with the Tees Suicide Prevention Co-ordinator who informed Healthwatch that 8 services locally had received funding from the Tees Suicide Prevention Grassroots Community Fund. The aim of each service was to support the needs of men by the implementation of community projects targeting males.

Each group was set up independently, some working with groups of men aiming to increase confidence and self-esteem. Some were to focus upon physical activities, others were run on a more informal café style, with weekly sessions providing space for men to come together, try new opportunities and increase their confidence and motivation to take control of their future. Other organisations provided work based programmes, including a six week programme at Preston Park helping out within the walled garden area and work on developing strategies for wellbeing and resilience.

Healthwatch contacted each of the organisations that had been allocated funding to advise them of the work we wanted to do and sought to discuss ways in which we could engage with some of the service users. We had devised a survey, (see Appendix 1) and asked that this be shared with men on the projects. Freepost envelopes were provided for return of the survey. We also said that we would be willing to meet with some of the men, either as a group or individually, in order to gather feedback from them.

Some organisations failed to respond to our request to meet with them, whilst others, such as the Samaritans said they would be unable to put us in contact with individuals due to confidentiality issues. As a result, only 8 surveys were returned to us.

In order to seek further information it was decided to expand our initial remit to include not only men, but also women, who had experience of using mental health services. This took the form of seeking case studies which provided some insight into the problems they perceived when trying to access services and support.

Feedback

Those who completed surveys were asked to identify their location to help us see if there were any particular areas with recurring themes.

- 4 people lived in TS 19 (covering Roseworth, Hardwick, Bishopsgarth and Elm Tree), 2 in TS 18, (covering Portrack,Hartburn, Oxbridge and St Anne's Hill) 1 in TS 17,(covering Thornaby and Ingleby Barwick) 1 in TS 16 (covering Eaglescilffe and Egglescliffe) and 1 in TS 5 (covering Acklam in Middlesbrough).

The age range of those who completed surveys was 39 – 64.

We asked **'where did you find out about local mental health services?'**

5 said they were informed by other health professionals, 1 said he had heard of services via word of mouth.

We then asked **'when have you accessed mental health services?'**

4 people said they last accessed services over two years ago, 3 said they had accessed services within the previous twelve months and 1 said he had never accessed mental health services.

People were asked **'did you access mental health services through?'**

A referral from a medical professional	4
Self - referral	3

Those who self-referred were asked how they did this,from a range of options which included:

Through the service providers website	0
By telephone	2
By e-mail	0
Filled out a form	0
Went to them	1

We then asked **'which therapies did you received?'**

1 person received medication, counselling and social prescribing.
3 people received medication and counselling

2 people received counselling
1 person received social prescribing

They were then asked **'do you feel that the therapy you received was explained to you simply and clearly? e.g. why you had been prescribed that particular course of therapy or treatment.**

6 of those who responded felt that the therapy had been explained clearly.
1 person said that it had not.

If they had attended for therapy we asked **'were any of your appointments cancelled or therapists changed at short notice?'**

0 of the respondents had had appointments cancelled or therapists changed.

The next questions asked **'from the initial referral, how long did you have to wait to access your therapy?'** from a range of options:

Less than a week	2
1 to 2 weeks	4
2 to 3 weeks	0
3 to 4 weeks	1
Over 4 weeks	0
Over 8 weeks	0

They were then asked **'if your therapy involved a number of sessions, did you feel this was:**

Too much	0
Not enough	3
Just right	4

People were **asked 'do you feel the therapy you received was successful in treating your illness?'**

Yes	3
No	0
Partly	4

Those who felt that the therapy was only partly successful or was unsuccessful made the following comments:

"it started off well but my engagement level dropped. I also put up walls of untruth stopping the value of the treatment"

"partly. With mental health issues there is always something that can knock you back"

The next question asked **'what effect does your mental health have upon your day to day life?'**

The following responses were received:

"difficulty leaving the house, anxiety when having to see people for appointments"

"I did suffer badly from depression. It was all down to my marriage break up 10 years ago. I feel a lot better now I've got my family and friends to support me, which I greatly appreciate"

"It varies day to day. I seem to always leaver things undone. This puts me in a guilt cycle. My symptoms include double incontinence, lack of energy, constant muscle ache, blurred vision, sudden anger, excessive production of adrenalin"

"not a great deal now but it was crushing. I felt useless, worthless"

"currently, at this time, it has no effect on my day to day life"

We then asked **'if one thing could have improved your experience of mental health services what would it be?'**

The following responses were received:

"the environment where my therapy took place. Neutral, beige, colourless rooms feel too formal and cold"

"better signposting to be able to access support groups"

"improve training to see the signs and give advice"

"not sure"

"make it possible to make appointments on-line, not everyone is comfortable using the phone"

The final questions asked if there was anything else people wanted to tell us about their experience of using mental health services.

The following responses were received:

"doctors don't always understand, but it is being talked about a lot more now"

"social awareness"

"improved social awareness by staff"

Given the lack of response to the survey questions, staff from Healthwatch Stockton-on-Tees sought to obtain case studies from a number of people who had used mental health services. The following case studies were received:

Case Study 1

When the client first tried to access mental health support, he was asked to fill in some assessment forms. On the forms it asked whether he was experiencing suicidal thoughts, his answer to this was 'sometimes' but the form only gave him 2 options - Yes or No. The client knew that if he answered yes then they simply 'can't help you'. As a result of this the client got blocked from Alliance, Mind and Insight but they 'didn't signpost me to anywhere else'. Alliance referred him to the crisis team but a lot the assessment was done over the phone even though the client explained he preferred face to face contact.

The client feels that some mental health service staff need more training - 'People on the phones aren't fully trained' and the Dr told him 'it's all in your head'.

The client tried medication but felt that didn't help and he was experiencing side effects which resulted in him needing a sick note for work but the Dr could only give him this for 6 months.

The client is now waiting for a PTSD assessment but the appointment is in a month's time.

As a result of a suicide attempt, the client was taken to Roseberry Park (in a police van) where he spoke to 5 members of staff. The client felt the treatment he received at Roseberry Park that day was 'really good' and feels that 'that door should be open all the time' and he 'shouldn't have had to wait until he tried to take his own life until I got that help'. This help was only for a short term basis with no further signposting.

Queens Park Medical Centre have been 'a lot more helpful' and have listened to Roseberry Park's Assessment.

The client explained that his 'anxiety just hits you and you can't control it' which has resulted in him awaiting a diagnosis for PTSD. The client has no social worker and 'doesn't have any support in the community'. If the client needed to speak to someone he said he would turn to the supported accommodation staff where he is

currently residing, or the crisis team. Roseberry Park said if he was in crisis then he could go straight back there to speak to someone.

The client made the following additional comments:

'The assessment forms are all wrong'

'The only options on the forms are Yes or No but sometimes I don't know, but they just want an answer'

'Would you ring someone if you were going to commit suicide?'

'I think it's better to talk to someone who has been through a similar situation to get to know what that person is thinking'

'The advice given is not always easy to do - I can't choose a new hobby with my anxiety'

'The anxiety can just floor us'

'Noises and certain people prevent me from getting involved in community activities'

'Might get all the help I need or might be waiting a bit longer depending on if I get a diagnosis'

'It's been a good few years until I've got some help'

'I struggle to go out and feel isolated as I stay in the hostel all the time'

'If befriending was offered, the person would have to be matched appropriately'

'I can trust the staff in the hostel, I feel fine going out with them'

'I like to feel safe'

'James Cook hospital staff were useless and didn't know what to do'

Case Study 2

"My daughter has been under the care of CAHMS since February 2019, but unfortunately I do not have a single good word to say about this organisation. She was referred there due to self-harm, yet after her initial assessment where we were told she would be a certain case, we heard nothing more. Fast forward to August 2019 where my daughter ended up being hospitalised for three days after an overdose, a serious attempt to end her own life.

Crisis Team Durham (although they themselves turned up over a day late) were satisfied that after treatment she was no longer a risk to herself, and she was transferred back to CAHMS. We again attended what they classed as an 'initial assessment', with the same person who had conducted the first one. She sat down and immediately apologised for "dropping the ball" with my daughter. She could not understand what had happened but would work hard to regain our trust. I felt disheartened that it had come to this but satisfied that they had acknowledged blame and seemed genuinely concerned on what was going on with my daughter. She was classed as a high priority case and four appointments, on a weekly basis, were due to start the following week.

We turned up for the first appointment to be told by the receptionist that the staff member had left thirty minutes earlier. She had given no reason, just that she had to go and would not be returning. As this was an 11am appointment I would have expected a phone call. I then expected to at least hear later in the day, but nothing. Fast forward to the next week, turn up for a 9.30am appointment, and again a 'no show'. Apparently the staff member was ill. No phone call, no follow up, no word at all. Considering my daughter was classed as high priority this is unacceptable.

By the time we attended the third scheduled appointment, which the staff member did manage to attend, my daughter had harmed herself with a razor blade and had attempted to drown herself. She did not believe she was worth anything and in her words "even the people paid to care don't care".

I made a complaint and will be following up with a more official one to PALS, however to then be told that it was because they did not have my contact details (ironically communicated by form of a letter to my home address) was rather insulting. They then told me they had contacted my daughter's Father, however this was not the case. He had received no calls or messages.

My trust, and my daughters trust, in CAHMS is at rock bottom and considering this is the only mental health service for children and young adults in the area, I am very concerned."

Case Study 3

"I'm currently under the care of EIP early intervention psychosis team within Ideal House. This is provided by the NHS. My experience with EIP have been great and my CPN is fantastic. The team have put me through a wide range of different therapies. On my road to recovery it hasn't been easy but, because of the team I have been working with, I have been able to make progress within recovery. They will notice if something isn't working and try new things. I've always felt comfortable with the team. I can't fault my care as it's been helpful and it has also helped me realise a goal of returning back to college. My only down point to

the care was the length of time I waited for a meds review and being told that my meds are correct and I went that long. And taking one of my diagnoses off me because they haven't seen a manic high in a while. But other than that, I'm really happy with the service and will be sad to leave the care and go back to my local GP. This will be coming to an end soon as I've went over the 3 year mark. It's hard putting a timescale on recovery but I'll always be on the path to recovery."

Conclusion

Although attempts were made to engage with people attending a range of therapeutic services feedback was very limited. We were only able to talk to a small number of people face to face, and although some agencies were given surveys to hand out, very few were returned. Attempts to promote the survey online via social media outlets also proved to have little impact.

Those who returned surveys to us were generally fairly positive about the service they received. Waiting times were kept to a minimum, with 6 out of 7 respondents starting therapy within two weeks of being referred. Where prescribed, no therapy sessions were cancelled or therapists changed.

A range of therapies were provided, including counselling and social prescribing. Medication was also prescribed in 4 out of 7 cases. All those who responded felt that the treatment they received was successful, or partly successful, in treating their illness. However given the nature of mental ill health some respondents felt that was always a chance of something re-occurring at any time.

Those who made suggestions about how the service provided could be improved highlighted such things as better signposting to services including support groups, ease of referral bearing in mind that not everyone is comfortable using the telephone, and making therapy environments more conducive to patient needs. Several highlighted the need for raising awareness of mental health, not only amongst the general public but also among health professionals.

The case studies highlight some of the obstacles that can get in the way of receiving good quality treatment at the right time. One study highlights the fact that questions such as "are you experiencing suicidal thoughts" are not always as clear cut as 'yes' or 'no' and that access to treatment can depend very much upon the answer given. It also highlights that trying to discuss how you really feel over the telephone can be extremely difficult. However, once treatment was received this has been found to be very helpful.

Another study highlights difficulties accessing service through the CAHMS service, even though the case had been highlighted as 'high priority'. In this instance a delay in accessing the service led to the young lady being hospitalised after

another episode where she had attempted self-harm. There then followed further delays due to poor communication and appointments being cancelled without notice.
Healthwatch Stockton-on-Tees have been made aware through our ongoing general engagement work that a number of people have concerns about the service they are receiving from CAHMS. This would appear to be a service under considerable pressure.

It is evident from the, albeit limited, information provided that receiving the right support at the right time is crucial to supporting people at times of crisis in their lives.

Recommendations:

1. Improved training for staff when taking referrals over the telephone. Questions need to be unambiguous, and "yes" or "no" answers don't always show the true picture.

2. Wherever possible, face to face appointments should be made, as some people do not find it easy trying to express themselves over the telephone.

3. Increase awareness of support services amongst professionals so they are able to signpost on more effectively.

4. Where therapy is provided, care should be taken to ensure the environment is appropriate, being more informal and less clinical in nature.

5. The CAHMS service should ensure that, where required, services are provided in a more timely manner and that appointments are not being routinely cancelled. Where this does occur managers should take responsibility for ensuring follow up on the work of absent staff members and better communication with patients.

Appendix 1

Mental Health Services Questionnaire

We held a public vote to find out what people feel is important to them and Mental Health was rated as a top priority.

We want to capture your views of accessing mental health services. The information you provide us with is anonymous and will help us to make recommendations to improve future service delivery.

1. Please enter the first part of your postcode (e.g. TS18) This doesn't identify you and helps us to see if there are particular areas with recurring themes.

2. How old are you?

3. Where did you find out about local mental health support services?

   - ☐ Website
   - ☐ Social Media
   - ☐ Word of Mouth
   - ☐ Health Professional (please state GP/midwife etc) _____
   - ☐ Other (please state) _____

4. When have you accessed mental health services?

   - ☐ Within the last 12 months
   - ☐ Within the last 2 years
   - ☐ Over two years ago

5. Did you access mental health services through:

   - ☐ A referral from a medical professional (e.g. GP) (*go to question 7*)
   - ☐ Self-referral (*see question 6*)

6. If you self-referred, how did you do this?

- ☐ Through the service providers website
- ☐ By telephone
- ☐ By email
- ☐ Filled out a form
- ☐ Went to them
- ☐ N/A I did not self-refer

7. Following your referral, which therapies did you have?

- ☐ Medication
- ☐ Cognitive Behavioural Therapy (CBT)
- ☐ Counselling (Talking Therapies)
- ☐ Social Prescribing
- ☐ Other (please specify) _____

8. Do you feel that the therapy you received was explained to you simply and clearly? E.g. why you had been prescribed that particular course of therapy or treatment?

- ☐ Yes
- ☐ No

If no, please can you tell us what you did not understand?

9. If you attended therapy, were any of your appointments cancelled, or therapists changed at short notice?

- ☐ Yes
- ☐ No
- ☐ N/A – I did not attend any therapy

10. From the initial referral, how long did you wait to access your therapy?

- ☐ Less than a week
- ☐ 1 to 2 weeks
- ☐ 2 to 3 weeks
- ☐ 3 to 4 weeks
- ☐ Over 4 weeks
- ☐ Over 8 weeks

11. If your therapy involved a number of sessions, did you feel this was:

- ☐ Too much
- ☐ Not enough
- ☐ Just right

12. Do you feel that the therapy you received was successful in treating your illness?

- ☐ Yes
- ☐ No
- ☐ Partly

If no or partly, why do you feel the therapy did not work?

13. What effect does your mental health have upon your day to day life?

14. If one thing could have improved your experience of mental health services, what would it be?

15. Is there anything else you would like to tell us about your experience of mental health services? (Anything you tell us is anonymous and will help us make recommendations to improve future service delivery)

Thank you for completing this form

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