

Healthwatch Blackpool

Mental Health survey, July 2015

www.healthwatchblackpool.co.uk



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Introduction - Why did we do this?

Healthwatch Blackpool ran a 'concerns' survey in May-June 2015 to collect data and views of people who use Blackpool's health and social care services. Among the results and feedback we received were issues that residents were having when accessing mental health services. Healthwatch Blackpool decided that a survey developed in conjunction with groups, stakeholders and other service users would be a good strategy to collect quantitative and qualitative data from users of mental health services and those who may have a mental health condition but who haven't accessed formal mental health services.

Our aim:

To bring to light stories and experiences of individuals with a mental health condition to identify any issues and highlight good practice so that this can be used in the development and delivery of services for local people with mental health needs.

What we did:

We developed a set of 30 questions based on NICE Mental Health Quality statements <https://www.nice.org.uk/guidance/cg136/chapter/quality-statements> to collect the views and experiences of mental health service users and those who haven't accessed mental health services but live with a mental health condition. We ran a series of focus groups to test the questions before publishing our on-line survey on 1st July which was promoted on our website, through social media platforms and directly with mental health services. In addition we visited a number of groups and spoke directly with people who have a mental health condition.

Thank you to:

Empowerment Charity, The Friendship Club, Steve Royle and everyone from Blackpool Inspirations. Rachel and the team from Making Space. The Blackpool, Fylde & Wyre Mental Health forum and their Chairperson - Christina Mckenzie-Townsend. This report couldn't have been made without your contributions.

Disclaimer

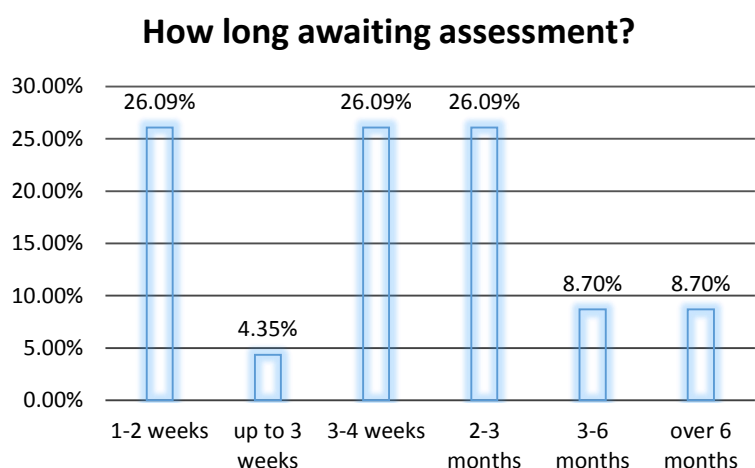
Please note that this report relates to views collected over the specific dates 1st - 31st July 2015. Our report is not a representative portrayal of the experience of *all* members of the community just the sample who completed our survey.

Report on people who answered yes to being diagnosed with a mental health condition.

Of 86 responses 47 (57.32%) told us that they had a diagnosis of a mental health condition. These were varied - 20 respondents shared their condition with us. Our survey reached those suffering with:

Depression Bi polar Paranoid delusions Schizophrenia
PTSD (*Post traumatic stress disorder*) Generalised anxiety disorder
Anorexia nervosa ADHD (*Attention deficit hyperactivity disorder*)
Addiction (*Prescription drug, illegal drugs and other harmful substances*)
Manic depression affective disorder OCD (*Obsessive compulsive disorder*)

NICE guidelines state that an individual should be offered a face to face appointment with a professional in mental health services within 3 weeks of referral.



ONLY 30% of the people we surveyed reported to have had an assessment with a mental health professional within 3 weeks.

52% had to wait up to 3 months and **8%** had to wait over 6 months.

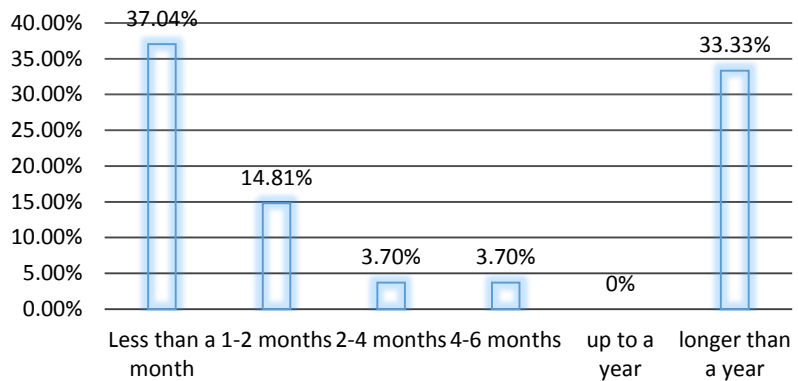
“It was a bit of a long winded process.”

“The waiting time to be seen for actual counselling was over a year and by then I was at risk of suicide and I felt like I wasn't given any help. Off my own back I decided to join youth groups to help give me peer support and that helped me personally but from a medical perspective I wasn't given the help I needed quick enough”

“I had a mental breakdown and after therapy with the crisis team's psychologist I uncovered memories of childhood sexual abuse. Since then, I've been unable to work and struggle with the basic functions of living. I suffer from crippling anxiety and trauma flashbacks. I have made some changes in my life, with the help of the original therapy but I am still waiting for the psychological therapy for this. Until I do, I'm unable to move on and this has led to suicide attempts and me being totally isolated. Individuals are not at fault, it's the length of the waiting list for specialist input”

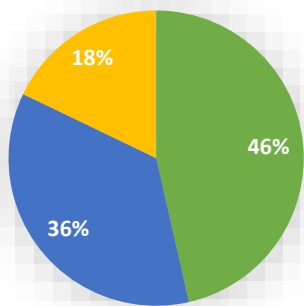
“I was treated by the crisis team and their clinical psychologist and then referred to the CCTT. This was over 12 months ago and there’s still no sign of it starting soon. I’m in limbo, unable to move on and having to cope with crippling symptoms and distress. The issue isn’t the staff, it’s the system that is causing the problems.”

How long awaiting Treatment?



People using mental health services should feel they are treated with empathy, dignity and respect (nice.org.uk). We asked people how they felt they were treated.

Were you treated with respect?



■ Yes ■ No ■ Sometimes

64% felt that they were treated with respect some or all of the time by the professionals they dealt with. **36%** didn’t feel they were treated with respect.

The majority of people we spoke to told us their GP was really understanding:

“From my GP and the woman who did my assessment, yes. The counsellor I was given for CBT was awful. I am a journalist and he asked me if I was an undercover reporter.”

“Rather like just being a part on conveyor belt”.

“I have found my own ways to cope, with the support of my GP.”

Are people involved in decisions around their care?

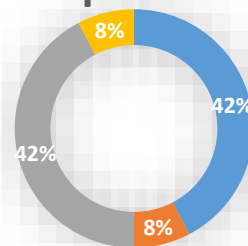
People using mental health services should jointly develop a care plan with mental health and social care professionals, and be given a copy with an agreed date to review it (nice.org.uk)

The majority (57.69%) of people polled either weren’t involved with their care plan, didn’t receive one or weren’t told what one is. **50%** of people didn’t receive a care plan.

“Although mental disorders are widespread, serious cases are concentrated among a relatively small proportion of people who experience more than one mental health problem.”

(The British Journal of Psychiatry, 2005)

Did you get a care plan?



■ Yes I was involved ■ Yes but I wasn’t involved
 ■ No, I didn’t receive one ■ Whats a care plan?

How would you rate the support you received?

“Excellent from my GP, but nothing from anywhere else in the NHS.”

*“MH midwife - excellent
Perinatal MH nurse - excellent”*

*“CPN 7/10
Psychiatrist 5/10
Crisis Team 0/10”*

“I have a CPN and psychiatrist support 9/10”

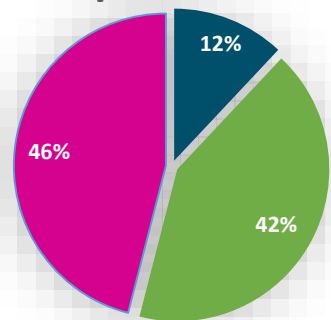
“Crisis team 8/10”

“Zero to none!”

Crisis support

People using mental health services who may be at risk of crisis should be offered a crisis plan (nice.org.uk).

Were you given a Crisis plan?



■ At risk offered a plan ■ At risk NOT offered a plan ■ Not at risk

Of those who were at risk of a crisis, only **38%** were given help to recognise the warning signs of their condition worsening and given clear advice as to what to do to avoid reaching crisis. Almost half (42%) of the people identified as some-one at risk of a crisis were NOT offered a crisis plan.

However, of those who actually needed to access crisis support, the majority were assessed by a professional and responded to quickly and 80% felt that got the help they needed.

“Getting help (in a crisis) takes a long time. Going via A&E Blackpool is a waste of time. Lots of waiting around to be sent home with leaflets”

“I am able to contact my care coordinator or the crisis team if out of office hours when things get too much. There are some amazing staff members who show empathy and compassion, allowing me to feel less alone”

Mental health and stigma

People using mental health services should feel less stigmatised in the community and NHS, including within mental health services (nice.org.uk)

"I would not want my employer to know, stigma is worse from professional people"

73% of respondents who answered this question said that there was a stigma attached to their mental health.

"One organisation I went to said because I was a man I couldn't have experienced domestic violence"

"[Stigma comes] from older people, not really from people my own age. A lot of people my own age have gone through the same thing."

81% of respondents who answered that they hadn't been diagnosed with a mental health condition but had tried to access services and help they felt that there was a stigma towards people who suffer and it affects their willingness to seek support.

"Yes, through experience at work where HR tried to discipline me for having time off work due to my mental health I feel invisible as it is a condition that is not visible to the naked eye."

People who haven't accessed Mental Health Services

34 of the 87 individuals polled answered no to having been diagnosed with a mental health condition but have tried to seek mental health support. Anxiety was the main condition the respondents shared with us and depression and bereavement were amongst other problems people shared with us.

Have you tried to find support, what did you do and what happened?

67% of people said they had been unsuccessful in accessing support. Respondents who gave reasons said they had seen the GP and just been prescribed tablets such as anti-depressants or sleeping tablets. We had 2 respondents who said they have no idea where to go or who to turn to.

"I went to the GP and several community groups only to be turned away. Something about not being the right criteria"

Only 62% of people said they had been treated with understanding, empathy and dignity throughout the process.

People described a range of strategies they used to help them manage their mental ill health on a day to day basis, which varied from being creative to regular exercise and volunteering to "help other people feel good".

"I do creative stuff for a group now but until they were recommended I was turned away from other support"

The majority of people who answered the question told us that medication, regular contact with their GP and information from other services is their preferred method for dealing with their mental health issues. 46% of people saying it works and 45% saying it works sometimes. Only 9% of respondents told us that this support is not effective.

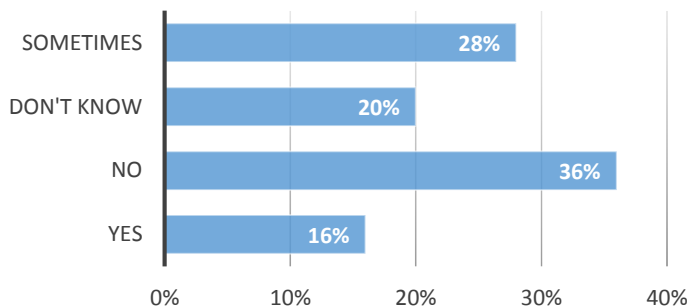
"(Mental health issues) only happen occasionally. No day to day problems."

People using mental health services should feel confident that the views of service users are used to monitor and improve the performance of services (nice.org.uk)

Only 16% of people thought that the views of service users were taken into account by the people who provide a service to them.

People felt that service providers do not always appreciate the difficulties for people with mental health needs and accommodate them appropriately.

Are services designed for you?



“The nature of depression and anxiety is the need to be or feel secluded from society. However if you don’t attend appointments it’s presumed that you’re no longer wanting help when the opposite is in fact the case.”

“I feel fobbed off, like I’m in a torpedoed lifeboat.”

“No empathy and if you don’t engage you’re presumed to be fine”

“My situation is quite unique and I don’t fit into a neat category, but all individual staff members take that into account and show understanding.”

“There isn’t a day centre for us to attend or time appropriate services, they have some groups which are too far for me to travel or at awkward times. I struggle to get regular sleep due to my medication if I miss a group I’m not invited or allowed back”

How could services be improved?

“I feel like there is a period from 18- 26 that should have its own mental health services because you are still quite young and, there could be peer support that could be put in place. Like there is CAMHS for younger people after you turn 18, there is no targeted support, or if there is, a lot of people are unaware of it.”

The general opinion that was evident from talking to individuals, focus groups and the consultation feedback was the need for more community and ongoing support, particularly when your needs are classed as “low”. They told us that there was a lack of places for people with mental health needs to meet and gain support from each other and professionals on a regular basis. We spoke to one group who told us, “There used to be a day centre, now there is no place for us to go when we need more help.”

“Where is the aftercare support? We need somewhere to go after we have been in the Harbour.”

“There is no communications between services and inside Gateway (The mental health department in Blackpool). They’re oversubscribed and people are treated like numbers in

“I used to have a CPN for life now its 6 weeks then I have to go through the system again! We used to see people constantly there was always support available now all I get is a 15 minute phone call it’s not the staff’s fault they’re as passionate as ever just the cuts.”

“Encourage physical health team liaison (in my case obstetrics). Mental health team plan not acknowledged by my obstetric team until forced to do so.”

“They know we won’t speak out because of the nature of mental health so they cut our budget.”

Conclusion & Findings

ONLY 30% of the people we surveyed reported to have had an assessment with a mental health professional within 3 weeks. 52% had to wait up to 3 months and 8% had to wait over 6 months. People should receive an appointment for a mental health professional within the recommended 3 weeks.

There appears to be a lack of community support available for those who do not meet eligibility criteria. 67% said they had been unsuccessful in accessing appropriate support.

Service users should be informed of their right to a formal community assessment and how to access this.

Of those who were at risk of a crisis, 42% were NOT offered a crisis plan and only 38% were given help to recognise the warning signs of their condition worsening and given clear advice as to what to do to avoid reaching crisis. People should have more information and support to avoid reaching crisis.

Care plans should be developed jointly with the service user, and include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants. Support should be provided to help the service user realise the plan and they should be given an up-to-date written copy of the care plan, and agree a suitable time to review it.

More support and understanding of the challenges people with mental health needs face when trying to attend appointments and assessments. 70% of the people we spoke to didn’t know that they could have a trained advocate or other appropriate person to support them at meetings.

Health and social care providers should consider employing service users to be involved in training teams of health and social care professionals and supporting staff in 'person-centred care'. Such training should be tailored to the needs of people who attend mental health services and should be evaluated using experience of care as an outcome. They should also consider employing service users to monitor the experience of using mental health services, especially inpatient services, for example by paying them to undertake exit interviews with service users who have recently left a service.

“My relationship with my son’s father ended after being together for a long time and after that my life changed. As a single parent I was being harassed constantly and ended up having to get Victim Support Police Team involved. I was a target of abuse and having property in my home stolen and people trying to break in. Then I was sexually assaulted by 2 men. This really was the final straw for me and I had a break down and now suffer with depression and anxiety attacks. I never go out as I can have a panic attack and I am very wary of people now, especially men. I have had to manage this alone for many years until I got so depressed I considered suicide so asked for help but was placed on a waiting list. I have recently moved home and Doctors. I been receiving more care and they have been a great support and take time to listen to me and understand my condition and are helping me get the right help.”

(Case study from a female service user)

(Case study from a male service user)

“I have suffered from depression on and off for years. I have accessed counselling for years either through voluntary services, occupational health at work or paid for it, I took an overdose four years ago in the April by the time I got access to a psychological wellbeing practitioner it was in the November by this time I didn't really need it and was only offered three 30 minute face to face sessions and three 30 min phone sessions, there just isn't enough access to psychological support I have now been on anti-depressants for 5 years”

Diversity & Ethnicity data

Respondent’s age range:

- Under 16 0.00%
- 16-24 6.45%
- 25-39 35.48%
- 40-45 29.03%
- 55-69 25.81%
- 70+ 3.23%

Gender:

- Male 46%
- Female 54%

Sexual orientation

- Gay 3%
- Lesbian 3%
- Heterosexual 76%
- Bi-sexual 3%
- Prefer not to say 15%

Ethnic background

- White British 94%
- White Scottish 3%
- Black Caribbean & White 3%

(Total responses - 86 from 1st July - 31st July 2015)