healthwatch St Helens

Access to Mental Health Services.

Interim Report 2017

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Background

In our public consultation of 2016, access to mental health services was highlighted as an important issue for the people of St Helens. This reinforced what we had heard over time from local people and their experiences of using mental health services.

After further consultation with Healthwatch members it was decided that *'Parity of Esteem'* should be the focus of our work. This is a principle which underpins all 6 objectives of the Mental Health Strategy in England which are outlined below:

1. Equal access to the most effective and safest care and treatment
2. Equal efforts to improve the quality of care
3. The allocation of time, effort and resources on the basis commensurate with need
4. Equal status within healthcare education and practice
5. Equally high aspirations for service users
6. Equal status in the measurement of health outcomes

In essence, the 'parity of esteem' is best described as: 'valuing mental health equally with physical health'.

The mental health gap is exemplified:

- Lower treatment rates for people with mental health conditions.
- Premature mortality of people with mental health conditions
- Underfunding of healthcare relative to the scale and impact of mental health problems.

In general conversations with professionals and service users/carers alike, it became apparent that a common denominator emerged in that there was a gap in the mental health pathway from primary to secondary care. Access to local, appropriate mental health services became the focus of the task and finish group.

Consultation method

We developed a task & finish group to look at the issues local people were facing. One of the things the group did was design a questionnaire with the aim of finding out people's experiences.

Whilst completing the questionnaire some service users spoke in more detail about their mental health journey.

How we engaged with people with mental health issues

Local support groups for people with mental health issues were identified but there were also groups who were known to Healthwatch and vice versa.

The trust and rapport established with groups with whom we already had a relationship meant that people were prepared to share their views with us.

We went along to their regular group meetings and rather than ask individuals to complete the questionnaire on their own, we sat down on a one to one basis and they told us their story.

The questionnaire was also available to people when Healthwatch had a presence at community events such as 'Healthy in St Helens.'

We had 17 responses altogether.

What we know about services in St Helens

Since April 2016, primary mental health services were delivered by Lancashire NHS Trust. The service is called **Mindsmatter, which takes** self-referrals or referrals from a GP or other agencies, and deal with low level mental health issues such as anxiety and depression and use CBT techniques to assist in the patient's coping strategies.

For more complex needs there is the **Assessment and Recovery** teams based at Peasley Cross Hospital, operating under North West Boroughs Healthcare NHS Trust.

There are a number of supportive voluntary groups for people with mental health issues such as St. Helens Mind and Change Grow Live (CGL) for people dealing with addictions as their own mental health issues (dual diagnosis). Currently there is a lot of work in public health around suicide prevention in conjunction with the local rugby team.

What local people told us

Access into mental health services is usually via the GP or self–referral. Once the welcome call is received there is a long waiting time for patients to see the therapist. A couple of people used the Mindmatters Silver Cloud on-line CBT while waiting to see the therapist, and this helped.

Generally the service at low level intensity is good but is fixed in terms of the tick box assessment and the 6 week CBT treatment. It is not appropriate for everyone and 2 people pursued counselling services. For others who could not attend the appointment there was no follow-up call as to why they had not turned up. One lady was too low, emotionally, to go out of the house.

For others the service was not appropriate as their needs were more complex and beyond the remit of low intensity treatment. Referrals to the Assessment Team were either accepted and referred to recovery or re-

directed to Mindsmatter or the GP. This was frustrating for both professionals and patients as the criteria for treatment was not applicable.

This is particularly for people who self-harm or have suicidal thoughts. It appears that once the person is no longer coping the Assessment Team will accept. There is often a revolving door scenario because of repeated discharge.

Once the entry into secondary mental services is established diagnosis and treatment is administered over time but for a few there is the regular check-up with the psychiatrist but support has been withdrawn from CPNs (Community Psychiatric Nurses). This leads to a reliance on community services such as Mind and the Veterans group who operate under limited funding. A couple of service users have support workers through their housing support.

In your words...

'There should be a service for those who self-harm'

'There is a gap in services for those people who are too vulnerable for Mindsmatter and not vulnerable enough for the Assessment Team'.

'My CPN has now been stopped. Don't know where I'd be without Mind.' (service user for 19 years)

'They (Mindsmatter) put it in perspective for me...showed me how to deal with panic attacks....they saw me for an extra week.'

'It's a shame there is a long wait from the welcome call to seeing a therapist. (Mindsmatter) Chose on-line CBT while waiting.'

'There is still stigma around mental health'

'The uniformity of the tick box assessment does not treat the person as a whole.'

What our questionnaire told us:

- **Out of 17 questionnaires 9 people have seen their GP as a first point of contact, who referred them to Mindsmatter, with the exception of 1 person who self-referred.**
- **Out of the 9 people seen by Mindsmatter – 4 were referred to the Assessment Team as they were considered to be 'inappropriate for their service' or 'too complex.'**
- **Out of those 4 people seen by the Assessment Team – 2 people were referred to the Recovery Team and the other 2 were sent back to Mindsmatter.**

It is in cases like this that the 2 people commented that:

"It was like being passed back and too like a ping pong ball"

"It was never- ending..."

Out of the 17 questionnaires – 10 have been in secondary care with 7 continuing to remain under secondary care.

- 2 have been in the system and still receive repeat prescriptions for medication but no longer have a CPN. Both of these people have had brain trauma through epilepsy and tumours.
- 1 person has been in the system for a number of years but sees GP if needs support with his bipolar.
- 1 person has been in the system but struggles with self-harm and suicidal thoughts and cannot read properly which she feels has not been acknowledged.
- 3 people have regular check-ups with the psychiatrist; 1 has a CPN and 1 has a support worker and lives in supported accommodation.
- 1 in the system and waiting for a diagnosis.
- 2 were in the system after having a breakdown 3 years ago. Additional support from Mind.

Conclusion

Certain themes have emerged from the 17 questionnaires.

Gap in a 'middle service'
Although the responses are very individual in their entry to mental health care the GP is usually the first point of referral. The GP will refer to Mindsmatter which offers CBT for low level mental health issues such as anxiety and depression. In 7 cases out of 17 it became apparent that there was a gap in services for people who did not receive the appropriate care because they were either too complex or ill for the low level service and not complex or ill enough for the Assessment Team. This could be someone who self-harms and has suicidal thoughts and can result in the individual being bounced back and forward between services.

The feelings of people trying to access the right level of support is echoed by some mental health professionals who voiced their frustration in the current system.

Discrepancy between physical and emotional care
This is indicated by one case of a lady who had bariatric surgery at a specialist hospital but there was no funding to support her with aftercare and how to cope with a lifelong condition left after surgery. The service offered by Mindsmatter was inappropriate, so her physical care was met but no emotional support for what she was experiencing as a result of the surgery.

Waiting times
There is a long wait (usually 6 months) between the welcome call and seeing the therapist at Mindsmatter. The on-line CBT service is offered during the wait, but not everyone takes this up either through lack of access or lack of IT skills.

In general, Healthwatch St Helens feels that there seems to be a gap in services for those who do not fulfil the criteria for low level to complex level mental health support, which again also leads to frustration on the mental health professionals' part.

Voluntary sector support
It is very apparent from the questionnaires that voluntary sector organisations such as Mind, CGL (Change Grow Live) and No Secrets play a big part in continuing the support for people with life-long mental health conditions which keeps them out of hospital and without which they could not manage. Such groups understand the specific nature of a person's problem such as the Veterans group, which may not be appreciated by a general mental health service.

Recommendations

- **For Mindsmatter and the Assessment Team to have a better understanding of each other's referral criteria.**
- **To continue the 'time to talk' campaign to tackle stigma.**
- **To recognise the value of the Voluntary Sector's role in supporting mental health.**
- **To give consideration to developing and commissioning the 'middle service'**
  The task and finish group felt it is important to address the objectives of parity of esteem principles such as funding, safe and effective care and meeting the needs and expectations of its service users.

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- Mind and groups at various venues.
- YMCA

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