

‘What’s Going On’ event

BANES mental health providers, service users and supporters learning from each other

Full report

Incorporating information from the adult mental health and wellbeing survey and focus groups, carried out by KS2 Bath & St Mungo’s Bridges to Wellbeing service during the period 11th Aug - 5th Oct 2021

January 2022

Organised by KS2 Bath & St Mungo’s, funded by Healthwatch BANES

St Mungo’s
Ending homelessness
Rebuilding lives



healthwatch
Bath and North East
Somerset

“People want to change and are dedicated to making change possible”.

Participant

Who we are

KS2 Bath

KS2 Bath is a support group for carers of people with mental health difficulties. It is a voluntary non-profit organisation. We provide a peer support carer's group, as well as delivering carer's training to those with lived experience, as well as professionals. We also sit on many committees within the statutory mental health services representing carers, ensuring that carers' voices are recognised and heard.

St Mungo's Bridges to Wellbeing Service, BANES

The St Mungo's 'Building Bridges to Wellbeing' team works innovatively and creatively with people who have a lived experience of mental health challenges, volunteers and other agencies to empower, inspire and promote independence and wellbeing. We support mental health and wellbeing pathways which enable the positive progression of clients and volunteers.

Healthwatch B&NES

Healthwatch BANES is a public and patient involvement and engagement organisation. We are independent and collect views from people living in B&NES about their local health and social care services.

Voluntary, community sector and social enterprise (VCSE) organisations and groups are crucial in helping Healthwatch to reach the local community and understand how health and social care services in B&NES are working for them. The Healthwatch B&NES Community Pot is designed to support this work.

'What's Going On' event

Full report

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Overview

KS2 Bath and St Mungo's Building Bridges to Wellbeing service worked in collaboration, to bring mental health service providers and the people they support together on Wed 17th Nov 2021, for the 3rd 'What's Going On' event, held in central Bath.

Before the event we heard from 91 service users and carers via a survey (paper-based and online format), and focus groups. This was used to inform the event and its themes (*See Appendix III 'Adult Mental Health & Wellbeing Survey' & IV 'Survey and focus group feedback - Having a voice in shaping services' for more information*).

The event was fully Covid-19 risk assessed, in partnership with BANES Council's Infection Prevention & Control Officer. As a result, it was scaled down in numbers (in comparison to previous similar events).

The aim of the event was to create an opportunity for anyone affected by mental health issues to talk directly with mental health service providers and commissioners to find out what's going on in the Bath and North East Somerset (BANES) area.

Participants

34 people attended - 20 individuals who identified as having lived experience of mental health (service users, carers, supporters) and 14 professionals.

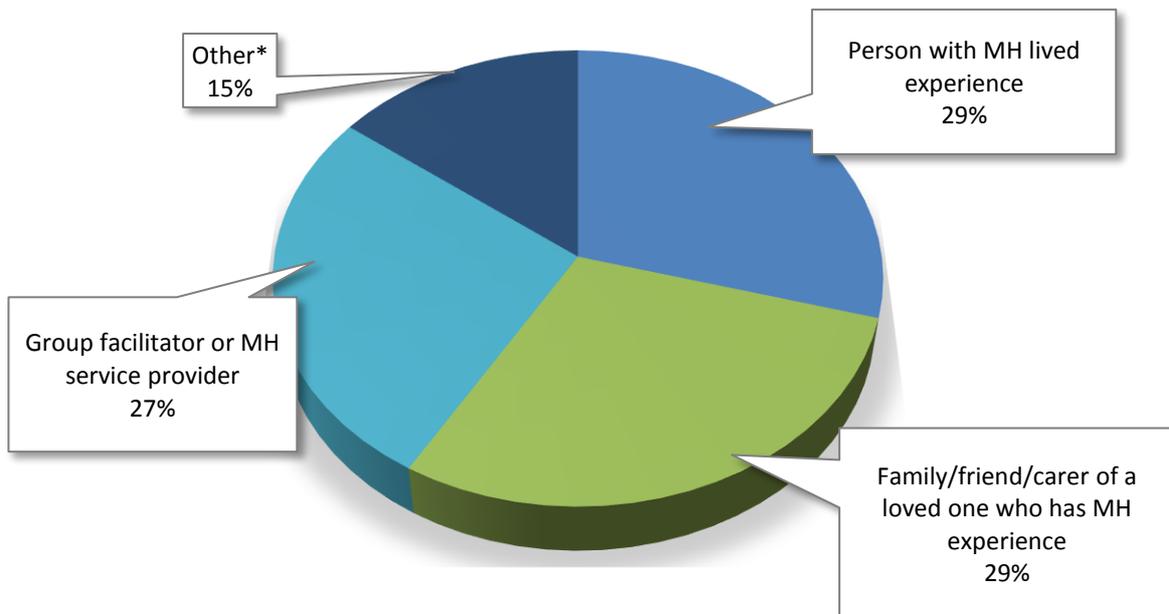
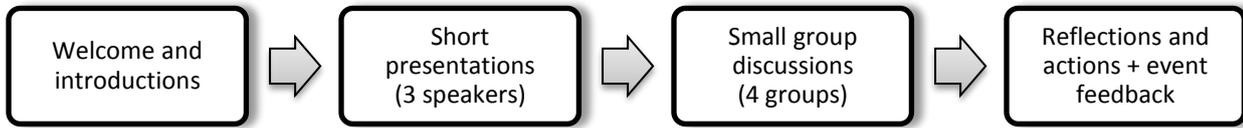


Chart 1: Breakdown of participants - What's Going on Event

* Work in mental health x2, retired mental health professional, volunteer, peer supporter and volunteer, placement student from mental health charity.

Structure of the event

The event enabled people to hear, from people directly responsible for services, about what they provide and their plans for the future; giving people affected by mental health issues the opportunity to give direct feedback and ask questions.



The service providers that attended were:

- Rachel Redman, Clinical Lead for BANES, Avon & Wiltshire Mental Health Partnership (AWP) NHS Trust
- Justin Wride, Head of Wellbeing Services, BANES Community Health and Care Services, Virgin Care
- Kate Morton, Chief Executive, Bath Mind

Apologies were provided by Dominic Hardesty, Chief Executive, Avon & Wiltshire Mental Health Partnership (AWP) NHS Trust and Lucy Kitchener, Mental Health Commissioning Manager, B&NES Council & Clinical Commissioning Group (CCG), who at short notice were unfortunately unable to attend.



After Mary, from KS2 Bath, opened the event, short presentations by Rachel Redman, Justin Wride and Kate Morton set the scene.

Those with lived experience joined one of four group discussion tables.

- Theme 1: Managing own mental health and wellbeing in the community
- Theme 2: Collaboration of organisations
- Theme 3: Crisis support, inpatient care and discharge planning
- Themes 4 & 5: The value of involvement / co-production in services + equal access to services and meeting the needs of person-centred care

The themes had been decided from service user and carer feedback, based on our recent survey and focus group discussions. Each individual at the table had chosen their specific theme prior to the event, to ensure that their individual lived experience could be best matched to their specific discussion area. Facilitators of the groups were kindly provided by Bath Mind, BANES Carers Centre, Creativity Works, and Trauma Breakthrough.

“I learnt a great deal from the speakers - new information about services available and further explanation of things I did know about”.

Feedback from a carer

Rachel Redman, Justin Wride and Kate Morton spent time with each of the discussion groups, listening to those with lived experience and answering questions. Angus Claydon, Director of Operations, The Care Forum / Healthwatch BANES also joined each discussion group.

What follows is a summary of what was said on the night.

Theme 1: Managing own mental health and wellbeing in the community

When struggling with their mental health, participants said they'd go to 'their GP'. Social prescribers would be more helpful if they weren't only in the GP surgery and that appointments were face-to-face and not on the telephone.

“Information can be hard to access especially when someone doesn't use the internet”.

Feedback from a carer

A carer asked 'is there one place to go for information?' and the carer was provided with the Hope Guide, information on the Community Hub and the Bath Mind services booklet.

The group talked about whether peer mentors were returning to face-to-face appointments, rather than the telephone. They are active in the community, but there is also a waiting list.

A group member highlighted the importance of support workers providing an individualised service, and not just focussed on helping people to attend groups.

People would like to see more volunteers to help them fill in forms (mainly benefits) as a service in Bath. Even if this is available, people don't know how to access it. Participants would like to see less use of acronyms and abbreviations.



Participants had attended many groups in the community (inc. Food for Thought and Soundwell), but identified the need for more groups at the weekend. It was noted that we have excellent services in the week in Bath, but it seems to be a 9am-5pm service.

“Breathing Space is excellent”
Feedback from a service user

One group member had accessed IAPT services for chronic pain. The group as a whole however didn't know what the acronym meant (IAPT = Improving Access to Psychological Therapy).

More training opportunities and leaflets of what's going on around Bath dotted around in taxis, hairdressers, etc would be helpful. The funding issue of printed literature vs publishing information online was acknowledged, however having paper copies available for people to pick up was identified as really important.

A group member asked if you can knock on the Bath Mind office door to ask for information or if there was a phone number on it to call? The answer was no.

Participants would like to see happy news more promoted around the city and also a pop-up shop for people to drop in to, manned on a rotation basis from different services. One-Stop could have advisors/boards/signs/posters. The group talked about the use of billboards and bus shelters to advertise different groups.

The group came up with the following key questions for discussion with service providers:

1. How is the Wellbeing College going to evolve?
2. What can we do to support the Wellbeing College?
3. There used to be social prescribers in GP surgeries and information for carers, is this still happening or can it be reinvigorated?
4. Is there funding available for an increase in peer mentors, and mentors for carers?

Discussion with Kate Morton, Bath Mind

Is there funding for more peer mentors? (**Can we ask St Mungo's?)

Peer Support Workers (Mind) will be recruited as part of the new Community Mental Health Framework (CMHF). Bath Mind are going to do a consistent induction e.g. trauma informed training, lone working. Bath Mind would only employ people with a certain level of training.

Kate was asked if people with lived experience will tell their stories in the training and that people want more groups at the weekend. Kate responded that in the new CMHF it has been noted that people want more groups at the weekend and that they also want to put more groups in rural areas.

Kate was asked if the police were trained in mental health? - we weren't sure.

Discussion with Rachel Redman, AWP

It was commented to Rachel that information is not joined up between independent and 3rd sector services compared to clinical services. Rachel commented that we have become caught up in the mental health aspect of people's lives and can forget about other aspects such as diet, special interests etc.

Rachel commented that there are plans/cultural change/person centred care - how easy would that shift be? It will be a hard cultural shift. There are changes happening to the CPA (Care Planning Approach) which led to the role of care coordinators originally. CPA will be changing moving forward, a lot less complexed. But there are currently a lack of Care Coordinators.

Discussion with Justin Wride, Virgin Care

Justin commented that the Wellbeing College has a designated manager/administrator. There will be a new Wellbeing Portal and a new website. It needs to be better targeted with the right courses, and it needs to be actively promoted.

There used to be social prescribers in GP surgeries. Justin talked about there being link workers in each Primary Care Network (PCN). Patients can be referred to a social prescriber. Veronica Cooperman (DHI) is the best person to ask about this.

Social Prescribers can signpost people to other services such as Curo Housing. There are currently three Health Coaches. Ideally the use of these services would be scaled up.

Justin talked about there being waiting lists and ideally people could be told about other services whilst they are waiting on waiting lists e.g. the Wellbeing College. Justin agreed on moving away from a 9am-5pm Monday to Friday service also.

Theme 2: Collaboration of organisations

Key points of discussion:

- What are the timescales for the BSW (BANES, Swindon and Wiltshire) implementation?
- The Commissioner and the AWP Chief Executive have not come - we all felt let down by this. This is an important event.
- What difference will BSW make on the ground? If things are not working at a local level how will the BSW thing help?
- How will the BSW affect local structures? E.g. patients in BANES being sectioned and sent to Salisbury area etc.
- Where do carers fit in? Will 'Recovery Teams' remain across BSW?
- Concern that small, specialist services get lost due to decisions made by the senior management at BSW.
- Communication clarity is needed e.g. when a big change is made higher up, is that communicated to everyone top to bottom?
- Challenge between profit and non-profit organisations (i.e. public sector and private sector).
- User voice - how can we guarantee a breadth of feedback rather than just critical/negative feedback? (this came out of the discussion with Angus, Healthwatch BANES, who spent 10 minutes with our group)

Discussion with Kate Morton, Bath Mind

Participants discussed the need to share data and for data platforms to be compatible. Kate noted that on the Bristol partnership they have managed to do this, so no reason why BANES, Swindon & Wiltshire

(BSW) can't also do that. Obviously, there will be training and GDPR (General Data Protection Regulations) implications.

Theme 3: Crisis support, inpatient care and discharge planning

Participants were very interested in discussing the current mental health services' responses to crises, inpatient care and discharge planning. The majority of the conversations focused on crisis support.

There was a large emphasis on discussing why hospitals / psychiatrists overmedicalize mental health. Participants agreed that in their experience, trauma has been the root of their loved ones' mental health difficulties. Participants agreed that providing lots of medication has not helped their loved ones. For example, one participant spoke about how research has found better outcomes in patients who were not taking antipsychotics than in those who were. Participants wondered why despite this research, medication is still the default method for dealing with mental health.

Participants also expressed concern about how response lines answer crisis calls. The group agreed that their loved ones had been told many times to "have a cup of tea and a hot bath", and this was unhelpful in helping them deal with their crises. This discussion led to the question of how people at the end of the phone assess individual needs, and how this can be improved.

Participants asked why there isn't a street triage service in BANES, so crises don't escalate. Kate Morton said there is one between AWP and Julian House, although it is not in conjunction with the police. Participants had had different experiences with the police in BANES, some were very positive and some were quite negative. However, participants agreed a street triage service in conjunction with the police would be very helpful.

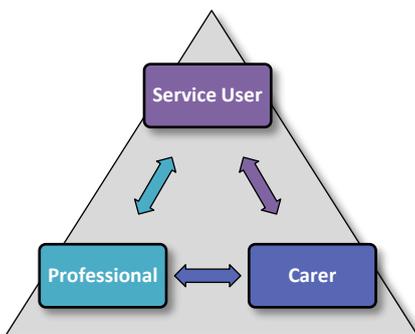


Image: Triangle of care

Finally, participants asked why the triangle of care isn't being implemented. Most participants had loved ones with complex mental health needs. Participants agreed that they themselves were not involved in treatment plans and were not listened to. An example of this comes from a case where a boy from Bristol died a couple of years ago because he was given an antipsychotic medication, despite his parents telling doctors he was allergic to it. Participants said family/carers should be involved in treatment plans, and wondered why the triangle of care is not being implemented.

Key questions for discussion:

1. Why ignoring research and over medicating emotional distress?
2. What criteria does response line use in assessing individual needs?
3. Why don't we have a street triage service to work in conjunction with the police?
4. Why is the triangle of care not being implemented?

The group's questions were big questions, challenging the mental health services systems as a whole. Therefore, none of the speakers in particular could provide a simple answer.

The group recognised that AWP (and many local organisations) were facing challenges in their services but would like organisations to talk openly about these challenges so they could understand more.

The participants had looked forward to discussing their experiences with commissioners and the CEO of AWP, and expressed severe disappointment that this was not possible.

Themes 4 & 5: The value of involvement / co-production in services + equal access to services and meeting the needs of person-centred care

Key questions for discussion:

1. With the new mental health framework how will involvement change? How can service users get involved?
2. Why is the support focussed on the service user and not fully inclusive of the family and carers? The value of community and carers not mentioned.
3. Why has community involvement not been improved? More support for carers and family.
4. How can carers become more involved and supported by the professionals to provide their support?
5. How will the new structures distribute enough funding for the front line services?

Discussion with Kate Morton, Bath Mind

Local plans will be made in localities with service users and community and other providers.

Current services will be reviewed to see if they are meeting the need.

Localities will be identified by GP areas - who will have access to the local health needs.

Providers need to ensure the involvement of wider family.

Discussion with Rachel Redman, AWP



The will is there to involve families and carers but work pressures make this difficult and the surge of demand.

Moving away from a medical model to biopsychosocial model. Ambition to see improvements and a hope to involve family members.

Funding released will be equally divided between health, social services and third sector.

Preventative health measures need to be addressed in children and young people.

Different relationships e.g. befrienders - someone to build relationships.

Discussion with Angus Clayton, Healthwatch BANES

Service user involvement is key to new service provision. Healthwatch has a statutory role.

It will be a challenge to hear all voices.

Everybody can submit feedback by phone. Will aim to reach more people through GPs and pharmacies.

Discussion with Justin Wride, Virgin Care

We need to have more opportunities to hear service user and carer voices.

Front line workers need to promote volunteering as a wellbeing activity.

Virgin Care needs to promote services - better flow of information to the public (including service users, carers, families and community).

People involved today and other events need updates about what's changing and what's being done.

Reflections & Actions

Kate Morton, Bath Mind

Reflections - So positive to see people in person and have dedicated time to listen to people's experiences of the services and share their thoughts in a safe space. Collective and creative solutions to some of the challenges across the system was also very refreshing and thought provoking.

Actions:

- I have had conversations within Bath Mind about how we can improve our feedback mechanisms and ensure improved co-production of service development with member's panel and peer volunteers.
- Bath Mind are reviewing and developing our protocols around family and carer involvement and importance of family views/experience.
- Bath Mind will improve connections and communication with people accessing our services, particularly around service challenges and when there are system challenges we have to manage.

Justin Wride, Virgin Care

Reflections - It was interesting to learn that many local people hadn't realised that Virgin Care (now HCRG Care Group) provided health and care services across Bath & North East Somerset even though they have been doing so for the past 5 years. I think I took for it for granted that people would have known this and I'm sure many others who work for Virgin Care would have thought the same. This demonstrated that even large, local organisations need to ensure that they're continually promoting their services to increase their awareness.

It was interesting to learn from some people how much they valued the Wellbeing College (now known as Wellbeing Courses) and Volunteer Services and how these services had been such an important part of their recovery. This has made me feel even more determined to ensure that these services continually improve and develop.

The event helped make me and others realise how important, refreshing and exciting it was to see people again, physically and not over a screen. This is definitely something we need to start doing more of again as soon as we're able.

I feel that it's really important to take the information from these events and ensure that we use it to help make improvements to mental health services that people would like to see.

Actions:

- Continue to improve access to all our wellbeing services by providing them in numerous different ways especially to those that can benefit most.
- Improve the marketing of all our wellbeing services to ensure that more people understand what is available to them.
- Increase feedback from people who use our services to continually improve them.

Rachel Redman, AWP

Reflections - The energy and commitment to improve the experiences of those experiencing mental health difficulties in the local community was palpable. Having time to connect in a shared space and talk freely about the complexities of mental health and the services we have in Bath & North East Somerset highlighted [to me] the power and importance of collaboration if we are going to successfully shape and change services for the better.

Actions:

- To contribute to work with system partners to support the developing Community Mental Health Framework (CMHF) agenda.
- To work with service users and carers through our existing forums to improve communication with families and carers in accordance with our recent Triangle of Care audit. A particular focus will be on recognising and recording carer contact, confidentiality and signposting to additional support.

Reflections and responses from Lucy Kitchener, on behalf of the Clinical Commissioning Group (CCG)

The following questions were asked by participants at the event:

Q1. What are the pathways out of hospital for patients with complex needs (e.g. eating disorders , n.g. feeds)

Pathways out of acute hospitals:

- Discharge home with community eating disorder service support / and or secondary services depending on needs.
- Transfer to a specialist eating disorders unit for further stabilisation and transition to oral meal plan, as well as psychological input.

Pathways out of Specialist Eating Disorder Units:

- Discharge home with community eating disorder service support / and or secondary services depending on needs.

Q2. How do commissioners check the quality of out of area placements?

- There is a responsibility on the social worker / reviewing officer to provide feedback on the placement at a minimum on an annual basis following an annual review using the professional feedback form. The process focuses on anything that the provider does well, as well as any concerns identified.
- These forms can be used at any time if information comes to light about the provider/service that commissioners need to be aware of.
- Information on these forms are reviewed by the lead commissioner and a decision on appropriate action made. Actions may include asking the social care teams to follow up with the provider, getting in contact with the provider directly or liaising with host authority. The course of action is determined by the feedback itself.
- On an annual basis the commissioners seek assurance via Quality Assurance (QA) data gathering on the service. This process includes reviewing Care Quality Commission (CQC) or Care Inspectorate Wales (CIW) rating and recent inspection information, gathering information from the host authority on any concerns, safeguarding issues and any quality monitoring that has taken place, reviewing any feedback forms from the last year provided by professionals, ensuring that the service user has had an annual review and reviewing feedback and outcomes

that resulted from it. All the information gathered is reviewed and a relevant course of action is agreed with the lead commissioner should any quality concerns arise as part of this quality assurance.

Q3. Why is AWP not investing in Open Dialogue as this approach is shown to achieve by far the best clinical outcomes?

From a Trust perspective there is a strong emphasis on Reducing Restrictive Practice, Expert by Experience, Making Families count etc. and organisationally AWP have seen improvements. Alongside this, there has been work on standard packages of care and work at a divisional level to improve our care pathways (Personality Disorder Lead role and Older Adults).

Reflections from Dominic Hardesty, Chief Executive, Avon & Wiltshire Mental Health Partnership NHS Trust

"I express my humble apologies for having to cancel at the last minute. It looks like a really worthwhile event, and I very much hope that I can attend another one in the future".

Participant Feedback

What we achieved:

- 34 participants; mental health providers, service users and supporters all learning from each other.
- Increased awareness of current mental health services and future transformation plans in B&NES.
- An event where every individual taking part was equal.
- Service users, carers (and supporters) shared their lived experience with service providers, through the facilitation of open and honest discussions.
- An event rated as 'very enjoyable' and 'very useful' by the majority of participants (*see Table 1: Participant Feedback, p14*).

In terms of event feedback, a lot of participants expressed their disappointment that no mental health commissioner was present at the event. Also disappointment that Dominic Hardesty, Chief Executive Officer of Avon & Wiltshire Mental Health Partnership (AWP) NHS Trust was unable to attend on the night.

"Lack of commissioners heavily influenced how useful this event has been. But I am grateful for the event".

"Lovely to see so many people passionate about mental health".

Many individuals commented about the positive nature of the event and how it was nice to see people face-to-face again (with respect to Covid-19 restrictions). There was interest in similar future events / update meetings.

"We should do it more often on a bigger scale. We must use information to improve things".

Participant Feedback

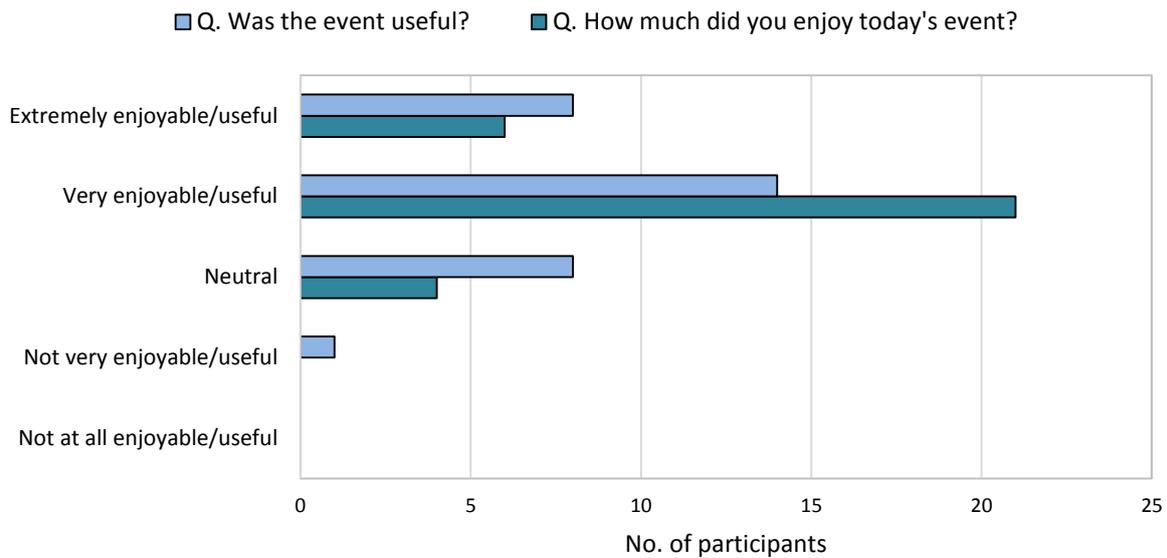


Table 1: Participant feedback

“Hopefully, we can have more sessions like this, as both the short presentations and the working groups gave a good balance between receiving and feeding back on information”.

Helen Watts, Development Manager, BANES Carers’ Centre.

Conclusions

Early access to health and wellbeing services is important, but more importantly is for people to know how and where to access support. People want support that isn’t just based around 9am-5pm, weekday provision.

Having a range of wellbeing groups and activities, volunteering opportunities, and local peer support groups aid community wellbeing.

People don’t want to feel bounced around services and having to keep retelling their story. They want better communication and more joined up care; between both statutory NHS services, community health and care services, and 3rd sector partners (i.e. Bath Mind, DHI, BANES Carers Centre).

People want to have ownership over their care, choose what is right for them and be able to access it. Having the right support, at the right time, for the right length of time is imperative.

People want crisis prevention support that is person-centred and delivered in a trauma informed way.

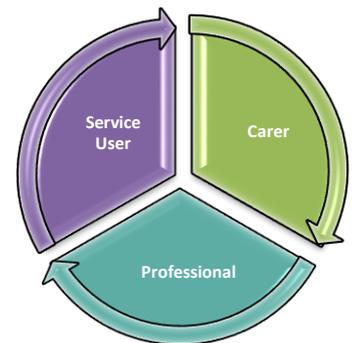
Loved ones of those struggling with their mental health want to be listened to, treated with care and compassion, and supported themselves within their role. For carers, the triangle of care is crucial.

Overall, people want to be heard and want to work collaboratively with professionals, as equals, not only within their own care, but also in the evaluation, design and development of services.

Recommendations

Based on our conclusions, we make the following recommendations:

- **Improve access to clear mental health and wellbeing information** - both online (i.e. promotion of relevant websites/apps) and in printed form (more mental health related posters in GP surgeries, leaflets in pharmacies, hairdressers, taxis... etc), including how and where to access crisis support.
- Ensure the **Hope Guide is fully funded and maintained** as a sustainable collaborative resource.
- Enhance provision of **wellbeing groups and activities during evenings and weekends**.
- **Improve accessibility of mental health and wellbeing services within BANES rural communities** (Chew Valley, Keynsham, and Somer Valley).
- **Tackle digital poverty through new initiatives**, i.e. 'an IT buddy would be helpful to access online support services, someone to help with IT problems and build confidence with things such as log-ons and codes etc'.
- **Increase awareness of self-referral pathways** (i.e. AWP Talking Therapies), to reduce the need for GP referral and having to retell your story.
- **Improve awareness and implementation of the triangle of care.**
- **Co-deliver community-based psychoeducational workshops** alongside those with lived experience (bipolar, hearing voices, eating disorders, etc), to improve awareness, reduce stigma and create supportive conversations.
- **Provide more opportunities to hear service user and carer voices**, through meaningful involvement and coproduction activities within all mental health and wellbeing services.



Acknowledgements

We would like to thank all the group members for giving their time to attend the What's Going On event and for being open, honest and reflective whilst sharing their lived experience. Thank you also to the speakers, facilitators and volunteers from partner organisations (AWP, Virgin Care, Healthwatch BANES, Creativity Works, St Mungo's, Bath Mind, BANES Carers Centre, Trauma Breakthrough, KS2 Bath and BANES Council) who all contributed to the success of the event.

KS2 Bath would also like to thank Carolyn Trippick who with lived experience, coordinated the project, alongside Ralph Lillywhite, St Mungo's Building Bridges Manager, BANES.

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Appendix I: Participant feedback quotes

"Need more opportunities for service users, carers, families, community to feed in ideas for preventative support options"

"Complexity of services and service provision"

"Have never heard parents / carers perspectives of mental health services, so found that very interesting"

"Importance of treating underlying trauma"

"People want to change and are dedicated to making change possible"

"Networking with others"

"Hope"

Q. Please tell us one thing that you will take away from the event

"Importance of networking and honesty/transparency of providers"

"Energy and hope that we can improve services together"

"A lot of people have the same struggles with services and that a BIG cultural shift is needed"

"Things are getting bigger and more out of touch if we aren't careful"

"The transformations and hopefully a better future for patient-centred care plans and patient/staff/carer involvement"

"Being better informed and hoping but not yet convinced that necessary changes will improve mental health services quickly enough"

"That mental health / crisis services should work in conjunction with the police and provide better 24 hour crisis service"

"The need for more cohesion between services and a need for service users and carers to be able to give input on all aspects of services"

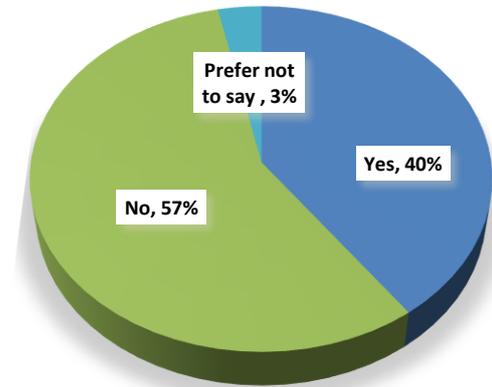
"The passion that service users and carers have to provide feedback and be included in involvement and co-production of services"

Appendix II: Participant demographics

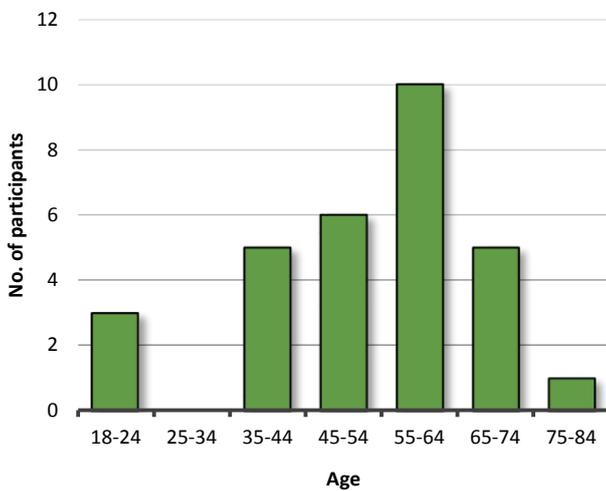
Q. First 4 digits of postcode

BA1 4	BA2 3	BA1 6	BA1 5
BA1 4	BA1 1	BA2 7	BA2
BA1 5	BA2 7	BA1 4	BS16
BS40	SN12	BA2	BA1
BA1 6	BA1 3	BS3 7	BA2 1
BS40	BS3 1	BA1 7	None provided
BA1	BA1 4	BA2 3	None provided
BA1	BA3 2	BA2	

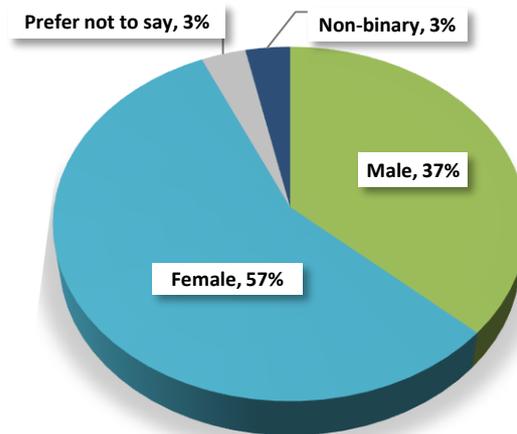
Are you a carer?



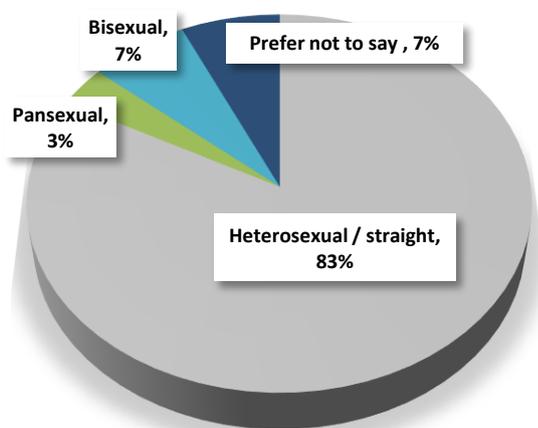
Age Range



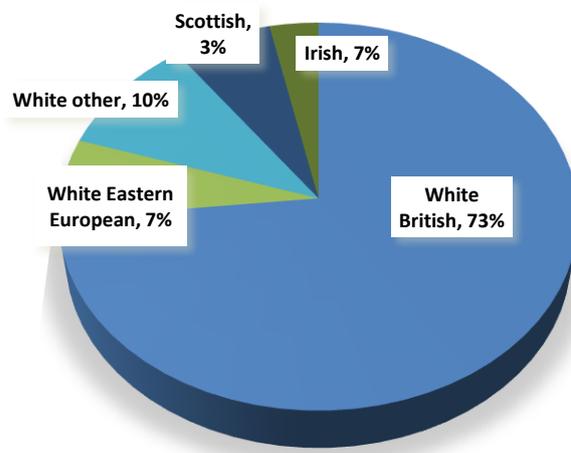
Gender



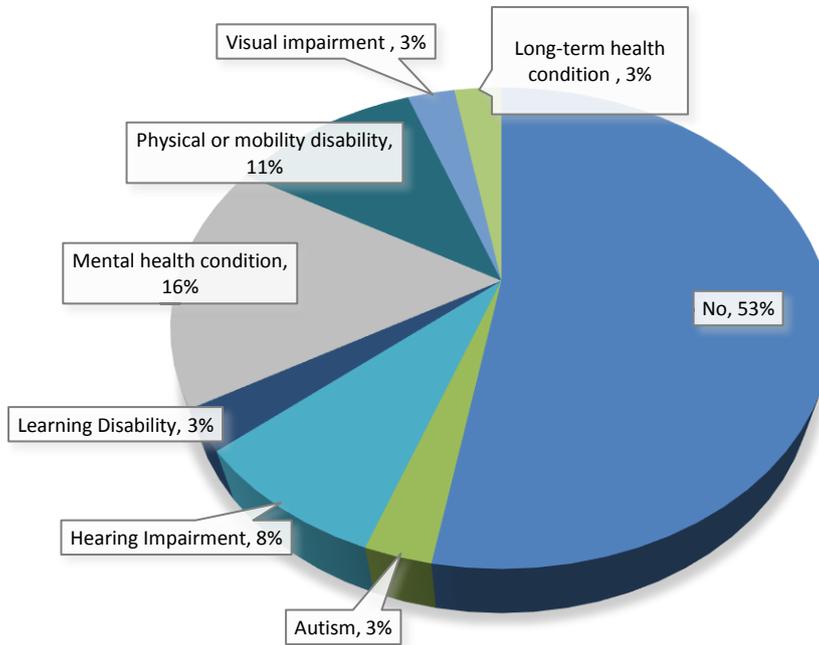
Sexual Orientation



Ethnicity



Do you consider yourself to have a health condition or disability?

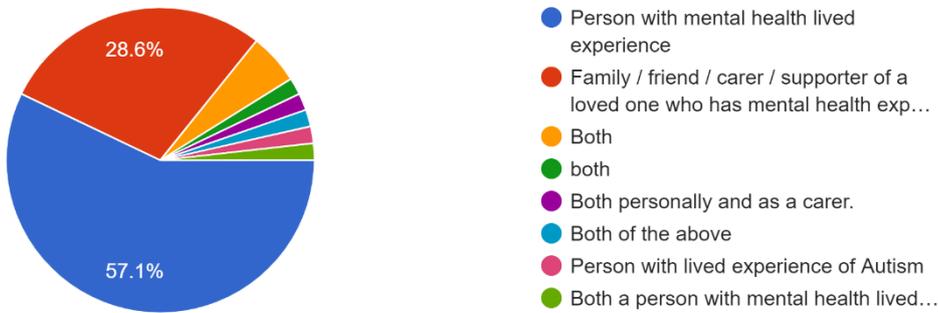


Appendix III: Adult Mental Health & Wellbeing Survey

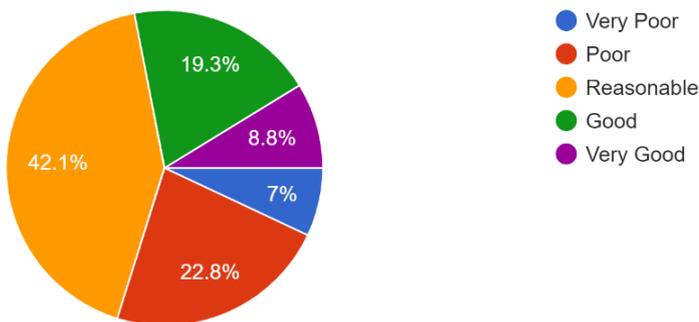
(During the period 11th Aug - 5th Oct 2021)

Section 1. General Mental Health

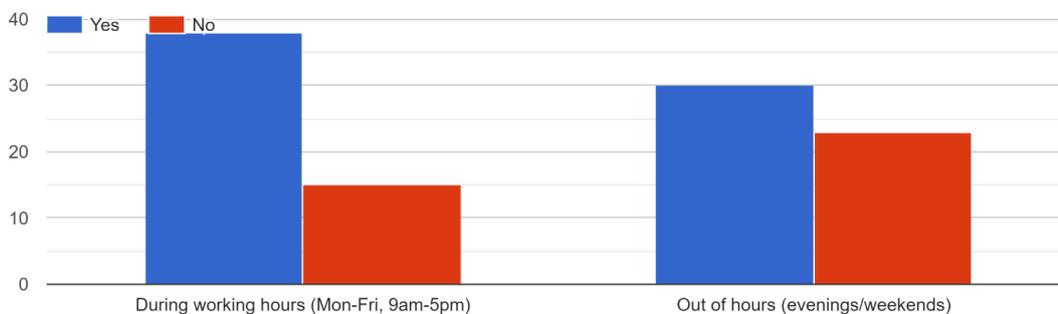
How would you identify yourself?



How would you rate YOUR current mental health?

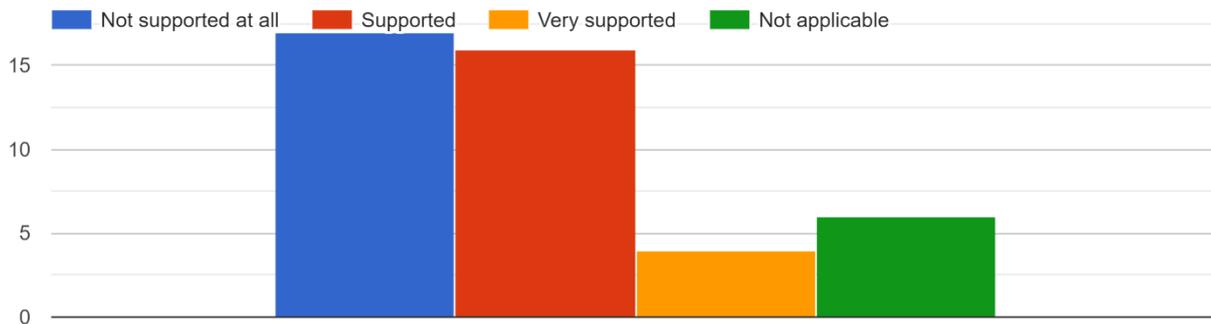


Would you know who to contact for help, if you or someone you knew had a mental health crisis?

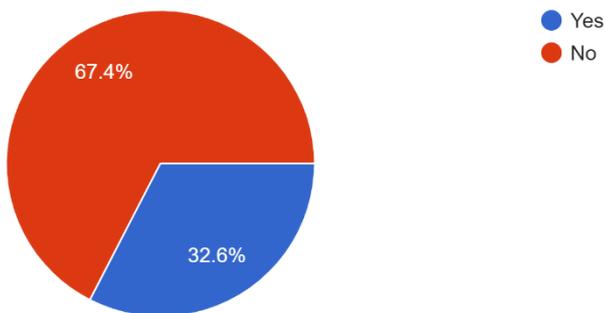


Section 2. Family / Friend / Carer Support

How well do you feel supported by professionals in your caring role?

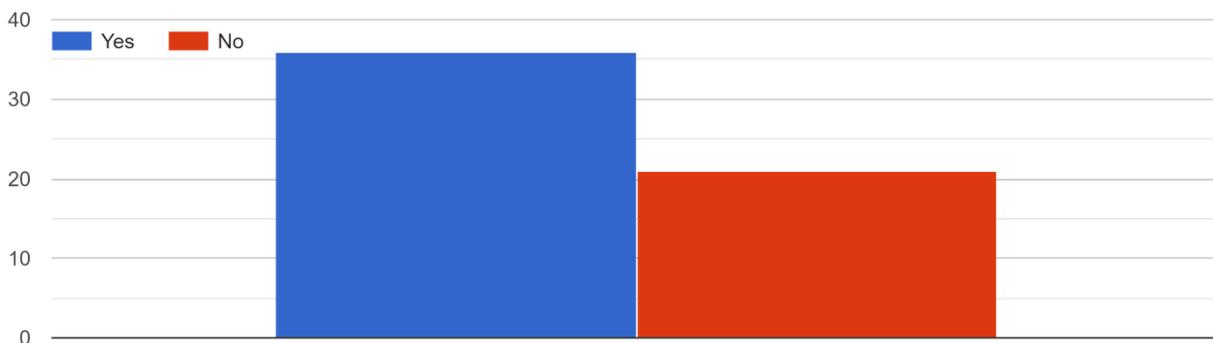


Are you aware of the BANES Carers Charter?

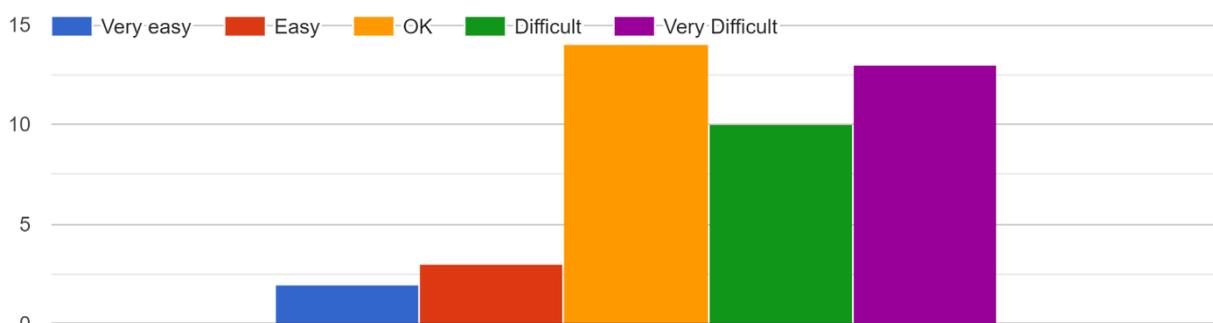


Section 3. NHS Mental Health Services

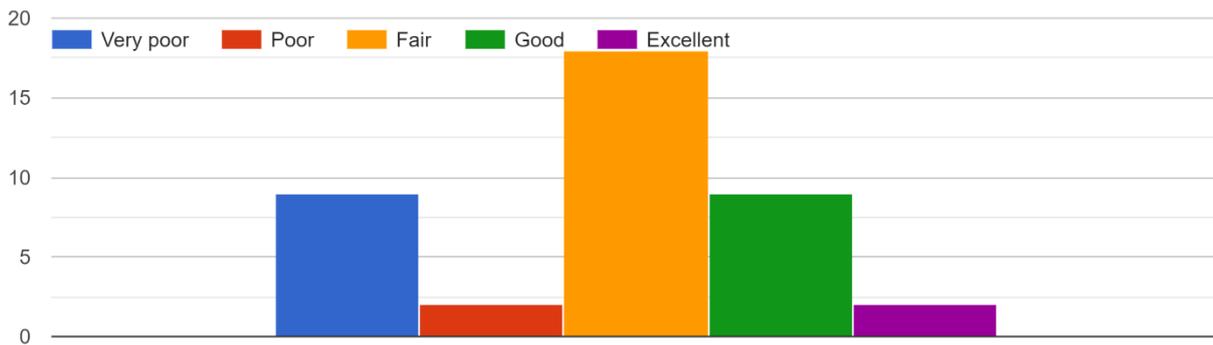
Are you currently or have you, or the person you care for, recently accessed NHS mental health services? (i.e. IAPT/PCLS/CAMHS or other specialist secondary care from AWP)



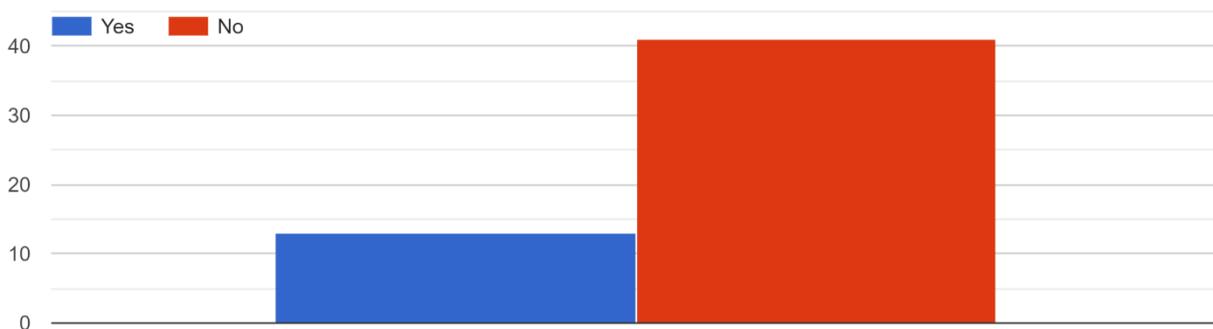
How easy do you find it to access NHS mental health services?



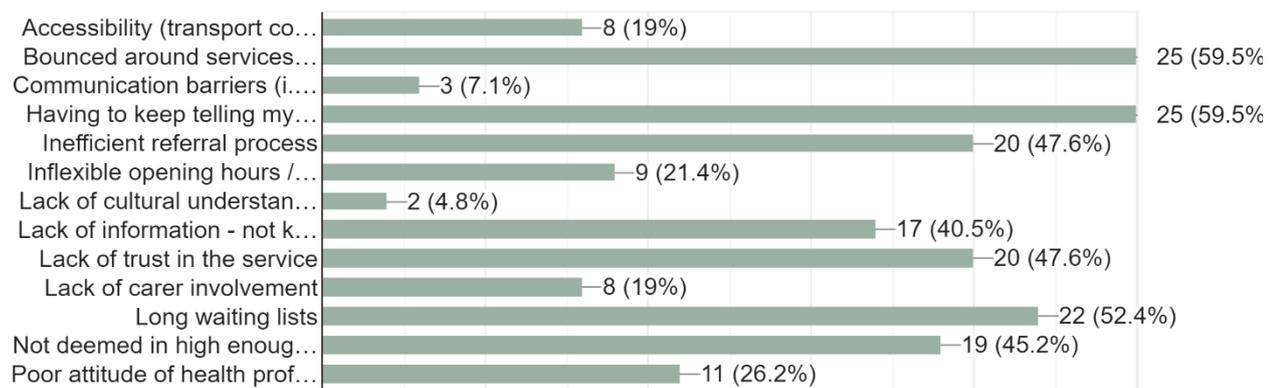
How would you rate the quality of care you received by NHS mental health services?



Are you aware of the BANES Mental Health & Wellbeing Charter?



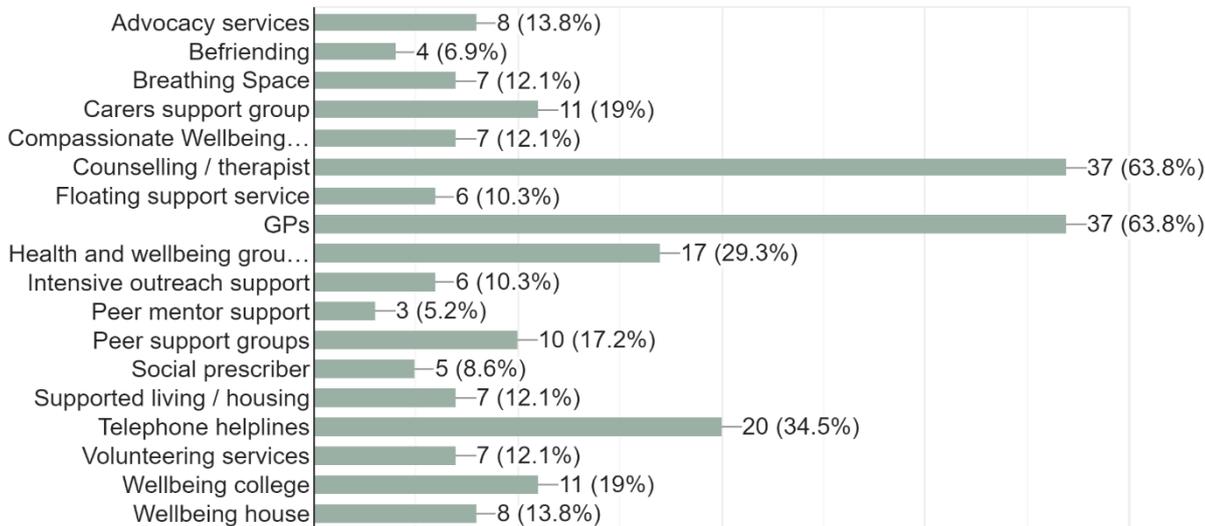
What barriers, if any, have you or the person you care for experienced in accessing NHS mental health services?



Other barriers identified included:

- Long waiting lists (for therapy and allocation of care coordinator); high threshold for referral i.e. severe symptoms before referral considered
- There just isn't adequate services. Lack of money means everything is strangled. There is also poor understanding of some mental health issues.
- Huge gap between primary and secondary care, threshold for secondary care set at a very high level, rigid service structures (e.g. quick discharge from Intensive Team comparable to other NHS Trusts)
- Lack of relevant expertise; disinclination to find expertise and then consult
- Not able to access Care Co-ordinator
- Referrals not made or followed up properly, not being listened to/taken seriously
- Don't read notes, don't understand people work and can't afford to miss it. Also live in area poor signal assumed I'm ignoring them!
- Long waiting lists - but supported during the wait

Which of the following community-based services have you, or the person you care for, used to support their mental health and wellbeing?



Other community-based groups used included: Southside family project hub groups, church, psychiatrist/medication, Drugfam, Social Services and Talking Therapies.

What ONE thing do you think would make the most difference in helping people get the mental health services and support they need?

Better awareness and understanding from GP's

Accessibility to services - Need to know they exist and be able to get an appointment when needed without a long wait for assessment.

Much better communication and cooperation between services

More free therapy

A dedicated number for mental health similar to 111

Instant support, not waiting months where things get a lot worse

If someone wants appointments or help - just a phone call back on the day of asking would be so good

Finance

More staff resources

More awareness

Making the referral criteria easier so people can access it BEFORE being in crisis

I'm not sure, but in my experience I think people respond better with being able to have one and one conversations with people. There are lots of different programs and services out there which can help with mental health, and though I found lots of them just by looking and researching, I've found a lot of my friends and peers respond much better to having a conversation with someone who is already very knowledgeable about all of those services and is able to point things out or make suggestions. I've noticed that a lot of my friends are generally more likely to look into a service if a friend recommends it.

Proper funding!!!

It being a collective problem that we solve together

More staff, obviously. Once a Care Co-ordinator is appointed it is good but having to tell the same story to the help desk all the time before that is very laborious. We were referred to the befriending service but have not heard anything back. Also there is no follow-up done by the team once something is recommended. If the service user is low, nobody does anything!

Work places

Specialist mental health support within GP surgery

A more streamlined navigation system to the right services.

Help each other

More staff and better training

Removing the stigma attached

A complete overhaul of the current system.

Meeting more than half-way. Home visits and contacting services for them.

Cover all mental health issues. For example, help for eating disorders is not available in all areas.

A better understanding on the part of GP services of the person's drug state before prescribing anti-depressants or anti-psychotic medication. Maybe only prescribe after drug testing, otherwise you can be causing more problems with the combinational effect of taking illicit drugs or alcohol together with heavy duty medication. Seems very patient led.

Right support at the right time for the right length of time

Easy access to signposting

Compassion and understanding - taking the time to listen rather than put people into rigid categories as in care clustering in secondary care

[1] More resources - they are overwhelmed [2] better access to expertise when professionals are 'flummoxed'. [3] real support for carers - not just occasional respite chats - assistance and insight to understand what is going on. The support workers are young and under-trained for the jobs that need doing.

Not the feeling of jumping through hoops to get help!

Being understood better by professionals

Quick access to therapy

To have access

Access to clear information with contact numbers through GP's and leaflets in pharmacies.

Communication listening to the carer who holds the story, no follow up support

That professionals listen to the support network and work inclusively with carers

More groups/activities to support mental health

Continuation of care plans after 18 and shared data, so as no need to restart painful memories every new support worker starts

If they are listened to

Not being bounced around

Nothing locally in Felton/Winford/Chew Stoke or Chew Magna/Bishop Sutton!

Not to assume everyone is Bath based or lives in an urban area.

Keep remote/online appointments.

Transport help. Bus links. 1 bus from Chew Valley to Bath a week, to centre only. 1 bus to Keynsham.

Appointments Paulton / RUH

1. Wider promotion of the Hope Guide, so people can take more ownership of their health and wellbeing, having the knowledge of service providers and support that meets their individual needs. There's lots of support out there, but it's so hard to know everything, as things change and get re-commissioned or renamed. Often as a service user it is hard to keep up with who does what.

2. Equally accessible activities and support groups in the community, both within rural areas and the centre of Bath. More activities in rural areas such as Chew Valley, Midsomer Norton, Radstock and Keynsham are needed. Also more diversity in times, for those that work - i.e. more evening and weekend provision that supports mental health and wellbeing.

3. Support is needed for those with mental health issues to transition from mental health support groups and services to mainstream groups and vocation (help into employment, help to consider university options and retraining, careers advice, work benefits advice, etc.). There seems a real gap in this type of support and it can keep you feeling trapped in a mental health system, around other people with mental health issues as a safe place. Especially if your mental health condition is long-term. Treading water to survive life, rather than feeling able to move forward and thrive. How can we fill this gap and help people feel supported to take risks and challenge themselves further, to create improved wellbeing and life opportunities???

For example, there doesn't feel like there is any support for professionals who were in good careers but have had to take a long length of time off work with mental health issues, to get back into relevant employment. Support in my experience is more focused on those who find it difficult to get a job, through lack of skills or experience, rather than through mental health (i.e. Clean Slate service).

Get a coordinator

Free leaflets

Listening to clients about which type of medication they want to try

Interdisciplinary/multidisciplinary approach, i.e. not separating mental health and physical health.

Good communication

Longer/more ongoing support.

Greater use of groups or peer support for varying mental health condition, even if once per month.

Many issues related to chronic mental health, more support may help prevent relapses.

One place where organisations were listed so people could see options.

Shorter waiting lists.

Less stigma generally in society about having periods of mental ill health.

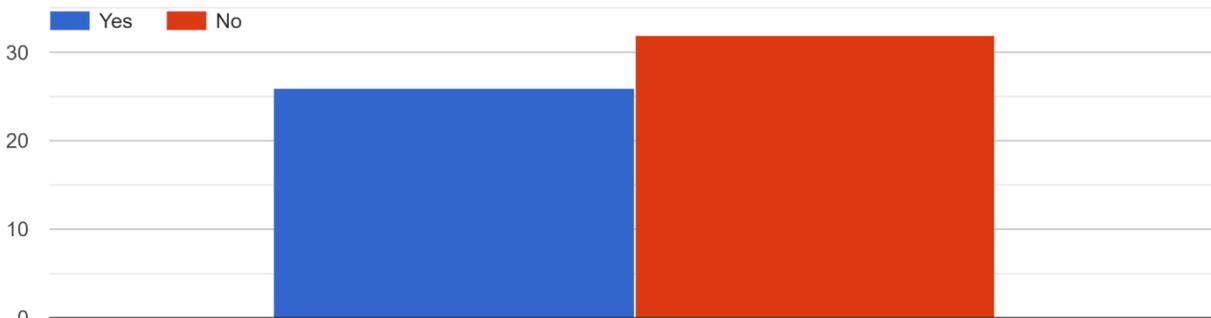
More/increased availability of access to a safe space, e.g. Breathing Space, in times of mental health crisis.

More staff available and intensive outreach support

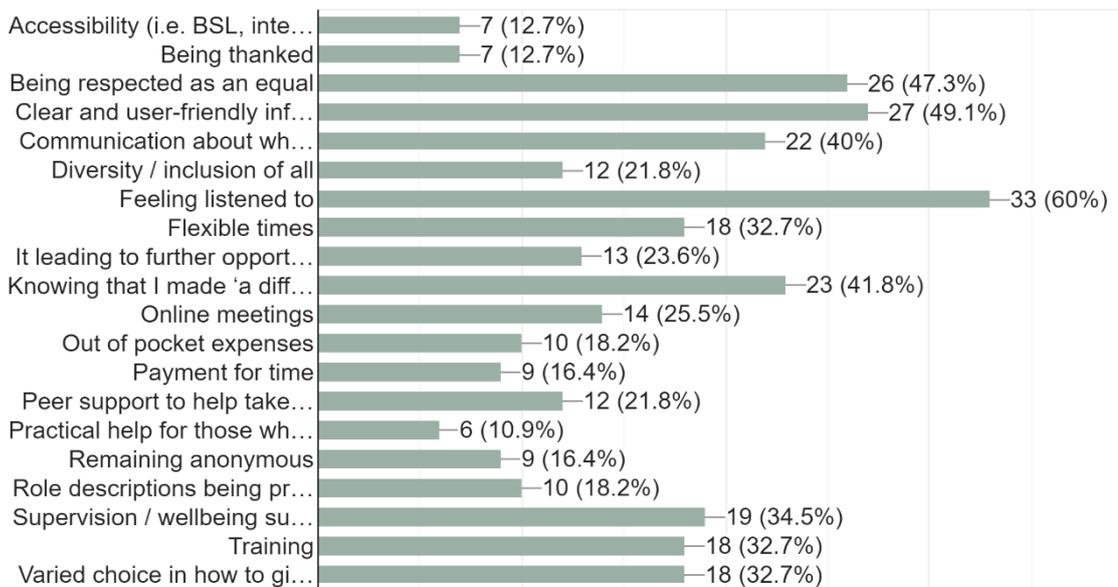
A lot more co-operation from the GPs.

Section 4. Having a say - shaping delivery and evaluation of services

Have you provided feedback on services before?



What would encourage / help you to get involved in improving services?



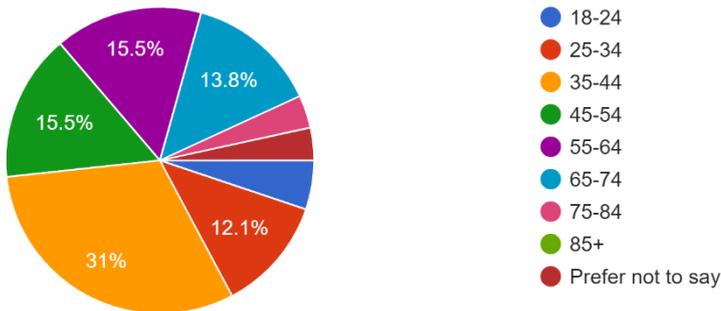
Additional suggestions included:

- Having a clear contact person who is consistent.
- Money being available for services. That is what it all comes down to. Mental health services are woefully underfunded. Honestly this is never something I've thought about. I only found out about this survey because an organisation I volunteer with sent it out in a newsletter.
- Truly being listened to, and seeing actual action being taken to improve things.

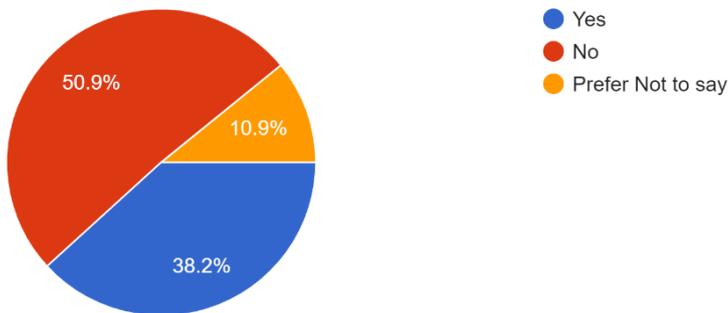
- Getting through to the designers & funders of services CCG and The Big Providers and Virgin Care These designers and funders are on defensive. We need a forum of people with expertise in evaluating quality of service and a rigorous approach to identify issues >then solutions > then implementation >then checks around what worked and what did not.
- Recorded sessions with professionals during meetings - As your brain is often so muddled that you need to listen to the app or session again.

Section 5. About you (demographics)

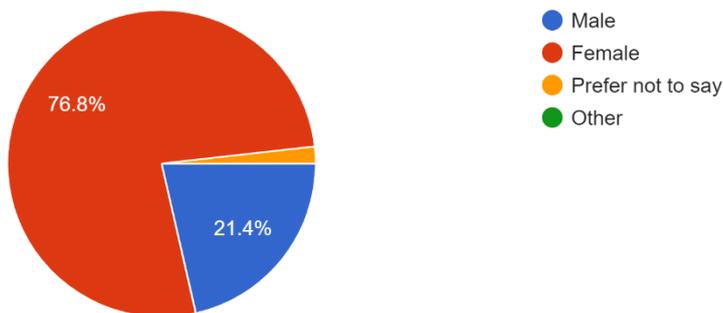
What is your age?



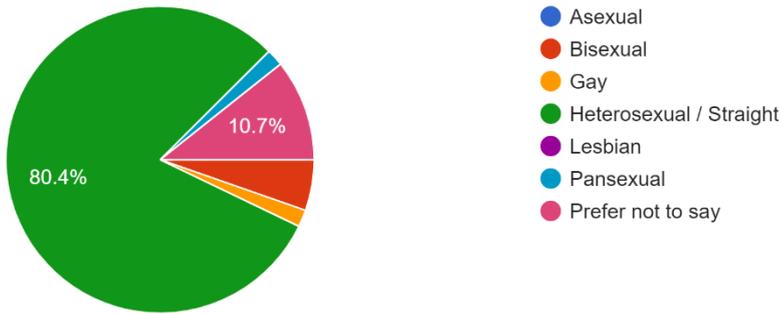
Are you a carer for a vulnerable person?



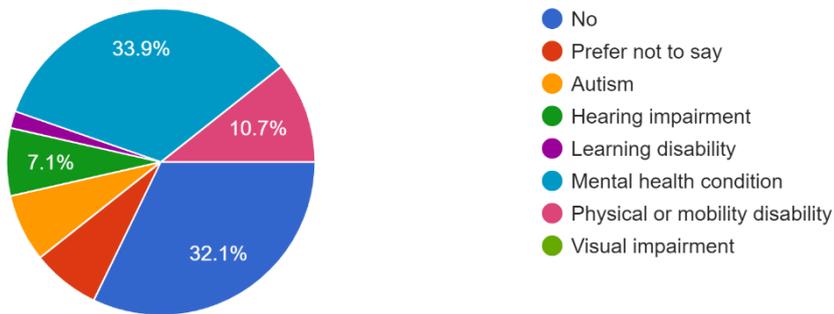
Are you?



Which sexual orientation do you identify with?



Do you consider yourself to have a health condition or disability?



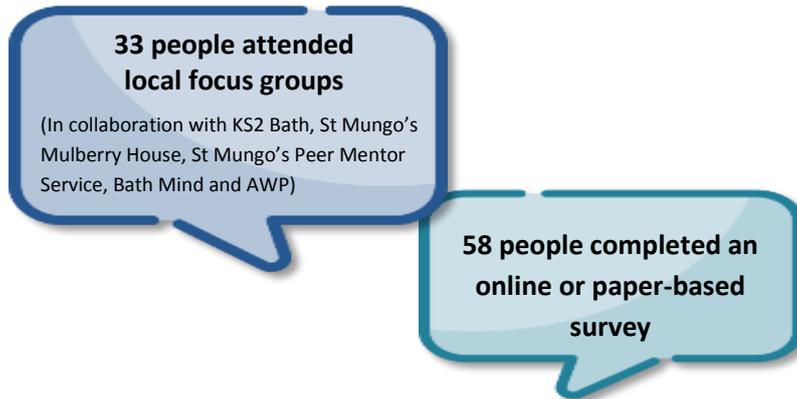
How would you describe your ethnic group?



Appendix IV: Survey and focus group feedback - Having a voice in shaping services

(during the period 11th Aug - 31st Oct 2021)

We listened to **91 local people**, who **shared their personal views, experiences and ideas on accessing mental health and wellbeing services in Bath & North East Somerset (BANES)**. We captured both the experiences of service users and carers, and our vision was to have people's voices from all backgrounds and communities within BANES.



At each focus group we asked 3 key questions:

- What's working well?
- Where do health inequalities exist?
- What are the barriers/gaps in mental health services?

The mental health and wellbeing survey allowed us to ask a broader range of questions and gain feedback from a wider range of people.

Key Themes

Through this feedback, we have identified a number of key themes:

1. **Access to mental health services (GP, talking therapies, PCLS, secondary services) - both in terms of first time access or re-accessing services** - Many people's first point of call is their GP. Delays in appointments and inefficient referral systems can increase emotional distress and reduce the benefits associated with early intervention. The relationship between patients and their own GPs is crucial to continuity and quality of care. Access into mental health services can often be difficult, with long waiting lists. Promotion of self-referral (i.e. Talking Therapies) and signposting to wellbeing groups and services (i.e. Virgin Care, DHI, St Mungo's, Bath Mind) in their community is crucial to enabling people to feel empowered. Covid-19 has made access to support more challenging.
2. **Collaboration of organisations, including supporting transitions and information sharing** - People want services to offer greater transparency and be less fragmented. People want to feel supported holistically. For example, mental health and physical health coexists and these services should therefore work together, rather than in isolation. People don't want to keep repeating their story or be bounced around services, they just want organisations to working together and be able to trust them. People who have complex mental health needs want organisations to collaborative, in order to help meet their needs, rather than focusing on their own service thresholds. During transitions, i.e. from one service (i.e. CAMHS) to another (adult services) people want to feel that there is seamless support, without falling through gaps in the system or having to carry out multiple reassessments.
3. **Managing own mental health and wellbeing in the community (GPs, AWP, Virgin Care, Bath Mind and other wellbeing services/groups)** - People want to be able to manage their own mental health and wellbeing in the community, with a variety of both peer support groups and professional support, available locally. A key focus is the right support at the right time, for the right length of time. Access to activities that provide focus, structure, social interaction and peer support, aid wellbeing in the community. Psychoeducation and carers' training has also proved beneficial for those taking part.
4. **The value of involvement / co-production in services, utilising those with mental health lived experience** - People want to be involved in their own care, and carers want to be recognised and part of the process. Both service users and carers are interested in involvement and coproduction activities in order to help improve and shape services, on an equal level with appropriate support.

5. **Equal access to services and meeting the needs of person-centred care** - People prefer to access services and wellbeing activities in their local communities, but there is a disparity between rural vs city provision. Other issues of inequality include digital poverty, cultural understanding, and being a part of a marginalised group.
6. **Crisis support, inpatient care and discharge planning** - Crisis prevention is important. Service users want to be involved in decisions about their care, such as changes in medication, and helped to understand more about what is happening in times of crisis (i.e. being sectioned under 136). When coping with a loved one in crisis, carers feel there is a lack of support for them, they want to be listened to and better supported. Those in crisis without a carer/supporter/friend involved, are disadvantaged.

Feedback quotes

Some feedback quotes have been edited, in order to protect the names and identity of those who participated.

1. Access to mental health services (GP, talking therapies, PCLS, secondary services) - both in terms of first time access or re-accessing services

"In BANES you can self-refer to Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) Talking Therapies, but this is not known enough, needs to be promoted more".

"A friend was unwell but not so unwell to actually get support. Consequently, my friend ended up missing out on access to AWP's Early Intervention (EI) team as he was past his first episode when he got help".

"Referred by GP to AWP for reassessment, I was contacted same day and seen two days later. I had my medication changed. A very pleasant and efficient service".

"I tried to get support from Cruse bereavement service in both Bristol and Bath area but their waiting lists are closed, and have been for a while".

"There are a lot of people who don't believe they need support, or aren't ready, how can we make it easier for them to access services?"

"Social prescribers - makes so much sense. Friend is a GP and they say they use it as a viable alternative to medication, or to compliment medication".

"The pandemic has blighted appointments, definitely harder to see a GP and get other appointments. Trying to speak to the GP in the day, you just end up hearing 'we're all booked up until xxxx'".

"GP has been absolutely brilliant - rings me every two weeks, consistent throughout Covid-19. Mental health is all about listening".

"If you're too ill for Improving Access to Psychological Therapies (IAPT), you're on a waiting list (10 months for a therapy service)".

"For individuals who are bed bound due to mental health issues (chronic anxiety) or other conditions - they need visits by mental health services at home".

"Found it valuable to meet other people in the EI (Early Intervention, AWP) group, people further down the road of recovery. You then provide the same when further along recovery yourself".

"I had 24 counselling sessions with Bath Mind at a cheap rate. I'd like some more sessions, but I can't get back on the waiting list, as there's too many on the list".

"AWP Talking Therapies services offers short-term 6-12 week support, but often patching up the problem".

“Initially bounced around between Primary Care Liaison Service (PCLS), Intensive Support (IS) and Talking Therapies, but only referred after numerous A&E presentations with self-harm injuries and suicidal behaviour”.

“For those with a history of mental health, they need someone they can trust to go to if they start to struggle, someone they already know. Not necessarily a mental health professional but someone local who can help signpost and help them get more support, i.e. volunteers, community connectors, peer mentors. Also an easy access back into services”.

“Access to clear information with contact numbers through GP's and leaflets in pharmacies is important”.

Case study: Experience of being in and out the GPs for mental health stuff (mild and moderate), but never feeling it went anywhere apart from SSRIs. Had to get to a point of getting very unwell before getting help. Every time I saw a different GP, so they all individually focused on the short-term, rather than noticing and identifying cycles of being in low and high moods. If the cycles could have been noticed earlier, maybe I wouldn't have needed SSRIs.

2. Collaboration of organisations including supporting transitions and information sharing

“GPs and mental health services are not joined up enough. There's a gap between access to Talking Therapies and being too unwell to manage in the community”.

“CAMHS Oxford Health NHS Foundation Trust transition to AWP adult BANES services was OK for us, but I know not the case for others”.

“I found myself always being bounced back to the GP or from one service to another”.

“Coping with a recent bereavement and a complicated housing situation, I wanted a referral for a support worker to help with both my emotional and practical support needs. My GP said “I don't know how to do that”. It left me feeling like “I don't matter”, “I'm not important”. I would've liked my GP to ask someone and get back to me with how to help, rather than not help at all”.

“Continuation of care plans after 18 and shared data, so as no need to restart painful memories every new support worker starts”.

“Once a Care Co-ordinator is appointed it is good but having to tell the same story to the help desk all the time before that is very laborious. We were referred to the befriending service but have not heard anything back. Also there is no follow-up done by the team once something is recommended. If the service user is low, nobody does anything!”

Case study: Dealing with two different NHS Trusts is “a nightmare” (as a carer). Who do I speak to? Who is responsible for decisions? Where is a hospital bed? When things are settled it is OK. But when things go wrong and escalate, I don't know who to be in touch with. People (mental health professionals) in the background might know what they're doing, but I've learnt not to trust people. People change all the time and the chain of command is hard to get to grips with. It's the communication that is lacking and the decision making behind the scenes by professionals might be OK, but suspect that it is not. I want a security blanket of how things should happen - i.e. I can trust what needs to be done is being done. This is often not the case and causes me sleepless nights.

3. Managing own mental health and wellbeing in the community (groups, GP, talking therapies, 3rd sector, etc.)

“Psychoeducational workshops explaining mental health issues such as bipolar, hearing voices, etc would be helpful. Would help to understand your (or your loved ones) own diagnosis. In the past AWP Recovery team used to hold a group for carers about specific monthly topics such as medication and personality disorders. Carers found it really helpful, alongside sharing information”.

"KS2 Bath & St Mungo's carers training helped a friend. It helps carers understand their feelings (i.e. guilt, feeling angry and then bad, upset). Also helps others understand things such as hearing voices through role play. Would like to see it delivered face-to-face again, as currently on Zoom".

"Hope Guide has lots of groups in it, but promotion of it needs improvement".

"Groups have been amazing, gives me a focus - Bath Mind open opportunities, Creativity Works writing group, wellbeing walks, Carer's Centre groups. If at home in four walls, it would be different".

"Bath Mind phone calls (during Covid-19 when groups were unable to meet) - really helpful during lockdown, listened to. It's not always about talking, but listening".

"Care in the community means that much less support is available than used to be. This has put a great emphasis on people's loved ones doing much more and therefore more respite is needed to give carers a break".

"Bristol Autism Spectrum Service (BASS) have been useful as they run social and psychoeducational groups, understanding your diagnosis, dating workshops which have been really useful in helping me progress. Something similar in mental health would be useful. It took me a really long time to understand my mental health diagnosis".

"Bath City Farm enabled me to feel useful, meet others and do an animal welfare course".

"KS2 (carers peer support group) has been really supportive and AWP are improving the way they work with carers".

"If I feel upset I know I can speak to someone. The groups are a great leveller, we all help each other if feeling down - how society should be. Groups have all age groups, people of all sorts of jobs".

"Befriending service has been a lifeline, weekly call at a set time".

"I'm comfortable in support groups with people with mental health but I would like to build up a network of support groups outside of mental health (i.e. meet new people, church, activities), but find it difficult about what to say to people".

"Mum's mental health issues has taken a toll on my mental health" (as a carer).

"Attending groups outside of mental health such as church and tennis has been positive for me".

"Support wasn't long enough. 6 weeks, 1 hour sessions. The first 2 weeks is spent getting to know the sufferer, then 2 weeks talking then 2 weeks ending the support. It's just not long enough.

Case study: Case study: To support me during the process of tapering off medication (benzodiazepine), I asked for a phone check-in from a Consultant regarding my mental health, i.e., a call every 3 weeks over a period of a couple of months. This was refused. Maybe I didn't meet their high criteria for offering support. I used the response as motivation to come off, but this rejection means "I wouldn't want to go anywhere near AWP again". I also feel I came up against services, rather than people, and that I needed to be worse than I was to access support. I would've liked to have attended a mental health support group that focused on talking about mental health, sharing what works, to help me better understand my own mental health and develop better coping strategies.

4. The value of involvement / co-production in services, utilising those with mental health lived experience

"AWP service user involvement online is helpful for those that aren't able to go out to involvement meetings, allowing them to - 'still have a voice from own homes'. This helps those with mental health needs as well as and physical health needs. Combining face-to-face and online opportunities is preferred".

"Would like a more holistic, person-centered approach from Psychiatrists, i.e. less medication (because of the side effects and the positives being over stated) and more emphasis on other outcomes - work, housing, peer support etc".

"Confidentiality is an issue at AWP, both in the past and recently. Rules never exclude carers being listened to, not spoken to and not included".

"Can phone AWP Psychiatrist up (as a carer) and they would call me straight back, and be very reactive with support and change medication (with the service user). That clinical input has really helped. Feel that I've been listened to and believed, it hasn't always felt like this".

"Too many services say "we're not commissioned to work with carers", often said by 3rd sector groups".

"Only 1 in 8 of AWP service users have a clearly designated carer. These figures seem very low, more carers need to be identified. More work needs to be done to identify carers".

"I think the most important people in the system are the Care-Coordinators and engagement and training is vital. Firm up triangle of care".

"AWP are really trying to include carers and service users in developing services, and starting to recognise carers more - when AWP find a carer they've struck gold".

Case study: Having my Mum (carer/supporter) involved is really useful as she knows me so well. A doctor wanted to change the dose of medication I was on. My mum was really concerned about this and the potential negative impact, so she spoke to the Consultant Psychiatrist, who then agreed with my mum. My medication was kept the same. My mum knows me better than I know myself (highlights the importance of carer/supporter involvement).

5. Equal access to services and meeting the needs of person-centred care

"Keynsham nothing there - a lot of groups are based in central Bath. Hard for groups to be set up in Keynsham. I'm involved with the local church and Creativity Works photography group. Everyone says there's loads going on in Keynsham but there isn't. I'd like a cooking group in Keynsham and things like Breathing Space as well as a Bath Mind open opportunities group in Keynsham".

"Breathing Space isn't as accessible to those that live in Keynsham. There is only one bus an hour from Keynsham to Bath (used to be three an hour) and there's hardly any free seats downstairs which is quite difficult for me (mobility needs)".

"For those individuals with mental health difficulties that are hard to engage, they are left to their own devices. Service provider's mentality of 'if they don't come to us, they don't want to engage'. Services however have to go outside and engage with them (i.e. gypsy, travelling community)".

"St Mungo's Mulberry House is a great service with a supportive environment, has helped my mental health and ability to be more independent. Treats everyone as a person, lots of great discussions not just about a diagnosis. Really accepting environment where anything can be discussed".

"Prior to Covid-19 restrictions, the Care and Share café had 15 regular carers attending. Now it's online, attendance has dropped to 3. Vibe feels better face-to-face, carers prefer it".

"Multi-faith room available for inpatient prayer and reflection time whilst at Hillview Lodge. Hillview Lodge has a chaplain (who also attends the BANES acute care forum), what other faiths are included?".

"Transgender more visible in society, people need to be aware about how to be more accepting and use the right terminology. Services need to ensure they are as aware and accepting of difference as possible".

"It would be helpful if my Psychiatrist spoke to me about my race (Mixed British and Indian) and was aware how it was part of my identity, alongside my mental health".

"Everyone says 'go online' to access things, but I'm not great at IT".

"For those with no access to the internet - more public awareness of mental health support is needed, i.e. leaflets through the door, articles in free newspapers, on the radio, public events/walks with mental health organisations speaking to people".

"Zoom has been a great help to get into groups".

"I need support and some of this is only available online. Internet speed is an issue for me, plus I don't have a phone that I can use to access the internet (small phone with minimal screen) and cannot afford to pay £40 a month to make this happen".

"Would rather have phone calls than Zoom, as there's less things to go wrong (concern around confidence with technology)".

"For young people with emerging serious mental health difficulties they aren't getting enough support. If you're psychotic you get the 'Early Intervention' team. If you have another serious mental health issue, you just don't hit the criteria for a similar wraparound service".

6. Crisis support, inpatient care and discharge planning

"My loved one goes into Hillview Lodge acute ward, they keep him for one night and give him 1 tablet of medication. Next day he is very convincing that he's OK and says he'll call if needed, but he never does. He therefore gets discharged. I'd like AWP to be more realistic".

"Sometimes no-one's there for carers, carers often don't look for support until there is a crisis".

"For individuals with deep rooted trauma, more trauma informed-care is needed".

"During lockdown my son came to live with me. I could phone the Psychiatrist and she would phone me back and moderate his medication or make an appointment (if a cancellation in her diary arose), and things have started to improve. Having a close rapport and communication; being listened to and believed = struck gold during the pandemic".

"Having autism it can be really difficult to understand what is happening when being sectioned and very unwell. This can feel dehumanizing. Maybe a laminated card with basic information on what is going to happen could be used and clearer communication about why things are happening - when and how (the process). Can be hard for staff to do this at the time as they are also maybe stressed by the situation".

"I didn't have an idea about where I could go on leaving Sycamore (Hillview Lodge acute inpatient ward). The Move On Worker suggested Mulberry House and supported me with attending the interview".

"I self-harmed and ended up in A&E, RUH. The mental health staff were very helpful. They said they'd inform Social Services about my needs and I was referred to the Wellbeing Service. It took 5 months, but they helped me to find the Bath Mind open opportunities group".

"People go from one crisis to the next. Can only get in hospital now if you're sectioned".

"Lack of provision/road map for 18-25yr olds. No regional provision to meet daughter's specific needs (eating disorder diagnosis). Other people's crisis's trump her needs".

Case study: When people really need help, they are very often not well enough to ask for it or look for it - how do you fill that gap? I've had to speak for my loved one, as she's not always well enough to speak for herself. For

example, her Care-Coordinator went off on long-term sick, but my loved one still needed help, so I had to speak for her to get extra help, as she wasn't well enough to say she still needed support. What happens to people who don't have someone to advocate on their behalf, when they're not able themselves to phone and ask for help?
