

Adult mental health needs assessment Healthcare Forum engagement event: summary of key themes from group work

18th May 2017

Public awareness of mental health issues

Stigma: it was felt that there was not enough public awareness of the signs and symptoms of mental health problems, or about the links between physical and mental health; some felt that there should be more promotion of mental health issues. It was also felt that many healthcare professionals were not comfortable talking about mental health either, and that more training was needed. Some attendees felt that people from different social groups could have different experiences of mental health services.

Awareness of services: a number of attendees expressed that there should be better information about what mental health services are available and how to access them. It was suggested that people who do not have internet access get cut off. A suggestion was made that community information champions should be developed.

Navigating the system: a number of attendees felt that a single point of access would be helpful, to make navigating services easier.

Prevention: some attendees noted the importance of preventive services.

Primary care

Variation in experience: there were very mixed views on the experience of quality of GP care. Some individuals reported very good experiences, others very negative experiences. There were attendees who had no personal experience of mental health problems who had an expectation of receiving good quality care, based on their positive experience of care for physical health problems.

There was a frequent perception that quality of care was dependent on individual GPs. There was a perception that GPs do not always have the right training to manage mental health problems. Some attendees felt that different GPs took inconsistent approaches to managing similar conditions. Some also felt that GPs were not always aware of what wider support was available in the community (for example, from the voluntary sector or from peer support groups). A number of attendees also placed an importance on developing a therapeutic relationship with their GP; this was dependent both on their rapport with an individual GP, as well as being able to have continuity of care.

Appointments: a number of issues were raised regarding GP appointments for mental health problems:

- A number of attendees expressed a perception that they had to wait a long time for a GP appointment (although this is likely not a mental health-specific problem).

- Some attendees felt that 10 minute appointments were too short for mental health problems.
- Some attendees felt uncomfortable explaining to GP receptionists why they wanted a appointment, or why they needed a longer appointment.
- Some attendees noted that people who are suffering from acute mental health problems might struggle to attend a GP surgery in person.
- Some people felt GP appointment times were inflexible and that appointment booking was not straightforward.
- Concerns were expressed about the disparity between in hours and out of hours care.

Management of mental health problems in primary care: a number of attendees felt that GPs were too quick to prescribe medication, and that counselling/talking therapies were underused as a first option. Some also felt that GPs delayed referrals into secondary care for too long. Some attendees felt that GPs did not take a holistic approach to their assessments.

Good practice in primary care: a number of examples of good practice in primary care were given:

- Phone appointments for patients when face-to-face appointments aren't available;
- Being able to use an app to book an appointment (although it was noted that this was not helpful for individuals who are not confident with IT);
- Nurses trained in mental health able to offer new patient assessments;
- Patient Participation Groups were mentioned as a good source of information;
- Use of physician associates, who reportedly offered longer appointments.

Specialist services

Variation in experience: again, attendees expressed varying opinions on the quality of care they received, with examples of good and bad experiences. Attendees expressed similar frustration regarding lack of continuity of care.

Navigating the system: there were mixed views on waiting times, with some attendees feeling this had improved and others feeling that they had waited a long time for an appointment. Some attendees felt that their access to treatment was restricted for non-clinical reasons, and that their needs were not re-evaluated regularly after their initial assessment. A gap in the transition from CAMHS to adult services was noted.

Communication: attendees expressed that communication between specialist services could be poor, as could communication between primary and secondary care.

Crisis care: examples were given by attendees of long delays in receiving support out of hours.

Talking therapies: attendees were positive about the value of these, and some felt there should be more.

Wider support for people with mental health problems

Peer support: the importance of social relationships was mentioned, as was talking with people who have had similar experiences.

Safe spaces: a suggestion was made that there should be safe spaces, such as crisis cafes, drop-ins, advice centres.

Voluntary sector: a number of examples of voluntary sector services were given that were felt to be helpful (Rethink, Mind, WHAT centre, CAB, Home Matters, Kaleidoscope, Building Better Opportunities, The Bridge).

Public sector: a number of examples of services within the public sector were given that were felt to be helpful (Self Management Programme, Expert Patient Programme, free Slimming World and gym vouchers for weight loss, Outdoor gyms, health walks, MECC, Supporting People, health trainers, health hubs).

Carers: the Carers network was given as an example of a helpful service. Some people felt that carers were not listed to, and did not receive support if they were caring for someone who did not want to access services.

Awareness: many attendees expressed that they were not aware of the range of services that are available in Dudley.

Physical health: suggestions were given around free sessions or better signposting for mental health service users to access gyms and leisure centres.

Funding: concerns were expressed by some around funding cuts to services.

Business: a suggestion was made that work should be done with local businesses to help people who are unemployed.