

EXECUTIVE SUMMARY

Mental Health Services - Experiences of Service Users and Professionals in Brighton & Hove

“I've been offered a service, but don't think it will help... I've been like I am for all my life, and life's been difficult. I don't think my GP believes me. I think it's too late to change the way I am, but I'd like a diagnosis to understand it, to put my finger on it, to justify it for me.”



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Introduction

“NHS services are almost universally overwhelmed with extremely long waiting lists and extremely strict inclusion criteria.”

“Where people have other health conditions or issues, it often seems like a reason for mental health services to decline to support them.”

“The lack of accommodation in Brighton has meant that some clients are in accommodation which makes their mental health worse.”

Healthwatch Brighton and Hove (Healthwatch) were commissioned to explore service user experience of mental health services and accommodation providing mental health support, in our city. The purpose was to help inform the following:

- The Brighton and Hove Mental Health and Housing Plan. A joint plan by the Brighton & Hove City Council (BHCC) and Brighton & Hove Clinical Commissioning Group (CCG).
- The Mental Health Joint Strategic Needs Assessment (JSNA), due end June 2022.

Two surveys were carried out between January and May 2022. One survey was aimed at service users and the other at professionals and clinicians (now termed “professionals” for simplicity reasons).

In total, **137 service users and 96 professionals shared their views**. Most service users completed the questions about mental health support services; three service users also completed questions about mental health support in their accommodation.

This report covers the findings from both service users and professionals, with combined recommendations.

Findings are presented in three sections:

- Section A: Service user experience of mental health services.
- Section B: Professionals’ and clinicians’ experience of mental health services.
- Section C: Top three suggestions from service users that would improve mental health services in Brighton and Hove.

The report closes with recommendations to BHCC and the Brighton & Hove CCG for the purposes of informing the Mental Health and Housing Plan and the Mental Health JSNA.

Methodology

We applied a multi-layered approach to this work:

A) There were two questionnaires:

- A service user questionnaire carried out by Healthwatch Brighton and Hove¹
- A professionals' & clinicians' questionnaire carried out by the BHCC.

Both can be viewed in the appendices of the main report.

The service user questionnaire contained 30 questions, including demographic collection. We received 137 responses.

The professionals' questionnaire contained 16 questions. 96 responses were received.

B) Phone interviews

Healthwatch tried to contact 12 service users who had indicated they were happy to have a short telephone interview. In many cases service users did not respond to our phone/email messages. However, four interviews took place. These are presented as case studies within the Service User Section A7 entitled Follow-up interviews within the main report.

C) A poll

To supplement the data, we also carried out a mailshot asking for opinions on the "top three things that could improve mental health services in Brighton and Hove".

From the three suggestions for improvement, we received responses from 29 people, providing 87 suggestions. The detailed findings from these are detailed in Section C of the main report, following the findings from the service users and professionals' questionnaires.

¹ An earlier survey run by BHCC generated 20 responses and these have been incorporated into the analysis for the service users questionnaire. This earlier survey can be viewed in Appendix 2.

Findings

Sample profile

Healthwatch Brighton and Hove regularly evaluates its projects and reviews of health and care services to assess how effectively we have engaged with the general population of the city and its diverse communities. For further information on this, please see our most recent Equality Impact Assessment 2021.²

Appendix 1 to the main report shows all the demographic data we gathered from the sample we engaged with for the project. Below provides the typical profile of this sample.

Most respondents were female (64%). Male service users represented 30% of the sample. The remaining 6% defined themselves as either non-binary or A-gender (which is defined as not having a gender). Most respondents (87%) were the same sex as they were assigned at birth. People described their sexuality as follows: 71% of respondents were heterosexual and a further 29% were LGBTQ+ (Bisexual (7) people, Gay (5), Lesbian (4) Pansexual (4) Asexual (3) and non-binary (2)).

78% described themselves as 'White - English/Welsh/Scottish/Northern Irish/British'.

71% of respondents defined themselves as having a long-term health problem or disability, which affected their everyday activities, either a little or a lot.

All service users were either currently or had previously received support for their mental health condition.

² See <https://www.healthwatchbrightonandhove.co.uk/report/2021-04-26/equality-impact-assessment-2021>

Key headlines:

Quality of care

- On the whole, service users and professionals were complementary about mental health providers, individuals, and organisations.
- Service users spoke positively about being “listened to and treated with concern”, but less positively about providers “addressing [their] needs or making plans to do so”, perhaps reflecting the short-term nature of some support.

Accessing support

57% of service users (45 respondents) found it difficult to access services and 77% of professionals found accessing the correct mental health support “difficult”. In addition, 70% of professionals said their clients were not able to access accommodation suitable for their mental health needs. Reasons for this included:

- GPs, the first port of call for many service users, either did not understand the patient’s emotional needs, or did not recognise symptoms as requiring mental health therapeutic support (as opposed to medication for example).
- service users didn’t know where to go for help;
- waiting lists were too long;
- the service they were offered had been used before unsuccessfully;
- the service they were offered would not meet their mental health needs; and
- there was a lack of out of hours support offered.

In addition to the above, professionals added the following reasons:

- lack of resources and investment that are not in tune with the increased demand;
- lack of clear pathways and referral processes (including less ‘joined-up working’); and
- thresholds too high for many services, and service users had to be in “urgent” need before being offered anything suitable; and
- poor transition from children and young people’s services to adult services.

Uncertainty in accessing crisis support

- Most professionals (92%) knew where to go to in order to get support for their client if they were in a mental health crisis, for example posing a risk to themselves or others.
- Nonetheless, professionals were less certain about whether their clients would receive the support they needed, with only 16% having “confidence” that service users will get that support. This is a 76 percentage point difference between awareness and confidence that service-users would receive the crisis support they needed, and is one of the most significant findings from this study.

Preferences and Tailored Support

Service user comments indicate that general short-term treatment is favoured over proper diagnosis, there are not enough specialist services and a lack of follow-up care. Also care lacked consistency of practitioners in some cases. Professionals’ comments again mirrored these views.

- 90% of service users wanted more services than they were currently receiving.
- The highest preferences were for Therapy, Brighton & Hove Wellbeing Services, Counsellor, Psychologist and GP. It is difficult to conclude from the data as to whether these were currently service users who wanted longer with the same service or if they were not currently using these services.
- Services often didn’t meet the needs of people who had identified as LGBTQ+, people whose first language was not English, people from the travelling community, ethnic minority groups, people diagnosed with neuro-diverse conditions, patients dealing with alcohol and substance addictions and those in temporary accommodation support or homeless.
- Therapies offered did not specifically deal with bereavement, trauma, domestic abuse, and post-natal depression.
- Accommodation options are sometimes unsuitable for, and in some cases negatively impacted upon the mental health needs of service users.

Conclusion

This section looks at the commonalities between the views of service users and those of the professionals. It also draws from the “top three recommendations to improve mental health services in Brighton and Hove” suggested by service users and professionals. We have themed these as follows:

High quality care

Both service users and professionals were **generally complementary** about mental health providers, mentioning individuals and organisations who had provided **high quality of care**.

Lack of resources

However, both service users and professionals were also acutely aware of the **stretched, under-resourced** nature of the mental health and housing service in Brighton and Hove. Note that 57% of service users found it “difficult” to find support, and 77% of professionals found accessing the correct mental health support “difficult”.

GPs are the first port of call, but more training is needed

65% of service users had approached their GP for help in accessing mental health services. However, comments from some service users showed that their **GP did not understand** their emotional needs, sometimes **misdiagnosing their condition**, treating the physical need rather than seeing it as a mental health symptom, and there was a tendency to rely on medication rather than therapy.

People are unsure where to go

Some service users reported they **did not know where to go** for mental health support. Note that 27% used an internet search to find support. Comments from both professionals and service users indicate that there was not enough public awareness about these services and how to access them.

Long waiting lists and high thresholds

When service users were referred, many comments told of **long waiting lists**, or being offered services that had been **tried and test before** without success. Note that 60% of service users found waiting times too long and 31% were offered a service they had used previously and had found it not to meet their needs. There was also a lack of out of hours support offered.

The majority of professionals (92%) knew where to go for crisis support, but only 16% were confident that their clients would be able to get the help they required. Leading comments from professionals indicated that **thresholds were too high** and **waiting times were too long** and this was often linked to the knowledge that services were generally **under pressure**, **under resourced** both in funding and personnel.

Services are not joined up

These issues were compounded by a **lack of joined up services**. Both professionals and service users commented on the need for **better communication** within the NHS and between NHS mental health services and third sector organisations. This was exemplified by the sometimes **poor transition from children and young people's services to adult services**.

Support is needed for longer

Where service users were offered support, the **timescale for this was felt to be too short in duration** and sometimes **lacked consistency** i.e. not having access to the same practitioner. In addition, service users spoke about the **lack of follow-up care**, which was particularly disappointing if progress had been made, often resulting in a return to the system, further waiting and another round of similar short-term support.

More tailored support

Both service users and professionals commented on the **lack of tailored support** to meet user needs and the importance of offering **therapies that specifically dealt with bereavement, trauma, domestic abuse, and post-natal depression**.

Accommodation concerns

70% of professionals said their clients were not able to access accommodation suitable for their mental health needs. Some providers mentioned accommodation options having negatively impacted on their client's mental health due to poor living conditions, the behaviour of other residents and being moved outside of the locality.

In relation to the above, service users and professionals saw the need for more services. Between 20% and 30% of service users said they would like further support from therapy, the Brighton and Hove Wellbeing service, counselling, psychologists, or a GP.

In conclusion

Mental health services and accommodation services in Brighton and Hove require further **financial investment as well as redesign** to make the most effective use of existing resources to ensure the service offered meets the required need. Comments from service users and professionals demonstrate that **support for mental health conditions needs to be long-term, consistent, robust, and tailored** to allow for a range of additional needs and circumstances. This is even more important when we consider the context of the COVID pandemic, in which the health and social care system has seen a **significant increase in the demand for mental health support**.

Recommendations

Based on the evidence shown in this report, from the experiences of 137 service users and 96 professionals and clinicians, Healthwatch Brighton and Hove puts the following recommendations forward to the Brighton & Hove City Council (BHCC) and the Brighton & Hove Clinical Commissioning Group (CCG):

Investment - this underpins all the following recommendations: Mental health services and accommodation support need further **financial investment as well as redesign** to make the most effective use of existing resources in order to achieve the following:

- Increase public awareness of mental health issues and knowledge of how to seek support.
- Improve the accessibility to support, especially for those in crisis, and simplify the navigation through the system, for both service users and professionals.
- Ensure GPs and other service providers are trained in recognising mental health symptoms early on and referring patients for appropriate support.
- Improve coordination between services, making it easier for the service user and professional to move between services and the service user's journey to be tracked with consistency.
- Address the thresholds for receiving services to allow for preventative care earlier on, rather than waiting for someone to be in extreme need.
- Increase the service offer, for longer than the usual six-week period, enabling the service user to build long-term strategies with the professional.
- Provide ongoing support and/or regular (less frequent) check-ins to ensure the service user keeps on track and progresses to a point where they do not have to start again, the complete process of diagnosis, referral and waiting for support.
- Provide tailored support where needed, ensuring services (including accommodation offered) meet the needs of neuro-diverse service users, people identifying as LGBTQ+, non-English speaking service users, people from the travelling community and ethnic minority groups, those in temporary accommodation support or homeless, etc.
- Offer specific care (in addition to the usual CBT service) for bereavement, trauma, domestic abuse, and post-natal depression, where relevant.

- Provide support for people with co-existing conditions (substance and alcohol misuse)so they can access mental health services.
- Ensure a smooth transition between children and young people’s services and adult services, offering a specific care package (and accommodation) where needed.
- Ensure accommodation options provide adequate living conditions, considering original locality of the resident and suitability of other residents.

Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group response.

Brighton & Hove City Council (Adult Social Care and Public Health) together with Brighton & Hove Clinical Commissioning Group commissioned Healthwatch to obtain the views of service users and staff working within the mental health system. The output of this work was summarised in the report “Mental Health Services – Experiences of Service Users and Professionals in Brighton & Hove”

The aim was to use this information to inform two pieces of work taking place in Brighton & Hove.

The first is the development of the Mental Health and Housing Plan which brings together the whole system – Brighton and Hove City Council (Adult Social Care & Housing Department) the Clinical Commissioning Group and Mental Health Services (both statutory and voluntary) around a shared set of priorities. These aim to increase access to support and accommodation provision for those with mental health needs and support better integration of services and improve outcomes for service users.

The second is the Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) which will describe current and future mental health needs of the Brighton & Hove population, with particular consideration of inequalities and the impacts of the Covid19 pandemic on mental health need. The JSNA will combine data and intelligence including the voice of stakeholders and service users to make recommendations based on evidence and cost effectiveness at both individual and place level.

We welcome the findings of the Healthwatch report, and we will be utilising the information to inform the recommendations and action plans that are developed as part of the Mental Health and Housing Plan and the JSNA. The recommendations will be used to inform other areas of mental health transformation including the transformation of community mental health services and crisis care.

This valuable report will contribute to our future plans and support the development of better services and accommodation for people with mental health needs.