

MENTAL HEALTH SERVICES IN EAST & WEST SUFFOLK FOLLOW UP

17th January 2019



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Introduction

During the past six months, a partnership between Suffolk User Forum, Suffolk Parent Carer Network, Suffolk Family Carers, Healthwatch Suffolk, Ipswich & East Suffolk and NHS West Suffolk clinical commissioning groups, the Norfolk & Suffolk NHS Foundation Trust and Suffolk County Council have been carrying out engagement as part of #averydifferentconversation. These conversations took place across Suffolk using an online survey and at engagement events with the public, service users, carers, teachers, mental health service staff and professionals. As a result of this engagement, a Mental Health and Emotional Wellbeing Strategy for east and west Suffolk was published which set out a vision for the transformation of mental health services in Suffolk.

Following the release of the initial engagement report and the strategy, a further round of engagement events and an additional survey was commissioned, to find out whether people considered that the results of the engagement and the strategy reflected their views. The survey asked one quantitative question, which asked respondents to indicate how much they agreed or disagreed with three specific statements:

- This feels like a very different conversation.
- I am influencing or contributing to this piece of work.
- The strategy will make a positive difference.

There was one qualitative question, which asked respondents:

- “Has anything been missed?”

This survey gathered over 150 responses between late November 2018 and January 2019. The analysis of this survey and engagement data has been conducted independently by Healthwatch Suffolk [HWS] and is presented in the report below.

Survey Responses

One-hundred and fifty-five responses were received to the online SurveyMonkey link. There were three quantitative questions that asked respondents how they felt about statements associated with the overall strategy and engagement.

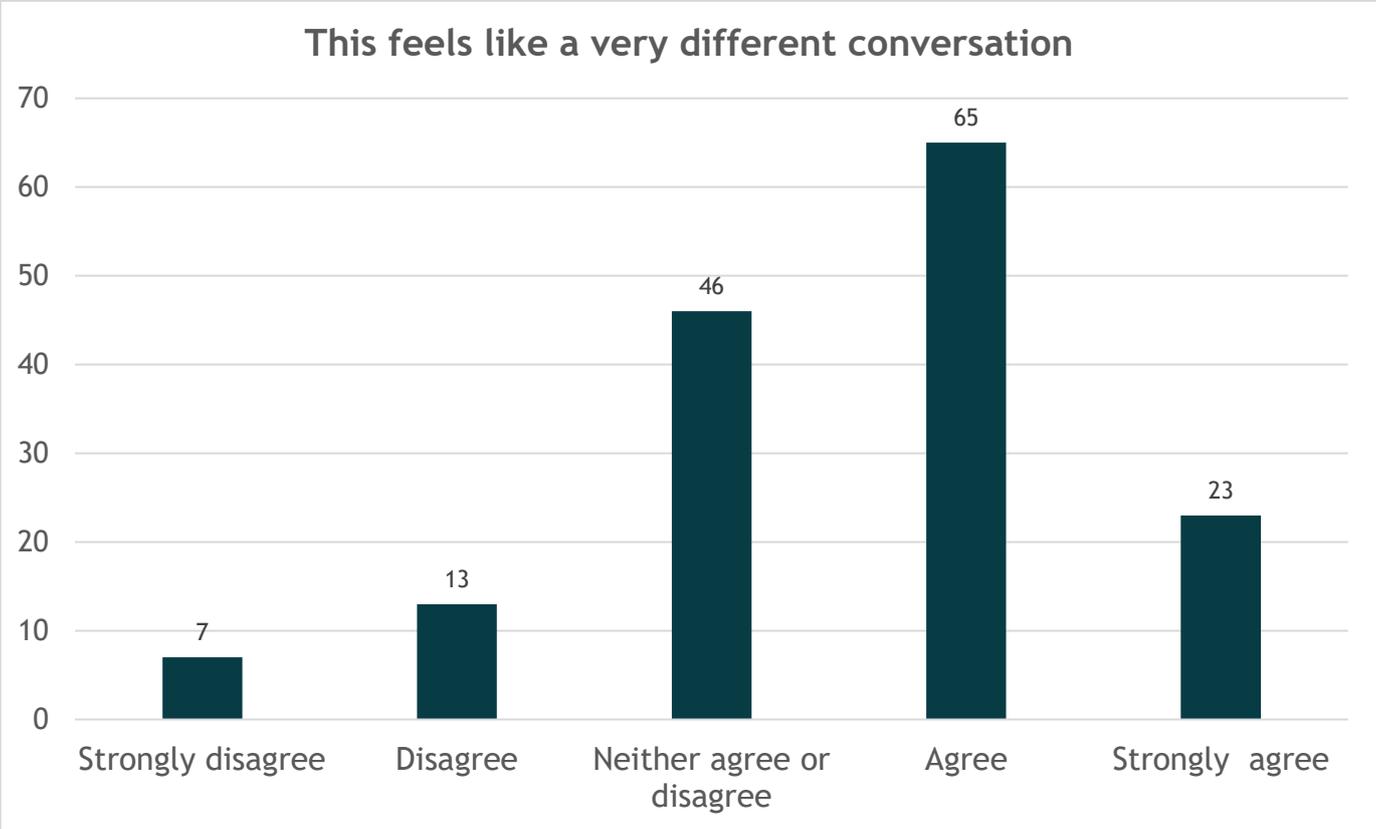
The responses to the quantitative question in the survey were mostly positive in sentiment. More than 50% of respondents either agreed or strongly agreed with each of the statements as listed on page three. Over 30% said that they neither agreed nor disagreed with these statements and very few respondents disagreed or strongly disagreed with them. More detailed analysis of each of these statements is shown below.

Question 1. “Please indicate the extent to which you agree with the following three statements:”

Analysis of statement 1: “This feels like a very different conversation”

154 people answered this question, of those:

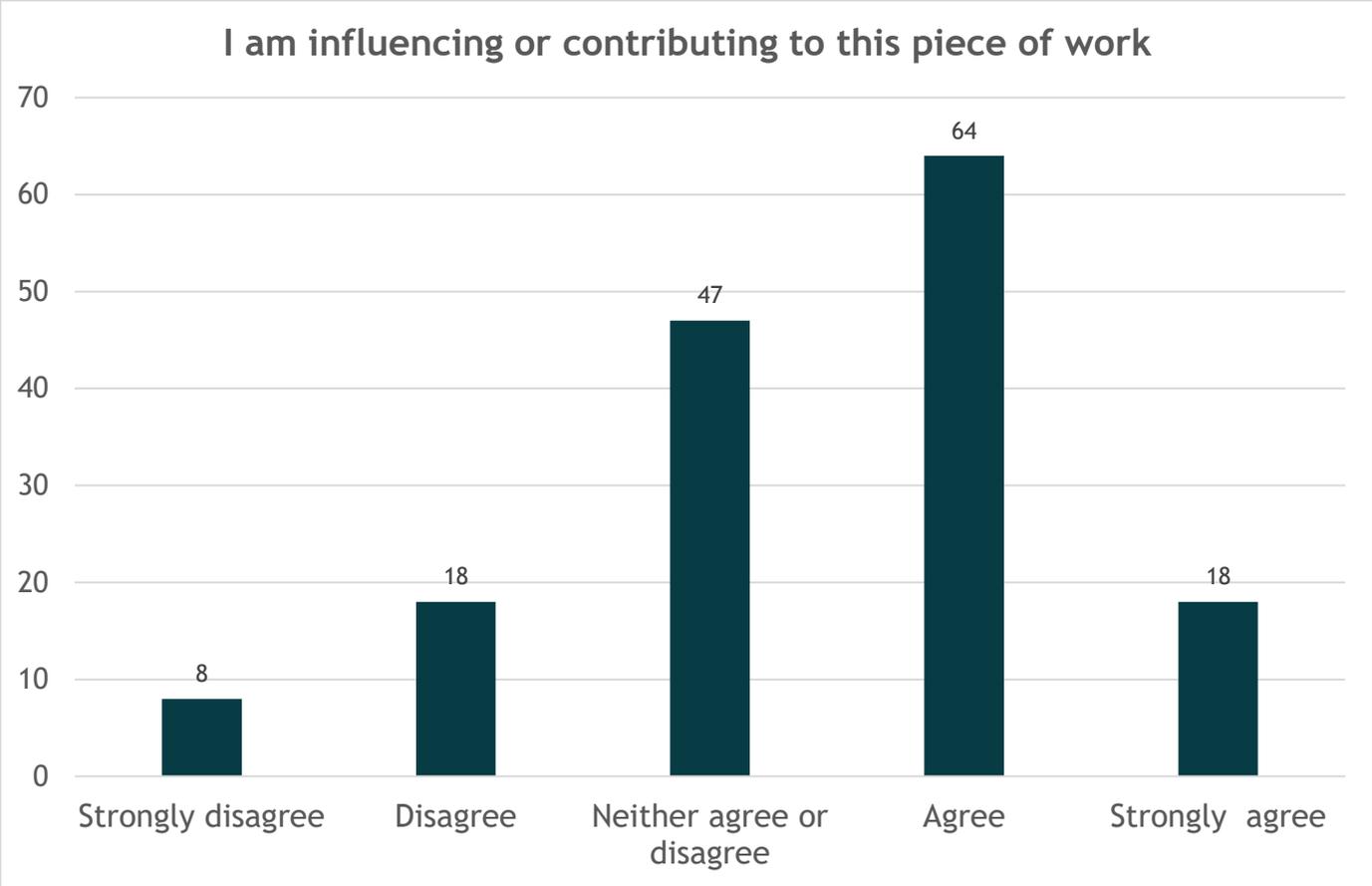
- 13% strongly disagreed or disagreed with the statement.
- 30% neither agreed nor disagreed with the statement.
- 57% agreed or strongly agreed with the statement.



Analysis of statement 2: “I am influencing or contributing to this piece of work”

155 people answered this question, of those:

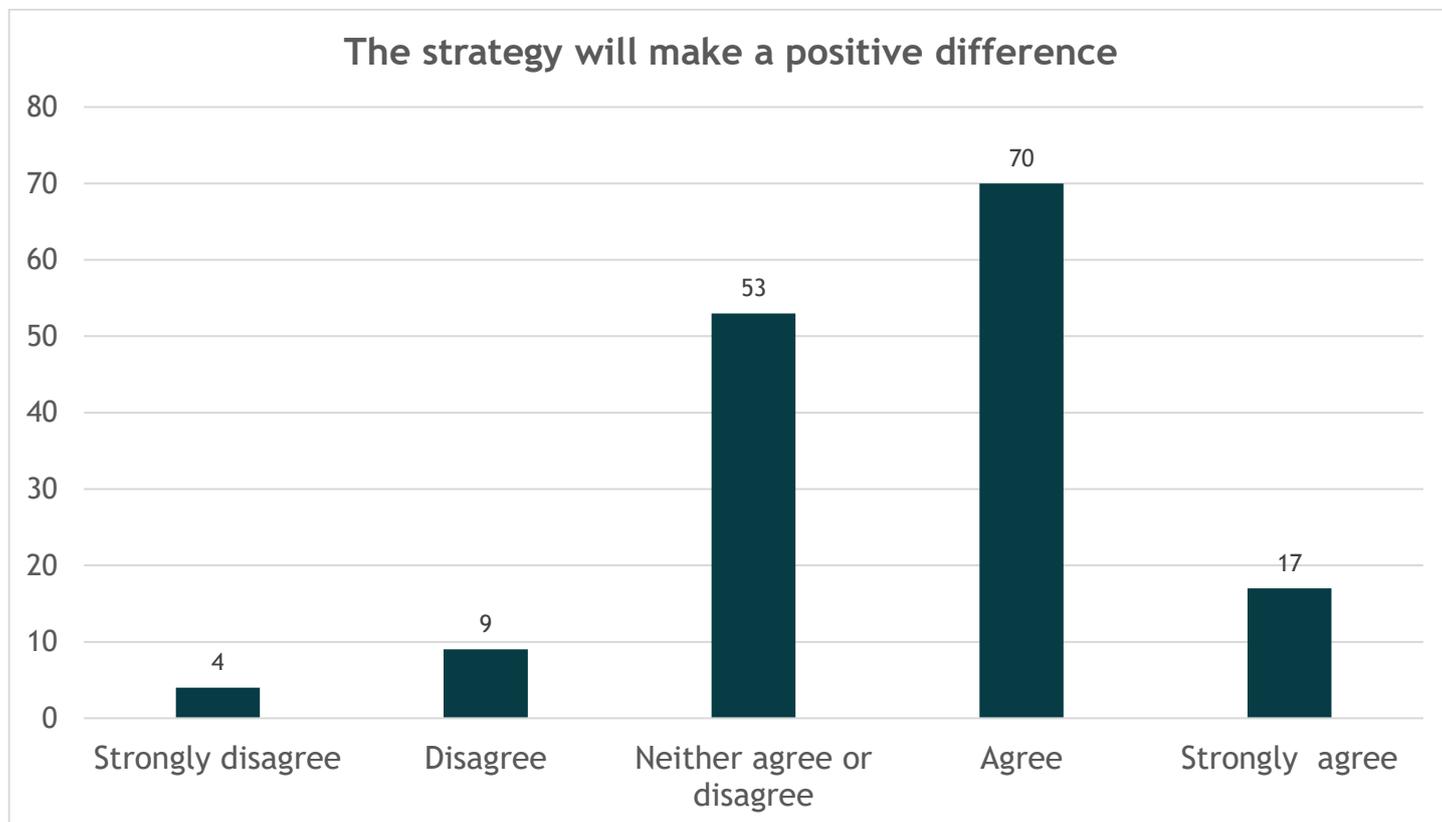
- 17% strongly disagreed or disagreed with the statement.
- 30% neither agreed nor disagreed with the statement.
- 53% agreed or strongly agreed with the statement.



Analysis of statement 3: “The strategy will make a positive difference”

153 people answered this question, of those:

- 9% strongly disagreed or disagreed with the statement.
- 35% neither agreed or disagreed with the statement.
- 57% agreed or strongly agreed with the statement.



Question 2. Has anything been missed? If so, please provide details below.

A total of 78 text comments were submitted in response to the qualitative question “Has anything been missed?”. Of these, six was feedback from engagement groups and analysed separately. The results of the group feedback analysis can be found on page 10. There were 72 valid individual survey responses which were analysed thematically.

Three key groups of themes emerged in the responses. These were:

1. Themes about the implementation and future direction of the strategy and mental health services (33).
2. Themes concerning wider social factors including the influence of schools and parenting, and socio-economic and cultural inequalities (17).
3. Themes about gaps in services (14).

Implementation of the strategy and the future of services

This group of themes was related to how the strategy will progress, how it will be achieved and the future of mental health services.

- Seven people mentioned wanting to know more about how the strategy would be implemented. This includes comments about timescales, capacity of services, how the strategy will be achieved and moving the strategy from intentions to practical change.

“This is a really good strategy but how are we going to actually do this?”

- There were six responses which mentioned service leadership and culture. Within this theme, there were four mentions of a new model of mental health treatment, for example a move towards a “trauma informed” model and challenging the biomedical model of mental health. There were two mentions of the need for improved leadership of mental health services, for example:

“We have more Band 7 managers than ever before-all locked away in their offices doing nothing to support or assist frontline clinical staff.”

- Six people mentioned wanting to know more about the future of Norfolk and Suffolk Foundation Trust. For example:

“Will Suffolk split from NSFT and what impact will this have on those who desperately need urgent support?”

- Five people mentioned funding. Four had questions about funding or felt that more funding was needed to implement the strategy. One said that people needed to be involved in services rather than decisions being made based on funds. Examples of comments about funding include:

“Ensure adequate resource to deliver ambitious plan.”

- Four people mentioned the need to ensure that trained or skilled mental health service staff are available to provide an effective service. Two of these comments were generic comments that stated that staff training was important, and two comments stated that the need for trained and skilled staff had not been considered in the strategy.

“There are clients who have severe and enduring mental health problems who require long term, skillful intervention and treatment... What about the qualified staff who will be required to implement these changes and who will be the voice of those who cannot represent themselves? My concern and that of my colleagues is that there will be less qualified staff and more support workers responsible for implementing work which they are neither trained or qualified to do”

When talking about the implementation of the strategy, people also mentioned: a need for integration or joined up working to implement the strategy (three) and a desire for continued co-production (two).

Wider social factors and inequality

This group of themes related to how social factors or public institutions outside health services such as schools impact mental health.

- Six people mentioned the impact of debt or socio-economic inequality on mental health. Two of these mentioned inadequate housing.

“More emphasis on the social conditions that make people ill - debt, housing, trauma etc. as well as long term conditions”

- Five people mentioned the impact that childhood experiences, families and parenting have on children and young people’s mental health and emotional wellbeing. Two of these comments stated that they would like a greater emphasis on support for parents.

“More emphasis should be placed on parental support for children - parents need to be held responsible for their children’s wellbeing not just schools who are left to pick up the pieces. This strategy does not seem to address any of this.”

- Four people mentioned a need for improved support for mental health in schools. Two of these stated that they felt schools put pressure on young people which could impact their mental health. One mentioned that access to training or support from services for schools should be easier. Finally, one comment said that school performance was linked to socio-economic deprivation, and that the strategy needed to focus more on these “social determinants” of mental health:

“Just look at the latest data concerning school exclusions etc in Suffolk and which children are impacted. In short, the poorest (as identified by entitlement to free school meals) and those with special educational needs. A strategy that fails to acknowledge social determinants of health, and the particular policies that are causing poor health is one that is in denial of the reality of too many people’s lives.”

- Two people mentioned that the needs of people who are members of black and minority ethnic communities were not being addressed adequately.

Gaps in services

This group of themes contain comments where the respondent said they were unable to access services which met their needs or that there was a need for more or improved services.

- Eight people mentioned a need for additional services or improved support from existing service for people with co-existing conditions. Three of these referred to support for people with mental health needs co-existing with a diagnosis of autism or autism spectrum disorders [ASD]. One person mentioned support for ASD more generally. Other services mentioned include: those for Deaf people, people with a diagnosis of Personality Disorder, specialist talking therapy and psychosexual therapy.

“Doesn’t appear to be any specifics about co-existing conditions. For example, autism & mental health such as anxiety, ADHD, self-harm etc. These are very much a Venn diagram of overlapping conditions and need specific strategies and expertise.”

- Four people mentioned that they had been unable to access services or that there was a lack of support available for them but did not mention a specific service.

“We have been getting very little help from the mental health services and been pushed away from any help that is offered and out there.”

- Two people made specific mentions of a lack of support for people with long term or severe and enduring mental health needs.

“There are clients who have severe and enduring mental health problems who require long term, skillful intervention and treatment. A very different conversation seems to under-represent the needs of this specific client group and it appears to me that Youth work and people with a personality disorder have greater voice and choice.”

Group data

There were a total of nine sources of group feedback or comments submitted through the survey link and via email. Numbers recorded in these sources show that they contained the views of at least 96 people. The list of events included:

- An Ipswich and East Suffolk CCG patient engagement event.
- A Suffolk User Forum (SUF) engagement with service users and staff at Woodlands.
- A SUF event at Ipswich library.
- A SUF event screening of “*Crazywise*”, which was analyzed separately to the other eight sources of group feedback as it contained the views of over 40 people and answered a specific question.
- Other feedback was received via email from various professionals working within mental health in Suffolk.

Group data was analysed separately from the responses to the online survey as it did not follow the survey format. Key themes found within eight sources of group feedback (excluding SUF’s “*Crazywise*” event) were:

Five of the eight sources of group feedback raised concerns or questions about how the strategy would be implemented. Three of these were general comments about how the strategy would be achieved, two talked about funding.

“It talks about facts and details but not about how we would achieve these.”

There were four sources which mentioned access to services. Two of those four sources talked about initial access and two talked about pathways between services. One of the comments about initial access questioned how the ambitions to deliver improved access would be achieved. The other comment about initial access stated that their interpretation of the strategy was that it implied that it would “*be easier to access a mental health professional than it is to access a GP*”.

The other two comments about access referred to the pathways between services. Both of these comments about pathways reported difficulties with “*closed doors*” when patients are referred between services.

“Currently, once Wellbeing have referred someone to us, their “door shuts” and we can’t pass them back and have nowhere to redirect these people. Will this change?”

There were two comments about planned discharge. One of these stated that discharge needed to be planned from the outset, and that patients should not be discharged “*out of the blue*”. However, the other comment stated that it is not always possible to have a planned and co-produced discharge, depending on the needs of the service user:

“Some patients (especially adults) with personality disorder/attachment difficulties might not accept the idea of discharge at all and promising it would be co-produced would keep a number of people in the system unnecessarily. Discharge should be planned at the start but not always possible due to the fluctuations people have hence not sure it should be promised as well.”

Two sources mentioned support for children and young people or parents, in keeping with themes from the online survey.

“Page 36 [of the strategy] doesn’t mention anything about parent support/assessments/training which I think is crucial for young people”

Other comments which supported themes found in the online survey included a single mention of the need for trained staff not being addressed in the strategy and one source which mentioned a desire for improved diagnosis and a new model of mental health using a *“trauma informed approach”*.

The feedback from SUF’s screening of the film *“CrazyWise”* contained a transcript of written comments from 46 people to the question “What resources would you most like to see provided by mental health services in order to support people better?”. Because this feedback came from a large group, and centred on a specific question, it was analysed separately from other group data sources. The themes found in these answers reflected similar themes to those found in the initial *“A Very Different Conversation”* research report. The most common themes were as follows:

- People expressed a desire for activities or support groups (18), including peer support (7). Types of activities mentioned include:
 - Outdoor activities (1).
 - Music, art or drama (2).
 - Worry Café’s (1).
- Thirteen people said that they wanted to be listened to by services and professionals, particularly around diagnosis and treatment.
- Six people said that they wanted to receive talking therapy or improved access to talking therapy.
- Five people said that they would like improvements in the way people are diagnosed, or an alternative to the medical model of mental health.

Conclusion

The analysis of the quantitative survey responses for this second round of engagement for #averydifferentconversation have shown that the people who were surveyed were mostly happy with the strategy and results of the initial engagement in 2018. Over fifty percent of respondents reported that the engagement felt like a very different conversation, that they considered they were able to influence or contribute to this work and that the strategy will make a positive difference.

However, the qualitative comments have shown that there are some areas which respondents feel the strategy and engagement activity have missed. The most common themes in both the online survey and the group data were related to how the strategy will be implemented and how it will be funded.

Within the online survey, respondents stated that they felt that the wider social context of mental health. These themes included:

- Support for families and parenting.
- Support in schools.
- Socio-economic inequality.
- The needs of people who are members of a black or minority ethnic community.

These themes were also found, to a lesser extent, in the group data.

There were a number of comments which stated that there is unmet need and a lack of access to services, reflecting themes found in the initial #averydifferentconversation engagement. This included comments about the availability of specialist services, such as those for people with autism, and comments about routes into services and pathways.

There were also a number of comments about diagnosis and the possibility of exploring new models of mental health other than the medical model. Often, these talked about a “trauma informed” approach and shifting definitions of mental illness.

Overall, the engagement and resulting strategy appears to have been well received by the respondents to this second round of engagement. However, respondents also highlighted that plans need to be practical and realistic to implement the strategy. In addition, these changes need to be inclusive of people who may already be vulnerable to poor mental health because of poverty, inequality or co-morbid health conditions. Finally, in keeping with the findings of the previous engagement, access remains a recurring theme which people would like addressed.

