Item No. 11

Meeting Date **Wednesday 13th November 2024**

Glasgow City Integration Joint Board Public Engagement Committee

Report By: **Jacqueline Kerr, Interim Chief Officer**

Contact: **Kelda Gaffney, Interim Assistant Chief Officer, Adult Mental Health Services**

Phone: **07586 493091**

Next Steps in Implementing Mental Health Strategy – Enhancing Community Services and Community Engagement

Purpose of Report:	To update the Integration Joint Board (IJB) Public Engagement Committee (PEC) on community engagement in relation to next steps in implementing the NHS GG&C Mental Health Strategy

Background/Engagement:	The Mental Health Strategy sits under the NHS GG&C Moving Forward Together Programme. The issues and proposals associated with public engagement have been considered over a period of time at Corporate Management Team (CMT), Moving Forward Together (MFT) Programme Board, Informal HSCP Chief Officers, Chief Directors of Finance and the Mental Strategy Programme Board meetings in increasing levels of detail through 2022 / 2023 / 2024. A refresh to the strategy for 2023 - 2028 was approved by Glasgow City IJB on 27th September 2023.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ Council Committee ☐ Update requested by IJB ☒ Other ☒ Health Board Finance, Planning & Performance

	Committee and MFT Programme Board. Not Applicable ☐

Recommendations:	The IJB Public Engagement Committee is asked to: a) Note the ongoing community engagement process as part of the next steps in implementing the NHS GG&C Mental Health Strategy.

Relevance to Integration Joint Board Strategic Plan:
The next phase of implementation of the Mental Health Strategy – Enhancing Community Services – particularly addresses the Integration Joint Board's Strategic Plan's third priority; Supporting People in their Communities. The proposed community engagement element aligns with the Plan's intentions toward partnership working and involving others, and the principles of meaningful involvement.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The next phase of the mental health strategy will contribute to meeting all nine national outcomes and, through the engagement process, aim to respond to the experiences of people who use mental health services.

Personnel:	Through the proposed community engagement approach, staff will have opportunity to shape implementation which aims to support staff and system resilience, improve capacity and results in fewer, more specialist, centres that are more attractive for recruitment and retention.

Carers:	The proposed community engagement approach will provide carers with the opportunity to provide feedback on their experience of mental health services and the learning from this will contribute to implementation.

Provider Organisations:	Commissioned provider organisations will continue to play a role in implementation of strategy and are key stakeholders for engagement. For example, the contribution of the Glasgow City Compassionate Distress Response Service to the unscheduled care pathway, as provided by Glasgow Association for Mental Health.

Equalities:	Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equalities sensitive services matching care to need. Programmes of work will be developed to address mental health wellbeing within such communities and groups. The 2018-23 strategy was Equalities Impact Assessed, and this applies to the refresh. There is commitment to developing / updating equalities impact assessments as part of implementation and ensuring engagement with people with protected characteristics.

Fairer Scotland Compliance:	Ensuring compliance with the Fairer Scotland duty will become relevant when considering options for the rationalisation of the mental health bed estate and site impact.

Financial:	The financial framework for the next phase of implementation - Enhancing Community Services - proposes a staged approach to delivery with reinvestment linked to, and following, phased retraction in inpatient beds.

Legal:	None

Economic Impact:	None

Sustainability:	The next phase of implementation supports the shift in the balance of care within available resources. Over the next two decades however, expanded and recurring funding for public mental health, wellbeing promotion and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.

Sustainable Procurement and Article 19:	None

Risk Implications:	Mitigation of risk will initially focus on where there is existing / spare capacity in inpatients, and then at subsequent stages to ensure bed number retractions remain pragmatic and valid.

Implications for Glasgow City Council:	There are no specific implications for the local authority other than to maintain the role it takes in aiming to mitigate against the social determinants of poor mental health.

Implications for NHS Greater Glasgow & Clyde:	Strategic planning for Mental Health Services continues to progress as a component of the Health Board's Moving Forward Together (MFT) programme.

1. Purpose

1.1. To update the IJB Public Engagement Committee on community engagement in relation to next steps in implementing the NHS GG&C Mental Health Strategy.

2. Background

2.1. Glasgow City IJB approved the refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028 on 27th September 2023.

2.2. The stages of the Strategy implementation were to be managed operationally through the Mental Health Strategy Programme Board that had representation from the six Greater Glasgow & Clyde Health and Social care Partnerships (GG&C HSCPs), clinical and management leadership and was supported by planning and through the Moving Forward Together (MFT) programme Board and Health Board governance structures. There would be significant ongoing engagement with service users and their families. Proposed implementation was over 5 years, and it was difficult to predict rigid adherence to the length of each of the stages.

2.3. Future implementation of enhanced community mental health service provision and related reduction and rationalisation of mental health inpatient beds would be subject to the outcome of engagement feedback from Healthcare Improvement Scotland Community Engagement.

3. Feedback from Healthcare Improvement Scotland – Community Engagement

3.1. The approach to engagement has since been supported by Healthcare Improvement Scotland. Discussions are ongoing and inform developments as they move forward.

4. Community Engagement Approach

4.1. The plan is to take a three phased approach to patient, carer and public engagement, enabling us to design and deliver appropriate and proportionate engagement opportunities that are informed by evidence of what is working well and where opportunities exist for improvement or change. Feedback is routinely gathered across mental health services from people with lived experience and, alongside baseline information collected via an early public engagement exercise, helps inform strategy development and identify key groups and communities for targeted engagement. It will also inform the planning and design of more in-depth engagement at key milestones.

4.2. Activity is led and coordinated by the NHS GG&C Patient Engagement and Public Involvement (PEPI) team with support and commitment of mental health colleagues from the six GG&C HSCPs.

5. Engagement Objectives

5.1. Our engagement approach is designed to be transparent, proportionate and accessible and will help us to:

- Ensure people from all our communities can share feedback and contribute their experiences.
- Build a shared understanding of how specialist mental health services operate, the current challenges and opportunities and how these align with our commitment to high quality care.
- Identify key groups and communities for targeted feedback and engagement activity.
- Identify key stakeholders and partners to help ensure the Mental Health Strategy is designed and implemented effectively and remains relevant to people over time.
- Identify ongoing opportunities for people using mental health services, and their carers to continue to be involved in local implementation of strategy outcomes.

6. Governance

6.1. Our proposed engagement approach has been developed in line with Scottish Government guidance for engagement; Planning with People: Community Engagement and Participation Guidance which describes our responsibilities to engage openly and effectively when developing and redesigning services. Our approach also aligns with the aims set out within NHS GG&C's Stakeholder Communication and Engagement Strategy, specifically:

- Empowering staff and teams to have ongoing engagement with people in an open and honest manner, ensuring that the public voice is at the heart of all service planning, improvements, and developments.
- Achieving the best representative views, comments, and opinions from our diverse communities so that our work is inspired and shaped by people's views.
- Enabling people to voice their views, needs and wishes and contribute to plans, proposals, and decisions about services.

6.2. We will continue to engage with Healthcare Improvement Scotland in line with their statutory responsibilities for quality assurance, oversight and support in relation to health service redesign and change. Communication channels and routine engagement at identified milestones has been established.

6.3. We will coordinate our engagement activity with the five other GG&C HSCPs, providing clear timescales and advice on the capacity and resources required locally to deliver effective engagement with all our communities. This work will continue to require collaboration between NHS GG&C / HSCPs and relevant business intelligence / Information Governance colleagues to agree the approach to identifying and engaging (including through digital channels) with all stakeholders, and specifically mental health service users and carers, in addition to providing the oversight required via appropriate organisational governance arrangements.

7. Delivery

7.1. Phase 1: Public Survey on what matters most to people about mental health services (engagement page on NHS GG&C website, survey, targeting umbrella organisations e.g. councils for voluntary services and associations for mental health).

7.2. Phase 2: Targeted engagement to inform a site/ward configuration option development and appraisal process.

7.3. The focus of this phase is to:

- Build on feedback from the Phase 1 public survey to identify and develop criteria that will be used to inform an option development and appraisal process on possible site reconfiguration for mental health inpatient beds.
- Facilitate appropriate and proportionate stakeholder participation in the option development and appraisal process.

7.4. Phase 3: Formal Public Consultation - The outcome of the non-financial benefits site impact option appraisal work will be reviewed along with full financial analysis and the recommended option will be taken to formal public consultation.

7.5. The planned timeline for the process was to complete public consultation by end December 2024. Unfortunately, UK general election purdah delayed the progress of Phase 2 and proposals for an updated schedule will be confirmed following the outcome of discussions with Healthcare Improvement Scotland Community Engagement as described in para. 10.1.

8. Phase 1 Early Engagement and Feedback

8.1. A survey was the main public engagement activity undertaken for phase one (March – April 2024). The aim of the survey which included a mix of yes/no, multiple option and free text response question types, was to measure awareness and experience of the range of mental health and wellbeing services and support available. Draft internal feedback from the survey, prepared by the NHS GG&C Patient Engagement Public Involvement team, is attached in the appendix.

8.2. In summary, feedback from respondents included the importance of community-based services, and delays in receiving mental health support especially through GP practices and Community Mental Health Teams.

8.3. Next stage plans for strategy implementation align with this and the priority is to invest in community-based developments and to reduce delay. These community investments are:

- Community Rehabilitation
- Enhanced Care Home Liaison
- Borderline Personality Disorder Pathway
- Community Mental Health Acute Care Service (Adults and Older People)
- Dementia Post Diagnostic Support

9. Phase 2.1

9.1. In Glasgow City, 3 in-person and 1 online public engagement sessions were held across the 3 localities between 23rd August and 23rd September 2024 as part of a 14-session engagement programme across NHS GG&C.

10. Phase 2.2 Option Appraisal

10.1. There is a vast number (millions) of possible combinations when considering where beds / wards / clinical specialties might be located to deliver the Strategy's planned outcome of number of beds / wards. Reducing the possible combinations to a practical long list and then to a short list is required before further public engagement.

10.2. Discussions are ongoing with Healthcare Improvement Scotland Community Engagement for their advice on additional engagement phases beyond the minimum advised in the national Planning with People guidance to ensure maximum transparency and robustness.

11. Phase 3 Formal Consultation

11.1. A final phase requiring public consultation on a preferred option will be required.

12. Implementation

12.1. The next phase of community development which aims to reduce the number of inpatient care beds and increase community services (changing the balance of care) can only happen after the engagement process is completed and the Health Board has considered the formal consultation feedback in full.

13. Recommendations

13.1. The IJB Public Engagement Committee is asked to:

a) Note the ongoing commitment to the community engagement process as part of the next steps in implementing the NHS GG&C Mental Health Strategy.

Appendix 1

Mental Health Services in NHS Greater Glasgow and Clyde

Draft Public Engagement internal Feedback – Phase 1 Feedback

Summary

May 2024

1. Purpose of Report

This report summarises the responses to a public-facing survey carried out over throughout March and April 2024 to capture public and service user feedback on awareness and experience of mental health services and support in NHS Greater Glasgow and Clyde.

It presents a summary of the key findings and highlights emerging themes for further consideration and action.

2. Background

A key work stream of the NHS GG&C Moving Forward Together (MFT) programme is the implementation of the refreshed Mental Health Strategy (2023-28). This includes a proposed implementation plan for enhanced community mental health service provision and a related reduction and rationalisation of mental health inpatient beds to support the investment in this.

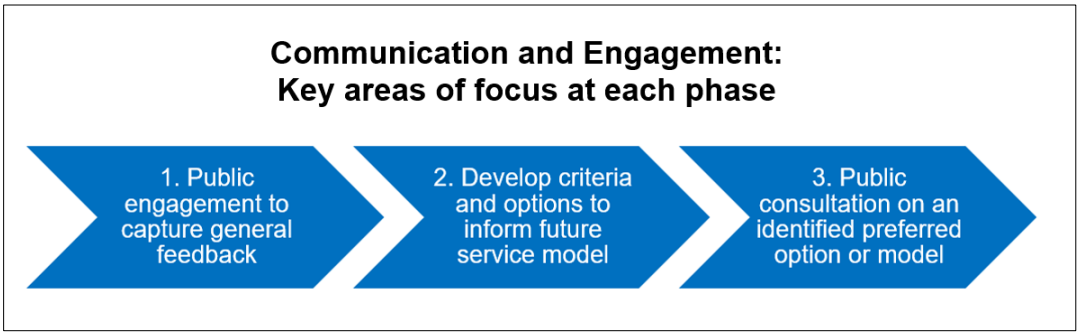
Engagement with patients, service users, carers and the public is important in understanding the experiences and needs of people to inform how this plan is taken forward. A phased approach to engagement is being taken forward over three phases with this report focusing on phase one.

3. Process

The proposed public engagement approach has been developed in line with other recent corporate engagement activities and with Scottish Government's guidance; *Planning with People: Community Engagement and Participation Guidance*. This guidance describes an approach to engaging openly and effectively when developing and redesigning services. It also demonstrates how this work is delivering on the aims set out within NHSGGC's Stakeholder Communication and Engagement Strategy.

A paper setting out the proposed approach to public engagement was approved by NHSGGC's Corporate Management Team in March 2024. The delivery of engagement activity to support the implementation plan for inpatient bed reduction and rationalisation is described in three phases:

- **Phase one:** Public engagement to capture general feedback on mental health services.
- **Phase two:** Specific engagement to develop criteria and options to inform future service model.
- **Phase three:** Public consultation on an identified preferred option or model.



The survey was the main public engagement activity undertaken for phase one (March – April 2024). Feedback and emerging themes from the survey will help inform further engagement to be delivered in phase two and inform other work streams being taken forward as part of the wider Strategy.

Survey questions

The aim of the survey was to identify what matters most to people about how mental health services and support is provided. We wanted to better understand public awareness of the range of available services and support for mental health and wellbeing, experience of using those services, what we should prioritise moving forward and other suggestions and ideas to improve mental health services in the future.

A mixture of closed and open-ended responses was offered which is standard for this type of survey. Questions were designed to measure awareness and experience of the range of mental health and wellbeing services and support available. The number and style of questions was proportionate to this aim and the average time taken to complete the survey was 14 minutes.

The survey content was reviewed against the NHS GG&C Clear To All Checklist to ensure it met accessibility guidelines. Alternative formats were offered.

A total of 500 responses were received, providing a representative sample size for the population. A copy of the survey questions can be found here.

Quantitative data from the survey was analysed using the report function in-built to MS Forms. Qualitative data was manually reviewed and analysed at a high level to provide insight and understanding of patterns and recurring feedback across the open text responses. Key themes were identified, and a summary is provided in section 6 of this report.

Circulation

Survey circulation:

Date	Method	Distribution
04/03/2024	Involving People Network (IPN)	Circa 60,000 members of the public across NHSGGC
04/04/2024	NHS GG&C social media (Twitter /Facebook/Instagram)	Circa 137,500 subscribers across all platforms Snapshot of engagement with posts: Facebook: 24,494 (reach) Twitter: 2439 (impressions) Instagram: 2447 (impressions)
04/04/2024	Email distribution to local HSCP Comms Teams	As per own follower numbers

04/04/2024	Email distribution to 3rd sector stakeholders	As per own follower numbers
9/04/2024	Repeat of NHS GG&C social media (Twitter/Facebook/Instagram)	As above
10/04/2024		
18/04/2024		
22/04/2024	Involving People Network (final call for responses)	As above

4. Equalities Monitoring Form

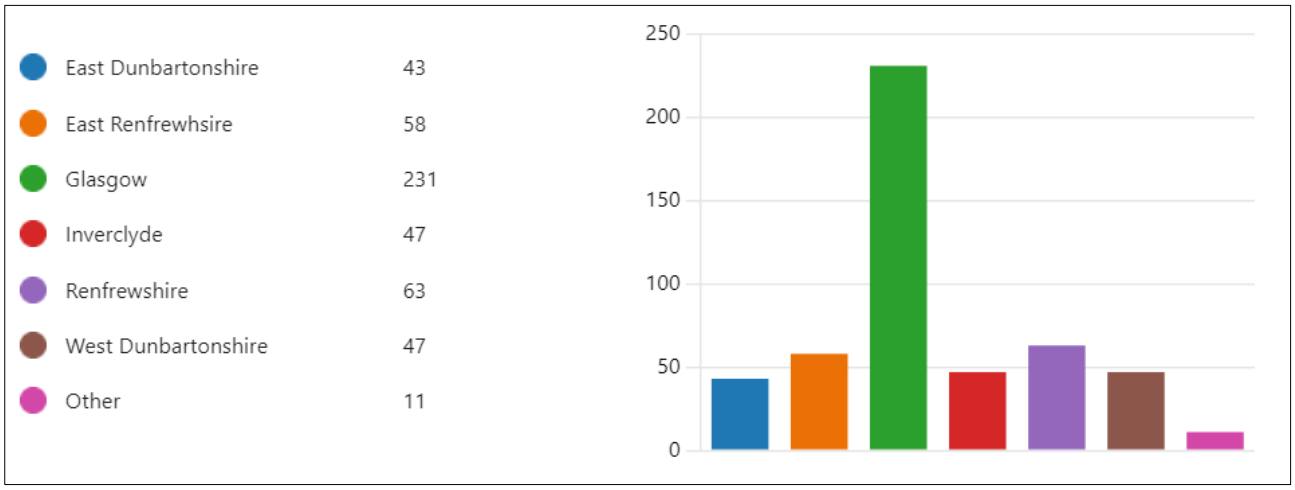
Respondents were asked to complete the NHS GG&C Equalities Monitoring Form via a link in the survey. A total of 48 forms were completed. A summary of this data is available by request.

5. Summary of Key Survey Responses (including a cross-section of feedback)

Geographic spread of responses by HSCP area

The spread of responses received is broadly proportionate to the population of each HSCP/local authority area. The breakdown of responses by HSCP/local authority area is highlighted below.

East Dunbartonshire HSCP	East Renfrewshire HSCP	Glasgow HSCP	Inverclyde HSCP	Renfrewshire HSCP	West Dunbartonshire HSCP	Other	Total
43	58	231	47	63	47	11	500
8.6%	11.6%	46.2%	9.4%	12.6%	9.4%	2.2%	100%



Access to support with mental health and wellbeing:

We wanted to understand if people know where to access general information, advice and support for their mental health and wellbeing. Overall, awareness was very high with some key findings including:

- Only 18% of people said they wouldn't know at all where to go to find general information, advice and support on mental health and wellbeing, with 45% saying they do know where to go and a further 37% saying they know where to go, depending on the type of information, advice or support they are looking for.

To understand more about where people sought information, advice and support from, we provided a list of 8 possible sources and asked how many, if any at all, people had used in the past 12 months. The list included:

- GP practices
- Community pharmacies
- Housing providers
- Education providers
- Employers
- Community organisations and charities
- Financial advice services
- Websites and telephone helplines

GP practices were the most used source of information, advice and support with **78%** of respondents indicating this as their preferred source. The table below highlights the breakdown of all sources indicated from respondents.

Headlines - sources of information, advice and support
• GP practices were the most used source of information, advice and support (78%)
• 59% used websites and telephone helplines, with just over half finding them useful
• 28% used community organisations and charities
• Community pharmacies, employers and education providers were used by less than 15% of people
• Housing or financial services providers were used by less than 10% of people
• 10% of people chose 'other' and listed family and friends and religious organisations as other sources of information, advice and support

We asked people to tell us how useful they found these sources and why. In general, GP practices scored relatively highly in relation to other sources with 53% rating them as useful, followed by 30% rating community organisations and charities as useful. However, generally people rated the overall usefulness of sources as low. The most common reasons included:

- Waiting times for appointments (GP practices especially)
- Capacity issues within community organisations and charities e.g. opening times
- Lack of appropriate training on mental health for staff
- Insensitive and/or inappropriate attitudes and behaviours
- Focus on self-management/low level support without recourse or referral into clinical services where needed

Breathing Space staff on the whole have been excellent but badly need to have their opening hours expanded to make them more accessible, especially during the week

G.P. services need to accept criticism and not turn their back on the patient as mine did with me when I complained legitimately about the poor level of service

Unpaid carers

37% of those who responded told us they identified as an unpaid carer. This is significantly higher than the general population estimate of approximately 10% (Carers UK).

Of those who identified as unpaid carers, only 10% had used psychiatric mental health services in the past 12 months. When asked what matters most to them when thinking about mental health services unpaid carers were twice as likely to prioritise services that support self-management and care, and other community-based services and support.

We already understand that carers are disproportionally likely to experience poorer general and mental health and are either waiting for long periods of time for support or putting off seeking support because of the demands of their caring role; https://www.carersuk.org/media/vgrlxkcs/soc22_final_web.pdf.

Despite being offered an option to list 'support for carers' as their most important priority at Q.11 only one respondent did so. Overall, the responses from unpaid carers were likely to be about the experience of the person they care for, rather than themselves, highlighting that unpaid carers are typically don't prioritise their own needs and experiences.

Access to psychiatric mental health services

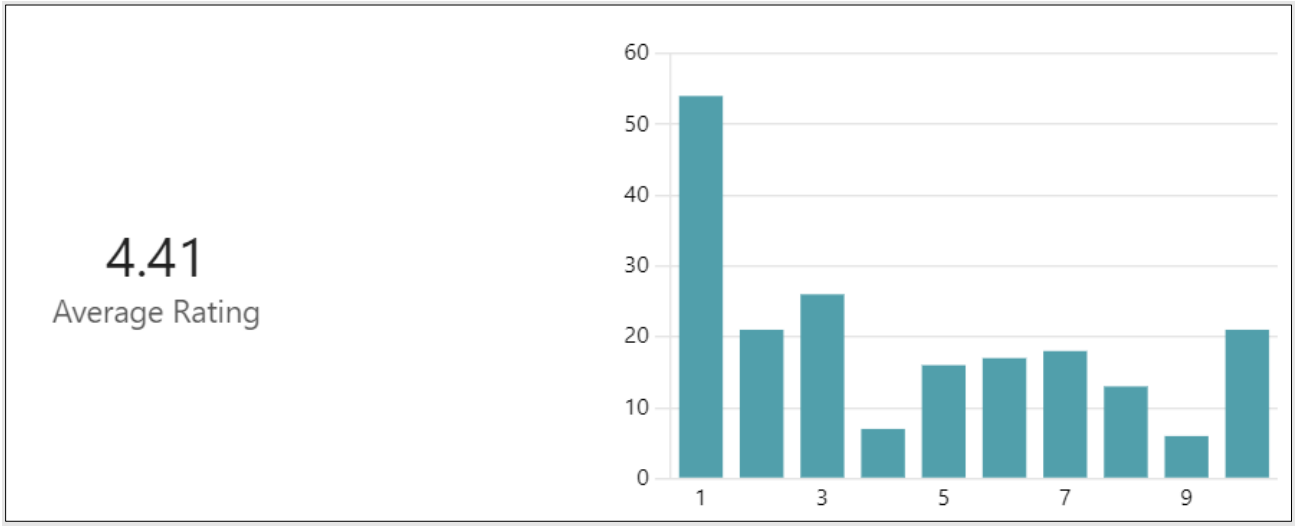
200 (40%) of people told us they have used psychiatric mental health services in the past 12 months. We provided a list of 5 services and asked how many, if any at all they had used and how they rated their overall usefulness. The list included:

- Community Mental Health Teams (CMHT)
- Primary Care Mental Health Teams (PCMHT)
- Mental health assessment units
- Inpatient psychiatric mental health services
- Older Peoples' Mental Health Teams (OPMHT)

Headlines – Experience of using mental health services
• 64% of those who have used psychiatric mental health services in the 12 months have used CMHT's. Just under half (46%) told us they found them to be useful • 29% told us they had used PCMHT's, with almost two thirds (70%) telling us they found them to be useful • 21% told us they had used one of the Mental health assessment units with just under half finding them useful • Of the 16% who told us they had used inpatient psychiatric mental health services, two thirds found them to be useful • Just 7% had used OPMHT's

11% of people chose 'other' and listed Child and Adolescent Mental Health Services (CAMHS) as another service they had used in the past 12 months.

We also asked people to rate their *overall* current or recent (past 12 months) experience of using psychiatric mental health services, where 1 was poor and 10 is excellent. The average score was 4/10.



We wanted to know why people scored services in this way. A sample selection reflecting the most common feedback is provided below.

Service	Feedback
CMHT's	• I found that the CMHT were very slow to respond to changes in my presentation when I reported these, and it was only by following up several times and through concerned family phoning the CMHT that I could receive this input. This is unfortunate as it is well evidenced that rapid changes in treatment can 'nip in the bud' relapses. I have had some helpful interactions with this team, but sadly I ultimately feel that overall, my mental health has been worse for interacting with the team.
PCMHT's	• My doctor referred me to a mental health clinic. The clinic sent me a letter and said I have 5 days to reply and if I don't then my name is removed from their system. This is extremely unfair as someone who is depressed, suffering anxiety and other mental illnesses feels more pressure with a 5 day timeline and is then removed from the system for not replying in time. My GP said there wasn't anything she could do.
Mental health assessment units	• My experience using the Mental Health Assessment unit was very poor, I found them very condescending and felt they did not want to help me. By contrast, after being admitted to hospital by the intensive home treatment team, I found inpatient services very helpful and have also found my CMHT very helpful. At the weekends, the Mental Health Assessment unit is the only option and if they had admitted me to inpatient services sooner I believe I would not have had such a long recovery time as I was left at home in crisis and an acute risk to myself and others due to being psychotic at the time. It was left up to family members to manage my care.
Inpatient psychiatric services	• My friend has been sectioned and is in Gartnavel. She feels she doesn't have a programme or individualised care plan, she feels nothing is being done for her which I find very sad. The staff don't seem pro-active.
OPMHT's	• There's a distinct feeling that there's a post code lottery in terms of elderly mental health.

Identifying priorities and what services and support matter most to people

We wanted to know which areas matter most to people when thinking about mental health services. The survey also asked for respondents' views on what type of support people felt was most important to them when considering mental health services, which are listed below in order of how all respondents ranked their importance:

1. Community-based psychiatric mental health services
2. Services to support for self-management and care of mental health and wellbeing
3. Other community-based mental health and wellbeing services (e.g. third sector and charities)
4. Inpatient psychiatric mental health services
5. Services to support carers
6. Digital and online services to support mental health and wellbeing

We also looked at responses just from those who told us they had *used* psychiatric services in the past 12 months, to see if there were any obvious differences in the services and support mattered to them. Responses ranked in order of importance were:

1. Community-based psychiatric mental health services
2. Other community-based mental health and wellbeing services (e.g. third sector and charities)
3. Services to support for self-management and care of mental health and wellbeing
4. Inpatient psychiatric mental health services
5. Services to support carers
6. Digital and online services to support mental health and wellbeing

There is almost no difference as to how users of mental health services ranked the options in order of importance to them, compared with the overall respondents. The main variation placed access to other community-based services slightly higher in 2nd place instead of 3rd. It is also worth noting that no one at all from this group put digital or online services as their first choice, whereas in the overall group a small number (5%) did rank it as most important to them. This could indicate that in-person service provision is an especially important factor for people with mental health issues.

What is clear that all respondents, including those who told us they have used psychiatric mental health services in the past 12 months, ranked access to and availability of a range of community-based services and support as being the most important type of service to them.

Headlines

- Results highlight that community-based mental health and wellbeing services and support are most important to people
- Community-based psychiatric mental health services e.g. CMHT and PCMHT were generally perceived as being poor in some areas e.g. access and ability to provide person centred care, however it is clear these services are still highly valued with almost 40% of people putting them in first place in order of importance and a further 22% in 2nd place
- Just 30 people told us they had used inpatient psychiatric mental health services in the past 12 months however 71 people (15%) scored it highest when asked what matters most to them
- Of the 15% who chose inpatient services as a first option 80% chose community-based psychiatric mental health services as their 2nd most important option
- Digital and online services and support were rated last, with just 5% choosing this option as being most important to them, none of which were people who told us they have used mental health services in the past 12 months

Over a third of respondents identified themselves as an unpaid carer however support for carers was not chosen as an area of high importance. This is more likely to reflect the fact that unpaid carers typically don't prioritise their own needs, rather than an indication that support for carers is not important or necessary

- We know people with mental health issues and their carers are more likely to experience a range of health inequalities including digital exclusion, and this is likely to account for the low importance rating amongst respondents for digital and online services and support
- We also noted earlier in the survey that just under 60% of people used websites and telephone helplines for information, advice and support with over half finding them useful. Despite this, digital and online services and support were identified as the least important area. There is scope to explore people's perceptions and experiences of this further, to better understand the opportunities and challenges that this emerging area of service provision brings

We also asked if there were other areas of importance to people. The most mentioned were:

- ADHD and ASD specialist services
- Services specific to children and young people
- Trauma and abuse specialist services
- Out of hours services
- Suicide prevention services and support
- Community spaces/drop-ins for people to access to avert crisis
- Support networks and groups for families and friends
- Specialist service for people with physical co-morbidities
- Neurodiversity training and awareness for staff
- Exercise referral schemes/realistic medicine models
- Third sector organisations being able to make referrals into services
- Specialist services for mental health and addiction
- Peri-natal mental health

A sample selection of comments reflecting the most expressed views is provided below.

Safe spaces where people can go and discuss events that impact on their mental health in a group environment

Needs to be a service between outpatient crisis team and admission to psychiatric ward. I don't know what that would look like but something for when you are struggling that isn't an acute ward

If we don't take into account the physical neglect of mental health patients and join them up within the service young people will die through physical illness as well as mental health issues

I am classing Youth Health Service as 'other community-based mental health and wellbeing services' They have been most helpful but CAMHS would be more helpful still if we could have been seen

Smart gym - no other mental health service helps families through exercise and definitely none with a crèche or stuff for kids. My depression and anxiety got so much better after joining the gym that I was actually able to come off my anti-depressant tablets

Suicide support and prevention strategies- it is difficult to access in crisis and patients are discharged when they report they have support and no longer feel suicidal. That then is placing the pressure on the family and no follow up is arranged

Change ideas and improvements

We asked people to tell us what, in their view is the single biggest change we could make to improve mental health services in the future. Many respondents used this opportunity to reiterate their views on key areas such as improving access to services, reducing waiting times, improving staff training, raising awareness of ADHD and ASD within services and better joint working with partners.

A sample selection of additional change ideas, suggestions and improvements is provided below.

As a parent of a young adult with significant mental health issues it seems to me that CAMHS should be streamed into 2 services: EMERGENCY CAMHS and NEURODIVERGENT CAMHS. Far too many children can wait for years to be seen by CAMHS and are not properly educated or supported for lack of a diagnosis. Everyone understands that emergency cases need to be dealt with, but not having any capacity to process new cases means that some of those new cases will turn into emergencies without support

It would be nice to have some kind of interim support when discharged for CMHT - even like a peer support group or something. Although I saw being discharged as a positive thing, I also felt a little bit like I was being left to my own devices which I wasn't prepared for

Face to face contact in community – for example libraries - there are great resources online however not everyone uses digital technology. What is wrong with leaflets, posters, drop-in sessions in good community settings?

Education against bias and barriers and reducing stigma around mental health not just in the community but inside the NHS and all other services too

Crisis response services that someone can SELF-REFER to and/or a place of safety

Access to a point of contact. As a carer I find it difficult and cumbersome to make my views known and to pass on vital information. There is no facility to use email or text to contact a professional or pass on vital information. Only a phone service which at some point in the day gets a call back from a duty worker. I am fully aware that in other health areas, CPNs and psychiatrists can be contacted digitally. The last time I had to send important information to a psychiatrist I had to type out a letter, go to the library to print it off, then hand deliver to the health centre.

Assign Psychiatrists and Psychologists sooner. Where this is not possible ask the patient if they'd like a weekly phone call and regular visit. You need to drive communication with the patient as the patient may not realise (like me) just how ill they are. I didn't always have the words to inform others how I was feeling. Whilst I know I was always honest, when I reflect I can see how far I've come. My brain didn't have any space to breathe. Working with Gill created a wee space in my brain which has allowed me to think better and I can now live better.

Investment in residential care for those with mental health needs – i.e. half-way houses between hospitalisation and community care, to help e.g. with ensuring patients take medication regularly and build a routine, as well as building back relationships with others

6. Summary of Emerging Themes for Further Consideration and Action

Theme	Key areas of feedback
Access	• Waiting times too long across a range of services • Referral for appointments with a psychiatrist or psychologist can be a year or more • Perception that CMHT's move to discharge people as quickly as possible without other wrap around support being in place • Waiting times for initial assessments for children and young people by CAMHS highlighted as especially poor • Community organisations can often offer good local support but are poorly resourced and funded
Person-centred treatment and care	• Perception that telephone consultations and referral to self-guided support (instead of in-person appointments) has increased due to service pressures and not a person-centred decision • Service users don't often feel actively involved in decisions about their treatment or care • The range of treatment and care options available is limited e.g. access to in-person counselling • Advance statements can be helpful but in practice are very rarely used

Theme	Key areas of feedback
Stigma around mental health	• People routinely experience stigma around mental health • Stigma also experienced when using mental health services • Stigma felt most when using other general health services • Perception that specific conditions such as autism and ADHD are not taken seriously, increasing experience of stigma
Communication	• Communication and engagement with mental health services staff described overall as inconsistent • Some positive anecdotal examples of high-quality treatment and care by individual staff • Overall feedback reflects experiences mainly around poor communication, inappropriate attitudes and behaviours and lack of training on mental health • Perception that within general health services there is a lack of compassion for mental health conditions
Integration of systems and processes	• Examples of poor-quality communication, treatment options and care related to badly designed systems and processes e.g. people being removed from waiting lists for failing to respond to a single letter or telephone call • How services communicate across community, primary and secondary care could be improved e.g. allow non-statutory partner organisations to refer directly into services, especially crisis situations • Mental health assessment units viewed as stand-alone and not integrated with rest of the system/other services leading to poor communication and confusion about pathways into other treatment options • GPs cited as first point of contact for information, advice and support but experiences not rated as useful; e.g. examples from feedback of GPs being reluctant to refer into mental health services, or not knowing what services are available
Support for carers	• Very limited support for carers who themselves have mental health conditions • Most of the sources of support mentioned were local or community-based organisations, with access issues presenting a challenge for people especially in evenings and at weekends • View that systems and processes are not designed to actively include carer participation in discussion and decisions about treatment and care – not just in relation to mental health but general health leading to missed opportunities to avert crisis situations
Services for children and young people	• Extremely long waiting times for both initial assessments and reviews causing anxiety • Transition from CAMHS to adult services reported overall as being poorly managed • People don't feel children and young people and their families/carers are involved enough in decisions about treatment and care • Lack of communication and joined up working with other involved professionals e.g. education providers

7. Other feedback

Other feedback not reflected elsewhere in the report is highlighted below.

No.	Misc. feedback not reflected elsewhere in the report
1	We appreciate the effort being made to gather patient experience – that can only be a good thing
2	A proper all-inclusive service needs to be re-established that caters for everyone involved but also deals with persistent abusers who in my opinion occupy a lot of time and resource – I have seen this working in some hospital security areas
3	The pandemic has made things worse, and I think there will be far worse mental health in the population that we don't even realise yet – this will have a huge impact on society
4	As someone who works in a general medical ward, there are far too many patients with mental health conditions that are waiting very long to see a psychiatrist and even when they are, they are not moved to any appropriate mental health ward. Staff are not trained to deal with these patients, and are sharing bays with other patients, sometimes this is just not appropriate and causing extra staffing pressures
5	Update NHS website. Better signposting
6	Reviewing the reports into tragic failings in systems and sharing learning/what we are doing differently
7	Connecting with local housing departments to ensure mental health patients can be moved closer to family should be done immediately. My mental health would be much improved if I had more support from family, but I've been told I'll probably be on the waiting list for years. I won't be around for years without this much needed support
8	Help with financial crisis – this had a huge additional impact on my mental health, and I thought I was going to lose my house and have my kids taken away

8. Next Steps

The feedback highlighted an importance in community-based services from respondents. Feedback from respondents also highlighted delays in receiving mental health support especially through GP practices and Community Mental Health Teams.

Respondents also noted a need to improve staff training in relation to mental health support and greater integration of services across primary, secondary and community care to ensure effective mental health care and greater patient experiences.

NHS GG&C will be undertaking further engagement on how we plan and deliver mental health services for the future and this information will be used to inform the next steps in this.

We especially want to hear from people with lived experience of using services, and their carers. We asked respondents if they would like us to contact them about this. 231 people told us they would like to be contacted and future feedback and engagement opportunities in relation to mental health services and support will be shared directly with them.