

Mental health in community care

Working together to improve
mental health support
provided in our community

December 2020



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Background

Healthwatch Dorset is the county's independent health and social care champion. We exist to ensure that people are at the heart of care. Our dedicated team of staff and volunteers listen to what people like about local health and social care services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. This report is an example of how views are shared.

Dorset Clinical Commissioning Group (CCG) launched the ***Mental Health Integrated Community Care Project*** in August 2020 to capture the views of local people, aged 16 or over who use mental health services within their communities. To inform the development of community mental health services, the CCG ran an online survey from August 2020 for eight weeks. The purpose of this view seeking exercise was to involve local people and communities in shaping future mental health services provided in our communities across Dorset.



To complement Dorset CCG findings, we visited local homeless support groups and drug and alcohol services to gather feedback, and seek the views of people who don't always have a strong voice. This was an opportunity for people to make a real difference to the way mental health services in our community are set up and delivered. Our engagement focused on people who are experiencing homelessness and people who use drug and alcohol services. We carried out face-to-face engagement activities with people who use local organisations and groups across Bournemouth, Poole and Dorset. We spoke to a total of 27 people, age 16 years and over.

Covid-19 prompted a rapid nationwide shift in response to homelessness. With government financial support and guidance, local authorities have sought to get 'Everyone In' as rough sleeping in England has been reframed as an urgent public health issue. However, in November 2020, as we returned to a national lockdown to slow down the spread of Covid-19, we spoke to many individuals who were still sleeping rough on the streets. Surprisingly, some of those people said that they felt safer sleeping on the streets, particularly a female rough sleeper who had been offered a place in a hostel. She was concerned about not having a lock on the door and the risk to her safety.

What we did

We contacted various local community organisations and groups during August and September 2020, and arranged visits so that we could speak directly with the people who use their services. We also carried out some voluntary work with the groups and helped them in their distribution of food over a four-week period. We spoke to the clients that the groups support and asked three questions, to help us find out more about people's experiences of using community mental health services in Dorset. The questions also helped us to find out what they thought would make mental health services better. The questions were:

1. What's good about community mental health support in Dorset?
2. What's not good about community mental health support in Dorset?
3. What would you change if you could?
Or what would have helped you?



Pictured: Soul Food support workers and clients

Who we spoke to

We carried out face-to-face engagement activities with people at six organisations across Bournemouth, Poole and Dorset. We spoke to a total of 27 people, aged 16 years and over.

We visited the following organisations and groups:

- **Soul Food**, who provide support and food to rough sleepers and the vulnerably housed of Weymouth & Portland. We spoke to eight people at Soul Food.
prayerhouse.uk/social-justice/31-soul-food
- **Swanage Youth Hostel** and **Bus Shelter**, who provide a mobile shelter for rough sleepers to sleep safely and off the streets of Dorset. The clients that Bus Shelter support are currently being housed in Swanage Youth Hostel. We spoke to six people at the hostel.
- **Michael House**, a dry house offering supported accommodation to both male and female residents. We spoke to two people at Michael House.
michaelhouse.co.uk/
- **HealthBus**, a free medical drop-in clinic for people who are sleeping rough in Bournemouth and the surrounding areas. We spoke to four people at the HealthBus.
healthbus.co.uk/
- **Reach West**, who provide support to individuals who face complex issues, including substance misuse, mental health and other harmful addictive and offending behaviours, to improve their health, wellbeing, and employability. We spoke to three clients who Reach West support and attended two of their online group recovery meetings.
edp.org.uk/reach-dorset/
- **The Lantern Trust**, who provide support and services to vulnerable and marginalised people in the Weymouth and Portland area. We spoke to four people at The Lantern Trust.
lanterntrust.org.uk/



Pictured: HealthBus team

Key issues

- Long waiting times to access mental health services in the community.
- People who are using drugs and/or alcohol are unable to access mental health services in the community.
- Routine prescription of medication instead of therapy.
- A lack of continuity of Community Psychiatric Nurses (CPN's).
- Not feeling listened to, and being patronised.
- People are discharged if they miss an appointment.
- Not having regular reviews of medication.

What people told us

What's good about community mental health support in Dorset?

Overall people felt that it is good that community services are available for people to access. People also said that the support in Dorset is a lot better than in other areas.

"The community support down here is better than in some areas in the country."

"It's great that the Community Mental Health Services are available to people who need them."

What's not good about community mental health support in Dorset?

A lot of the people we spoke to said that you are not able to access services if you are using drugs and/or alcohol, but that is when you need the services the most.

"When you're using, that is the time when I really need help, but I can't access it."

"If you've got using issues you're written off. You're told that your mental health issues are because of your addiction issues. When you're using is when you need help the most."

People also said that if you miss one appointment then you are instantly discharged and have to go through the referral process again which takes time.

"I missed one appointment which I didn't know I had, and I got discharged. I then had to start the whole process again."

Some people were being told that they weren't ill enough to access community mental health services, even though they felt they were at breaking point.

"GP referred me because she could see I needed mental health support but CMHT (Community Mental Health Team) said I wasn't bad enough. They won't give people support unless they are in crisis."

"They kept telling me I'm not bad enough but advise me to call the crisis team if I'm in crisis! When you feel dark that's when you really need their help, but they reject you."

Staff attitude was also spoken about a lot. People said that at times they felt they weren't being listened to and the support worker was patronising towards them.

"My support worker was very condescending, and I found that the treatment created more problems for me, so I stopped going. I was being patronised and they were forcing me to talk about things that I didn't want to talk about."

People also spoke about the length of time that it takes to access services.

"You have to wait far too long to access support."

What would you change if you could? What would have helped you?

Overall people told us that they would prefer to receive therapy rather than medication. They also said that the medication they are taking is rarely reviewed, and people are prescribed medication, discharged and told to keep taking the tablets.

"CMHT put me on an SSRI antidepressant but they never reviewed it. I was on it for four years, but the GP said I shouldn't have been on it for that long, so now the GP is trying to get me off it. There was a lot of heavy side effects from SSRI too."

Additional feedback

When we visited one of the organisations, staff spoke of their frustration at the delays in accessing the Crisis Team. It is far too slow, and the delays mean that people are unable to access that service at a critical point.

"From a service provider's point of view, it is no good when we ring the crisis team because someone desperately needs their help now and we get told that someone will be out to see them in seven days! That person then goes AWOL (absent without leave) because they are not getting the crisis care, and then we find out that they have tried to kill themselves under a bus. It's just not good enough!"

"Access to critical mental health support is too slow. The critical care should be better so that people can cope better, and also the bed space is limited so there is a need to provide a good community service."
A local support worker.

Developing creative ways to engage

To help develop trust with the people we spoke to, we had to find a way to connect with them. We asked Soul Food and the HealthBus if we could offer practical help in the running of their service so that we could speak directly to the clients who they support. We agreed with Soul Food that our Engagement Officer would carry out six visits and would help them make up the food and distribute it, as well as making hot drinks. By doing this she was able to introduce herself in person and chat to people while they were eating. It took a few visits before people spoke to her openly; they wanted to know things about her life before they would start talking to her about theirs. Once trust and friendship had been established they were happy to talk and, after a few visits, they began to ask if we would be back to see them the following week. On our final visit it felt quite emotional to say goodbye to them, but we promised that we would visit again.

We applied a similar method to the HealthBus, but instead of making drinks and serving food we helped set up the triage area, putting up the gazebo and offering people chairs. We would then spend the morning sitting under the gazebo with people while they were waiting to be seen. Again, it took a couple of visits to connect and build trust before people shared their feedback. It was interesting to hear people's stories and it was nice to be able to talk about ours.

"Healthwatch Dorset coming out to speak to me is the most that anyone has ever asked me what I felt."



Many of the people we spoke to said that they felt very scared sleeping on the streets. The underground car parks were particularly unsafe because of the potential of getting robbed. People said that they would rather sleep outside and get soaked in the rain because people who smoke crack are waiting to rob you underground.

Recommendations

This project highlighted possible areas of development for Dorset's mental health services in the community, and we are making the following recommendations:

- The most common concern that people raised with us was not being able to access community mental health services when you have mental health problems in addition to problematic substance misuse. Many of the people who we spoke to said that the dual diagnosis system does not work. We recommend that drug and alcohol services are interlinked with community mental health services in the future.
- We spoke to several people who said that they were discharged because they missed an appointment and had to go through the whole referral process again. Perhaps a phone call to check if the client is okay and to find out why they missed the appointment would be more beneficial, rather than discharging them.
- A lot of the people we spoke to said that they had been told they weren't ill enough to access mental health services in the community even though they felt that they were. It would be more supportive if someone was available to listen to the concerns of people who felt they were in crisis and worked with them to address their support needs.
- Staff attitudes were also an issue. People felt that, at times, they were being patronised and not listened to. Staff training may help to alleviate this issue, perhaps working with clients using coproduction methods to develop and deliver training to staff.
- People said that they would prefer to receive therapy, rather than medication. We suggest taking into consideration the needs of clients, addressing concerns over the use of medications, and working with them to develop a more client focused approach to treatment.
- The voluntary sector groups we worked with on this project have developed strong relationships, built on trust and understanding, with the people they work with. We recommend that community mental health services are developed to work much more closely with the voluntary sector in the future, to better support people who are vulnerable.

Next steps

This report includes recommendations to change and develop how mental health services in the community are delivered. We have shared our findings with Dorset Clinical Commissioning Group to help them in their development of better mental health services in the community.

Acknowledgements



We want to thank: Soul Food, Bus Shelter, Swanage Youth Hostel, Michael House, Reach West and The Lantern; without their support the public engagement numbers on this project would have been considerably lower. We also want to thank everyone who talked so openly to us about some very sensitive topics - we are truly grateful. This project has given us a good insight into what works well and what can be improved with local mental health services in the community.

NHS Dorset Clinical Commissioning Group (CCG)

"We want everyone living in Dorset to experience the best mental health and wellbeing possible. Currently, primary and community mental health services don't always meet everyone's needs. Through the Mental Health Integrated Community Care Project, health, care and voluntary sector partners, together with local people and communities are working together to improve mental health services for adults and older people, and those that support them. The experiences and views of local people are vital in helping us to understand what is working well and what needs to be improved. We are delighted that we had over 900 responses to our view seeking survey and over 2,500 pieces of feedback from over 70 events and meetings attended by 850 people. We are very grateful to Healthwatch Dorset for helping us to reach out even further - as explained in this report. We'd like to say a special thank you to their Engagement Officer Lucy for having these important conversations."

Di Bardwell, Principle Programme Lead Primary and Community Care Directorate

Appendix: Limitations

Covid-19 was the biggest issue that made the engagement work more of a challenge. Due to the Government restrictions, we were unable to carry out face-to-face engagement work with two of the organisations who are involved in this project. These had to be carried out via the telephone and on our behalf. We also found that there was an initial trust issue with some of the people who we spoke to, which is understandable. We had to work on building a friendly rapport with the clients who we spoke to so that we could gain their trust.

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