healthwatch
East Riding of Yorkshire

Mental Health Services Report

May 2016

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Executive Summary

The quality of mental health services across the country has been highlighted by both Healthwatch England and the Department of Health as a top priority.

Problems identified by Healthwatch England included: GPs not being proactive in the treatment of mental health issues, a large variability in the levels of training and understanding of mental health problems amongst GPs, and the views and concerns of carers not being taken fully into consideration[1].

With these concerns in mind, Healthwatch East Riding of Yorkshire wished to examine the quality of mental health services in our region and to investigate if the problems raised by Healthwatch England were also of concern in the East Riding of Yorkshire.

To do this we worked in partnership with voluntary sector organisations Hull and East Yorkshire Mind and Rethink Mental illness Hull and East Yorkshire Carers Service to set up four focus groups across the East Riding.

We spoke to a wide variety of people who had used or were using mental health services and/or their carers. We came across many areas of good practice, such as high quality GP treatment, swift referrals to secondary mental health services, and the value of voluntary and community sector (VCS) organisations. However, we also came across areas where improvements need to be made. These matched the areas identified by Healthwatch England and included; variability in both the quality of treatment available and understanding of mental health issues amongst practitioners, an over-reliance on medication to treat mental health conditions, and poor communication with relatives and carers.

Based on our findings, we have made four recommendations:

Recommendation One: GP practices to consider how they can allow those experiencing mental health issues to have greater continuity of treatment and for their needs to be taken into account when booking appointments.

Recommendation Two: East Riding of Yorkshire and Vale of York Clinical Commissioning Groups to work closely with GPs in the East Riding to review procedures for diagnosis of mental health conditions and promote better mental health training amongst primary care practitioners and support staff.

Recommendation Three: Local commissioners (East Riding of Yorkshire and Vale of York Clinical Commission Groups and East Riding of Yorkshire Council) to continue to invest in services that promote wellbeing such as libraries, arts, leisure and other community services and promote access to such services through, for example, well-funded, coordinated social prescribing schemes (such as the VCS pilot currently funded as part of the Better Care programme).

Recommendation Four: Mental health service providers to consider how to improve their communication with carers and to re-examine their confidentiality procedures to ensure that practice genuinely reflects patients' wishes.

[1] Healthwatch England briefing, *Mental Health: The public's number one issue for 2016* (February 2016).

Background

Mental Health - the public's number one issue for 2016

Healthwatch England has recently identified mental health as the public's number one area of concern in 2016. It asked 152 local Healthwatch organisations across the country to tell them what matters most to local people regarding health and social care. Just over half (77 out of 152) highlighted mental health as a priority[2].

Indeed, the Department of Health has also recognised the need for, and is committed to, greater parity in the treatment of physical and mental conditions with the Prime Minister calling for:

> A much needed revolution for mental health treatment in Britain[3].

More locally, East Riding of Yorkshire Council, in its Health and Wellbeing Strategy, is focussing on mental health as a key priority.

Further to identifying mental health as a priority, Healthwatch England asked local Healthwatch to inform them of any issues the public have brought to their attention regarding mental health treatment. Some of these included:

People told Healthwatch North Tyneside that: Some GPs are not proactive in their approach to mental health unless the patient raises it. Some GPs are not aware of the services available in the community. A normal GP appointment may be too short to discuss a mental health issue.

People Healthwatch Kent spoke with said that while many doctors are good at talking about mental health, some are less confident in this area. People felt that some doctors were relying too much on anti-depressants and other medications to resolve people's problems.

At the national level, people suggested to Healthwatch England that work with family doctors should be undertaken to ensure they are better trained to recognise mental health problems early and help people reach support.

Healthwatch Wolverhampton heard that some mental health staff do not engage with family and carers as much as they need, meaning that they do not have an opportunity to ensure their concerns and wishes are taken into consideration[4].

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[2] Healthwatch England briefing, *Mental Health: The public's number one issue for 2016* (February 2016).
[3] Department of Health announcement (11th January 2016).
[4] Healthwatch England briefing, *Mental Health: The public's number one issue for 2016* (February 2016).

Mental Health Awareness Week & Mental Health Service Directory

With mental health being identified as a priority, Healthwatch East Riding of Yorkshire believed this would be a good opportunity to investigate the quality of the health and social care received by those experiencing mental health problems in our region and to examine if any issues raised matched those experienced by people across the country.

Whilst focusing on care relating to mental health, we wished to gather experiences and opinions relating to all aspects of care. This also included the views of those caring for people with mental health problems.

Along with this report, we shall shortly be producing a Mental Health Services Directory, which will list, and provide information on, the various organisations across the East Riding of Yorkshire that can provide support for people experiencing mental health issues, and their carers. When published, this will be available on our website:

www.healthwatcheastridingofyorkshire.co.uk

One in four people every year will experience some form of mental illness.[5] Healthwatch East Riding of Yorkshire is eager to see mental illness being given the same priority as physical illness and that everyone within the East Riding of Yorkshire is able to access the support they need. We are releasing this report during Mental Health Awareness Week in that hope that we can play our small part in raising the profile of mental health.

[5] Mind, 'Mental Health Facts and Statistics' (2016) http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/.

Methodology

The purpose of this investigation was to give adults who have experienced/are experiencing mental ill-health the opportunity to share their experiences with Healthwatch so that we could feed these back to providers and commissioners of services. The report does not intend to identify specific trends or make definitive claims about the quality of treatment across the whole of the East Riding. Rather, it seeks to open up a dialogue between providers and the people who use their services to encourage consistent improvement and responsiveness within those services. We hope that this report will encourage health and care organisations to continue to listen and respond to the views and experiences of the people who use their services.

In order to give people the opportunity to share their story with us, we wished to talk directly to those experiencing mental health issues, and their carers, in a relaxed setting. To do this we attended three support group meetings in Beverley, Goole, and Hessle and visited a residential community in Bridlington and spoke (predominantly) to working-age adults who were experiencing a variety of mental health issues and their relatives and carers. All the meetings were recorded, with the consent of those present, and took place in January and February 2016. The purpose of this, as well as to gather general opinions, was to be able to present short anonymised case studies, which showed examples of good practice as well as highlighting where improvements need to be made. Most importantly, we wanted to show the impact this had on the lives and experiences of those involved.

Acknowledgments

We would like to take this opportunity to thank all of those who agreed to speak to us, as well as all of the staff from Hull and East Yorkshire Mind and Rethink Mental Illness Hull and East Yorkshire Carers Service who helped to organise the meetings and without whose cooperation this report would not be possible.

Case Studies

Mr N

A pill for every ill.

Mr N has been experiencing depression for a number of years and, after visiting his GP, was prescribed anti-depressants, which he has been taking for approximately four years.

More recently, Mr N felt that the anti-depressants were making him feel no emotions at all and making him feel "like a robot." He stated that even if he won the lottery it would not make him happy. He concluded that he would rather feel something, even if it included depression, rather than continuing in his current circumstances. He visited his GP explaining the situation and was told that, from a medical point of view, his treatment had been a success, as he no longer felt depressed. He was placed on different medication but this did not solve the problem.

After further visits to his GP, Mr N was, eventually, referred to the Community Mental Health Team where he was assessed by a Mental Health Nurse. He was very happy with this assessment and began an online Cognitive Behavioural Therapy course. Also, through a friend, he became aware of the work of the mental health charity Mind, and regularly attends their support groups in his area. He is now happy with the way his treatment is progressing.

As a result of his experiences, he felt that GPs rely too heavily on medicinal solutions to mental health problems and believe that there is "a pill for every ill." He has had limited medication reviews, over the years, but always felt that GPs want to get people with mental health issues out of the door as soon as possible. He compared it to being on a conveyor belt. He also felt that too much responsibility was placed on him to both monitor and improve his condition when he is not a trained medical professional and not always in the best frame of mind to make such decisions.

Good Practice: Thorough assessment by Mental Health Nurse leading to a positive improvement in condition.

Areas for Improvement: Lengthy procedure to be referred to secondary mental health service with too much reliance on the patient to call for change.

Mr I

They try to put a label on you.

Mr I has been experiencing mental health problems for nearly twenty years. He was initially diagnosed with stress induced psychosis, this diagnosis was later changed to schizoaffective disorder, and then to paranoid schizophrenia.

After his first diagnosis, he was placed on medication. Unfortunately, Mr I reacted badly to the medication, as it made him want to sleep all of the time. He raised these concerns with his GP but then had to provide his own evidence, in the form of a sleep diary, in order to get the medication changed.

Mr I self-referred to Mind after talking to them at a public engagement event which they held. He is now happy with both his medication and his progress, and has not has a psychotic episode for a number of years.

However, Mr I has never been satisfied with the diagnosis of his symptoms and feels that medical processionals feel a need "to put a label" on people experiencing mental health issues rather than treating people as individuals. He prefers the Diagnostic and Statistical Manual of Mental Disorders (DSM) coding of symptoms used by the American Psychiatric Association rather than the wide ranging brackets he has been placed into.

Mr I also suffers from back problems and feels that because of his mental health issues his diagnosis and treatment for this have been delayed. He feels like he is seen as an "attention seeker."

Good Practice: Medication was changed and condition improved after concerns were raised and substantiated.

Areas for Improvement: Physical problems not necessarily dealt with appropriately. May not always be helpful to diagnose a specific mental health condition.

Mr S

> I feel like they are passing the buck.

Mr S experienced a period of acute mental distress as a result of his ongoing depression and the breakdown of his marriage.

After a length of time on anti-depressants, Mr S was referred by his GP to the Community Mental Health Team. Here he was assessed and told that the cause of his depression was his personal situation, which they could do very little about. He was then referred to Mind for social support, rather than mental health support.

While happy to be referred to Mind, Mr S did not like the phrasing and attitude of the Community Mental Health Team and felt that "they are passing the buck." He also suffers from spine problems which, he believes, are not always taken seriously because of his mental health issues.

Good Practice: Swift referral to Mind after assessment

Areas for Improvement: Language and approach taken by Community Mental Health Team to explain referral to VCS support. Physical problems not necessarily dealt with appropriately.

Mr L

> If it wasn't for Mind, I don't know where I would be.

Mr L has had numerous mental health issues, primarily anger management related, since childhood. He currently lives in supported accommodation.

Despite the complexity and variety of his mental health issues, Mr L was fairly happy with the treatment he was receiving from his GP, with whom he had built up a good rapport and who he felt listened to his problems and took him seriously. Unfortunately, when this GP retired Mr L began to experience problems. He saw a series of different GPs who, Mr L felt, either did not want to take him seriously or did not have the time to fully understand his complex history in a single appointment. The system of booking appointments at the GPs was also changed. Rather than being able to book in advance, it was changed to a sit and wait system. Mr L does not like crowded rooms and became very frustrated by this. Eventually, he threatened self-harm and was then referred to Mind. Mr L could not speak highly enough of Mind and stated "if it wasn't for mind, I don't know where I would be." Mind have also helped Mr L to access other mental health services, such as psychotherapy.

Good Practice: Good mental health understanding of original GP.

Areas for Improvement: Lack of continuity of care after retirement of original GP, difficulties caused by appointment booking system, and insufficient attention paid to accommodating the needs of patients who can't sit in crowded waiting areas.

Mrs H & Mrs D

> We just want a bit of reassurance.

As well as talking to those experiencing mental health problems themselves, we also spoke to carers at a Rethink support group.

Mrs H's husband has long standing mental health issues, which included irregular psychotic episodes of mania, however, until recently, this was under control and he had not been sectioned for fifteen years. His medication was then changed. After three months Mrs H's husband had shown no adverse reactions to the new medication so was discharged from Community Mental Health Services. Given the irregular nature of her husband's episodes, Mrs H believed that this was too soon. Her worries were confirmed when her husband experienced an episode and was detained under the Mental Health Act (sectioned).

Mrs H was very happy with the care her husband received once sectioned, and has been generally pleased with the GP service experienced but believes it should have never got to that point in the first place. She was also unhappy that it is up to her husband to refer himself to a crisis team when he is not in a good mental state to do that.

Good Practice: Good level of care after sectioning and good GP care.

Areas for Improvement: Insufficient monitoring of new medication. Potentially discharged too early.

Mrs D's daughter has been diagnosed with bi polar disorder. This diagnosis was made after a psychotic episode during which a GP referred her daughter to the Community Mental Health Service. Unfortunately, there was a three week wait from visiting the GP to the assessment and diagnosis which caused Mrs D a great deal of anxiety.

After the initial diagnosis, Mrs D's daughter experienced an episode of mania and was sectioned. Mrs D believes that this is because she was signed off too quickly from the Community Mental Health Service. The same thing happened again after Mrs D's daughter had returned home and was, once again, signed off.

During the time Mrs D's daughter was either sectioned or receiving Community Mental Health Services, Mrs D had difficulty obtaining information regarding her daughter's care. When her daughter was well she wanted her mother's help but during episodes wanted no communication with her family. This was very hard for Mrs D who "just wanted a bit of reassurance." Mrs D was also concerned with her daughter's financial management when she was unwell but did not feel like these concerns were listened to by the mental health nurses.

Good Practice: Swift referral to secondary mental health services

Areas for Improvement: Delay in assessment, speed of discharge from secondary services, and poor communication with carer.

Other Comments and Themes

As well as the brief case studies we have shown, we also received general comments and concerns from members of the support groups, which we shall highlight in this section.

> **If I wanted attention,**
> **I wouldn't want it from a Doctor.**

Many of the people we spoke to did feel that their mental health issues had a negative impact on the care they received for physical problems. One person referred to it as a "battle" to be diagnosed for non-mental health related issues. They were fearful of being seen as attention seekers so, quite often, let physical ailments get worse before receiving medical treatment.

There seemed to be a wide range in the quality of care and the knowledge of mental health issues amongst GPs. On a positive note some felt that this situation was improving and that perhaps the difference in care quality was a generational issue.

> **Younger GPs look into things a bit more deeply and are on the ball. Older ones look down on people with mental health issues.**

Concerns were also expressed that it was very much up to the people experiencing mental health issues, as opposed to clinicians, to demand changes and reviews of treatment plans when the patients might not always be in the best position to do so.

Carers expressed dismay that they are not always listened to. They see the person every day and know what warning signs to look out for but this knowledge is not always used productively.

> **It's a paradox.**

Most carers had also experienced problems with confidentiality. People experiencing mental health problems are encouraged to make a care plan when they are well which would normally include what information they are happy to have shared with relatives when they are not well, however, this can be overridden by the individual during an episode.

Conclusions & Recommendations

Most of the people that we spoke to, who were experiencing mental health issues, were fairly advanced in their treatment and, as such, satisfied with the care they were now receiving. However, it was often a long and complex road to this recovery and, we believe, a number of improvements can be made.

Like most medical and social care issues, the GP was often the first point of call for patients. Whilst we are aware of the difficulties facing GPs with regards to continuity of care, which we highlighted in our November 2015 report into GPs appointments[6], we feel that for certain groups this is particularly important. Many of the people we interviewed told us that not being able to see the same GP/practitioner on a regular basis had a detrimental impact on their overall sense of wellbeing and often an impact on their condition itself.

Recommendation One:

GP practices to consider how they can allow those experiencing mental health issues to have greater continuity of treatment and for their needs to be taken into account when booking appointments.

We would also like to see greater understanding of mental health issues amongst GPs generally, and a reassurance given to patients that physical problems will be dealt with appropriately. A number of our focus group participants raised concerns about how their mental health condition impacted upon the way in which they accessed treatment for other (physical) conditions.

Recommendation Two:

East Riding of Yorkshire and Vale of York Clinical Commissioning Groups to work closely with GPs in the East Riding to review procedures for diagnosis of mental health conditions and promote better mental health training amongst primary care practitioners and support staff.

Many of the people we spoke to believed that medication was seen as the only answer by GPs and would have liked to have been offered alternative options either in addition to or in place of prescription drugs. The East Riding of Yorkshire Health and Wellbeing Strategy focuses heavily on the need to improve the wider (social) determinants of ill-health, including mental ill-health.[7] There is a wide variety of cultural, leisure and community services available within the East Riding that can help to improve a person's general wellbeing and improve their overall mental health. These interventions are often less costly to the health and care system and more beneficial to the individual concerned. The challenge, however, is to ensure these wider services are accessible and widely known, particularly by GPs, and viewed by all concerned as part of the East Riding mental health offer for local people. One potential solution to this challenge is Social Prescribing – the use of non-medical interventions to improve mental health and wellbeing.

[6] http://www.healthwatcheastridingofyorkshire.co.uk/news/east-riding-gp-services-spotlight

[7] East Riding of Yorkshire Joint Health and Wellbeing Strategy 2016-19, 'Promoting Wellbeing, Preventing Ill-health' (April 2016).

Recommendation Three:

Local commissioners (East Riding of Yorkshire and Vale of York Clinical Commission Groups and East Riding of Yorkshire Council) to continue to invest in services that promote wellbeing such as libraries, arts, leisure and other community services and promote access to such services through, for example, well-funded, coordinated social prescribing schemes (such as the VCS pilot currently funded as part of the Better Care programme).

Finally, many of the carers we spoke to were frustrated that their close knowledge of the person experiencing the mental health issue was not taken into account in their care and they often experienced confidentiality issues when trying to obtain information. This led to frustration and a feeling of not being listened to or valued. There is a need for provider organisations to further consider the needs of relatives and carers and the value they can bring to treating a patient and providing longer-term support.

Recommendation Four:

Mental health service providers to consider how to improve their communication with carers and to re-examine their confidentiality procedures to ensure that practice genuinely reflects patients' wishes.