



Summary Report

Mental Health 2020

In our Annual Survey 2020, mental health services was the second most chosen area where people thought we should focus our attention in the coming year (260 votes). Mental health services had a high dissatisfaction rating – of those that use them 79 people said they were dissatisfied with mental health services (54%) - this was the only time more people said they were dissatisfied with a service than said they were satisfied with it. Respondents told us about a wide range of issues they had with mental health services.

People felt there could be more local mental health services.

Respondents specifically mentioned Berwick Infirmary, where they felt there could be more mental health services. Respondents also called for more mental health services for autism in Hexham and Haltwhistle.

Responses from patients and staff alike highlighted a need for more resources to be put into mental health services.

Patients told us there is a lack of mental health emergency beds and trained psychologists, and described Talking Matters Northumberland (TMN) as a stretched service. They also told us there is an increased demand for mental health services and that there needed to be more support for men at risk of suicide, as well as for young people. The Community Mental Health Team (CMHT), TMN, Cumbria, Northumberland, Tyne and Wear NHS Trust (CNTW) and Children and Young People's Services (CYPS) were specifically mentioned by patients and staff alike as services that would benefit from more resources.

"I am a mental health social worker and support services to treat people at home are very scarce" (Respondent, Ashington)

"I work in the social care field and have noticed a great drop in CMHT support. I understand caseloads and staffing but I have been supporting high level mental health patients as they have been discharged" (Respondent, Castle Morpeth)

"I have mental health issues and anxiety and I belong to a group at Talking Marras after TMN dropped us due to safeguarding issues" (Respondent, Ashington)

"CYPS: locally long wait for diagnosis, no ongoing support, or help whilst waiting for diagnosis. Service stretched and underfunded."

Patients and carers told us they think improvements can be made in coordination of care and communication between mental health services.

Coordinating mental health services to support patients transitioning from childrens' to adult services was specifically mentioned, with people asking for more support for patients with learning disabilities, more regular communication when a referral to a new service has been put through and more connection between mental health services and the local authority and community services (particularly in rural areas).

People also talked about improvements that could be made more generally in coordinating and communicating between mental health and other services:

- Mental health treatment not joined up (for sectioned patient)
- Need greater communication between mental health and homeless teams
- “[I] work in mental health and communication between services needs improving” (Respondent, Berwick)

Respondents told us that communication between mental health services and patients or carers could be improved.

One carer said that more regular communication was needed, with the example that social services had not made contact with their child who has mental health problems and suicidal tendencies for six months. Other patients told us that they felt phone triage was not appropriate for issues like mental health, where patients should get to speak to someone immediately.


Patients and carers also told us there are lots of mental health services which people don't know about, including social prescribing (one patient told us it would be good to try this before prescribing medication).

This lack of awareness appeared to be a county-wide issue, but one patient in Prudhoe specifically told us they were unaware of any mental health services in their local area, or how to access them.

“I know a male suicide. People don't know where to seek help (men in their 40s)”
(Respondent, Blyth)

“We need higher visibility and discussion to normalise and remove stigma” (unknown location)

“Mental health isn't as well understood as physical health and there still is stigma attached.” (Respondent, Bellingham)



“Mental health isn't as well understood as physical health and there still is stigma attached.”

We heard about people's experiences navigating mental health services.

One respondent discussed personal responsibility and highlighted the need specifically for support for people with a higher level of need:

"People need to be encouraged to take responsibility for their own health and wellbeing, but realistically, if you have sunk to a certain level, you do need support to get started" (Respondent, Berwick).
Speaking about CYPS: *"Mental health services not easy to negotiate"*
(Respondent, Stocksfield)

Patients and carers told us the waiting times were too long for mental health services and see this as a critical issue.

"People with mental health problems are getting put on hold or not being picked up in times of need" (Respondent, Ashington)

"Too long for a referral 16 weeks from experience" (Respondent, Cramlington)

"Patients with mental health issues need immediate treatment not waiting lists"
(Respondent, Hexham)

"Services [are] needed when you have courage to call" (Respondent, Ashington)
"More counsellors needed for the young and vulnerable; it's no good offering appointments three months away"
(Respondent, Alnwick)

Patients told us that TMN had a long waiting list and they felt *"a crisis seems to be the only way to get into the system"* and *"waiting times for appointments is too long for those in crisis"*

Overall, long waiting times was an issue for patients trying to access mental health services with a range of support needs:

"Need to improve access to crisis team for those having suicidal thoughts but not quite at the point of carrying out those thoughts. Helping people in this situation is

hard due to the lack of access to NHS crisis team" (Respondent, Bedlington)

"My son is 20 and has waited two years for an assessment for autism and 12 weeks for mental health services to give him appointment in regards to high anxiety. A much better and quicker service is needed" (Respondent, Berwick)

"Waiting lists enormous for CBT" (unknown)

"Closely linked to someone with recently diagnosed PTSD - the waiting list was so long that private healthcare had to be sought" (Respondent, Bedlington)

Waiting times were reportedly long for entering into mental health services after referral from a doctor, and after self-referral - someone told us they had waited a year after self-referral.

Some respondents also felt the waiting times for CYPS mental health services were too long and needed addressing.

"I'm angry my son has been waiting over a year to have an appointment regarding his social emotional skills from CYPS [...] the psychologist is not very pro-active"
(Respondent, Morpeth)

"In respect of children - my granddaughter needs help and it's been two years - still waiting" (Respondent, Cramlington)

"Many patients wait months for essential appointments. Follow up appointments can take up to 18 months" (Respondent, Bellingham)



Hearing from groups

We spoke to some local groups to ask about their experiences using health and social care services. We attended an LGBT group, youth groups, refugee and asylum seeker groups, and some support groups. Below is a summary of the feedback they gave us on mental health services:

- Patients felt there was a long wait to access TMN services
- CYPS: *"Say they're going to give appointment but never do. Not very trustworthy, don't feel like I can tell her stuff". "Referred me eight months too late when feeling suicidal. Asked a lot of questions about 'why' I was how I was rather than trying to help, making things worse"*
- Difficult using interpreter for mental health problems. Would prefer there just to be one person there.
- In one group we gave approximately 26 8-13 year olds three stickers each to vote on the services which were most important to them. They collectively chose Mental Health services as their top priority, with it being voted for a total of 25 times.

Some people told us about their experiences in more detail.

One person experiences PTSD, anxiety and depression, and self-referred to TMN to try and help them to cope with this. They were referred to a Psychological Wellbeing Practitioner (PWP), as they were deemed to have a higher support need than the basic level provided. The patient told us they worked through this system, which comprised of eight appointments for one hour each. The patient felt the appointments helped them to learn different coping mechanisms. When the course concluded it was suggested that the patient was stepped-up to a higher level of PWP and they were referred onwards. The referrer told the patient there may be a month or two's wait before they saw someone. We spoke to this patient eight months after this referral and they were still waiting to talk to someone. They told us the long waiting period had had a negative impact on their mental health: *"I feel that that preparation work, done through the coping mechanisms course was lost due to this long wait and I still have not been seen. I feel forgotten about and think there is a lack of value and sensitivity for people experiencing moderate to severe mental health issues"*.

Another patient had been experiencing moderate mental health issues for a number of years. They had self-referred to TMN to try and access Eye Movement Desensitization and Reprocessing therapy. They were informed that this wasn't a therapy provided by the service. To access this service a GP referral was required, but the patient was not given this. Instead the patient tried to access a Cognitive Behavioural Therapy (CBT) course through TMN. They waited six months for an appointment then gave up. The patient accessed the Community Mental Health service which they attended regularly. After six years of asking the patient managed to access two CBT courses in this service. The patient told us that they felt they should not have to keep asking for the help they need over many years. They told us: *"I got stuck in the system for about six years – there is no therapy available"*.

Another individual told us they had been experiencing moderate to severe mental health issues including depression and feeling suicidal. Their Community Psychiatric Nurse recognized this, and referred him to Greenacres, a community mental health service. The patient told us they had wanted to see a psychiatrist in Greenacres but that this was not possible. They told us that the service discharged him as they did not recognize his mental health issues. After being discharged the patient tried to self-refer to TMN but was told that their support needs were too high for this service to help. They told us: *"I've had to deal with mental health issues on my own"*.

Response to Healthwatch Northumberland Mental Health Summary Report

NHS Northumberland Clinical Commissioning Group (CCG) is responsible for the planning and buying of local NHS healthcare and health services for local people, including mental health services for both adults and children and young people. As of 31 March 2020 there were 8,030 patients in Northumberland being cared for in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) inpatient and community services, of which 2,381 are children and young people being cared for in the community. Talking Matters Northumberland (TMN) received 9,000 referrals over the past twelve months. Of the 260 people who completed Healthwatch Northumberland's annual survey, this would represent 3% of service users.

The CCG welcomes the feedback from Healthwatch Northumberland as a result of their 2020 Annual Survey which highlighted a number of issues with mental health services provided in the county. This feedback helps us to make sure that we continue to deliver high-quality care to support mental health services in the most efficient and sustainable way for Northumberland. We have discussed this feedback within our organisation and also with provider organisations and partners across the system and recognise the concerns raised in the report. We need to address the issues and work will continue to improve in the following areas.



Northumberland
Clinical Commissioning Group

Waiting Times

We recognise that some waits across the system have been greater than we would like. The CCG and the providers of mental health services have been working together to reduce waits through improvement of processes and additional resource.

For our Improving Access to Psychological Therapies (IAPT) service, waits from assessment to treatment have improved for Steps 2 and 3 which includes counselling. This has in part been achieved through collaborative working across our primary mental health providers facilitated by the CCG. There are longer waits for those clients with a higher level of complexity requiring step 4a interventions and the CCG has made increased investment for additional clinical resource in this area which is showing an improvement in waiting times.

Local targets specify assessments to be carried out within ten days of referral and TMN consistently achieves this.

We are working on a new service specification to further improve performance, however, it should be noted that we are in line with national performance levels. For June 2020, TMN achieved 57.2% recovery rate which is 7.2% above the national target, and the highest in the region.

Approximately three years ago waiting times for CYPS were long and averaging 30 plus weeks. The CCG was successful as one of only 12 areas nationally to receive the Trailblazer pilot funding to run a four week waiting time pilot scheme with the aim of reducing waiting times from point of referral to treatment to four weeks by December 2020. Northumberland CYPS and Primary Mental Health Work (PMHW) teams received additional funding to increase staffing capacity to meet this target as part of the pilot. As of August 2020, both services are on track to meet

the four week wait trajectories, with the average wait to first appointments being between one and two weeks, and two weeks for the second appointment. A visit from the NHS England and NHS Improvement team at the end of 2019 acknowledged the new waiting times for Northumberland CYPS as some of the best in the country.

Additional work to improve speed of access and reduce children and young people being passed around the system has included:

- Joint review of access criteria across CYPS, PMHW team and the School Health team to ensure no gaps in thresholds of need

- Review of early help generic referral document that professionals can complete. A mental health element is now added to provide additional quality information to avoid delay due to further info needing to be requested

- Early Help Co-ordinators training around mental health thresholds has been delivered by CNTW to support them with referring to the right service

- Twice weekly telephone referral reviews between CNTW and PMHW managers are in place to discuss any more complex cases ensuring they are in the right service

- Consultation lines for professionals and parents have been set up in both PMHW and CYPS services to provide initial advice and guidance and ensure correct referral route is taken.

A key priority area for the next 12 months is the ongoing review and development of a multi-agency single point of access for CYPS referrals. Building on the excellent work in recent years the aim will be to provide an even more holistic single point of access for referrals which will include the wider system including social care as part of the initial triage process.

More Resources

The CCG together with CNTW have established a range of services to support people in a crisis:

Implementation of the Universal Crisis Team delivering a 24/7 community based crisis response and intensive home treatment service for people of all ages. Our adult crisis service is also supported by 'Together in a Crisis', a voluntary sector service which supports those people who present with issues that do not require traditional secondary care crisis services

Opening of the Mental Health Emergency Department (MHED) at NSECH in Ward 9 to divert patients with mental health presentations from A&E department (in line with national requirements)

Piloting of a young people's psychiatric liaison team to enhance existing services for young people aged 16-25 years. The team work alongside the Emergency Department and adult psychiatric liaison teams.

The CCG has also invested in additional counselling services and is working with providers to ensure that resources are used efficiently across Northumberland to reduce any unnecessary waits.

While CYPS can always benefit from additional resources and the CCG acknowledges that this is an ongoing priority area which is under constant review, it is fair to say that there has been significant investment in these services over the last three years.

The CCG has been successful twice in applying for and receiving national Trailblazer pilot funding to deliver Children and Young Peoples Mental Health Support Teams in schools across targeted areas of Northumberland. The aim of these new teams is to provide support to teachers to enhance mental health provision within schools, to help young people develop healthy habits towards their own mental health and where necessary, offer support at an early stage as well as acting as a bridge to other services.

In addition, further funding has been sourced to provide additional resource to increase staffing at point of access to CYPS through the national Four Week Wait from referral to treatment pilot scheme increasing the workforce significantly.

CCG funding has been provided to pay for specialist posts where there has been an identified need such as supporting Looked After Children and Children and Young Peoples Psychiatric Liaison at the Northumbria Specialist Emergency Care Hospital.

Group work funding has provided parental support for children and young people who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) with the delivery of Parent Factor (ADHD) and Cygnet (ASD) by Northumberland County Council's Behavioural Support Team.

To support with the ongoing impact of COVID-19 and subsequent expected increase in referrals and to provide further parity across the county the CCG has recently invested in Kooth (as of June 2020). Kooth is a digital online support service for children and young people and is available for all children and young people who have access to the internet, between the ages of 11 – 25. The website provides, information, advice and guidance, one to one support sessions with trained therapists and group forum chats seven days a week.

In addition to financial investment, significant work has been carried out across the whole health, education and social care system to transform CYPS service delivery, with the aim of work together to provide new and innovative ways of working, maximize resources, avoid duplication and ultimately improve the outcomes of Northumberland's children and young people, these plans have been laid out in Northumberland's Children's and Young People's Emotional Health and Wellbeing Long Term Plan including the future exploration of children and young people's joint commissioning opportunities.

Transitioning from child to adult services

A preparation for adult hood transition steering group has recently been re-established and includes representation from the CCG, Northumberland County Council and healthcare and community providers. An action plan of targeted priority areas is in the process of being finalised to support with the further development of smooth, holistic and timely transitions from children's to adult services. Patients with learning disabilities are included within this new action planning framework as a key priority area.

Support for patients with learning disabilities

People with a learning disability should have the support they require to live the lives they wish and as independently as possible. Commissioning and developing services is the first step in making this happen.

The CCG works with Northumberland County Council and providers to ensure the services being developed meet the need of the individuals who require support.

Northumberland's Community Learning Disability Pathway supports people with a full range of needs that incorporates the following:

- Behaviour
- Communication
- Social Care and Support
- Physical Health
- Mental Health
- Education
- Offending behaviour
- Advocacy
- Short term assessment and intervention
- Crisis response and intervention
- Specialist prevention and early intervention
- Quality assurance and service development
- Training, information and support for families and carers

The CCG is dedicated to providing a whole life support service to people with a learning disability and ensuring we provide an integrated service to provide appropriate support in the community and prevent hospital admission.

Lack of awareness of available services

From the perspective of children and young people's mental health services, a new Northumberland Emotional Health and Wellbeing website is in the process of being developed and is due to launch in October 2020. The website will provide children and young people, their parents/carers and professionals with all the information they need about local and national support services. Local service information will include thresholds and the process for referral in to the service. In addition advice and guidance will be available to download and links to specific websites and resources made available.

Talking Matters Northumberland

The CCG acknowledges that TMN clients have had long waiting times and we have worked hard with TMN to reduce these delays. We value the comment made from the person who stated that they felt their recovery was affected due to their wait once they were stepped up. The CCG agrees that people need to be seen quicker when they are stepped up to a more intensive treatment and changes have been made within the service to ensure people are not always placed at the bottom of a new waiting list but will be seen according to their need.

TMN follows national waiting time standards:

- 75% of people should start treatment within 6 weeks from referral
- 95% of people should start treatment within 18 weeks of referral.

We want to ensure people access treatment quickly and acknowledge that TMN has had some longer waiting times than the national standards for some of the treatment pathways. TMN has worked closely with the CCG and we have directed and supported them with their waiting times and are pleased to report

that the service has made significant improvements. People entering the service will be offered an appointment within two weeks for their assessment.

We are aware people experiencing mental health problems can face other difficulties and require a range of services or require alternative services. Improving links with services, especially secondary care services, has been a priority for TMN and over the past twelve months it has improved referral processes to ensure that the person does not get lost within the service, nor do they feel that they are caught between services.

We know that risk increases when people are passed between services and acknowledge that it is not only confusing but impacts negatively on the person's wellbeing. TMN now has a dedicated Referral Coordinator who has direct contact with the secondary services to discuss referrals. The community teams and TMN have undertaken joint assessments when required to ensure that the person only has one assessment and that the right service is identified for that person.



Conclusion

While the people who responded to our survey are a fraction of those who are receiving services, the issues they raise are consistent - a concern that when they need services they are easy to find, relevant to their needs, reliable and consistent.

The Northumberland Clinical Commissioning Group has helpfully set out what it is doing to meet those concerns while acknowledging the challenges it faces.

The COVID-19 pandemic will result in more people seeking support for their mental health. We want to hear from everyone who looks for or receives support, to hear both the positive experiences and where things can be improved. As with this report, we will use the reality of your experiences in discussion with the Northumberland Clinical Commissioning Group and those who provide services to make things better.

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