



Mental Health, Wellbeing and You

A South Tees View

September 2021

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Executive Summary

Healthwatch South Tees (HWST), the operating name for both Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland, worked in partnership with the Tees Valley Healthwatch Network to create a survey to ascertain local views of accessing mental health and well-being services. We wanted to gain a deeper understanding of what people's experiences have been- including what has worked well and what hasn't, to identify what potential changes could make a real difference to people.

We received a total of 525 survey responses and spoke to 65 people during the six focus group sessions we facilitated. We made it our priority to connect with seldom heard groups to truly reflect the diversity of South Tees communities. During our focus groups, we spoke to carers, older people, ethnic minority groups and people with a visual impairment.

The feedback from our survey showed that there is a real lack of information on what services are available, what is open and how to access these services. Leaflets are not provided in different languages or large print and are not easily accessible. Comments have included..

It would help to have a leaflet of all the contact numbers of different organisations

and...

Different mental health services need to attend community centres and hubs to raise awareness of the range of support.

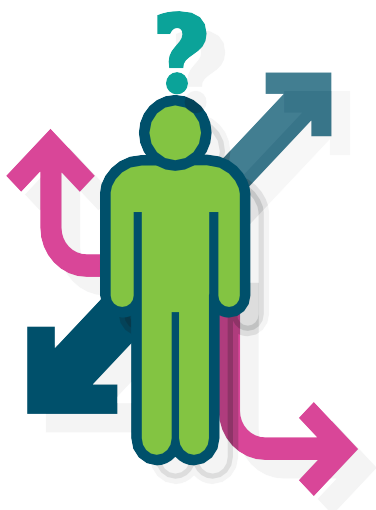
People told us they would like a choice of appointment options in accessible venues such as community centres, GP surgeries, home visits and walking and talking. Appointment times should be flexible and take into consideration individual circumstances such as carer responsibilities, childcare and working hours. A choice of face-to-face appointments, online or telephone, recognising personal preference is required.

The resounding theme throughout the feedback is that people want to be given choices.

People reported that it is taking too long to get an appointment for mental health support, initially getting a GP appointment and then further delays waiting for a referral, with some commenting a typical wait for help would be six months.

Staff changes and appointments being cancelled have led to inconsistencies which in turn have resulted in increased anxiety and stress.

Feedback suggests that help and support doesn't last long enough e.g., six weeks only. The range of treatment interventions has included: counselling, medication, groups, peer support and psychological therapies.



From the responses received, 34% of people who have received help and support told us that it did not meet their needs.

Crucial insight from focus groups highlighted a lack of interpreters, lack of information in different languages and no large print leaflets. We gained an understanding that in some cultures, mental health is a taboo subject and talking about this and asking for help can be incredibly difficult, this is exacerbated when an interpreter is from the same culture who may have the same prejudices.

Finally, our feedback highlights the need to improve the mental health and wellbeing support connection with voluntary and community organisations and activity groups. This will not only improve levels of wellbeing, reduce the need for more crisis intervention at a later date but also offer people support whilst on a waiting list for a service they have been referred to.

Lack of interpreters Lack of information

Connect with voluntary and community organisations

Reduce need for crisis intervention Support while on a waiting list

Introduction

TEWV Community Transformation Plan:

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

Co-production: active participants who lead and own the design for future services.

Engagement: with people, and statutory consultation with the public if services are to change.

Inclusivity: No wrong door.

Collaboration: working as a system and building the infrastructure with existing services.

Person centred care: Care is centred around individual needs.

Care is proactive: not reactive.

The **assessment** process for individuals is collaborative with community services and not having to be repeated when accessing support.

Community design which addresses **health inequalities** and social **determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/ social care/drug and alcohol (list not exhaustive).

The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

Redesign and reorganisation of core community mental health teams which are **placed based**. (Sound clinical governance is critical to successful implementation.)

Creation of a **core mental health service** which is aligned with **primary care networks, voluntary sector organisations and local community groups** whereby dedicated services and functions will plug in.

The Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees are working with TEWV to provide insight from groups and individuals within their communities to support this aim.

Methodology

The Tees Valley Healthwatch Network worked together to design a survey which then enabled us to gain an insight into people's experiences of accessing mental health and well-being services. The aim of the survey was to help us to identify what matters most to people and to gain an understanding of what is working well, what isn't and what the gaps are in the current service provision.

We actively promoted our survey across South Tees via a wide range of both statutory and voluntary sector organisations directly and via strategic and operational partnerships. The survey was promoted via our and relevant stakeholder social media platforms including Facebook and Twitter and on both of our websites.

Our Community Champions and local voluntary groups supported us in the distribution of the survey, collecting the experiences of people they engage with to ensure we received responses from seldom heard communities which reflect the diversity of our local population. In total we gained 525 responses from local people through this method.

We also facilitated six focus groups with a total of 65 people in attendance. The focus groups gave participants the opportunity to provide more context and detail to the survey questions which we used as a framework for discussion. These were held in both Redcar and Cleveland and in Middlesbrough and were a combination of face to face and online sessions.

Demographics

The survey was made available in both online and paper formats to ensure people were not digitally excluded from participating.

Working together with our Community Champions, we ensured support was offered to help people complete the paper copies of our survey, if this was required.

We produced videos to support the promotion of our survey in different languages including Chinese, Urdu and British Sign Language, which were publicised on our Social Media platforms and websites with the aim of increasing accessibility and understanding for local communities.

A total of six focus groups were held to enable us to get specific feedback from targeted seldom heard groups including:

Carers

Ethnic minority groups x 2

Older people

Visually impaired

Refugees and asylum seekers



In total, 37 people from Redcar and Cleveland and 28 people from Middlesbrough attended the above focus groups.

See Appendix 1 for the Full Demographic breakdown from survey respondents.

Findings

People told us that there is a lack of information publicised about mental health services including who to contact and where to go for support.

An understanding of what help is available and how to access support is a priority for people across South Tees. Information is not readily available in different languages or larger print versions which also adds to the difficulty people experience in accessing services.

Information

I am not aware of any support due to not understanding English

I would contact the mental health team, but we don't have a number

The important thing is to know where the information is to begin with

I'm not sure what's available in the community after places closed down during COVID



Waiting Times

Waiting times for appointments is too long including initial GP appointments and referrals. It is crucial for people get the help and support they need, when they need it.

It needs to be quicker. People shouldn't have to wait a couple of months for an appointment.

I got referred to see a psychiatrist and I'm still waiting. That was March 2020.

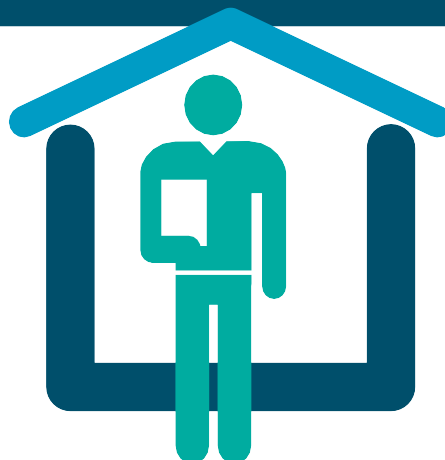
It's sometimes weeks for a GP appointment, then I'm told to refer myself to impact. It took me weeks to pluck up the courage to ring them. Now I'm on another waiting list.

I've been waiting the typical 6 months for a referral.

There needs to be much more provision for lower-level mental health issues... with shorter waiting times.

Waiting times to get an autism diagnosis are too long.

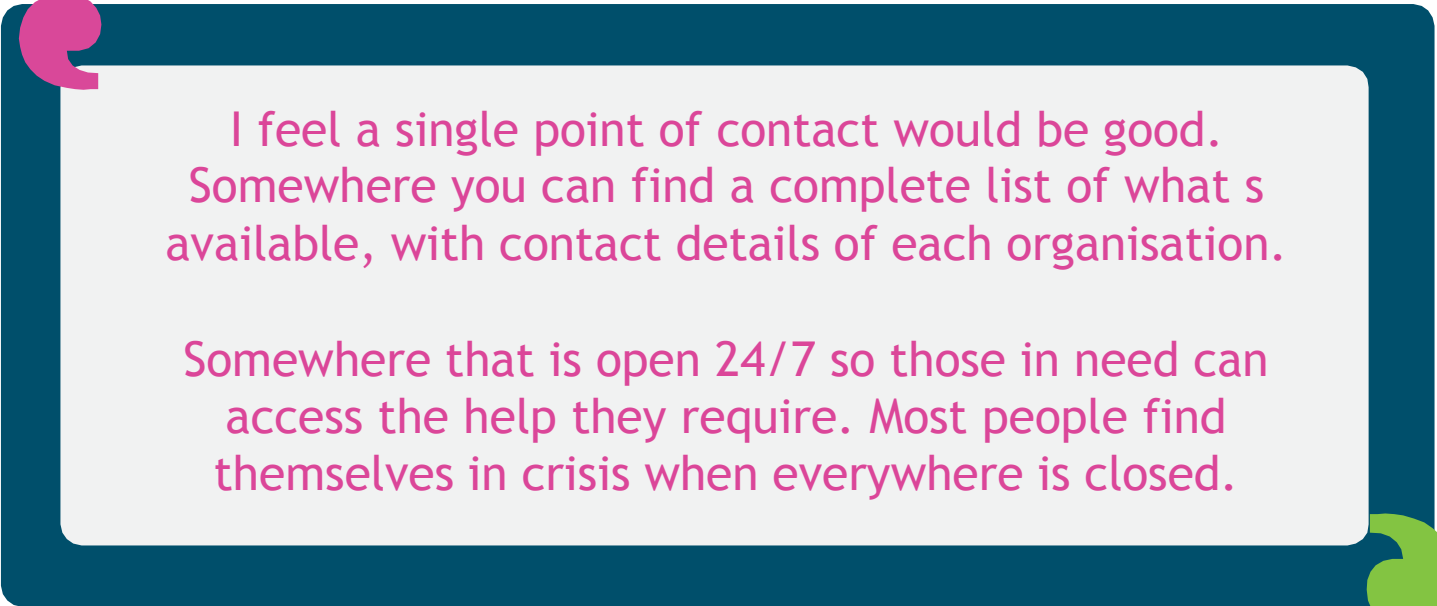
TALK TO US!



Venue

Appointments and support needs to be offered in community venues, drop-in centres and GP surgeries. Having a choice of the venue, somewhere that is easily accessible, on a bus route and not too far to travel is important.

Feedback indicated that people would also like to be given the option of having appointments in their own home where they feel comfortable or outside walking and talking .

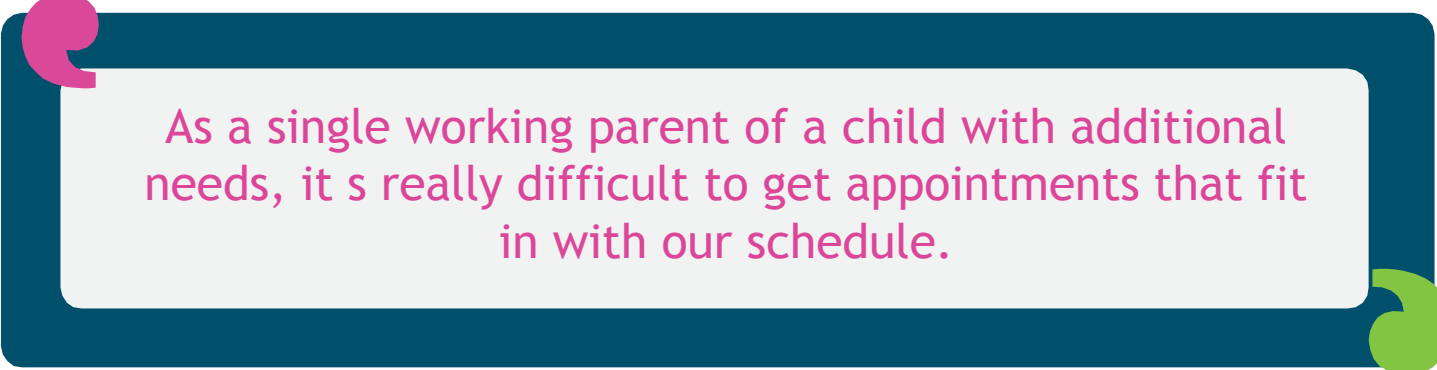


I feel a single point of contact would be good. Somewhere you can find a complete list of what s available, with contact details of each organisation.

Somewhere that is open 24/7 so those in need can access the help they require. Most people find themselves in crisis when everywhere is closed.

Appointment Times

Appointments need to be flexible and responsive to individual circumstances such as carer responsibilities, childcare and working hours.



As a single working parent of a child with additional needs, it s really difficult to get appointments that fit in with our schedule.

A choice of face-to-face appointment, telephone and online video appointments is required. Comments included that people may feel anxious using the telephone and a choice of how the appointment takes place is important.

Treatment and Groups

People have been offered a range of treatment including counselling, psychological therapies, medication, peer support and group activities.

Feedback from our survey tells us that longer support is needed, changes in support workers do not provide consistency and appointments having to be cancelled can cause additional stress. Groups are not always suitable due to social anxiety and times of the sessions.

Reasonable adjustments and Accessible Information Standards

As the majority of our consultation targeted our local diverse communities, it has highlighted the importance of this. Too many of our focus group attendees struggled to access support services as they did not know where to go for help or where to find relevant information as it was not produced in a format that met their needs.

Solutions to access barriers aren't currently provided or where to request these if required isn't clear, whether this is physical or cultural. If all services are for all local people, then this needs consideration and improvement and, staff need to have the skills to support everyone who comes through their doors and not segregate services for specific communities.

People told us that to help them access mental health and well-being support, the following things needed to be taken in to consideration:

Assistance for those with speech problems

Assistance for those unable to read

Assistance for those who are deaf or hard of hearing

The option of either in person, or phone appointments

Assistance for those with anxiety

Help for those who can't understand or read English

#SpeakUp



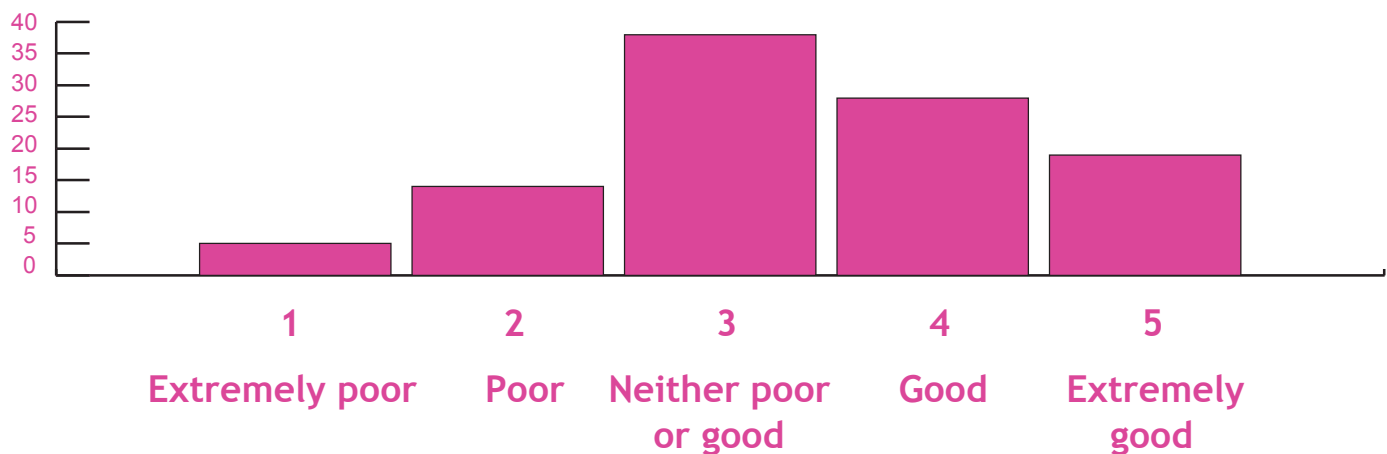
Who did we speak to?

We received a total of **525** survey responses from across South Tees of which **55%** Redcar and Cleveland, **28%** Middlesbrough and **17%** Other Tees Valley areas.

Within the responses it highlighted that **19%** are carers, **16%** have a disability and **27%** have a long-term health condition.

Everyone who responded to our survey was asked to rate their current mental health and wellbeing status on a scale of 1-5. (1 being extremely poor to 5 being extremely good) and the majority scored themselves as a three.

Level of survey respondents current mental health status



Of the people who stated their mental health was a 1 (extremely poor), **46%** are not accessing any service or community group for their mental health or well-being.



Where would people go for help and support?

People told us they would primarily contact their GP followed by family and friends for their mental health and well-being support. For those respondents who had received help and support 67% stated that it had not meet their needs for a variety of reasons including:

Nobody got back to me. It took me a lot to reach out for help but I've just struggled alone.

I reached out because I was struggling with my mental health, and I needed support quickly. However, I had to wait 12 months.

It was a short-term fix, like a sticky plaster. I felt like I had to say I was suicidal just to get an appointment.

I needed longer and more intense services, rather than short-term interventions.

The results show that people would like to have information on mental health services on websites, leaflets, and social media and that it should be accessible for all people on all platforms.

GPs and different services should tell you the correct avenues or even make referrals to access the help you need... not just say you can access the service so you have to deal with it on your own.

Carers

Carers provided 19% of the total responses to our survey which indicated that family, friends and exercise all impacted positively on their mental health.

Carers have accessed support from a variety of people and services including friends, family, employers, GPs, TEWV, CAMHS, Carers Together, Age UK Teesside, Alliance and Mind. The range of support on offer has included counselling, peer support, psychological therapies, groups and medications.

Community groups that Carers attend regularly include zumba, Church, Senses Wellbeing centre sessions, Aapna service, Carers Together, walking groups, Parents4Change and coffee mornings. Gaps in support activities for their mental health and wellbeing are:

Workshops to help understand Autism

Mental Health and Social Anxiety

Support for families with young men and mental health needs

In total, 25% of carers scored their mental health rating as a 1 or 2 on a scale of 1-5. The things that impact negatively on their mental health are the caring role and responsibilities, worry about health, isolation, work and finances.

In our feedback, 31% of Carers told us that time prevented them from seeking help or accessing groups, other factors included not knowing who to contact or where to go from a carers point of view.

It's too far to travel, which isn't realistic when I have care responsibilities.

Parent carers have life-long responsibilities and their mental health needs should be treated as such.



Older People

From our survey respondents, 20% were aged 65 and over and family, friends, exercise, getting out and religion all have a positive impact on mental health.

A range of services have been accessed for support including G.P s, Day Centres, Age UK Teesside, Parkside, Community Ventures, Carers Together and Starfish.

A variety of community groups attended regularly include Senses Well-being centre activities, gardening, Friday prayer, Walk and Talk, walking football, golf clubs, U3A, Women s Institute Deaf 55 plus, coffee mornings and pub quizzes.

The things that impact negatively on their mental health are; health, loneliness, isolation, caring roles and money.

I am on my own.
I have tried everything and
everybody...but because I m old,
nobody cares.

The things that prevent me
from accessing help and
support include low
motivation, stigma and
being unable to get to
appointments - due to
health and mobility.



**Our responses show that 30% do not take part in
activities due to having poor mobility.**

Ethnic Minority Groups

Local people from ethnic minority groups made up 13% of our total survey respondents and informed us that family, friends, exercise, religion, getting out and day centres impacted positively on their mental health.

People have accessed a range of services for help and support including their GP, Aapna Services, TEWV, Parkside, Alliance, day centres, employers and mental health advisors at college.

The range of help offered included psychological therapy, medication, counselling, group activities and peer support.

Feedback shows a range of community groups are attended which include football with Middlesbrough Football Club (MFC) and Mind, meeting up with friends for peer support. The reasons people are unable to attend community activities range from not having time, lack of motivation, work and mobility.



There should be more activities catering for men and women from BAME communities, who offer support and guidance to those impacted by poor mental health.


Influence is a huge thing; it would be nice if mental health wasn't stigmatised. In certain areas, groups wouldn't be a positive thing, and could impact on mental health even more.



Detailed focus group findings

We held six focus group sessions across Middlesbrough and Redcar and Cleveland and 65 people joined these meetings to share their views. We arranged the focus groups so we could gain crucial feedback specifically from targeted groups with health inequalities.

The focus groups we held were with:



Carers Older People Ethnic Minority Groups x 2
Refugees People with a Visual Impairment

Asian and Pakistani Communities

The session highlighted that mental health wasn't talked about or acknowledged in their cultures and therefore not raised with Community Leaders or family. This is due to the stigma attached, the lack of understanding and cultural historical treatments. This impacts negatively on people's confidence to speak up or the ability to access help.

Language and terminology are huge barriers to seeking support from elsewhere. There is a lack of interpreters and a need to understand that asking people from the same communities to interpret isn't helpful, because the other person would then also be aware of your issues resulting in judgemental stigma.

Racism contributed to poor mental health, along with the inability to challenge it due to negative repercussions.

The things that particularly contributed to positive mental health were learning English and getting the right support. It was suggested there is a need for improved links between ethnic groups and community organisations.

Providers should attend existing community drop ins and hubs to raise awareness of mental health, answer questions and provide information about emotional and practical help to support mental health and wellbeing.

Asylum Seekers and Refugees

Attendees came from a mix of Black African and Kurdish ethnicities and talked about complex issues in relation to mental health and wellbeing.

This highlights the need for specialised mental health support due to suffering terrifying atrocities such as rape, torture and having been child soldiers etc. Such people can lack trust in authorities.

The UK systems and processes for asylum seekers can exacerbate issues and pose huge practical challenges for meeting even basic needs. There is a lack of accessible information and communication and people don't know where to go.

For some, the benefits of seeking mental health support can be outweighed by the threats of being separated from their children and families and even deported.

The scattering of people and families across the UK causes isolation, lack of a sense of community, of belonging, without familiar cultural values or support for each other.

The group specified other things that would help to meet the needs of Refugee and Asylum Seekers:

GP s and Crisis Team need a better understanding and awareness of the barriers that cause discrimination and health inequalities for this group. More time should be given to diagnose and treat individuals reaching out for help.

Benchmarks and service thresholds should never be a reason to deny proper assessment, help and support to an individual.

In the absence of formal advocacy, informal advocacy should never be denied should this be the patient's preference in clinical settings.

A mixture of mental health support should be available. Community based support in familiar settings that understand, address barriers and have developed trusting relationships, should be available.

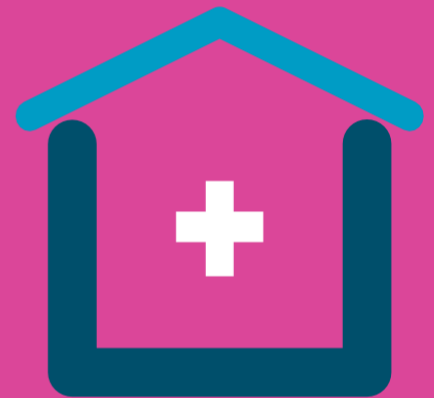
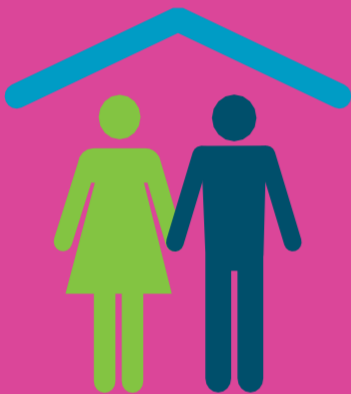
More groups and other community-based support should be inclusive. For example, The Women's Refuge needs to be able to cater for those in our community facing domestic violence.

Mainstream provision should be inclusive, providing access to specialist support.

Case studies

I took a person to the Mental Health Crisis Team for support at Roseberry Park after discovering her curled up on the floor in the shopping centre.

She was planning to take her life by walking into the road. We met with a manager who said because she hasn't harmed herself yet, we can't help her.



Many people coming to UK are single and then they face some challenges that can cause declining mental health.

They will not allow advocacy / hand holding to help to deal with practical problems like getting money and housing, so people are pushed from pillar to post.

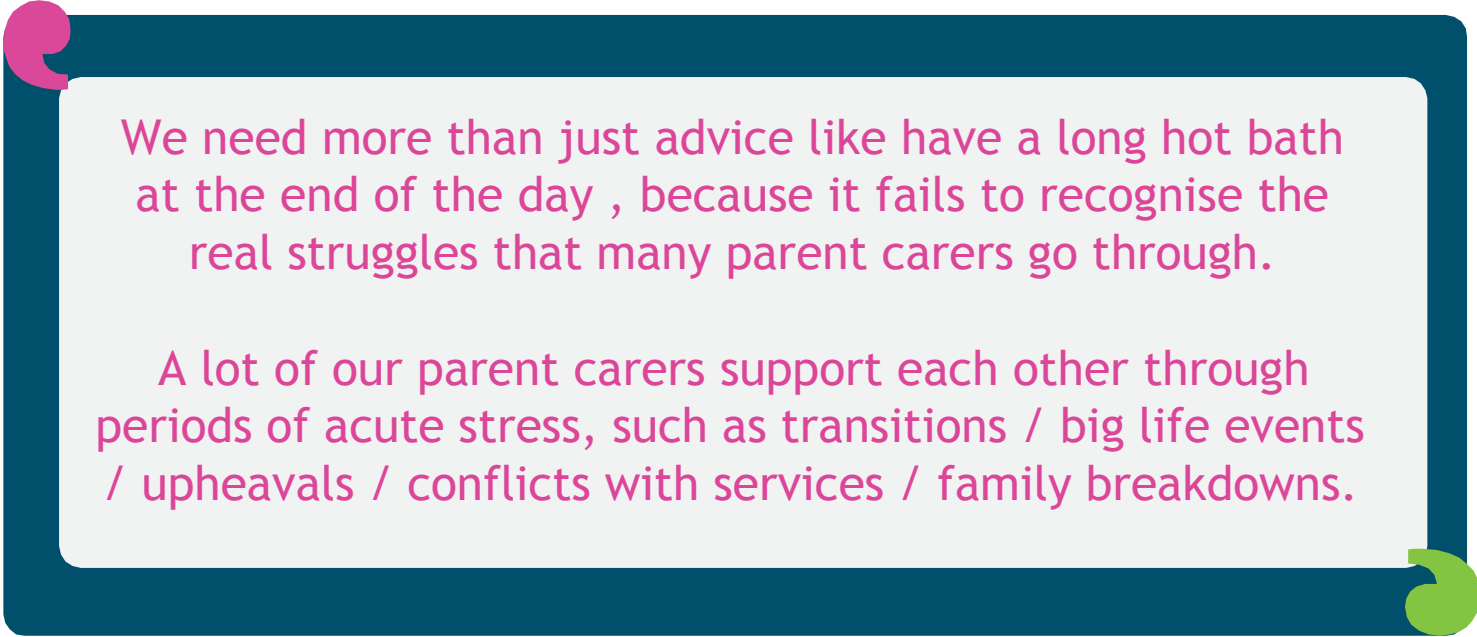
There is a case where a man couldn't cope and couldn't get help or food and died alone of starvation.

Parent Carers of SEND (Special Educational Needs and Disabilities) Children

One of the most notable aspects of this group is the focus put on the disabled children of Parent Carers. Their own needs can be ignored, both by themselves and by the authorities, without considering the impact of the relentless caring role, such as getting enough sleep.

This group typically rated their mental health at the lower end of the scale (1-3) as constantly fighting for their child's needs, just added to their exhaustion. The caring responsibility, isolation, and practical problems including debt, caused periods of acute stress and rely on peer support during difficult periods.

Formalised mental health support for them does not exist and poor relationships with professionals could prevent them from reaching out for support.



We need more than just advice like have a long hot bath at the end of the day , because it fails to recognise the real struggles that many parent carers go through.

A lot of our parent carers support each other through periods of acute stress, such as transitions / big life events / upheavals / conflicts with services / family breakdowns.

Parent Carers would like to see evidence based mental health support offered by skilled practitioners. Having someone they could talk to, to be understood and offer reassurance, even remotely, would be helpful.

They would also like more community support near to where they live to reduce travel time and being accepted by others.

The mental health and wellbeing of the neurodiverse Parent Carer community need to be considered. Their interactions with services and professionals are not always good and they are not well supported which is evident in the recent Tees Valley Buddies report.

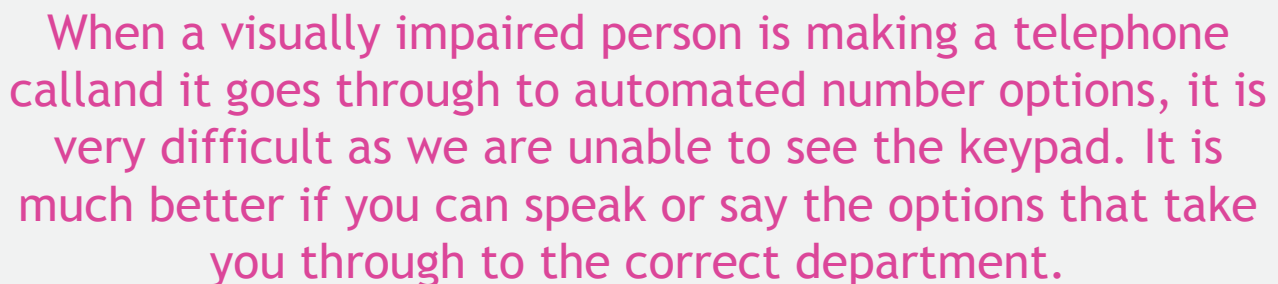
Visual Impairment

The challenges people with visual impairments face daily can impact on their mental health and wellbeing. A lack of education and people's attitudes towards them can cause negative experiences from the public.

Relying on and using public transport and being able to ask for assistance are everyday necessities for many people with visual impairments. Finding and keeping employment can be stressful and things tend to take more time than expected, which isn't always acceptable.

The group wanted to highlight the importance of any services or groups that supports positive mental wellbeing being accessible. They highlighted the importance of them knowing where the information is and it being available in accessible formats such as large print or braille.

They said that navigation systems need to take into consideration the barriers they face:



When a visually impaired person is making a telephone call and it goes through to automated number options, it is very difficult as we are unable to see the keypad. It is much better if you can speak or say the options that take you through to the correct department.

People don't know where or how to access support. There were lots of suggestions where information could be provided but the important messages are to know where the information is, to ensure it is accessible, that reasonable adjustments extend into service provision and with faster access for those who need it.

Charitable organisations, such as RNIB, have local offices that can support people who have lost their sight and offer a counselling service. The Sensory Loss Team has also been useful and there is hope that this could be reinstated.

These organisations can help navigate other services to help address accessibility issues. These organisations need to be robust because without them, finding information about services can be difficult and prevent vital access.

A lot of people can find out information from posters and leaflets, but we can't see them.

Mainstream groups and activities don't give enough consideration to the needs of people with sensory loss and this needs to change as they would welcome access to more groups and activities.

They would need to be centrally based and located on a bus route. Drop-in sessions would help, where there was someone to chat to for half an hour.

They understand that there is likely to be a more blended approach to provision in the future but they like more face-to-face meetings and getting out and about as a preventative measure.

The group has started to meet up at Jean's Cafe and the Live Well Centre in the Dundas Arcade (Middlesbrough) for specific activities.



Older People

All attendees are residents in the East Cleveland area and are participants of a seated exercise class which they regularly attend.

As an active group, one of the main factors that has contributed negatively to their mental health was the COVID pandemic. Due to isolation, they had been separated from their friends and family and had not been able to participate in the activities they previously enjoyed.

The feeling of isolation when everything stopped because of Covid.

Being able to see and talk to people again makes so much difference.



They highlighted that there are many lonely people within their community and it is important to reach out to them.

One of the barriers to accessing community groups or support is a lack of awareness of what is available. Many do not have access to the internet and prefer to find out information via leaflets.

If you are not on social media or online, it can be difficult knowing what's going on.

It was important that appointments be easy to get to and preferably located within the community. Other concerns from the group were general ageing and the impact on physical health and increasing long-term health conditions.

They felt that keeping active and connected, having a positive attitude and a daily structure were useful to maintaining positive mental health.

Chinese Community

The Chinese community is generally very positive because of their culture. In their language there is not a word for depression and a lot of attention to is paid to their health, watching their diet and daily exercise.

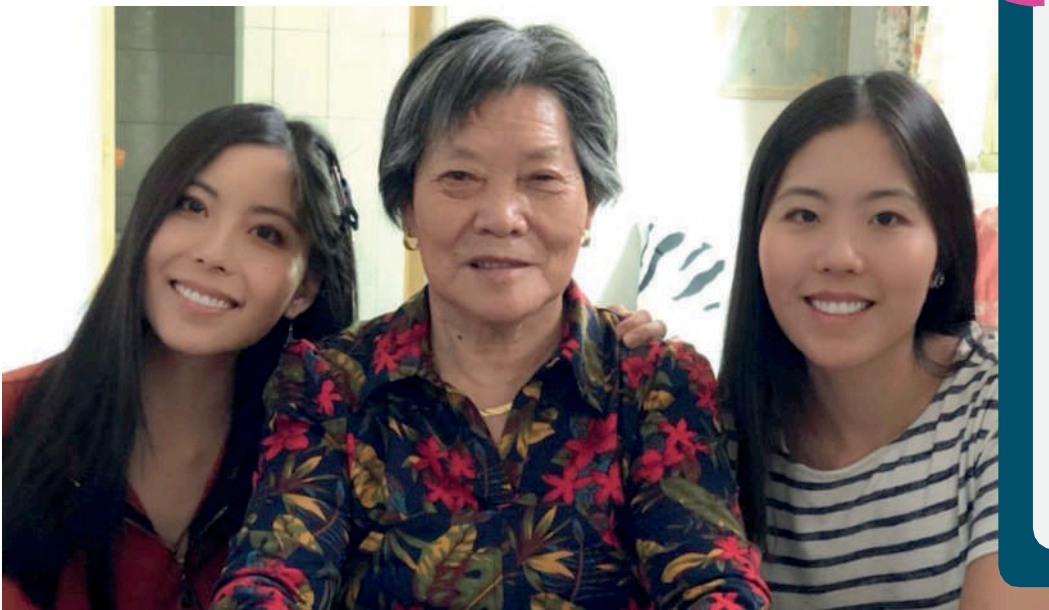
Job security and a secure financial situation are very important and they focus on attaining this. If these attainment opportunities are not available, it can have a negative impact on their mental health and wellbeing.

Other things that contribute positively to their mental health and wellbeing are singing and celebrating festivals, although COVID has limited the opportunities for doing this.

Barriers that prevent people from seeking any help or support should it be required are language and a lack of awareness of what help is available and how to get it.

Due to a lack of confidence in seeking help, people would usually in the first instance approach a trusted member from their community or respected professionals such as GP s or social workers.

Although it would be preferred to receive help and support in community venues that are familiar, this isn t regarded as essential.



Whatever it is,
we just want to
know what s
going on.

We just want to
be included in
community
activities etc.






COVID wasn t a good experience. It was hard staying at home.

Detailed Survey Findings

Expectations of mental health services






The image below illustrates the top 5 things which impact positively on people's mental health:

Things that contribute to positive mental health and wellbeing

Family / relationships		Exercise / keeping healthy	
Friends / connecting with people		Hobbies / activities / holidays	
		Pets	

People told us that the things that impact negatively on their mental health are:

Things that impact negatively on mental health and wellbeing

Money / debt		Work	
Anxiety / stress / pressure		Family	
		Health	

1. Money/debt:

Applying for benefits, financially unstable, cost of living, paying bills, financial stress, lack of money, unexpected expenses, change in circumstances, loans, debt, rising costs.

2. Anxiety/stress/pressure:

Low self-esteem, lack of confidence, uncertain future, feeling not good enough, feeling judged, fear, anxiety, helplessness, not feeling valued, worry, pressure, dealing with day-to-day issues, unexpected events.

3. Work/work pressure:

Poor work life balance, bullying at work, no work, worry of retiring, job dissatisfaction, job insecurity, changes in work routine, excessive workload.

4. Family/friends:

Arguing with family and friends, children fighting, negative behaviour, difficult family relationships, ex partners, family pressure, family struggles, not seeing family, worrying about a family member.

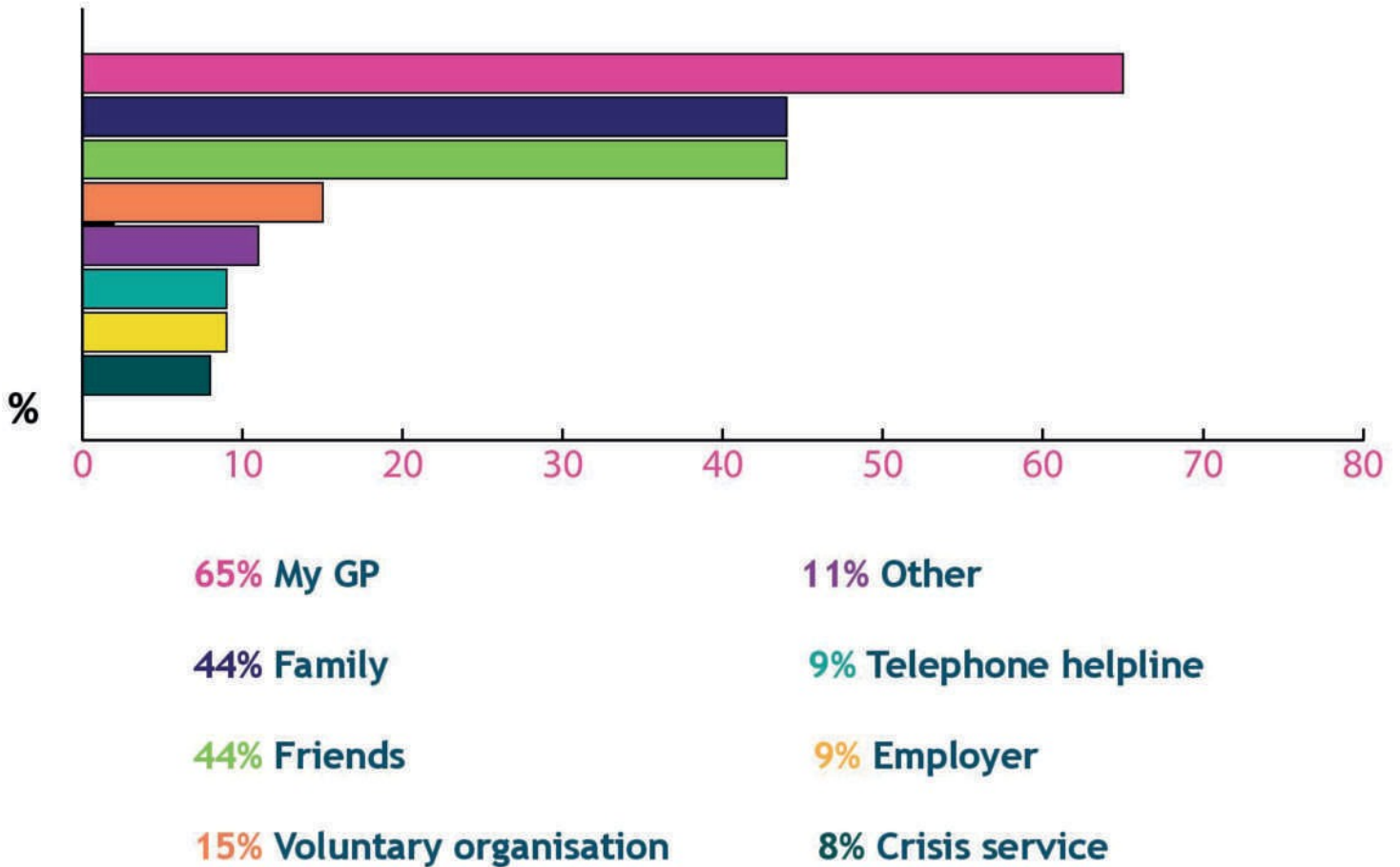
5. Health:

Long term health conditions, poor health, pain, mobility issues, health concerns for family members, disabilities.



Current awareness and understanding of mental health and wellbeing services

Who would you contact or go to for help/support for your mental health and wellbeing?



(Respondents could choose more than one answer so responses do not total 100%)

As reflected in the graph above, 65% of people would contact their GP for support followed by family and friends. People told us that there is a lack of information about how to contact services and what help is available. If awareness was raised across communities, then friends and family would be able to help direct the people they care about to organisations for help.

The help and / or support people received for their mental health or wellbeing included the following:

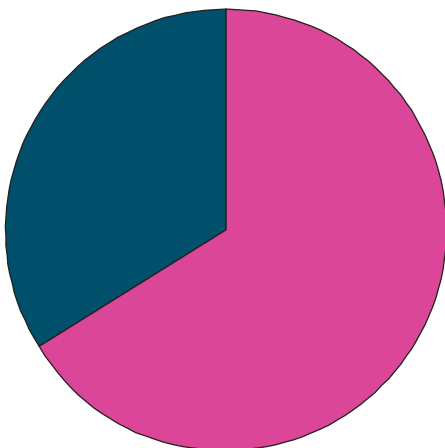
G.P, Parkside, Foxrush, Crisis Team, TEWV, Insight, friends, Impact, Mind, employers, Alliance, counsellor, day centres and Aapna.



Of those who have accessed help and support for their mental health and wellbeing, 67% told us that it did meet their needs. Long waiting times and courses of support which ended after six weeks were cited as some of the reasons why it didn't meet their needs.

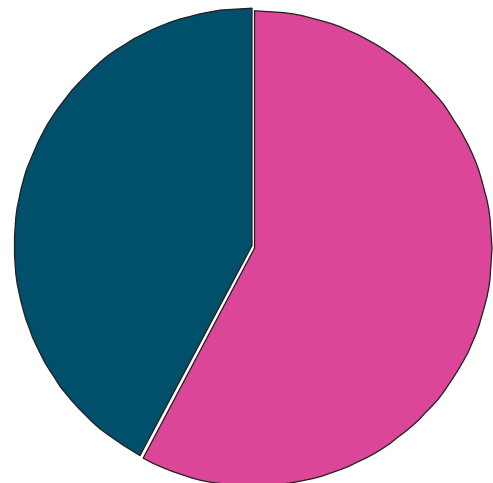
Did this support meet your needs?

67% yes 34% no



Is there anything that would prevent you (or prevents you) from seeking help?

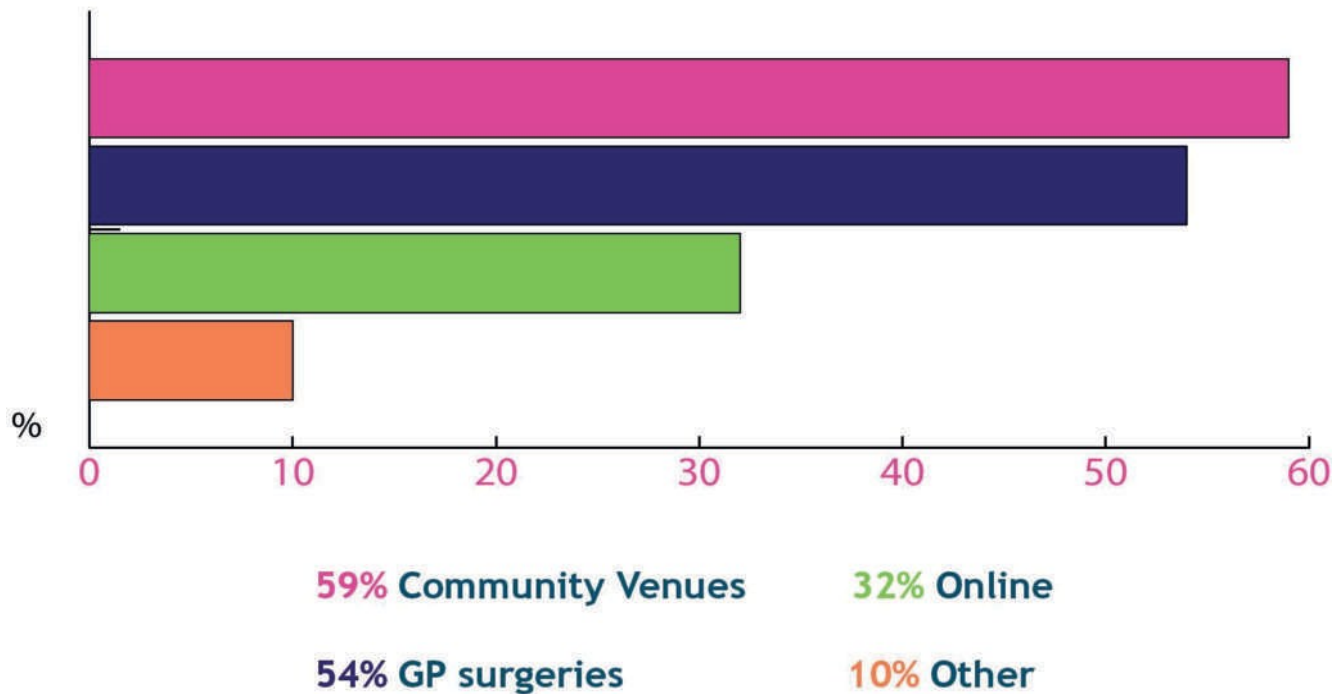
42% yes 58% no



42% of people told us that there are reasons that prevent them from seeking help, these included stigma, lack of interpreters, not having time, not knowing what help there is, accessibility, mobility, caring responsibilities and childcare.

How the public would like to access mental health services.

Where would you prefer your mental health and wellbeing support to be located?



(Respondents could choose more than one answer so responses do not total 100%)

As detailed in the graph above, 59% of people would like their mental health support to be located within community venues, followed by 54% GP surgeries and then online support.

In the responses, 10% of people would like support in other venues and these included in own home, day centres, outside walking and talking and within the Extra Care Scheme.

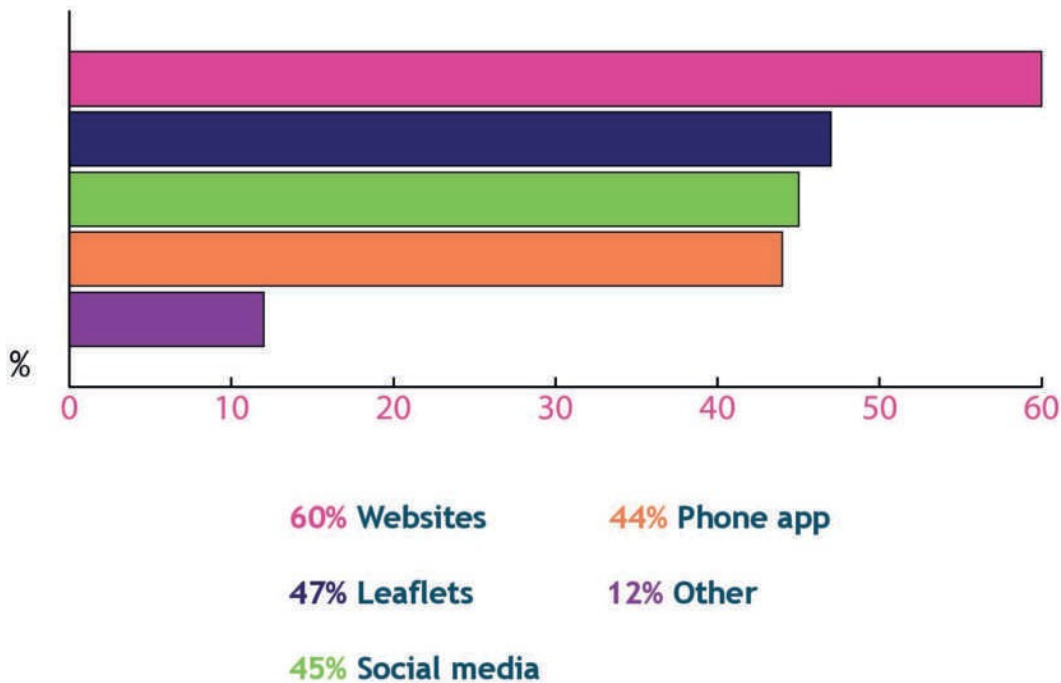
The main factors that influence the decision to go and get the right help and support included: Family, ease of access, venue, awareness of what support is available, time, easy read information and waiting times.

The additional needs which require consideration before accessing mental health and wellbeing support...

Language	Learning disabilities	
Gender of staff	Addictions	
Speech difficulties	Visual impairment	
Mobility	Anxiety	
Autism	Flexible around child care	
Work		

Information

Where would you like to find information about how you can improve and/or access support for your mental health and wellbeing?



Respondents (to the graph on the previous page) could choose more than one answer so responses do not total 100%.

Most people would like to access mental health and well-being support information via websites followed by leaflets and then social media, other options included suggestions

What keeps communities well in their local area

People told us that the range of community activities or groups that help with their mental health and wellbeing include:

Exercise: gym, football, walking, zumba let it glow, fitness classes, seated chair exercises, boxing, swimming, salsa, golf club, angling club, walking football.

Coffee mornings, walk and talk, Women's Institute, Age UK Teesside, recovery groups, Community Ventures Art Group, Voice of Larchfield Community, Carers Together, Deaf over 55 group, Parents4Change, U3A, day centres, baby classes and church.

The range of groups that people stated would help with their mental health and well-being but are not currently provided include:

Community gardening Community coffee mornings
After hours groups Horse walking Fishing
Dementia groups Animal therapy.

Some respondents stated they would like to have Carers groups, exercise groups and day centres available in their community. This continues to re-enforce the clear need to have access to up to date information about local activities. People are confused about what is open again after lockdown and how to access these groups.

The reasons people don't take part in community activities or groups include:

Time:

People describe a lack of time due to juggling caring responsibilities, childcare, working hours, college and university study and the time that the groups are available

Not aware of any:

Responses were that people don't know what groups and activities there are or how to access them.

Not needed:

Some responses included that people didn't feel group activities would meet their individual needs.

Dislike of being in a group situation:

Feedback showed that some people reported not feeling comfortable in a group situation, group environment causing anxiety, social anxiety and a lack of confidence to take part in a group.

Health and Mobility:

Anxiety, low motivation and mobility difficulties to be able to get to the venues have all resulted in people not being able to take part in community groups and activities.

Conclusions

The feedback from both our survey and focus groups highlights that there is a distinct lack of accessible information, e.g. different languages, large print etc so people don't know what help is out there, or how to access it.

Therefore, if this information isn't available, we are adding another layer that prevents accessibility for those with health inequalities and not making the necessary reasonable adjustments where required.

Appointments are taking a long time with people waiting to get a GP appointment and then experiencing a significant wait for a referral appointment with no communication in-between.

A choice of accessible appointment venues, with flexible options of times which fit around other commitments and time constraints such as caring responsibilities, childcare and work are needed.

Drop-in centres within the community were suggested as potential places for support on many occasions, as they offer flexible opening hours and providing support from a range of organisations would help to address this and better meet people's needs.

Responses to the survey indicate that there continues to be a stigma attached to accessing mental health services in particular from ethnic minority communities. If services were in community venues, then this could potentially help to reduce any barriers in accessing support.

Recommendations

Offer a range of community venue choices for appointments e.g. drop-in centres, GP surgeries, home visits, outside walking and talking.

Offer choice of face-to-face appointments, telephone, or video online appointments.

Provide choice and flexibility over appointment times (recognising time pressures for carers, parents and around people working).

Deliver services from within existing community hubs/ drop-in sessions which are easily accessible and on bus routes, providing fewer barriers as in the community and reducing the stigma around attending mental health services.

Access to more interpreters language and BSL (need to consider not using interpreters from those communities where there is stigma attached to seeking help).

Publish leaflets and publicity in different languages, large print and easy read with the contact numbers for different organisations so people know how and who to contact for support.

Work with other voluntary and community organisations to offer early and low-level mental health and wellbeing support for people who don't require crisis intervention or on waiting lists for appointments.

Offer help packs to be given at GP appointments with contact numbers for support. Work to raise awareness in communities of the different services available and how to access.

Work to reduce stigma of mental health and different cultural communities to normalise seeking help.

Offer the option of an automated phone line for appointments which uses voice recognition instead of touch keypad options for people with visual impairments. Have relevant information on one platform and raise awareness of this with local people.

TEWV Response

Tees Valley Mental Health Alliance response:

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the 15 October 2021 the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care.

We have committed to the below principles moving forward in our redesign:

There will be no wrong door in accessing help: No referral will be refused.

We will accept each other's assessments, so the individual does not have to repeat their story.

There will be no discharge- patients are able to access services in future if needed without having to be re-referred into services.

We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time.

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Next Steps

Share with commissioners, strategic partnerships, decision making groups, service deliverers, VCS, STNHSFT, Champions, Board members, Pioneering Care Partnership (PCP), TVCCG, Public Health.

HWST Information & Signposting function.

Use to inform a baseline for coproduction focus within the Tees Valley Mental Health Alliance.

Use to inform discussion and decision in the Middlesbrough Mental Health Partnership.

Inform elements of the HWST 2021-2022 priorities.

Acknowledgements

We wish to thank:

All those who took the time to complete our survey and share their experiences with us

All those who shared and promoted this piece of work to enable access for a wide range of communities across South Tees

All focus group participants

Aapna Service

Age UK

Ageing Better Middlesbrough

Boro Man Can

Carers Together

Cleveland Fire Brigade

Community Ventures

CVFM videos

Everyday Language Solutions BSL video

Footprints in the Community

HWST Board

HWST Community Champions who helped us reach local diverse communities

Karen Winspear -Senses Well-Being Centre

Larchfield Community

MFC Foundation

Middlesbrough College

Middlesbrough Council

Middlesbrough Voluntary Development Agency (MVDA)

MIND

Parents4Change

Redcar Council

Redcar and Cleveland Voluntary Development Agency (RCVDA)

Regional Refugee Forum North East

RNIB

SEND Family Voice Redcar and Cleveland

Stepping Stones

Streets Ahead

Teeswide Safeguarding Adults Board

We Care You Care

Appendix 1

Demographics from surveys

1. Age Category	Participants
13-17	11
18-24	23
25-34	93
35-44	84
45-54	112
55-64	83
65-74	53
75 +	50
Prefer not to say	6

2. Gender	Participants
Woman	392
Man	107
Non-binary	4
Other	0
Prefer not to say	7

3. Ethnic Background	Participants
Arab	2
Asian/Asian British: Bangladeshi	0
Asian/Asian British: Chinese	1
Asian/Asian British: Indian	8
Asian/Asian British: Pakistani	51
Asian/Asian British: Any other Asian/Asian British Background	0
Asian/Asian British: African	3
Asian/Asian British: Caribbean	2
Asian/Asian British: Any other Black/Black British background	0
Gypsy, Roma or traveller	0
Mixed Multiple Ethnic groups: Asian and White	1
Mixed Multiple Ethnic groups: Black African and White	0
Mixed Multiple Ethnic groups: Black Caribbean and White	1
Mixed Multiple Ethnic groups: Any other mixed/Multiple Ethnic background	1
White/British/English/Northern Irish/Scottish/Welsh	423
White Irish	3
White: Any other background	8
Another Ethnic background	0
Prefer not to say	8

4. Sexual orientation	Participants
Asexual	12
Bi-sexual	9
Gay	5
Hetrosexual/straight	439
Lesbian	6
Pansexual	2
Other	4
Prefer not to say	36

5. religion or beliefs	Participants
Buddhist	4
Christian	224
Hindu	6
Jewish	0
Muslim	51
Sikh	3
No religion	192
Other	21
Prefer not to say	15

6. Marital or civil partnership status	Participants
Single	132
Married	236
In a civil partnership	15
Cohabiting	41
Seperated	17
Divorced/dissolved civil partnership	37
Widowed	0
Prefer not to say	32

7. Pregnant or have you been pregnant in the last year?	Participants
Yes	13
No	487
Prefer not to say	5

8. Carer, have a disability, or have a long-term health condition? (Select all that apply)	Participants
Yes, I consider myself to be a carer	99
Yes, I consider myself to have a disability	84
Yes, I consider myself to have a long-term health condition	141
None of the above	259
Prefer not to say	0

healthwatch

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