

## Themes from Mental Health Engagement

### Positives

- Some staff, from all professions and organisations, are going over and above to support people effectively
- Services provided by the voluntary sector (as long as these are in addition to, not instead of, statutory sector services)
- One member of clinical staff in ABMU who uses British Sign Language
- Access to physical activity / exercise (for some)
- Third sector liaison role for signposting from GP
- Wellbeing / mindfulness classes
- Support groups for service users and carers groups
- Employers supportive and enabling quicker access to services (for some)
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### Issues – Attitudes / Behaviours

- Communication key but quality and clarity extremely variable
- Lack of basic awareness and skills in mental health across lots of services which impact people's ability to access services (not just health & social)
- Poor / lack of response to people's phone calls / contact with services
- Major issues over lack of communication / involvement / support for carers of people with mental health problems
- Impacts of benefits changes significant, but not seen as "our problem" by health
- Staff don't have time to listen / are overwhelmed
- Attitudes of staff vary from excellent to appalling – need to consistently improve everyone's whatever their role – their impact can be huge
- Confusion about ability to share information – confidentiality trumps "best interest"
- Need to change focus to people's abilities not inabilities - positivity
- Collaboration & partnership key between agencies
- Services need to be working in partnership to find solutions for the service user – true co-production
- Focus on mental health issues without holistic focus – spiritual, pastoral support, advice on money and housing for example
- Lack of compassion / empathy – "plenty of people are worse off than you", "just sort yourself out"
- Poor communication / listening skills
- Staff don't take responsibility for sorting out problems – just pass you onto someone else who might be able to help
- Need more people with mental health problems taking a lead in services
- Need greater focus on how to keep good mental health throughout education system

## Issues – Services

- Lack of early intervention / preventative services to stop exacerbations of problems
- If relationships with a professional break down no alternative is given – significantly impacting on outcomes
- Lack of easily accessible, up to date, information on what services are available in different areas to support people
- Particular problems getting in touch with & accessing services from one CMHT
- Too reliant on medical model – not enough alternative activities / options available to people – not holistic
- Dual diagnosis “ping pong”
- “One size fits all” mentality
- Lack of choice – you either take what is on offer or go without
- Our processes & silo working impede or at worst stop people being able to access services they need
- We expect people to be functioning effectively in their day to day life to access our services and if they aren’t we penalise them
- Over reliance on medication to “get better”, and not with other support alongside – little talking therapies available / offered
- Little information and support to help prepare for and cope with side-effects of medication
- Lack of timely follow up / reviews of medication
- Time with psychiatrist varies – feels like favouritism
- No follow up after diagnosis, causing problems to exacerbate
- Passing the buck between services – no responsibility for ensuring service users get the support they need
- Significant transition issues – from young person to adult & adult to elderly and geographically
- Need better access to counselling
- Lack of emphasis on wellbeing in work
- No / little access to advocacy
- Lack of services where English is not first language
- No training or skills development for service users / carers / families to help them support and take control of their condition
- Lack of access to GPs / general medical care
- Lack of access to services in rural areas
- Provision needs to be based on prudent healthcare approach – particularly co-production and do no harm
- Waiting times to access services / get support before problems escalate too long
- Reducing options for drop in and informal support due to funding or venues being withdrawn
- Difficulties in accessing Crisis Teams – with people being told to ring the police instead
- No / little meaningful involvement of service users or families in care planning – seen as annual “tick box” process