

Paper 2

The King Centre
Barleythorpe
Oakham, Rutland
LE15 7WD

Tel: 01572 720381

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The Healthwatch Rutland response to the Step Up to Great Mental Health Consultation

The consultation document details an ambitious programme to consolidate and build upon changes made, at speed, to mental health services during the COVID-19 pandemic. It is clear from the waiting times listed on pages 11 and 12 that mental health services in Leicester, Leicestershire and Rutland have long needed this review and we wish Leicestershire Partnership Trust (LPT) every success in bringing about improvements.

Healthwatch Rutland (HWR) would like to make some comments, largely based on our recent public engagement activities asking people about their experiences of health care services and their needs and expectations for place-based care closer to home.

The use of technology

We note that the proposals include telephone and face-to-face appointments, and we urge LPT to continue to cater for those who do not have or do not wish to use online technology or, sometimes, even a telephone. As two members of the public stated:

'But you can't do mental health on the phone - you can't see it. Online excludes some people, especially if it's a mental health problem.'

'When I asked for help with my mental health, they said it was all online and I feel awful about that. During the first lockdown all the counselling was via Skype and it just didn't work for me. The therapist said, 'This isn't working', and we carried on in the garden.'

Information and signposting

The consultation document details a somewhat confusing array of different pathways and services. Whilst we appreciate that the experiences and causes of mental illness are very varied and demand such multiple pathways, we would urge LPT to ensure that there is clear, readily accessible and appropriate guidance for the public. The following words from two research participants support this:

'When I was a student, there was a real issue with signposting. It didn't work on campus. People felt disenfranchised; felt fobbed off. It takes a lot of energy to come forward - to be told to either wait or to go somewhere else to sort yourself out is difficult. We need to be more careful about not signposting and directing someone elsewhere as the first action when

someone makes contact. We need to talk more first to find out what they need. The handlers need training. Signposting is not an effective tactic for students.'

'I know there are a lot of people with mental health issues who don't know where to go. If they can get an appointment, they are lucky. Often, they just need someone to talk to - if they are worried but not suicidal.'

The interplay between mental and physical health

We applaud the recognition in the proposals of the interplay between mental and physical illness. However, similar recognition is not clear when considering outpatient services. One patient told us:

'After I had a heart operation, my blood pressure was sky high and the consultant talked to me and asked me if I was stressed. I said my mother had just died and she said she could get a psychologist to talk to me about my mental health who was associated with the heart department. She was brilliant and came out to Oakham and I had regular appointments for 2 years. But then she said she wasn't coming to Oakham any more so I'd have to go to Leicester, so I stopped.'

We question why inpatients at Leicester Royal Infirmary will be seen by a mental health professional on a 24/7 basis within 24 hours whereas at Leicester General Hospital and Glenfield Hospital the timescale is within 48 hours. We note that 'older adults' are offered this service between 9am and 5pm. There is no definition provided of 'older adults' and no explanation about why the service offered to them is less comprehensive.

The specialties catered for

Many mental health pathways are to be improved as set out in the consultation document but we regret that the proposals do not include improving access to eating disorder services, although the pandemic has exacerbated these problems nationwide.

Place-based care

Rutland people have spoken loudly and clearly about their desire to have more mental health services closer to home in Rutland. As one person told us:

'The big thing is mental health services - there needs to be more available locally.'

Local GPs have informed us that there has been an increase in mental health problems across Rutland so we would urge LPT to increase the scope and reach of community teams and crisis cafes here in Rutland, as a priority.

Central access point

This service, introduced during the pandemic, seems to have great potential for alleviating demands on both Emergency Departments and primary care services. The four-hour call-back facility for urgent cases is laudable. However, there is no clear explanation of what is considered urgent or who determines the degree of urgency. Given that 4 working days could include 2 weekend days, patients in a crisis deemed as 'not urgent' in a telephone call, might have up to wait 6 days before receiving help. A patient in a distressed state might have a subjectively

different understanding of 'urgency' from the call handler - especially if their mental health deteriorates markedly over the days of waiting.

Continuity of Care

We are pleased that emphasis is being put on continuity of care, which people tell us is important to them in mental health care and urge LPT to retain a focus on this.

The Voluntary Sector and Patient Experiences

We welcome the proposals' recognition of the role of the voluntary sector and the centrality of patient experiences in mental health care and urge the expansion of this. In Rutland, there is a volunteer-led drop-in café (Peppers, A Safe Place) which is well appreciated by Rutland residents with severe mental health conditions and is now attracting people from Leicestershire. The group members recently made the following comments which provide a useful insight into the service user perspective of such groups.

'If we didn't have Peppers there would be nothing. We can call someone to talk, but you need face-to-face, it's not the same. There's no body language, no facial expressions and things can be missed.'

'Small support groups can help. We all have different experiences but can help each other as we understand how it feels. When you've been in a dark place you understand and you can share your experiences with other people to help them.'

'I think it's very difficult to understand what someone is going through if they have never experienced mental health problems. You don't want big groups.'

In conclusion, the proposals set out many changes, which, based on feedback we have received from public research, we believe will benefit many patients. But we have raised some points which, we hope, will be seen as constructive in helping Leicestershire Partnership Trust in its aim to 'Step up to Great' in the provision of mental health services across Leicester, Leicestershire and Rutland.

Janet Underwood

Dr Janet Underwood PhD

Chair, Healthwatch Rutland