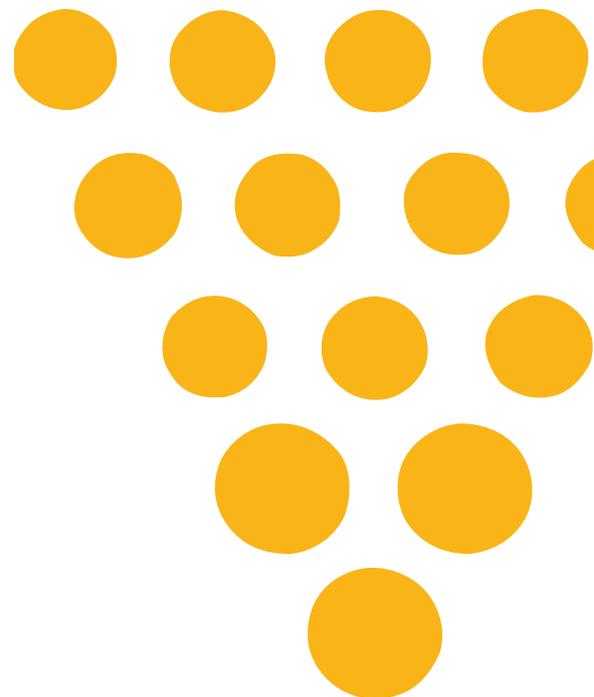




Mental Health Social Support Engagement Report

April 2020, v 1.0

Adult Social Care
Adult Transformation and Commissioning



Mental Health Social Support Engagement Report

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Introduction

The Cornwall and Isles of Scilly Adult Mental Health Strategy 2019-2024 is clear that we want everyone in Cornwall and the Isles of Scilly to enjoy the best possible mental health and wellbeing throughout the course of their life.

Social support services in Cornwall help people to improve their mental health and wellbeing. This is not about medication or specialist NHS services or therapies.

The current provision of mental health social support is provided by voluntary and community organisations and can help people to:

- Manage their mental health and wellbeing,
- Develop the skills needed to live independently,
- Access employment, education and training,
- Link to activities in your local community,
- Prevent crisis and support people in crisis.



This report presents results of **the mental health social support engagement activities** carried out from November 2019 until February 2020. The purpose of the engagement was to seek people's views on the current mental health social support services and to explore recommendations for future improvements.

The report captures summaries of the survey responses and workshops' comments under specific themes. We did our best to ensure that the variation in comments about a particular theme was fairly represented and all points made were mentioned. We also included some of the respondents' quotes. Therefore the views expressed are those of the participants and do not necessarily reflect the views of the Council or NHS.

The feedback gathered will be used to inform the future model for the mental health social support provision planned to start in 2021.

For more information about the project please visit our website:

www.cornwall.gov.uk/health-and-social-care/mental-health/mental-health-and-wellbeing-consultation/

Feedback summary

“Saying to a service that you are suicidal it’s like shouting ‘bomb’ at the airport”. Workshop attendant, January 2020

“We need drop in centres to break the stigma and help people to understand it’s ok to talk #It’s OK Not to be OK”
Survey respondent, February 2020

“Although it took a long time for the service to be offered...once it was offered it couldn't have been better. The psychologist was human and empathic.” Survey respondent, February 2020

“Crisis is bad in my experience. Social support assumes you are incapable of anything and is all during the day. I manage to hold down a part time job, am articulate and well presented most of the time. I hide my poor mental health well. I would like groups that don’t assume you are the stereotypical unemployed ‘nutcase’.” Survey respondent, February 2020

How did we engage and who with?

We engaged with almost 500 people of all ages (18+) from all geographical areas of Cornwall including people who use the services, providers, social workers, health and care workers and other stakeholders.



460 people responded to our survey. This included an online survey and paper copies distributed via email networks and at events.

We also engaged with nearly 40 people via three co-production workshops in January 2020: at Rethink in Wadebridge, Pensilva Community Centre and Mental Health Recovery College. These sessions were facilitated by The Chaos Group.

Our engagement activities were widely promoted amongst all our partners and stakeholders including NHS Kernow, Cornwall Partnership Foundation Trust, Housing, Public Health, Community Safety and voluntary sector via social media, newsletters, emails and leaflets in libraries, One Stop Shops and GPs.

Key points-what did people tell us?

- Over **44% people** who responded to the survey **accessed mental health and wellbeing services, 22% struggled with mental health and wellbeing but didn't access any support** and almost **31% were paid workers that supported people with poor mental health.**
- People agreed that **support needs to person centred, easily accessible and flexible** in how long it lasts. Provision should offer a wide range of services to choose from as “one size doesn't fit all”.
- Vast majority of survey respondents thought that mental health and wellbeing **services should support people with** coping with **anxiety/depression** and **other mental health conditions**, and with **managing emotional wellbeing.**
- **A holistic approach to mental health and wellbeing support is needed.** Poor mental health could become a result of stress and anxiety caused by other factors. It was emphasised that support with physical health, substance misuse, housing, benefits and debt advice can have a significant impact on people's mental health and need to be included in the service offer.
- Our survey respondents identified two **main barriers to access mental health and wellbeing support: provision available does not meet the needs and not knowing where to access support.** It was suggested to **establish a single point of access team that would triage referrals** and ensure people can receive the right support, at the right time and in the right setting.
- **Maintenance is prevention** – people were clear that **mental health is a lifelong condition.** There is no 'cure', but people can learn to survive and

maintain their day to day living and reduce the impact their mental health has on their daily lives and those around them. **Services should be long term, but interventions could be shorter, providing people can access help when they are in need.**

- Many people highlighted that there should be **more focus on preventing of poor mental health and wellbeing from the earliest age.** Training regarding emotional intelligence, life skills, healthy lifestyles, social media and developing community spirit should be included in the school and employee programmes.
- Respondents thought that drop-in sessions in local areas and **face to face training on self-coping techniques would be most helpful to prevent a mental health crisis.** It was suggested to up skill communities with information on available third sector funding and bid writing to create more safe places and peer run groups.
- Workshop participants who access **respite service** highlighted that the service **“keeps them alive” and prevent from going into crisis.**
- Most people agreed that **support available on the phone including out of hours and somewhere safe to stay with support on site would be the best way to help people during a mental health crisis.**
- People also felt that stigma around mental health, fear of being judged and pride stop them from asking for help. It was suggested that there should be **more mental health awareness.**
- **People with autism and Asperger’s** who participated in our engagement activities **urged for more support to find the right employment.**
- People recognised budget pressures and emphasised that **creative solutions like sharing buildings, transport and also training** could be an efficient way to deliver support.
- Our engagement participants were **positive towards alternative therapies such as music, art, sports and nature** and to have them a part of the future support provision.

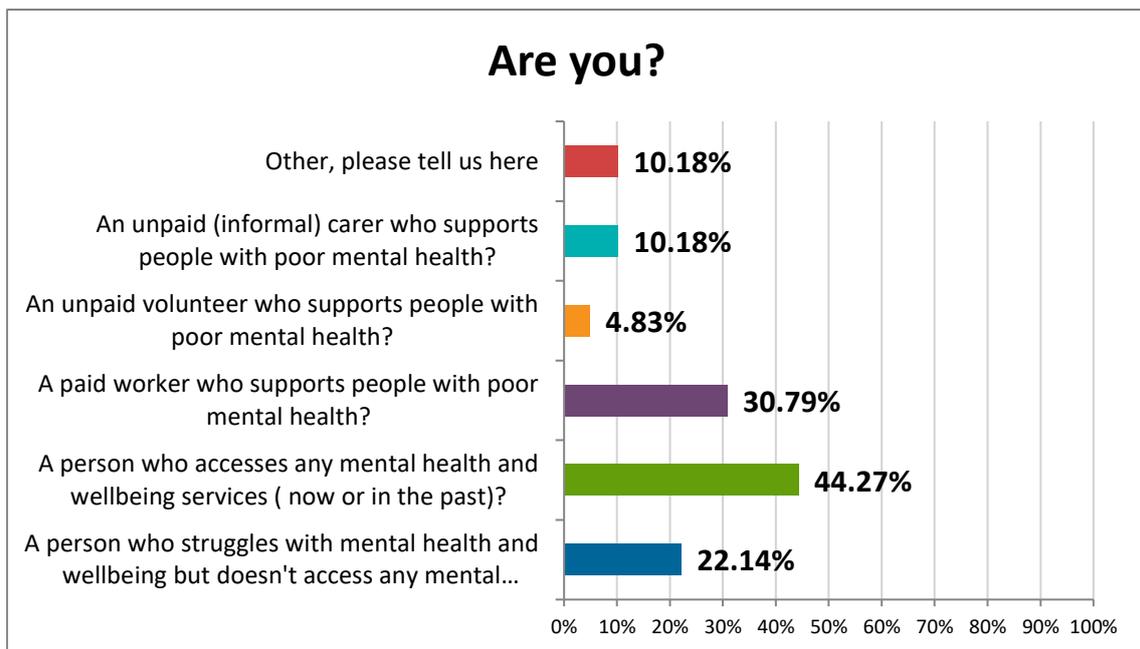
Survey and workshops analysis

1. Mental health and wellbeing support

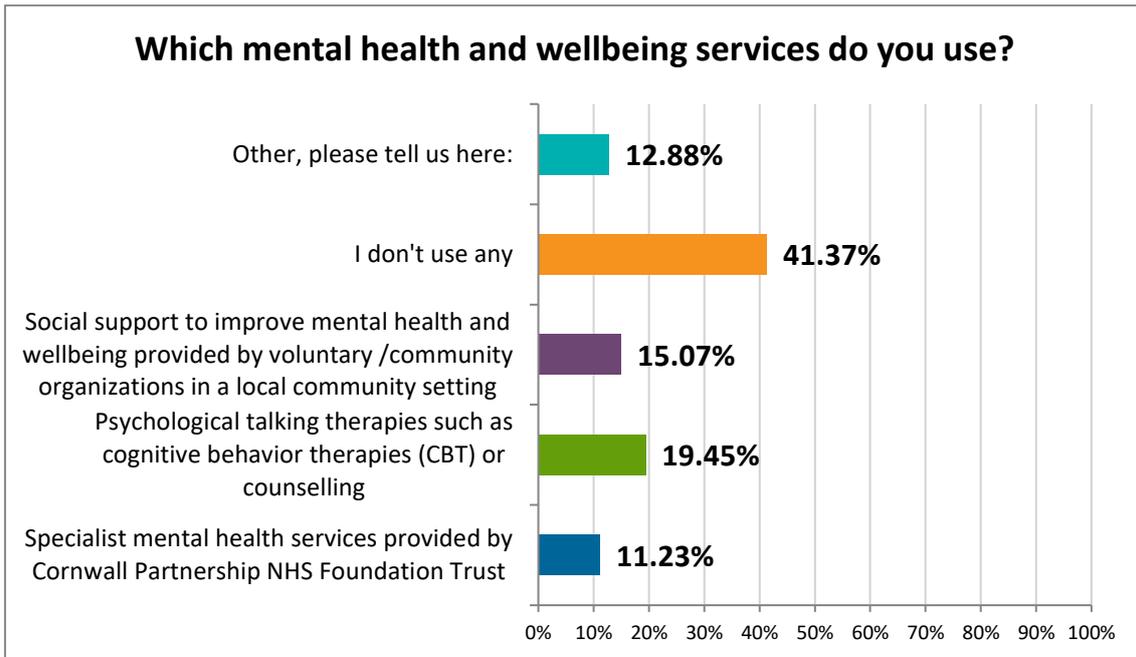
Key information about the survey respondents

Before we present the engagement results in relation to mental health and wellbeing support, it would be significant to note some key information about our respondents:

- Over 44% people who responded to the survey accessed mental health and wellbeing services, 22% struggled with mental health and wellbeing but didn't access any support and almost 31% were paid workers that supported people with poor mental health, as shown by the chart below.
- Many people who responded to our survey were family members and friends of people with poor mental health.
- Most of our co-production workshops participants were people who used mental health and wellbeing services.

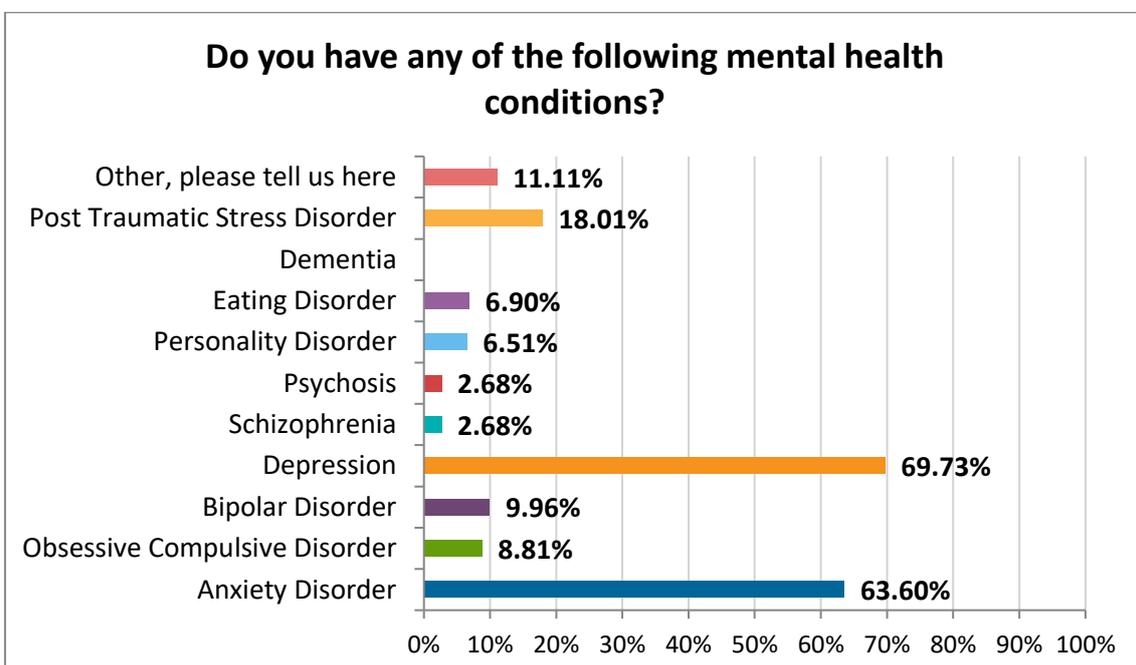


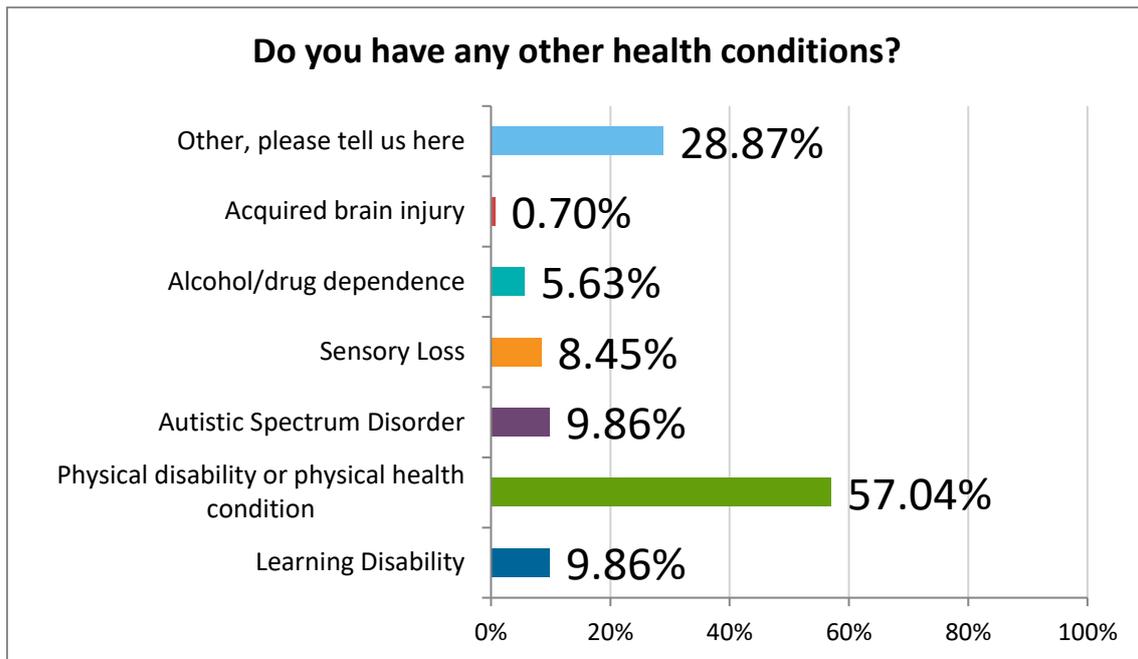
Almost 20% survey respondents accessed talking therapies such as cognitive behaviour therapies (CBT) or counselling, 15% accessed social support in a local community and just over 11% received support from specialist mental health services through Cornwall Partnership NHS Foundation Trust. Please see more information in the chart below.



Many people accessed more than one service, including Community Mental Health Teams, voluntary services and GP. There were a few people who paid for private counselling after being discharged from the above services and a few who accessed a counselling service at work.

Almost 70% survey respondents with mental health conditions had depression and almost 64% had anxiety disorder. In terms of other health conditions, 57% people had a physical disability or physical health condition. Please see the charts below for more detail.





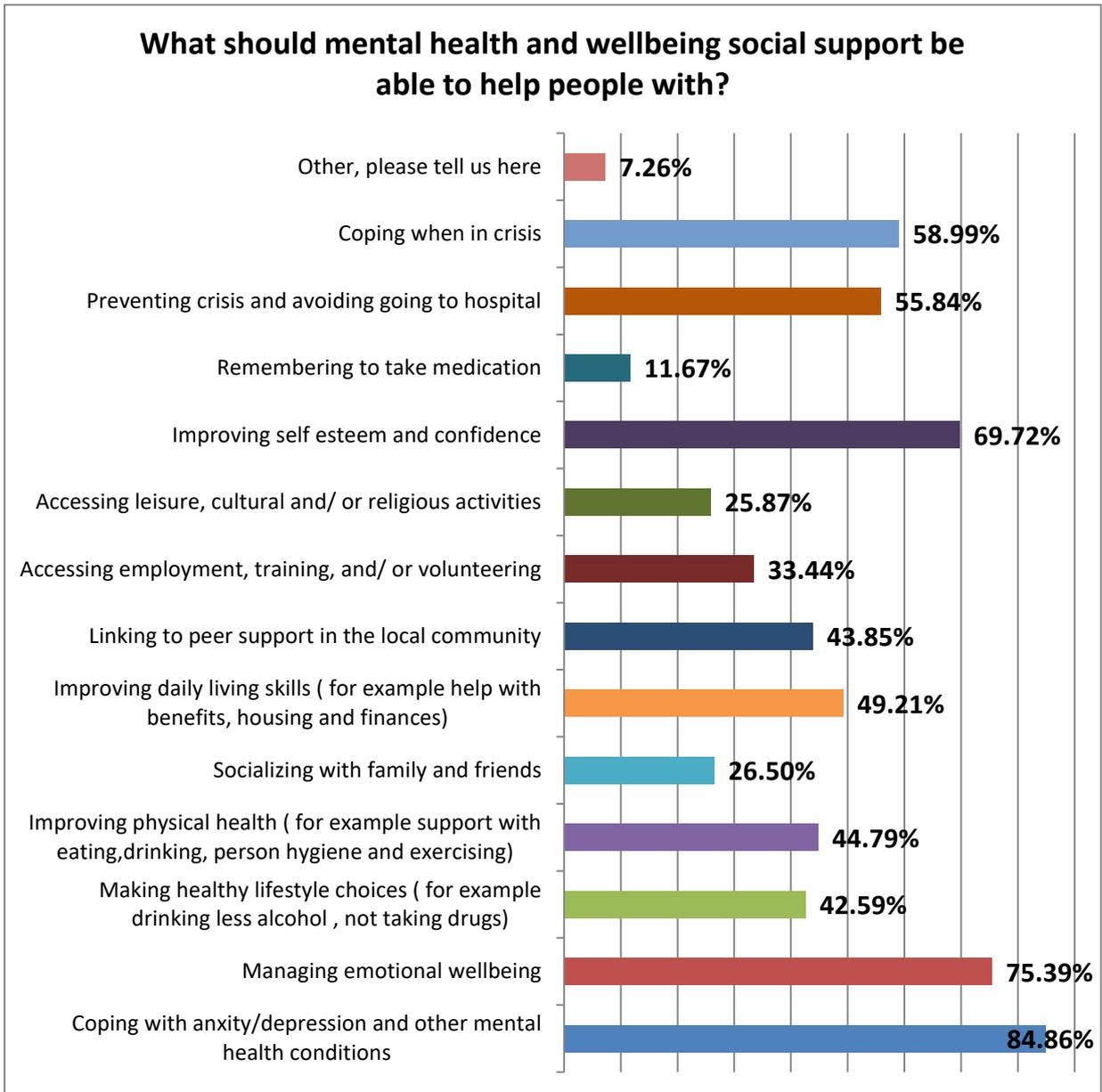
“Other” responses included conditions such as hoarding, ADHD, paranoia, Pre-Menstrual Dysphoric Disorder, PTSD, fibromyalgia, Asperger’s syndrome, Chronic Fatigue Syndrome, epilepsy, spinal injuries, diabetes, cancer, ME, postnatal depression and more.

The above results indicate that the answers provided in the survey and the discussions that took place at the workshops were based on people’s personal experience of poor mental health, experience of accessing support services and providing support.

What mental health and wellbeing support is needed most?

As illustrated by the chart below, almost 85% survey respondents thought that mental health and wellbeing services should support people with coping with anxiety/depression and other mental health conditions, and for over 75% help with managing emotional wellbeing should be offered.

Other responses were also frequently chosen:



The analysis of the comments revealed that:

- People with autism and Asperger’s syndrome who responded to the engagement urged for more support to find the right employment. There are highly skilled individuals to a degree level who still find it extremely difficult to pursue a career.

“Ever since my son finished full-time education I have tried and tried to find an organisation that will help him find employment and support him for a period of time while he settled in. Despite having a national diploma and degree from university and other qualifications he has never been able to find suitable employment. This leads to him becoming depressed and droughting his self-worth.” Workshop participant, January 2020

- Many respondents would like to receive support with family difficulties, domestic abuse and marriage counselling and with their caring role for people with poor mental health.
- There were some strong views about the importance of linking people to peer support in their local community and addressing loneliness and social isolation* which may be even harder for people who suffer from poor mental health.

“(…) linking people into their local community to build a support network and giving them the emotional tools they need…” Survey respondent, February 2020

“I have seen many people who are experiencing anxiety or depression which contributes to their overall feelings of loneliness and isolation. I have found that transport is a big problem and there are many friendship groups and activities for the older over 65 age group in Cornwall but there is little for those people who may have been recently bereaved, divorced or separated, so from the age of 30 plus to 65 age group. I would like to see more integration between ages and class and for communities to be more aware how loneliness can impact on a persons’ health.” Survey respondent, February 2020



*This feedback was received during the Prevention and Carers engagement projects. Cornwall Link provides information on what is available in local areas. Inclusion Matters partnership can help people who are lonely and socially isolated-more information on www.cornwall.gov.uk/preventionservices.

There is also a funding available via Crowdfund Cornwall for community projects that help people with social inclusion. Please visit <https://www.crowdfunder.co.uk/programmes/crowdfund-cornwall> to find out more.

The right support, at the right time and in the right setting

- All engagement participants agreed that support needs to be person centred, easily accessible and flexible in how long it lasts. The provision should offer a wide range of options to choose from including community drop in, recovery college, accommodation-based respite and supported accommodation as “one size doesn’t fit all” and “cognitive behavioural therapy and mindfulness don’t work for everyone”. Services should expand current or introduce new treatments.
- Services including peer support groups should be available in different times of a day and week so people can fit them in around work.
- Having a consistent case worker rather than different people would allow individuals to build a trusting relationship without “retelling their stories” which for some people stops them progressing with getting better as they find the change adds to their illness.

“We need to be treated as individuals, not tick boxes or labels. And above all we need to be heard, to be really listened to. My first assessment by XXX was a shambles - when I got my copy of the report it was like reading someone else’s life, there were so many errors in it beggars belief. Just because I have long-standing mental health problems does not mean that I am thick or uneducated.” Survey respondent, February 2020

More focus on prevention

- Many people highlighted that there should be more focus on preventing poor mental health and wellbeing from the earliest age. Training in emotional intelligence, life skills with professional coaches, healthy lifestyles,

social media and reducing social media use should be treated as important as English and Maths. Schools ought to include activities and therapies like yoga, mindfulness as well as preparing to live in a community by developing community spirit through volunteering and other activities.

- It was emphasised that training in mental health** and awareness of poor mental health should be available for employees in public, private and voluntary sector and ought to be included in staff induction programme. People strongly felt it was important for employers to be supportive and to understand mental health. Also, further work with employers should be carried out to recognise the impact of putting employees under strain.



**Healthy Cornwall offer mental health training in many locations across Cornwall. Go to www.healthycornwall.org.uk to see what is available in your area, or contact Healthy Cornwall to develop something to support your specific needs.

- It was noted that flexible working pattern for employees has a positive impact on their mental health and wellbeing and would ensure they can spend more time with their families or doing hobbies.
- Respondents suggested upskilling and creating safe accepting places at work and in the community to increase mental health awareness and reduce isolation. An idea was given to utilise locally available courses to promote and raise awareness of their mental health for business support.
- Workshops attendees felt that there was no forum for them to raise their opinions and share their experience to ensure future improvements.

Maintenance is Prevention

- People with poor mental health who engaged with us were clear that it is important that they are offered maintenance support that is paramount to preventing people entering crisis services and hospital admissions which would result in much higher costs.
- Mental health is a lifelong condition, they are not looking for a 'fix' or 'cure' but a way of life that they can effectively manage by themselves within their own communities. Services should be long term, but interventions could be shorter, providing people can access help when they are in need. Crisis support works short term to prevent death, maintenance prevents individuals from getting into crisis.

“The best service and support I have received accepts my illness. They do not try to fix or cure, unless at crisis point. It has been more of a partnership approach, respectful on both sides, knowing that the responsibility to manage my condition ultimately sits with me. The relationships and support that works best are with people that know you and have seen your 'cycles' of illness over time. Short term support is very useful and effective when you first develop mental health conditions. but when you have to explain the same thing over and over, it feel like you are having to justify your symptoms to different people. I know that this is a system and this is how delivery has to be, but in my view it is not effective.” Survey respondent, February 2020

Holistic support

A need of a holistic approach to mental health and wellbeing support was emphasised. Therapies may become ineffective as the route course might not be poor mental health:

- It was highlighted to treat physical and mental health conditions as interlinked. People reported that currently professionals often work in silos and do not communicate well between themselves and patients. Progressive physical health deterioration significantly impacts on individuals' mental health. Support here can be very reactive and not preventative.
- People felt strongly about financial difficulties that can impact on mental health particularly debt and benefit advice. They were frustrated that Department of Work and Pensions does not consider mental health and this can be a cause of worry and stress. It also prevents treatments form being effective. People's conditions are not recognised or considered, and they are left in poverty with the increased anxiety of homelessness. As a result, people have lost families and friends which then causes isolation and again heightening their mental health conditions.
- It is important that people with poor mental health and needs related to alcohol and drug can access support and are not being rejected.

Respite service

- People who attended the workshops, particularly those who have used Oakleigh House service strongly felt that periods of respite when they can stay in a safe place with support onsite keep them alive and help them maintain stability and cope with their everyday lives. Respite service also has

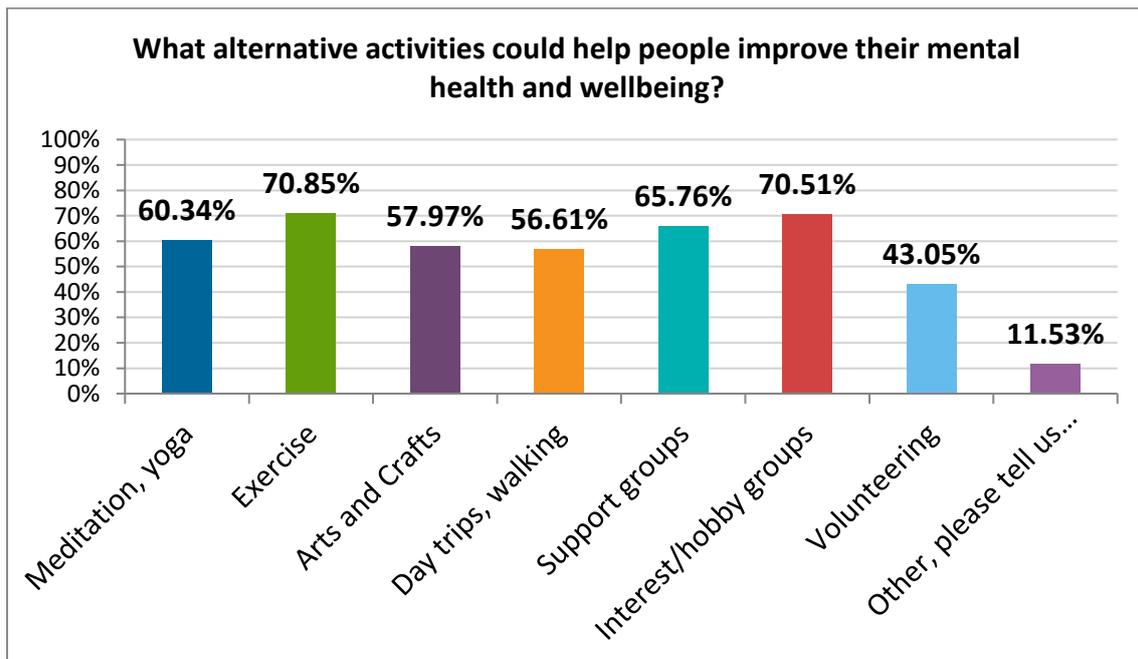
a ripple effect on families and friends who feel relieved knowing that their loved ones are safe.

- People also fed back that respite service ensures more time is spent with a person which provides staff with a lot of valuable knowledge and insight into people’s vulnerable lives.

“Respite provides a huge amount of contact – much more than the 1 hour counselling slot – you can ‘put on your mask for 60 minutes – that is a lot harder to do for 7 days’ this provides staff with a lot of valuable knowledge and insight into people’s vulnerable lives. “ Workshop attendee, January 2020

Creative therapies

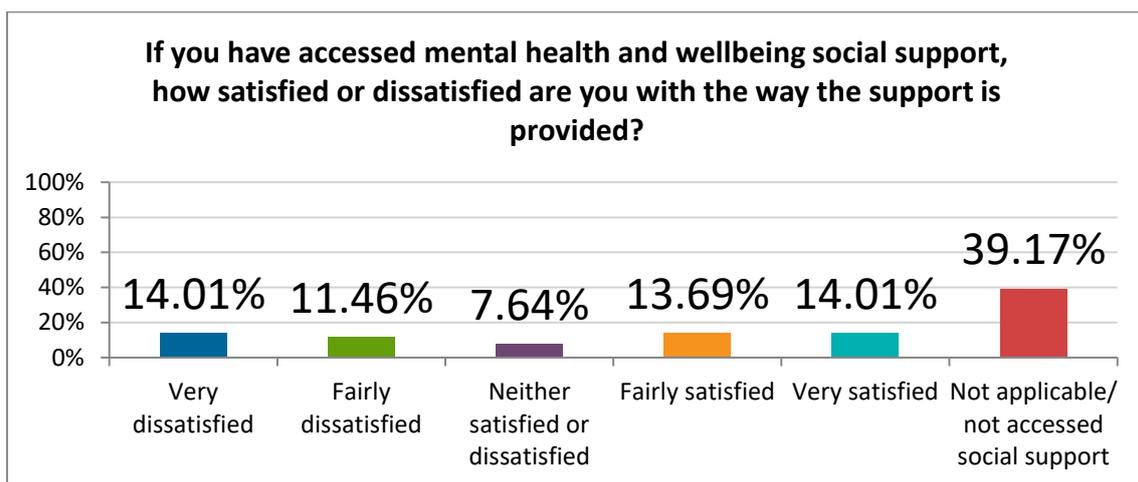
People who responded to the survey, as per the chart below, and who attended the workshops were positive towards alternative therapies and having them as part of the future support provision. They felt that by participating in cultural activities and reconnecting with nature can use a different part of the brain which brings a reflective and intuitive representation of our wellbeing and not a conscious ‘relived’ experience. Many already attend art, sport and other peer support groups.



How satisfied are you with mental health support?

Almost 28% survey respondents were satisfied with their mental health and wellbeing social support and over 25% were dissatisfied, as shown in the chart below (please note 39% didn't access mental health social support services).

Many workshop attendees praised current mental health social support services for their compassionate and inclusive approach as well as delivering the support they needed.



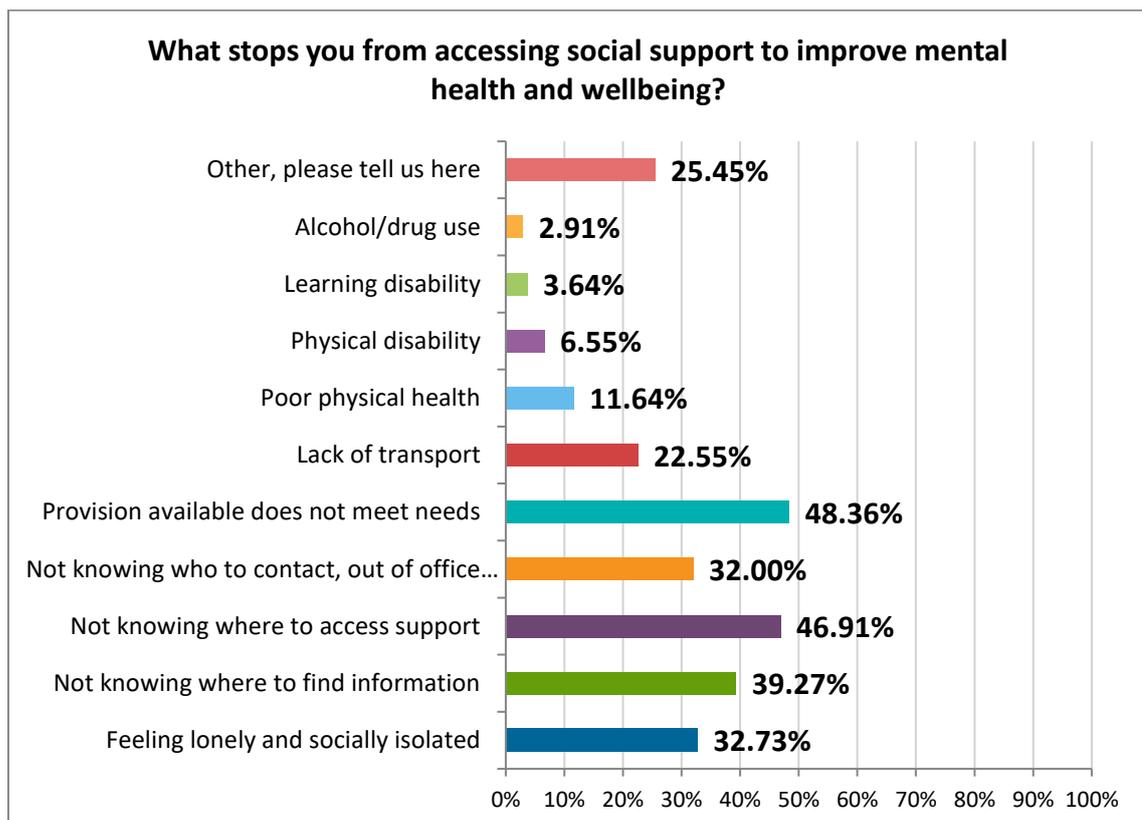
“The staff are amazing!!!” Survey respondent, February 2020

“Was given excellent and consistent support from a local charity which enabled me to manage my mental health and to get re-engaged with the community/employment” Survey respondent, February

“I felt very lucky to have received the support I got. They were kind and compassionate and treated me like a person. I didn't feel like there was any judgement from them.” Survey respondent, February

What are the gaps in the current mental health and wellbeing provision?

- Two main barriers to access mental health and wellbeing support identified by our survey respondents were: provision available does not meet the needs (for over 48% people) and not knowing where to access support (for 47% respondents). The chart below provides more detail:



- Many people told us that they often don't know where to access support. They are either being rejected, passed from one service to another, or prescribed medication. More challenges were noted such as long waiting lists, lack of clarity around eligibility criteria and being offered therapies that they felt didn't work.

“Specialist mental health support is really difficult to access in Cornwall unless you have severe and enduring mental health problems. My depression was diagnosed as "moderate to severe" but this was not enough for me to have access to specialist services.” Survey respondent, February 2020

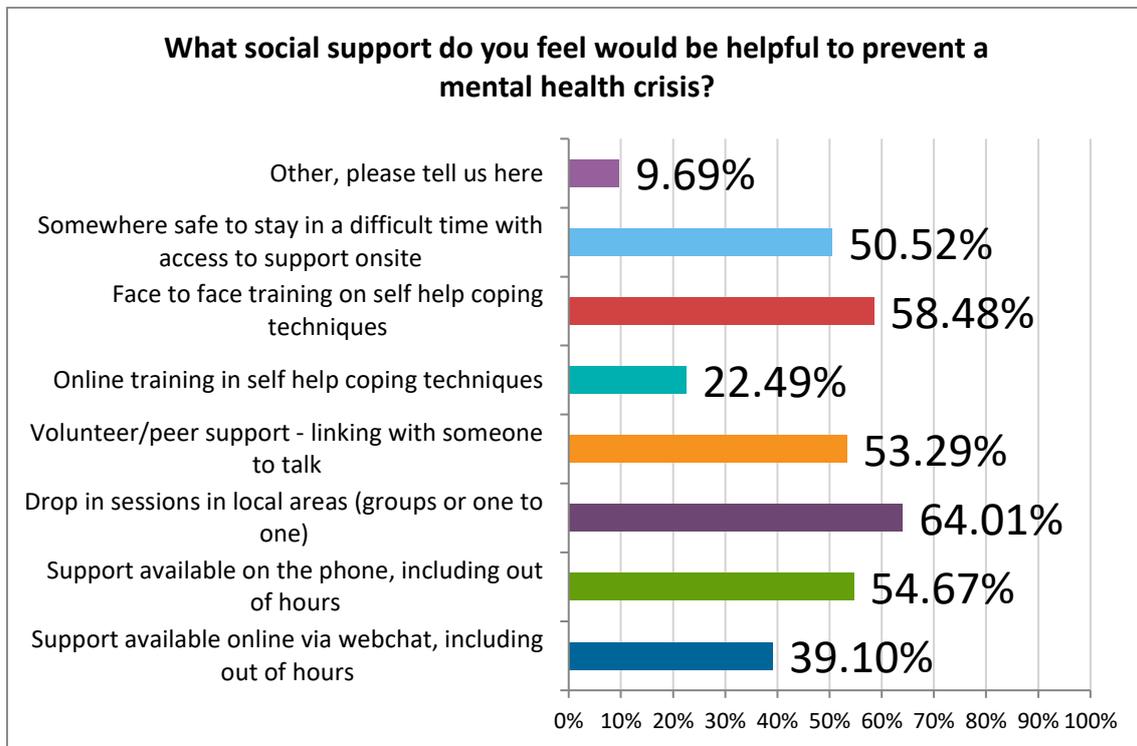
“Just been put on lots of different drugs and given six sessions to iron out my life, never really works does it. I've had trauma after trauma in my life never had any specific treatment for my diagnosis (...), so I struggle with my own life and bring up a disabled son by myself (...) where's my help? Dying from the inside, isolated and ignored.” Survey respondent, February 2020

- Many people felt frustrated that through their experience mental health support was not person centred and didn't last long enough due to organisations' budget constraints, therefore it wasn't as effective as it could have been. A number of respondents noted that they cannot afford private counselling or other support.
- A few respondents reported mainstream mental health services being not reliable “I am never sure when my next appointment will be, or even if on the day it will be changed” and assessments not carried out ‘properly’.
- People also felt that stigma around mental health, fear of being judged and pride stop them from asking for help. It was suggested that there should be more mental health awareness.
- It was reported that caring responsibilities and lack of flexibility in timings only at working hours make accessing support more difficult.
- Engagement participants who have autism or Asperger's syndrome and their relatives felt frustrated by lack of the appropriate support which results in their poor mental health and wellbeing.
- Respondents fed back that chaotic lifestyle can often be a barrier too. People who cannot keep up with appointments can easily give up.
- It was noted that current support services in Cornwall are not educated and trained to support transsexual people.

What support would prevent a mental health crisis?

- Many respondents experienced rejection by support services if they mentioned suicide or bi-polar in particular, this left vulnerable people alone and unsupported.

- Survey respondents thought that drop-in sessions in local areas and face to face training on self-coping techniques would be most helpful to prevent a mental health crisis, although other responses were also popular, as evidenced by the chart below.
- Workshop participants who access respite service highlighted that the service “keeps them alive” and prevent from going into crisis.



“Two years ago I received CBT. This was great, at the time I self-referred and was seen within 8 weeks (...). I have had bouts of illness since, but as I am now aware of the wait time being higher, I try my best not to allow myself to fall into the depression trap again. I have the tools I need from CBT to keep myself well but I do worry that I may slip off the edge and I know I’d probably commit suicide in the wait time as it stands.” Survey respondent, February 2020

 **Solutions**

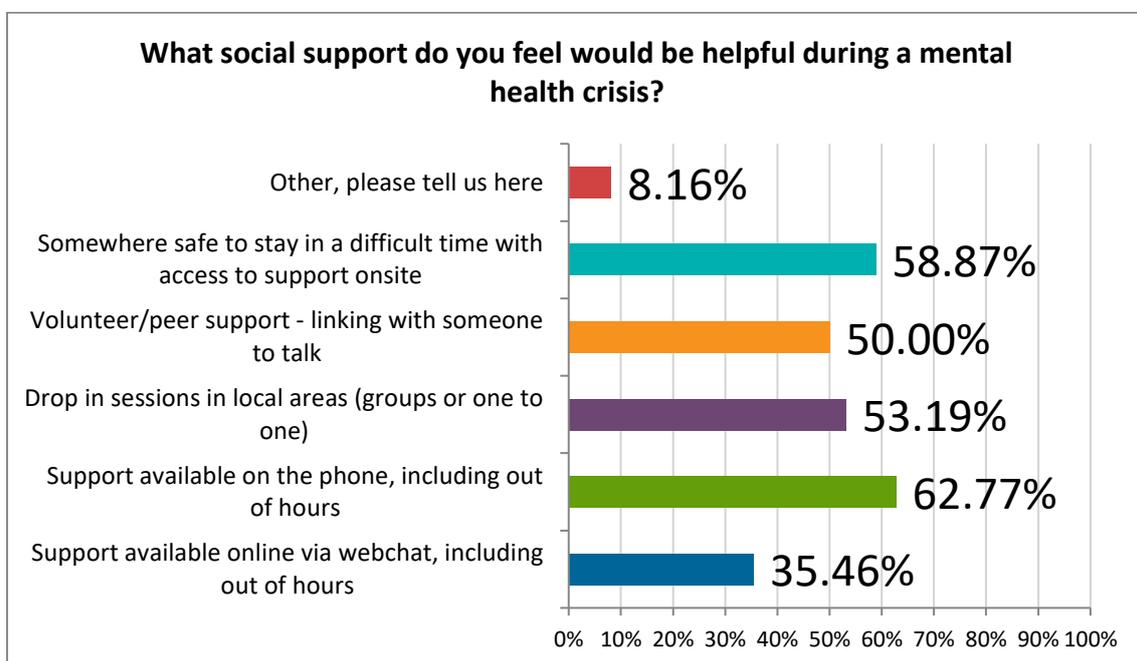
- Funding to community based long-term support/safe places/activities prevents high cost crisis support. It was suggested to up skill communities

with information on available third sector funding and bid writing to create more safe places (for example chatty café) and peer run groups.

- Learning self-coping strategies can help people maintain their mental health and wellbeing.
- It was suggested to develop scoring sheets for people to quickly identify if they need support with their mental health and wellbeing. Sometimes people don't realise they are getting unwell until they are at a crisis point.

What support would be helpful during a mental health crisis?

Most people who responded to the survey (please see the chart below) and who attended the workshops agreed that support available on the phone including out of hours and somewhere safe to stay with support onsite would be the best way to help people during a mental health crisis.



There were some negative comments about the current helpline service. People felt the service doesn't respond quickly enough if someone is in crisis and hasn't got access to people's details in relation to their conditions which is an issue particularly in a crisis situation when people don't want or are unable to "retell their story".

“No current suitable out of hours support. I don't bother to ring the helpline. They are hopeless. Don't know me. Don't know my current crisis. Don't know who I'm seeing.”

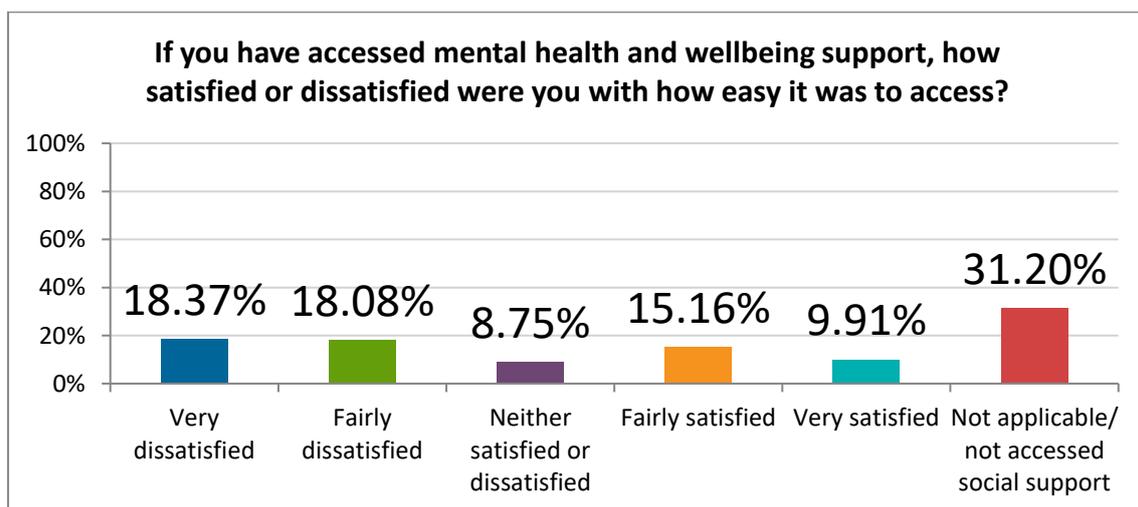
Survey respondent, February 2020

“I am currently receiving help at the Isles of Scilly health centre which is a good service. In the past, having tried to commit suicide , I was discharged from Treliske hospital at 10pm in a hospital gown as they could not find my clothes and no one ensured I was being collected . This is not acceptable.”

Survey respondent, February 2020

How easy is it to access mental health support?

- Over 36% survey respondents were dissatisfied with how easy it was for them to access mental health and wellbeing support and 25% were satisfied, as illustrated by the chart below.



- Some people fed back that they were able to access support quickly but sadly many people felt frustrated with long waiting lists, waiting for responses for months and even years, sometimes to find out they didn't meet the criteria.

“Waiting time and having to self-refer at a time when all I wanted to do was end my life.” Survey respondent, February 2020

- It was also reported that it is difficult to access secondary mental health services and other mental health services after being discharged from the secondary service. People fed back that support is not consistent across the county and a travel distance makes it impossible for some individuals to access the right support.
- Some therapies are not available through NHS.



Solutions

Single point of contact

It was suggested that a single point of contact could signpost to the most appropriate provision. A triage service that has access to information of all commissioned, non-commissioned, mainstream social care, health and third sector support across Cornwall would be of a significant benefit. The team could have a direct line for the public, service users, providers and professionals and offer wrap around support, information, advice and guidance. It also needs to be widely promoted and publicised.

Asset Sharing

- People recognised budget pressures and emphasised that it is important our county is creative and resourceful. The workshop groups were positive around sharing buildings, transport and also training as a way of reducing costs and creating opportunities.
- Connect 5 training is looking to network trainees who could then train other staff. Training opportunities could come with an organisation to 'pledge' a number of hot desking hours in community places for the trained staff, increasing community support. Providers could circulate a matrix of trained professionals that could offer support and information and guidance.

Interlinking services

- According to the feedback, it is paramount to have a map and knowledge of all support services***, to ensure people are able to access support and funding depending on their individual needs. Mapping of all that is offered by area and type of support would offer wrap around support.

“Information, information, information. It's also important that people are supported and encouraged to venture out to try what is on offer, maybe with their practitioner/friend/carer.” Survey respondent, February 2020

- GPs are often first point of contact and they do not have enough local knowledge. People provided instances when good communication was shown and services worked together to support a person, there were really positive results. This communication and joined up working needs to become the norm.



you said, we did

***This feedback was received during the Prevention and Carers consultation. Cornwall Link provides information what on what is available in local areas and needs to be widely promoted. There are also Community Makers and Social Prescribers in local areas that closely work with GPs and other practitioners.

What is the most preferable way to access mental health and wellbeing services?

People agreed that a variety of options needs to be available depending on people's needs and preferences.

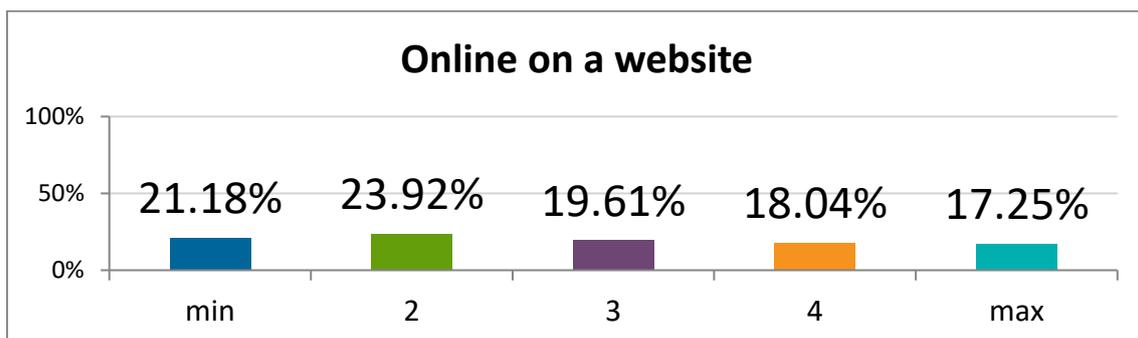
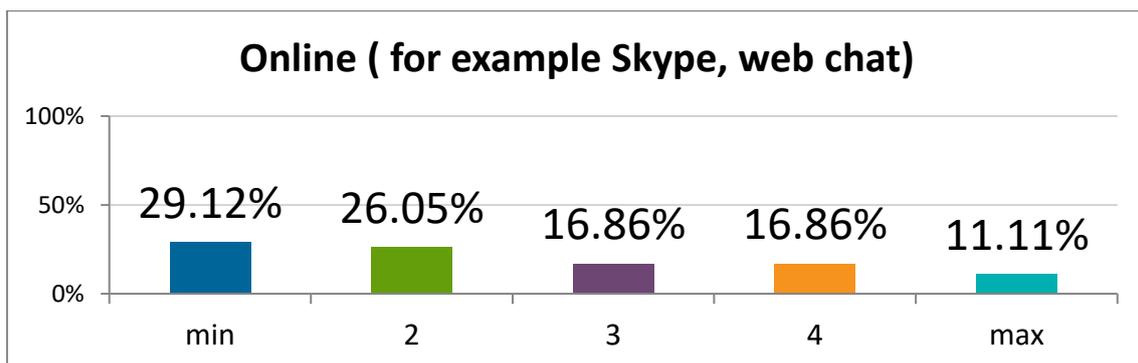
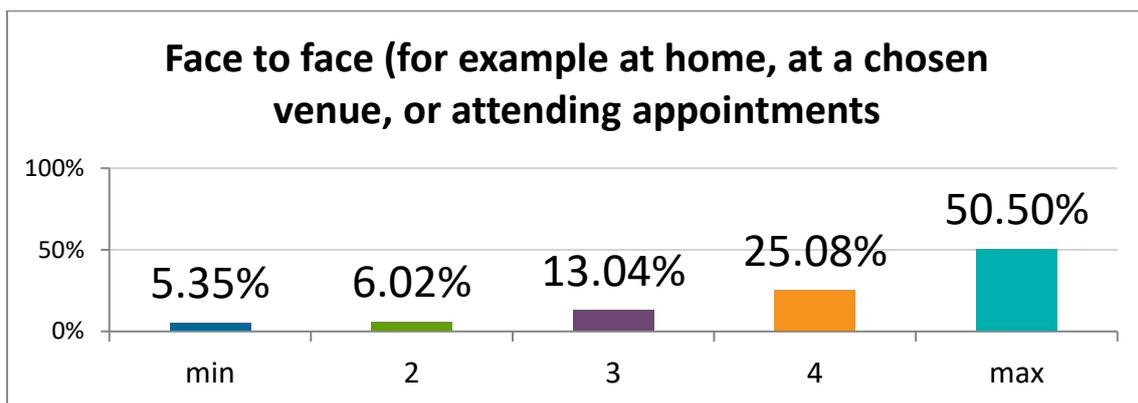
“I was offered a group session, for a person with anxiety and low self-esteem/confidence, attending a group is very difficult.” Survey respondent, February 2020

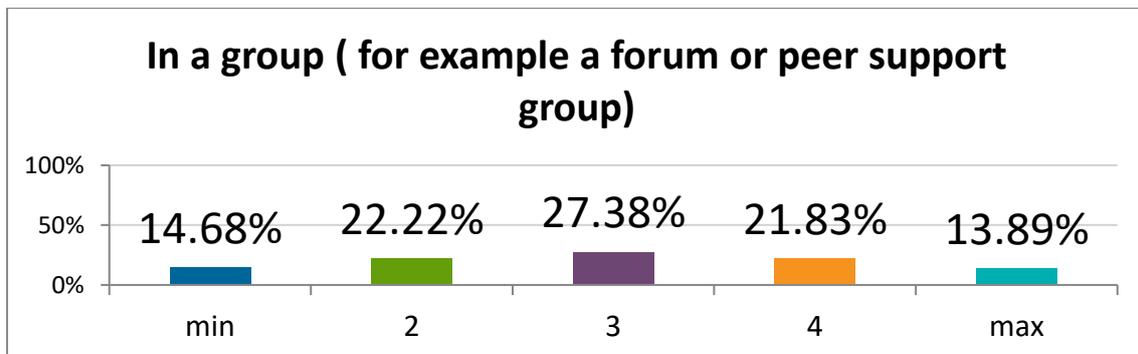
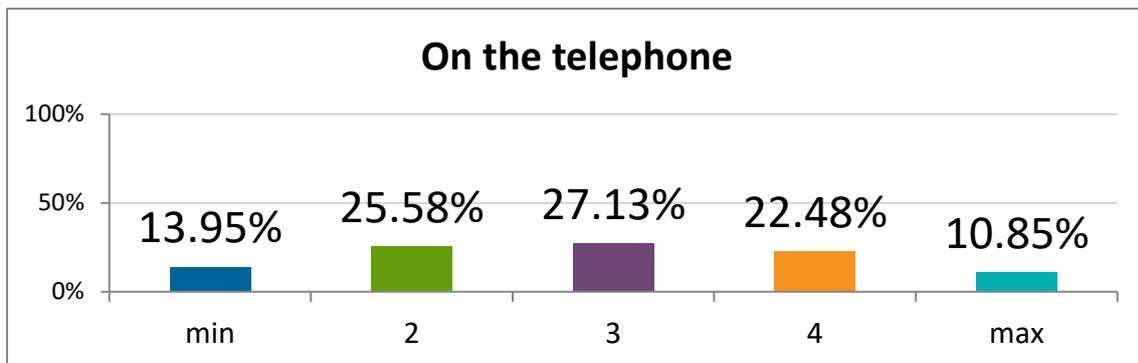
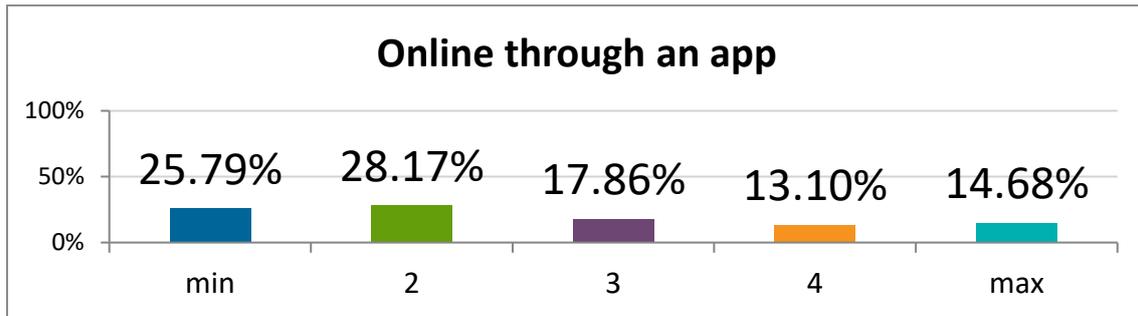
Survey respondents were asked to choose a communication channel which they are most likely to use when accessing services, with 5 being the best option and 1 being the worst option.

For survey respondents face to face was the most favourite option. Less people were keen on accessing the services online, although an app and a website options received more even scores. Please see more details in the charts below.

It was emphasised that information about the services need to be available in doctor surgeries, social hubs, libraries and other community venues.****

****Printed “services directories” could become out of date very quickly therefore services would need to make sure they are registered on the main Cornwall Link website and have their own communications strategy with consideration of various communication channels to target their audience.

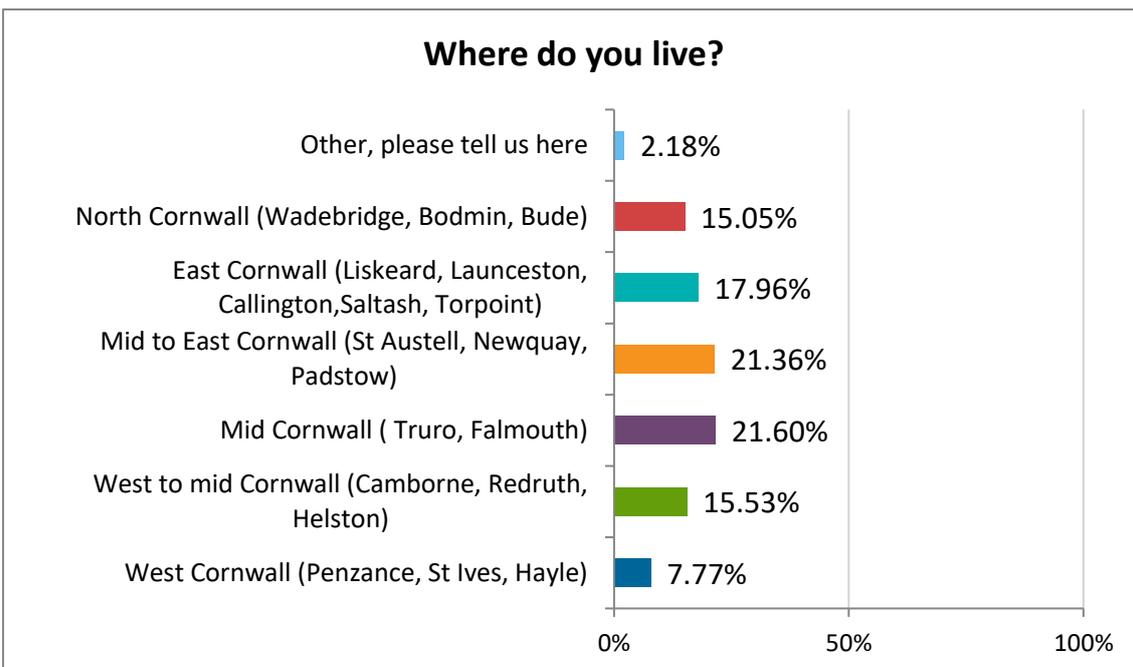
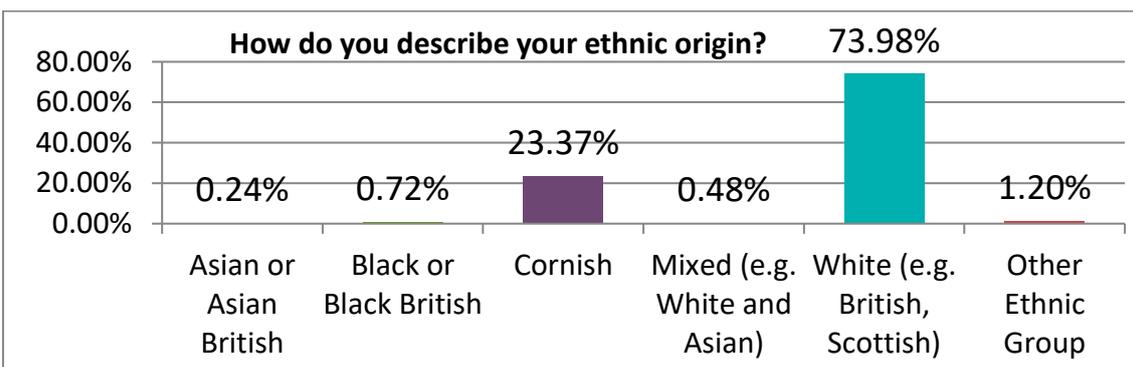
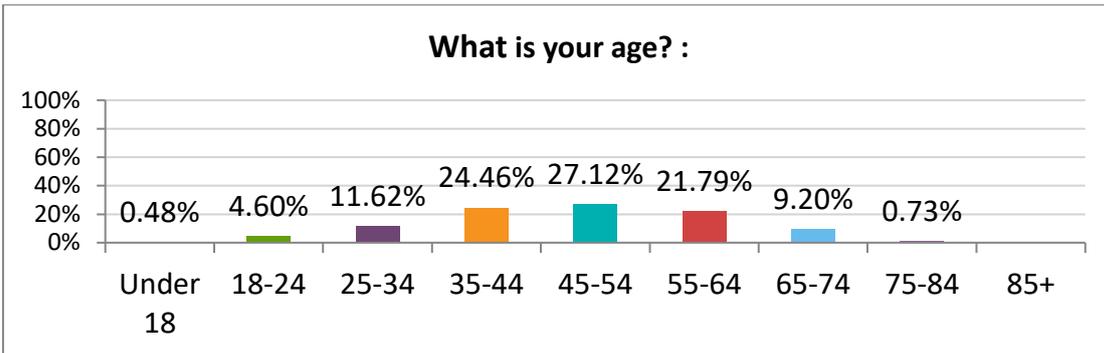




2. Further information on survey respondents

- Most of survey respondents were between 35 and 64 years old.
- 79% of people were female and 21% were male.
- Almost 80% respondents didn't class themselves disabled whereas 21% considered themselves disabled.
- 74% of the survey respondents classed themselves as White and over 23% considered themselves as Cornish, as detailed in the chart below.
- Most respondents lived in Mid to East and Mid areas of Cornwall, although most of the areas were evenly spread.

Please see the charts below for more details:



Prepared by:

Ania Nicholls

Adult Social Care

Adult Transformation and Commissioning

Cornwall Council

April 2020

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