Healthwatch Bristol heard from children, young people and adults during April – June 2015 about their understanding of the term ‘wellbeing’, what services they access to improve their wellbeing, their attitude towards mental health and experiences of mental health stigma. At the Open Meeting Healthwatch shared what you have told us and invited services providers and commissioners to share with you what they are doing to improve mental health services in Bristol.
HEALTHWATCH BRISTOL OPEN MEETING 24 JUNE 2015
QUARTER 1 TOPIC: MENTAL HEALTH AND WELLBEING

Healthwatch Bristol select a topic to theme each quarter’s work around. The topic is selected based on the feedback received from members of the public and with reference to re-commissioning of services during that quarter. From April to June 2015 Healthwatch chose the theme of mental health and wellbeing. Healthwatch have been asking people across Bristol:

- What they understand by the term ‘wellbeing’ and how they maintain their wellbeing
- What services they access or would like to access to improve their wellbeing (including community groups and social prescribing)
- Their attitude towards mental health illnesses
- Their experience of mental health stigma
- Their experiences of mental health services (good and bad)
- Their reasons for not engaging with mental health services

At the end of each quarter Healthwatch Bristol host an open event to share with members of the public, service providers and commissioners what has been heard during the quarter and to encourage discussion between stakeholders.

45 people attended the Healthwatch Bristol open meeting to hear what Healthwatch has heard from the public about mental health and wellbeing.

“LIFT IS A GREAT SERVICE, BUT DOES NOT SUIT EVERYONE”

Feedback shared by event attendee.
Your feedback on mental health services shared with Healthwatch Bristol during the quarter:

Key Themes: the Open Advisory Group is the opportunity for Healthwatch to feedback what has been heard. Three trends have emerged through the quarterly topic focus:

- Gaps between primary and secondary care services, both for people trying to get their GP to refer them to mental health services and from people who have been in mental health services and have been discharged to the care of their GP.
- Bed spaces in mental health units and difficulties discharging people from acute care settings services or care in the community.
- Early intervention: people have praised social prescribing models and asked for more support in the community to engage in activities that support them with their wellbeing. This echoes the feedback given to Healthwatch by children and young people. Healthwatch has been working closely with LinkAge Wellbeing Days to learn about what helps older people with their mental health and wellbeing.

Bristol Mental Health: Healthwatch has heard about the confusion some people are experiencing since the re-commissioning of mental health services in Bristol which resulted in the formation of Bristol Mental Health (W: [www.bristolmentalhealth.org](http://www.bristolmentalhealth.org)). Some of these concerns were voiced at an event hosted by The Care Forum on 30 March 2015 and Healthwatch asked the Bristol Clinical Commissioning Group (CCG) and Bristol Mental Health to give updates at the Open Advisory Group.

Faith and Mental Health: Healthwatch worked with Bristol Multi Faith Forum and held an event to discuss the relationship between faith and mental health. Participants recognised that stigma around mental health is a society wide issue, but in certain faith groups or community groups there is greater stigma around seeking help for mental illness than other faiths. Participants at the event asked that faith leaders and people in faith groups work together to start more conversations about mental health. At the event there was a strong feeling that faith groups play an important role in supporting people’s mental health and wellbeing and that this should be recognised and utilised by mental health services. Rethink and Avon and Wiltshire Mental Health Partnership (AWP) have previously produced a list of recommendations to address many of the issues discussed at the Healthwatch and Bristol Multi Faith Forum meeting. Healthwatch are asking commissioners and services to readdress these recommendations.

Male Suicide: Healthwatch has been working closely with WellBeans a social peer network set up by volunteers. Healthwatch have supported WellBeans to host the ‘Words Unspoken’ event to shed light on male suicide and open up discussion about men’s mental health and wellbeing. Suicide rates are higher for men than women and research suggests that this is
because men are less likely than women to talk about their problems. WellBeans founder, Tom Renhard, gave an update about the group at the Open Advisory Group.

**Callington Road Bus:** During the quarter Healthwatch heard about the termination of the AWP bus service to Callington Road acute mental health hospital. Healthwatch contacted AWP and asked for a response to the concerns. AWP promptly replied explaining that when they stopped their staff and patients bus in May 2015 they had been assured by First Bus that the No 36 bus would be continued. At the Open Advisory Group meeting Healthwatch agreed to take the issue to the Health and Wellbeing Board for further discussion, particularly as the concern is being seen as an equality issue when the issue of transport for the mental health service is compared with transport to other NHS Trusts.

**Children and Young People:** Healthwatch Bristol has been working with children and young people to hear their feedback on children and adolescent mental health services (CAMHS). Healthwatch have submitted evidence to the Youth Select Committee and to Healthwatch England who have presented findings to Parliament. Healthwatch are hosting a ‘Celebrating Youth Voice’ event on 23 July for children and young people’s participation groups to share what is being done and plans to work together in the future.

**Our Stories Blog:** As part of this quarter’s topic on mental health Healthwatch have shared people’s stories on the Healthwatch Our Stories blog. W: [www.healthwatchbristol.co.uk/blog](http://www.healthwatchbristol.co.uk/blog) At the Open Advisory Group print out posters of some of the blogs were shared with attendees.
Presentations at the Open Advisory Group:

The participants then heard from speakers from statutory and voluntary and community group who had been invited by Healthwatch Bristol.

**Bristol Independent Mental Health Network (BIMHN) and WellBeans, Tom Renhard**

Tom Renhard is the secretary of BIMHN and also a Healthwatch volunteer and part of the Healthwatch Advisory Group. Tom said that BIMHN is a voice for those who use mental health services. The aim is to improve services. There are regular meetings where members can feed back their experiences. These experiences will be followed up so that things improve. The first year of BIMHN has been focused on setting up the network, for example developing branding and a web site, and preparing for future work. Details of the website will be circulated soon. BIMHN is a membership organisation and Tom encouraged people to join.

E: bimhn@gmail.com

WellBeans is a new volunteer led peer support initiative. The group members state that they envisage a community with an open culture, free from stigma, where people can speak as openly about emotional wellbeing as we can physical health. Healthwatch provided WellBeans with funding to host the ‘Words Unspoken’ during Men’s Health Week to address male suicide and feedback the issues from the event.

E: wellbeansinitiative@gmail.com

Questions for Tom Renhard from the floor and responses:

**Q:** There is a gap between primary and secondary care. There needs to be a campaign about it.

**A:** There is a reassessment of travel services going on. Expenses for significant others is something that should be looked at.

**Q:** How do we contact your organisation?

**A:** Contact Bristol Independent Mental Health Network E: bimhn@gmail.com

**Bristol Mental Health System Leads, Duncan Cooper and Tracy Clack**

Duncan talked through his Powerpoint presentation explaining that there are 40 mental health services in the newly commissioned Bristol Mental Health system. W: www.bristolmentalhealth.org

Questions for Duncan Cooper from the floor and responses:

**Q:** Occupational services, day centres and drop in centres will be decommissioned.

**A:** There is an employment service to help people into work.
Each person has a package/action plan to assist/guide their recovery rather than just keeping people in day centres.

At which point is the transfer from CAMHS to AMHS looked at?

There is a youth transition worker to aid a smooth transfer.

Specific recovery navigators for young people and the use of services by 16 and 17 year olds is being monitored.

Independent services are often voluntary services which will be affected by cut backs.

A lot of the organisations involved are from the voluntary sector.

As a carer I would prefer one direct route rather than trying to choose which organisation to go to.

The Richmond Fellowship is the place to go for one direct route on information about employment.

Mental health service users need peer support.

There are paid peer workers in some services.

Within all the services there are different parts and any ‘spare’ money should be used for peer workers.

Tracy talked through her Powerpoint presentation about service user and carer involvement in Bristol Mental Health. Service users have an active voice and help change the direction of services. Services have been adapted due to feedback.

Questions for Tracy Clack from the floor and responses:

Do you use focus groups?

People with lived experience take part in groups, projects and activities.

Are those paid or voluntary?

Some roles are paid.

How is impact evaluated?

Projects are evaluated and feedback is collected.

When will the projects meet maximum utility?

It will take time to embed, it is early days but things will change over the next few years. The aim is for continuous improvement and feedback on issues will help this.

Bristol Clinical Commissioning Group (CCG), Katherine Weevil, Aly Fielden and Glenn Townsend

Katherine explained that the CCG is responsible for all health commissioning across Bristol and feedback is taken seriously. The CCG works closely with BIMHN. Each service has a monitoring group which ensures there is service user involvement.

Aly said that the CCG is now re-commissioning Independent Access to Psychological Therapies (IAPT) services and looking at how service user needs are best met. There are eleven hundred referrals every month and the service is creaking under the strain. There are
consultation surveys currently available for people to give feedback on IAPT services. W: http://tinyurl.com/p3easxh

Questions for Katherine Weevil, Aly Fielden and Glenn Townsend from the floor and responses:
Q: Due to the number of referrals there are people in hospital who cannot get out.
A: The LA has an accommodation strategy which we need to see implemented.
Q: Where are the eleven hundred referrals coming from?
A: It is open access. There are individuals who need low level support and some who need other than the IAPT service.
Q: A lot of services are selective e.g. housing.
Q: A lot of IAPT services are not delivering open access.
A: We would welcome feedback through the surveys.
A: Feedback from patients is that they don’t know where to go.
Q: GPs refer to us and we get no money for that.
A: We want to develop ways of involvement so that we can get things right.
Q: People cannot get a service because they do not have accommodation but they can’t get accommodation.
A: This should not be happening. Approach the CCG directly. Services should be available regardless of accommodation.

Pat (Healthwatch Bristol) said that “Healthwatch will be talking to homeless people and that if there are specific situations Kervon is available during the morning to hear about them”.
Q: Information was overheard because it was being discussed by professionals in a café.
A: This should categorically not happen. Send us the details if you can.

Bristol Community Learning and Mental Health Project, Jenny Wilkes and Bruna Costa
Bristol Community Learning and Mental Health Project is one of 62 pilot projects across the country, these are monitored and evaluated. All 62 projects are collecting data to send back to the government. The project ends in March 2016 and the results will be shared. The results will give clear evidence of whether community learning helps people to access services and/or avoid a worsening condition. Links are being made with other services. Staff will have training to aid better understanding. Courses are being designed to run from the autumn to next March (2016).

The project is looking for:
- Learners
- Organisations to join in
- Venues/hosts for courses
- Networks

Questions for Jenny Wilkes and Bruna Costa from the floor and responses:
Q: Contact Connect and check what is already going on. We don’t want duplication.
A: We want to be added value.
Q: The design of the courses: are you working with people with experience of mental health and recognising whether you are providing an opportunity or a pressure?
Q: The evaluation at the end: I’m concerned that the government is looking at a short term solution for a long term result. Will you look at people six to twelve months down the line?
A: Some will be followed up. This scheme won’t suit everyone but it could help some.

North Bristol Wellbeing Choir:
Healthwatch Bristol attended a Lockleaze Tea and Talk session in April to hear from the group members about their experiences of health and social care services. One of the group members explained that being part of North Bristol Wellbeing Choir had helped her to maintain her wellbeing and mental health. Healthwatch Bristol invited the choir to perform at the Open Advisory meeting in recognition of the role of community groups in helping people with their wellbeing. During the performance there was an opportunity for participants who had not already shared their view to talk with the two Healthwatch development staff.

Issues and Concerns raised at the Open Advisory Group by service users and providers

- Closure of day centres for people with mental health issues, without any planned replacement services.
- Service users who are ill and are experiencing a mental health condition or psychosis are not able to access mental health services due to their homeless status of no fix abode.
The commentator highlighted that Bristol has a very large pool of qualified psychotherapists who are experienced in delivering various forms of talking therapies to individuals who may need short or long term psychological intervention. The commentator was frustrated that prior to the commissioning of the Improving Access to Psychological Therapies (IAPT) service this group of qualified psychotherapists were not consulted and IAPT services are being delivered by nurses who have been trained to deliver the IAPT service, but have not had the same levels of training as psychotherapists. The commentator stated that this choice of service provider has resulted in service users feeling discontented with the effectiveness of the therapy.

- IAPT services are not very accessible to everyone. If not available on the National Health Service, it can cost approximately 100 to 120 pounds per session.
- It was also noted that IAPT is delivered as six to twelve sessions which is often not very effective as the patient requires more sessions to have any positive outcomes from the treatment.
- Commentator highlighted her plight in attempting to secure a bed at a crisis house after being thrown out of a dry house due to issue with her mental health medication and declining mental health. Commentator further indicated that she was not able to get accommodation at the crisis house because she had no address to be discharged to.

Healthwatch Wellbeing Tree:

Attendees at the event were encouraged to write a comment about a health or social care services on a leaf and add it to the Wellbeing Tree. Comments written on leaves included:

- Commentator highlighted that some GPs do not know about local social prescribing services.
- Council services need to be better connected with NHS mental health service provisions.
- Having difficulties accessing secondary mental health services and lack of support provided.
- Commentator attended an arts and writing therapy group several years ago which helped them with depression. The commentator said they were grateful for this service and its positive impact it had.
- LIFT is a great service which is really accessible to the general public.
- LIFT is a great service but does not suit everyone.
- Improve how agencies work together to support those people who have complex needs.
- Mental health services could be improved to make them more inclusive to all ages and backgrounds.
- Improve accessibility for people with learning disabilities.
- Service user who was referred to IAPT was told that IAPT would call back, but they neglected to do so.
- For parity of esteem for mental health service users to be reached, more council funding is required and less voluntary sector cut backs.
• Being provided with a support worker from an organisation like Rethink would be very beneficial.
• There does not seem to be enough beds in hospitals and people are having to go to hospitals in other geographical areas.

Comments given as evaluation of the Open Advisory Group:

• Improved knowledge and understanding of services
• Improved understanding of services and work going on through Healthwatch
• More insight into various organisations
• The choir were very good
• Issues relating to barriers for more marginalised and excluded communities were not raised
• Need a longer event
• Stalls from each mental health provider as well as information would be good to have at the event
• It would be good to hear from a wider forum
• Need a portable microphone

Healthwatch will.....
All the feedback provided by the group has been inputted to Healthwatch Bristol’s database of issues and concerns. It will be included in the Healthwatch Bristol Quarterly Report. Healthwatch will be sharing this report with Healthwatch partners including Bristol CCG, Bristol City Council, The Care Quality Commission, NHS England and Healthwatch England. The report will also be presented to the Healthwatch Bristol Advisory Group to propose further uptake of the issues identified in this report. The report will be available on the Healthwatch Bristol website (www.healthwatchbristol.co.uk) and circulated to our mailing lists via the monthly e-bulletin.

**Looking forward....**

Healthwatch welcomes and encourages everyone to continue to contribute their feedback to us using the communication methods included at the end of this report.

Healthwatch also supports members of community groups to become Volunteer Champions so that they can represent the experiences and needs of their community group. If you would like to find out more about volunteering with Healthwatch, please contact us using the details below.

**Tell Us Your Story...**

Healthwatch Bristol want to hear from you about your experiences so that we can tell services your needs to create the best local services.

- Text us - text bris followed by your message to 07860 021 603
- email us at info@healthwatchbristol.co.uk
- Call us: 0117 2690400
- Write to us at: Healthwatch Bristol, The Care Forum, The Vassall Centre, Gill Ave, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: www.healthwatchbristol.co.uk