Mental health services in Oxfordshire
A report on a focus group held by Healthwatch Oxfordshire
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Healthwatch England is supporting NHS England in its engagement with the public on the NHS long term plan¹. Local Healthwatch es are contributing to this. Healthwatch Oxfordshire is working with other Healthwatch es in the region² to provide people’s views on local health and care services.

As part of this collaboration, Healthwatch Oxfordshire held a focus group in April 2019 for people with experience of using mental health services in the county. All the partners in the Oxfordshire Mental Health Partnership³ were requested to disseminate the invitation to support service users to attend the focus group. The purpose of the focus group was to enable people who use mental health services in Oxfordshire to share their experiences and views on these services. Four people attended the session.

Healthwatch Oxfordshire will share this feedback with local NHS providers and commissioners as they shape plans for local mental health services as part of the NHS long term plan. Healthwatch Oxfordshire will also use the insights gained from the focus group for its project work as part of its wider focus on mental health in 2019.

Healthwatch Oxfordshire structured the discussion to try and get a sense of people’s journeys through the mental health system in the county. We asked them to tell us their experiences of accessing services, using services and transitioning from the services. Participants were invited to reflect on what works well and where the gaps are in mental health services in Oxfordshire.

This report presents the main themes that emerged.

1. Positive aspects of mental health services in Oxfordshire

When we asked participants to reflect on positive aspects of the mental health services that they have used, they spoke about the support from some of the voluntary sector providers within the Oxfordshire Mental health partnership. Participants said they felt positive about the more holistic approach that some of the voluntary sector organisations took in the support they offered, with a range of activities offered and an ethos of coming together with a range of people to share their experiences without feeling judged.

1.1 Holistic support

¹ The NHS long term plan can be read here https://www.england.nhs.uk/long-term-plan/
² The other Healthwatch are Reading, West Berkshire, Buckinghamshire and Wokingham
³ The six organisations that make up the Oxfordshire Mental Health partnership are Oxford Health NHS Foundation Trust, Oxfordshire Mind, Restore, Elmore Community Services, Response, Connection Support
They see you as a person rather than your illness.

Before the groups I went to I would use the words vulnerable, ignorance, bad behaviour, bad practice and neglect [to describe services] but now I would say understanding, consistency, support, cooperation, welcoming.

1.2 The importance of the social activities offered

Attendees told us that because it takes so long to access mental health services, the social and leisure activities offered by voluntary sector organisations that connect them to other people experiencing mental health problems are important.

Most of us rely on the leisure stuff.

Attendees said that they appreciated having easy access to information and a directory of choices. It was also important to them to have a choice in how much they wanted to engage with the activities and groups on offer.

I find them really useful- you can ring them up or look on the website and they have lots of different groups.

You can dip in and out, you can choose not to go for a while and then go.

Really good- I like that it’s activity-based.

1.3 Quick access to support at a local voluntary sector group

Within 7-14 days you can get an initial session, they are quite quick and relaxed.

1.4 Inclusive

They’re [voluntary sector organisation] very relaxed and chilled. It’s inclusive and welcoming. It’s a service where there are people from all walks of life - a good cultural and social mix. Mental health problems affect everyone.

2. Challenges in accessing and using mental health services in Oxfordshire

Participants told us about the difficulties they have faced in accessing the right kind of support at the right time.

2.1 Reaching crisis point to get support

Participants told us it was a challenge to access mental health services and that often you need to be in crisis before you get any support.

You always seem to have to be in a crisis before you get any information- meetings after meetings, phone call after phone call, and then more meetings

2.2 Long waiting times to receive support

They also told us that even from the point of referral, it takes a long time before you actually access any support at all.

Accessing therapeutic communities takes a long time. Even if you self-refer it takes nine months for an interview, six months to get an appointment, and then three months to decide what group to go to. So nearly two years - it’s very disheartening.
Waiting times makes it worse.

2.3 Inadequate support even after referral

Attendees told us about the impact of having to repeat their experiences and issues to many different professionals in their quest to get the support they need and the adverse impact that has on their mental health.

You continuously lay yourself open, lay yourself bare and you are told to wait and then go somewhere else and tell your story again. And then you are told to wait and nothing is happening. So then you start getting cynical and your mental health is actually getting worse.

You start to get doubtful, distrustful of the people you are sharing the information with time and again.

It’s very painful when you don’t get the right support when you need it. It makes you more isolated.

They also pointed out that when they needed help, they were not interested in getting information; they wanted support. This was because they felt that when they were in a crisis, they would not be able to search online for information on where to go; they wanted a trusted person with the information who knew where they should go to get help.

It’s not about finding the information yourself. You go to people and hope they send you to the right place. But the trust breaks down [if you don’t get the support] and you are left isolated.

I survive despite them not because of them.

2.4 The lack of adequate services after working hours and in the night

Participants said there was not enough support and not enough social activities on offer after working hours. They said many of the local groups and voluntary sector organisations only work from 10am to 3pm so that on either side there is little support, which increases the sense of isolation. They said that evening social clubs or activities and weekend activities would be really good for supporting people and this was identified as a gap.

There is nothing in the evening time which is when I need it.

2.5 a) A lack of mental health crisis support

Participants said that when there is a serious mental health crisis, the only place you can go to is Accident and Emergency (A&E). There is no specialist mental health team in A&E for people in a mental health crisis. They told us that staff in A and E contact the Barnes Unit [The department of Psychological Medicine at the John Radcliffe], who are not based in A and E, to come and assess them and this can take a very long time. Therefore, waiting to be seen at A and E in a crisis can entail very long waits. At the same time, some also said that it can be very distressing to be in A and E in crisis when others around them have more ‘visible’ physical needs. Some spoke of the fear they feel, when in crisis, of being sent home with no support.

The only place to go in an acute crisis is A&E in Oxfordshire.

When you go to A&E, they ring the Barnes Unit [who have to come from a different department to see you. A&E is a scary place to go [in crisis].
If they feel you are in distress but can go home [from A&E], they will send you home [with no support] and come and see you the next day. Even if you feel you should be admitted. At the JR [John Radcliffe], you can get up to 5am till you are seen by someone. A&E is the only option is you are having a crisis or ringing the step-up team.

I was at the Warneford and someone came in in an acute crisis and the step up team in the hospital came and said they can’t see her and that she had to go to A&E.

2.5 b) Lack of out of hours crisis support

Attendees said the lack of crisis support is particularly true if you have a crisis in the night. They said that though there is a night step-up team that people can call if in crisis, it is not always easy to access them or get support from them. This lack of support means that sometimes, people have to turn to the police for help in a crisis.

For example, Oxford Safe Haven⁴, an out-of-hours, non-clinical space offering crisis support, signposting, safety planning and listening support, which was praised as “an amazing service”, is only open from 6pm to 10pm Friday to Monday evening.

The night step-up team is hit and miss. It is really difficult to make contact with them. If they are off to an assessment somewhere you have to just keep ringing and ringing.

I called the Warneford recently trying to make contact with a care coordinator, but no one got back to me. So I had to phone the police. The police are a great help, they take the slack for mental health services. They have got better now - some have mental health nurses working with them. They do come and see you - but even that is hit and miss - only two or three people for whole of Oxford - not enough.

2.6 Lack of support from GPs

Attendees said that GPs are often their first port of call for help but that they have not always found the support or information offered by GPs to be useful. They said that their experience was that GPs did not always recognise the severity of the mental health problem and this had, at times, caused delays in being referred on to mental health services. The picture they painted was of repeatedly going to the GP to ask for help but not getting adequate support when needed.

It was very disturbing and distressing; the years I was looking for help - presenting yourself in front of professionals over years and them not knowing what to do with you - the GP. I kept coming back and presenting myself. There was no support to the point where I felt as if I was the problem. I started to feel guilty.

2.7 Inadequate holistic support

Attendees pointed out that there can be a silo approach to mental and physical health problems. Some said there is not enough support for physical health problems that may arise from mental health illnesses and the prescribed treatments for these. One example given was specific information and support for weight gain due to medication and how to manage this.

GPs used to offer gym membership for 10 weeks or refer to a weight loss service, but they don’t do that anymore. Even if the GP tries to get you an appointment with the dietitian, they say you don’t meet the criteria.

2.8 Feeling pre-judged by their previous mental health history

Participants said that at times it felt as if they were pre-judged on the basis of their notes when they interacted with mental health professionals who did not know them and this did not always feel relevant to them. One person recounted feeling frustrated when they called the Step up team and were told by the staff member that they could see from their notes that they had done something previously that did not feel relevant to their current situation.

We are told we shouldn’t pre-judge, but we are pre-judged. They should have no preconceptions from your notes.

2.9 Perception of negative stereotypes about different communities in the mental health system

Another issue raised was the perception that there is a difference in response to different ethnicities, which may result in some people not being offered help when needed.

Negative stereotypes, labels, responses and reactions to different cultures, ethnicities result in [people] being ignored and conditions worsening unnecessarily and avoidably.

2.10 Possible disparity of services in different areas of the county

The discussion highlighted a potential disparity of support in different parts of the county, with the perception that perhaps Oxford city had wider support than other areas of the county.

One person questioned the level of service user involvement in some local voluntary sector based services and said it was important that mental health service users had a change to participate in the development of mental health services.

3. What would improve the experience of mental health services in Oxfordshire

Addressing the gaps in services discussed above would improve people’s experiences of mental health services in Oxfordshire. Some of the specific suggestions people offered were:

3.1 Provision of more mental health support at the right time

Participants said it was important to provide support at the right time and to avoid significant delays in accessing services. They also wanted clear signposting with clear information on who and where to go, especially in a crisis.

I don’t want the information [about services] when I am distressed. I want the people who know what to do and where I should go.

Early intervention really helps stop the problem getting worse.

3.2 Provision of mental health support in A&E
Related to this, they also said it would be good to have mental health professionals located in A&E to offer assessments and support when people present in a crisis.

*It would be much better to have someone [a mental health professional] in A&E who can see you and decide where to send you.*

### 3.3 More provision of support out of hours

Participants said that evening social clubs or activities and weekend activities would be really good for supporting people and reducing the sense of isolation that some feel.

*Safe Haven should be rolled out. I really think it should be open every night. It gives you an opportunity to talk to someone if you need to. You can physically go there and know that you can be safe.*

*A designated number and place you could go to out of hours rather than A&E.*

*Some group/organisation set up to cater for people out of hours during the week. Activities in [voluntary sector organisations] stop at 3pm. Out of hours where do you go? On weekends - nothing.*

### 3.4 Better onward referrals by GPs

Participants suggested that GPs are supported to get better at recognising the key signs of mental health problems so they are able to offer access to support in a timely manner.

*GPs need to know when to pass it on further. GPs either need to be relieved of that [dealing with mental health issues] so direct people to go elsewhere in the first instance. Or GPs need to be more aware/trained/educated on the signs.*

### 3.5 Having support in getting your voice heard

*You have to keep asking for help - it’s helpful if you can have someone to advocate for you.*

#### 4. Next steps

The NHS in every area have been asked by NHS England to come up with a local plan explaining how they will deliver the priorities set out in the NHS Long Term Plan. Healthwatch Oxfordshire will share this report with the people who pay for and deliver NHS services in Oxfordshire to enable them to hear people’s feedback on mental health services and take their views into account in the plans they produce.

In 2019, Healthwatch Oxfordshire is taking mental health as its overarching theme, and will be continuing to listen to people’s experiences of mental health support across the county. This focus group will contribute to the work, and provides an initial view of some of the issues that are of importance to those with experiences of using mental health services in Oxfordshire.

Acknowledgements

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