

**YOUR SAY ON....**

**COMMUNITY**  
**MENTAL HEALTH**

**NOVEMBER 2023**

**PROFESSIONALS**



# Contents

<b>Executive Summary</b>	3 - 4
<b>Background</b>	5
<b>Methodology</b>	6
<b>Disclaimer</b>	7
<b>Findings</b> <b>Professionals</b> Improvements seen in services Areas for improvement Experiences of making a referral Changes in demand	38 38 39 - 41 42 - 44 44 - 46
<b>Final Thoughts</b>	47 - 48
<b>Healthwatch Lincolnshire's questions/areas to reflect on</b>	49
<b>Demographics</b>	50

## Executive Summary

With the aim of gaining greater insight in to peoples' experiences of community mental health services in Lincolnshire, Healthwatch Lincolnshire launched two surveys. One was for services users (both adults and children) which received **91 responses. 70 people shared their view on adult services and 19 on children's services.** The second survey for professionals received **20 responses. 10 respondents disclosed they worked in mental health services and 10 worked in other sectors.**

**This sub-report explores the experiences shared by professionals. In the main body of the report, where possible, services are reflected on individually. This summary presents a broad overview of the findings.**

### Professionals - What did they tell us?

- Experiences of making a referral were varied. Overall 55% (10) of respondents rated their experience as "poor".

Over the past six months professionals working in mental health service had noticed the following trends:

- An increase in more complex cases.
- A rise in the number of young people needing support for their mental health.

### Both service users, parents/carers and professionals highlighted similar concerns:

- The biggest concern raised by all parties was the long waiting times to access support including emergency support.
- Difficulties accessing support:
  - In terms of being signposted or referred to the right service.
  - The types of support/services available.
  - Complex and rigid referral pathways and criteria which often fail to take into account those with multiple needs or those who "slip through" the gaps.

**It is important to recognise that some had a very different and positive experience of services including, Steps2Change, CRISIS, Community Mental Health Teams and the Eating Disorder Service.**

**" I cannot fault the Lincolnshire eating disorder team they gave me my life back and I can never thank them enough." *In relation to what worked well:* "The time and commitment from staff with the eating disorder service. I highly recommend the service when other people are being referred."**

## Background

Over the last two years, it is not just physical health services that have been under pressure. The lack of support available to help with people's mental health also appears to be worsening. From feedback received both nationally and locally by Healthwatch England and Healthwatch Lincolnshire, members of the public have highlighted their concerns over access to mental health support services, the resultant waiting times and apparent lack of support whilst waiting.

During the last two years **120** people **shared their experiences of mental health services in Lincolnshire** with our Information Signposting Team. **62% of the experiences were negative and just 10% were positive.**

Furthermore, at the beginning of 2023, we carried out a cost of living survey. The results highlighted that **the cost of living was negatively affecting respondents mental health and wellbeing.**

- **81% of respondents agreed that the rising cost of living was causing them to worry/feel anxious.**
- **69% reported a decline in their mental health.**

As a result of the rising cost of living, respondents had:

- Stopped paying for private services such as counselling.
- Reduced how often they saw family and friends and participated in social activities, leading to, for some, a growing sense of isolation.

To read our cost of living report, [click here](#).

**With all this in mind, we wanted to gain further insight into experiences of mental health services in Lincolnshire.**



## Methodology

From August to October 2023, we launched two surveys to gain insight into experiences of mental health services in Lincolnshire.

### Survey One – Service Users

This survey was for service users (both adult and children) and their parents/carers/relatives. The survey explored:

- Accessing support.
- The quality of the support provided.
- What worked well?
- What could be improved?

We were also especially keen to hear about individual’s experiences of transitioning between Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.

### Survey two – Professionals

This survey was open to professionals both those who work in mental health services in Lincolnshire and those in all other sectors. We wanted to understand professionals’ experiences of signposting or referring people to mental health services in the county. The survey explored:

- Experiences of signposting or referring someone to support.
- Improvements seen in services and recommendations.
- Any changes seen in the need for and type of mental health support over the past six months.

## Responses

Survey One – 91 responses*		Survey Two – 22 responses*	
<b>78% (70) Adult Mental Health Services</b>	<b>21% (19) Children’s Mental Health Services</b>	<b>50% (10) Professionals worked in mental health services</b>	<b>50% (10) Professionals did not work in mental health services</b>

*\*Two service users shared their experience but did not state if it was in relation to adult or children’s services. Similarly an additional two professionals shared their views but did not disclose whether they worked in mental health services or not.*

**We would like to thank everyone who took the time to share their experiences.**

**Throughout the document total percentages may not total 100 due to rounding. The number in brackets is the number of respondents who selected that option.**

## Disclaimer

We recognise and acknowledge the following:

- a) That mental health is a very sensitive and evocative topic and the experiences shared reflect this.
  
- b) The 22 experiences shared by professionals, 10 of whom work in mental health services in the county may not be fully representative of all professionals who either work in mental services in Lincolnshire or have signposted individuals to these services.

We do however believe that all individual experiences are important and should where/when possible be reflected on. The majority of the experiences shared were negative but, despite the small sample size, flagged the same concerns.

**The findings from this survey will be presented in the following way:**

### 2. Professionals

#### A) Professionals working in Mental Health Services

#### B) Professionals working in all other sectors

### Findings Professionals

In total 22 professionals shared their views. There was an even split (10 and 10) between those who disclosed that they worked in mental health services and those who did not.

**Those who worked in mental health services were asked to identify any improvements seen in services in the last year and improvements that could still be made.**

#### Improvements seen in the last year

##### Services for children and young people

- Half (4/8) of the respondents responded along the lines of “nothing” or “not aware of any”.
- Others highlighted:
  - “Support groups in CAMHS.”
  - “Young Minds Matter and NAVIGO” (North East Lincolnshire’s Mental Health provider).
  - “There are mental healthy type job vacancies advertised for children which is encouraging.”

##### Services for adults

- Only half of the respondents (4/8) were able to identify an improvement.
- The most common improvement highlighted was an increase in the workforce and expansion of different roles.
  - “More social workers within LPFT.”
  - “More roles being put in place to help people such as Social Prescribers, Peer Support Workers and Community Connector. More funding available in the community to make mental wellbeing projects more sustainable.”
  - “Charities have been set up which supports mental health in Lincolnshire like Be The Difference which provides free counselling for adults. This charity is funded by local people after the death of a young man by suicide.”
- “Quicker access to NHS counselling services.”



## Areas for improvements

### Services for children and young people

- Suggestions most frequently related to improving and simplifying the process to access to services and reducing waiting times. Timelier access was identified as key to stopping people from deteriorating and needing more complex support.
- One professional highlighted a need for “clarification on the diagnosis and information related to ADHD for parents and young people”.
- The need for “less difficult pathways” was highlighted.
- An increase capacity both in terms of workforce and the services available is needed.
- Services need to be made “ more user friendly”.
- One professional highlighted the need to improve the availability and consistency of services in the Gainsborough area : “Services on Gainsborough are sporadic. There are organisations that could provide these services however they have not been contacted regarding the state of the services.”
- Improve the process of transitioning between CAMHS and AMHS. There needs to be better communication with patient’s during this time to understand their expectations and improve service provision during this time.
- Increase staff awareness of both signs/symptoms and the support available for patients.
- Increase the availability of support groups both in and outside of schools.

**“From a professional point of view there seems to be very little improvements that have been made. Young people that are moving into adult services report that they feel that they have been left in limbo not knowing what is happening and when they eventually get moved over to Adult Services that support structure that they had is completely changed with less support a lot of the time not seeing professionals for weeks on end and therefore their mental health going un monitored and deterioration not picked up early resulting in possible admissions.”**

**“Young people transitioning to Adult Services need to be informed fully about the difference in services, will require knowledge of what to expect and need to be prepared for this change prior to any plans of being transferred. Services seem to run on what they can offer and not on meeting the young person's needs. As a professional have heard colleagues tell me the that are not commissioned to deliver certain services. This is wrong and the service delivery needs to be in line with the individual's needs.”**



**“Since prior to COVID the mental health services have become really patchy with adults not being seen for weeks and months.**

**This is evident when service users are referred to my service and when gathering information it become apparent that mental health services have not been seeing services for far too long resulting in deterioration to the point that support in the community is not beneficial and the person needs admission.**

**Counselling and talking therapy's are really in affective as service users report that all that is offered is a telephone consultation and advise on doing some work on line. Not every service user has access to the internet or their mental health might prevent them or make it difficult. If the plan is to see a counsellor or psychologist then that service user is placed on a waiting list with no time scales off when they will be seen or told that they will have to wait 2 years if not more.”**

## **Areas for improvements**

### **Services for adults**

- Increase capacity both in terms of the workforce and the services available. Including more funding for mental health services in primary care.
- Increase the provision of out of hours support. There is “lots of voluntary work carried out in the day. If you are working or job seeking it is difficult to get into these activities”.
- Provide long term support for those who need it.
- Staff attitudes - staff are “burn out” and appear “inpatient” with service users.
- Reduce waiting lists.
- Simplify the criteria to be referred to services.
- Review why waiting lists are so long.
- Investigate concerns around poor quality care.
- Better integration of private and accredited agencies.

**“I receive a lot of referrals of people either waiting for the IAPT process or who have experienced IAPT services. there is something going wrong when the reported waiting times are still so high and the reported quality is still so low the integration of mental health services with community services could be improved.”**

**“Less waiting lists. Less “criteria” that doesn't fit real people .”**

**“I have witnessed mental health staff roll their eye at service users that call services for support. These people are sometime frequent callers but if the attitude of the staff is such as this then what hope does the service user or the service have in receiving a good quality service. Staff seem to be burnt out, under staff and impatient with service users. There seems to be a tendency by LPFT to bring out new services that are never probably staff resulting in services such as CMHT's and Crisis Team's losing staff to cover posts in the new services but they in turn lose staff that is never replaced but the requirement to maintain high standards at expected. Perhaps there has to be a re-think when thinking about new services and how they will staff it adequately.”**

**“Since prior to COVID the mental health services have become really patchy with adults not being seen for weeks and months. This is evident when service users are referred to my service and when gathering information it become apparent that mental health services have not been seeing services for far too long resulting in deterioration to the point that support in the community is not beneficial and the person needs admission. Counselling and talking therapy's are really in affective as service users report that all that is offered is a telephone consultation and advise on doing some work on line. Not every service user has access to the internet or their mental health might prevent them or make it difficult. If the plan is to see a counsellor or psychologist then that service user is placed on a waiting list with no time scales off when they will be seen or told that they will have to wait 2 years if not more.”**

## Professionals' experiences of making referrals

Respondents (both those working in mental health services and those in other sectors) had made referrals to the following services:

<b>27% (6)</b>	<b>14% (3)</b>	<b>14% (3)</b>
<b>Steps2Change (Lincolnshire Talking Therapies)</b>	<b>Crisis Resolution Home Team</b>	<b>Older Adult Community Mental Health Teams (OA CMHTS)</b>

**The following services all had one respondent comment on them:**

- **Tonic Health Safe Places**
- **Andy's man club. Shout and reframe therapy (hypnotherapist)**
- **A range of services.**
- **Learning Disability Mental Health Team**
- **Hay Lincolnshire**
- **Be the difference**
- **Mental Health Support Teams**
- **CAMHS**
- **Community Mental Health Support Teams**
- **"I'm told only GPs can refer."**

**How would you rate your experience of making a referral to this service?**

<b>22% (4)</b>	<b>22% (4)</b>	<b>22% (4)</b>	<b>33% (6)</b>	<b>44% Overall Good</b>
<b>Very good</b>	<b>Good</b>	<b>Poor</b>	<b>Very poor</b>	<b>55% Overall Poor</b>

Overall the majority (55% (10)) of professionals who responded to our survey rated their experience of making a referral as "poor". However, the data also shows that experiences again varied seen by the fact that 22% (4) rated their experience as "very good".

Upon closer examination the three professionals sharing their experience of referring someone to Crisis support selected “poor”. The majority (67% (4/6)) of those who shared their experience relating to Steps2Change rated their experience of referring someone to the service as “good”. Some elaborated on their experience further sharing “they listen and care” and “online referral was easy”.

**“Very effective. Shout are incredible in crisis. Andys man club have eased a lot of stress on the guys I have sent there and the hypnotherapy has helped the 4 people I have recommended it to to remove their negative behaviours.”**

However, these positive comments were very much a minority. For those who rated their experience as “poor” their reasons included:

- Difficulties getting in contact and communicating with services.
- Referrals having to be chased up by professionals and patients.
- Complex and rigid referral pathways and criteria.
- Long waiting times with no communication whilst waiting.
- Lack of available and appropriate support especially for those needing crisis support.
- Skills and attitudes of professionals.

**“Often have to find alternative pathways to refer patients to as the crisis team often will not accept any responsibility for a patient and will not put any care or support in place”**

**“Referrals are rarely taken seriously from Housing Teams because of their supposed lack of knowledge of mental health conditions and the gatekeeping mentality of ASC . The next step would be to escalate to Team around the Adult. but even then, mental health services do not necessarily attend and if they do, there seems to be very little proactive input and again, a gatekeeping mentality. A homeless gentleman was assessed as needing 20 hours per week support in September 2022. Still waiting for it to start.”**

**“Some times I have to chase up referrals as when promised that service user will be seen on a certain date at time the crisis team do not attend. Other times the service user will receive a telephone call to say that they will be with the service user within an one or two but this appointment is not convenient, but the crisis team attend anyway and then discharge the service user as they failed the appointment.”**

**“My client has experienced being unable to access this team as no one answered the phone. The quality of team members varies considerably in terms of experience and expertise. The best person had retired and returned part time.”**

**“Often no one available to support patients and when you can get hold of someone they try and find any excuse to not take on any responsibility for the patient. They often do not take concerns if both the patient and us as medical professionals seriously, e.g. patient may be committed to repeating self harm or suicide acts and crisis team will not support them because they have had alcohol or just say 'they won't actually do it.'”**

## **Changes in demand for services over the past six months**

The following changes/trends were identified by the respondents:

- An increase in more complex cases.
- A rise in the number of young people needing support for their mental health.
- An increase in people looking to pay for private treatment due to long waiting times for NHS care.
- A need for better and alternative services.
- A need to treat patients holistically – helping patients manage their physical health conditions and addressing the impact unmanaged physical health conditions such as chronic pain have on mental health.

**“More referrals rejected if they don't fit the criteria of KPIs being met.”**

**“The trend is for people with severe difficulties looking for private therapy as they can't get help on the NHS.”**

**“There has been a trend over the last 5–6 years of service users not being seen in the community for week and months. This is usually by CMHT’s and Crisis Teams.”**

**“I have noticed a number of people with significant needs on the verge of a sectionable psychosis begging for help and no help coming.”**

## Other comments

The professionals were then asked if they would like to make any other comment(s) about mental health services in Lincolnshire. The comments again raised similar concerns as to those raised in earlier sections of the survey. The following issues were highlighted:

- The rigid referral criteria which especially does not consider those with multiple issues.
- The difficulties accessing services both in terms of knowing who to contact and actually being able to make contact with services.
- Staff attitudes towards service users in some cases.
- The long waiting times and the impact this has on either people being put off from accessing support or as a result now needing emergency support.
- The lack of emergency support available.
- The type and quality of the support offered.
- Staff and service capacity.
- Service provision in some areas of the county e.g. Gainsborough.
- Concerns were raised about the impact not accessing timely and appropriate support has on patients.

**“There are too many different services and some people have multiple issues and complexities which don’t allow people to fit into a certain tick box. In my own experience, customers who have been difficult to persuade to ring the mental health teams have then been met with an attitude from staff when they have finally rang which has then destroyed all our efforts to try and get someone engaged. Waiting lists are too long. Dual diagnosis with drug use is often ignored or “fobbed” off as drug use. People need to be stable before they can have treatment for certain things yes, but by not helping with mental health, the drug use is going to be more difficult to stabilise especially as some people self medicate.”**

**“The mental health services in Lincolnshire are diabolical. It's as if it's a conscious choice to make it as difficult as possible for people to access services and even if they do manage to, the cases are closed as soon as there is an excuse to do so. There is no emergency support so some deteriorate that much they end up with criminal convictions and detained in prison but sometimes this is the only way for them to have a MH assessment. How sad is that.”**

**“I feel that mental health services in Lincolnshire have gone down hill in the last 5-6 years with shortage of staff, unsupportive staff, staff being burnt out and management not really having a grasp on what the people of Lincolnshire need.”**

**“I think NHS services have got worse. I'm an independent practitioner and see a lot of people who wanted NHS help but were on long waiting lists, and sometimes when they got to the top, we're not offered what they were originally told they would get.”**

## Final Thoughts

**We would again like to thank all those who took the time to share their experiences.**

We recognise that the experiences shared may not be fully representative of all those who have interacted with mental health services in Lincolnshire (both as a service user/parent/carer or in a professional capacity). However, we believe that the experiences shared should be reflected on.

Despite the relatively small number of experiences shared, there were many recurring themes/concerns raised.

**Some broad/overall take-away messages from the data collected:**

**The majority of respondents found:**

- It “difficult” to access services (both service users (adult and children) and professionals).
- Long waiting times to access support.
- There was little information and support provided whilst waiting.
- The communication whilst waiting for an appointment was “poor”.
- That services were often “poor” at
  - Listening to respondents
  - Involving respondents in decisions about their care
  - Treating respondents with care and concern
  - Addressing respondents needs or making plans to do so
  - Offering different forms of treatment not just medication
- The support they received did not positively impact their mental health. For some this was because they were yet to receive any support.

**It is important to recognise that some had a very different and positive experience. The data we collected was unable to explain these inconsistencies in experience.**

**Overall service users, parents/carers and professionals all raised the same areas of concern in relation to community mental health services in Lincolnshire. These concerns included:**

- **The biggest concern raised by all parties was the long waiting times to access support including emergency support.**
- **Difficulties accessing support:**
  - In terms of being signposted or referred to the right service.
  - The types of support/services available.
  - Complex and rigid referral pathways and criteria which often fail to take into account those with multiple needs or those who “slip through” the gaps.



## Final Thoughts

- **The (often) lack of information or support provided to those who are waiting for appointments.**
- **Poor communication:**
  - Difficulties getting in contact with services to make a referral.
  - Whilst waiting for appointments and after treatment.
  - Some felt they had been “abandoned” due to the lack of communication.
- **The lack of capacity** – both in terms of the workforce and the services available (particularly in certain areas e.g. Gainsborough).
- **The lack of aftercare/follow-up with service users.**
- **The lack of community and “lower level” support.**
- **The lack of non-emergency support for those who are working e.g. appointment times and services available outside of working hours.**
- **In some cases the skills and attitudes of professionals.**
- **The lasting impact not accessing timely and appropriate support can have.**

## Provider Response

## Healthwatch Lincolnshire's Questions/Areas to reflect on

- What information and support is available to those who are waiting to access services (both service users and carers)? What format is this information available in?
- What is the procedure in signposting or providing individuals with this support? Is there a policy in place around consistently signposting individuals to support.
- Has this information been co-designed or co-reviewed to understand its effectiveness/usefulness?
- Would it be beneficial to send patients (who consent) reminder texts or emails letting them know they are still on waiting list for support? Would it be beneficial to provide people with an estimation of how long it will be before they are seen? This could also be used as an opportunity to send people links to support etc.
- Are people provided with an opportunity to provide in depth feedback/free-text comments on services?
- Are people asked if their mental health has improved as a result of the support received?
- Is the impact of not being able to access timely mental health support monitored? (harm reduction?)
- An explorative review into the inconsistencies in the system. There were some positive experiences shared and examples of good practice. Why are some people signposted to support whilst waiting? Why do some receive communication whilst waiting but others do not.

Other areas to reflect on:

- Impact of demand for services on staff
- Inequalities of people paying for treatment - what about those who cannot afford it
- Impact of staff attitudes on people seeking support and potential harm this could cause e.g. people not reaching out for help

**Healthwatch Lincolnshire**

Rooms 33-35  
St Georges Road  
Boston  
Lincs  
PE21 8YB

[www.healthwatchlincolnshire.co.uk](http://www.healthwatchlincolnshire.co.uk)

Phone: 01205 820892

Email: [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)

Twitter: [@HealthwatchLinc](https://twitter.com/HealthwatchLinc)

Facebook: [Facebook.com/healthwatchlincolnshire](https://www.facebook.com/healthwatchlincolnshire)