Experiences of NHS Community mental health services in South and East Birmingham

February 2024

healthwatch Birmingham

Contents

Executive Summary

Background

NHS community mental health services play a vital role in mental health care across Birmingham, providing mental health support for people close to their homes or communities. Various policies, including the NHS Long Term Plan, have aimed to improve access to NHS community mental health services and better coordinate care and support. However, the Care Quality Commission (CQC) reports that nationally people's experience of community mental health, especially around access, remain poor. Similarly, the feedback Healthwatch Birmingham (HWB) has received in the past year shows the same (CQC 2022; HWB Feedback, 2022-23).

According to the Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) website adult community services provide care and rehabilitation for people with mental health conditions within their home or at a community clinic throughout Birmingham and Solihull. Adult community services BSMHFT that provides include: Community Mental Health Teams (CMHT), home treatment teams, assertive outreach teams, integrated community care and recovery team[1].

Objectives

This study analyses the experiences of people accessing NHS community mental health services. We aimed to understand what is, and what is not, working well and identify barriers or challenges to access. The report will provide service leads with clear actions to take forward to improve services in the highlighted areas.

Methodology

We reviewed relevant literature and recent feedback received by Healthwatch Birmingham (HWB) from users of NHS community mental health services in Birmingham. We then developed an online survey to hear more feedback from service users. The survey was developed with input from staff from BSMHFT, Birmingham and Solihull Integrated Care Board (NHS BSOL), and the voluntary sector.

One hundred and fifty-three people completed the questionnaire. Following data cleansing (e.g. removal of incomplete questionnaires, out of area responses, and Forward Thinking Birmingham (FTB) related responses[2]) the responses of 97 people are included in this report.

1 https://www.bsmhft.nhs.uk/our-services/adult-services/adult-community-services/

2 Only two respondents indicated that they had accessed FTB services.

Key findings

This report shows that people's experiences of NHS community mental health are variable. There were some positive experiences around awareness of services and support available, consideration of needs in care planning, and satisfaction with mode of access. Most said when they accessed services they were treated with kindness, dignity and respect.

76% have good or very good awareness of NHS community mental health services or support available to them compared to **29%** who do not.	**52%** said they were treated with kindness, dignity and respect when they contacted services compared with **11%** who said they were not.
29% of those that indicated they have a care plan felt their views were considered when care planning compared with **11%** who did not feel their views were taken into account.	**76%** found the way of accessing NHS community mental health services (e.g. in person, video call or telephone) suitable compared to **15%** that found these unsuitable.

However, many more told us of the challenges they face when accessing NHS community mental health services. Most notably:

- Quality of access (e.g. waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments).
- Quality of appointment (e.g. being disbelieved, feeling rushed, and cancelled appointments).
- Quality of treatment (e.g. overreliance on prescription medication, and strategies or activities offered).
- Consistency and continuity of care (e.g. relationship continuity, knowing who to contact, and access to Community Psychiatrist Nurses).
- Care planning and review (numbers of people having a care plan and how well it captures people's needs).
- Support with health and wellbeing (e.g. support with physical health, money, work, housing, relationships, trauma, abuse, and addiction).

Respondents recognise that some of the problems, particularly waiting times, are due to increased demand for services and workforce issues. For example, some respondents highlight the need to separate support for patients with dementia from mental health support:

I would not be here if it wasn't for the care I have received. I do think it's a shame that so many beds are taken up with dementia patients though.

You need more beds for dementia patients so that beds can be freed up for those suffering mental health problems.

On workforce issues respondents noted:

It seems, a service trying to operate with no staff to do the job.

[The service should] employ more staff so there wouldn't be so much people out in the world struggling due to lack of funding or staff.

The findings show that improvements are needed. Our study highlights the need to improve care planning and review numbers of people having a care plan and how well it captures people's needs. In 2016, our report sharing the experiences of BSMHFT patients with serious mental health illness found that 1 in 5 people did not have a care plan. In this current study, 3 in 5 respondents did not have a care plan, showing that care planning within community mental

health services still requires improvement. The NHS Community Mental Health Framework states that every person who requires support, care and treatment in the community should have a co-produced and personalised care plan that considers all of their needs.

Ensuring that needs are effectively identified with patients, and addressed in their care, could potentially have a positive impact on patient outcomes and indeed satisfaction with services overall. For instance, some people told us there is an overreliance on prescription medication rather than therapy. This suggests that there is a need for improved consideration of patients' needs regarding treatment and a more patient focused approach to treatment developed through care planning. Attention also needs to be paid to reviewing care plans, ensuring that they go beyond reviewing medication.

Our study highlights the need for support that takes into consideration the whole person, including wider issues such as physical health, finances, housing, and relationships, as these have an impact on people's mental health. This is consistent with our recent report into the impact of the cost-of-living crisis on people in Birmingham and Solihull, which showed that the mental health of 70% of respondents had gotten worse as a result of the cost-of-living crisis. Financial worries also had a negative or very negative impact on the stress and anxiety of 66% of the respondents[1]. This current study suggests that an approach that combines support for mental health, physical health and issues affecting wellbeing (e.g. money, housing, trauma, addiction) will have a positive impact on outcomes.

Key areas for improvement

Quality of access e.g. waiting times, number of sessions, mode of access and lack of support while waiting for appointments.

- At least 1 in 5 people (22%) waited 3-6 months for a first appointment following referral.
- 2 in 5 people (40%) waited between one and twelve months to get a first appointment following referral compared to 31% getting an appointment within a month.
- There is an even split (35% respectively) between those receiving treatment within a month and those between 1-12 months or longer following the first appointment. 15% were not offered any treatment.
- Frequency and amount of treatment sessions to improve quality of access.
- Increased choice on how to engage with the service or receive treatment, appointments adjusted to suit people's needs, and better explanation of the appointment process.
- Support during the long waits for appointment and treatment.

Quality of appointment e.g. being disbelieved or rushed, cancelled appointments and quality of treatment e.g. overreliance on prescription medication or inappropriate strategies and activities offered.

- Appointment length and cancellations as many respondents reported feeling "rushed, not listened to, fobbed off and isolated".
- 1 in 2 people received prescription medication (57%) compared to only 1 in 5 that received talking therapy (19%).
- People would like to receive counselling rather than medication and medication should be used alongside counselling to address the underlying issues in their condition.

1 https://healthwatchbirmingham.co.uk/report/impact-of-the-cost-of-living-on-the-health-and-wellbeing-of-people-in-birmingham-and-solihull/

Consistency and continuity of care e.g. relationship continuity, knowing who to contact and access to Community Psychiatrist Nurses (CPN).

- 1 in 4 people (25%) were not sure who their point of contact is.
- For those who knew their contact, their views about the organisation of their treatment and care was equally split between those who said it was good or very good and those who felt it was poor or very poor (44% respectively).
- 46% said they could not contact the team or service to get the help they need.
- Review treatment when sessions finish to check whether treatment has worked, and further support needed.
- Enable re-referrals into services.
- Improve access to CPNs who offer people a key point of contact and support between appointments.

Care planning and review, including involvement.

- Three-fifths (59%) of people do not have a care plan. There is therefore lack of clarity about the care, treatment and support to be provided.
- Only 24% have a care plan.
- More people (29%) felt involved in their care planning than those that did not (11%).
- Almost half of the people (49%) said their care plan was not reviewed with only 39% stating they had their care plan reviewed.

Support with health and wellbeing e.g. help with physical health, money, work, housing, relationships, trauma, abuse and addiction.

- 1 in 2 people (54%) are not receiving support that goes beyond mental health support.
- 19% received support with joining a group or taking part in an activity, which is more than those that were supported with a physical health need or check (9% respectively) and finances or accommodation (7% respectively).
- More people accessing services in East Birmingham received support with physical health needs (22%); physical health checks (17%) and money and benefits (17%). More people accessing services in the South were supported to join a group or take part in an activity (26%).
- More people (44%) told us they found the support not helpful or not at all helpful, only 33% found the support they received with health and wellbeing helpful.

Quality of service.

- Almost half (49%) rated NHS community mental health services as poor or very poor, 37% rated them as good or very good, and 14% as average, showing more dissatisfaction with the community mental health services they accessed.

Improvements people would like to see in NHS community mental health services

- Improve access to appointments and reduce waiting times for treatment.
- Offer people reviews after treatment and re-refer people if more support is needed.
- Ensure that care and support is personalised following a discussion with people about their needs.
- Produce and follow good care plans.
- Offer more than just medication.
- Offer compassionate care and support.
- CMHT should work more closely with the voluntary sector.
- Give people a point of contact.
- Improved understanding of mental health by healthcare professionals, including GPs and a better understanding of Autism.

Next steps

We have shared this report with BSMHFT. The report, including the response from the provider, will be published on our website and shared with participants who shared their contact details. It will also be shared with relevant stakeholders.

Six months following the publication of this report Healthwatch Birmingham will publish a follow-up report highlighting evidence of actions that have been committed to by the provider, BSMHFT. We will require them to provide evidence to demonstrate that those changes have been made and an indication of targets met and how these have been achieved.

Acknowledgements

We would like to thank everyone who shared their experiences. We are also grateful to BSMHFT and NHS BSOL for their support throughout this study and all the organisations that helped us access service users, particularly Birmingham Mind, Kinmos, Creative Support, POhWER, Living Well Consortium, and Better Pathways.

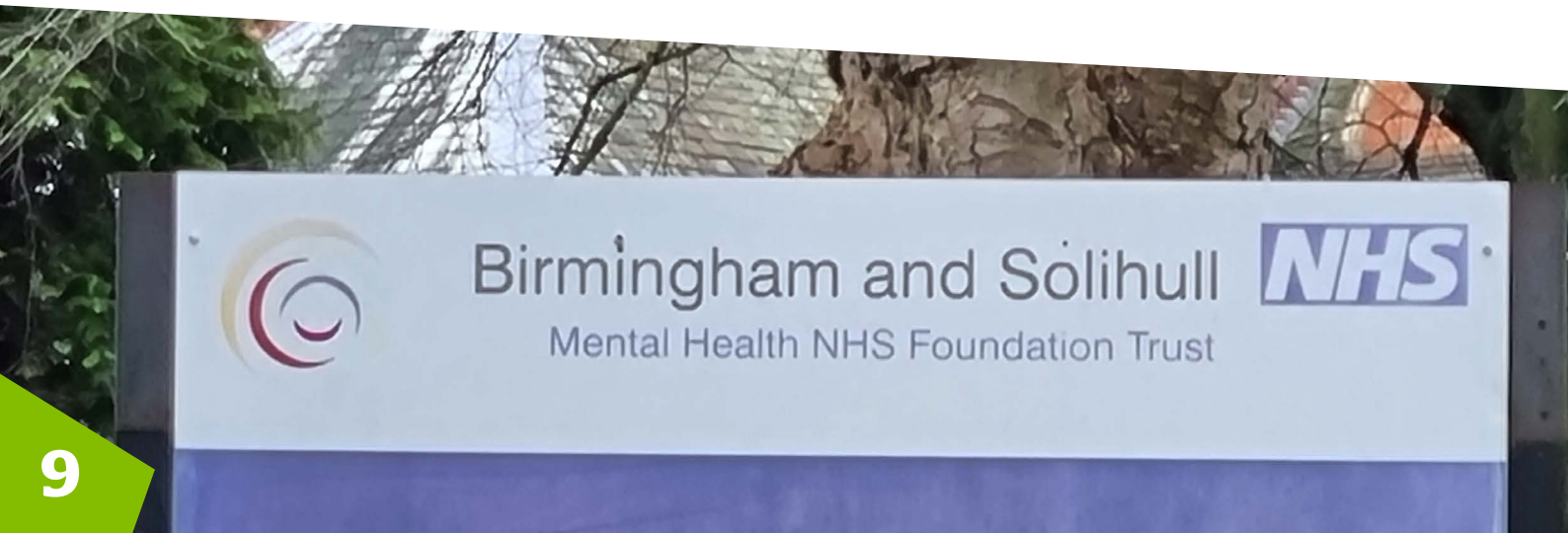
Summary of BSMHFT response and action plan

BSMHFT's response gives an overview of the services they provide under their Adult, Older Adult and IAPT (talking therapies) Community Mental Health services. These services provide assessments, specialist support, treatment, and care planning for service users (aged 25+ in Birmingham and 16+ in Solihull) with functional mental health problems such as depression, personality disorder and a range of psychotic mental illness such as bipolar disorder and schizophrenia. In addition to this the Older Adult service also offers services to those with dementia. IAPT offer a range of therapies for those with predominantly anxiety and depressive related disorders.

BSMHFT's response highlights the ongoing work to improve waiting times for appointments, including talking therapies; engagement with service users; care planning; and the management of cancellations. In order to make further improvements in response to the report findings, BSMHFT has outlined the following actions. See Appendix 2 for the full response.

- Continued implementation of actions to address Cognitive Behavioural Therapy (CBT) waits that begun in July 2023.
- Sharing feedback in this report with clinicians so they can reflect on any time that they may have made service users feel rushed or disbelieved. Continue to analyse feedback from patients to check that they are satisfied.
- Meet and Greet staff have been introduced to welcome service users to our community hubs. They will support service users when they attend for their appointments, and any issues identified can be addressed immediately.
- Clear guidance has been developed for managing cancellations of appointments to ensure that before appointments are cancelled, these cases are reviewed by clinicians and contact made with individuals advising them of the rationale and when their rescheduled appointment will occur.
- The initial service letters sent to patients regarding their assessment appointment will contain the expected duration time of the appointment so that patients are made aware prior to attendance. Ongoing therapy letters will also contain duration of appointment.
- With the introduction of Dialog+ collaborative, needs led, care planning tool, we are ensuring that all discussion will be done jointly with the service users and will address their needs. This will include strategies for accessing community assets and other therapies that may help.
- Work with our communications leads to explore any further ways in which we can advertise our services.
- All service users, at first contact, should be given contact details of the team and access to the duty system. We will address this with our services ensuring that this information is clearly put in a letter which can be given out to service users. This will include who to contact during working and out of hours.
- Ensure all letters are clear on who the main point of contact is for service users
- Service users will be given copies of their Dialog+ care plans which will clearly identify who will be supporting them with their needs and how to access services.

- We believe that care is personalised to the needs of the individual involved, however we have fed the comments from the Healthwatch survey to clinicians in the three services surveyed so they can reflect on the feedback and be mindful of ensuring personalised care in all cases going forward.
- We will continue to carry out quality audits to monitor and identify where improvements are needed.
- We have introduced Support Time Recovery (STR) workers into our CMHTs. The STR workers work closely with our service users and VCSEs to support in accessing and signposting to support for a range of social needs that can impact on mental health.
- Service leads have fortnightly deep dive waiting list meetings to review those waiting and to review capacity.
- Continue to recruit to Neighbourhood Mental Health Teams (NMHT) to ensure greater access across the BSOl footprint
- Make patients aware of the rapid re-access process where individuals can access mental health support through their GP services whenever needed.
- Service users who require additional appointments will be offered follow up appointments. This will be monitored via our data sets.
- Care plans are monitored through a program of quality audits by our Matrons as described above. We will monitor quality and themes via our clinical governance committees.
- A range of roles including Support Time Recovery workers, care navigators, health and wellbeing practitioners have been introduced in CMHT and NMHT to ensure a wide range of therapies and interventions are offered.
- Ensure we monitor complaints or concerns raised and offer feedback to staff.
- Monitor our friends and family tests results (which overwhelmingly show we ARE offering compassionate care).
- Continue our close working with Voluntary, Community & Social Enterprise (VCSE) partners. We currently work in collaboration with MIND, Shaw Trust and a wide range of other smaller VCSE partners.
- The Trust is supporting staff at BSMHFT to undertake the Oliver McGowan training which will be rolled out over the next 2 yrs. Level 1 training is for all staff, level 2 is directed towards clinical staff and level 3 is for individuals who are working closely with service users with a Learning Disability & Autism (LDA) diagnosis.

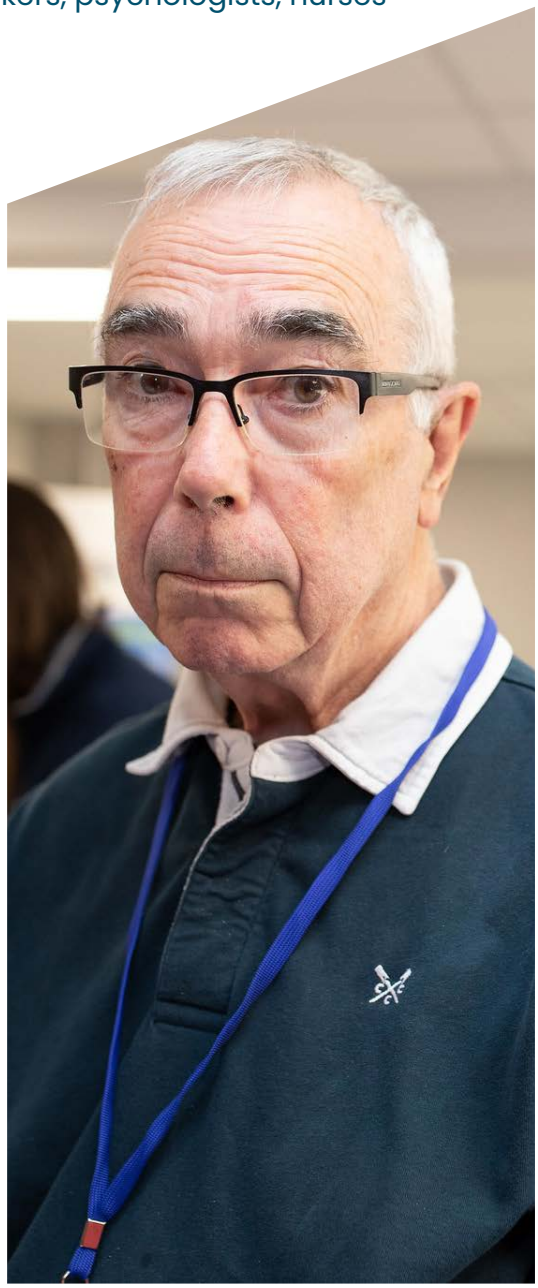


Introduction

Of the feedback on mental health services that HWB received between July 2022 and July 2023, the majority (68%) was negative and 13% mixed, with only 19% being positive. The majority of this feedback was from people using NHS community mental health services, expressing concerns around waiting times, communication, involvement, support for wellbeing, prescriptions and care planning.

Background

Community mental health services provide vital mental health support to people closer to home and their communities. Traditionally, GPs supporting people with long-term mental health conditions will refer those with more complex needs to community mental health teams. Other services can also refer into community mental health services, which include professionals from different specialisms such as social workers, psychologists, nurses and psychiatrists.



Following commitments set out in the NHS Long Term Plan, community mental health services have undergone transformation to broaden the types of support available for people within new and integrated models of primary and community mental health care. These transformed community mental health services provide access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance misuse, alongside proactive work to address racial disparities. The NHS commitment is that by 2023/24, at least 390,000 people with severe mental health problems will have their physical needs met. Adults and older adults per year nationally will have greater choice and control over their care and live well in their communities.[1]

For Birmingham and Solihull Community Mental Health Transformation Programme, transformation has meant the ability for people to access services swiftly, a removal of barriers to secondary care to ensure people receive the most appropriate care, a holistic multi-agency approach to service user needs and addressing/reducing health inequalities. The principles underpinning BSOL Community Mental Health and Wellbeing Service are trauma informed care, integrated mental and physical health care, no referral culture therefore no wrong front door, access to appropriate care within 28 days, health, social care and voluntary sector integration, evidence based, outcome informed interventions and autism awareness. South and East Birmingham were the focus of this study because they were the first areas in Birmingham to implement the transformation programme. This has been ongoing for the past 18 months or more.

1 https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf; https://www.england.nhs.uk/mental-health/adults/cmhs/

The last two CQC surveys of people using community mental health services have highlighted that people's experience of such services remains poor, especially in the most disadvantaged areas. The National Institute for Health and Care Excellence Quality Standard 14 (2011; 2019) has highlighted the following areas as important for ensuring quality provision of community mental health services:

- Ensure people have access to high quality mental health services when they need it.
- Ensure that services meet the waiting time standard that state 60% of people with a first psychosis diagnosis start treatment within two weeks. (Note that the new waiting times will state that adults and older adults should start to receive help within four weeks of referral).
- There should be positive interactions between people delivering and people using community mental health services to improve outcomes of care. This means that people should be involved in the decision making around their care.
- Ensure that people are aware of who is in charge of their care and receive consistent care from the same multidisciplinary team.
- Develop care plans jointly with the service user and include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants; provide support to help the service user realise the plan; give the service user an up-to-date written copy of the care plan and agree a suitable time to review it.
- For people who may be at risk of crisis, a crisis plan should be developed by the service user and their care coordinator, which should be respected, implemented and incorporated into the care plan.
- Ensure that service users routinely have access to their care plan and care record, including electronic versions. Care records should contain a section in which the service user can document their views, preferences and any differences of opinion with health and social care professionals.
- Health and social care providers should ensure that service users can routinely receive care and treatment from a single multidisciplinary community team, are not passed from one team to another unnecessarily and do not undergo multiple assessments unnecessarily.
- Ensure that service users have timely access to the psychological, psychosocial and pharmacological interventions recommended for their mental health problem in National Institute for Health and Care Excellence (NICE) guidance.
- Mental health services should work with local the third sector, including voluntary, black and minority ethnic and other minority groups, to jointly ensure that culturally appropriate psychological and psychosocial treatments, consistent with NICE guidance and delivered by competent practitioners, are provided to service users from these groups.
- Mental health and social care professionals inexperienced in working with service users from different cultural, ethnic, religious and other diverse backgrounds should seek advice, training and supervision from health and social care professionals with experience of working with these groups.

Participant demographics and information

Gender	Response no.	Response %
Woman	43	67%
Man	19	30%
Prefer not to say	2	3%

Age	Response no.	Response %
18 – 24 years	2	3%
25 – 49 years	23	36%
50 – 64 years	28	44%
65 to 79 years	8	13%
80+ years	1	2%
Prefer not to say	2	3%

Ethnicity	Response no.	Response %
Asian/Asian British: Bangladeshi	3%	2
Asian/Asian British: Indian	3%	2
Asian/Asian British: Pakistani	8%	5
Asian/Asian British: Any other Asian/Asian British background	2%	1
Black/Black British: Caribbean	2%	1
Mixed/multiple ethnic groups: Asian and White	5%	3
Mixed/multiple ethnic groups: Black Caribbean and White	3%	2
White: British/English/Northern Irish/Scottish/Welsh	61%	39
White: Irish	5%	3
White: Any other White background	5%	3
Other (please specify):	5%	3

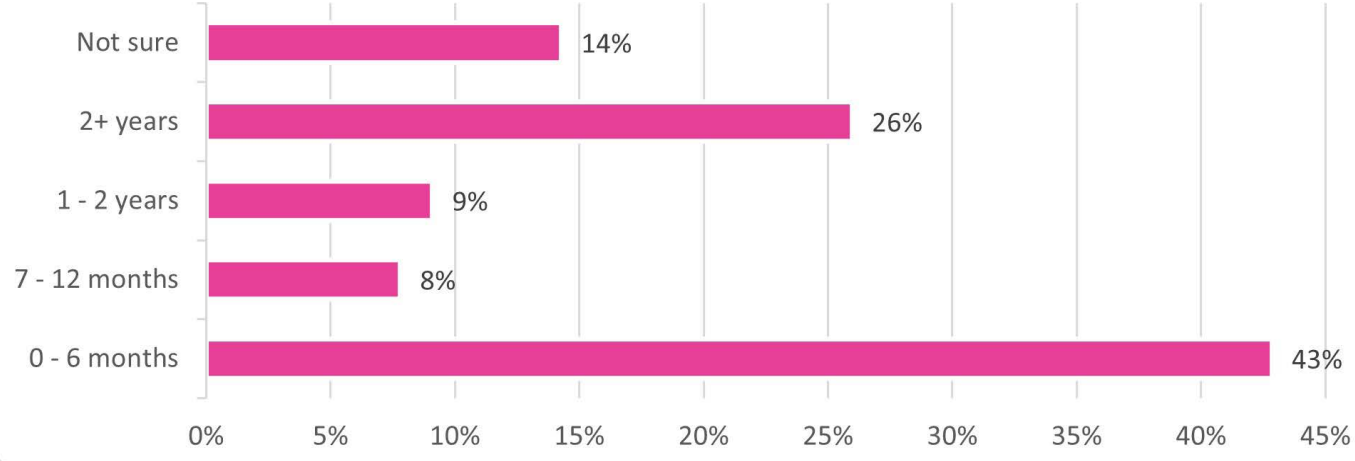
Other characteristics	Response no.	Response %
I have a disability	32	50%
I have a long-term health condition	46	72%
I am a carer	10	16%
None of the above	7	11%
Prefer not to say	2	3%

Sources of income	Response no.	Response %
Wages/salary	17	27%
Income from self-employment	1	2%
State retirement pension	6	9%
Disability benefits e.g. Attendance Allowance or Personal Independence Payment	27	42%
Means-tested benefits e.g. Universal Credit, Tax Credits, Housing Benefit, Pension Credit	16	25%
Other benefits	6	9%
Student loan	3	5%
Work/private pension	3	5%
Prefer not to say	2	3%
Other (please specify):	5	8%

Seventy-eight percent of people who completed the questionnaire were service users and 19% were family members or friends. Three percent indicated 'other' (one was a professional and the other two were responding on their own behalf and that of a family member). Fifty-three percent (n=45) told us they accessed NHS community mental health services in South Birmingham, 27% (n=23) in East Birmingham, while 20% (n=17) indicated 'other'. This 20% is made up of those who accessed services in both South and East or other parts of South Birmingham not indicated on the survey. Additional respondents accessed services in areas outside the remit of the study. These are not included in the analysis.

We asked the respondents to tell us when they accessed NHS community mental health services. The majority (51%) of respondents either accessed or attempted to access NHS community mental health services over the past year; 9% between a year and two years ago; and 26% over two years ago (see fig 1).

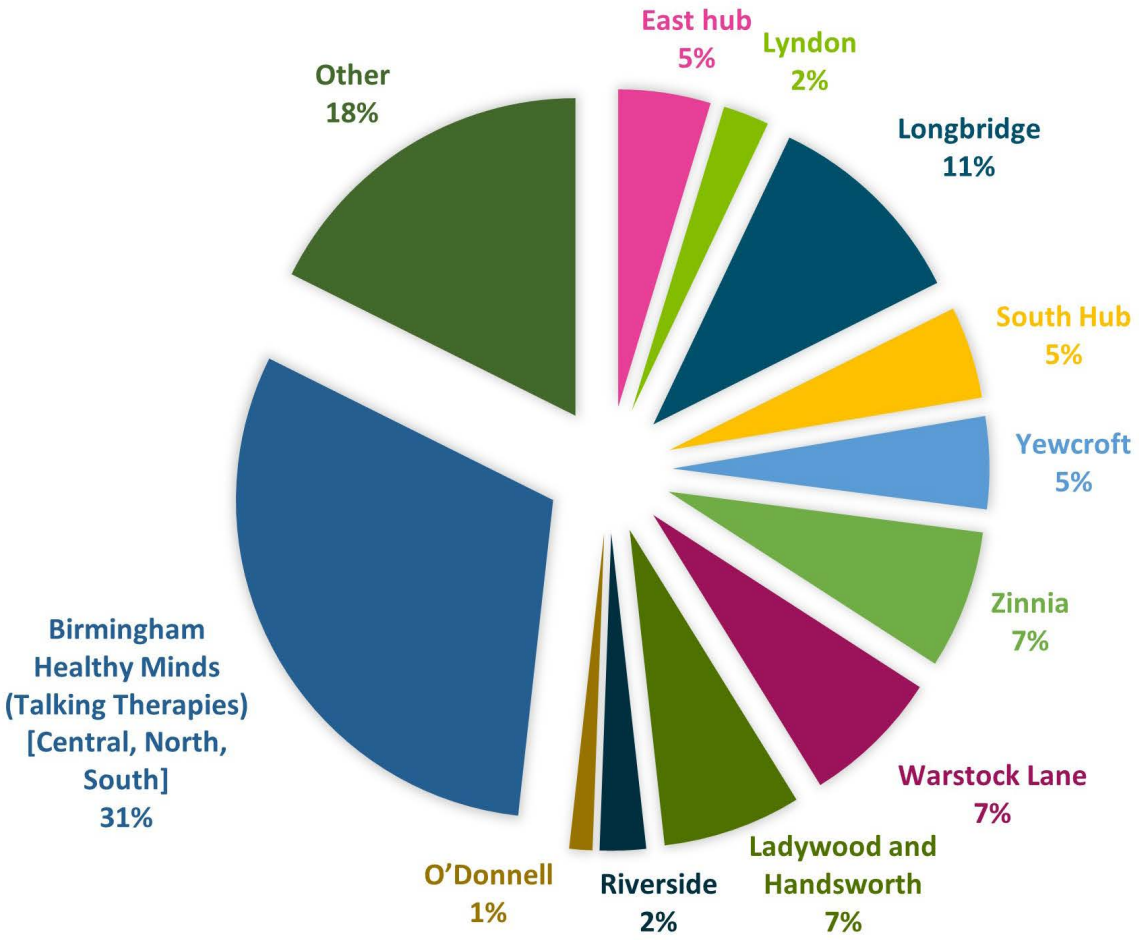
Fig 1: How long ago did you try to access or you accessed NHS Community Mental Health Services?



Of the 26% (N=20)of those that indicated they had accessed NHS community mental health services in the past two years and over, 31% had an existing mental health condition with diagnosis, 13% had an ongoing mental health condition without diagnosis and 15% were experiencing new symptoms. In terms of the treatment they received:

- 37% (n=15) received medication from a total of 41 respondents that indicated that they received medication[1];
- 29% (n=5) received counselling from a total of 17 respondents that indicated that they received counselling;
- 21% (n=3) received therapy from a total of 14 respondents that indicated that they received therapy;
- 20% (n=4) received mental health advice from a total of 20 respondents that indicated that they received this support; and
- 15% (n=2) received no treatment from a total of 13 respondents.

FIGURE 2: MOST RECENT SERVICE YOU TRIED TO ACCESS OR ARE ACCESSING.



The top three services, respondents told us they accessed or were accessing, were Birmingham Healthy Minds (31%, n=26), followed by Longbridge (11%, n=9) and Warstock Lane/Ladywood and Handsworth/Zinnia (7%, n=6 respectively). See figure 2.

Eighteen percent of the respondents that indicated 'other' specified that they accessed Third/ Voluntary sector services such as Midland Mencap, Living Well Consortium, Birmingham Mind, Creative Support, Kinmos and autism specific services. Others accessed the mental health emergency service team and the community mental health team at their General Practice.

1 This data relates to those that indicated that they accessed services 2+yrs ago. The total represents the overall number of respondents in Figure 1 that selected an option.

Findings

Accessing NHS community mental health services

Table 2 shows overall views of the respondents on various issues. It also shows answers from those that accessed services in the South and those who accessed services in the East of Birmingham[1]. Overall, 88% indicated that they are accessing (58%) or had tried to access (30%) NHS community mental health services. Fifty-eight percent of people in South Birmingham, and 74% in East Birmingham, said they were accessing services. A higher proportion of people in the South had tried to access services but had not managed to (42%) than the East (26%).

Over half (54%) accessed NHS community mental health services due to an existing mental health condition with a diagnosis. This was similar for those accessing services in South Birmingham (54%). However, 60% of people accessing services in the East had an existing mental health condition. More people accessed NHS community mental health services with a new mental health symptom in the South (32%) than East (15%). On the other hand, 45% accessing services in the East did not have a diagnosis compared to 37% in the South.

Table 2: Access to community mental health services

Question: Are you accessing NHS community mental health services?

Answer	Overall (N = 97*)	South (N = 45)	East (N = 23)	Other (N = 17)
Currently accessing	58% (n=56**)	58% (n=26)	74% (n=17)	76% (n=13)
Tried to access	30% (n=29)	42%% (n=19)	26% (n=6)	24% (n=4)
No, not accessing	12% (n=12)	0%	0%	0%

Question: Reason for accessing NHS community mental health services (multiple choice)[2]

Answer	Overall (N = 78)	South (N = 41)	East (N = 20)	Other (N = 17)
New mental health symptoms	26% (n=20)	32% (n=13)	15% (n=3)	24% (n=4)
Ongoing mental health symptoms without diagnosis	38% (n=30)	37% (n=15)	45% (n=9)	35% (n=6)
Existing mental health condition with diagnosis	54% (n=42)	54% (n=22)	60% (n=12)	47% (n=8)

Question: Suitability of mode of access (e.g. in person, video call or telephone)

Answer	Overall (N = 66)	South (N = 37)	East (N = 23)	Other (N = 17)
Yes	76% (n=50)	76% (n=28)	80% (n=12)	71% (n=10)
No	15% (n=10)	19% (n=7)	13% (n=2)	7% (n=1)
Not sure	9% (n= 6)	5% (n=2)	7% (n=1)	21% (n=3)

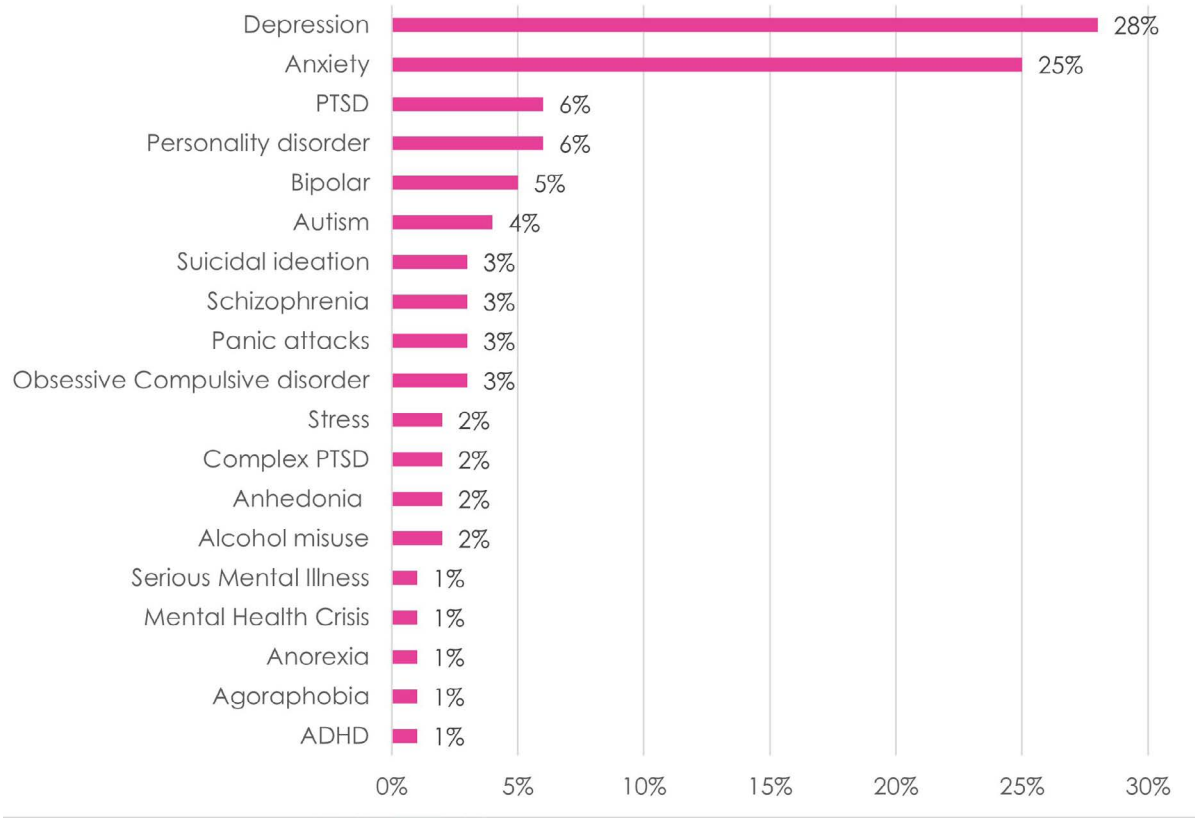
**Number of respondents **Number of respondents who selected the answer choice*

1 This is not a representative sample, The study aims not to compare areas but to understand overall experiences.

2 Where percentages are more than 100%, participants could select more than one option. Here for example, 78 people responded overall but the total count is 92 as that is the number of times that answer was selected.

Reasons for accessing NHS community mental health services were varied, with the top two reasons being depression (28%) and anxiety (25%). See figure 3 for a breakdown of the conditions that led respondents to access community mental health services.

Fig 3: Reasons for accessing NHS community mental health services



More respondents found the way of accessing services (e.g. in person, video call or telephone) suitable (76%, n=50) than found these unsuitable (15%, n=10). Issues around access included:

- **Not being given a choice of how to engage with the service or receive treatment:**

Was not given the choice was told it was online.

Telephone call, not very good it's better face to face.

My tinnitus/anxiety means I have trouble with phone calls and I'm still pressured into them though some will text first or keep in touch through text. Getting face to face has been incredibly difficult.

Wanted face to face but got a 30 min phone call.

- **Appointments not adjusted to suit people's needs**

We asked for simple bullet points after each contact as my daughter has had a stroke and finds it hard to understand and retain information. This has not been provided. Her request for reasonable adjustments under Equality Act has not been met.

- **No explanation of the appointment process**

I was made to go in but was not told I would be frisked and so I ran away not understanding what was happening and I didn't want to be touched by anyone.

Referral and first appointment

Increasing and improving access to community mental health services continues to be important. Currently, 1.2 million people are still on the waiting list for community mental health services (House of Commons, 2023[1]). Improving the referral process is crucial, as reflected in the principles that underpin NHS BSOL's Community Mental Health and Wellbeing Service, which promotes a no referral culture therefore 'no wrong front door' and access to appropriate care within 28 days of referral.

Table 3: Referral and appointments

Question: Referral routes

Answer option	Overall (N = 78)	South (N = 41[2])	East (N = 20[3])	Other (N = 17)
GP	60% (n=47)	61% (n=25)	60% (n=12)	58% (n=10)
Self-referred	15% (n=12)	20% (n=8)	15% (n=3)	6% (n=1)
Another medical professional	10% (n=8)	10% (n=4)	10% (n=2)	12% (n=2)
Third sector/ Voluntary Organisation	4% (n=3)	0%	0%	18% (n=3)
Social services	0%	0%	0%	0%
Other	10% (n=8)	10% (n=4)	15% (n=3)	6% (n=1)

Question: Wait between referral and first appointment

Answer option	Overall (N = 78)	South (N = 41)	East (N = 20)	Other (N = 17)
Less than a week	8% (n=6)	10% (n=4)	10% (n=2)	0%
1-2 weeks	9% (n=7)	15% (n=6)	5% (n=1)	0%
3-4 weeks	14% (n=11)	15% (n=6)	15% (n=3)	12% (n=2)
1-2 months	12% (n=9)	15% (n=6)	15% (n=3)	0%
3-6 months	22% (n=17)	15%(n=6)	40% (n=8)	18% (n=3)
7-12 months	6% (n=5)	5% (n=2)	5% (n=1)	12% (n=2)
Longer than 12 months	3% (n=2)	2% (n=1)	0%	6% (n=1)
Don't know/Don't remember	21% (n=16)	20% (n=8)	5% (n=1)	41% (n=7)
Other	6% (n=5)	5% (n=2)	5% (n=1)	12%(n=2)

Table 3 shows people's experiences of the referral process and wait between referral and first appointment. A majority (60%) were referred to NHS community mental health services through their GP. This was the same for those that accessed services in the South and the East of Birmingham (60% respectively). One in seven of the respondents self-referred into community mental health services. Only 4% were referred by a third/voluntary sector organisation and none by a social worker.

1 https://committees.parliament.uk/publications/40960/documents/199502/default/

2 Four respondents in South Birmingham skipped these questions.

3 Three respondents in East Birmingham skipped these questions.

Respondents that indicated 'other' told us that they were either still waiting for a response from the service into which they were referred or had been told that it was a 12 week wait for an appointment. Two said they did not get an appointment, and another did not continue with the referral after being told that the referral would take one week but it was 6-12 months wait for an appointment.

NICE[1] recommends that mental health services should aim to offer an appointment within three weeks of a GP referral. New NHS standards, set to be implemented, stress that an appointment should be offered within four weeks after being referred for community mental health services[2].

In our sample, this standard was met for 31% of people (8% under a week, 9% 1-2 weeks, and 14% 3-4 weeks; see table 3). Forty percent told us it took between one month and 12 months to get a first appointment, within these 22% waited 3-6 months for a first appointment following referral. Overall, more people accessing services in the East are waiting longer than one month (60%) than those getting an appointment within one month (35%). Slightly more (+3%) are getting an appointment within a month in the South (40%) than those waiting longer than a month (37%).

Treatment

The Handbook to the NHS constitution states that 75% of people referred for Improving Access to Psychology Therapies[3] (IAPT) programme should begin treatment within six weeks of referral and 95% within 18 weeks. More than 60% of people experiencing a first episode of psychosis should start NICE approved treatment with specialist treatment within four weeks of referral (NHS 2019)[4]. New standards proposed by the NHS state that adults presenting to community mental health services should start to receive help within four weeks. There should therefore be a maximum of four weeks from referral to an assessment and start of treatment or development of a plan (NHS, 2019)[5]. NHS BSOL Community Mental Health and Wellbeing Service states that people should have access to appropriate care within 28 days of referral.

1 Improving your experience of mental health services in the NHS (nice.org.uk)

2 https://www.healthwatch.co.uk/advice-and-information/2021-09-02/what-should-i-expect-after-being-referred-mental-health-support

3 Now referred to as 'Talking Therapy'

4 https://www.england.nhs.uk/wp-content/uploads/2019/03/CRS-Interim-Report.pdf

5 https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

When we asked respondents how long they had waited to receive treatment following their first appointment. One in four people (25%) told us that they received treatment/care within a week. This was more common in the South (30%) than in the East (22%). Overall, 15% of the respondents had not yet received treatment and/or support, with 10% in the South and 22% in East Birmingham. In relation to the standards set out above, overall, there is an even split (35% respectively) between those receiving treatment within a month and those between 1-12 months or longer.

Table 4: Treatment

Question: Wait between first appointment and treatment

Answer option	Overall (N = 72)	South (N = 40)	East (N = 18)	Other (N = 14)
1 week or less	25% (n=18)	30% (n = 12)	22% (n = 4)	14% (n = 2)
2-4 weeks	10% (n= 7)	5%(n = 2)	17% (n = 3)	14% (n = 2)
1-2 months	11% (n= 8)	15% (n = 6)	11% (n = 2)	0%
3-6 months	14% (n=10)	18% (n = 7)	17(n = 3)	0%
7-12 months	6% (n= 4)	3% (n = 1)	11% (n = 2)	7% (n = 1)
Longer than 12 months	4% (n=3)	5% (n = 2)	0%	7% (n = 1)
Have not received treatment/ support yet	15% (n=11)	10% (n = 4)	22(n = 4)	21% (n = 3)
Don't know/don't remember	15% (n=11)	15% (n = 6)	0%	36% (n = 5)
Other	6% (n=5)	5% (n=2)	5% (n=1)	12%(n=2)

Question: Type of treatment received (multiple choice)[1]

Answer option	Overall (N = 72)	South (N = 40)	East (N = 18)	Other (N = 14)
Therapy	19% (n=14)	23% (n = 9)	11% (n = 2)	21% (n = 3)
Counselling appointment	24% (n=17)	20% (n = 8)	39% (n = 7)	14% (n = 2)
Medication prescription	57% (n=41)	53% (n = 21)	61% (n = 11)	64% (n = 9)
Mental health advice	28% (n= 20)	25% (n = 10)	28% (n = 5)	36% (n = 5)
No treatment received	18% (n=13)	18% (n = 7)	17% (n = 3)	22% (n = 3)
Other	10% (n=7)	13% (n = 5)	6% (n = 1)	7% (n = 1)

Most (57%) respondents told us that when treatment was offered, they received prescription medication, followed by mental health advice (28%), counselling (24%) and therapy (19%). Eighteen percent were not offered any treatment. Respondents that indicated 'other' (10%) said they received a referral to talking therapy, saw a psychiatric nurse or received IT based CBT or through SilverCloud[2].

1 Where percentages are more than 100%, participants could select more than one option. Here for example, 72 people responded overall but the total count is 105 as that is the number of times that answer was selected.

2 SilverCloud - Internet-based Cognitive Behaviour Therapy (iCBT) through a series of digital tools, including a dedicated wellbeing and specialist mental health app - online content, and further evidence-based support, focused on everything from depression and anxiety to stress and resilience.

Support with health and wellbeing

Broader issues in a person's life, such as housing, financial situation, employment and physical health, can often impact recovery from mental health (CQC, 2022)[1]. Commitment was made in the NHS Long Term Plan to enhance community mental health services so that they address wider lifestyle issues. The BSOL Mental Health Transformation Plan echoes this commitment and states that the new community mental health and wellbeing service support goes beyond support for mental health to include support for physical health and issues affecting wellbeing such as money, work, housing, relationships, trauma, abuse or addiction.

We asked respondents whether community mental health services had supported them with these broader issues. A majority (54%) of the respondents are not receiving support with these broader issues (see Table 5) other than their mental health. More people (19%) told us they received support with joining a group or taking part in an activity with 7% supported with finding or securing accommodation or advice with money or benefits, respectively. More people accessing services in the South (56%) did not receive any support with broader issues compared to those accessing services in the East (39%). More people accessing services in the East received support with a physical health need (22%), physical health check (17%), money and benefits (17%) and accommodation (11%) than those accessing services in the South.

Table 5: Health and wellbeing support

Question: Support from NHS community mental health services with: (multiple choice)[2]

Answer option	Overall (N = 70)	South (N = 39)	East (N = 18)	Other (N = 13)
A physical health need e.g. an injury or a disability or condition such as diabetes, epilepsy	9% (n = 6)	5% (n = 2)	22% (n = 4)	0%
Physical health checks	9% (n = 6)	5% (n = 2)	17% (n = 3)	8% (n = 1)
Money or benefits advice	7% (n = 5)	3% (n = 1)	17% (n = 3)	8% (n = 1)
Finding or securing accommodation	7% (n = 5)	5% (n = 2)	11% (n = 2)	8% (n = 1)
Looking for or securing work (paid or voluntary)	0%	0%	0%	0%
Joining a group or taking part in an activity	19% (n = 13)	26% (n = 10)	6% (n = 1)	15% (n = 2)
None of the above	54% (n = 38)	56% (n = 22)	39% (n = 7)	69% (n = 9)
Other	9% (n = 6)	8% (n = 3)	11% (n = 2)	8% (n = 1)

1 Community mental health survey 2022 - Care Quality Commission (cqc.org.uk)

2 Where percentages are more than 100%, participants could select more than one option. Here for example, 70 people responded overall but the total count is 79 as that is the number of times that answer was selected.

Question: Benefits of support and wellbeing				
Answer option	**Overall (N = 70)**	**South (N = 39)**	**East (N = 18)**	**Other (N = 13)**
Extremely helpful	14% (n = 10)	15% (n = 6)	17% (n = 3)	8% (n = 1)
Very helpful	19% (n = 13)	18% (n = 7)	17% (n = 3)	23% (n = 3)
Somewhat helpful	24% (n = 17)	23% (n = 9)	28% (n = 5)	23% (n = 3)
Not so helpful	9% (n = 6)	8% (n = 3)	6% (n = 1)	15% (n = 2)
Not at all helpful	34% (n = 24)	36% (n = 14)	33% (n = 6)	31% (n = 4)

For those that received some support 43% said they found this not helpful or not at all helpful, whereas 33% found the support helpful and 23% somewhat helpful.

Planning and reviewing care

Care plans provide crucial information for people about support, goals, outcomes and what to do in a crisis, alongside ensuring that care is tailored to individual needs. Care plans need to be in place for each person, should be jointly agreed and reviewed annually (Healthwatch North Somerset, 2020[1]; NICE Quality standard, 2019[2]). The NHS Community Mental Health Framework (2019) states that "every person who requires support, care and treatment in the community should have a co-produced and personalised care plan that considers all of their needs, as well as their rights under the Care Act, and Section 117 of the Mental Health Act when required. The care plan will include timescales for review, which should be discussed and agreed with the person and those involved in their care at the outset" (p13[3]).

In July (2016)[4] HWB published a report that found that 1 in 5 BSMHFT patients with a serious mental illness (SMI) did not have a care plan. This contravened the Trust's policy to have a care plan for each service user that is reviewed annually.

Fifty-nine percent of repondents in our current study stated they do not have a care plan compared to 24% that did. For those with a care plan, 29% felt involved in their care planning, compared to 11% who felt their views were not taken into account (11%). Forty-nine percent of those with a care plan said it had not been reviewed, while 39% said it had.

Table 6: Care planning and review

Question: Respondents who have a current NHS care plan				
Answer option	**Overall (N = 71)**	**South (N = 40)**	**East (N = 17)**	**Other (N = 14)**
Yes I have a care plan	24% (n = 17)	20% (n = 8)	41% (n = 7)	14% (n = 2)
No, I do not have a care plan	59% (n = 42)	63% (n = 25)	41% (n = 7)	71% (n = 10)
Not sure/Can't remember	17% (n = 12)	18% (n = 7)	18% (n = 3)	14% (n = 2)

1 Experiences of using Community Mental Health during the pandemic December 2020 (healthwatch.co.uk)

2 Quality statement 6: Joint care planning | Service user experience in adult mental health services | Quality standards | NICE

3 community-mental-health-framework-for-adults-and-older-adults.pdf (england.nhs.uk)

4 https://cdn.whitebearplatform.com/hwbirmingham/wp-content/uploads/2021/12/13150618/20160731_Birmingham_Is-every-person-in-Birmingham-who-is-diagnosed-with-a-serious-mental-illness-provided-with-a-care-plan-.pdf

Question: Reviewing treatment and care plan

Answer option	Overall (N = 71)	South (N = 40)	East (N = 17)	Other (N = 14)
Yes, my care plan has been reviewed	39% (n = 28)	38% (n = 15)	59% (n = 10)	21% (n = 3)
No, my care plan has not been reviewed	49% (n = 35)	53% (n = 21)	29% (n = 5)	64% (n = 9)
Not sure/Can't remember	11% (n = 8)	10% (n = 4)	12% (n = 2)	14% (n = 2)

Question: Involvement of a family member or advocate where needed

Answer Option	Overall (N = 70)	South (N = 40)	East (N = 17)	Other (N = 13)
Yes, definitely involved	36% (n = 25)	28% (n = 11)	59% (n = 10)	30% (n = 4)
Yes, involved to some extent	14% (n = 10)	23% (n = 9)	6% (n = 1)	0%
No, they were not involved	37% (n = 26)	40% (n = 16)	24% (n = 4)	46% (n = 6)
Not sure/Can't remember	13% (n = 9)	10% (n = 4)	12% (n = 2)	23% (n = 3)

For those that indicated that they have a care plan, 29% felt involved in treatment choices and care planning, 27% said they were partially involved, 14% did not know they could be involved and 11% said their views were not taken into account.

Organisation of care

Awareness of who is in charge of one's care can help people feel more supported and result in successful treatment. A care coordinator is crucial for discussing care plans and helping people understand the care and treatment they will receive. NICE quality standards highlight that maintaining a consistent team can provide familiarity and help improve relationships. It is therefore important that people using NHS community mental health framework services are supported by staff from the same multidisciplinary team, understand the roles within their multidisciplinary team and know how to contact them[1].

When we asked respondents who their main point of contact was, 25% were not sure, 23% said their psychiatrist was their main point of contact, 14% indicated it was the mental health nurse while 10% said it was a mental health practitioner.

Views about the organisation of care were almost equally split between those saying this was good or very good (44%) and those stating this was poor or very poor (43%). Thirteen percent said the organisation of their care was neither good nor poor.

1 Quality statement 4: Contacts for ongoing care | Service user experience in adult mental health services | Quality standards | NICE

Table 7: Organising care

Question: Main point of contact within the NHS community mental health team				
Answer option	**Overall (N = 71)**	**South (N = 40)**	**East (N = 17)**	**Other (N = 14)**
Mental health nurse	14% (n = 10)	15% (n = 6)	6% (n = 1)	21% (n = 3)
Psychiatrist	23% (n = 16)	23% (n = 9)	29% (n = 5)	14% (n = 2)
Mental health practitioner	10% (n = 7)	10% (n = 4)	6% (n = 1)	14% (n = 2)
Unsure	25% (n = 18)	20% (n = 8)	35% (n = 6)	29% (n = 4)
Not applicable	10% (n = 7)	10% (n = 4)	12% (n = 2)	7% (n = 1)
Other (please specify):	18% (n = 13)	23% (n = 9)	12% (n = 2)	14% (n = 2)

Question: Views on the organisation of treatment and care				
Answer option	**Overall (N = 70)**	**South (N = 40)**	**East (N = 17)**	**Other (N = 13)**
Very good	17% (n = 12)	18% (n = 7)	18% (n = 3)	15% (n = 2)
Good	27% (n = 19)	23% (n = 9)	29% (n = 5)	38% (n = 5)
Neither poor nor good	13% (n = 9)	15% (n = 6)	12% (n = 2)	8%(n = 1)
Poor	14% (n = 10)	18% (n = 7)	18% (n = 3)	0%
Very poor	29% (n = 20)	28% (n = 11)	24% (n = 4)	38% (n = 5)

Question: Getting the help you need from the NHS community mental health team				
Answer option	**Overall (N = 67)**	**South (N = 39)**	**East (N = 17)**	**Other (N = 11)**
Yes, definitely easy	22% (n = 15)	26% (n = 10)	24% (n = 4)	9% (n = 1)
Yes, to some extent	31% (n = 21)	23% (n = 9)	35% (n = 6)	55% (n = 6)
No, I could not contact them	46% (n = 31)	51% (n = 20)	41% (n = 7)	36% (n = 4)

Question: Do NHS community mental health team staff treat you with kindness, dignity and respect?				
Answer option	**Overall (N = 67)**	**South (N = 38)**	**East (N = 16)**	**Other (N= 13)**
Often	52% (n = 35)	58% (n = 22)	44% (n = 7)	46% (n = 6)
Sometimes	37% (n = 25)	32% (n = 12)	38% (n = 6)	54% (n = 7)
Never	10% (n = 7)	11% (n = 4)	19% (n = 3)	0%

A majority (46%) said they cannot contact the team or service to get the help that they need. 31% of the respondents said it was at times easy to contact community mental health teams and get help while 23% said it was easy to contact and get the help they need. When they did get in contact, more respondents said they were treated with kindness, dignity and respect (52%) than those that said sometimes (38%) or that they are never (11%) treated with kindness, dignity and respect.

Overall experience

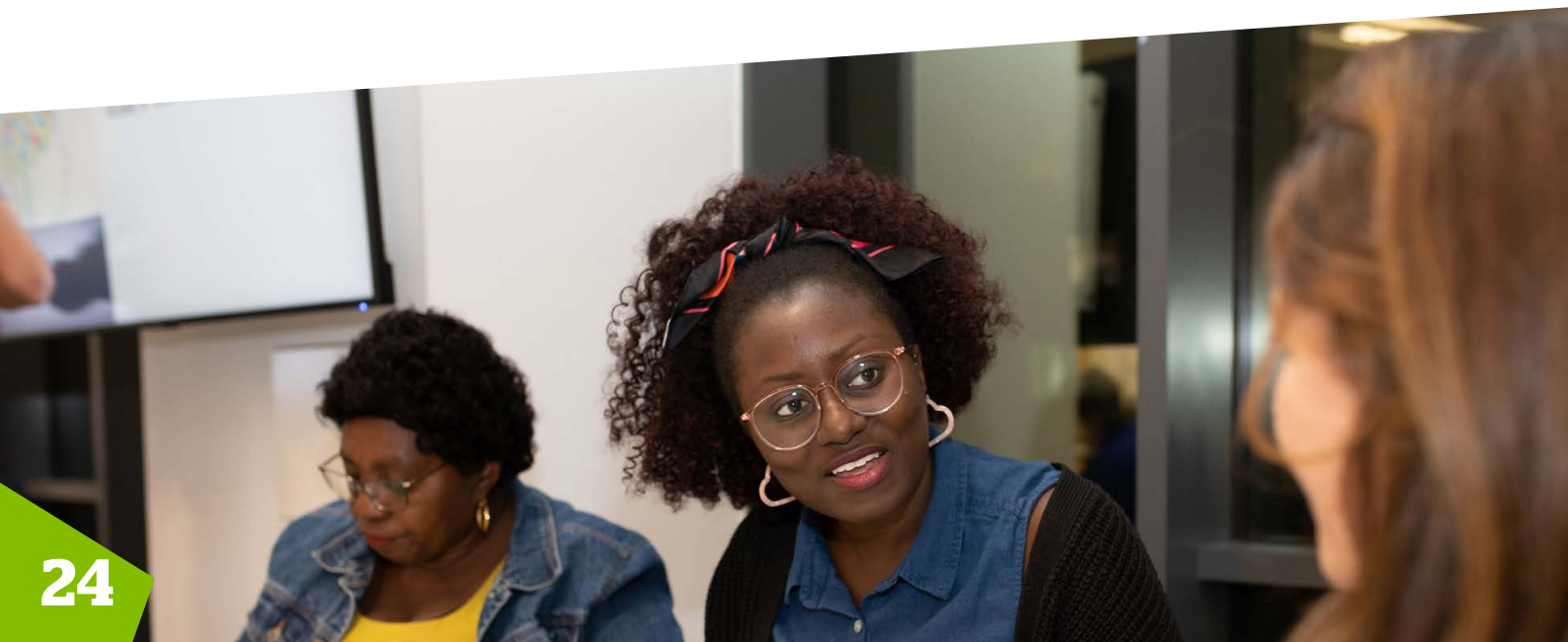
More (40%) people told us they had good or very good awareness of NHS community mental health services or support available to them than those that said their knowledge was poor or very poor (29%). Thirty-one percent said their knowledge was average. Respondents accessing services in East Birmingham were more likely to give positive responses regarding their knowledge of services and support than those accessing services in the South.

Table 8: Awareness and rating of NHS community mental health services

Question: Awareness of NHS community mental health services or support				
Answer option	**Overall (N = 65)**	**South (N = 36)**	**East (N = 16)**	**Other (N=13)**
Very Good	15% (n = 10)	19% (n = 7)	13% (n = 2)	8% (n = 1)
Good	25% (n = 16)	17% (n = 6)	50% (n = 8)	15% (n = 2)
Average	31% (n = 20)	36% (n = 13)	13% (n = 2)	38% (n = 5)
Poor	14% (n = 9)	14% (n = 5)	19% (n = 3)	8% (n = 1)
Very poor	15% (n = 10)	14% (n = 5)	6% (n = 1)	31% (n = 4)

Question: Overall experience of NHS community mental health services				
Answer option	**Overall (N = 63)**	**South (N = 36)**	**East (N = 14)**	**Other (N=13)**
Very Good	16% (n = 10)	19% (n = 7)	14% (n = 2)	8% (n = 1)
Good	21% (n = 13)	17% (n = 6)	29% (n = 4)	23% (n = 3)
Average	14% (n = 9)	14% (n = 5)	0%	31% (n = 4)
Poor	24% (n = 15)	28% (n = 10)	36% (n = 5)	0%
Very poor	25% (n = 16)	22% (n = 8)	21% (n = 3)	38% (n = 5)

Almost half (49%) of respondents rated NHS community mental health services as poor or very poor, 37% rated them as good or very good, and 14% as average, showing more dissatisfaction about community mental health services they accessed. More people accessing services in the East of Birmingham (57%) rated community mental health services as poor or very poor.



Themes from open ended questions

Respondents had the opportunity to provide more information. Key themes included access to services, the quality of the appointment and treatment, consistency and continuity of care, care planning and reviews, and support with health and wellbeing.

Quality of access

- **Long waiting times**

Many felt that they had to wait a long time to access community mental health services, leading to some people opting for private care and a worsening of symptoms in others, while one respondent told us they ***'had to work with a trainee to get an appointment in good time'.***

Was referred and seen. Didn't go well and I struggled so was seen again and took support. Long wait for nhs therapy so ended up going private. I was supposed to be seen by nhs psychology one year ago. Have chased up appointment but still waiting to be seen after being sent a last minute appointment that I was unable to attend as not enough notice and I was away.

Initial assessment was good but wait time is unacceptable during which time my symptoms have worsened.

I was referred by Gp in august 23 to in-house MHP. I finally received the telephone triage appt 29/09/23. I have been referred to talking therapy- was advised minimum 12 week wait for an appointment.

Am more than 12 months overdue an appointment which should have been 12 weeks after the previous one. Was told initially no psychiatrists as they all left. Not good enough.

- **Number of sessions**

After waiting a long time for a consultation some respondents were disappointed to then only have one session. People argued that these were inadequate for effectively addressing their issues. Respondents who were seen more frequently and had more than one session, were more likely to be satisfied with the care and support they received.

It was awful. I waited for ages and then was only seen once.

I feel I haven't got a mental health team, that's what I feel like. I have an appointment over the phone in November and have had to wait 6 months for that. Feel like my mental health is very poor.

No mention of what therapy was available. We asked to see a Psychologist but there was a waiting list and it was only for 6 weeks max with them.

- **Mode of access**

There were some concerns around the mode of access, such as links to online sessions not received and calls received during work hours. Consequently some people gave up or missed appointments that they had been awaiting for a long time. Some preferred face-to-face appointments as they felt that the healthcare professional missed non-verbal cues during remote access and they could not express themselves effectively.

I had to wait sometime for someone to make contact with me, they said they would send me a link to take part in a online session. I never received the link. So I email them to inform them I Had not received the link. They said they would send to a link to take part in another session, on the day the session was to take place I tried to click on the link but it never worked. So I gave up with the whole think.

It's difficult finding time to speak on the phone for various appointments during working hours.

Was given a phone consultation and pushed to do an online course which didn't work for me. Then told to do face to face. But given a phone call and the expert couldn't see the frustration being caused by the triggering Comments and I wasn't able to speak honestly so agreed that I didn't need any more sessions. Led to self medicating and increased OCD and anxiety behaviours.

I had one telephone conversation and was told I would receive a link to support services. It never came, so I contacted them again and was told I would receive an email with a link to a zoom meeting, The link did not work!

I was given a phone number to call for counselling. I would have preferred face to face but I did get telephone counselling.

INTERNET based CBT /mindfulness didn't work as I wasn't in a good way mentally to be motivated to do this. A face-to-face therapy group therapy would have been better.

- **Lack of support while waiting for appointments**

Respondents explained that it would be useful to be offered some kind of support during the long waits for appointments and treatment.

GP did not describe my condition accurately so at first my referral was refused for being "minor anxiety and depression". This was not the case, so I had to get my GP to redo the referral and explained to the GP that it needed to be detailed. Once the referral was accepted, I had to wait a few months before I was seen. No help or support while I waited for my first appointment. Waited about 4 months.

No support between psychiatrist appointments. Admin is a joke, no staff available even to write to GP.

Quality of appointment

- **Feeling disbelieved**

Some respondents felt their symptoms were often disbelieved by health professionals who lacked empathy. Respondents used terms such as 'attention seeker', 'parasite', and 'fobbed off', to express how they feel they are viewed and treated by healthcare professionals (*"Errrrr...they're a lot better at fobbing me off", "I feel like they see me as a parasite", "They make out you're looking for attention and tell you to sort yourself out. Absolute shambles"*).

Initial professional assessment was very good but saw me once only. Referred on to a male counsellor who was horrible and wanted to verify with other people what I was telling him. I felt suicidal after speaking to him. He told me I don't have PTSD, I hadn't mentioned it. I cancelled further appts as he made me feel so disbelieved.

Nothing was good about the referrals. Therapists show little understanding of empathy of current issues. Constant battle of trying to get suitable MH support.

They forced me to go private – coz the psychiatrist I was seeing on the NHS made me feel so bad afterwards. So had to borrow money from my mom to access the private psychiatrist who was really good. But I couldn't afford another appointment and the prescription. So had to go back to NHS community services [name redacted].

I was seen by a doctor who I'd never met before and obviously had no relationship with. He had to ask me a lot of questions about things that I found very hard to talk about. He did not make this easy or comfortable and instead of reassuring me or being in any way sympathetic when I disclosed abuse in my teens, he suggested that the 'relationship' (with a teacher) had been consensual.

- **Feeling rushed**

Some respondents felt that health professionals do not really listen to them during appointments, which often felt rushed and affected the quality of the appointment.

Seem to lack any real ideas on how to help. Always reactive never proactive. Emergency cover is a joke. Appointments are rushed as if they just want to get rid of you.

It was a complete waste of time. Our friend had no help and we are still supporting him on our own.

I think Birmingham Healthy Minds were poor, They were good at suggesting Creative support. But I think some of the advice they given they expected me to move on from being quite anxious quite quickly, not giving me time to process what I needed to do.

You don't get enough time with the psychiatrist, it's only half hour once every 6 months on a review that's if they haven't left. If you have problems it's not long enough.

- **Cancelled appointments**

Cancelled appointments lead to a further delay in accessing services which means that people feel isolated and results in poor outcomes for some. People also felt that there was poor communication about changes or rearranged appointments.

Right now they keep cancelling my appointments and leaving me. No one's there for us. No one. We're on our own that's why there are so many suicides everyone just thinks you're an attention seeker.

I spoke to a mental health nurse telephone consultation via an in-house referral by Gp surgery. The first 2 appts I was given didn't occur. I believe that this was Gp surgery issue rather than the mental health service' issue. However, when I did finally get the call which was during my work hours the mental health nurse was very helpful in providing information & referral. I had previously rearranged work to accommodate the appointments that were unsuccessful.

Am now over 12 months late with an appointment. Was sent one with a few days notice that I was unable to attend and told another would be sent in the post. This has not happened. Fed up calling and them not taking action.

Let down at every corner. Appointments cancelled, ignored, deemed an attention seeker, too much like hard work to deal with. As long as they're going home to their cushty lives they don't care about the vulnerable and suffering.

Quality of appointment

- **Overreliance on medication**

Many respondents told us that community mental health services are quick to provide medication rather than offering holistic treatment such as therapy that addresses the underlying issues, with some believing long waiting lists are why services are reliant on medication.

At the beginning I asked the gp to give me a proper diagnosis. At first, they said I should be in the condition for six months before diagnosis – I was confused why I had to wait a long time. So I had to be proactive in getting support, so finally got in touch with Birmingham mind for support. The problem is that the GP (not their fault but system) it takes long to get a referral and diagnosis. I was very scared because I am a single parent and it was very important to get support. People are suffering coz they are just on pills and not getting any better. There is a need for complex treatment – medicine gives the illusion that you are better but its temporary relief. Need more support.

A nightmare, appointment over the phone for 30 mins where they gave me a new diagnosis without even having my records as i am from another town [name redacted] originally and most of my records are there, the service did not know this even though i have been under the mental health services since the age of 12 . I informed them of this but 3 years later they still have not engaged with my previous provider to see my root cause mental health history and i`ve just been fobbed off with a new medication.

I got given a prescription the same day of my first appointment.

We were prescribed medication immediately. No offer of therapy services.

Was just given medication for the medical side of it.

I've been on every antidepressant. Some I've had reactions to, others haven't worked. I'm on the last one I can try at the highest dose available and still thinking about to carry out my suicide. No one cares. I need counselling but none is offered, I need help I'm desperate but they just throw more drugs at you and send you on your way.

- **Strategies or activities offered**

When people were listened to, and help was offered accordingly, many had positive experiences of treatment and felt that it worked. When people received the right strategies, they felt empowered to take ownership and equipped for their day to day lives. However, when needs were not taken into account when offering strategies or activities, treatment was most often not effective, with some finding the activities offered inappropriate or childish.

Currently am happy because I do get support and care I need. I feel heard and supported and I do believe I will recover coz am getting the right help right now. The people are around me are making sure that I get the support I need.

It was okay, it could have been a little bit more helpful. They provided certain strategies but I feel they made it more easier said than done.

I don't get any support. When I phoned the duty nurses and told them how I felt they told me "we don't have a magic wand, you have to help yourself".

I had a telephone assessment on 23rd August and was told that I would be phoned again at the same time the next week but never heard again and the calls were from a no ID number so I can't phone them. It's now October. I told the GP during an appointment about something else. The GP then referred me to their social prescriber and she sent me some links to some activities but didn't really understand my physical disabilities and they were not suitable for me as most activities require mobility and energy which I don't have due to ME/CFS. None were relevant to my hobbies/passions.

I had one appointment, was told I should lose weight and that was it.

Consistency and continuity of care

- **Relationship continuity**

People were concerned about the lack of continuity of support from community mental health staff. People attributed this to a lack of staff, staff being on long-term leave, including sick leave, and staff leaving the service. For others, there was a concern with continuity of care, especially when treatment sessions finish. They felt there is no review of whether treatment has worked and if more support is needed.

At first appointment (Feb 2022) I was given a PDQ4 (Personality Disorder questionnaire) as the Dr I saw felt strongly my issues were due to a Personality Disorder. Second appointment (Aug 2022) was cancelled and rearranged for 2 months later (Oct 2022) with a new Dr as previous Dr had left. This new Dr knew nothing about the PDQ4 and had to find out where it was. I had a follow up call from new Dr a few days later with the results of Personality Disorder questionnaire confirming I had a Personality Disorder. No support was given, just the results as the Dr told me there were no Personality Disorder related services currently. Third appointment (April 2023) was told still no services. A wellbeing practitioner would contact me. I've heard nothing since.

Treatment was good at Zinnia, but when they said my time was over I wasn't happy, I wasn't ready to give everything up I still needed support.

The person I care for is supposed to receive treatment from the mental health at Longbridge, however, since we were told that the psychiatrist retired he has not had any appointments and has not been seen by any professional in a very very long time and he needs new medications to help with his problems.

But the doctors change so regularly this could be a problem.

- **Knowing who to contact**

Knowing who to contact within a mental health team that includes different types of professionals in a range of settings, is important for building trust, confidence and reducing concerns. People told us it also ensures that people do not have to be reassessed and repeat their story, yet many respondents did not know who or how to contact those that provide them with care and treatment.

I used to have the mental health nurse as a point of contact. Professionals says they will do this and that and never follow through. You try and help yourself in as much as you can but its pointless if professionals don't follow through. i get more support from creative support than the ommunity mental health team.

I rang the duty team and no one answered. One time they answered and said they would call back but no one did; I was in crisis at the time!

My husband was in crisis I phoned the number on the web. When I eventually got through I was told I had the wrong number and I needed the adult safeguarding team and she would put me through. When put through I was told that they were the wrong number again and the number I needed was not the nhs it was a charity called birmingham minds on 0800 915 9292. I was at the time of making these call at the QEH in the speech and language department where they were assisting me to get help. It took over an hour for the call to be answered and I had to explain the problem to several different people. A clinician was consulted and after a long wait I was able to speak to a clinician. In the meantime the hospital staff had called the police.

I don't have a point of contact, they told my partner to ring the crisis team if i needed help after they cancelled my appointment.

I have no idea who my main point of contact is or how to even contact them.

I haven't been given any details of how to get in touch. They phoned me and said that they would call back the following week and never did.

- **Access to Community Psychiatrist Nurses (CPN)**

Some respondents were concerned by the lack of access to a CPN who can provide a key point of contact and support between appointments and gives people confidence that they will have help when needed.

Most of it was good before lockdown, but since then cannot access a CPN between my 6 month assessments by a psychiatrist.

Feel abandoned and rejected, don't have a CPN and don't know where I stand. When I phone the hospital it's a duty worker, spoke to them for 10 minutes, didn't find them very helpful. Didn't say that I need to distract myself, they didn't help me.

CPNs are different each time and I find it distressing explaining my situation each time with no helpful advice or medication change offered.

Care planning and review

A good care plan agreed with people is essential in providing care that matches people's needs. People told us they need to be involved in developing their care plan and have awareness of its content, so they have clarity on the care and support to be provided. They stated that it is important for the plan to be followed and reviewed regularly.

The care plan was inaccurate at the time it was written and is very out of date. Despite being on a section 117, my daughter has had no care coordinator for 9 months out of the last 12 months. She was appointed two care coordinators in July 2022 because of 'the complexity of the case'. We found out by chance in September 2022 that one had left and the other was off sick. This person remained off sick for 6 months. We were eventually given another name as an acting care coordinator but this person never saw my daughter or followed up on a request to visit. The role was 'in name only'. The other care coordinator returned from sick leave in March 2023 but went off sick again about three months later. There is again no care coordinator involved. A staff member [staff and service name redacted] told my daughter they could not give her a new or interim care coordinator as they had no staff. In the meantime, there is still no-one to plan and arrange the support needed. My daughter is still waiting for therapy two years after this was first written into the care plan. We feel that the service is very unsafe. I am convinced that if my daughter did not have good family support, she would be dead.

They asked me what I needed most and so on, so yes I was involved. But I have not seen the final care plan. This time everything is different, working well. In the past, I was surprised by how they were treating people with mental health - not acting quickly as when you have a physical health issue.

The CPN done a care plan for me last year but then she left and never heard about the plan again. So no one is following the care plan. the CPN spent 3hrs working on this care plan with me and it was pointless. A waste of time doing it.

Some respondents told us that where reviews are carried out, it is more a review of medication not a full review of the care plan. Some felt reviews are routine and their views/ thoughts are dismissed.

He has not had a full review (other than via the psychiatrist who only looked at medication) within the last 12. I get a phone call every 3 months to see if am still alive. No onward referrals. No checking of care plan.

It was reviewed but my thoughts were ignored/dismissed.

Support with health and wellbeing

Respondents acknowledged that their mental health was affected by wider issues relating to their physical health as well as wellbeing issues such as money, work, housing, relationship, trauma, abuse or addiction. They expressed a need for support with these issues in addition to mental health.

I have Fibromyalgia and other physical health issues that impact negatively on my mental health. I would really like support or advice on these areas too.

It would be nice if I was supported to find a location that I could stay and get some support. As I have not lived alone before, I am not sure on how a property is run, when to do washing, when to shower etc. I need support to assist me to continue to live independently due to my mental health condition. I do not like loud noises, kids screaming or people arguing. I am struggling to change my GP details, etc. no one to help me to do this. This means I will struggle to get my next months supply of medication. Which will then affect my mental health as I will not be taking my medication. I need assistance with changing my address at the bank and for DWP and PIP. No one to help me do this either. So difficult, I have not left my apartment in a week to go down to the Bistro, I do not want to socialise with anyone currently.

I needed counselling for the loss of my wife. I suffer with post traumatic disorder and it's really hard during anniversaries. I do lose my temper so need the medication.

Improvements people want

Improve access to appointments and reduce waiting times

Maybe employ more staff so there wouldn't be so much people out in the world struggling due to lack of funding or staff.

Possibility to see a specialist within six months from onset of symptoms-- aid treatment of people quickly as well diagnosis.

We need more LOCAL services. It may be that this is not possible because of inadequate funding.

Not enough staff or staff with experience they just sign post to somewhere else then it's another waiting list.

Offer reviews after treatment and re-refer people if needed

The CBT sessions need to be more consistent and maybe some follow up after completion to see what impact it has had and arrange other treatment more quickly.

Discuss people's needs to ensure personalised support

There's a lot that can be done! First of all, the same drs who are promoting "speaking out about mental health" need to take it seriously and not as an attention seeking thing. There needs to be allocated people who understand the background of their patients to be able to help them. No one has actually sat down with me and asked me what's going on in my head, and when I do try to explain how I'm feeling, I feel rushed, palmed off, not listened to and there is no empathy whatsoever to a patient's suffering. This needs to change!

They should ask people what is important to the customer in terms of the support they need.

Produce and follow good care plans

Our concern is not about access. It is about the failure to produce good care plans and then the failure to provide the care and treatment needed for the patient and carer. It is also about poor communication, judgemental attitudes and recording and, it seems, a service trying to operate with no staff to do the job.

Yes, do what you say and agree to.

Not in terms of accessing to places that's very good, but have to understand each individual and know that it's a journey to get to certain places in your life.

Give people a point of contact

A phone number of a contact/point of contact you can phone to change appointments, chase up appointments, etc.

Having more people who we can actually talk to, maybe over the phone, face time, one to one somewhere, maybe my house.

Offer more than just medication

We were prescribed medication immediately. No offer of therapy services.

We received medication immediately but no therapy due to waiting list.

Can't seem to get medication right and offer no other help.

Appointments with a psychiatrist focused on medication.

More compassionate care and support

Get new psychiatrists with compassion and care. If you go to an appointment and they make you feel worse, you don't want to go to the appointment. You get into a rut coz the GP can't give you the medication.

Have the psychiatrist appointments a bit closer rather than every six months. You have to cause a fuss to see them frequently. They don't ask you about your daily struggles and what you are going through in life. They just focus on the fact that you are not trying to hurt yourself anymore.

Work more closely with the voluntary sector

Charities should work in synergy with each other and the NHS then people's chances of improvement would be better.

Improve professionals' understanding of mental health

Training in Autism would be invaluable to your staff. Expert Psychiatrists and Psychologists in Autism and Nurses.

GPs need better understanding of mental health.

Conclusion

This report shows that people's experiences of NHS community mental health are variable. There were some positive experiences around awareness of services and support available, consideration of needs in care planning, satisfaction with mode of access, and most said when they accessed services they were treated with kindness, dignity, and respect.

However, many more told us of the challenges they face when accessing NHS community mental health services. Most notably:

- Quality of access (e.g. waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments).
- Quality of appointment (e.g. being disbelieved, feeling rushed, and cancelled appointments).
- Quality of treatment (e.g. overreliance on prescription medication, and strategies or activities offered).
- Consistency and continuity of care (e.g. relationship continuity, knowing who to contact, and access to CPNs).
- Care planning and review (including involvement).
- Support with health and wellbeing (e.g. support with physical health, money, work, housing, relationships, trauma, abuse, and addiction).

Respondents recognize that some of the problems, particularly waiting times, are due to increased demand for services and workforce issues. For example, some respondents highlight the need to separate support for patients with dementia from mental health support:

I would not be here if it wasn't for the care I have received. I do think it's a shame that so many beds are taken up with dementia patients though.

You need more beds for dementia patients so that beds can be freed up for those suffering mental health problems.

On workforce issues respondents noted:

It seems, a service trying to operate with no staff to do the job.

[the service should] employ more staff so there wouldn't be so much people out in the world struggling due to lack of funding or staff.

However, the findings show that improvements are needed. Our study highlights the need to improve care planning and review, both numbers of people having a care plan and how well it captures people's needs. In 2016, our report into BSMHFT patients with serious mental health illness, found that 1 in 5 people did not have a care plan. In this current study, three-fifths of our respondents did not have a care plan showing that care planning within community mental health services remains poor. This does not follow the NHS Community Mental Health Framework, which states that every person who requires support, care and treatment in the community should have a co-produced and personalised care plan that considers all of their needs.

Ensuring that needs are effectively identified with patients and addressed in their care plan could potentially have a positive impact on patient outcomes and indeed satisfaction with services overall. For instance, people told us there is an overreliance on prescription medication rather than therapy, which is not addressing the underlying issues that led them to seek support. This suggests that there is a need for improved consideration of patients' needs regarding treatment and a more patient focused approach to treatment can be developed through a care plan. Attention also needs to be paid to reviewing care plans to ensure that they go beyond reviewing medication.

Our study highlights the need for support that takes into consideration the whole person, including wider issues such as physical health, finances, housing, and relationships, as these have an impact on their mental health. This is consistent with our recent report into the impact of the cost-of-living crisis on people in Birmingham and Solihull, which showed that the mental health of 70% of respondents had got a bit worse or worse as a result of the cost-of-living crisis. Financial worries also had a negative or very negative impact on the stress and anxiety of 66% of the respondents[1]. This current study suggests that an approach that combines support for mental health, physical health and issues affecting wellbeing (e.g. money, housing, trauma, addiction) will have a positive impact on outcomes.

1 https://healthwatchbirmingham.co.uk/report/impact-of-the-cost-of-living-on-the-health-and-wellbeing-of-people-in-birmingham-and-solihull/

Appendix 1: About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here: https://healthwatchbirmingham.co.uk/about-us/

How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

What difference do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make in response to the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

How to share your feedback about the issues heard in this study

If you are a service user, patient or carer, please do share your experiences with us via our:

- Online Feedback Centre here.
- Information and Signposting line on 0800 652 5278 or by emailing us.

Appendix 2: BSMHFT full response and action plan

Birmingham and Solihull Mental Health NHS Foundation Trust provides a comprehensive health care service to those people living in Birmingham and Solihull who are experiencing mental health problems.

Our Trust was established as Birmingham and Solihull Mental Health NHS Foundation Trust on 1 July 2008. Prior to us becoming a foundation trust our organisation had been created on 1 April 2003 through the merger of the former North and South Birmingham Mental Health NHS Trusts, which included mental health services for Solihull.

We serve a culturally and socially diverse population of over a million, spread over 172 square miles, have an annual budget of in excess of £230million and a dedicated workforce of more than 4000 staff – making us one of the largest and most complex mental health Foundation trusts in the Country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

Our Adult Community Mental health services provides assessment, specialist support, treatment, and care planning for service users (aged 25+ in Birmingham and 16+ in Solihull) with functional mental health problems such as depression, personality Disorder and a range of psychotic mental illness such as Bipolar disorder & Schizophrenia.

Our older adult mental health services are predominantly for people aged 65 and care for people in the community with a range of mental health conditions, older peoples' community mental health teams (CMHTs) are a key component within a whole systems approach to providing high quality services to older people with mental health problems. Services are provided for two groups of older adults:

- Service users with a functional mental illness such as depression and psychotic illness, where their needs are best met with older people's specialist services,
- service users with dementia, including Alzheimer's, vascular dementia, and Lewy body disease.

The main function of both Adult & Older Adult CMHT is to provide a specialist integrated, whole systems, person centred, assessment, treatment, care planning, and ongoing management and information service, to service users and their carers living in their own home or other community settings. The service's will work closely with the GPs and the Neighbourhood metal health teams other professionals to ensure robust holistic, recovery based care plan.

Across our services we strive to provide high quality care through:

- Comprehensive and co-ordinated community mental health services and effective treatments based on the best available evidence.
- A service which is safe for everyone.
- Equality of access and experience for all actual and potential service users.
- Care oriented to strengths and abilities while attending to difficulties and disabilities.
- Helping service users remain connected with their local communities.
- Providing purposeful, stimulating, and appropriate mental and physical activities.
- Integrated care pathway services where all the component services are co-ordinated.
- Having in place robust evaluation and governance systems.
- Supporting continued service improvement.
- Multidisciplinary & multi-agency person centred holistic approach.

Birmingham Healthy Minds is an NHS primary care psychological therapies service primarily for people with depression and anxiety symptoms. To access this service people must be aged 16 or over and registered with a Birmingham GP. Talking therapies provide help for several common mental health problems such as depression & anxiety, stress, obsessive compulsive disorder, health anxiety and post-traumatic stress disorder Talking Therapies Provide a range of therapies and interventions including:

- Employment Support in Talking therapies
- Cognitive behavioural therapy (CBT)
- Trauma focused CBT
- Eye Movement Desensitization and Reprocessing (EMDR)
- Mindfulness group
- Compassion Focused Therapy (CFT)
- Interpersonal Psychotherapy
- Couples therapy (for depression)

How will the experiences shared in this report be used by the Trust to improve NHS community mental health services across Birmingham, with regards to:

Concern identified	Key question(s) from Healthwatch Birmingham to Birmingham and Solihull Mental Health NHS Foundation Trust	Response and actions received from Birmingham and Solihull Mental Health NHS Foundation Trust
Quality of access (e.g. waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments).	What action(s) will the trust take to ensure that the quality of access has improved and how will the trust demonstrate that change has taken place? (e.g., what will be put in place to assess the appropriateness of mode of access or how many patients have received support whilst they are waiting for appointments?)	**CMHT Adult & Older Adult (dementia & Frailty) & Talking Therapies** Waiting times differ across the three services surveyed. To improve access to adult & older adult CMHTs a programme of work has been underway over the past 2.5 years with investment from government being utilised to develop neighbourhood mental health teams (NMHT) who are the first point of access to CMHT. Over the past 12 months since these teams have gone live, they have seen over 20'000 people, the majority being seen within 1-4 weeks.

		To ensure that we are managing our waits and service users are not waiting longer than they should, the senior leadership team meet fortnightly to review each teams waiting lists and follow up on actions from this meeting to ensure we are being as efficient as is possible with our appointment slots. **Talking Therapies** Initial appointments are offered within 3-4 weeks. Waits for therapy are variable depending on what intervention is required. The wait for Low intensity is within the national waiting time for access to treatment. High intensity also comes within the national waiting time apart from **CBT interventions which is above 18 weeks.** **Further actions to address the CBT waits are in place since July 2023 and is showing to have a positive impact on the wait time.**
Quality of appointment (e.g., being disbelieved, feeling rushed, and cancelled appointments).	What action will be taken, or strategies will be adopted to support patients and staff in order to improve their experience?	**Adult & Older Adult CMHT** Service user experience and quality is paramount to BSMHFT. We encourage the completion of our Friends and Family Test and would encourage service users to liaise with PALS. Feedback supports us to address issues and improve services. **We will ensure that we share the feedback in this report with CMHT clinicians so they can reflect on any time that they may have made servicers feel rushed or disbelieved. We will continue to analyse feedback from patients to check that they are satisfied.** **We have introduced Meet and Greet staff to welcome service users to our community hubs. They will support service users when they attend for their appointments, and any issues identified can be addressed immediately.**

		Clear guidance has also been developed for managing cancellations of appointments to ensure that before appointments are cancelled, these cases are reviewed by clinician and contact made with individual advising of rationale and when their rescheduled appointment will occur. We also ensure that all service users who attend appointments will receive copy of their care plan and this will include discussions and summary of the review which occurred for their personal records. **Talking Therapies** encourage the completion of the Friends and Family Test and support service users to liaise with Customer Relation Team should they wish to make a formal complaint regarding the service. The service users are also given a Patient Experience questionnaire (PEQ) and are invited to complete it as we regard all feedback as essential in supporting the service to make improvements in areas that are highlighted and to maintain recognised good practices. **The initial service letters sent to patients regarding their assessment appointment will contain the expected duration time of the appointment so that patients are made aware prior to attendance. Ongoing therapy letters will also contain duration of appointment.**

		Trust cancellations are at times unavoidable due to unplanned absence of a staff member who was scheduled to do a treatment appointment. When this occurs, the patient is immediately contacted by administrative staff to apologise and inform them of this and to assure them that they will be rebooked as soon as their therapist becomes available. In the event of prolonged staff absence, the patient will be offered the options of either waiting for the therapist to return or to be reallocated to another therapist.
Quality of treatment (e.g., overreliance on prescription medication, and strategies or activities offered).	How will the trust improve the number of patients who receive support that is personalised, and user led with clarity on the support they will receive? How will you know that this has been achieved?	**Adult & Older Adult CMHT With the introduction of Dialog+ collaborative, needs led, care planning tool, we are ensuring that all discussion will be done jointly with the service users will address their needs. This will include strategies for access community assets and other therapies that may help** We audit our care plans on a monthly basis to monitor the standard and quality of the care plans. This process also ensures that the care plans are completed in collaboration with the service users and that service users receive copies of their Dialog+ care plan. If there are care plans that fall below the expected quality standard the Team Manager/ Clinical Lead will support the staff to ensure that interventions for the service user are being undertaken.

		From the feedback/results received through the Friends and Family Test, service user surveys, feedback from PAL's and the patient experience team we will continue to improve our services In **Talking therapies**, a decision is reached, about the intended intervention, with the patient.
Consistency and continuity of care (e.g., relationship continuity, knowing who to contact, and access to Community Psychiatrist Nurses).	What action will you take to increase the number of patients who have consistent and continuity of care? (e.g., are aware of their main point of contact, individuals responsible for their care etc) How will you improve the number of patients with access to Community Psychiatrist Nurses?	**CMHT Adult, Older Adult & Talking Therapies** All three services have clear and well-advertised points of contact and duty numbers should service users need to get in touch. CMHT now offer an extended duty service until 9pm each day including weekends and bank holidays. **We will however work with our communications leads to explore any further ways in which we can advertise or services.** **All service users at first contact should be given contact details of the team and access to the duty system. We will address this with our adult CMHT's and ensure that this information is clearly is put in a letter which can be given out to service users. This will include who to contact during and out of hours.** Following assessment, if it is indicated that allocation of a community Psychiatric Nurse is required then we ensure a prompt allocation. **Service users will be given copies of their Dialog+ care plans which will clearly identify who will be supporting with their needs and how to access services.** Within CMHT we operate a multidisciplinary care approach therefore patients are offered support to meet their required needs by most appropriate clinician with the appropriate skill set to deliver interventions.

		Talking Therapies do not have a duty service however in our correspondence we ensure that patients are aware of how to contact out of hours service if in crisis. Our telephone and online communications are also given.
Care planning and review (numbers of people having a care plan and how well it captures people's needs).	How will the Trust increase the number of individuals with care plans, developed with the individual, and measure and report this.	**CMHT Adult & Older Adult (dementia & Frailty) & Talking Therapies** **We believe that care is personalised to the needs of the individual involved however we have fed the comments from the Health Watch survey to clinicians in the three services surveyed so they can reflect on the feedback and be mindful of ensuring personalised care in all cases going forward.** As stated above our programme **of quality audits will support us in the monitoring of this and enable to identify where improvements may need to be made** **With the introduction of Dialog+ care planning, we are ensuring that all discussion will be done jointly with the service users will address their needs.** In Talking therapies, **a decision is reached, about the intended intervention, with the patient collaboratively. They are written to with the agreed plan of intervention and their GP is copied in.**
Support with health and wellbeing (e.g., support with physical health, money, work, housing, relationships, trauma, abuse, and addiction).	How will the Trust improve and measure the numbers of individuals receiving support around health and wellbeing (e.g., support with finances, housing etc.)	**Adult & Older Adult CMHT** **we have introduced Support Time Recovery workers into our CMHT's. The STR workers work closely with our service users and VCSE's to support in accessing and signposting to support for a arrange of social needs that can impact on mental health.**

		Within our NMHT function we have access to a variety of VCSE organisations who can offer support to service users. Service user cases are discussed jointly in our Multi Agency team meetings where we have access to all partner agencies to ensure appropriate care is offered to service users. This includes support with housing, benefits and a range of social needs. We have excellent links with the Shaw Trust who have workers embedded within our CMHT's who offer support with employments. We also work in close partnership with our Local neighbourhood integrator teams to explore and reach out to the more difficult to engage groups of population in order to reduce health inequalities and improve access to services for these groups .

In your response, please tell us the actions you will take to address the improvements people said they would like to see in NHS community mental health services (if not responded to above)

Improve access to appointments and reduce waiting times for treatment.	• Fortnightly deep dive waiting list meetings to review those waiting and capacity. • Continue to recruit to NMHT to ensure greater access across the BSOl footprint
Offer people reviews after treatment and re-refer people if more support is needed.	• Make patients aware of the rapid re ac-cess process where individuals can ac-cess mental health support through their GP services whenever needed. • Service users who require additional appointments will be offered follow up appointments. This will be monitored via our data sets
Ensure that care and support is personalised following a discussion with people about their needs.	• introduction of Dialog+ care planning as described above will ensure that all discussion will be collaborative working with service users to identify and address their needs.
Produce good care plans and follow them.	• Care plans are monitored through a program of quality audits by our Matrons as described above. We will monitor quality and themes via our clinical governance committees.

Offer more than just medication.	• A range of roles including Support Time Recovery workers, care navigators, health and wellbeing partitioners have been introduced in CMHT & NMHT to ensure a wide range of therapies are offered.
Offer compassionate care and support.	• Ensure we monitor complaints or concerns raised and offer feedback to staff • Monitor our friends and family tests results (which overwhelmingly show we ***ARE*** offering compassionate care).
CMHT should work more closely with the voluntary sector.	• Continue our close working with VCSE partners. We currently work in collaboration with MIND Shae trust and a wide range of other smaller VCSE partners.
Give people a point of contact.	• Ensure all letters are clear in who the main point of contact is for service users.
Improved understanding of mental health by healthcare professionals, including GPs and a better understanding of Autism.	• The Trust is supporting staff at BSMHFT to undertake the Oliver McGowan training which will be rolled out over the next 2yrs. Level 1 training is for all staff, level 2 is directed towards clinical staff and level 3 is for individuals who are working closely with service users with an LDA diagnosis.

Healthwatch Birmingham
PO Box 16875 Birmingham, B16 6TN

www.healthwatchbirmingham.co.uk
0800 652 5278
info@healthwatchbirmingham.co.uk
@HWBrum
facebook.com/HealthwatchBirmingham

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement. If you need this in an alternative format please contact us. Registered England, Company Registration No: 08440757
© Copyright Healthwatch Birmingham 2021