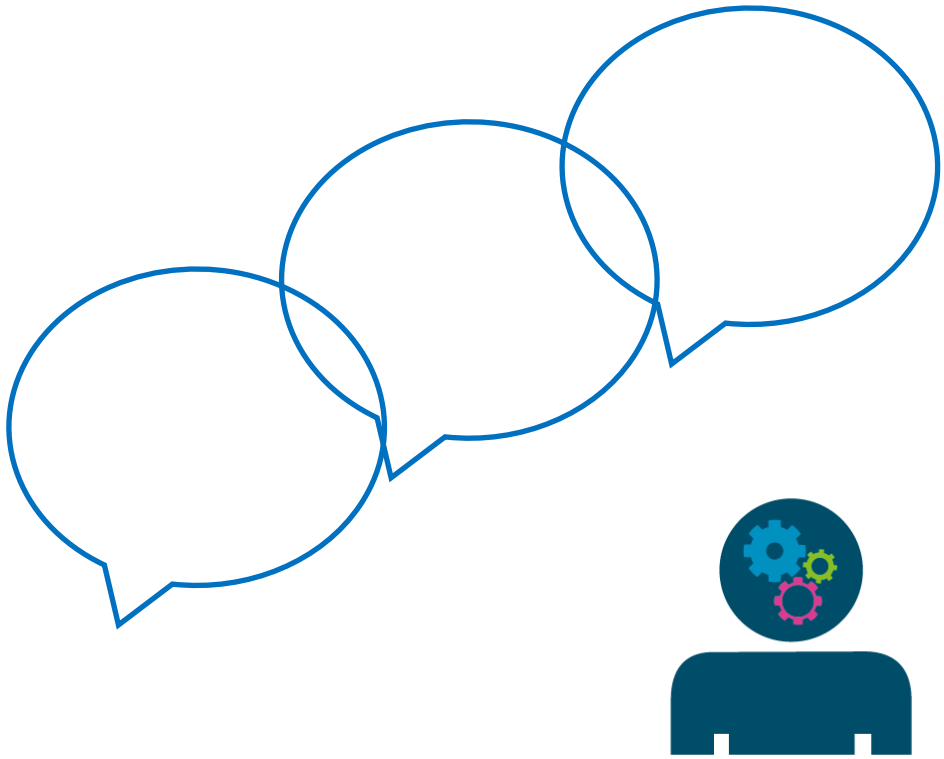
healthwatch Bury

People's Experiences of Accessing & Talking to Bury GP's About Their Mental Health

2017/18



People's experiences of accessing and talking to Bury GP's about their mental health – December 2017

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Executive Summary

Healthwatch Bury gathered feedback from service users' regarding their experiences of both before and after accessing their GP's about their mental health. We received 118 survey responses and met with 8 mental health groups.

From the survey results 81% of respondents had approached their GP about their mental health concerns in the last 12-18 months, with just under 60% seeking help within 3 months of becoming concerned and 17% waiting for over a year before seeking help.

Prior going to their GP the survey results showed that service users managed their condition in multiple ways through the help of family and friends, self-diagnosis, self-medication, on-line advice and via local charities/groups. However, some people chose to ignore their condition reaching crisis point before seeking help. Feedback indicated the lack of crisis care support and advice, as being a major area of concern for service users.

Just over 60% of survey respondents indicated they had no concerns or fears in going to talk to their GP about their mental health. The 30% who expressed fears gave the following reasons:

- The potential stigma attached with being diagnosed with a mental health condition
- The potential impact being diagnosed with a mental health problem may have on work
- Concern about not being taken seriously
- Concern about being sectioned
- Lack of time to discuss issues and in getting a timely appointment

A further question highlighted that around 18% had actually found it difficult to talk to their GP. The main reasons indicated were:

- Feeling uncomfortable about talking about their condition
- Not having enough time to talk to their GP
- A lack of empathy and not being taken seriously.

For the majority of respondents the support offered by their GP was medication and referral to another service and or specialist. Feedback from the groups highlighted some concern about an over reliance on medication and a lack of alternative options being offered or available to people. It was however, the main expectation of treatment from the survey responses..

When asked what would have improved the experience of those who responded, the main suggestions were for alternative therapies to be offered, quicker referrals, less waiting times to access secondary care services and the need for more time with their GP's.

Other key messages from the survey and group feedback highlighted the following issues:

- Lack of access to childcare and travel costs often prevented women from going to their GP to discuss their mental health problems.
- The debilitating effect of having a mental health condition can make using public transport difficult and a block to accessing help.
- Mental health stigma and taking the first step to help is a particular issue in the BAME communities. Finding the courage to make that first step is so difficult without the help and support of family and friends.
- Group therapy at Healthy Minds isn't for everyone - more alternative therapy options are needed.
- Physical health concerns are often overlooked when someone has a mental health condition.

- Local mental health groups are highly valued by service users for helping them to manage their condition.
- More information about mental health and what local services are available is needed in Bury and across the local health care services.

Healthwatch Bury recommendations can be found on page 35 of the report.

Mental Health Services Users Experiences of Accessing and Talking to Bury GP's About Their Mental Health Report

Context

1.1 At any time, one in four adults has a mental health condition and one in 100 has a severe mental illness. People with mental ill health die younger, and a greater proportion have poor physical health compared to the general population. Around one in ten children experience mental health problems, with depression affecting around one in 12 of the whole population. The rates of self-harm in the UK are the highest in Europe with estimates of 400 in 100,000 people self-harm[1].

1.2 The GM Mental Health and Wellbeing Strategy[2] states that there are 3,981 people in GM in contact with mental health services for every 100,000 of population compared to 2,176 nationally. The estimated number of adults (18-64) in Bury with a common mental health condition is in the region of 16% (18,441) and with a complex mental health condition around 0.4% (459)[3]. The demands on services are high and as such Healthwatch Bury has identified Mental Health (MH) as one of its priority services to review.

1.3 Healthwatch Bury wanted to explore the experiences of adults either living in Bury or registered with a Bury GP who had spoken to their GP about mental health concerns in the last 12 to 18 months. In particular we wanted to understand 'service user needs' i.e. the needs that a user has of a service, and which that service must satisfy for the user to get the right outcome for them.

1.4 GP's are often the first point of call for people who are worried about their mental health who will then assess the circumstances and offer appropriate advice or treatment. GPs can refer patients to a psychological therapy service or a specialist mental health service for further advice or treatment all of which will

[1] Horrocks, J., House, A. & Owens, D. (2002). *Attendances in the accident and emergency department following self-harm; a descriptive study*. University of Leeds, Academic Unit of Psychiatry and Behavioural Sciences
[2] GM Mental Health and Wellbeing Strategy, page 7, 2016
[3] The Bury Mental Health Strategy, 2013-2018

play a major role in the outcomes of their patients. Research has shown that the 81% of people with mental health problems who do get treatment are seen within primary care, with 90 per cent of people receiving treatment and care for their mental health problem solely in primary care settings[4].

1.5 The aim of the research was to explore the following questions:

- How long did people wait between becoming concerned about their mental health and approaching their GP?
- How did people manage their condition before getting help?
- What were individuals' concerns and fears before speaking to the GP?
- How easy was it for people to talk to the GP during the appointment?
- What form of support arose from approaching the GP?
- What were individuals' experiences of the support they received and what would have improved this?

1. Methodology

1.1 Healthwatch carried out a qualitative research approach through:

- A questionnaire (attached at appendix i) based on the aims set out above placed on-line and circulated to GP surgeries and mental health groups
- Focus groups held with service users from different local mental health groups, to gather and compare service user experiences

Healthwatch Bury received 118 survey responses and spoke to 7 mental health groups (The Attic Project, BIG in Mental Health, Women of Worth, Bury Carers Centre MH Support group, Creative Living Centre, ADAB, One Recovery) with additional input from Eagles Wing and Bury CAB.

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[4] 'Better equipped, better care', Improving mental health training for GPs and practice nurses, Mind, 2016

3 The Project Assumptions

3.1 It is recognised that many people experience mental health problems and that there is still a strong social stigma attached to mental ill health. People with mental health problems often experience discrimination in all aspects of their lives.

3.2 Many people's problems are made worse by the stigma and discrimination they experience not only from society, but also from families, friends and employer which ultimately has a negative impact on their quality of life.

3.3 Stigma and discrimination can also worsen someone's mental health problems, delay or impede them getting help, treatment and affect their recovery. Social isolation, poor housing, unemployment and poverty are all linked to mental illness. Stigma and discrimination can trap people in a cycle of illness. This negative image makes it very difficult for people to acknowledge or come forward to seek help for their mental health needs.

4. Limitations

4.1 The aim was to explore service user experience of those who have accessed services during the past 12 – 18 months but it is acknowledged many respondents could potentially refer further back on their mental health medical history/experience. The surveys was designed to identify the entry time into mental health services but it is acknowledged that the groups will consist of a number of established service users who will have been receiving services for a longer period of time and whose experiences will reflect that.

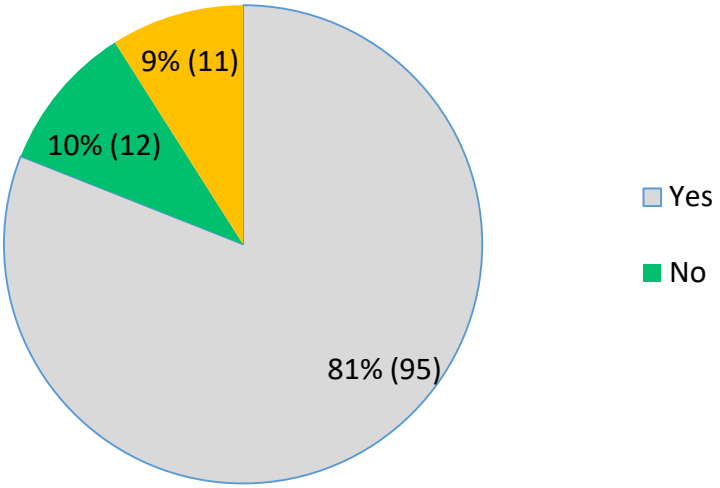
5. Findings

5.1 The following sections provide an outline of the key findings from the survey alongside the group session responses.

6 How long people waited before seeing their GP

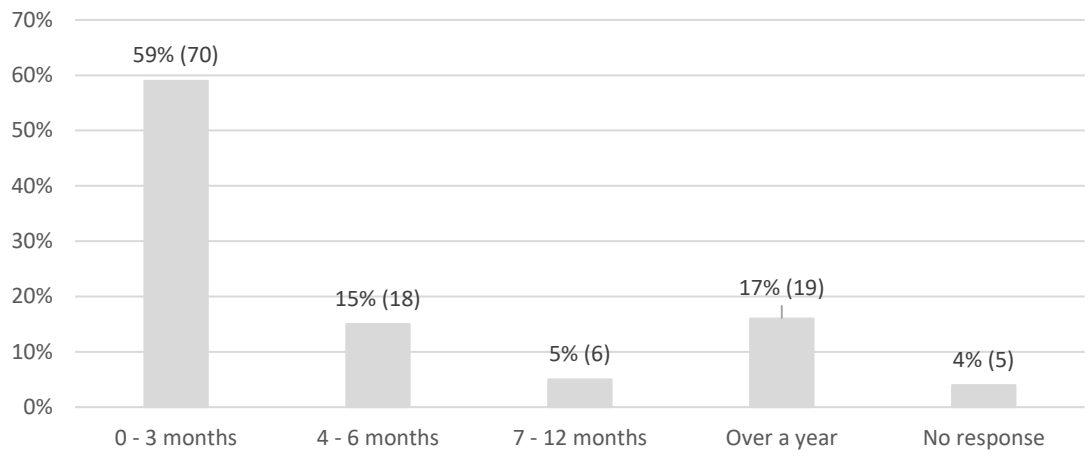
6.1 The majority of survey respondents had approached their GP with mental health concerns in the last 12 to 18 months.

Table1: Have you approached a GP in Bury with mental health concerns in the last 12 - 18 months?



6.2 From the table below it can be seen that just under 60% went to their GP within 3 months of becoming concerned about their MH. However, around 17% (19) waited for over a year before approaching their GP for help.

Table 2: How long did you wait between being concerned and booking your GP appointment?



6.3 From the results outlined in table 2, of those who stated they had waited for more than a year before going to their GP, nearly 53% (10) managed their condition with the help of family and or friends and with just over 31% (7) having self-diagnosed their condition. Although 26% (5) had sought web based advice none had visited their GP practice website; only four people out of the 118 survey respondents stated they had visited their GP web site.

6.4 From this group the following comments highlight how the stigma of having a mental health condition prevented them from seeking help earlier:

"I just didn't feel comfortable talking to her about it, like maybe she didn't understand or would judge me"

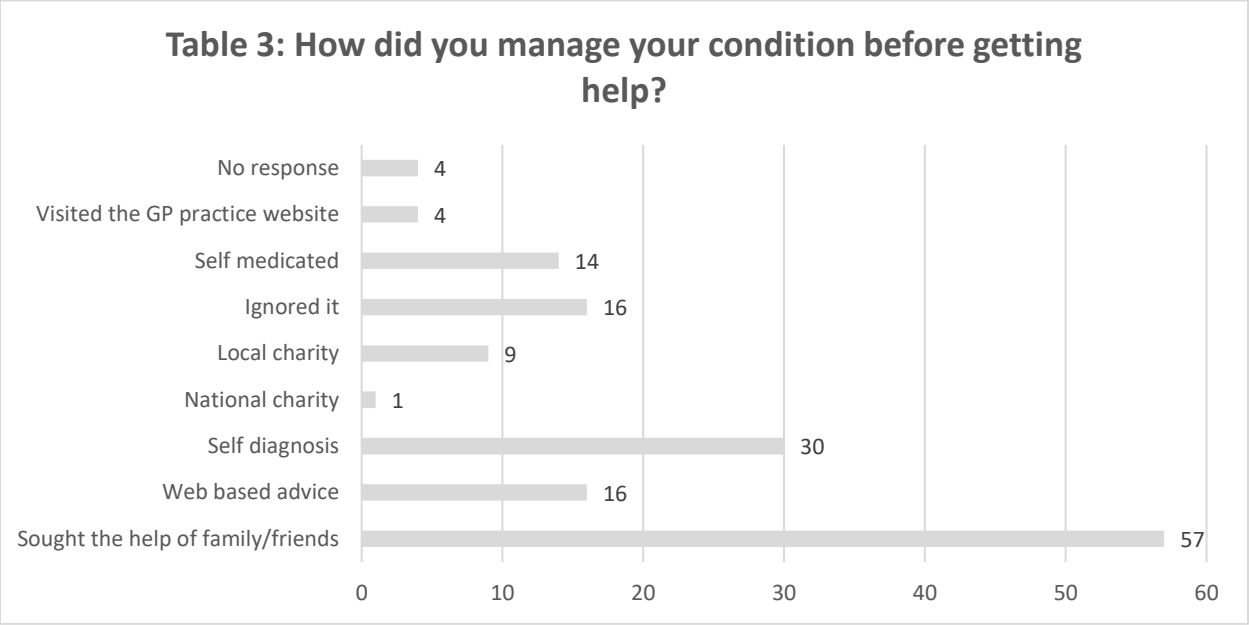
"I felt ashamed as mental health isn't spoken about as much as physical"

"Too upset to admit I self-harmed so kept it quiet"

"Lack of understanding"

"Worried about it being on my medical records or if it would affect my future"

7 How people managed their condition before getting help.



7.1 Family and Friends

As shown in table 3, family and friends support was identified as one of the main ways that respondents managed their condition before getting help from their GP. Feedback from respondents also highlighted that families/friends play an essential role in supporting service users once they are in the health system. The importance of family/ friends and carers in the life of someone suffering from MH cannot be underestimated, but it is also important to consider the impact on the family and carer(s) as the feedback from a carers group shows:

"I first found out that my daughter had an eating disorder when we went to do Christmas shopping and realised that her clothes dropped off her. We went to see the doctor in the first week of January and my daughter did not go back to school, she was then 14 years old."

“She has only been on medication for four weeks but has now stopped taking it because the medication seems to be making her worse, she has become suicidal.”

“‘My daughter only wants to see the health professional, clinician when she hits the crisis.”

“I first heard about my son’s condition through school. School referred him to CAMHS and within 14 months my son got expelled from the school because of his behaviour. School did not understand that he was suffering with the mental health condition.”

“Schools need to be more understanding and more awareness about mental health conditions.”

“My son is now 57 and has suffered with depression all his life. People with mental health conditions are often labelled as ‘bad people’, their conditions are often misunderstood and they don’t get any help. People with mental health issues are reluctant to go to the doctor.”

“It is an awful thing having to say to my family “I don’t want to live anymore.”

7.2 **Carer Support**

The need for more support to help families and carers was also highlighted:

“Carers are often in crisis themselves and only get the help when they hit the lowest point.”

“Carers are supporting their family members on a daily basis but who supports the carers?”

"Carers of mental health service users need meaningful activities where they can take their adult children or husband/wife. More information is needed about mental health conditions."

"It was scary for my family having to leave me in the psychiatric ward and having to leave me behind. It would have been beneficial to have some support for my family."

7.2.1 A number of carers explained how their family member had difficulty accepting that they had a mental health condition and would not go to see their GP. It was only when they had accepted that they had a mental health condition that they sought professional help.

"My son would not accept the mental health condition, had to go to the A&E before he saw the GP. We don't engage with the doctor much."

"The biggest challenge is to get the person who is ill to recognise they are ill. Once they accept the illness things move on quickly".

"Once you're in the system it is easier and you get to know how to support the person with mental health issues".

"You won't be able to get over the sigma until you accept the condition yourself".

7.3 Crisis Care

A number of service users from the group sessions explained how they hadn't really done anything about managing their condition and only went to their GP when they were at that crisis point[5] or had been admitted into hospital.

[5] A **mental health crisis** often means that a person no longer feels able to cope or be in control of their situation. They may feel great emotional distress or anxiety, can't cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.

"You don't tell your friends and family at first because you are embarrassed and don't want to admit that you're struggling".

7.3.1 Service users in the groups spoke very strongly about the lack of care for people when in crisis, the lack of knowledge about what to do, where to go and who to contact. They described how the need to be referred to crisis services was a block to getting help when most urgently needed, being able to talk to a mental health practitioner quickly and without having to jump through numerous administrative processes would simplify and improve access to care when most needed.

7.3.2 They spoke about the need for more advice, support and guidance for family and friends to help them develop the knowledge and skills needed to deal with a family member when in crisis for example, health practitioners working with the family to produce an emergency plan, advice and guidance for before, during and after a crisis situation..

7.3.3 Many were very complimentary about their experiences with the police, who they felt showed real empathy and understanding, especially when they had been in crisis and suicidal.

7.4 Self management

The survey results indicated that although a number had tried to ignore their MH condition the majority had tried to find out about and self-manage their health condition. The results also show that service users spend time trying to help themselves through a combination of self-diagnosis, self-medication and web based advice.

In mental health terms, a **crisis** refers not necessarily to a traumatic situation or event, but to a person's reaction to an event. One person might be deeply affected by an event while another individual suffers little or no ill effects.

7.5 Local charities and mental health support groups

Understandably, having access to local mental health groups and local charities for support was given a much higher degree of importance by the service users we spoke to, than came out of the survey responses completed on-line.

7.5.1 From the feedback it was clear that the Mental Health support groups were considered, by many of the group members as being key to helping them manage their condition. The lack of knowledge and information available about local third sector groups both for providers and service users was a common concern raised by group members. Alongside this was the lack of signposting to, and information about, local groups was highlighted. A number of service users stated they had only found about their particular support group by word of mouth but that, after attending, it had become a life line for them.

"*People find out about the …. mostly through word of mouth. We have 18 service users who regularly visit the Group. But Psychiatrists are not aware of the Group. Information is not widely available for mental health service users."*

"Joining BIG is the best thing I've done".

"There is need for more community based support".

"Groups like ours are key to helping manage addiction, being able to talk to others who understand your condition is vital"

"GPs don't give out any information about our group. One service user heard about them at A&E."

7.5.2 Many felt that more should be done to build the support available in communities be that groups or local community MH services. A number of people expressed concern about the stability of their groups in times of austerity, others had seen services and groups fold or services reduced despite the demands for those services/groups increasing.

7.5.3 A number of group members fed back that being in a group provided them with peer support from people who understood what it was like to have a mental health condition. Service users also stated that through the group they had been able to gain a better understanding about their condition and how they can manage it.

7.5.4 Provision of one to one longer term support, somewhere that those suffering from mental health conditions can go and not be judged or stigmatized is clearly important to those suffering from poor mental health.

7.5.6 Research findings in 2015 [6] found that in 'successful support groups peer-facilitation fosters mutually supportive, reciprocal relationships capable of inspiring hope among group members. These processes promote recovery, social inclusion and personal growth. Successful groups were based on principles of co-production in terms of shared aims, negotiated agendas, clear communication, and engagement with the wider community. Development of individuals' roles and support for peer support workers were also important factors. Overall, a group's success was seen in terms of growth in members' self-esteem, empowerment, and optimism'.

7.5.7 Finding and accessing support, information and advice became a strong theme from all the groups visited and from the survey responses. Respondents

[6] Good Practice in Peer-Facilitated Community Mental Health Support Groups: a Review of the Literature, Vanessa Parmenter, Jon Fieldhouse, Kris Deering, University of the West of England, Bristol, 2015

genuinely appeared to want to help themselves but acknowledged it was very difficult without help due to the often debilitating effect of the MH condition.

7.5.8 One service provider explained "*they come to us because they cannot cope, they cannot plan, start or finish tasks, they are uncommunicative, vulnerable, they do not open their post, they cannot respond to their post, they have poor concentration, memory are often confused and agitated or just apathetic".*

7.5.8 One service user wrote *"when I hit a low point I know how to look stuff up but I don't do it, I need guidance or someone to take control. I don't care about anything".*

7.5.10 Having a strong network of MH support groups across Bury clearly plays a positive on-going role in supporting people with MH conditions.

7.6 Web based Advice

Although the survey results showed that a number of respondents had sought web based advice to help manage their condition, feedback from the groups indicated that the internet is not somewhere that they would automatically go to seek advice. For some it was simply that they did not have access to, or know how to use a computer and for others they couldn't afford to pay for internet access.

7.6.1 It is important that information and advice is made available by all communication channels not just via the internet. For the most vulnerable in our society who are often the poorest and most marginalized the services should be co-designed alongside service users to help ensure they are able to get the advice they need.

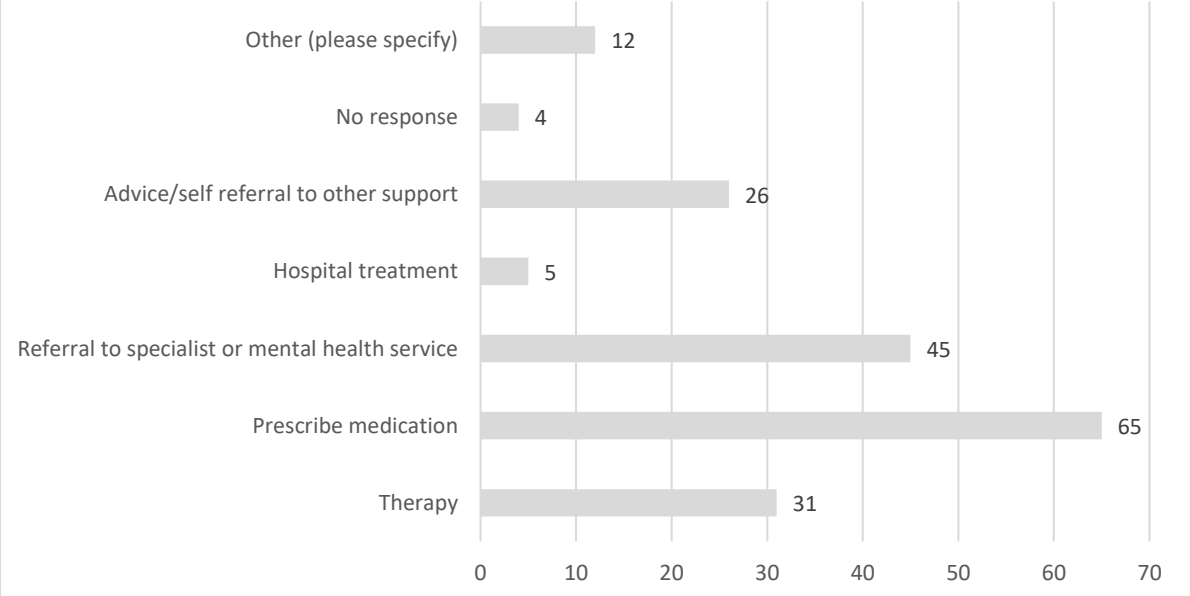
7.6.2 Healthwatch Bury acknowledges that more and more services will be placed on line and that the plethora of MH web sites offer valuable advice and support and should be promoted to service users. Therefore continuing to provide free

access and support to IT is important. Healthwatch Bury has already been working in partnership with Citizens Advice (CAB) and their "Bury MarkIT" project and purchased an IT Kiosk which is now available for the public to access at the reception area of St John's. The CAB project aims to help people who are fully or partially digitally excluded to better understand and access digital services through the digital hub on Bury Market which will act as the first point of digital contact for the local community.

7.6.3 In response to the the request for accessible information, Healthwatch Bury with input from Bury's MH Groups and key partners, has designed a booklet 'Mental Health and Wellbeing in Bury' attached at appendix ii. This is based on a similar booklet produced by Healthwatch York. We are also looking to develop other shorter information and advice leaflets for mental health service users and their families/carers.

8 What help people hoped to receive from their GP.

Table 4: What help did you hope to receive from the GP?



8.1 When asked what help people had hoped to receive from their GPs (table 4) the respondents top choices were, to be prescribed medicine, referred to other specialist services, therapy and advice.

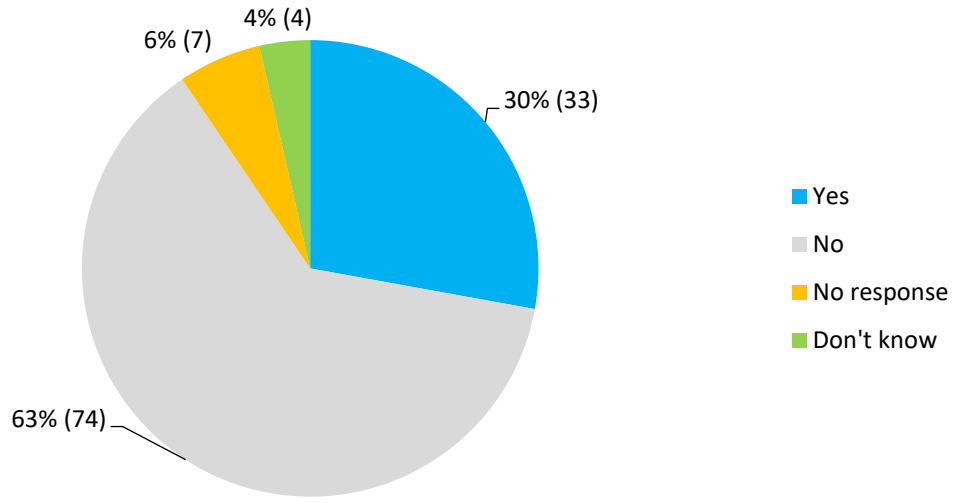
8.2 A number of service users made reference to the importance of having access to the right medication and the importance of the GP practice ensuring the correct information is shared with the pharmacist.

8.3 Others mentioned not being provided with enough information about the medication they are taking, the side effects and what alternatives there are.

8.4 Feedback revealed that referrals to other specialist help can be problematical for asylum seekers and refugees. The difficulty is having to get an interpreter on a phone when they can't understand the different options to get through to the right service and when they do it is difficult to ask for the right dialect interpreter.

9 Concerns people had about talking to their GP

Table 5: Did you have any concerns/fears about talking to your GP?



9.1 The majority of respondents (63%) indicated that they had no concerns or fears in going to talk to their GPs. The concerns/fears expressed by the 30% of those who did have been grouped as follows:

9.1.1 The potential stigma attached to being diagnosed with a mental health condition.

MH stigma as outlined in section 3, is still a block for many, respondents expressed their concerns as follows:

"Fear of being diagnosed."
"Worried, embarrassed."
"Hard to talk about mental issues."
"I felt ashamed as mental health isn't spoken about as much as physical"
"Embarrassment."

9.1.2 It is a particular issue for BAME cultures where mental health is often considered a taboo subject. A staff member of explained how through her work she is often able to identify women with mental health issues. 'X' described how difficult it was to persuade individuals within the BAME community that they have an issue and to encourage them to seek help from a medical professional. 'X' explained that women are terrified that their mental health issue will be exposed, their confidentiality will be broken and news of their condition will get back to their spouses, families and to their communities. Sometimes they do not accept that they are experiencing any mental health issues and just see it as a norm, reported 'X'.

9.1.3 The work of local BAME groups is vital in helping to overcome the cultural barriers and breaking down the stigma of mental health. Their continued support is key to success.

9.4 The potential impact on being diagnosed with a mental health problem may have on work.

Respondents stated:

"Worried about it being on my medical records or if it would affect my future."
"Concerned they would contact work"
"Worried about work and how long to get counselling support "

9.4.1 A number of people expressed strong views about the lack of support given to those who work in the NHS and suffer from MH issues. Many referred to problems they had experienced themselves or knew about from friends and family.

9.4.2 A number from the group sessions who worked in the health sector, described the lack of empathy and support they had received and how, rather than being a lead organisation, described an organisation whose workforce felt unable to disclose their condition for fear of how they would be treated and viewed.

9.4.3 Service users provided a number of examples of negative experiences and incidents that had happened to them in work situations. Due to the specific nature of the examples, Healthwatch Bury has chosen not to provide the details to ensure anonymity for the service users.

9.4.5 The feedback highlighted that there is still a lack of understanding about how to support staff with MH conditions in the work place. Clearly, with one in four adults suffering from a mental health condition, there will be impact on the work place. Although there is some support and advice available such as the

'Creating Mentally Healthy Workplaces report[7] and Thriving at Work Review'[8] which provide advice and guidance more is need to provide employers with guidance and support. It is helpful that Bury CCG has recognised the need to support those with mental health in the workplace and is currently developing an initiative to roll out mental health training to employers.

9.6 Concern about not being taken seriously

Respondents described their concerns about not being taken seriously:

"I felt like a big fraud, there were people in the waiting room who looked seriously ill. I thought they would think I am making a big deal that I just need to get a grip."

"Whether they have the understanding of depression and anxiety to support, whether they thought I was being "dramatic" or overly sensitive – in that would they minimalize my concerns."

"Just being shrugged off."

"Lack of understanding."

"Lack of understanding of my situation. Not being able to empathise."

"I was just embarrassed, thought maybe they would think I was making it up or being dramatic."

"Not listening and understanding."

7 Time to Change, Creating mentally healthy workplaces, what employees say and how employees can improve, Dr Helen Ferris-Baker, Tom Oxley and the Time to Change Employers Team, 2016

8 Thriving at work, The Stevenson / Farmer review of mental health and employers, 2017

9.7 Concerns about being sectioned:

A number of respondents raised concerns about the potential of being sectioned. There appeared to be a lack of understanding about how a person is sectioned and the fact it is only in extreme circumstances that a person would be sectioned.

"That I would be sectioned and fear of that without the proper explanation of what that would entail."

"Being sectioned"

"Being put in a mental hospital."

"To trust – without the fear of being sectioned."

9.8 Lack of relationship and trust in their GP:

Having a good relationship with their GP was clearly important to patients and not being able to build that relationship prevented some from seeking help:

"Never being able to see the same GP unless I wait for 2 weeks. They don't know me so there's no relationship. So no confidence in confiding in them."

"They are not qualified to talk about mental health and plus it's not enough time to talk."

"Presume that he didn't have much knowledge of mental health, also limited powers to help."

"I feared it would be a waste of time and I wouldn't get the help I need."

"Didn't think I could be helped, feared being judged….. "

9.8.1 Research completed in 2008[9] "*showed that positive, trusting relationships with clinicians, developed over time, aid recovery. When "fit" with clinicians was good, long-term relational continuity of care allowed development of close, collaborative relationships, fostered good illness and medication management, and supported patient-directed decisions. Most valued were competent, caring, trustworthy, and trusting clinicians who treated clinical encounters "like friendships," increasing willingness to seek help and continue care when treatments were not effective and supporting "normal" rather than "mentally ill" identities. Statistical models showed positive relationships between recovery-oriented patient-driven care and satisfaction with clinicians, medication satisfaction, and recovery. Relational continuity indirectly affected quality of life via satisfaction with clinicians; medication satisfaction was associated with fewer symptoms; fewer symptoms were associated with recovery and better quality of life*".

9.8.2 The feedback from the groups also highlighted the issues that not being able to see the same GP also led to a lack of consistency across GP practices with differing diagnosis and treatment.

9.9 Lack of specialist knowledge

A number of references were received from both the group feedback and the surveys regarding the need for more specialist support within GP practices.

9.10 Lack of time to discuss their issues & the difficulty in getting a timely appointment

Respondents wrote**:**

"Not long enough time to discuss especially if you have more than one condition."

[9] Understanding How Clinician-Patient Relationships and Relational Continuity of Care Affect Recovery from Serious Mental Illness: STARS Study Results, Carla A. Green, Michael R. Polen, Shannon L. Janoff, David K. Castleton, Jennifer P. Wisdom, Nancy Vuckovic, Nancy A. Perrin, Robert I. Paulson, Stuart L. Oken; Psychiatr Rehabil J. 2008; 32(1): 9–22.

"There wouldn't be enough time to explore my feelings and that they would just jump to a conclusion."

"Really, time limits. I tend to write things down so I don't forget things."

9.10.1 The views expressed from the group sessions however, was split, some stating their GP practice was excellent and offered double slots, others expressed how difficult it was to get an appointment when it was needed and even more so for a double time slot.

9.10.2 The British Medical association (BMA) reported[10] that from a '*survey of nearly 16,000 GPs, 67% felt that there should be longer consultations for certain groups of patients, including those with long-term conditions. The report also highlighted that in 2014, the Royal College of General Practitioners) and RCPsych proposed that GPs should have more time for consultations with patients with mental health problems, and in 2016 the BMA called for an extra five minutes for GP consultations'.*

9.11 Taking the first step

People described how difficult it was to make that first move, to overcome the fear of either going to their GP or simply taking the first step through the door to a support group. They described how that first step was often taken with the support of a friend or family member and acknowledged that for those without support it is an even harder first step to take.

9.11.1 One person wrote '*it takes a lot of courage to seek help. On two occasions my GP has been brilliant. On the third occasion, and seeing another GP in the*

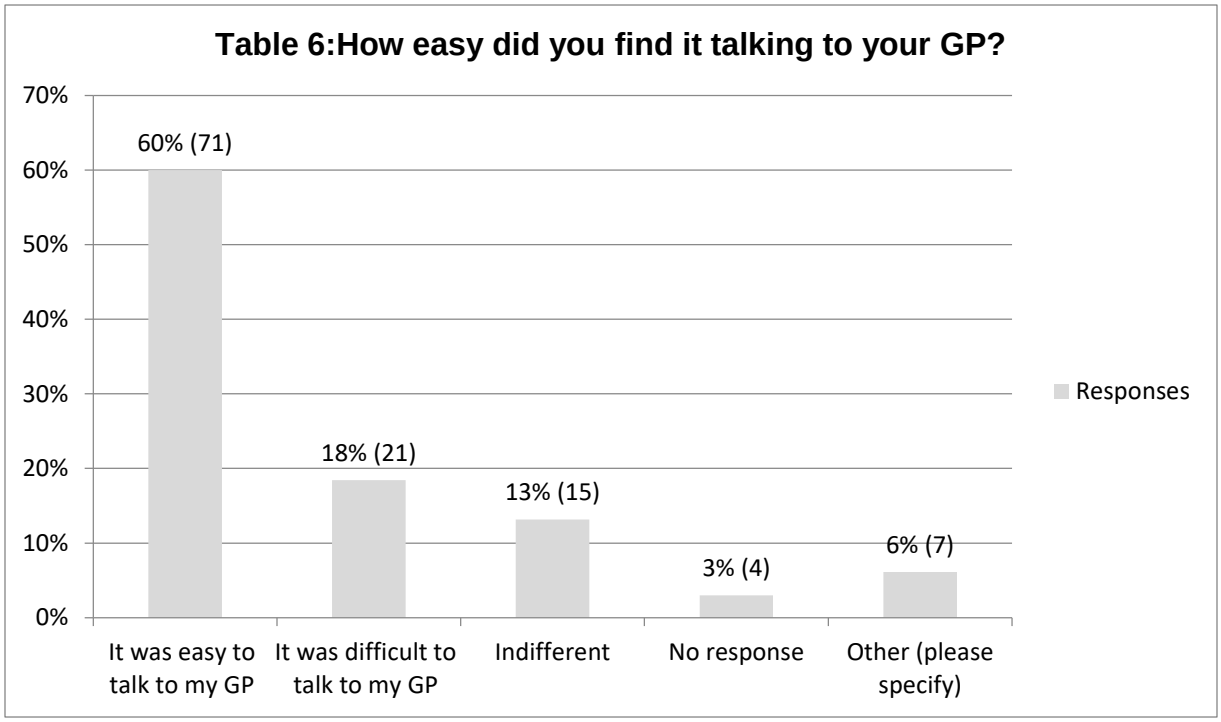
[10] Breaking Down Barriers – the challenge of improving mental health outcomes, British Medical Association, 2017

practice it was just assumed that I wanted tablets. The attitude of the GP on this occasion has completely altered my view of seeking help…. ."

9.11.2 This first hurdle was summed up by one service provider who explained that many of their members describe a ramp leading up to a health service building as 'the ramp of shame'.

10 How easy was it for people to talk to the GP during the appointment?

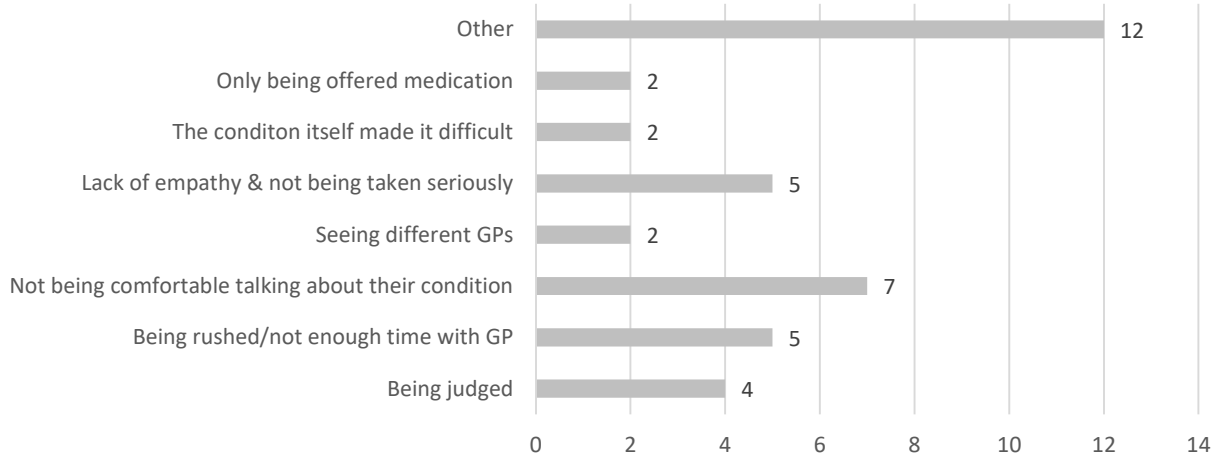
10.1 When asked if people found it easy talking to their GP, just over 60% stated they had found it easy.



11 What made it difficult talking to a GP?

11.1 The most frequent difficulties of the 39 who responded to what made it difficult to talk to their GP are as follows:

Table 7: What made it difficult to talk to you GP?



11.2 An analysis of the text from the responses of 'what made it difficult to talk to their GPs' revealed that 'judged, difficult, attitude and rushed' were the four words which showed up the most frequently:

11.3 A number of references were received from both the group feedback and the surveys regarding the need for improved MH awareness and training for all health care professionals and employers, to help improve empathy and understanding of MH conditions.

12 What support was given after approaching the GP?

12.1 Table 8 below describes the support and treatment offered to people once they had visited their GP's. For the majority the support was medication and referral to another service/specialist. Feedback from the groups did highlight that some

service users were concerned about an over reliance of medication by GP's and the lack of alternative options available or offered to people.

Table 8: What support was given after approaching the GP?

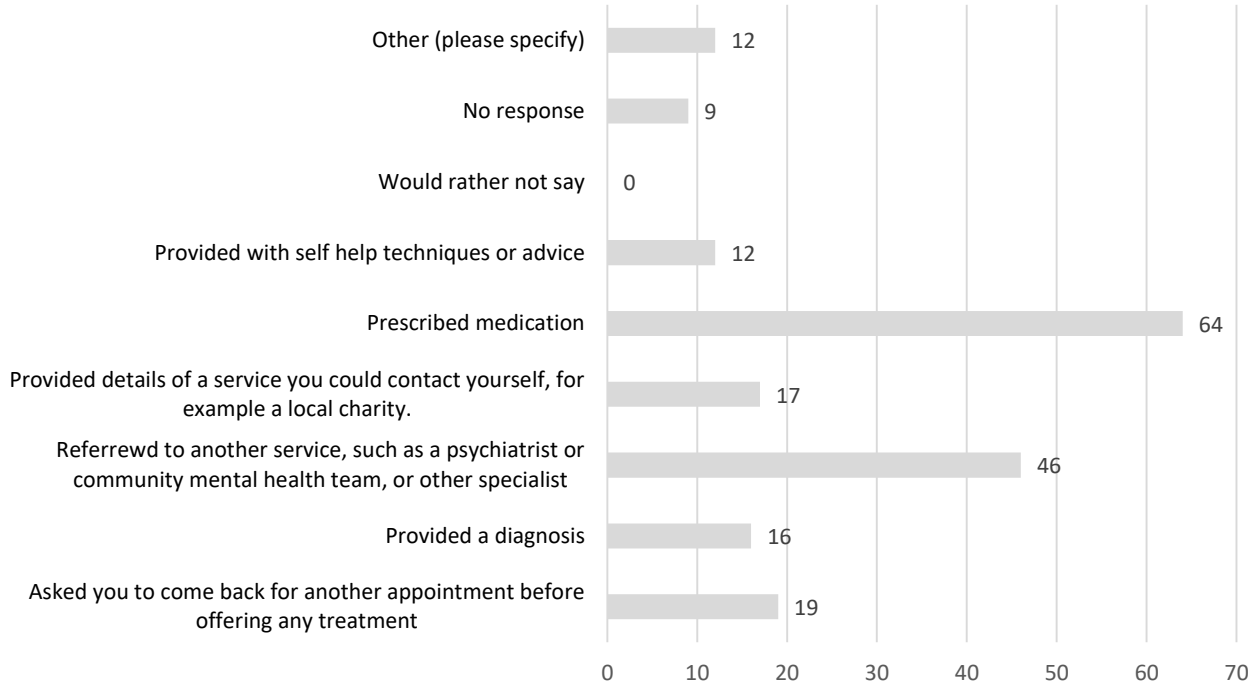
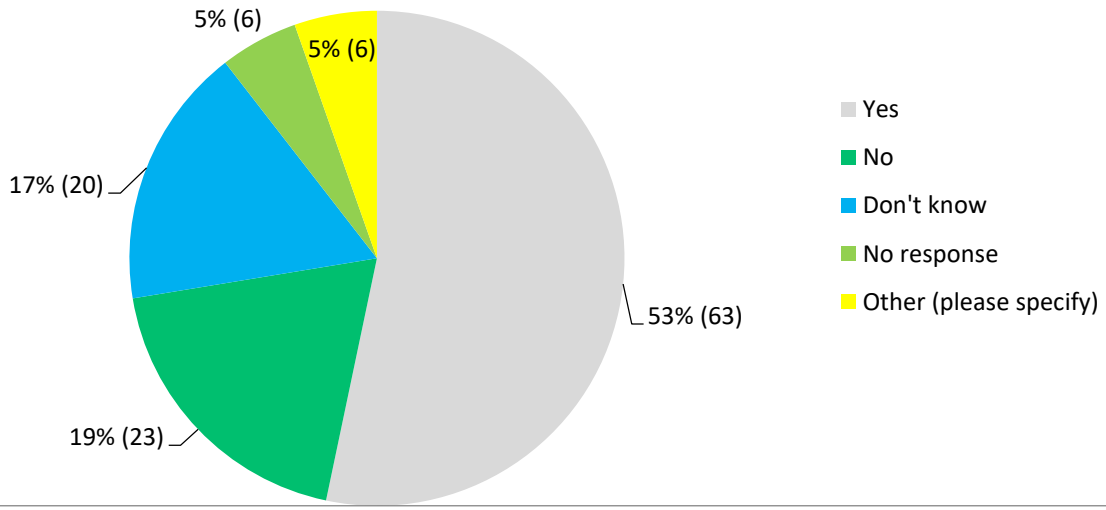


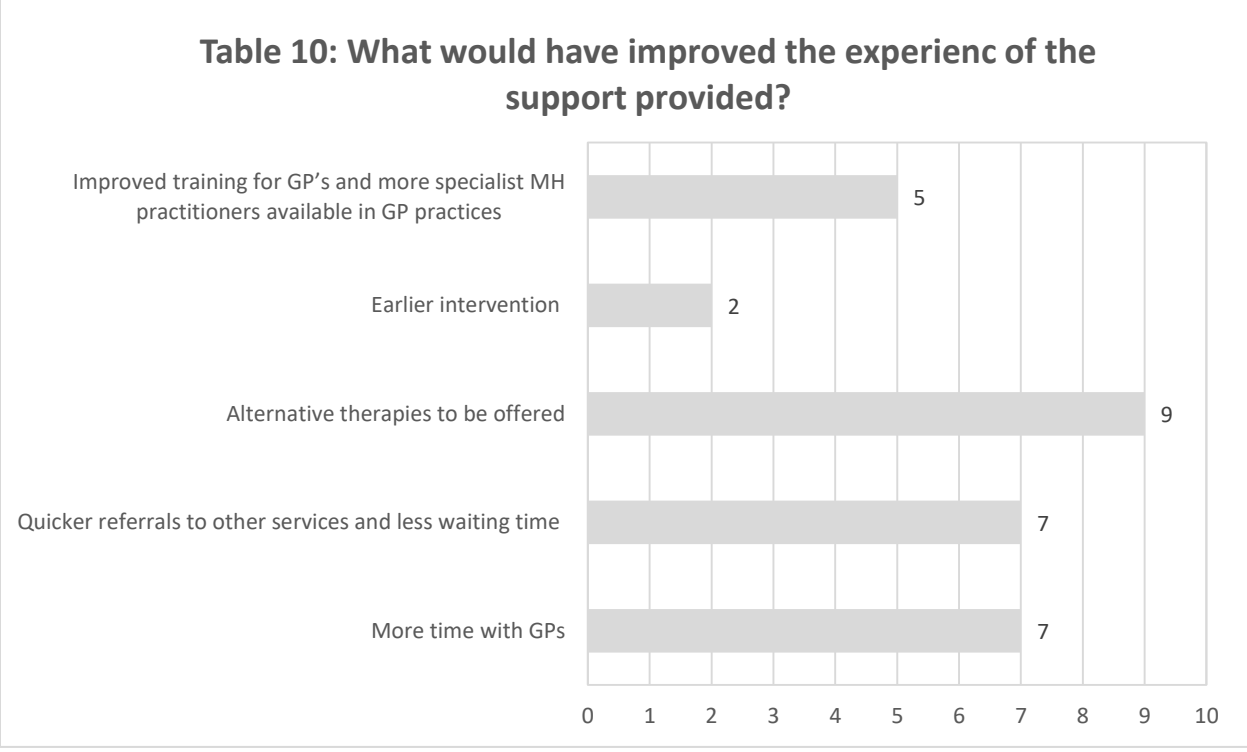
Table 9: Did the support offered reflect your opinion/ personal choice of treatment?



12.4 Of the 112 who responded to whether the support offered reflected their choice, 53% (64) felt the support offered reflected their choice of treatment; 19% (23) felt it hadn't and 17% (20) didn't know. From the feedback received, respondents did self-diagnose and seek out information in order to help themselves. Raising awareness around what treatments and support services are available would help service users to make informed choices about meeting their mental health needs.

13 What were people's' experiences of the support they received and what would have improved this?

13.1 To try and understand a little more about the support provided, the survey asked what individuals' experiences of the support they received were and what would have improved this. Of the 69 (58%) who responded to this question, the following were the most common suggestions:



13.2 The need for quicker referrals was also highlighted in the feedback from the groups. A number highlighted the current lengthy waiting time to get access into Healthy Minds.

14 What was positive about approaching your GP?

14.1 Of the 82 who responded to the question just under half (45%) felt their GP was understanding, sympathetic and easy to talk to:

"Supportive, caring and understanding nature. I felt safe talking to them"

"He was understanding and explained about medications."

"Easy to talk to. Very understanding"

14.21 Nine (11%) described approaching their GP as being an important step to getting help:

"I felt I was doing something to solve my anxiety"

"Admitting to myself I needed to go to the GP"

"The feeling that I was doing something about it"

"Having confidence to admit my problem"

15 Other key messages

15.1 The following additional issues were raised during the group sessions and from the survey responses:

15.2 Childcare

Even though women are more likely than men to seek help [11] the feedback from the groups indicated that the lack of access to childcare and travel costs often prevented them from attending appointments or seeking help of any kind:

"There is a lack of childcare support and understanding at the nurseries".

"Bringing a child up is draining and feeling of guilt is always there. You constantly feel threatened that your child will be taken away from you".

[11] Pilgrim, D. (2010). Mind the gender gap: mental health in a post-feminist context

"*Childcare provision is not understanding or helpful for people with mental health issues. Mums or women without support cannot always afford to get a bus fare at £4:50 –a day saver…."*

15.2.1 Although not specifically just MH, NHS statistics show that women aged 20 to 29 missed 10 per cent of their booked outpatient appointments (629,640 of 6.3 million) accounting for the highest number of DNAs for any age group[12].

15.2.2 Research shows that the cost of missed appointments[13] to the NHS is in the region of a £1bn a year, one in 50 outpatients who miss an appointment fail to attend three or more further appointments within three months[14] so finding ways to support people to get to their appointments will be of financial benefit to the NHS as well as health wise to the patient.

15.2.2 Statistics show that in England, women are more likely than men to have a common mental health problem[15] and are almost twice as likely to be diagnosed with anxiety disorders[16]. It is important therefore, that alternative avenues are made available to help them get the help needed, such as promoting the use of telephone appointments with their GPs, making mental health advice and support available at children's centres, nurseries, childminders and at leisure facilities that are aimed at children and families to raise awareness around MH and provide information about what help is available.

[12] NHS Digital news article, 25th June 2014 - http://content.digital.nhs.uk/article/4801/One-in-50-outpatients-who-miss-an-appointment-fail-to-attend-three-or-more-further-appointments-within-three-months
[13] The Guardian news article, 2nd January 2018 - https://www.theguardian.com/society/2018/jan/02/patients-missing-their-appointments-cost-the-nhs-1bn-last-year
[14] NHS Digital news article , 25th June 2014 - http://content.digital.nhs.uk/article/4801/One-in-50-outpatients-who-miss-an-appointment-fail-to-attend-three-or-more-further-appointments-within-three-months
[15] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.
[16] Martin-Merino, E., Ruigomez, A., Wallander, M., Johansson, S. and Garcia Rodriguez, L. (2009). Prevalence, incidence, morbidity and treatment patterns in a cohort of patients diagnosed with anxiety in UK primary care. Family Practice, 27(1), pp.9-16.

15.3 Public transport

Using public transport can also be a blockage to accessing help:

"Travelling expenses are a huge issue. When I am having a bad day I don't even want to get out of bed. Some people can't use public transport due to anxiety issues".

"…..Sometimes public transport can cause anxiety itself."

15.4 Leaving the house

Simply leaving the house to get help can be too difficult for some patients especially when they are at their lowest. This makes getting help or being able to go to support groups without help, impossible so patients often end up in crisis and at A&E.

15.5 Access to Cognitive Behavioral Therapy (CBT)

A number of service users highlighted the need for better access to the CBT service in Bury, some stated they felt it was a bit of 'post code lottery' to access to CBT.

15.6 Healthy Minds – Group Sessions

Concern was raised about the group therapy approach used by Healthy Minds stating it did not suit everyone. Some patients find group activities uncomfortable. The issue was that non-attendance to the group sessions meant potentially losing their place in line and having to wait longer for individual support.

15.6.1 Feedback from Eagles Wing highlighted the the difficulties for refugees and asylum seekers in accessing the Healthy Minds service in Bury due to the language barrier making it difficult to self-refer. When an asylum seeker/refugee has accessed the service, as well as the language barrier, the group therapy and

/or telephone counselling is often not appropriate due to the severity of their mental health condition and the trauma that many have been through.

15.7 Mental Health Services Bureaucracy

One respondent wrote "*mental health services in Bury are extremely hard to contact, particularly for people who have no family support and are severely depressed and therefore do not have the will to seek support for themselves. Additionally you have to go through a series of phone calls with telephone services even though it is clear what intervention is needed - this seems very process driven rather than patient centered – also if you don't keep an appointment you are dropped, again this is not helpful for people who are struggling with depression and therefore struggle to remember appointments."*

Another described "I was also referred to Healthy Minds but asking someone who is in a difficult state to fill in 3 questionnaires and then tell them help isn't guaranteed is completely pointless in my view"

15.7.1 Getting a translation service for accessing health care in general was also highlighted as a problem particularly for refugees and asylum seekers. For example, the Pennine Acute Hospital Trust interpretation and translation service, requires the person to ring or book online. Many find this difficult as they have little or no English and can't use or don't have access to a phone or computer. Although it can be done on their behalf many often struggle to find support to do that.

15.8 Physical Health 'v' MH

A number referenced the issue of everything being put under the umbrella of MH even when they suffered from other physical health issues. Often everything was linked back to the MH even when not relevant. One service user described that her physical conditions are often dismissed and labeled under MH when in fact it is a physical condition. She stated that she has learned to recognize if her

symptoms are related to her MH or physical health but doctors don't always listen or trust her judgement about her own health.

15.8.1 The BAME communities often consider that their GP deals only with physical ailments and not MH, so won't book in to see their GPs about their MH. However, feedback from those who had seen a GP, were complimentary about the help they had received.

15.9 Eye contact

A number of service users expressed frustration with their GP looking at the computer screen during appointments rather than interacting with them. They felt it showed lack of empathy and understanding, especially when the GP referred to google to diagnose them. They also felt that it showed a lack of expertise around MH conditions. An on-line article[17] also outlined GPs frustration with the administrative process blocking their ability to properly interact with their patients:

"….GPs who also find themselves unable look their patients in the eye - because they are too buried in computer work or red tape"

15.9.2 Building a relationship with their GP and being listened to was clearly important to the service users spoken to during this project. The provision of double appointment slots would help to provide that extra time for both the GP and the patient.

15.10 Pathways to MH Care for those also suffering addiction

Concern was raised about the pathway to get help if suffering from a mental health condition and an addiction. MH support is only provided when a person had managed their addiction(s). Service users felt the pathway should be an integrated approach, as one person explained *"it's all linked to your emotions you can't separate them".*

[17] Pulse, 'What's stopping GPs looking their patient in the eye, 2009

15.10.1 The view was expressed that whether the addiction or the MH problem came first, chances of long term recovery is more likely when patients have access to treatment for both the MH and abuse problems.

16 Recommendations

i. NHS and voluntary staff to be provided with details about services available in local communities to better support patients.

ii. For commissioners and GP practices to strengthen ties with, help support and promote local mental health groups to service users.

iii. MH services to provide greater advice and guidance to patients and their family/carers on what to do when they or their family member is in crisis. For example provide support in producing crisis and emergency plans, details of where to turn to and which services to access and how, plus advice on what to do after they come out from a crisis.

iv. For GP practices to promote the booking of a double time slot for patients wanting to discuss their long term condition.

v. For the pathway to mental health services for those suffering from additional addiction issues to be co aligned with support in regard to their addiction to help patients access mental health support quicker.

vi. For commissioners and local third sector groups to collaborate on the development of a ‘Mental Health Buddy Programme’ whereby a number of ‘volunteer buddy’s’ e.g. young mums or working adults, can be recruited to help support other mental health sufferers like themselves take the first step into mental health services and local support groups

vii. For commissioners to provide support and training around mental health for health providers that includes advice on empathy and improving communication and dialogue with mental health patients. To work with service users and local user groups to co-design and deliver staff training.

viii. For commissioners to encourage and support mental health friendly workplaces.

ix. For GP practices and commissioners to promote access to healthcare travel cost scheme. This scheme is open to those who receive one of the qualifying benefits or allowances and have been referred to hospital or other NHS premises for specialist NHS treatment or diagnostic tests by their doctor, dentist or another health professional. They mayay be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme (HTCS).

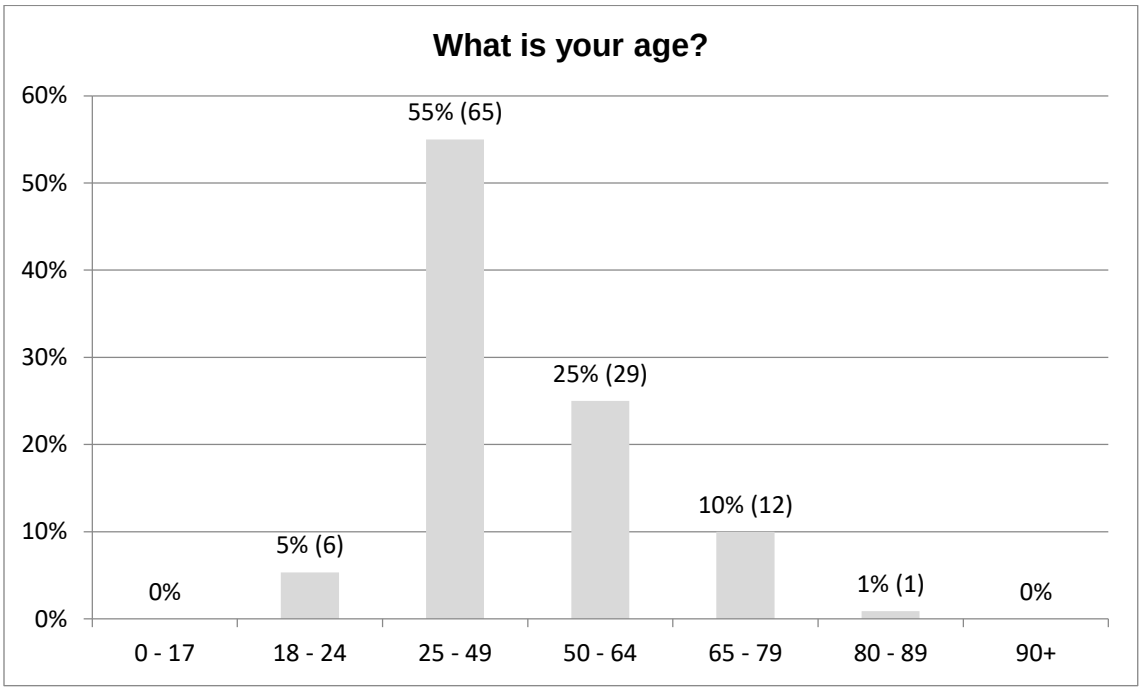
x. For commissioners to work with TfGM to develop a GM mental health transport card covering all modes of transport which offers reduced rates for those with MH conditions and linked in to the buddy programme to enable greater support, access to services and help reduce missed appointments.

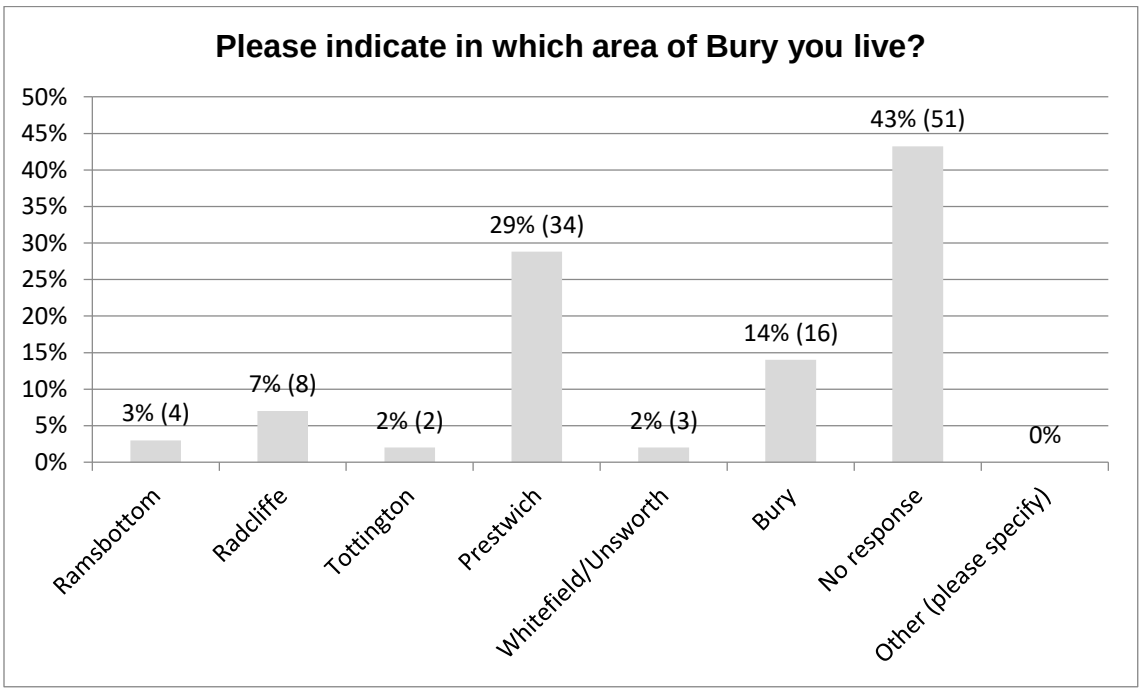
17 Conclusion

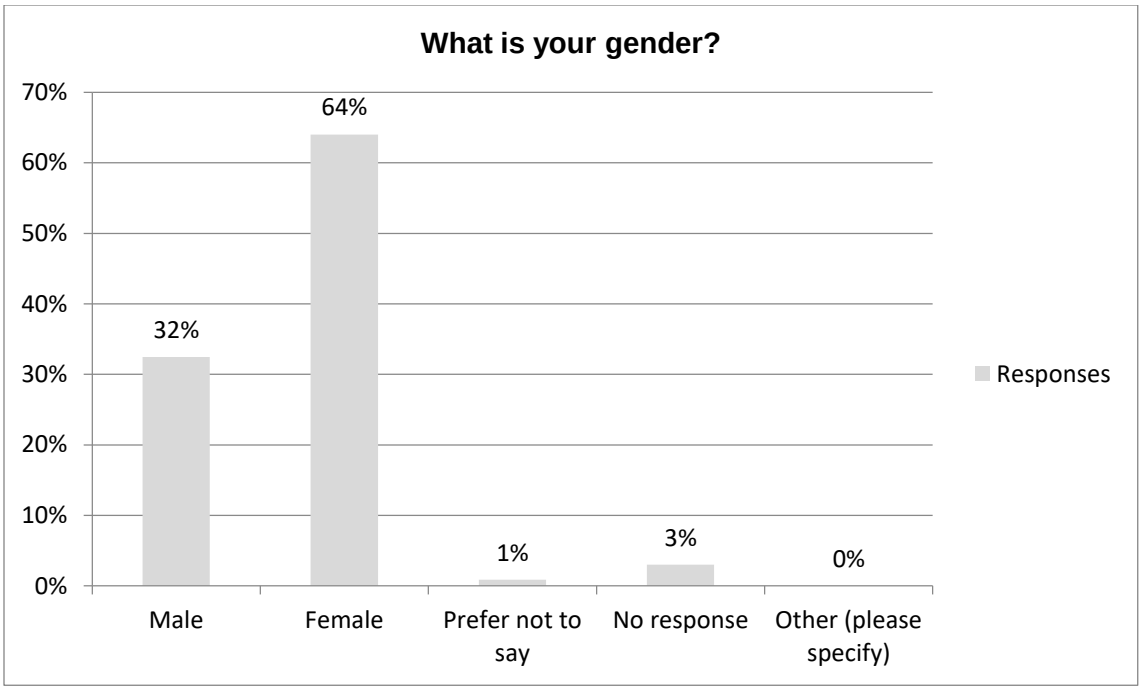
17.1 Healthwatch Bury would like to thank all those who contributed to this report. Mental health is high on the agenda locally, GM wide and nationally and the need to understand mental health service users' requirements is more important than ever to ensure the design and commissioning of services meets all needs. On the whole we received very positive feedback about the services provided by Bury GP's. Of the feedback we received the main messages that would help improve service users experience would be the ability to build a closer relationship with their GP, having more time with them to properly discuss and

understand their mental health condition and more signposting to advice and local support.

18 Demographics







Contact Details:

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Bury

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Appendix i

Mental Health Survey – Service User Experiences

The following voluntary survey should take around 15-20 minutes to complete.

Results are anonymous and will go towards a wider Healthwatch Bury study and report around GP experience and mental health. If you wish to stop the survey at any point you can do and your results will not be included.

Healthwatch Bury are interested in understanding the experiences of individuals who have approached their GP to talk about mental health in the last 12 - 18 months. However if you have used mental health services for a longer period we are still interested in your feedback.

We are interested in finding out:

- How long did people wait between becoming concerned about their mental health and approaching their GP?
- How did people manage their condition before getting help?
- What were individuals' concerns and fears before speaking to the GP?
- How easy was it for people to talk to the GP during the appointment?
- What form of support arose from approaching the GP?
- What were individuals' experiences of the support they received and what would have improved this?

The survey is aimed towards either those who live in Bury or who are registered with a Bury GP. If you would like support in completing this survey please contact: 0161 253 6300.

1. **Have you approached a GP in Bury with mental health concerns in the last 12 - 18 months?**

◯ Yes
◯ No
◯ Other (Please specify)

2. **How long did you wait between being concerned and booking the appointment?**

◯ 0-3 months
◯ 4-6 months
◯ 7-12 months
◯ Over a year

3. **How did you manage your condition before getting help?**

- ☐ Seek the help of family/friends
- ☐ Web based advice
- ☐ Self-diagnosis
- ☐ National charity
- ☐ Local charity
- ☐ Ignored it
- ☐ Self-medicate
- ☐ Did you visit the GP practice website?
- ☐ Other (please specify)

4. **What help did you hope to receive from the GP?**

- ☐ Therapy
- ☐ Prescribe medication
- ☐ Referral to specialist or mental health service
- ☐ Hospital treatment
- ☐ Advice/self-referral to other support
- ☐ Other (please specify)

5. **Did you have any concerns/fears about talking to your GP?**

- ◯ Yes (Go to Q6)
- ◯ No (Go to Q7)
- ◯ Don't know

6. **Please describe any concerns you had about talking to your GP.**

7. **How easy did you find it talking to your GP?**

- ◯ It was easy to talk to my GP (Go to Q9)
- ◯ It was difficult to talk to my GP (Go to Q8)
- ◯ Indifferent
- ◯ Other (please specify)

8. **What made it difficult to talk to your GP?**

9. **What support was given after approaching the GP? Did your doctor:**

- ☐ ask you to come back for another appointment before offering any treatment
- ☐ give you a diagnosis
- ☐ refer you to another service, such as a psychiatrist or community mental health team, or other specialist
- ☐ give you details of a service you could contact yourself, for example a local charity.
- ☐ prescribe you medication
- ☐ provide self help techniques or advice
- ☐ would rather not say
- ☐ Other (please specify)

10. Did the support offered reflect your opinion/ personal choice of treatment?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Other (please specify)

11. What would have improved your experience?

12. What was positive approaching the GP?

13. What is your age?

- 0 - 17
- 18 - 24
- 25 - 49
- 50 - 64
- 65 - 79
- 80 - 89
- 90+

14. What is your gender?

- Male
- Female
- Prefer not to say
- Other

15. Please indicate in which area of Bury do you live in?

- Ramsbottom
- Radcliffe
- Tottington
- Prestwich
- Whitefield/Unsworth
- Bury

16. Do you have any other comments regarding your experience?