

**Access to Mental Health**

**Services in Bromley**

**Perspectives from Bromley**

**residents and service providers**

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## Introduction

### Who we are and what we do?

Healthwatch Bromley (HWB) is the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen.

People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people by:

- Providing information and advice to the public about accessing health and social care services and choice concerning those services.
- Obtaining the views of people about their needs for, and experience of, local health and social care services and making those views known to those involved in the commissioning and scrutiny of care services.
- Making reports and recommendations about how those services could or should be improved.
- Promoting and supporting the involvement of people in the monitoring, commissioning, and provision of local health and social care services.
- Making the views and experiences of people known to Healthwatch England and helping it to carry out its role as national champion.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.

From October 2020 until January 2021 Healthwatch Bromley carried out a research project with adults aged over 18 years who live in the Borough and who reported experiencing mental health problems.

The aim of the research was to gain a better understanding of residents' experiences of accessing mental health services and their views of the care and support offered when they sought help. In addition, the research aimed to identify both barriers and enablers to accessing mental health services in Bromley.

## Acknowledgement

Healthwatch Bromley would like to extend sincere thanks to all the families and individuals across Bromley who took the time to complete the online survey and openly share their views and experiences of accessing services. Without them, this project would not have been successful. We would also like to acknowledge the advice and support received from individuals, organisations, and service providers in Bromley.

## Background

Mental illness is a leading cause of disability in England <sup>(1)</sup>. Stress, anxiety, and depression were the leading cause of lost workdays in 2017/2018 <sup>(2)</sup>. Poor mental health costs the economy more than the annual NHS spend on mental health. NHS England, in the NHS Long Term Plan (2019), committed to spending at least £2.3 billion a year on it by 2023-24 <sup>(3)</sup>.

The delivery of mental health services depends on the severity of the illness. In England, 9 out of 10 adults with mental health problems are treated in primary care, especially through the Improving Access to Psychological Therapies (IAPT) programme. IAPT was expected to reach 1.5 million people by 2020/2021 and 1.8 million people by 2023/2024<sup>(4)</sup>. IAPT services were established to offer treatment to people experiencing mild to moderate depression and anxiety disorders and a new workforce of trained therapists offers evidence-based psychotherapy, mainly Cognitive Behavioural Therapy (CBT). More severe illness is treated in secondary care services where multi-disciplinary teams offer planned support, whilst those most at risk can be treated in specialist in-patient settings.

Levels of mental illness are projected to increase. By 2026, the number of people in England who experience mental illness is projected to rise by 14% from 8.65 million in 2007 to 9.88 million <sup>(5)</sup>.

The Care Quality Commission (CQC) Community Mental Health Survey, 2020, showed that *“people’s experiences of the care they received have continued to get worse. Access to care, care planning, and support for people with mental health conditions concerning physical health needs, financial advice or benefits are specific areas of worry”* <sup>(6)</sup>.

### NHS Long Term Plan, 2019 <sup>(7)</sup>

The NHS has a crucial role to play in helping people with mental health problems to lead longer, happier, and healthier lives. Under the NHS Long Term Plan, a strategy has been laid out that will:

- Transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget - and by at least £2.3bn a year by 2023/24.
- Make it easier and quicker for people of all ages to receive mental health crisis care, 365 days a year, including through NHS 111.
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it.
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them.
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

#### **The NHS has set-up following milestones for mental health services for adults <sup>(8)</sup>**

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing a mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. Families and staff who are bereaved by suicide will also have access to post-crisis support.
- By 2023/24, we will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build the mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

### **Overview of Adult Mental Health Services in Bromley**

This overview reviews adult mental health services in the London Borough of Bromley.

- The London Borough of Bromley and NHS Bromley Clinical Commissioning Group (CCG) together set out a mental health and wellbeing strategy to support communities and individuals to develop and sustain good mental health and wellbeing from 2019 to 2025 <sup>(9)</sup>.
- The strategy set out an approach in which the Council and CCG agreed to work with key stakeholders to prevent adults from reaching crisis point through the provision of strong prevention and early intervention service.
- It also put in place a joint plan for the provision of several important services for people with mental health challenges, including good advice and information, talking therapies, employment and training schemes, mental health support in schools, and supported housing. This model of service delivery is in line with NICE guidelines on stepped care in mental health services <sup>(10)</sup>.

#### **Adult mental health support services include:**

1. **Bromley Well** was launched in October 2017 by the London Borough of Bromley Council and NHS South East London Clinical Commissioning Group. The Bromley Well Mental Wellbeing Service is the first port of call (an early intervention service) for many people looking for information and advice about mental health. Residents may be signposted to Bromley Well via social prescribers located in their GP surgery or can self-refer to the Single Point of Access (SPA) where their needs will be assessed, and they will be allocated to the appropriate team. Support consists of three appointments of emotional support with some psychoeducation groups offered and onward signposting where relevant. In addition, the service offers support for carers of adults with mental ill health. Bromley Well is commissioned to offer guidance and support to prevent residents from deteriorating and to support them to manage and understand their mental health.
2. **Talk Together Bromley** is a primary care IAPT service. Talk Together Bromley is commissioned by the CCG to offer evidence-based treatment, usually talking therapies, for adults who experience mild to moderate anxiety or depression. Talking therapies offered include Cognitive Behavioural Therapy (CBT), some counselling, and guided self-help. Treatment is offered based on severity of symptoms with the least intrusive intervention offered first, in line with the principles of stepped care in the IAPT model. Referral is via the GP or self-referral.
3. **Oxleas NHS Foundation Trust** is commissioned to provide secondary care adult mental health service in Bromley that can be accessed through Primary Care Plus (PCP) via a GP referral. Adults cannot self-refer to the Community Mental Health Team (CMHT). Oxleas NHS Trust provides an integrated Health and Social care service for people who have serious mental health problems and their carers.

Services are provided through CMHTs based in Beckenham and Orpington. Where appropriate, support is based on a care planning approach (CPA) and provided by a multi-disciplinary team.

4. **Bromley, Lewisham and Greenwich Mind (BLG Mind)** - in Bromley services for people with a broad range of mental health issues are offered by Recovery Works, part of Bromley Lewisham and Greenwich Mind. Services are based on social care support to achieve individually negotiated goals with a strong recovery focus. A 'Recovery College' delivered by Mind offers a range of educational courses which are co-produced with residents with lived experience of mental ill health. BLG Mind also offers support for women who experience peri-natal and post-natal mental ill health. Referral may be from the CMHT, Talk Together Bromley, Bromley Well or other voluntary sector organisations, or residents may self-refer.
5. **Bromley Community Counselling Service (BCCS)** is a British Association of Counselling and Psychotherapy (BACP) accredited counselling service and offers counselling/psychotherapy up to one year in duration for anyone who has a mental health problem. People are required to self-refer for assessment prior to an offer of therapy. Payment is determined according to ability to pay.
6. There are several counselling agencies in Bromley offering psychotherapy. Most services are not in receipt of statutory funding and so ask for a payment for their services, usually dependent on income.

## Research Aims

The rationale for taking on this project started from a number of patient experiences shared with the Healthwatch Bromley, alongside signposting requests highlighting that some residents had experienced problems accessing mental health support, partly due to the necessary restrictions imposed during the public health crisis in the last year.

The research aimed to:

- Understand residents' experiences of accessing mental health support/treatment in Bromley during the months April 2019 to January 2021.
- Establish the barriers to and enablers of access to mental health services.
- Establish where residents reported areas of good practice and to make recommendations for improvement where difficulties were encountered.

## Methodology

COVID-19 restrictions meant that many services were closed for face-to-face consultation from March 2020 onwards. Most services resorted to telephone consultation, and online treatments via telephone or online conference platforms. For some services, psychiatrists, nurses and allied healthcare professionals were called into hospitals to support the treatment of COVID patients, although services in primary care and the voluntary sector continued to offer some limited care. Services were able to open more fully from June 2020 and appear to have remained 'open' since in line with other NHS services.

There has been considerable concern in Government circles that the current pandemic and measures for dealing with the risk to the NHS and to the health of citizens may have had consequences for mental health <sup>(11)</sup>. Lockdown, restricted access to social activity, the threat to the economy and to jobs and incomes, and social distancing measures may result in significantly increased mental illness. Plans to support and improve mental health and wellbeing were established <sup>(12)</sup>. In this context Healthwatch Bromley focussed on establishing how residents of Bromley experienced access to mental health services. In order not to restrict the research to a discussion of access during the pandemic only, our research timeframe was established as the 20 months from April 2019 to end January 2021, and people accessing or attempting to access services during this time were invited to participate. An internet review of the legislative context of mental health provision was undertaken to give some national background as well as a review of the local strategy to support the overall picture and subsequent recommendations of the study.

Service providers were contacted remotely and in discussion with them two separate surveys were created. All initial contacts were by email followed by a Zoom conversation. The first survey was intended for use by residents and the second for completion by service providers. Questions were designed to provide both quantitative and qualitative data.

A strategy for dissemination of the surveys was established:

- Both surveys were distributed to the key person in each of the services contacted. These included Oxleas NHS Foundation Trust, Bromley Healthcare Talk Together Bromley, Bromley Well, Bromley Lewisham and Greenwich MIND and Bromley Community Counselling Service.
- Each service was asked to distribute survey 1 (for residents, see Appendix 1) to patients/service users whilst representatives of service providers were asked to complete survey 2 (for Service Providers, see Appendix 2). Due to COVID-19 restrictions, only an online version of each survey was distributed.

- Providers were asked to promote the surveys on their website/social media/newsletters.
- Healthwatch Bromley also promoted the surveys on their website/social media including Twitter and Facebook.

## Strengths and Limitations

Healthwatch Bromley's research had both strengths and limitations. The research aim was to evaluate residents' experiences of accessing mental health services during a 20-month period prior to and including the ongoing public health crisis.

This research was not an evaluation of services, but it provided a general overview of points of entry into services and residents' experiences of the process and highlighted some areas for improvements.

COVID-19 restrictions meant that we were not able to meet groups of residents from representative services and were required to rely on service providers for dissemination of the surveys.

A small number of people returned the survey. 59 responses were collected, 46 from residents with a further 13 from provider organisations. Because of the small number of responses initially received, the survey was extended from end October 2020 to end January 2021, delaying the publication of findings. The small number of responses has meant that the report is not a representative sample, however indications and trends were clear within the feedback received and indeed match those highlighted by a CQC report in 2018.

There were no responses directly from the statutory sector. It should be noted that many respondents had attempted to access treatment in statutory services. As respondents were asked about the number of services accessed and as most had accessed several different services, it was possible to infer experience of statutory services from responses collected.

## Findings

The service user survey (appendix 1) was divided into three sections -

- Part One - To identify points of entry, referral methods and support offered when help first requested.
- Part Two - To explore services user experience of accessing mental health services in Bromley
- Part Three - To understand both enablers and barriers to accessing mental health support in Bromley.

The service provider survey (see appendix 2) was analysed separately.

## Demographics

46 completed residents' surveys were returned by the extended cut-off date of the end of January 2021. Of these,

- 48% were aged between 46 - 65 years, 22% were between 26-35, 13% aged between 36-45 and the remaining 10% aged over 65. 7% belonged to the respondents from the age group between 18 and 25.
- 48% were single, 48% were married, co-habiting or in civil partnerships whilst only one person reported being widowed.
- 57% were female, 37% were male with one person identifying as gender variant. 2 respondents preferred not to say.
- 76% were White British, whilst 24% were from other ethnic groups.
- Of those who responded, there was a 50/50 split between those who reported being disabled by their mental health condition and those who did not regard their condition as a disability. 72% reported having a long-term condition - defined as mental ill health lasting more than one year.
- 73% of respondents identified as heterosexual with the remainder identified as gay, bisexual or preferred not to say.

In this research the majority of those who responded were white women between 46 - 65 who were in stable partnerships at the time of the survey and who were heterosexual. This is in line with the profile of national mental health statistics described by the Mental Health Foundation <sup>(13)</sup>.

13 service provider surveys were completed by a range of employees:

- A CEO
- A senior leader
- A Deputy Operations Manager
- Perinatal Support Co-ordinator/Perinatal Lead

- Acting multi-site project manager
- Principal
- Course tutor
- Co-leader
- Registered care home - mental health
- Coach
- Mutual carers support worker
- Telephone surveyor.

Due to COVID-19 restrictions the online survey was sent to representative organisations but there was no guarantee that this would be forwarded to staff teams. From the above list, respondents were universally from the voluntary sector, with no apparent returns from the statutory sector. When asked what service employees represented, all services named appeared to be in the voluntary sector.

- 61% were in the age range 46 - 65+.

## Residents' survey

### Part One - ports of entry, referral criteria and support offered.

There were 6 questions designed to identify ports of entry into mental health services and information about referral routes.

- Q1 (appendix 1) asked respondents to identify the disorder/symptoms which led to a request for support. There were 78 conditions/symptoms identified, suggesting that some of the 46 people who responded experienced more than one symptom at the time of seeking support.
- Of those who responded, 72% considered that they had long term mental ill health, defined as lasting longer than 12 months.
- 65% of respondents reported anxiety or depression, 22% reported trauma (either complex or recent) and associated symptoms i.e., flashbacks, 4 respondents identified bipolar affective disorder, 1 reported paranoia, 1 a psychotic episode. The remainder of responses involved autism, ADHD or other conditions or symptoms.
- 3 respondents reported thoughts of self-harm but did not comment on whether this involved suicidal ideation or deliberate self-injury.
- 2 people reported symptoms related to the COVID-19 pandemic.

From the responses to Q2, asking where people sought support:

- 32% of respondents initially approached their GP when seeking support.
- 30% self-referred to their chosen service.
- 15% reported accessing Oxleas, referred to the patients by their GPs.
- 1 called 111.
- 3 reported paying for treatment.
- 28% approached voluntary sector.

There were 56 responses to Q2, which suggested that some respondents may have approached their GPs who advised them to self-refer to other services. Although this was not made clear, responses to Q4 and Q5 indicated that this might be the case.

Q4, Q5 and Q6 demonstrated that respondents accessed multiple services ranging from their GP, therapy or support groups with some respondents accessing online support. The responses to Q5 indicated that the primary source of information about mental health services was via the GP, whilst others indicated that they engaged in internet search or were informed by other healthcare professionals. Q6 asked people to list the first three services they accessed indicating that respondents accessed several services in their search for support.

### Part Two - Experiences of accessing mental health support.

- Q7 asked how long respondents had to wait for access to services. There appeared to be some confusion amongst respondents about the difference between accessing a service and waiting times for treatment. Of major concern was the long wait for commencement of treatment, with 29% reporting a wait for treatment of more than 6 months.
- Nearly half of respondents reported that access to services was either 'easy' or 'fairly easy'.
- Of the 47% of respondents who reported finding access to services difficult, they cited long waiting times for treatment as their primary concern. It should be noted that there was confusion between ease of access (assessment and acceptance into the service) and commencement of treatment. This complaint appeared to be particularly true of commencement of treatment for talking therapies.

*“Currently I am waiting for talking therapy and there is a long waiting list for this.”*

- Others reported feeling that their needs were ignored, that their application for support was rejected, that they were not being supported by their GP who they

did not feel was sufficiently well informed about mental ill health. Several respondents also reported a feeling of being patronised or rudeness on the part of those who responded to their request for help.

*“My GP not referring me to the service as requested - twice. The first time they just handed me a card and told me to do it myself. The second time they referred me to the wrong service, and had to be told by that service that I should have been referred to the service that I had initially requested.”*

- Self-referral appeared controversial. Although now part of access to many NHS services (including some aspects of mental health), some respondents reported finding self-referral difficult and indicated preference for a GP referral.

*“It would have been easier had my GP had helped, and I didn’t have to self-refer.”*

- Changes in service delivery due to COVID-19 restrictions were seen as negative by 48% of respondents. Difficulties included finding telephone appointments challenging. Long waiting times was cited as having increased due to COVID-19 restrictions.

*“The service I have access to is an online chat support and is extremely limited - their normal counselling services have been suspended due to COVID.”*

- 52% were satisfied with the change to online service delivery during COVID-19 and some suggested that the advantages outweighed the disadvantages and were happy to continue with this mode of delivery once the pandemic is over.

*“...[I] had to wait for a few days for a GP telephone consultation and a couple of weeks for a psychiatrist appointment over the phone - this is much quicker and better and we should continue to have these in a post-Covid world.”*

### Part Three - Enablers and Barriers

Q14 asked what would make access easier:

- 9% reported additional funding and resources as key.
- 9% wanted better support from their GP.
- 17% reported needing more empathy from mental health staff.
- 7% would prefer to access services directly.

- 11% requested better diagnosis.
- 11% wanted better information about services.
- 11% wanted shorter waiting times.
- The remainder made no comment.

Q15 asked what changes to services respondents would make. Some respondents gave multiple answers. Respondents suggested the following:

- Need for experienced staff (10 responses).
- Staff to be more empathic (8 responses).
- Reduced waiting times (7 responses).
- Improved access to services (5 responses).
- More information (4 responses).
- Increased funding (3 responses).
- Face to face groups and activities (3 responses).
- Encourage online services (2 responses).

*“I think we need more mental health professionals to be honest.”*

*“There is a growing need for specialists who should be trained to offer therapy beyond CBT including trauma-informed approach and therapy for ‘PTSD.’”*

Q16 asked what support respondents had received:

- 70% reported receiving counselling or other talking therapy as positive.
- 21% reported medication management helped.
- 17% reported being given information as helpful.
- 12% reported negative inclusion in groups/activities they did not feel met their needs.
- Some were not offered services they thought they needed, in spite of repeated referral.
- Some did not like working with trainee therapists who they thought did not understand complexity.

## Service Provider Survey

- Voluntary service providers reported that 60% of residents self-referred to their services.
- Service providers reported that 11% of residents were referred by CMHT/GP.
- This leaves 29% unaccounted for.

Service providers reported referring residents onto other services if warranted. Support included advice about benefits, housing support, other social networks or to counselling/therapy.

In contrast to residents, service providers thought there had been a significant impact from COVID-19 and all reported having to make adjustments to service delivery during the public health emergency. When asked what the main barrier was to access mental health services 38% of providers thought that the current public health restrictions were the chief barrier with only 19% thinking that lack of information was a barrier.

## Conclusion

The purpose of the study was to gain a better understanding of how the residents of Bromley experience accessing mental health support and services in Bromley, both pre-COVID-19 and during the COVID-19 pandemic time. Almost 50% of respondents reported few problems with accessing the mental health care pathway. For the remaining 48% considerable difficulties were encountered. From the research undertaken, several themes emerged that helped us to identify areas which require improvement and make recommendations for the local health and social care services to consider.

**Positive experience of the support received** - Almost 3 in 5 respondents were happy with the mental health support they received. Multiple support activities such as counselling, art therapy, online information, talking therapy, skills training, specialist therapy, integrated therapy, telephone support, listening to self-help podcasts, reading books, courses were available to them during their treatment. These activities offered distraction, allowed time for introspection and reflection, psychoeducation helped with understanding their difficulties, helped them reduce their anxiety and supported them in their recovery journey.

*“Counselling, CBT, Courses, information, Support, Diagnosis - these have supported my recovery journey by teaching me about who and how I am and about myself, how I can help myself and that there is support there.”*

**Long waiting times** - Respondents reported long waiting times from referral/self-referral to treatment. In some cases, respondents reported that this led to a deterioration in their condition.

Service providers thought that the restrictions imposed on services during the current public health emergency led to longer waiting times and interrupted services, although this was not thought to be the case by residents.

*“Currently I am waiting for talking therapy and there is a long waiting list for this.”*

**Lack of information** - There is a gap in the information available regarding mental health services in Bromley. Patients experienced difficulty receiving information on the various mental health services and support available in the Borough. Some residents reported being unclear who to approach for support, which they said led to a delay in accessing treatment at a critical time.

*“A contents or index of all mental health services that are in Bromley that can be accessed and for them to be able to be sorted so that its easily seen as to which service can help which problem.”*

**The crucial role of GPs** - GPs were reported as being the first port of entry for 32% of respondents, although 30% reported self-referral to services, possibly as a result of GP suggestion. Some respondents thought that their GP did not refer to the service of choice and a few reported that they did not think their GP understood the gravity of their mental health problems.

*“My GP was not very forthcoming in referring me to NHS funded counselling, advising me to take drugs instead in order to return to work. I then accessed counselling via BCCS.”*

Service providers reported that over 60% of their service users self-referred. This discrepancy in perception may be explained by the fact that all service provider responses were from the voluntary sector where self-referral is the normal port of entry.

**Lack of empathy from the staff** - A sizeable percentage of respondents reported that they had experienced indifferent or uncaring responses from mental health staff. They reported not being listened to or that their narrative was ignored. It was not clear which mental health staff were being referred to.

**Role of the voluntary sector** - This research highlights the crucial role of the voluntary sector in providing support to residents. Support mentioned included primary access or support when residents experienced difficulty accessing NHS services.

**Mixed response of the COVID-19 pandemic** - COVID-19 was reported by both residents and service providers as having impacted services, with delays in accessing services and change service delivery causing concern. For some residents the flexibility of online (either telephone or Zoom) interaction was seen as a way forward as this type of service delivery offered greater flexibility.

*“NHS GP simply refuse to provide mental health care to anyone in crisis.”*

## Recommendations

### Recommendation One:

70% reported counselling or other talking therapy as positive but were concerned at the long waiting time from access to treatment. Referral and acceptance criteria at each stage of the stepped care pathway appeared unclear to residents.

**Recommendation: Patients to be given clear information about timescales associated from access to treatment, and additional advice on interim support/options available and what to do if they do not hear back within the indicated timescales.**

### Recommendation Two

Availability of information and support about mental health services in Bromley to be available to residents. The research identified need for a better understanding of the mental health care pathway.

**Recommendation: Commissioners, service providers and HWB to agree a patient friendly diagram of the care pathway to be promoted on the LBB website, disseminated to GP surgeries, and relevant organisations involved in the delivery of care and support.**

### Recommendation Three

Residents reported experiences of feeling unsupported and of a lack of understanding of their distress. One staff member reported undertaking training at her own expense to further her understanding. As many referrals are now through a self-referral route via Single Point of Access centres, staff/volunteer training would appear not only helpful but urgent. 'Emotional Support' appeared to be a cornerstone of the offer in Bromley Well and it would appear critical that support staff be offered mental health awareness training as a matter of urgency.

**Recommendation: Mental Health First Aid Training for all front-line staff, particularly those who handle initial conversations.**

### Recommendation Four

Throughout the current public health emergency face to face services have been curtailed, which some residents reported finding complicated. The use of digital

consultation looks set to continue post pandemic, but care should be taken to ensure that those who prefer face to face appointments can be accommodated. For those who prefer digital access services should consider offering this flexibility to patients, although additional training for staff maybe implicated.

**Recommendation:** Review the assessment and care planning approach to ensure the individual, needs-based approach caters fully for flexibility in appointment type and communication preferences.

### **Recommendation Five**

One of the reasons stated why people could not access mental health services on time appeared to be due to a shortage of specialists and supporting staff. An increase in funding would ensure that local areas can address any shortfall in the workforce and develop new approaches to mental health. From our research, mental health service providers also emphasised that an increase in funding would enable significant service improvement and reach greater numbers of residents who need support.

**Recommendation:** Although this is beyond the scope of our report, we would encourage partners to continue to engage in national policy and debate to support changes that increase funding. Healthwatch Bromley commits to channelling our local findings nationally through Healthwatch England and participating in any national initiatives that they lead.

### **Recommendation Six**

Some residents reported that they felt comfortable with online or other digital delivery of treatment.

**Recommendation:** A series of exploratory discussions within each service/ pathway focussed on embedding the positive changes to service delivery that have resulted from 2020 pandemic, whilst ensuring they are part of a rounded offer that does not disadvantage others.

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## Appendix -1

### Survey for Residents

1. Could you please tell us about your mental health concerns that made you initially seek support?
2. Which service did you initially seek support from around support your mental health difficulties? Please insert all services.
3. How long were you experiencing mental health difficulties before you accessed support?
4. When you have needed help to manage your mental wellbeing, what support or services have you accessed?
5. Where did you hear/find out about the services that you need?
6. What mental health services did you receive support from for your Mental Health needs? Please mention up to three services you have used?
7. Thinking about services you have accessed, how long did you have to wait to start the treatment and/or support for your mental health issues? (from the moment you reached out to the service).
8. Thinking about the services you accessed, did you have to go through a referral process?
9. Thinking about services you have accessed, was the referral process done through an agency, or was it a self-referral?
10. How easy was it to access the services you have used? Please give your opinion here (Mention your experiences with all services if you have accessed more than one service)
11. Overall, how satisfied are you with the services you have mentioned and used?
12. What were some of the difficulties you experienced when accessing mental health services in Bromley?
13. Have you experienced any difference in accessing or receiving mental health services in Bromley since Covid-19? If yes, please state what the issues have been negative and positive?
14. What would make it easier for you to access mental health services in Bromley?
15. If you could improve services to better meet your needs, what would you change?
16. Please tell us the type of mental health support you received (e.g. information, activities, tools, counselling) and how it has supported your recovery journey.

## Appendix -2

### Survey for Service providers

1. Please state the name of your service.
2. Please state your role
3. Please tell us how people access your services? What are the ports of entry, referral pathways etc.?
4. Please tell us how many people have accessed your services in the last year?
5. Thinking about the people you support; how many have been signposted to other services since April 2019?
6. What type of services have you referred people to?
7. Have you noticed a difference in demand for your service following COVID-19? If yes, what are the measures taken to manage this impact?
8. What do think are some of the barriers/gaps that may prevent people from accessing your mental health support services?
9. In your opinion, how can access to the mental health services you work at, be improved?

## Appendix -3

Feedback from stakeholders in Bromley			
Organisation	Contact Person	Designation	Feedback on the report
NHS South East London CCG (Bromley)	James Postgate	Associate Director of Integrated Commissioning	<p>I welcome the Healthwatch report which brings a good understanding of some of the challenges faced by service users in accessing mental health provision at this time. The report provides a good challenge to commissioners and providers to improve services and respond to the ongoing need to put in place responsive, client-focused mental health and wellbeing services.</p> <p>The report would have been strengthened if it had been developed in consideration of the Bromley Mental Health and Wellbeing Strategy (2020-25), which sets out the Council and CCG's plans to improve these services. This would have provided context to the work and would have also helped the authors of the report better recognise what the direction of travel is for services at this time, and where there remains room for improvement.</p> <p>The report would also have been strengthened by having a prior discussion with lead commissioners for mental health (including myself) when beginning this project, as it is disappointing that some key services are missed out, which could have been avoided with additional engagement.</p> <p>It is good to see that some service users reported positive experiences when accessing mental health services in the borough. That said, the report rightly highlights areas that need to be improved - which is something the Council and CCG are driving forward as part of work to deliver the Bromley Mental Health and Wellbeing Strategy at this time.</p> <p>Further engagement with commissioners and providers would have taken into account (for example):</p> <ul style="list-style-type: none"> <li>on IAPT - that there has recently been a cross south-east London review of all IAPT services which concluded that Bromley IAPT is relatively underfunded compared to inner-</li> </ul>

			<p>London areas. The result will be additional investment into this service to ensure that the service is on an even-footing with other areas, with plans to ensure improvements to access and waiting times.</p> <ul style="list-style-type: none"> <li>• on GPs - it has been agreed that eight new Mental Health practitioners will be embedded within GP services/primary care networks. These roles will form a joint service between GPs and Oxleas, with the provision of services including physical healthchecks that are targeted at people with mental health challenges, and also clinics for people on mental health medication. This will improve services between GPs/mental health secondary care, with an improved patient experience outside of Oxleas services.</li> <li>• on access to mental health services, that the Council and CCG are establishing a new adult mental health and wellbeing hub in Bromley which will be fully operational by January 2022. The service is a joint pilot project run between Mind and Oxleas, and will ultimately put in place a “single point of access” for adult mental health services in the borough, with a “no wrong door” policy. One of the aims of this new service is to reduce fragmentation across different services and to create a more integrated model across health and other services in this area. It is partly with regards to this new service that the mental health pathway will no longer be a part of Bromley Well but will in the future be provided by the adult mental health and wellbeing hub.</li> </ul> <p>With these and other changes outline in the Bromley Mental Health and Wellbeing strategy there will be opportunities to:</p> <ul style="list-style-type: none"> <li>• provide more information to service users about their individual care and treatment plans, including in relation to timescales.</li> </ul>
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			<ul style="list-style-type: none"> <li>• put in place a less fragmented service model with improvements in terms of navigability for service users. This information will be available through the adult mental health and wellbeing hub and promoted widely.</li> <li>• put in place total system training (including Mental Health First Aid) and workforce development.</li> <li>• put in place tailored care and support plans for individuals.</li> <li>• put in place an offer that works for each individual, whether digital/online or face-to-face, or both.</li> </ul> <p>The Council and CCG will also continue to make the case for fair funding for mental health services from national government.</p> <p>I would like to propose that a representative from Healthwatch comes to the Bromley Mental Health and Wellbeing Partnership Board to present the final report and recommendations. It would then be for this board to take forward these recommendations.</p>
Oxleas NHS Foundation Trust	Lorraine Regan	Service Director for Bromley and Trust-wide Learning Disabilities	<p>Thank you this was an interesting read, It is unfortunate that we were not able to offer better engagement due to the pressures of the pandemic.</p> <p>All of the recommendations seem sensible, and we will look forward to some more joint working in the future.</p> <p>We will ensure that the new pathways being developed are described well for patients and circulated to all partners. We will feed these findings into work we are doing around Zero delays. We will think about further opportunities for Healthwatch involvement.</p>
Ambient Support	Marcia Bryan	Operations Manager (Community Options)	<p>Very good report, informative and precise, with the only drawback being the low response rate. It is unclear if any of the people being supported by Ambient or Amber Housing were included in the survey. I do however note that residents and users of Ambient services generally have support to access services they need and receive their support through Ambient so may have different experiences to those expressed in the report.</p> <p>Ambient Support are one of the largest supported housing providers for people with</p>

			<p>mental health needs in Bromley. We have care homes and supported housing. Access to our services is via Oxleas NHS foundation and the Local authority.</p> <p>I think Ambient should have been mentioned on page 5 in the overview of MH services in Bromley.</p> <p>Page 16 - the flexibility offered by telephone and Zoom are welcome and should remain an access option, I am aware that this is included in the recommendations.</p> <p>Lack of staff empathy - is not prominent in our service user survey held last year, although I do believe there is room for improvement.</p> <p>Recommendations - I agree with all the recommendations but will comment further on:  2: Happy to participate in any way to improve clarity  3: I will commit my staff to the training and participate in delivery if needed.  4: Access to diverse assessment modes should be in place. Some face to face work will be necessary for assessments.  5. Ambient are included in the various debates through umbrella organisations in the sector and in our own right.</p> <p>It is good to be included in this project.</p>
Change Grow Live	Lauren Mulligan	Service Manager	Struggling to answer the response form as there are no direct recommendations for us as a service.
Bromley, Lewisham and Greenwich Mind	Dominic Parkinson	Director of Services	<p>Overall, I think Healthwatch have done really well with this report. Given the limited responses they received initially, they have done well to identify some salient challenges that we definitely experience within the voluntary sector when speaking with clients seeking mental health support.</p> <p>Recommendation 1 - We already provide clients with a support plan letter when they come into our service which confirms appointments and timeframes for support.</p> <p>Recommendation 2 - really like this idea and I think I might bring that to the OSG tomorrow morning to discuss how we can contribute to that and promote it via Bromley Well.</p> <p>Recommendation 3 - we are obviously taking steps internally to improve the number of people in the organisation that have completed</p>

		<p>MHFA training. But in my team, every single person has at least a 2:1 undergraduate degree in Psychology, Social Work or other relevant qualification. We also deliver the Mental Health Awareness for H&amp;SC professionals in Bromley with the support of Charlotte Crowe, so it could be an opportunity for us to review that content and ensure it is as effective as possible for local professionals.</p> <p>Recommendation 4 - We already do this through triage, but an area for continuous improvement is how we managing referrals between services (which I am hoping the Community Hub is going to help streamline/improve!)</p> <p>Recommendation 5 - would be good to know more about this as we don't currently receive any information directly from HWB about national policy or funding opportunities.</p> <p>Recommendation 6 - Have already asked for a lessons learned forum via the OSG and to do this in partnership with the BW associate members. This is currently sitting with Toni for consideration. Within our service, we are also hosting a similar workshop in August with our team to review the learning and consider how it can be embedded into the Service Work Plan for 2022/2023.</p>
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