

Mental health support

An overview of our future work

The following briefing sets out our plan of action on mental health and how the Healthwatch network and stakeholders can get involved.

It outlines the beginning of our multi-year programme where we will find out what support people want with their mental health. It also sets out how we will share this insight to influence policy, commissioning and practice at a national and local level.

Local communities across England have told us that they want to see mental health prioritised. This programme is therefore a direct response to that ask.

What have people already told us?

As a society our views on mental health have changed significantly in recent years.

People are now more willing to speak about their experiences, and supporting those facing mental health challenges has become a political as well as a clinical priority.

Yet, unlike other areas of health and social care, the feedback we receive about mental health support continues to be mostly negative.

Other organisations have received similar feedback. Research by [Ipsos Mori](#) suggests public concern about mental health has doubled in the last year, putting mental health at number two on the list - ahead of dementia, obesity and heart disease.

Encouragingly, the work of Healthwatch has shown that gathering the views of people in need of better mental health support, from teenagers in Bristol to army veterans in Norfolk, can lead to positive change.

Top issues people share with us:

Since January 2016, over 34,000 people have shared their views and experiences of using mental health services with us.

Collectively, these views cover every element of mental health support, from access to talking therapies to what it's like to live in a secure mental health service.

Our analysis of these views has identified six common themes that people experience when it comes to mental health care:

1. People struggle to find information about what support is available.
 2. Mental and physical health needs are treated in isolation.
 3. People feel services don't work well together to provide care.
 4. Waiting times for diagnosis and then access to services are often seen as too long.
 5. Professionals don't always understand people's needs.
 6. People are not involved in decisions that affect them.
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While the majority of people's views are negative, we also hear experiences that suggest some aspects of mental health care may be improving. For example:

- We have seen an increase in the percentage of people reporting a positive experience about mental health support when it comes to GP services, particularly from those seeking help with anxiety or depression.
- People also tell us that they like the approach of the community mental health teams, which provide services through a single contact point and are able to tailor support to meet individual needs.

Steps being taken to improve support

In 2016, NHS England published *'The Five Year Forward View for Mental Health'*, which set a number of bold targets to tackle many of the issues people have raised with us. These included:

- More 24/7 services for people experiencing a mental health crisis.
- Expansion of community mental health services.
- A 10% reduction in the number of people committing suicide.
- Supporting 30,000 more women within perinatal mental health services¹ by 2020/21.
- Support more people with mental health conditions to find or stay in work by doubling the provision of Individual Placement Support.

Supported by an [extra £1 billion](#), this concerted focus was widely welcomed by the health and social care sector, including the Healthwatch network. However, we recognise it will take time for the changes outlined to impact on people's experiences of support.

Even if the headline targets set out in the Mental Health Forward View are met, it will be difficult to know the true impact this has had on improving things for different groups of people. This is because the current targets largely focus on driving up activity rather than on evaluating the impact on people's experiences of accessing support.

For example, we know that more people with depression and anxiety have been able to access talking therapy services as a result of extra investment, but is this support delivering the outcomes that people want? Are they having a good experience of care? Is the new level of provision meeting the needs of people from different communities?

The NHS Long-term Plan

In November the NHS is due to publish a long-term plan, setting out the key areas for the next 10 years. We have already heard from the Chief Executive of NHS England that [mental health will feature as one of the top issues](#) but the detail is still to be decided.

We want to ensure that the NHS plan sets a long-term ambition for mental health, focused on improved outcomes and experiences. By evaluating services in this way, the health and social care sector can, as a whole, make sure it is meeting all the support needs of everyone with mental health challenges and conditions.

¹ These services support women experiencing mental health illnesses during pregnancy and in the year after birth.

Promoting the value of user involvement and peer support

The insight people share shows that services are better when they treat people as individuals, understand their needs, and actively involve them in shaping support. To do this effectively, services need to ask people for feedback, listen to their views and experiences and use this information to monitor performance. Redesigning services should be seen as an opportunity to get service users and professionals to develop solutions together.

This approach has been shown to work, for example the 70 recovery colleges across the UK provide a great example of how user involvement has helped tackle issues ranging from managing the effects of medication to dealing with stigma and discrimination. Through our programme we will promote the value of user involvement, highlighting existing good practice and helping Healthwatch across the country work with partners to encourage take-up at a local level.

Looking beyond existing services, our early research suggests there is a significant and growing demand for greater access to peer support. Whilst people value the help they receive from professionals they want more than just clinical support. People want to be able to talk to someone who has been through a similar experience, someone who can show them empathy and give them encouragement that they will be able to overcome or manage their mental health challenges and conditions.

We want to carry out further research in to what people like and don't like about existing peer support to provide commissioners and providers with a fresh insight, so they can provide future support that is based on what people want.

What we intend to do

We want to help inform mental health policy and practice by creating a robust evidence base about people's experiences of mental health care at different stages of life. We intend this to be used to make the improvements in support that people would like to see.

We have already undertaken a review of experiences that people have shared with us, as well as the research undertaken by other organisations on mental health. This information, which we will publish later in the summer, will provide a foundation for our future work.

Over the course of the project we will:

- Look at the mental health support people want, from childhood to old age, focusing on the key moments in life when people need support.
- Examine how people from different sections of the community experience life with a mental health condition to highlight inequalities in mental health support.
- Identify solutions which do not treat mental health in isolation and which seek to address the broader needs individuals may have, including how social networks, relationships, housing, employment and finance can significantly affect recovery.

Our ultimate aim is to make sure future mental health reforms focus on measuring the outcomes most important to people and continually use people's feedback to improve.

Our first focus - Maternal mental health:

The first area we will explore is the mental health support available to new parents.

In 2014, when we [last looked at this issue](#), there were only 17 specialist mother and baby units in England providing just 122 beds. People told us that they had problems accessing services and even when referred they had to travel long distances. NHS England's own estimates at the time suggested that just 3% of the country had good access to services.

NHS England has since committed to provide specialist mental health services for more than 30,000 new mums by 2020/21. This target has been backed up with an investment of £365 million to improve geographical coverage for both inpatient and specialist community perinatal mental health services. In May this year NHS England [announced](#) a further £23 million in a second wave to ensure 100% coverage across the country by April 2019.

But is this investment meeting the outcomes people want from support? Are people getting the support they want? Is the investment sufficient to meet demand?

Scale of the issue:

During pregnancy and in the year after birth women can be affected by a range of mental health conditions.

- In 2017 there were [594,080 births in England](#).
- While the severity of cases varies significantly, as many as [1 in 5 pregnant women and new mums](#) experience some form of mental health challenge.
- [Work by the Royal College of Obstetricians and Gynecologists](#) suggests that just 7% of women who experience mental health challenges during or after pregnancy are referred to specialist care.
- Partners can also be affected, with the National Childbirth Trust (NCT) estimating that [1 in 3 new dads are concerned about their mental health](#).
- The numbers experiencing the **most severe conditions** (such as post-partum psychosis, schizophrenia and bipolar disorder) range from [1,000 to 3,000 a year](#).

We know from our previous work and the work of others across the mental health sector that some parents with existing mental health conditions struggle to access appropriate support and often say they feel judged in terms of their parenting ability rather than supported.

Existing research has also shown how important it is for mental health in later life that children are provided with a stable environment in which to grow up.

This is why we want to establish whether or not we are doing everything possible to support those who experience mental health challenges during or after pregnancy, to ensure the whole family is supported.

What people have told us about their experiences of maternal mental health?

Despite the prevalence of maternal mental health challenges and conditions, this is an area where we currently have comparatively limited insight into people's experiences.

Since 2016 we have heard from 292 women about their experiences of perinatal mental health. Key problems identified include:

- Pregnant women and new mums are experiencing long waiting times for emotional/mental health treatment and support services, even when there is a pre-existing mental health diagnosis.

“Given that I had a history of mental health issues (depression, anxiety) I didn’t like how I wasn’t able to see the prenatal mental health specialist when I said I wasn’t coping well with taking care of my baby, they said that they would put me on a waiting list but I never got seen, luckily I was able to find groups to go to on my own but I really don’t think this was helpful at all because if it wasn’t for the groups I went to I would’ve had an even worse time than I was already having and the talking therapies line that I was referred to was pretty useless if I’m honest.”

Healthwatch Hillingdon, Mar 2017

- People feel that staff need more training and information to better identify parents who are in need of mental health support as early as possible. Some parents said if they had received support earlier, more serious problems could have been prevented.
- Reports suggest there is a lack of collaboration and consistency of care across primary, secondary and other community services. Women said that having a consistent point of contact to support their mental wellbeing would improve things.

Our plan

From August 2018 we will investigate the experiences and outcomes of people experiencing maternal mental health challenges and conditions in more detail.

The aim is to create an evidence base, which we will use to inform current initiatives designed to improve support. We will also use this insight to shape future policy as part of the NHS long-term plan.

We will take an open approach to research, sharing key findings as we go to ensure our insights are influencing discussions taking place today.

Our approach will provide lots of ways for local Healthwatch to get involved, from encouraging new parents to share their views and carrying out in-depth research in the field, to supporting collaboration with user-led groups to influence local services. We will also provide opportunities for other organisations to get involved.

We will aim to publish our initial findings in March 2019.

August to October 2018

- Survey the public to gather experiences of women, and their partners, who are currently pregnant or have given birth in the last three years.
The survey, designed in line with the [quality standards set out by NICE](#), aims to assess the extent to which current experience matches the level of support people are supposed to receive.
- Survey frontline staff, from specialists working in mother and baby units to midwives and health visitors. We will also survey other health and care organisations with an interest in maternity and mental health.
The survey aims to understand their views on the recent changes in maternal mental health care, in particular what is making the biggest difference to care and if there are still gaps that need to be addressed.

- Survey local Healthwatch to find out if there are any further insights on maternity and mental health that have not previously been included in reports.
 - Explore joint working with NHS Digital to compare the qualitative data gathered by Healthwatch against the quantitative data held by national NHS bodies to identify any patterns and trends.
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November 2018 to January 2019

We will interrogate our initial findings and work with local Healthwatch to explore people's experiences in more detail.

Activity we are planning to undertake in partnership with local Healthwatch includes:

- Local focus groups - speaking to a range of audiences, from mother and baby groups to specialist peer support groups with experience of maternal mental health challenges and different forms of support.
- Coordinated visits to maternity wards and specialist mental health services to capture further evidence and explore best practice.
- Supporting local partnerships between Healthwatch and mental health groups to identify innovative clinical and non-clinical support and testing out people's experience of these.
- Providing tools and guidance for local Healthwatch on how they can help pregnant women, new mums and their partners seek help and support.

Our next area of focus

In line with our birth-to-death approach to the programme, our next area of focus will be the transition from adolescence to adulthood, and people's experiences of getting mental health support as they grow up.

The initial call for evidence in this area will begin in October 2018 and will run at the same time as the second phase of the maternal mental health programme outlined above.

We will also be publishing a range of content highlighting the existing insight gathered by Healthwatch.

Our overall plan

We currently envisage several additional phases of research during the life of the project. At the end of each phase we will publish our interim findings and review our approach. We will share our findings as we go, with both stakeholders and the public, to enable the insight to be used right away in formulating future policy.

We are currently planning to publish the final report, bringing together all our findings, in early 2020.

Area of focus	Q2 2018	Q3 2018	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2020
New parents	□	□ ○	△ ○	×			
Young people		□	□ ○	△ ○			
Third area of focus - to be decided			□	□ ○	△ ○		
Fourth area of focus - to be decided				□	□ ○	△ ○	
Publication of NHS Long-term plan	○	○ ×					
Summary						○	△ ○

Key:

□	= Gather evidence
□	= Explore findings
△	= Publish interim findings
△	= Publish final report
○	= Insight sharing
×	= Key external milestone

About us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Role of local Healthwatch

There is a local Healthwatch in every area of England. They provide information and advice about publicly-funded health and care services. They also go out and hear from local people about what they think of local care, and share what people like and what could be improved with those running services. They share feedback with us at Healthwatch England so that we can spot patterns in people's experiences, and ensure that people's voices are heard on a national level.