



Accessing Mental Health Support in Cornwall

July 2021

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Introduction

Healthwatch Cornwall (HC) is an independent, publicly funded organisation. We exist to make sure people are at the heart of care. We listen to what people like about services in Cornwall and what could be improved. We share their views with people who have the power to make change happen.

At our 'Together in Mind' conference in May 2019, the adult mental health strategy for Cornwall and the Isles of Scilly 'Futures in Mind' was launched. There have been a number of changes to mental health service provision since this, to improve access to mental health support in Cornwall. These include:

- Increased provision of talking therapies via the national Adult Improving Access to Psychological Therapies programme including additional co-located support for people with long term physical conditions;
- 24/7 psychiatric liaison services, providing mental health assessment and care to people who are patients at Royal Cornwall Hospital or Derriford Hospital in Plymouth;
- Launch of the mental health response service which includes a 24/7 dedicated telephone helpline for the public providing a single point of access to mental health support;
- A staff wellbeing and support hub for health and care workers;
- A 'trailblazer' programme that ensures peer support workers (people with lived experience) are available to provide additional support to people accessing community mental health teams.

Social restrictions and closure of health and social care services during the pandemic have taken a toll on many people's mental health and wellbeing ^[1], leading to an increased need for mental health support within Cornwall's communities. This may have been exacerbated by the need to temporarily close some mental health services, such as those providing essential social activities and drop-in sessions.

To address this, further changes to mental health support have taken place in response to the pandemic, including increased online information and support available in a range of accessible formats ^[2], and distributed widely in public places, such as at food banks. Projects were developed to help reduce the impact of the pandemic on health and wellbeing. Examples include:

- New services to support those impacted financially and suffering with their mental wellbeing;
- Increased provision of virtual mental health and suicide prevention training;
- Coaching programmes for those shielding;
- Increased mental health support in our communities.

Given these developments, it is important to know how changes to provision of mental health support in Cornwall are working for people. Recent feedback received by HC through our website and phonenumber, alongside feedback you shared via our Coronavirus Survey in 2020 ^[1], have included complaints about difficulties accessing mental health services and requests for access to more specialised therapies. Our own outreach and engagement activity to proactively gather people's views ceased during the pandemic. When the public reaches out to us, 'unsolicited' feedback tends to be negative. As such, we felt it was important to see if these experiences were common among a larger number of people accessing mental health support. We were interested in what was working well for people, as well as what could be improved, with a view to feeding back to the people who plan services (commissioners) and to those who are providing services and support.

Overall aims

- Increase feedback we receive from the public about their experiences of mental health services.
- Understand what aspects of mental health services and support are working well for people, as well as areas for improvement.
- Explore the range of approaches and sources of support people have been accessing to manage their own mental health and wellbeing during the pandemic.
- Increase awareness about mental health support available in Cornwall.



What we did

Online campaign and Facebook Live discussion

In February 2021 we ran a 3 week online campaign to raise awareness and engage the public in conversations about how people have been supporting their own mental health, and their experiences of mental health services.

We held a Facebook Live discussion in February 2021 linked in with the national Time to Talk Day. The discussion involved a Q&A session with two mental health providers in Cornwall: Outlook South West and Sea Sanctuary. Two HC staff fielded questions from members of the public.

The discussion was a success with over 1,400 views and 150 comments during the live event. Examples of topics raised within comments included:

- A lack of provision for people who have experienced trauma;
- Outreach support for adults with Learning Disabilities;
- Access to mental health services for deaf / British Sign Language (BSL) users;
- Not all needs fitting within Community Mental Health Teams (CMHT) or Outlook South West pathways;
- Lack of awareness about mental health services available.

Just wondered if there is any mental health outreach taking place during lockdown for adults with learning difficulties. Many will have routines which require visiting places/doing things that may not be possible during lockdown.

Deaf BSL users struggle to access mental health services, especially as they can't use the phone and many have limited access to IT. They can't always benefit from Outlook SW services as they find they need the additional need of talking to someone who really understands their trauma, i.e BSL signer to BSL signer.

Online survey

Alongside the campaign in February, we hosted a survey through Survey Monkey and advertised on Facebook, Twitter, and email networks during the online campaign and Facebook Live discussion. We also provided the opportunity to complete the survey over the telephone.

The survey was short and simple to encourage people to participate. We asked the following questions in relation to mental health support people have accessed in the last 6 months:

- Have you been able to access the support you would like?
- What was good about your experience/helpful?
- What could be better?

We also asked about:

- Positive things people have been doing day to day to support their mental health.
- People’s thoughts and feelings over the last two weeks using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)©. This is a tool used in the field of mental health to assess people’s wellbeing. We used it to identify people with ‘possible’ and ‘probable’ depression and anxiety.

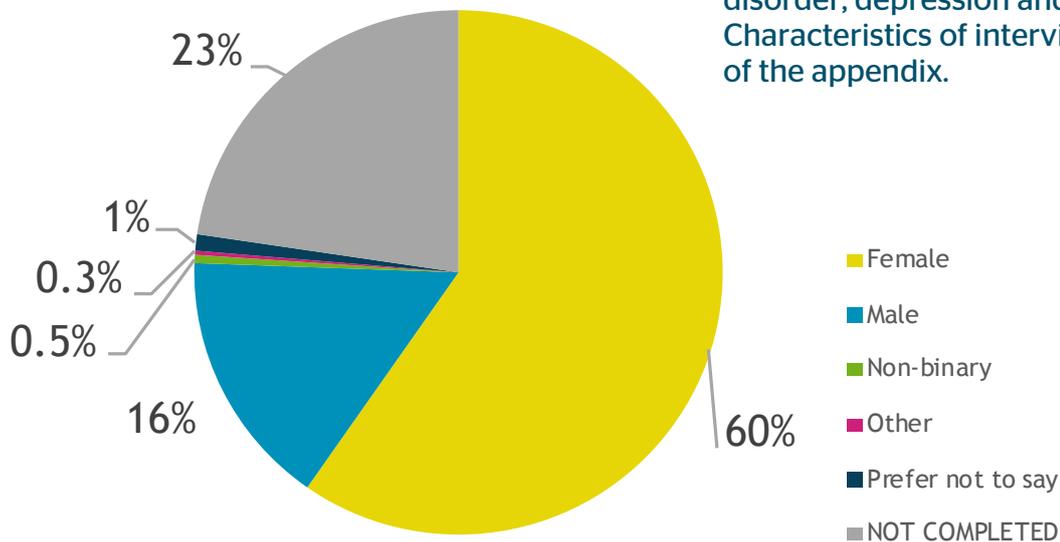
STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Short Warwick-Edinburgh Mental Wellbeing Scale © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

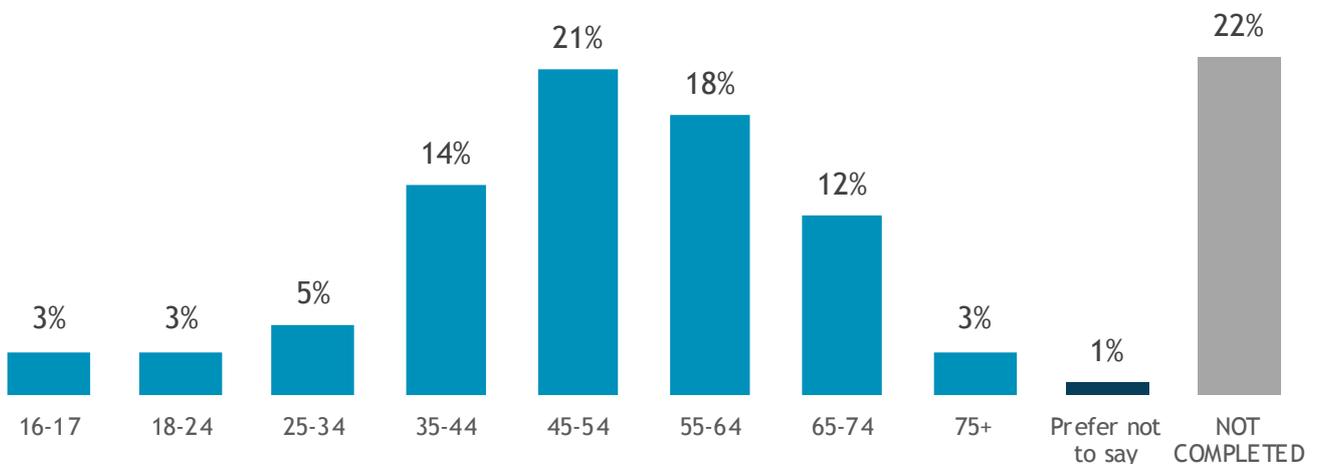
We worked with Wellbeing and Public Health at Cornwall Council on the content of the survey and analysis of the wellbeing scale. Detailed analysis of responses to each question are in the appendix.

Who took part in the survey?

397 people aged 16 years and above took part in the survey. Just under a quarter of respondents did not provide age, gender or other demographic information. Of those who did, most were between 35 and 74 years (83% of 310), female (78% of 307) and White British or White Cornish (92% of 305). A full breakdown of demographics of the respondents is provided in the appendix.



Genders of respondents displayed as a percentage of all 397 respondents



Ages of respondents displayed as a percentage of all 397 respondents

Follow up interviews with survey respondents

Survey respondents were invited to take part in follow up telephone or video calls to talk about their experiences of mental health support in more detail. Twenty-seven people requested a follow up call which led to 18 people taking part in follow up interviews with HC’s engagement team and volunteers.

Interviewees included people or their relatives with ongoing mental health conditions, such as post-traumatic stress disorder (PTSD), bipolar disorder, depression and anxiety. Characteristics of interviewees are on page 21 of the appendix.

Summary of Findings

Who accessed support and from where?

- One in two people accessed support for their mental health in the last six months from a range of sources, including online information and advice, family and friends and NHS mental health services.
- Age differences in accessing mental health support:
 - + Over 65s were less likely to ask for support and access mental health services.
 - + Young adults were at increased risk for anxiety and depression and more likely to access mental health services.
- Three quarters of people identified with 'probable' depression or anxiety had accessed some form of support.

- GPs play an important role in both providing mental health support and treatment, and as a gateway for referral to other services. There were mixed experiences of GPs, with some people feeling they got the support they needed, whereas for others the GP was a barrier to accessing further support.

Have people been able to access the support they would like?

- One in two of those who had sought support were satisfied with the support they accessed. Satisfaction with support varied within and across services and organisations.
- People who were unable to access the support they would like were more likely to have symptoms of depression or anxiety.



What's working well?

- People valued opportunities to share experiences with empathetic listeners. They appreciated the listening skills of GPs and mental health professionals. For some people, opportunities for face-to-face contact was very important.
- People's experiences of online support have generally been very positive. Online support has included accessing information and advice; social support through social media and online support groups; and online counselling courses.
- People valued opportunities to access counselling and talking therapies.

What could be better?

- Access to support when it is needed, including easier access to GP appointments and secondary care services, and shorter waiting times for treatment.
- Provision for those with long-term or more complex mental health conditions including:
 - + For those who do not reach the threshold for specialist mental health services, but for whom the services offered by a GP and/or talking therapies are insufficient;
 - + More specialist services, such as trauma services;
 - + Improved signposting or ongoing support once treatment has been completed or following discharge from Community Mental Health Teams (CMHT).

- More specialist provision for people with long-term physical health conditions. This is important given the increased risk for anxiety and depression among those with a disability or long-term physical health condition.
- Workplace support to reduce work pressures and their impact on mental health and wellbeing; and support for employees with long-term physical and mental health conditions.

What positive things have people been doing to support their mental health?

- Nearly all respondents had been doing positive things to support their mental health and wellbeing.
- Walking and other kinds of exercise were by far the most common activities supporting people's mental health, followed by keeping in touch with family and friends, reading and arts and crafts activities.

Recommendations

- 1** We need to ensure services identify, target, and **deliver support to specific age groups**, such as the over 65s who are less likely to seek support, and younger adults who are at increased risk of anxiety and depression.
- 2** To make progress in prevention and treatment, work should be undertaken to better understand why **one in four** of those identified with **'probable' depression or anxiety have not accessed any form of support**.
- 3** In **general practice** many aspects of care and treatment were positive. However, service development needs to consider the variation in: access to GP appointments; the experience once through the door; the impact of time-limited consultations; and less specialised knowledge of both treatment and of signposting support. **Alternative routes** to managing people's mental health that provide more rapid and specialised services should be developed and evaluated, especially given the existing pressures on general practice.
- 4** The **empathetic listening skills and support from others**, accessible in a variety of ways was highly valued. We need to build on this. Opportunities to access talking therapies, support groups, courses, information and advice; both face-to-face and online should continue. **New services** should be developed and promoted where there are gaps in existing provision.
- 5** **Delays to accessing treatment should be addressed**. Waiting times need to be monitored, reduced and support provided to those waiting to access services.
- 6** **Gaps in service provision** should be addressed and evaluated, for those with long-term or more complex mental health conditions:
 - + Who do not reach the threshold for specialist mental health services but for whom the services offered by a GP and/or talking therapies are insufficient;
 - + Whose mental health is impacted by trauma;
 - + Who require signposting or ongoing support once treatment has been completed or following discharge from Community Mental Health Teams (CMHT).
- 7** Services need to ensure they are identifying and proactively managing the mental health of people with **disability; long-term physical health conditions**; and those experiencing delays to healthcare due to the pandemic.
- 8** Employers should continue to be encouraged and supported by the local system to ensure they can **provide mental health and wellbeing support for staff**.
- 9** There is a clear message for public health around what people have been doing to **support their own mental health and wellbeing**. These activities should continue to be promoted.

Results

Findings from the survey, follow up interviews and Facebook Live discussion are brought together in the following sections:

- Who accessed support and from where
- Have people been able to access the support they would like
- What's working well
- What could be better
- Positive things people have been doing to support their mental health

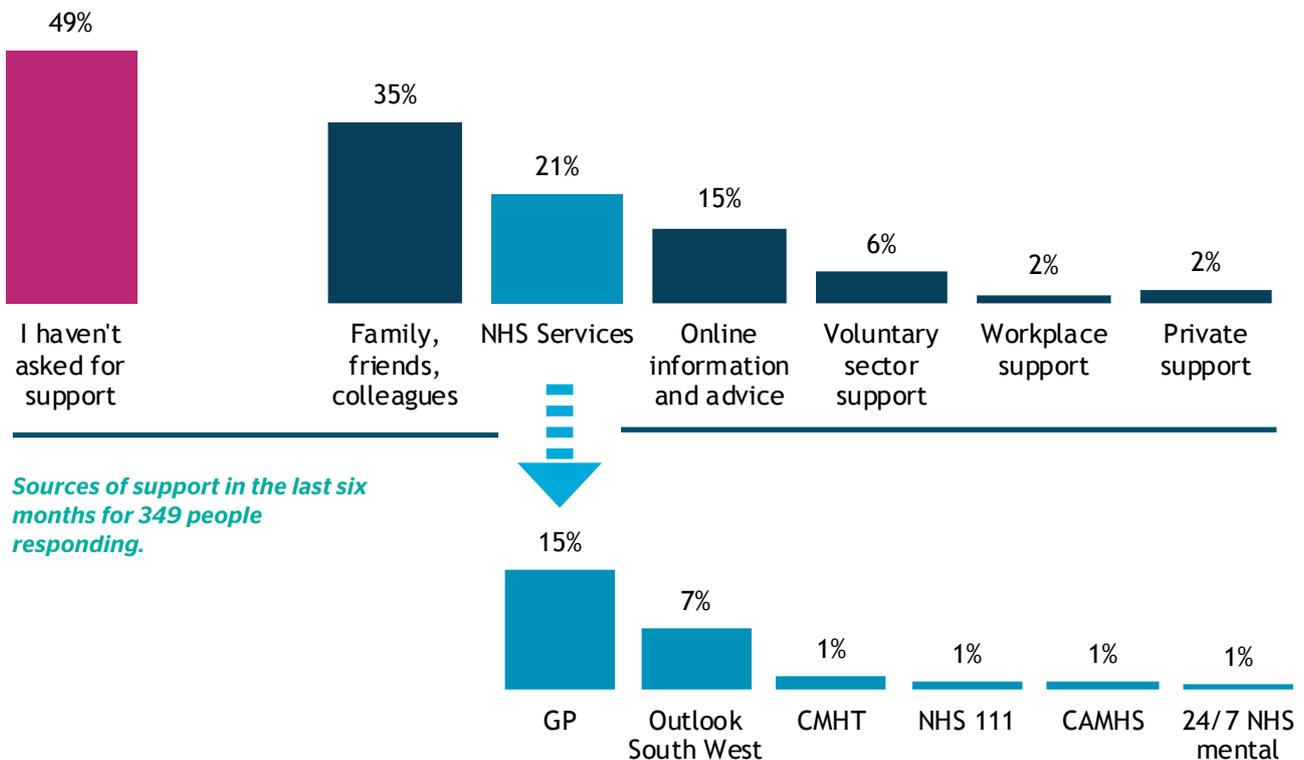
The results shared here are a summary of key findings and abbreviated quotes. More detailed analysis for each question is in the appendix.



Who accessed support and from where?

Nearly one in two (51%) of all 349 respondents accessed support for their mental health in the last six months, from a range of sources or services, with some people accessing more than one source of support. Family and friends were the most common source of support accessed by nearly one in three people (35%), with one in six (15%) accessing support from a GP or via online sources of information and advice.

Outlook South West was the most commonly used secondary care NHS service, accessed by one in fourteen people (7%). Only five respondents accessed a Community Mental Health Team (CMHT) or Child and Adolescent Mental Health Services (CAMHS) in the last six months.



'Anna Freud Centre - online training and webinars have been empowering and reassuring. Outlook South West social media feed has been inspiring.'

'When I feel down, I Facetime friends.'

Age differences in accessing support

There were distinct differences in the ages of those who accessed support for their mental health.

Over 65s less likely to ask for support and access NHS services

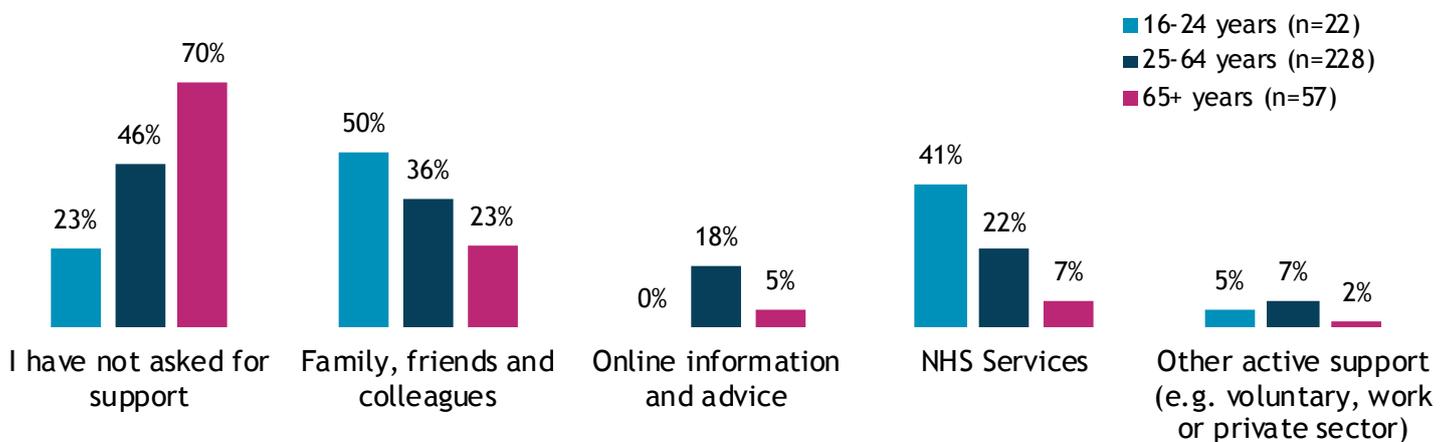
Of 349 respondents, one in two accessed support for their mental health in the last 6 months. When we looked at only those aged 65 years and older, only one in three had accessed support compared to over three quarters of 16 to 24 years olds.

Age differences in asking for and receiving mental health support may in part reflect different attitudes towards mental health across different generations. Older people are less likely to ask for support for different reasons, such as seeing poor mental health as an inevitable part of ageing or lacking awareness about symptoms of mental health conditions^[3]. It is difficult to know the extent of depression and anxiety amongst older people in Cornwall given these generational differences in recognising symptoms and seeking support. Older people may be at increased risk of poor mental health due to loneliness and isolation through the loss of loved ones and increased illness and disability^[3,4]

'I haven't [asked for support], trying to deal with it myself.' [65-74 year old]

'The websites help you realise you do have a health condition as mental health can still be a stigma.' [65-74 year old]

Alongside differences in recognising and reporting symptoms, there is also evidence that when it comes to mental health, older people are not given the same opportunities to access treatment^[3]. Our survey provides evidence for age inequalities with only one in fourteen respondents aged over 65 accessing NHS services (7%), compared to one in four of all respondents (25%). Three people over 65 sought help from their GP, and one accessed CMHT; no one aged 65 and over received support from Outlook South West in the last 6 months, even though this was the most commonly accessed service. Further work is needed to encourage recognition and reaching out for mental health support where it is needed among older people, and ensure access is equitable across different ages.



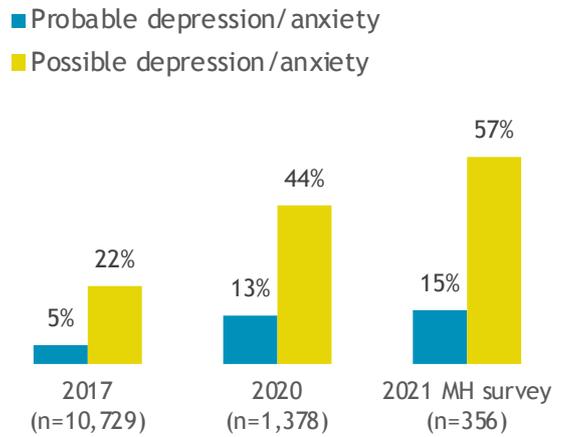
Sources of support in the last six months by age

Symptoms of Depression and Anxiety

We used the Short Warwick-Edinburgh Mental Wellbeing Scale© to identify people with ‘probable’ and ‘possible’ depression or anxiety [6]. We found an increase in symptoms of depression and anxiety compared to our survey in June 2020 [1], identifying one in six people with ‘probable’ depression or anxiety. This increase since 2020 may in part reflect the focus of the current survey on mental health support. It is a relatively small sample so we cannot be certain, but the results also indicate an increase in prevalence of anxiety and depression compared to Cornwall Council’s residents’ survey in 2017 [7].

We found several groups at higher risk for anxiety or depression:

- *Young adults aged 16 to 24
- *People with a physical disability
- People with a long-term condition
- *People with hearing impairment
- *People who have identified as Lesbian, Gay, Bisexual, Pansexual, Asexual or Other



Groups marked with * are small and so we are less certain about the level of risk for these groups. The results mirror other studies across the UK prior to the pandemic showing increased prevalence of anxiety and depression in these groups [8]. Further details of this analysis are in the appendix.

Young adults more likely to describe symptoms of anxiety and depression and more likely to access support

Several groups were identified with higher risk of anxiety and depression, including young adults aged 16 to 24. A recent government surveillance report provides further evidence that the pandemic has impacted young adults’ mental health and wellbeing more than older age groups, and the impact of isolation has been particularly difficult for young adults [4]. A relatively small number of young adults completed our survey and so further work is needed to understand and address mental health needs of young adults within the local context.

Online information and advice accessed least by young adults and over 65 year olds

It was of interest to note that none of the young adults within this survey had accessed online support for their mental health, even though only 22 young adults took part. As part of our focus on young people at HC, in 2019 we asked 306 young adults aged 16 to 25 from across Cornwall about their use of online health information and advice [9]. Only seven of 306 young adults (2%) had accessed online support for their mental health through Kooth, Youper, Headspace, Calm, Papyrus and MIND. These are organisations providing different kinds of mental health information and support through websites and apps. Young adults in the survey in 2019 talked about the importance of face-to-face provision alongside the

opportunities that online advice and support provide. It is important to understand further what types of online information and support are useful, and for whom.

The role of the GP

GP most commonly accessed NHS service

- GPs played an important role within people’s experiences as both a gateway for accessing further services, and for providing support through listening, advice and medication. They were the most commonly used NHS service, accessed by one in six respondents (15%). People shared both positive experiences of their GP and concerns about their role in accessing ongoing support.

GP primary source of support for many or gateway to other services

- Of 52 people seeing their GP, just over a quarter (27%) accessed secondary care NHS mental health services and one in ten (10%) accessed support through the voluntary sector. For the majority of those who had seen their GP for mental health support, the GP had been their primary source of support in the last six months, alongside family and friends and online information and advice.

Access to a GP and the GPs communication skills influenced experiences

- GPs were frequently mentioned in people’s comments in relation to both ‘What’s good?’ and ‘What could be better?’. Some people experienced listening, understanding and helpful GPs, whereas others found it difficult to access their GP or found them a barrier to accessing further support. People’s experiences are described in more detail later in the report.

‘GP took me seriously and offered appropriate support.’

‘I wouldn’t bother requesting help from GP, takes days phoning each morning to speak to a doctor for serious pain. They are too busy.’

Three quarters of people with ‘probable’ depression or anxiety accessed some form of support

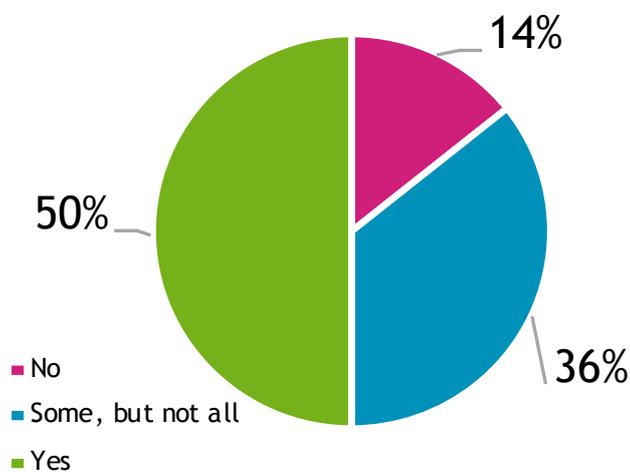
Of those identified as having ‘probable’ depression or anxiety in the SWEMWBS Scale (52 of 356), it is positive to see three quarters of those identified had accessed support in the last six months. Nearly one in two of this group (46%) accessed support from NHS services, and nearly one in four (23%) helped themselves through online sources, or family, friends and colleagues (Self help/information and advice only). It may be of benefit for service providers to understand the reasons why one in four people (25%) with ‘probable’ depression or anxiety had not accessed support, in order to further their work in prevention and treatment of depression and anxiety.



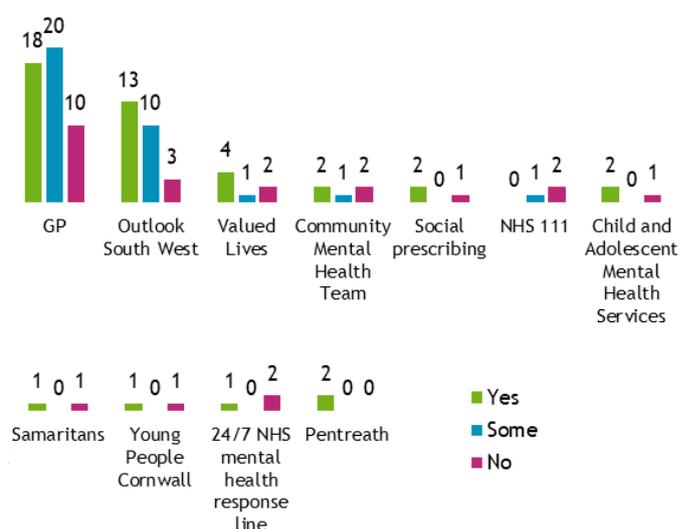
Have people been able to access the support they would like?

Of 144 respondents who had accessed support, one in two (50%) had been able to access the support they would like and one in seven (14%) had not been able to access any of the support they would like.

People answered this question in relation to any kind of support they had accessed, including support received from family and friends and online sources, as well as mental health services.



*Have you been able to access the support you would like?
144 people who had accessed support answered this question*



Responses to 'Have you been able to access the support you would like?' by organisation

Satisfaction with access to support varied within and across services

When we looked at how satisfied people felt about their ability to access support across a range of services, there were mixed responses. An exception to this was the two people accessing Pentreath, who had both received the support they would like. It is difficult to make comparisons between services and organisations as the numbers attending many are too small. Some explanation can be provided in the 'What works well' and 'What could be better' sections.

People unable to access the support they would like were more likely to have symptoms of depression or anxiety

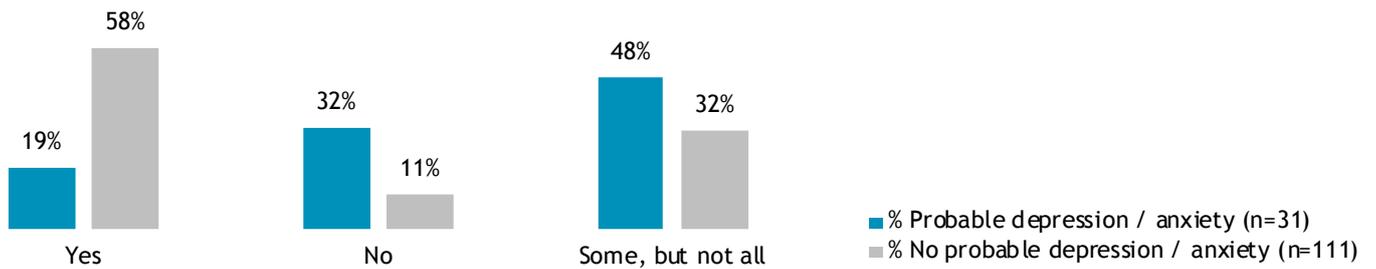
People who said 'no' they 'were not able to access the support they would like' were more likely to have symptoms of anxiety and depression (see appendix for statistical analysis).

Nearly one in five people (19%) with 'probable' depression or anxiety were able to access the support they would like compared to over one in two people (58%) without 'probable' depression or anxiety. The high numbers of

people accessing support who were not identified with ‘probable’ depression or anxiety (111 of 356 respondents) include people helping themselves by seeking information and advice online, help through their family and friends, as well as NHS mental health services. The results in part reflect people with less severe symptoms of depression or anxiety who found the help they needed without accessing NHS mental health services (see analysis on pages 11 and 12 of the appendix).

The finding that ‘people unable to access the support they would like were more likely to have symptoms of depression or anxiety’ is further demonstrated by evidence from people’s experiences later in the survey. These experiences indicate gaps in provision for people with long-term, more complex mental health conditions. It echoes findings from our survey^[1] in June 2020 and is expanded upon in the ‘What could be better?’ section of the report.

‘It would be a miracle if I could know that I and others were not at risk when I’m not sure what is going on around me. Cornwall Partnership Foundation Trust (CPFT) have stopped those who cannot respond to their terms and the pathway. I and many others cannot fit into any of their pathways, but we shouldn’t be chucked on the scrapheap. Our lives are worth some support. Let us get back service users having a real input so our voices can be once again be heard by Health and Social Services.’



Responses to ‘Have you been able to access the support you would like?’ by people with and without ‘probable’ depression or anxiety in the SWEMWBS Scale



What's working well

Survey respondents were asked to tell us about 'What's been good/helpful about your experience?'. Common themes were analysed from 97 people's comments in the survey and within interviews with 18 people.

The most common themes included: sharing experiences with empathetic listeners, such as family and friends, peers, GPs and mental health professionals; online information, advice and support; counselling and talking therapies (where these have been accessed); open, supportive workplaces and having a safety net in place.



What's good - Common themes from 97 people

Opportunities to share experiences with empathetic listeners

Sharing experiences with others, and being listened to and understood, were core features of many people’s positive experiences of support. There are many examples where this is working well for people, from ‘understanding, empathetic’ hospital staff, GPs, therapists and friends and family, to peer support within drop-in sessions and online forums and open, supportive work environments.

Listening, understanding GPs and other mental health staff

Empathetic, understanding, listening and being helpful, were all qualities frequently mentioned in relation to ‘what’s good’. This was most often linked to people’s experiences of their GP (being a primary access point to services), but also included counsellors and other mental health professionals.

‘The understanding of the GP and his ability to listen’

‘Just being able to talk to doctor about worries which could have seriously affected my already poor physical health.’

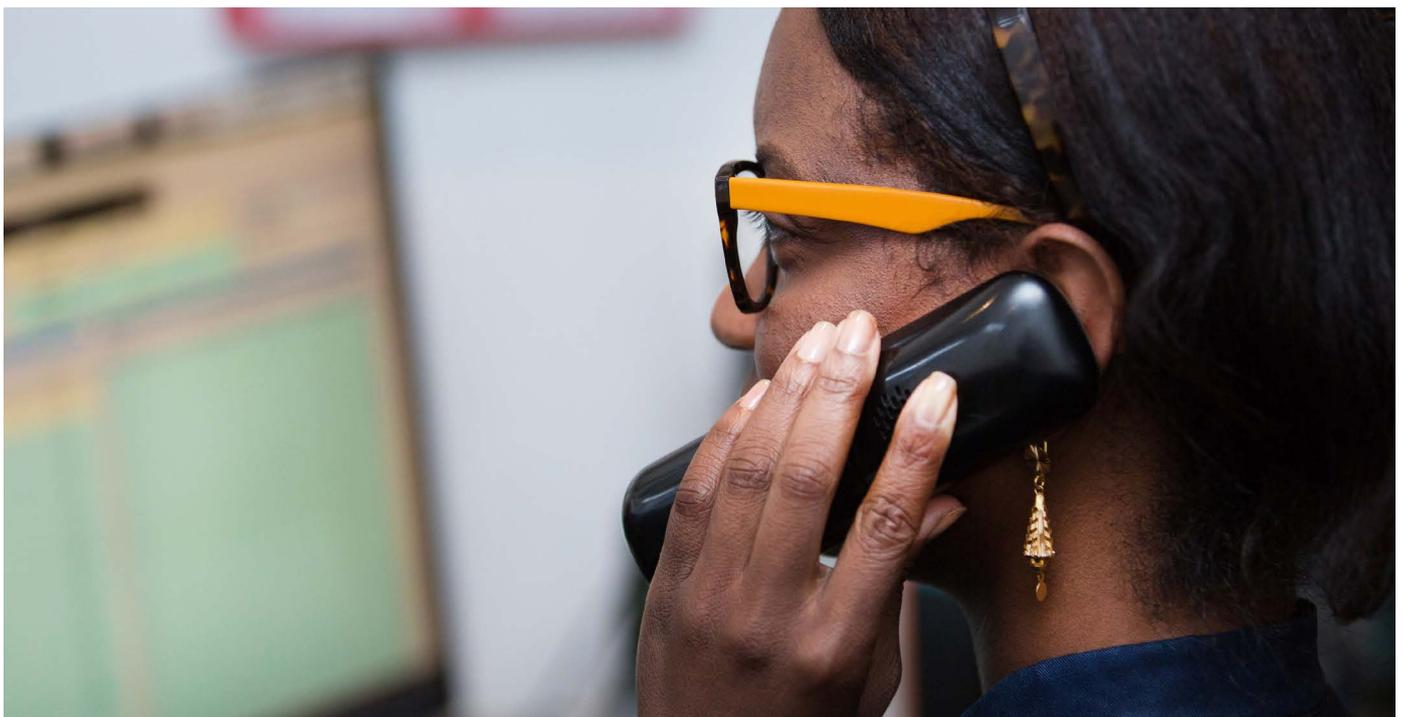
‘I used to be under Trevillis House CMHT. They were excellent. All the staff there were approachable and empathetic.’

Friends, family and colleagues

Family, friends and colleagues were a source of support for one in three respondents (35%). People described the trust they have in their family and friends, knowing they care for and look out for them.

‘It helps to be able to talk to those close to you, friends and family who care and want to support you.’

‘I prefer to look to my family for help as I’ve tried antidepressants and counselling before but they’re not overly helpful to me.’



Peer support

Four people described positive experiences they had through talking/sharing experiences with others who have mental health conditions. This included sharing with others online through workshops, social media and support groups, as well as drop-in services.

'Workshops locally with other people in similar situations or struggles, which again was invaluable and an absolutely brilliant service, in both learning and understanding different areas of our mental health and lives, as well as meeting other people who understand the difficulties faced with mental health issues and create friendships to help support one another and motivate to keep going and reaching out when needed.'

Online information, advice and support

One in six respondents sought support through online information and advice. It was frequently mentioned in response to 'What was good about your experience?'



People used online sources in different ways

People interacted with online sources in different ways. These included taking a self-help course online or seeking out advice on coping strategies. For some, sharing their experiences with others through social media or within online groups helped. Hearing about and learning from others with similar experiences was positive.

'I live in complete isolation and so it is good to speak to others online or else I would see no one at all.'

'Taking courses for Carers which covers mental wellbeing. Helps me identify triggers, symptoms and coping strategies.'

Cornwall Council's online mental health and wellbeing guides were most commonly used, by one in eight respondents (12%), followed by NHS websites (6%).

'Cornwall Council wellbeing pages - very useful and helpful.'

Flexibility and convenience of access

People valued being able to access online information and support as and when they liked, on a range of different topics.

'Silvercloud Health was a useful programme to revisit CBT strategies when I had a period of anxiety. It was helpful to be able to access this at a time to suit me and without having to wait.'

Counselling and talking therapies

The opportunity to access counselling or one-to-one therapy was a common theme raised in response to 'What's good?'

People found a range of talking therapies helpful

People described different talking therapies they found helpful, including CBT with Outlook South West; private therapists and coaches; a life coach through Pentreath; and counselling with: Macmillan Cancer Support, Pegasus, CN4C and through work and school. People valued the opportunity to explore their



thoughts and feelings in a one-to-one setting, often face-to-face.

'I find 1:1 CBT sessions and counselling sessions to be most useful. I am currently accessing counselling through Outlook South West. I appreciate having the scheduled time to really explore my thoughts and feelings and consider how I can improve myself.'

'My cancer support counsellor is a great listener and helps me to work through how I am feeling.'

Fast access to support when needed

They appreciated fast access to support at the time they needed it, which included telephone support.

'Fairly quick access to a 121 counsellor for telephone support - very useful.'

Support tailored to people's needs

People also valued support that was tailored to their needs and circumstances.

'I have accessed services through Pentreath - a life coach who was able to come to the house and see me once/twice a week. Pentreath were brilliant, caring and really pro-active. Working with a life coach, which was absolutely incredible and a huge help in so many areas and ways.'

Open, supportive workplaces

Several people talked about the importance of their work environment as a factor in managing their mental and physical health and their employers taking an active role in supporting mental health.

'Not being judged, work adjusting things enabling me to continue with work rather than be off sick.'



‘Good to hear Senior Managers talking honestly and openly at this time, sharing experiences.’

Two people appreciated regular communications they received through their workplace about mental health and wellbeing and signposting to support services.

‘We have an online newsletter, its weekly and a very helpful and interesting read. There are a lot of links to other support services that may be of use in the future.’

Having a safety net

For some with ongoing mental and physical health conditions, having a safety net in place was helpful. The safety net varied depending on people’s circumstances. For one person, knowing respite care was available was reassuring. Other people’s safety nets included availability of drop-in services, a telephone support line, friends or colleagues looking out

for them and following organisations on social media.

‘Knowing that drop-in services are available through Valued Lives.’

‘I have fought, so I can still have respite at Oakleigh House when needed for the next 4 months. Oakleigh gives me reassurance when I am in a dissociated position (most of my life).’

‘Colleagues and friends essential for feeling of belonging and someone keeping an eye on me.’

‘As I have had mental health issues (depression) for a long time, I now recognise when it (‘Black Dog’) is creeping up, so stand some chance of controlling it (I will never beat it). So for me, following organisations and groups on Facebook, for instance, is about maintaining a safety net of sorts.’

What could be better

Eighty people provided feedback in response to ‘What could be better?’. The two most common themes included access to support when needed, including easier access to GPs, and better provision for people with long-term or more complex mental health conditions.

These themes reflect a finding earlier in the report that ‘people who were unable to access the help they need were more likely to have symptoms of depression or anxiety’. Themes and subthemes are shown below with the number of people commenting on each displayed in brackets, by each theme. Where numbers were low for a subtheme, we included it if it represented feedback we currently hold through our work at HC, and/or we felt it was an important issue to raise even if experienced by a small number of people.



Access to support

Some people experienced difficulties accessing support when they needed it, including difficulties accessing support through their GP and long waits for counselling and talking therapies.

Easier access to mental health support through GPs

People had mixed experiences of accessing mental health support from their GP. We saw earlier in the report how many people described positive experiences of GPs in respect of listening, providing support, or signposting them to further help. In contrast, GPs could also be a barrier to accessing support. This related to difficulties in being able to get an appointment with a GP, and/or the consultation time being very limited. Further issues raised included a focus on offering medication as the solution; a perceived lack of mental health expertise (as generalists), limited knowledge of signposting to alternative support, or lack of follow up.

'With GPs you are concerned about time and I sometimes feel I might be wasting their time.'

'Some GPs are not very good at sharing support numbers with us when we need help.'

'Accessing GP services, accessing support other than being offered anti-depressants/CBT.'

Faster access to support

Faster access to support at a time of need was mentioned by six people. For one person with suicidal thoughts, 3 months was too long to wait and caused further damage to their mental health.

'It took 3 months from the point of referral to come to anything and this was having reported suicidal thoughts during the referral. I feel that the counselling is now about undoing the damage I've experienced whereas if it could have been more efficiently put in to place it could have prevented some of the damage which I would say is more beneficial.'

'Instant contact with someone to talk to, rather than make an appointment. Don't



always know when other family members are around.'

Access to free or low-cost counselling

Free or low cost counselling was appreciated by those who were able to access it, but some people had paid for private counselling as it was either not available to them on the NHS (or they have assumed it is not), or they were seeking an alternative type of therapy than that provided on NHS.

'I have to pay privately for therapy because I have severe depression and the NHS won't provide such intense care.'

'To access good counselling without having to pay so much'.

Provision for people with long-term or more complex mental health conditions

Feedback identified gaps in meeting the needs of those with more complex and long-term mental health conditions. There is a gap in provision for those who do not reach the threshold for specialist mental health services but for whom the services offered by a GP and/or talking therapies are insufficient.

Access to more than 6 sessions of Cognitive Behavioural Therapy (CBT)

Of the 18 comments about Outlook South West, 9 provided positive feedback about the counselling and online resources provided, but for some people with more complex or ongoing mental health conditions, six sessions of Cognitive Behavioural Therapy (CBT) at Outlook South West had not been helpful or enough to support them.

'My mental health problem is in 'between' serious mental health issues and very minor issues. I feel 'lost' in the system of diagnosis. I have been diagnosed with depression, put on medication but not really had any 'specialist' to actually review my mental health and ensure I am on the correct medications and that is what I need as treatment. I have been referred to Outlook South West but they just gave me a basic 6 session course but this didn't seem to do anything and the counsellor gave the impression that there wasn't anything else available. I was never followed up. My GP didn't follow up to see if this helped. The only contact with GP is when I make an appointment if I am getting 'low' in mood and they take blood and suggest increasing my tablets. It's like a continuous circle.'



Criteria for accessing CMHT and CAMHS

Several people felt they needed more support but did not meet the criteria for CMHT or CAMHS and felt they had been left with little or no alternative support. Their experiences reflect feedback HC continue to hear in our work to gather public experience. Given safety concerns for those who do not meet the criteria for accessing CAMHS, this has been included as a theme despite the small number of people commenting on this within the survey.

‘CAMHS could be better. The doctor referred me to them for counselling when I was in school as I couldn’t physically get myself up to go due to anxiety and depression, but they told me after my phone assessment that my anxiety wasn’t bad enough.’

For example, one person with ongoing mental health problems was unable to access support through CMHT or the psychiatric liaison team at Royal Cornwall Hospital. It was only after a

suicide attempt and a break down that they were able to access more specialist support. The GP played a vital role in pushing for the support they needed.

‘GP sent me for assessment by the mental health team. They said I was mildly depressed, but I was self harming and felt suicidal. The GP said I needed to be honest with them as the GP could see me struggling and this was very different from the feedback the GP got from the community mental health team. I was referred back to the mental health team and they decided I was moderately depressed. At one point I was so suicidal I went to the GP and GP sent me to Treliske where I was seen by the psychiatric liaison team. When they saw me they said I was mild to moderately depressed and sent me home with leaflets and I was referred back to my GP. I was told to come back to A/E if there were any serious issues. I carried on going down and overdosed on prescription medications/painkillers but it didn’t work so I didn’t tell anyone.’



Signposting to further support once treatment is complete

Some felt further signposting to ongoing support was needed. This was raised in relation to both Outlook South West’s CBT sessions and also following crisis support from CAMHS.

‘Ex partner suffered from PTSD which broke up the relationship. They had some support initially but the government withdrew funding. There was a long waiting list and when they did finally get assessed by Outlook South West it was not exactly what they needed. They were left (without support) after their sessions and did not signpost to a service who could help them deal with their issues.’

‘Put something in place at CAMHS to support children and teenagers after the crisis management stage.’

Support following discharge from CMHT

In our follow up interviews, several people had previously been discharged from CMHT. Once discharged, people lost access to their Community Psychiatric Nurse (CPN), and during the pandemic there has been little alternative support available as many drop-ins have been closed. Although the number of people commenting on this topic are small in this survey, we have included this as a theme as we are aware of other sources of feedback

where support following discharge has been an issue.

‘Since I was discharged from CMHT at start of Covid, I don’t qualify for anything other than drop-in, which is closed in lockdown.’

When one person was discharged, they not only lost access to a CPN, but were also unable to attend a support group in which they had developed friendships. If the staff at a mental health day resource centre had not facilitated their friends attending the drop-in, this person would have lost access to valuable social support at the same time as their CPN.

‘I did have a CPN but they discharged me right at the beginning of lockdown last year by phone call. No follow up since. They had referred me to a mental health day resource centre which eventually I found I could be comfortable opening up within, but once I did not have a CPN I had to leave this group. I eventually enjoyed the routine and started to make friends at the group, however, I was not allowed to remain in the group. I could only attend the drop-in sessions but the staff did try and arrange it that the members I became friendly with could drop-in on the same day so we could continue to feel we were in a safe place, together. I have not had any support throughout lockdown, however, I have a meeting at the day centre which I am looking forward.’

Provision for people who have experienced trauma

Some feedback identified services that were currently not commissioned, such as those suffering with complex trauma and post traumatic stress disorder (PTSD). For one person with PTSD, no alternative support was provided, and for this new mother seeking treatment for complex trauma, it appears no support (except for medication) was in place while they wait for specialist treatment.

'The mental health services have now diagnosed my relative with complex trauma requiring Level 4 treatment. I do not know what this is but my relative has told me that they can only get Level 3 treatment in Cornwall. This treatment is similar but more severe than PTSD but there is no support for this in Cornwall. My relative has really severe 'melt downs' which they have no control over these. Doctors just want to 'up' their medications. My relative cannot get a face-to-face appointment and does not even know when they could even access Level 3.'

'Most of my caseload have experienced trauma, not enough support for them to access.'



Lifting of covid social restrictions

Nine people mentioned they looked forward to the lifting of covid restrictions. People gave different reasons from meeting up with friends and family, to feeling safe when out and about and for face-to-face support to return. For one person, covid restrictions were a barrier to carrying out their therapy.

'Being able to meet with more than one person at a time.'

'I so wanted to go out last summer when the lockdown was eased but there were so many holiday makers around, I did not feel safe. This really upset me.'

'COVID restricts practical steps of the CBT.'

While only one parent told us they had difficulty accessing support for their adult child while day services were closed due to the pandemic, impacting on the mental health and wellbeing of their child, we are aware they were not alone in this. Day services are now reopening, but it raises the question about provision of support for people with learning disabilities should day services need to close again.

'My adult child has learning disabilities and has been struggling to access day services during the pandemic. My child came out of the system for a while but wanted to be able to access services again so consequently I went to the GP to get them back into the system. This has been a difficult and timely process. The GP was not particularly knowledgeable on details of how to access services which was frustrating.'



Better organisation and communication

Seven people commented about incidences of poor organisation or communication. These included comments about keeping people informed in light of closures during the pandemic, not knowing who to contact within the service for support and lack of clarity about who was responsible for their case. They related to different organisations including CMHT, Outlook South West and CAMHS.

'There seemed to be different agencies involved (CAMHS, First Light) and they just fell through the cracks - it was only finally pushed through when they visited their GP who was concerned enough about the impact on the child to contact the agencies direct to chase up some support.'

'Communication on whether this can be restarted when we're able to. Apart from being told the organisation was closed in the first lock down, I haven't heard anything since.'

[CMHT] 'Very difficult to find the appropriate person to talk to - don't feel supported at all. [What could be better?] Better communication.'

Provision for people with long-term health conditions

The link between long-term physical health and mental health has long been recognised, and is confirmed within this survey with people with long-term conditions, physical disability and hearing impairment more likely to report symptoms of anxiety and depression. Six people with long-term physical health conditions described the impact of their condition on their mental health and wellbeing and commented on the lack of mental health support available.

More provision tailored to the needs of people with long-term conditions

'I was referred to Outlook South West by my GP, but they refused to let me talk about my disability as 'The pain psychologist will do that'. I was told to separate it out completely, which is impossible. I ended up talking about things which have a very minor effect on my mental health, because they were the only things I could think of which were not related to my disability. I left feeling worse than when I went in. I felt no one cared about my disability.'

'I feel that Fibromyalgia should be added to the list of long-term conditions that you are able to have to access Healthy Outlook services.'



Increased demand due to pandemic

The number of people experiencing pain and disability from long-term conditions is likely to have increased during the pandemic due to delays to routine healthcare appointments and cancellations of surgery. There may also be increased need for support as a direct result of covid infection, as one person describes:

'I have long covid which includes a vitamin B12 deficiency, and the symptoms include depression and suicide ideation. I have struggled to find the support I've needed and have had to take long periods off my job as a frontline key worker.'

'Something would be better than this. Cannot get a face-to-face appointment with GP. Cannot go back to work. Cannot deal with pain even with drugs. Not offered any help.'

Links between physical health, mental health and employment

Several people emphasised the wider impacts of their physical condition, not only on mental health, but also on their employment. People were left feeling worse when there was a lack of understanding and support from employers and GPs. The theme of workplace support is expanded on the next page.

Availability of face-to-face support

Five people talked about their preferences for face-to-face support. They described how online support was inadequate for their needs and impersonal. One person found it beneficial to get away from their home environment for counselling sessions, and others commented on the importance of face-to-face contact to feel connected and share with someone.

'I'm not a fan of online counselling sessions, I spend enough time at home as it is and getting out to sessions before helped to step away from things.'



'I'm a very logical person and don't learn well from 'reading', especially on screen. I really need to be able to 'offload' my thoughts and worries verbally and so online support did not feel like the best way forward for me.'

'No, I didn't find talking to a stranger on the phone helpful. They offered me solution focused brief therapy, but I feel like I need connection and empathy rather than a goal focused support.'

'Companies helping their employees feel supported and making sure mental health is a high priority.'

'Ultimately an acknowledgement of the pressures we are all under and an acceptance that not everything will get done; this would reduce the pressure to some extent. Being mindful of one and others time and not overloading people would be supportive also.'

Workplace support

As shown earlier, some people have experienced open, supportive workplaces where mental health and wellbeing are high on the agenda for employees. Five people also raised workplace support as an issue under 'what could be better?'. People identified two areas where workplace support could be improved. Firstly, for companies to be more understanding and supporting of employees' physical illness and long-term conditions, as well as their mental health and wellbeing. Secondly, employers and managers could be better at reducing work pressures placed on employees:

'At work there is a lot of talk from top management like "look after yourself and others" but they are loading pressure on lower tier managers and other employees (often with work at short notice that means that I can't finish when I want, despite trying to structure my day - unfortunately this is not an isolated occurrence but regular, so they need to sort out).'

Suggestions for improvements to online provision

Most feedback about online provision was positive, but there were a few suggestions to improve it:

- The Silvercloud app to have the same content as the Silvercloud website so it is all accessible through people's phones
- Online chats
- Access to professionals through social media
- Access to Headspace app through employer

Considerations and thoughts for the future

This Report

There are a few aspects of this work we feel are worthy of note:

- This was a digital campaign and online survey (predominantly due to our restricted engagement work during the pandemic). It does not include the views and experiences of people who do not engage with social media and online surveys or those digitally excluded. Participants were predominantly female and between the ages of 35 and 64.
- A relatively small number of people accessing secondary care services, such as CMHT, CAMHS and voluntary sector organisations took part in the survey. Some people with long-term mental health conditions who had previous experiences of CMHT took part in the interviews and were able to provide further insights about CMHT provision.
- Where numbers are small, we have reflected this and have included it in our findings where we have triangulated this with feedback previously gathered in our work, or with that in the public domain.
- Further work is needed to hear from:
 - + Older people, aged 75 and above;
 - + Children, young people and young adults;
 - + Different parts of our communities who are digitally isolated (and representatives within organisations);
 - + Men, as their views are less represented in this and other surveys;
 - + A larger number of users of secondary care mental health services.

The pandemic has thrown up many challenges for the provision of mental health care in Cornwall, from the closure of drop-in services to reduced availability of face-to-face support. Restrictions imposed by the pandemic have impacted the people in different ways. For example, closures of day centres for adults with learning disability have disrupted routines and

placed additional pressures on carers; young people's education and employment opportunities have been affected; and people face delays to healthcare they need. It is not surprising that we have seen a rise in the prevalence of mental health issues and increased demand for mental health support.

As we enter the second year of the pandemic, there is hope as vaccinations are rolled out and social restrictions are eased. Ongoing changes to the way mental health support is provided in Cornwall as part of the 'Futures in Mind' Adult Mental Health Strategy 2020 to 2025, provides opportunities for provision in Cornwall.

We should:

- Continue to involve people who use mental health services in the design and development of services, particularly people with long-term, more complex mental health conditions; people who do not meet the criteria for CMHT and CAMHS; and people who are digitally excluded and other vulnerable groups;
- Build on the positive feedback about online information and support, increase and develop online provision, alongside opportunities for face-to-face or telephone support;
- Increase opportunities for older adults to reach out for support for their mental health and access secondary care services where appropriate;
- Expand provision for people with long-term physical health conditions;
- Improve signposting to further support once people have completed treatment;
- Increase signposting to the 24/7 mental health support line to enable easier access to support;
- Monitor the impact and role of GPs in providing support (including medication) as more people use alternative avenues to access support.

Contributors

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