Public Engagement Outcome Summary

Transformation of Adult Mental Health Services in Gwent

March 2021

"The Mental Health and Learning Disabilities Division wish to thank everyone who has attended events, virtual meetings as a group and as individuals.

The time you have taken the time to contribute as well as your views and experiences are much appreciated and valued.

The contributions in this process were made from Public, Service Users, Service Partners and our workforce colleagues."

Document Purpose:

This document provides a summary overview of responses made to key questions asked during the Public Engagement and a thematic analysis from the views and comments submitted in addition the main questions and captured at all Public Engagement events.

Contents

Section 1 - Summary of Responses:

General Overview of Services

The majority of respondents indicated that the **Quality of Environment** is **very important** to them and indicated the factors listed below are **extremely important** to them;

- ✓ Being seen by specialist staff
- ✓ Standard of care you received
- ✓ Being seen quickly
- ✓ Knowing where to go to get support
- ✓ Being involved in your care
- ✓ Being seen close to home

The majority of respondents **(42%) agree** with the general direction of travel for adult mental health services in Gwent

The majority of respondents **(78%)** indicated they **did not have enough information** to decide if there are any gaps that need to be considered in future services.

The majority of respondents **(62%)** indicated **there are gaps** in our **current** services

The Foundation Tier

Comments were submitted on our plans to develop the Foundation Tier services, as well as views on what would help to support mental wellbeing for individuals or our community. These are considered in our Thematic Analysis (Section 2)

Tier 1- Primary Care Mental Health Support Services

Comments were submitted on views on the plan to introduce Psychological Wellbeing Practitioner(PWP) roles to support individuals within GP practices. These are considered in our Thematic Analysis (Section 2)

The majority of respondents (63%) support the proposal to provide Primary Care Mental Health Support Services in community based hubs

The majority of respondents (82%) indicated they would like to have a choice in the way that they can be seen by a Primary Care Mental Health Support Services practitioner.

The majority of respondents (41%) indicated they would like to be seen/contacted for using a 'mix' of all three methods suggested. Those methods were face to face (in person) by telephone and by virtual meetings

The majority of respondents (65%) indicated they would be happy to travel a little further to see someone if they could be seen quicker

The majority of respondents (70%) indicated they would be happy to travel a little further if they could see someone who is 'best matched' to meet their needs?

Tier 3- Crisis

The majority of respondents **(75%)** support the idea of developing a **C**risis **A**ssessment **S**upport **U**nit (CASU)

The majority of respondents indicated that they considered it is **very important** for Crisis Assessment Services to be;

- ✓ available 24 hours
- ✓ close to other services you might need
- ✓ seen by the right staff
- ✓ seen quickly

The majority of respondents indicated that they considered it is **moderately important** for Crisis Assessment Services to be;

- ✓ close to home

The majority of respondents **(70%)** agreed that having one single point of contact for all agencies to contact to support anyone in crisis is a good idea

Tiers 3 & 4 Inpatients

The majority of respondents **(46%)** agreed that having one assessment ward to take all crisis admissions is a good idea

The majority of respondents **(75%)** support the idea of having specialist recovery wards

The majority of respondents **(78%)** support the idea to develop a new Specialist Inpatient Services Unit in Gwent?

The majority of respondents indicated from the list of services provided in the question, that a new adult specialist inpatient services unit in Gwent, should include;

- Low Secure Unit
- Psychiatric Intensive care Unit (PICU)
- Learning Disabilities Acute Care Ward (LACU)
- Acute Adult Assessment ward
- Crisis Assessment Support Unit (CASU)

Respondents offered additional comments that they currently feel that inpatient services are too generalised and that this doesn't meet the needs of those who require more specialist support. Therefore, it has been recommended that there should be consideration of different inpatient provisions which are exclusive to different needs.

Respondents indicated their view on a geographical preference if a Specialist Inpatient service is built, as;

The majority of respondents **(45%)** indicated **No Preference**

27% of respondents indicated **Llanfrechfa Grange Site**

11% of respondents indicated **St Cadocs Hospital Site, Carleon**

33 people offered 'other responses around considerations in choosing a site, these are considered in our Thematic Analysis (Section 2)

The majority of respondents **(66%)** indicated they want their views to feed into the option appraisal process that determines where the best location for the Specialist Inpatient Services Unit if built

The majority of respondents **(62%)** indicated they would you like to keep talking to us about our ideas to transform adult mental health services in the future

Section 2 – Thematic Analysis of Comments Submitted

1)   Perceptions of Mental Health
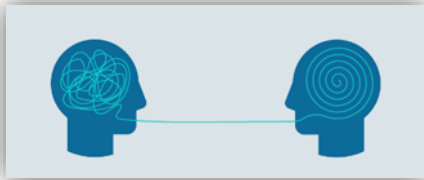
One key theme that emerged was the importance of spreading awareness of mental health and improving levels of empathy towards those suffering from poor mental health. This theme can be broken down into two sub-categories.

➢ Within the Workforce

This sub-theme demonstrated that Service Users sometimes feel like they are not *'being taken seriously and listened to'* or that healthcare professionals *'didn't want to understand'* their problems:

> *"Feeling that you are being listened to! Very important!"*
>
> *"Being seen by someone who understands the problem is important."*

It was also highlighted that individuals feel like they are not always offered *'kind and compassionate care'* and that people appreciate *'being shown empathy and compassion by staff/services'*:

> *"The primary mental health process up until now lacks compassion."*
>
> *"Overall, the service feels like it lacks the feeling of care."*
>
> *"Having suffered with mental health issues, being treated with respect and not dismissed, to be forgotten about, so regular contact with a health professional and not just left to the GP."*

It's also been suggested that a lack of consideration is an issue within teams, with some staff reporting that they *'feel neglected'* and are not given enough support.

> ## Within the Community

This sub-theme showed how many respondents believed that *'the stigma of mental health needs addressing'* in order to increase awareness and public understanding:

"I think awareness raising is so important and encouraging everyone to talk about mental health is vital."

It was suggested that this could be done by giving education to the public regarding the factors which can influence an individual's mental wellbeing:

"Education of the general public on trauma, ACE's (Adverse Childhood Experiences), mental health and substance misuse."

"I believe that members of the public benefit from a greater understanding of the interaction between their circumstances, their emotional and cognitive reactions and the consequent behaviours."

2)   Service Delivery

This theme highlights that there are a number of issues surrounding the current method of service delivery. This theme can be broken down into 3 sub-themes.

➢ **Lack of Resources**

One key issue that was focused upon across all aspects of the service was *'staffing shortages'*:

> *"My experience is that adult mental health wards are dangerous and understaffed and they need much more support."*
>
> *"Home Treatment Team out-of-hours are over stretched."*

This results in service users feeling like their appointments are *'rushed'* and thus the care given to them is not helpful:

> *"A current 10 minute appointment with a CPN does nothing."*
>
> *"The crisis phone staff are overworked and stressed, the quality of care you get from them goes from amazing and compassionate to borderline abusive and negligent (Why is that? Compassion fatigue of staff? Not enough staff? Not enough funding?)"*

Another problem portrayed was how interventions being offered are inadequate and there is not enough support felt when overcoming mental health difficulties:

> *"I found 6 sessions of CBT through my doctor's surgery did not have any impact."*
>
> *"I went to the GP while struggling and was just recommended a well-being course. Whilst these are great, if you're not in the right headspace it won't help."*

Some respondents proposed that some staff members lack the appropriate skills to offer efficacious interventions to all client groups:

> *"Staff are not skilled enough to deal with autism (ASD- Autism Spectrum Disorder)."*
>
> *"Workforce on acute wards are mainly newly qualified nurses."*

Respondents made suggestions as to how this can be addressed:

> "We need to revisit the skill mix within our teams."
>
> "Have much greater access to training."
>
> "Have sufficient experience to have a therapeutic conversation not just tick box assessment."

This was specifically seen within primary care whereby respondents felt that there are not enough 'medical staff who know about mental health problems':

> "I also think that the General Practitioners need to have a much better understanding of mental health issues. They are too quick to putting it down to alcohol etc. And giving out drugs without getting to the bottom of why the patient has mental health problems."

Some respondents believed that the proposed Psychological Wellbeing Practitioners (PWPs) could have a positive impact on the level of mental health knowledge within primary care:

> "GPs in general do not seem to understand their role regarding mental health and having a practitioner available to support would be great in enhancing their understanding and involvement."
>
> "It would be good to speak to a mental health specialist at first point of contact, someone who understands the complexities of mental health and not disregard a patient's behaviour as "not interested, not engaging""
>
> "Could they also facilitate development of GP surgery staff in further training in active listening/empathy/basic counselling skills, so that every contact with the GP is a positive experience and barriers to patients seeking out support in the first instance are reduced?"

According to some respondents who have had past experiences with PWPs, the implementation of this service has had a positive impact in these areas:

> *"At my Medical Centre we have a Psychological Wellbeing Practitioner, who really is a massive asset to the Medical Centre. At least when someone goes there they are seen by a more qualified person to deal with and help with their needs."*

However, it has been suggested that this might not always be effective as it *'could not work with locum run surgeries'.*

> ➢ **Long Wait Times**

Respondents highlighted how *'being seen quickly'* and being *'offered timely interventions'* should be prioritised. Long wait times have been mentioned as an issue across all aspects of the service, and people believe that this can be very detrimental:

> *"Need timely access to support/medication through GP surgery."*
>
> *"Currently it takes too long for someone in crisis to be seen by the mental health team and the current timelines between a GP referral and being seen in an assessment are unacceptable."*
>
> *"Community Mental Health Teams (CMHTs) are struggling to cope with the demand and there are long waiting lists and difficulties accessing the service in the first place."*
>
> *"The waiting lists for CMHT are around 1 year, within this time many people with mental health issues will have numerous crises, suicide attempts, further trauma, or had their children removed."*

Some people agreed with the introduction of Psychological Wellbeing Practitioners as they believed it would *'help reduce waiting times'.*

➢ **Inconsistency of Healthcare Professionals**

Another criticism of current service delivery is that people are often seen by a number of different staff members. This irregularity can lead to service users not feeling comfortable with professionals or feeling enough trust to open up:

"Service users sometimes will refuse the help due to their mental health condition as they want to speak with professionals that they are familiar with and don't trust the people in a strange surrounding."

"It is often difficult for individuals to be expected to completely open up and share their worries and struggles with healthcare professionals who are little more than strangers to them, therefore I believe it is important to recognise this and work on building a therapeutic relationship with the client before beginning any formal work."

It has been suggested that this inconsistency is sometimes due to career progression:

"Rebanding of staff in GSSMS is needed as staff are often seeking to move onto a new role with higher banding, constant changes affecting patient's experience/care and team morale."

3) Communication Issues

A theme which has emerged from the data is that there are some clear issues with communication within multiple aspects of the service. This theme can be broken down into 3 sub-themes.

➤ **Communication between Services**

One area in which this has been highlighted is *the 'communication between different elements of services'*, which appears to have an effect on service users and the care they receive.

Many respondents reported that one of the issues regarding this lack of communication is that they often have to retell their stories *'over and over again'*:

> *"Swift and clear collaboration of care is needed so all services involved in the care are on the same page. So that the individuals affected are not having to repeat themselves."*
>
> *"In the process of getting help you go through how you feel/what you think/how you're coping so many times you feel like a stuck record."*
>
> *"Feedback from service users is that they feel over assessed."*

Respondents also suggested that there is a need for better links with other services for those who experience co-occurring issues so that information can be shared:

> *"Healthcare services need to work in collaboration with other agencies in order to have a holistic approach."*
>
> *"I work with people with sight loss and whilst there are strong connections between sight loss and mental health, the support provided is very stagnated and difficult to link up."*
>
> *"Communication between third sector and NHS services is vague. It needs to be clearer for the patients/Service Users and the staff in these services what each other do. So we can all work better collaboratively."*

People have expressed their support for the proposal of community-based hubs as they believe it will *'promote better collaborative working with other agencies'*.

It was also proposed that there should be a single area where all records are kept and stored:

> *"There needs to be an expansion of the Newport Adult Disability Team where this department becomes a one stop shop for all services and all professionals have central access database to the same records, behaviour plans and medical health records."*

➢ **Different Forms of Communication**

Importance was also placed on facilitating a range of different communication formats. This would ensure that an individual's experience is more tailored to them:

> *"Please stop posting letters to chaotic, unstable and unwell people with appointments, and expect them to attend. This is archaic, depersonalised and ineffective."*
>
> *"It's important that they are comfortable talking with you and there are many ways they can communicate their feelings instead of verbally, such as writing it all down."*
>
> *"A lot of people with autism, such as myself, can struggle with digital formats, which further excludes this group of individuals from accessing proper support. When I tried to access the road to wellbeing booklets while working for the NHS, a booklet didn't even exist to explain what autism was or how to access support specific to those needs, it doesn't even acknowledge it exists."*

➢ **People Not Knowing What's Available Currently**

Another issue that has emerged which demonstrates the current lack of communication within services is that there is a general belief that people are unaware of where they can seek appropriate support for themselves or others. Respondents have emphasised the importance of *'information about services being readily available'*:

> *"There needs to be clear leaflets about what different levels of care offer and made available to the public."*
>
> *"I feel this information needs to be widely shared to the whole of Gwent so that everyone can benefit and knows what help is available to them."*
>
> *"Clear signposting to services, how to get help and what to do if you are concerned about someone."*

These statements support the proposal's suggestion *'to have an easy-to-access first point-of-call'* in regards to crisis services, but suggests that greater understanding of how to access services across the board is necessary.

It also came to light that some healthcare professionals were not always sure on the function of different services. This highlights that service users are potentially being referred to the wrong place and thus more education on this should be provided to teams:

> *"Communication between different elements of services is not clear. For instance, 99% of GP's and secondary mental health services do not know the difference between GSSMS (Gwent Specialist Substance Misuse Service) and GDAS (Gwent Drug and Alcohol Service). At the same time, GDAS and GSSMS do not know about progressions in secondary/primary care mental health services. For instance: many workers in GDAS and patients do not know the difference between primary care and the CMHT and what they do".*
>
> *"I'm finding that mental health services are impossible to access as a GP. Recent example: contacted crisis team to be told that crisis team were NOT able to give out crisis team number to GPs. The service is really difficult to access."*

4) Collaborative Care

Another key theme which should be addressed is the need for a collaborative approach to an individual's care. An element of collaboration appears to be necessary in a range of domains which can be categorised into 2 sub-themes.

> #### **Collaboration between Service Users and Professionals**

This sub-theme has demonstrated that there appears to be a need for more effective collaboration between individual's and their care teams in order for service users to be provided with *'person-centred and holistic care'*:

"I want my mental health team to engage with me, so have a shared relapse plan which is discussed at every meeting."

"Actual communication and not being fobbed off."

"I would like staff to work in collaboration with me."

Respondents have also highlighted the importance of service users being given the opportunity to be involved in making decisions about their own care and treatment. Some of the factors that have been specified are:

"Having a choice as to whether I go into hospital and take medication."

"Being able to choose the gender of therapist."

It has also been emphasised that, in order to be involved in and make decisions regarding one's own care and treatment, it is important that service users are provided with sufficient and *'clear information'*:

"Good communication and information provided on the service and its processes is needed."

"Clear information would be key, simple terminology and transparency."

➢ **Involvement of Families and Carers**

Respondents have suggested that there needs to be more involvement of the families and carers within the mental health treatment of those individuals who seek support. This appears to be an important part of recovery for service users which seems to be missing from current services:

> *"Allowing my family or friends to be involved with me."*
>
> *"Involving my family in my care."*

Involving families seems to be essential for recovery as it enables them to support the individual in an educated and informed manner. As a result, there appears to be a need for more systemic work and psychoeducation:

> *"Massive need for systemic working. We need to address problems as a family so they can provide support."*
>
> *"Systemic therapy is needed. There is constant readmission of individuals, giving psychoeducation to families could avoid this."*
>
> *"Sending people back into environments where their families are not familiar with the skills they have been given to cope or understand is not effective."*
>
> *"We do need to support families and engaging with them. Open Dialogue in Torfaen is a way that family is involved in decisions that are made about individuals. If it works it is a powerful way of getting family involved in their support. It will be a useful pilot in Torfaen."*

It has also been emphasised that supporting families and carers is extremely important in order to protect their wellbeing which may be affected through the process of caring for someone who has mental health issues:

"What about supporting the individual's family whom may also be suffering stress issues due to the pressure they are under whilst caring for a family member with mental health problems?"

"More support for carers of those who use substances."

"As a parent/carer of an adult with learning difficulties and other disabilities to be included in this treatment journey."

"If you truly want to change and improve services then why not look at it from a family perspective? If an adult or child in a family has a mental health issue or illness then it impacts on everyone in the family. To develop a mental health service that supports the whole family I feel would be a huge shift in service provision."

"Ongoing support for individuals sometimes for life. I had the opportunity to access a DBT course as I am supporting a family member who needs lifetime support. It is important that families have support as well, the DBT course was invaluable for myself and family and I would like to see there being more support for family members or friends to go to."

5) Accessibility of Services

Another theme which has emerged is the factors which influence the accessibility of services. Respondents have stated that there are issues with accessibility to services due to a number of reasons, which can be broken down into 4 sub-themes.

> **Location**

This sub-theme highlighted how location plays a big role in determining how well someone can access services. Issues have been raised in regards to the location of out-of-hours assessments:

> *"We strongly need an assessment unit in Blaenau Gwent, as when dealing with a person in crisis it can be hard and dangerous to transport them to Pontypool, very traumatic if you have to involve the police to transport them."*
>
> *"Local out-of-hours crisis assessments. Travelling at night is difficult for someone in crisis."*

Location was also seen as important for in-patient facilities and wards whereby people felt that local family support is vital:

> *"If a relative were to go into hospital, I would like that to be closer to home rather than having to travel long distances to visit them."*
>
> *"I would absolutely hate having to travel to Caerleon and spend up to 7 days there before being moved locally. Need to be close to family."*

This raised some concerns regarding the location of the centralised assessment unit due to various factors:

> *"Concerned about travel time for centralised assessment ward."*
>
> *"I think that having one assessment unit which is central to Gwent may be distressing for some patients who are not able to see their families or friends due to the distance."*

People felt that it was very important for services to be in a location that is accessible via public transport in case people cannot drive. This also applied to the proposed hub model:

> "I would like to know the detail for how many hubs there are planned. I would suggest that there should be at least one hub in a town. But in larger towns, maybe 2 hubs are needed. I wouldn't expect people to have to travel more than 5 miles for this service."
>
> "Many do not drive and can't afford a taxi. Please bare bus routes/accessibility in mind."
>
> "Important that a centralised hub for mental health in ABUHB is actually centralised for both staff and patients, to also help accommodate less fortunate people who live in more deprived areas."
>
> "I support the proposal as long as the hubs are accessible by public transport for non-drivers."
>
> "Realise that this could be an issue for those without their own transport. Could the hubs be located on reliable public transport routes?"

However, respondents raised concerns surrounding the idea of services needing public transport access, such as age, money, family and both physical and mental health problems:

> *"We are constrained by Covid and both my partner and I have long term health conditions, MS and diabetes, which makes travelling very difficult."*
>
> *"It depends on the severity of my anxiety/depression at the time. If it is bad then I would be too unwell to travel very far."*
>
> *"This depends on the individual; with people of an older generation I am sure they would rather be close to home due to traveling on public transport due to COVID."*
>
> *"Given public transport is poor across Gwent and not joined up, then it could be a hindrance. Also, money is going to be an even bigger issue going forward, with no jobs how do we expect people to attend?"*
>
> *"Access to transport is key if the locations are moving; and public transport can be non-existent or prohibitively high for those on low incomes, especially if they have to bring young families with them in order to attend."*

It was suggested that *'funding for travel'* could possibly be introduced to overcome money issues.

➢ **Cultural Barriers**

This focused on the obstacles people face when accessing mental health treatment due to differences in language, and respondents said it was important to them that they were *'seen by someone who speaks the language'* they speak:

> *"People from diverse communities do experience difficulties due to language."*
>
> *"Less therapeutic services available to BAME patients due to language."*

There were also issues of accessibility within minority groups due to mental health services having *'less representation of staff from BAME',* leading to a *'lack of information'* and therefore reduced understanding of different cultures and ethnicities:

> *"Involvement/input of BAME professionals not only having the knowledge of diverse communities including culture and beliefs, but also able to work on equality agenda when it gets to effective service delivery to those with language, cultural, beliefs and other needs and differences."*
>
> *"I work with the BAME community and feel a lot more outreach work could be done to connect with the community - especially as there are cultural barriers and stigma attached to mental health. Certain mental health issues are exasperated or experienced uniquely because of the BAME background."*

This same issue was also highlighted within asylum seeker communities:

> *"Asylum Seekers need support that is relevant to them."*
>
> *"It would be good to have outside conversations around asylum seekers and staff being able to address peoples' needs - understanding cultural competency and the feeling of not being listened to."*

> ## ➢ **Foundation Tier Resources**

It appears that respondents have concerns about the Foundation Tier resources being online as *'these may not be suitable or accessible to people'* due to a number of factors such as *'digital poverty'*:

> *"I fear there is too much reliance on internet-based services when so many individuals lack broadband, and IT devices. Many people may end up paying for their healthcare in data charges."*
>
> *"Melo is good in principle but there are still a huge amount of individuals/families with little or no digital access to the services or ability to access to use".*

For this reason, it was proposed that 'different options are important' and thus, individuals should be able to choose whether they access interventions online or face-to-face.

Respondents also stated how they felt that self-help isn't effective enough due to low motivation when people are suffering from poor mental health:

"They may not have access to technology and may not feel like getting out of bed or leaving the house to access it in a local library."

"Also, more self-help is not the answer for many. When suffering with poor mental health people will say they will do it but won't be motivated, have lack of concentration, poor reading skills or not able to process written words and videos on their own."

It was suggested that accessibility of Foundation Tier resources could be improved through better signposting and advertising:

"I believe that all healthcare including mental health information for Gwent residents should be found on the main ABUHB website. Having a different site runs the risk of members of the public and staff being unable to find the information they need."

"Involve more grassroots organisations to help signpost or have services available from local community centres - these organisations have the best communication within the community to be able to help encourage better mental health."

"Leaflet and internet distribution of what services offer that are clear and patient friendly. This could include information on healthy eating, benefits of regular exercise and evidence based psychological techniques that an individual can practice at home. It could also offer a list of operational service user led groups i.e., MIND and AA."

It was specifically requested that Melo is *'advertised in schools'* as there is *'lots of demand'* for providing mental health support for students. It is essential that there is a *'focus on early intervention'* to promote healthy mental wellbeing through to adulthood. There have been other suggestions for how to achieve this:

"There should be a health board interface or contact for schools and colleges so they can ask for advice or training in mental health issues or provide an open drop in once a month for them."

➢ **Flexibility of Services**

It was highlighted that some individuals struggle to attend appointments during working hours of the day, which may limit their access to services or discourage them from seeking support:

"Have appointments that fit around my job rather than taking time out to attend appointments."

"More staff able to do individual or group work 6 days a week and evenings for people who work."

"There is no help for working people who suffer from mental illnesses."

Some respondents also emphasised the option of *'being able to receive treatment at home if possible'* or having more spontaneous support when it is needed:

"Counsellors that can do home visits would be good. Counsellors or mental health professionals that can be contacted via phone for one off support."

6) Deficits Within Services

This theme highlighted numerous deficits or gaps that are currently existing within mental health services, and proposed some ideas on how this could be addressed.

➢ **Early Intervention**

It was believed that *'quick and early intervention is crucial'* within mental health services as it *'saves time and money in the long term'* and prevents service users from *'having to be at crisis point to receive specialist mental health support'*:

> *"Prevention is a better method, help the person before they attempt suicide or get close to that stage."*
>
> *"People are being turned away so they escalate. Patients can't get through the door for help."*
>
> *"We need to get Foundation Tier right. Prevention better than cure. Supporting at earliest stage is fundamental."*

Respondents suggested that there is currently a deficit in this area due to specific criteria to access different levels of services which is *'not flexible'*. This can be difficult to meet which leads to individuals *'falling between the cracks'*:

> *"I feel I've got to jump through hoops or meet your criteria to get support. After 4 years and 2 suicide attempts, I got support."*
>
> *"People who need more than primary care support but do not fit with the criteria for secondary care services can fall through the gaps (e.g., people with ASD but not a learning disability.)"*
>
> *"People are falling between the gaps between Primary Care and Secondary Care (Tier 1.5)."*
>
> *"There are patients who are becoming very unstable in the community and cannot be maintained by community services. They are often in and out of the Acute Ward. They do not need to be detained, but do need longer term in-patient treatment to calm their mental state. We do not have such a service. This is a problem and can result in patients almost needing to become an acute risk before they can be adequately managed."*

Respondents believed more early intervention could be attained with the introduction of Psychological Wellbeing Practitioners within primary care:

> *"Ideally it will lead to quicker assessments and treatments. It will also allow early-stage intervention."*
>
> *"I would support this idea as it's a familiar space for patients and easy to access too… stigma attached with mental health prevents many seeking help at early stage to avoid being in crisis… will help patients to accept help earlier and less strain on GP's, the NHS and mental health services."*
>
> *"There are currently gaps between GP Services, Primary Care Mental Health services and Secondary Care Mental Health psychological services. Anything that can fill these gaps is a plus."*

It was also proposed that making the referral process easier could help address this deficit as it would allow individuals to access mental health services before reaching crisis:

> *"Ease of referral process (self-referral would be best)."*
>
> *"You should be able to go direct to a mental health team without needing a GP referral."*

➢ **Transition Between Services**

People stated how transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services is *'extremely poor'* as *'many people transitioning are being missed, and have to go back to square one via referral from a GP'*:

> *"Closer work between adult and CAMHS is needed. A family focused approach rather than adult and child being seen as a separate service."*

There was also a concern presented for the transition between crisis interventions and CMHTs(Community Mental Health Teams):

> *"Crisis will be short term interventions, but with no attention to CMHT capacity and function, there will not be a seamless transfer of care as is so often needed following a period of crisis."*

<u>Within Crisis Services</u>

Respondents were concerned surrounding the support that crisis services can offer out-of-hours, and the impact that this has on other resources within society such as emergency services:

> *"Who responds to individuals in crisis out-of-hours who need an urgent home visit? As ambulance are not going to arrive within an appropriate timescale and police are not appropriate to respond on every occasion."*
>
> *"Lack of support in out-of-hours service, police continually having to pick the pieces up of a substandard service from ABUHB regarding out-of-hours. Trying to obtain help for a service user is deplorable in the out-of-hours service currently on offer."*

It has been suggested that the proposal of a centralised crisis assessment support unit will help to address some of the current deficits within crisis services:

> *"Ideally, a whole 136 and crisis unit would be beneficial. Currently seeing the lines of police cars lining up to the single 136 suite in St Cadocs is pretty poor and a waste of time for Police. A whole fully manned 24-hour unit would be the best option for service users and take the pressure of acute/admissions staff."*

It was also highlighted that there seems to be a lack of crisis support out-of-hours for those with learning disabilities:

> *"Our son had a major meltdown... there was no-one to help us after hours even though he is under the care of Newport Adult Disability Mental Health Team. We were close to calling the police due to the non-existent out-of-hours care provision but we held off because the Police was the last service we wanted to call out to make his stress levels worse when at the end of the day it's a mental health issue and not a criminal issue."*

> *"For adults with learning disabilities and autism there needs to be an out-of-hours unit with specialist Community Psychiatric Nurses (CPNs) and consultants who can be called upon to attend a mental health crisis instead of relying on the police to attend and make matters even worse!"*

Furthermore, respondents believed that crisis services are currently '*too clinical and institutionalised*' and therefore it was suggested that '*the crisis teams need to be multi-disciplinary to bring different perspectives, particularly when there has been more than one presentation or there are complex social stressors involved*'.

7) Specialist Services

Respondents have suggested that there are a number of deficits within specialist mental health services.

One of the client groups which people believe need their own specialist services are those with '*neurodiversities such as autism and ADHD (Attention Deficit Hyperactivity Disorder)*':

> *"There is currently no service which offers mental health support to individuals with neurodiversity issues such as autism and ADHD. The autism service and integrated autism service do not provide specific mental health support for these individuals, and primary and secondary care are unable to provide specialist treatments which take into consideration neurodiversity. There is also no service available in Gwent to allow adults with ADHD to receive a diagnosis."*

Due to a lack of specialist care for this group, they are often '*left under the CMHT'* who do not have the '*understanding or resources to support them'*. As a result, these individuals are offered unsuitable treatment which means that their needs are '*consistently not being met'*:

> *"Studies show models such as the CBT model do not function well for people with autism. Similarly, the stress control and activate your life models also don't work for people with autism because they don't account for the additional challenges they present."*

It has been highlighted that in secondary services, there is a lack of '*autism experience'* and '*the autism services can't do counselling or therapy'*. Therefore, there is a need for '*specific psychological therapeutic interventions adapted for people with autism'*.

Another client group which are seemingly overlooked by the current specialist services are those with substance misuse issues:

> *"I feel the involvement of substance misuse service is absent in the planning of future mental health provision in Gwent."*

A respondent suggested that those with '*the complexities of addiction and substance misuse'* are at '*the greatest risk of poor mental health and wellbeing... yet there is an absence of specific provision being made for them.'*

Additionally, there appears to be a deficit in services for those who have co-occurring conditions or difficulties:

> *"There is no current inpatient or community service for people with ASD and mental illness."*
>
> *"Improvements and considerations for those with co-occurring substance misuse and mental health difficulties."*
>
> *"Better provision of access to mental health services for those with complex needs/dual diagnosis."*

8) Specialist Inpatient Services

People currently feel that inpatient services are too generalised and that this doesn't meet the needs of those who require more specialist support. Therefore, it has been recommended that there should be different inpatient provisions which are exclusive to different needs.

There was an overwhelming number of respondents who emphasised the benefits of having a '*specialist alcohol detox unit*':

"There are no beds available anywhere (for detox) and then it becomes a medical emergency. There is a need for at least 3 guaranteed beds. Our patients feel like they are on the back burner because they have a substance use issue which they are using to mask trauma usually. But they are told they can't get mental health help until they stop using alcohol or drugs - this is dangerous."

"There is no dedicated inpatient detox ward for addictions. With the current climate, and the amount of people who need inpatient hospital treatment, currently it drains resources of general and mental health wards. Clinicians do not follow the correct policies, procedures and treatments, causing ill health as a result in relation to addiction."

It was also highlighted that there is a *'lack of specialist inpatient units which are diagnosis specific'* and this may be necessary in order to provide suitable care and to manage risk more effectively:

> *"To my knowledge there are no eating disorder units (NHS or private) in Wales, forcing individuals to leave both county and country to be able to access specialist support. As well as this, having been on a low secure unit in England myself, I have witnessed first-hand the challenges of having individuals with varying diagnoses being placed together. Despite this sometimes being necessary, I feel that it may have worked better if those with a personality disorder, per se, were to be treated on a separate ward to those with enduring psychosis. I feel that this would improve both recovery outcomes and the immediate safety of patients from those who sometimes present as a risk to others."*

> *"Acute mental health inpatient wards are not appropriate for people with an ASD diagnosis and will only cause more unsettled behaviour."*

For this reason, some respondents raised concerns over the plans to have a centralised assessment unit in fear that it would '*hinder the progress of certain patients'*:

> *"Having spent many months at a time on adult acute inpatient units, I can honestly say that I do not see this working. Individuals presenting with psychosis seem to take a lot longer to settle than individuals presenting with suicidal ideation, for example. Consequently, adult acute wards are usually filled with patients who are either settled and not there for very long, or are unsettled and there for a longer period of time. Therefore, if you created a ward for assessment, you would simply have the same problem - you would have individuals who were very unwell in polar opposite ways still mixing. I feel that it may be more effective to instead create more recovery wards tailored to specific presentations."*

> *"I think having people 'in recovery' and 'in crisis' together can be problematic. Being around others who are at crisis can be extremely traumatising and could impact upon recovery."*

Some respondents also suggested that inpatient care currently lacks a '*mother and baby unit'.*

9)   Follow-Up After Intervention

Respondents requested more '*ongoing support'* as this seems to be a big deficit within services currently:

> *"Better aftercare and consistency."*
>
> *"Continuing support, not getting the support is very damaging after trying hard to work through difficulties. Being left with no support gets you back to the start of problems."*
>
> *"I feel that once a diagnosis is given, we are expected to get on with it and work everything out on how to cope for ourselves."*

As a result, people believe that there needs to be more signposting and increased opportunities to access further support in the community:

> *"There needs to be signposting for people to get continued support through community organisations after."*
>
> *"Friendship groups, coffee clubs so that people do not feel so deserted when professional help has been completed."*

10) The Proposal Document

One of the key themes that emerged throughout the data was that respondents had a lot of feedback regarding the content of the proposal document and also about the engagement process itself. This can be categorised into a number of sub-themes.

> **Support for the Proposed Plans**

There was support expressed for many of the plans which have been proposed throughout the document:

"Looks great! Offers a range of interventions from charities and primary care."

"The plans seem sufficient, and time will tell how effective this proves to be and where/if adjustments need to be made."

"It sounds great and seems crazy that this has not been practice for years already. Hopefully this will be received well by service users."

"Really keen to introduce social prescribing to Gwent - so many of our service users are stigmatised and lonely."

Many respondents support the proposal of community-based hubs as they believe that it will lead to people being *'more likely to open up with talking about their feelings'*. However, it was emphasised that there are some caveats surrounding this which should also be addressed:

"I support this with the caveat that it must be properly, supported, funded and staffed."

"I fully support the proposal provided there is flexibility in the service for appointments for people whom may work outside of the area and whom work shifts."

One aspect which has received a lot of praise is the tier model which has been mentioned in the proposal document:

> *"A tier service is a good idea as certain effects on wellbeing do not always require the same support. It is important that a person is directed to the right sort of help to address what is having an impact on them as there are so many influences."*
>
> *"I like the tiers as it covers a full range of support and services and some of these new elements sound very promising such as shared lives."*

Respondents have also shared that they're please to see a new low secure unit included in the proposal document as people feel that it's important to receive treatment *'as close to home as possible'*:

> *"I am very pleased to read of the proposal to have secure services run by the NHS here in Gwent. Last year, I was sent to a low secure unit in Northampton which was very difficult as being from South Wales, it meant that I had very limited contact with family and even more so with friends. This made my transition back to Wales - and also to the community - that much harder which was, in my opinion, somewhat unnecessary and avoidable. However, I would like to see the creation of units tailored more specifically to the individual needs of patients (e.g., through specialist units/separation by presentation etc.), though at this stage appreciate that this in itself is a massive step forward for the health board."*
>
> *"A low secure unit that's closer to home is good and enables people to move through the system quicker."*

> **Not Easily Accessible**

Despite the fact that support was expressed for many of the proposed plans, it was highlighted by respondents that there are issues with the accessibility of the proposal document and engagement process.

One problem that was outlined is that the proposal document was 'too long' and therefore may have been difficult to engage with:

"Are LD service users able to access the proposed idea effectively?"

"If you are targeting those with mental health issues are they really going to read a 36-page document?"

It was also suggested that the document potentially uses language which may not be '*readily understood by all*':

"I think this document is slightly difficult to read - far too wordy and uses a lot of jargon. This will put a lot of people off from engaging in the process."

It was also suggested that there were issues with the engagement process as the opportunity to participate may not have been available to all client groups:

"What engagement have you had with individuals with learning disabilities around this? Some are non-verbal etc. so how are you collating their views?"

> ## Insufficient Detail about Psychological Wellbeing Practitioners (PWPs)

Many respondents suggested that not enough detail was provided within the document in order for them to make informed judgements on the plans proposed for the introduction of PWPs. For example, people were concerned about the level of training they would receive, which raised questions surrounding what qualifications would be required:

"I think it's good as long as these practitioners are experienced and work to evidence-based outcomes."

"I think this sounds like an excellent idea as long as these people are properly qualified and trained for the role and it's not just a bolt on to an existing role in the GP practice. What qualifications will they have? How will they deliver their service?"

"They would need to have robust training and supervision."

Some people felt there was such a lack of detail that they were unsure of the service that PWPs would provide within Primary Care:

"Is this to replace the clinicians supplied by PCMHS(Primary Care Mental Health Support Services)?"

"The questions/queries that I wish to raise is would these practitioners be available when someone just needs someone to talk to or someone to listen to the individuals' anxieties - at short notice - and out-of-hours? As some GP's have odd opening hours and getting contact is not always easy?"

"Good idea, would you be able to self-refer? In some areas there may be a high demand for it, would there be more than one practitioner?"

"I like the idea of PWP's in GP's surgeries and agree that we need to make huge steps in terms of improving access to mental health services, but worry about the types of cases that they could end up with, in terms of severity, and whether this would be suited to a PWP role or something more specific/direct."

➢ **Overlooking Certain Aspects of the Service**

A common response was that the proposal document ignores some aspects of the service and does not include any detail on how they will fit into the plans. Some concerns were raised around the possibility that services have *'become quite generalised'* and are *'no longer a specialist service'.*

A main area which was emphasised was the provision of substance misuse services or facilities which accommodate co-occurring mental health conditions with substance misuse. Some respondents observed that *'when searching the entire document, there is not a mention of substance misuse'* and that *'substance misuse has been completely forgotten and overlooked'*:

> *"No consideration for substance misuse services or even an acknowledgement within the document of them being of significant relevance in mental health services. How many patients within mental health services have a comorbid mental health and substance misuse problem?"*
>
> *"No mention of co-occurring issues, especially mental health and substance misuse."*
>
> *"Substance misuse or co-occurring is a hot topic and integrated services are vital for consistency in patient care - how does substance misuse (GSSMS service) fit in with the transformation?"*

Another aspect which people believe has not been considered is the peer mentor service. Some respondents asked for *'more peer mentors'* and many people were confused how they would fit into the proposed plans due to a lack of detail within the document:

> *"I like the idea of having Wellbeing Practitioners, would there also be a need for Peer Support workers?*
>
> *"Regarding admissions ward and 3 feeder recovery wards - are peer mentors involved in these discussions?*
>
> *"Good idea but I think you need more peer mentors who have been through what the individual is going through. People in authority have less chance of building a rapport - I know this from experience."*

There were also some concerns that learning disabilities services have been overlooked within the proposal document. One respondent reported that they felt that *'this area is overshadowed'*:

> *"Individuals with a learning disability or autism have the right to access generic mental health services. The document does not detail how reasonable adjustments have been made to ensure this happens."*
>
> *"Please can you be explicit in your plans and whether they include access for individuals with a learning disability and/or autism who need help about mental health problems."*
>
> *"How do Autism services fit in?"*

11) COVID-19

It has also been emphasised that any future plans for transforming mental health services should remember to take the effects of COVID-19 into consideration.

Some respondents said that they felt reluctant or less able to access services as they felt like healthcare professionals were already *'so busy with the virus'*.

It was also highlighted that during the pandemic, flexibility of the delivery of services has been *'fundamental'* and therefore, some believe *'it may feel difficult for some individuals to revert back to the 'traditional' way of working'*.

Further Acknowledgments

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