

Mental Health needs – scoping paper

The issue: Newcastle has ‘outstanding’ CQC rated, mental health services but “poor outcomes” in the community. Why? A correlation between poverty and poor mental health offers one explanation; a fifth of Newcastle’s population live in 10% highest area of deprivation. A failure of statutory mental health services to provide a flexible, person centred service, especially for specific communities e.g. LGBTQ+ and BAME offers another explanation, as detailed in Healthwatch’s 2019 report on mental health services.

However, this also a time of potential change. Collaborative Newcastle, (CN) the Community Mental Health Transformation Partnership, seeks to work with others to re-design services to provide more holistic support in community settings. Connected Voice and Bluestone Collaborative are both CN active partners and in blog write about a focus on ‘local neighbourhoods, empowering and understanding local communities... to find their own solutions’. However, there suggestions that the statutory partners Newcastle Council, CNTW and NUTH (the anchor institutions) have displayed little sign of relinquishing their hold on services or giving over delivery of service to other partners or organisations.

Covid-19 has widened pre-existing inequalities in mental health. a CQC community health survey predicts mental health services soon facing ‘huge pressures’ from an ‘alarming increase’ in demand. Speaking about mental health in young adults one local GP said, *“this is on the rise, made much worse by the pandemic which is also affecting them more than older adults. Currently mental health services not able to cope with this increase, their waiting lists are very long.”*

In considering the sub-themes:

Young People

Universities have seen a steady annual increase in students seeking support with mental health problems. However, universities have services to advise and support students and because of this attending university can itself be a form of resilience. More at risk are young people who are NEET or young carers. HW’s Don’t Box Me In report has highlighted young people’s difficulties in accessing health services. By contrast Streetwise Young People’s Project reports low non-attendance and high rates of positive progression and recovery for its services

IAPT services

IAPT services are intended to help common mental health problems like anxiety and depression. Referrals to Talking Helps Newcastle can be from GPs or self-referral using the Talking Helps website. During Covid 19 therapies have been delivered by phone or video link. Common criticism of IAPT services are long waiting times and variable outcomes. There is a particular issue is for those who are not ill enough for secondary MH care services but whose complexity of need and/or levels of chaos are not suited to IAPT services.

Groups reluctant to seek help

Men are an obvious group here; one in eight men have a common mental health problem but are less likely to seek help. Men are more likely to become reliant on alcohol or drugs, and more likely to commit suicide. Activities like sport may offer men a more positive outlet but there are few groups set up to address men’s emotional and mental wellbeing. Information Now list only three, Food Nation’s Men’s Pie Club being one. With so few sources of support, levels of poor mental health among men in Newcastle are likely to be under reported.

Pros and cons of us undertaking this work

Pros:

- Demand for mental health services is expected to significantly increase as a result of Covid placing a spotlight on those services; it makes strategic sense for Healthwatch to prioritise an assessment of those services
- The project provides the opportunity to strengthen links with the voluntary sector
- The project potentially provides a source of person-centred data to inform any assessment of Collaborative Newcastle's plans for reorganisation of services

Cons:

- At a time when large sums are being invested into mental health services (£500m) and Collaborative Newcastle is inviting partners to help redesign community services, Healthwatch risks being seen as an unhelpful voice, carping from the side lines
- Alternatively, despite promised system change and investment, whatever Healthwatch has to say makes little impact on systems that are unwilling to change
- It becomes difficult/impossible to recruit volunteers to take part and those that do not provide sufficient data

What we are seeking to achieve (goal)

Adopting a person-centred approach to collect qualitative data and gain an understanding of the journey/experience of certain groups accessing mental health services (public, voluntary, private sector)

What changes we want to see (outcomes)

HW using volunteer accounts to assess Collaborative Newcastle's proposals for service change and development

Type of work (research / task & finish / exploration) and what we will do in each (activities)

Commission a VCS org to lead work with voluntary sector organisations to recruit volunteers on 24-week project with volunteers recording their experiences of seeking to access and/or using MH services, capturing the quality of service, other non-statutory, non-commissioned sources of support and impact of wider social determinants. Key dates: May commission lead org; June project begins, baseline interviews; August mid-project assessment; November project ends

Resources required / available

1 VCS org project managing; £2,880 (1 day x 24 weeks @ £120 p/d)

Expenses for 3 VCS orgs supporting specific beneficiaries - £4,320 (1.5 days x 24 weeks @ £60 p/d x 3 orgs)

Volunteers expenses; £720 (£10 x 12 volunteers x 6 months)

Recording materials e.g. diaries, paper writing/drawing, digital voice recorders (additionally volunteers could use their own phones/cameras) - £180

Total budget - £8,100

Who to collaborate with

Newcastle Carers; Tyneside Women's Health; Food Nation (Pie Clubs); Streetwise, possibly Newcastle University (map student experience); Collaborative Newcastle

Impact and how we will demonstrate this

Establish baseline in month 1 by semi-structured interviews with each volunteer carried out by HW Project Officer; week 12 - collation of diaries; week 24 collation of diaries into report mapping volunteers account/experience as they seek help and support, highlighting both good practice, barriers encountered/navigated

Recommendations for committee

Agree project as outline or scaled back project to match available budget