healthwatch North Yorkshire

The public's experience of mental health services in North Yorkshire

Summary

July 2023

healthwatch North Yorkshire

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Foreword

A lack of access to mental health services and people's poor experiences are something that we hear about on a regular basis. Whether you live in Harrogate or Hambleton, Scarborough or Selby there seems to be similar challenges in receiving timely, person-centered, and quality care.

Healthwatch North Yorkshire has welcomed the opportunity to work in partnership with the North Yorkshire and York Mental Health Alliance to undertake a comprehensive piece of work to hear firsthand the real issues and experiences facing adults across North Yorkshire who live with a mental health condition.

We thank the people who contributed to this work and those who gave up their time to speak with us about their experiences, many of which were very personal and often upsetting. A similar thank you to our partner charities and community organisations who supported the engagement across the county and who were instrumental in ensuring those diverse communities across North Yorkshire were heard. The desire from adults using mental health services (past and present) to share their experiences with us was inspiring, as was their wish to contribute and affect real change across the mental health system.

We applaud the Alliance's commitment to take the necessary steps (some of which have already happened) and use this report and its recommendations to drive change across the mental health system and we will continue to work in partnership with them to ensure that access to services and care improves to meet people's needs.

Ashley Green,
CEO

The North Yorkshire & York Mental Health Alliance is pleased to work in partnership with Healthwatch North Yorkshire to produce this report. It provides a candid and helpful picture of mental health services across North Yorkshire and will help us to focus our service transformation over the next few years.

The mental health transformation programme looks to improve access to mental health services, increasing access to specialist psychological interventions but also, and importantly, to increase access to local services, within the local communities through partnership working with all stakeholders including those with a lived experience.

The programme aims to deliver a more integrated and seamless approach to care, enabling people with moderate to severe mental health problems to live well in their communities. A recovery focused approach is at the core, underpinning the vision and principals of this programme.

There is an emphasis on co-production and the active engagement of people with lived experience, the voluntary, community and social enterprises sector, primary care, the local authority and specialist services, taking a place-based approach which makes use of all assets. It's a very ambitious programme, and a great deal has already been achieved including new specialist roles in primary care to improve access and reduce waiting times, and new investment in VCSE services to provide improved access to supporting community-based services.

These new developments have already improved outcomes for people with a serious mental illness, but we acknowledge that there is still a long way to go and this report will help the Alliance and the place based planning groups review and set their priorities for the continued transformation over the next few years.

David Kerr, Transformation Programme Lead,
North Yorkshire & York Mental Health Alliance

Introduction and background

Healthwatch North Yorkshire was commissioned by the North Yorkshire and York Mental Health Leadership Alliance to undertake an engagement exercise to help the Alliance understand adults' experiences of accessing mental health and well-being services across North Yorkshire. (Note: Craven sits within a different Integrated Care System and a different mental health service provider and was not part of the scope for this work).

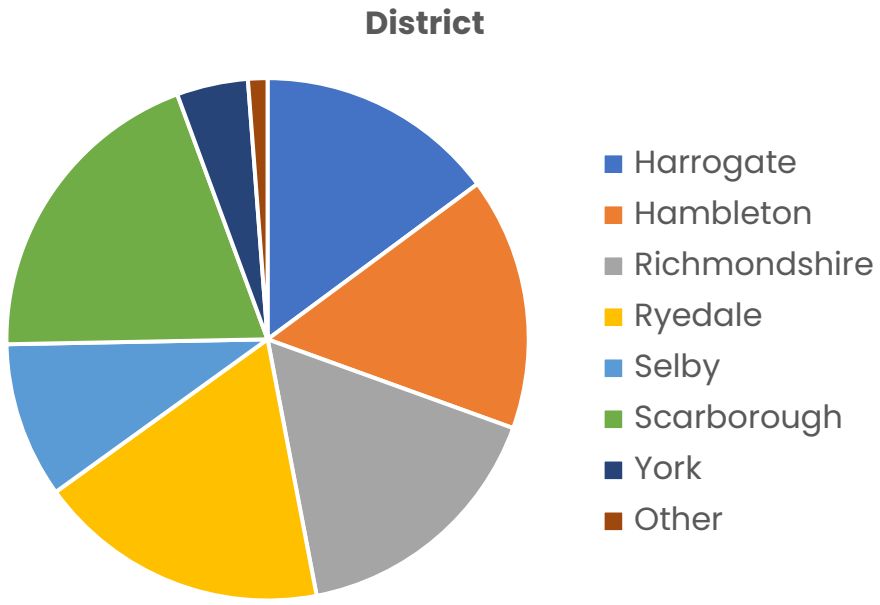
The research was carried out using a mixed approach of quantitative (survey) and qualitative (focus groups and one-to-one interviews) methods. The aim of the survey, focus groups and interviews was to explore what supports people's mental health and well-being, how people would like to access mental health services in North Yorkshire, their experiences of current services, what is working well, what could be improved and what is missing from current mental health services.

The survey questions were co-designed with people with lived experience of mental health issues and the survey was distributed widely across North Yorkshire, both online and via paper copies. To ensure we captured the views of those cohorts who are recognised as 'seldom heard' we engaged with seven distinct groups of people via 20 focus groups. These included members of the farming community; young people transitioning into adult mental health services (aged 16-24); neurodiverse people; veterans and members of the armed forces community and their family members; older people; people living in temporary accommodation and carers. We also commissioned Mind in Scarborough, Whitby and Ryedale, Mind in Harrogate and Mind in York to conduct 33 one-to-one interviews with adults with a severe mental illness (SMI).

Data collection took place from September to December 2022 and we received feedback from 360 people overall. It is important to note that family, friends and carers of people with a mental health issue also participated in the survey, focus groups and one-to-one interviews.

To contextualise the sample, there was a good spread of responses from people across North Yorkshire with respondents from all districts, as shown in the pie chart below. In terms of gender, 70% were female, 29% male and

1% were non-binary. Respondents ages ranged from 18 to 75+, with more aged 25 -34 (48 people) and 55 -64 (62 people). Most people (95%) were White British; 86% were heterosexual/straight, 3% bisexual, 4% gay man/woman, 2% asexual and 5% said they prefer not to say or prefer to use their own term.



The 'other' in the pie chart above includes Bridlington and Driffield.

Click here to read our full report that contains the detailed feedback we received, including the focus groups with the different communities we spoke to (e.g. veterans, neurodiverse people, farmers etc.).

What we heard from people

> "If you properly support people with their mental health then everything else follows – people's physical health is better and there is less of a strain on the NHS. I work in a school and I know that if children's mental health is poor then they can't learn. The same is true for adults. They can't be a productive member of society if they are struggling with their mental health and that has a knock-on effect to other things like unemployment, obesity, physical health problems etc. Mental health support is key to so many other things and it's totally inadequate at the moment."

Fundamental issues with the entirety of the mental health system were apparent from our research. One person said they have lost all motivation to try to get better and feel like the 'mental health system' is waiting for them to die instead of enabling them to live. This sentiment was strongly reflected in the feedback received, with many saying they have lost faith in the mental health system due to previous poor experiences.

People told us their experience of accessing mental health services including what is working, the issues they have faced and the changes they think would help them. These issues and changes are often two sides of the same coin and fall under a number of themes:

The importance of a person-centred approach

Respondents said support is often not **person centred** and does not reflect people's complex lives and the multiple issues that can affect their mental health such as housing, work, relationships and other health issues. Respondents also said it is vital that the system understands that if two people have the same condition, the same treatment or support might not work for both; care must be tailored to each individual. One person said it should not be a "one size fits all' approach, it should instead be "my size fits me". Respondents also said there needs to be more flexibility in the support for those with a dual diagnosis. Services need to provide holistic support and consider all conditions that a person has, rather than only focusing on each condition in isolation.

Employing people with similar lived experience or people who had experienced mental health issues as healthcare professionals or in peer support roles was suggested. People also wanted to see more peer support groups for people 'like them' where these do not exist.

Some people suggested that a 'personal information passport' with details about their condition, their needs and what helps them get the most from healthcare and mental health appointments would be beneficial.

The nature of support needs to be considered

Respondents said **support is often inconsistent**, with people being passed around different, and sometimes inappropriate, services and only offered short-term support that can be helpful for a time, but often does not have any long-lasting benefit. Many respondents said for support to be most effective it needs to be offered longer term. Instead of only being given a limited number of sessions in which to become 'better', respondents said it would be more beneficial if they were not given a time limit and instead could be included in decisions about the length and structure of their support. One person reflected on how being in control and included in crucial decisions about their support and being able to voice their concerns was key to the success of their treatment. More follow-up support once counseling or therapy sessions have ended or when discharged from hospital was also suggested.

Respondents said continuity of care has a considerable impact on the effectiveness of support. This topic was particularly raised by young people who are transitioning or have transitioned from child to adult mental health services. Currently young people must join a new waiting list for adult services when they reach 18 without any support during the waiting time.

The importance of having a choice of different types of therapy or support was also mentioned. Some people told us they had only been offered medication and others said they would really like to access more talking therapies, but these were not always available.

Other issues were raised around staff changing during a course of therapy; in these instances, more time is needed to establish trust and build a good relationship with a new contact.

Earlier intervention and diagnosis is needed

Early intervention and diagnosis was seen as vital to reduce the likelihood of issues escalating to crisis point. Respondents suggested this is particularly important for children and young people. As well as trying to cut waiting lists, suggestions were made about providing support while people are waiting, such as signposting to online support where this is available and appropriate.

Ensure support is accessible for all

Services should be **accessible for all** in terms of information provided, but also where and how services are delivered. Not everyone is the same, so offering alternatives in terms of phone, face-to-face or virtual options as well as ensuring people are comfortable in the environment where services are delivered is vital to ensure people get the most from their treatment.

Some people also said they would like support to go to peer groups, at least initially, through befriending or similar schemes, and others need help to complete self-referrals for things like NHS Talking Therapies, for anxiety and depression (formerly known as Increasing Access to Psychological Therapies (IAPT)).

Several respondents said services and support groups need to be offered on a range of different days and at a range of different times as they are often only offered from Monday to Friday from 9-5, which does not suit everyone. Services should be more flexible, with support more widely available on the evenings and weekends.

To ensure people can access services, public transport must also be improved. Many respondents said they have issues getting to appointments and accessing services or support groups because they live rurally and the public transport links are poor.

Recognise the role of family, friends and carers

Services must listen to and support **family, friends and carers** of people with a mental health issue. Some family members feel they are sidelined when they can provide vital insight and support, especially when the person being treated is not able to communicate or cannot articulate key information that would help their care. Family members often see people at their worst and their insight can be very helpful.

Family, friends and carers also need help themselves, with people asking for a guide on how to best support someone with a mental health issue and how to maintain good mental health when you are a carer.

Improved information & communication

It was acknowledged that there are lots of services and support available but more needs to be done so people **know where to go and what different services and support are on offer**. It was suggested that there should be one central place where all this information is held, such as in a guide to services and support for North Yorkshire. It would be essential for this guide to be accessible (available in different formats, online and via paper) and it would need to be systematically updated so it includes accurate information considering any changes to services or support.

Communication between and even within services could be better. Respondents saw a significant benefit in partnership working across services and between services and voluntary sector organisations. However, this can be hampered by poor communication and information sharing, leaving people having to repeatedly share their experiences which can be distressing.

Staff & stigma

The **difference good staff can make** was reflected in the feedback received; negative staff attitudes can strongly impact on someone's experience of and attitude towards services in the long term. One of the biggest barriers to people accessing services is a previous bad experience and much of that is down to the attitudes of staff. In contrast, when people

outlined good experiences, it was generally linked to the empathy, kindness and lack of judgement of staff members across a variety of roles in primary and secondary care. More training and employing people with lived experience were widely suggested as ways to improve this.

Despite a lot of local and national work, **negative stigma** around mental health is still evident from the feedback we heard. Suggestions included more education, starting as early as possible, at schools and colleges as well as support for employers to tackle issues in the workplace.

Crisis services are overwhelmed

According to feedback, crisis services are **overwhelmed and not functioning effectively**. Many people reported not getting through on the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) crisis line or having a long wait. Even when phones were answered, a majority of people reported a lack of empathy, feeling dismissed and being told to do things they had already tried before reaching crisis point (having a cup of tea, going for a walk or taking a bath). Some actions are being taken to improve the service, but our respondents called for more such as better training for staff, for staff to be willing to go to see people in their homes as well as a better mental health service at A&E. Our feedback praised the Samaritans saying the people they spoke to were kind, caring and offered a good listening ear.

System issues need to be addressed

Addressing **system issues** was a key theme. One particular challenge highlighted by members of the armed forces, veterans and their family members is that when people move around the country for postings they find that they are put to the bottom of waiting lists for diagnosis and treatment, even if they have moved up the lists in the area they have left.

One potential solution to many of the issues outlined is a personal budget for mental health. Like a personal budget in care, it was suggested that the person should have a set budget for treatment and support based on their diagnosis and work with a mental health professional to identify the appropriate support from a variety of approved providers.

Examples of good practice

There were also a number of examples of **good practice** within the feedback received, which needs to be learned from and built on. Many people found talking therapies, particularly counselling, were very helpful. People praised the quality and effectiveness of support when they were included in decisions about their care and had choice and control over what type of help they received.

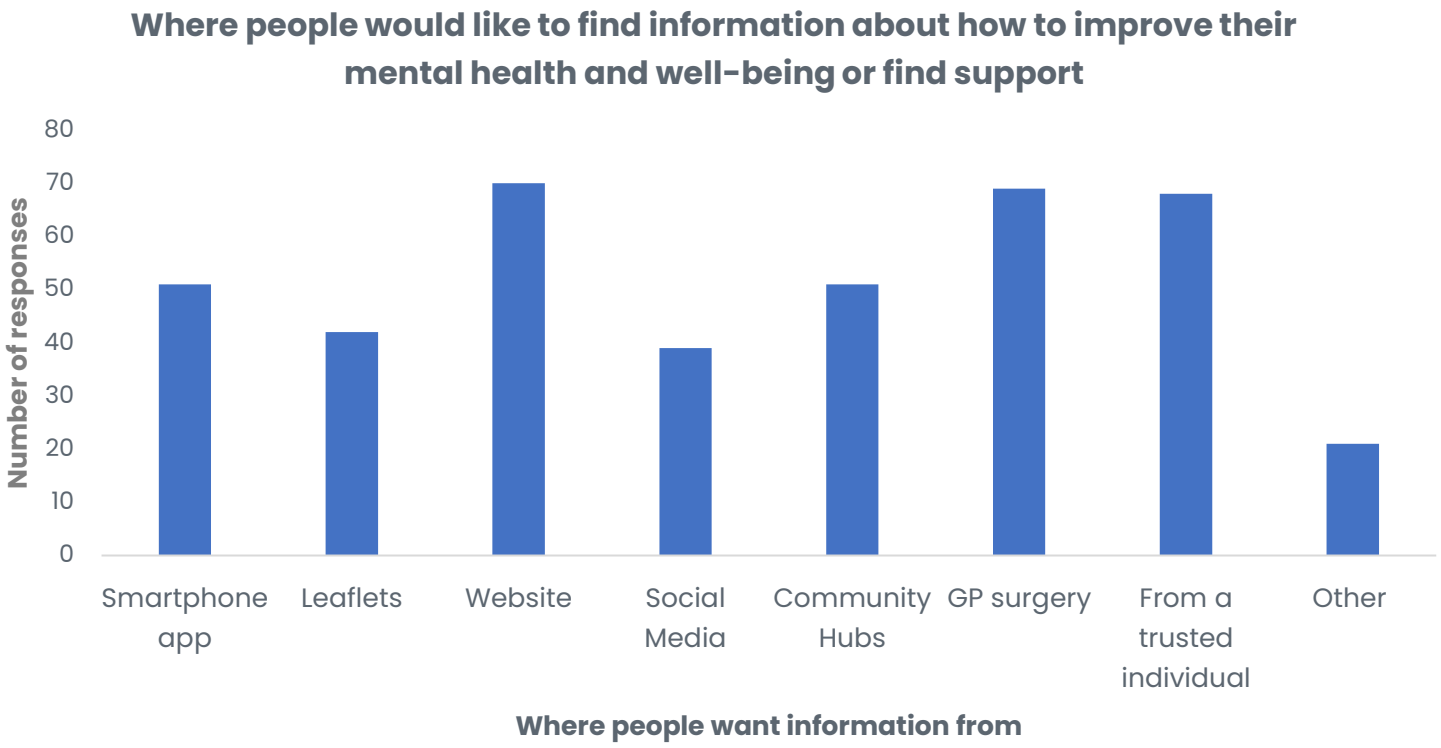
There were positive comments about the kind and caring staff members people have encountered throughout the system. Those who have been supported by staff who are kind, empathetic and non-judgmental said this has allowed them to build up a good, trusting relationship which has resulted in positive outcomes.

The more personal approach of charities and voluntary groups was generally well received, with people wanting to see more funding for these groups to expand the services they provide. North Yorkshire Council's Living Well team, employment coordinators and social workers were also noted as helpful and supportive, if overstretched at times.

What helps people's mental health and well-being

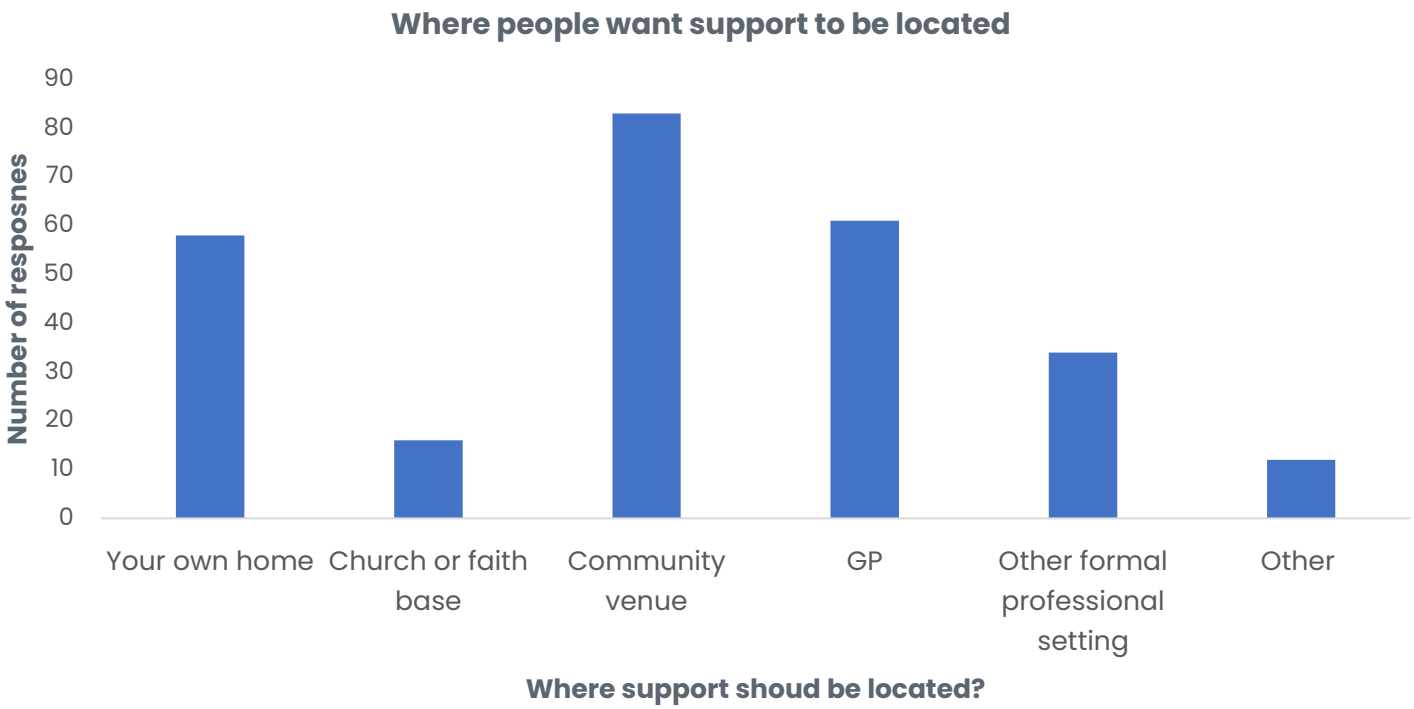
We asked what helps (and does not help) people's mental health and well-being. Having time for yourself, for hobbies, to spend with family, friends and animals, being in the countryside and having a good work/life balance all featured. Conversely having little time or no rest was an issue for members of the farming community and carers. Similarly not having the support of family or friends and feeling lonely or isolated impacted on people's well-being as did financial pressures, work and other stresses. Taken together, this highlights how services across the system need to take into account all aspects of people's lives when supporting them with their mental health.

We also asked where people want to find information about mental health services. As shown in the graph below, anywhere and everywhere was the answer, including online, from GP surgeries or trusted individuals, with an emphasis on making sure information is accessible by being available in a range of formats.



Note. This graph only includes responses from the survey.

In terms of who people would contact if they feel they need mental health support, most respondents said they would contact their GP, family or friends. In regard to where people would like mental health support to be located, as shown in the graph below, most said a community venue or at their GP practice.



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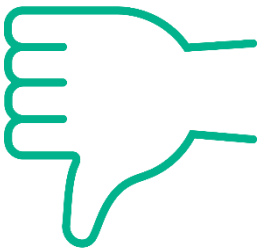
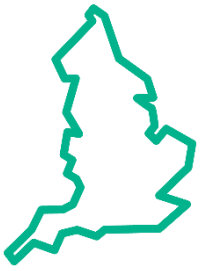




Barriers to accessing mental health support

The biggest reason for people not seeking help is due to lack of trust and previous bad experiences with services, including having been turned away before, feeling like you are just passed around different services, not feeling that your issues are understood or feeling like you are being judged.

Long waiting times to access support was another key barrier raised; people said they are put off trying to access support as they know it will be months or even years until they get the help they need. Others mentioned stigma as a barrier, including self-stigma and the impact on others from admitting their issues.

The logistics of getting help at the right time, somewhere you can get to easily and somewhere accessible were also highlighted as barriers for people seeking help.

Feedback about specific services

People let us know about their experiences of particular services including GPs and primary care; secondary care including community services and hospital in-patient facilities; crisis care including the crisis line, A&E and the Samaritans; support from social services including North Yorkshire Council and services from voluntary sector organisations.

GPs, mental health practitioners & psychological therapy programme

- Some said their GP seems to be the only one fighting their corner, helping them feel believed and understood. Others said their GP makes them feel listened to and has referred them for specialist help or has introduced them to local community groups which has been beneficial.
- There was also some positive feedback about First Contact Mental Health workers within GP practices.
- Some people felt dismissed, not listened to or taken seriously when they approached their GP about mental health issues.
- Some of the feedback we received about GPs was regarding difficulties people have faced when trying to even make an appointment at the GP about their mental health issues.
- A number of people said they feel some GPs are too fast to prescribe medication rather than talking through what might be causing their mental health issues first.
- There were some negative comments about North Yorkshire Talking Therapies, with respondents saying waiting times are very long and, in some cases, referrals have not been responded to. When some people did manage to access support they said what is offered is not always helpful or appropriate.

Community & hospital care

- There was some positive feedback about Community Physiatrist Nurses (CPNs), Community Mental Health Teams (CMHTs) and NHS psychiatrists and psychiatric nurses, with people saying they have been professional and supportive.

- There was praise for the mental health unit in Harrogate and the activity coordinator and volunteers at Foss Park inpatient unit.
- Issues with a limited number of therapy sessions being offered by Community Mental Health Teams (CMHTs) was raised.
- A few people said they felt that inpatient care did more harm than good as it wasn't about treatment, but just preventing people from doing harm.
- Issues surrounding the lack of follow up support after being discharged from inpatient units was also raised.

Crisis care

- Several people praised the support they had received from the Samaritans and the Shout text service. There was some positive feedback about when the crisis team conducted home visits too.
- Issues were raised about getting through in a timely manner to the Tees, Esk and Wear Valleys NHS Foundation Trust crisis line. People said they have tried to call the crisis line multiple times and have been unable to get through, with some waiting for up to an hour for the phone to be answered while others said they gave up after a number of unanswered calls. Some respondents said when they get through, the advice offered is not always helpful and can feel patronising.
- Issues with the support offered from A&E when people present at crisis point was also raised, with some saying they have been sent back home when feeling suicidal.

Charities and community groups

- Respondents said they appreciate the more personal approach of charities, with many saying it is great to be able to talk to someone you can be completely honest and open with who will provide an independent viewpoint or simply offer a listening ear.
- There was also praise for the range of different groups and activities run by charities, with people saying it is good to have a non-judgmental, safe space you can go and speak to likeminded people and do activities or tasks that help focus the mind.

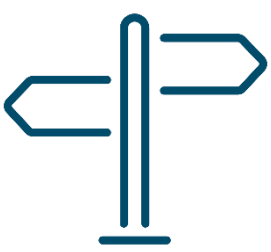
- The great support offered by volunteer befrienders, peer support workers, outreach workers and advocates was also mentioned.
- The main issue raised with the services and support offered by charities and community groups was that some of the support is limited by the capacity of the charity, meaning counseling and other support is often only short term. Some respondents expressed their disappointment that useful support groups they have accessed in the past have stopped due to lack of funding.

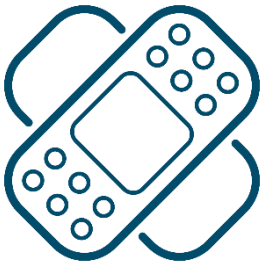
Social care

- One person said the one-to-one support they receive from their social worker is really helpful. Others praised their support worker for helping them to get out of the house and not feel alone.
- Issues were raised with these workers being over-stretched, which limits what they can offer and means they sometimes miss appointments.

Private care

- Some respondents mentioned accessing private services and support, where they can afford it, due to the care they needed not being available on the NHS or due to long waiting times for NHS support. One person said Eye Movement Desensitisation and Reprocessing therapy (EMDR) really helped their Post-Traumatic Stress Disorder (PTSD) but this was only available privately.
- There was positive feedback from one respondent about the inpatient service their daughter received at a private hospital, where the care was holistic, and person centred.





Recommendations and commitment plan

System Improvement Recommendations from Healthwatch North Yorkshire	Detailed Recommendations from Healthwatch North Yorkshire	Progress To Date & Commitment Plan from North Yorkshire and York Mental Health Alliance	Timescale
1. Consider the nature of support by shaping services and treatments to meet need more flexibly	1.1 Ensure support is provided for people before, during and particularly after their treatment. Suggest that the Scarborough, Whitby & Ryedale pilot projects being run by Scarborough Survivors and Revival North Yorkshire are reviewed, and if found to be successful, replicate this work across other areas in North Yorkshire.	We have commissioned several pilot projects supporting people's mental wellbeing commissioned via the Transformation Programme. These will continue to be reviewed and evaluated quarterly by the place-based planning groups. Learning is shared across North Yorkshire to inform the place-based priority setting and commissioning. It is the ambition of the Transformation Programme that all support needs to be personalised and led by genuine coproduction across the community.	Short- term (within the next 12 months)
	1.2 Ensure there is consistent and connected support in place for young people so that they do not feel abandoned when they reach 18 and have to start again to access adult services. Suggest that a protocol should be developed and piloted that enables a smooth transition between young people's and adult services.	This Transition Protocol is currently being developed across the Integrated Care Partnership (ICP) CAMHS and Adult services. Learning from this will be rolled out as part of the general pathways by operational services. Primary Care Networks (PCNs) and the Trust (TEWV) are exploring the potential to appoint Childrens' and Young People specialist practitioners in Primary Care. One of these new roles is already in post in two North Yorkshire PCNs.	Short- term (within the next 12 months)
	1.3 Ensure at all engagement points, primary care services offer people a range of treatment options, not just medication. Mental health and healthcare professionals should inform people about the range of options available, including virtual support	New First Contact Mental Health Practitioners (FCMHPs), employed in partnership with Primary Care and the provider Mental Health Trust (TEWV) are now in post (more will be employed throughout 2023/24). These senior practitioners provide the first point of access in Primary Care Services, providing an assessment of mental health needs and where	Short- term (within the next 12 months)

	and medication so people can make informed choices about the right option for them.	necessary, a range of brief interventions. They will also liaise with specialist services, voluntary and community services i.e. Social Prescribers, Peer Support etc to help someone find the right care for them in the community where they live. Each Primary Care Network (PCN) may have up to 3 of these specialist practitioners	
	1.4 Develop flexibility in mental health interventions, so more sessions can be provided (where the person and professional agree) that recognises the person needs additional input before discharge or before moving to a different treatment.	The Transformation Programme has already led to a range of new specialist practitioners being employed, co-working with services across the whole system with an aim to increase access where needed to psychologically based interventions, to ensure that the relevant treatment options are explored and accessed in a timely way. New Primary Care practitioners allow more joined up working across secondary and primary care services. The development of new Community Mental Health Hubs will also increase access to a range of interventions based on individual needs	Medium term (within the next 1-2 years)
	1.5 Invest in and provide more opportunities for talking therapies and particularly counselling (face-to-face and virtual) via all sectors. However, recognise that this is not appropriate for everyone, particularly for some people who are neuro-diverse.	The Transformation Programme aims to increase access to evidence based psychological therapies across North Yorkshire, to be commissioned at place and based on the needs of the people living in those areas. The Alliance has already invested significantly across the Voluntary, Primary Care and Specialist services over the last 2 years and will continue to over the coming year including new specialist posts for people with complex and emotional needs, people with eating disorders and those that require mental health rehabilitation. In addition, we have recruited new specialist practitioners, working in Primary Care that increase access to talking therapy and reduce waiting times. We are currently exploring a range of other roles including those to be provided through the VCSE sector.	Medium term (within the next 1-2 years)

	1.6 Put processes in place to ensure (as far as possible) that those staff delivering treatment are consistent and support people throughout their treatment journey so a rapport and understanding can be built. Where this is not possible, ensure treatment programmes are extended to recognise that additional time will be needed for the patient to build up trust with a new professional before they can fully re-engage with their treatment.	We are currently exploring the development of new roles including peer support and care navigators that help people engage with the help that they require, helping to build rapport and supporting individuals to connect with their wider community. We are also looking to replace the current system of Care Coordination with a much more individualised, needs based approach. We are exploring the development of new Mental Health Hubs across North Yorkshire which will link services much more closely around an individual's needs.	Medium term (within the next 1-2 years)
	1.7 Suggest that First Contact mental health Practitioners should be employed across all Primary Care Networks and be available, where possible, at all GP practices to support the local population. This would include developing a recruitment plan to ensure these roles are not taken from the existing workforce; there needs to be an increase in resource rather than resource being reallocated to different roles across the system.	A recruitment plan is in place and ongoing discussions regarding the development of a range of these roles across North Yorkshire and York are on track for all 19 PCNs to have up to 3 of these roles in post by March 2024. Discussions are also underway regarding additional alternative roles.	Medium term (within the next 1-2 years)
	1.8 Expand the provision of care coordinators who can help people accessing mental health support, particularly people with complex needs or dual diagnoses. Undertake a continual review of these roles to ensure they are informed and effective in helping people navigate the complex	There is a plan to replace the existing Care Coordination (CPA) with a much more individualised, needs based approach. This will mean that people will have the most appropriate keyworker helping them connect to services. The Trust has set up a work programme to implement the new guidance with support from stakeholders (including people with a lived experience and carers) across the whole system	Longer term (within the next 3 years)

	system and reduce the difficulties of being referred to multiple services or being passed between services.		
	1.9 Explore providing people with a 'personalised mental health budget' which they can use to purchase appropriate support from agreed suppliers. To support this we would recommend that learning is taken from three pilot projects recently launched by the Humber and North Yorkshire Health & Care Partnership in Hull and Grimsby (these include Matthews Hub, Rock Foundation and Faraway CIC).	We will look to learn from the pilots and look to take this forward with the Humber & North Yorkshire Mental Health Care Collaborative.	Longer term (within the next 3 years)
2. Optimise the conditions for a person centred approach	2.1 All mental health services and information should meet the Accessible Information Standard and people's needs around information and service provision should be included in their personal health record and met in all communication and contact.	All stakeholders to carry out a review of this information and processes to ensure that they comply with these standards. We are currently looking to simplify the recording and sharing through single records across primary care and the new mental health hubs	Short- term (within the next 12 months)
	2.2 Update organisations' records systems to enable the recording of information about other issues that impact on someone's mental health (such as housing, finances, family, caring responsibilities and other health conditions). Ensure this happens and frontline staff are briefed to include conversations about these issues as part of appointments.	There is a significant amount of work currently underway to explore options to achieve this. We are looking at the potential of an App based approach in Primary Care which will greatly improve the interoperability of data (the ability to share data between systems). This will be of particular benefit in the new Mental Health Hubs as they emerge, where there is a multi-agency presence. The Trust is also introducing a new and improved patient record (Cito) from July this year. This will allow	Short- term (within the next 12 months)

		much better flow of information and connection with other systems such as System One in Primary Care.	
	2.3 Ensure records systems include people's transport needs or issues and people's preferred appointment times and locations.	Organisations will review their systems to investigate what additional recording is possible.	Short- term (within the next 12 months)
	2.4 All patient facing staff should receive comprehensive training in person-centred care and this approach needs to be embedded in all mental health service delivery in the NHS, council and charity sector across North Yorkshire. This should include training, for example, about neuro-diverse conditions, armed services communities and their needs and other specialisms.	There is a plan in place to deliver Trauma Informed Care and Neuro-diverse training to staff across VCSE, Primary Care and Secondary Care services over the coming year. A significant number of staff have already been trained regarding Mental Health awareness but training continues, including Mental Health First Aid training for VCSE staff.	Medium term (within the next 1-2 years)
	2.5 Recognise that a neuro-diverse condition is not synonymous with a mental health issue. If people aren't appropriately supported with their neuro-diverse condition, they won't benefit from mental health support where that isn't the core issue or where mental health professionals don't understand neuro-diverse conditions.	The planned training aims to reduce/remove the barriers to accessing Mental Health services for people with such needs.	Medium term (within the next 1-2 years)
	2.6 Learn from other initiatives that effectively support people from seldom heard groups, e.g. farmer initiative in Wales (https://phw.nhs.wales/services-and-teams/knowledge-directorate/research-	There are a number of initiatives across North Yorkshire to increase access to support for those communities that are hard to reach including Farmers, Veterans etc. We will ensure that the learning feeds into the development of such services including	Medium term (within the next 1-2 years)

	and-evaluation/publications/supporting-farming-communities-at-times-of-uncertainty).	engaging with Farming Community Network and National Farmers Union about the farming community.	
	2.7 Review and reconfigure (as needed) all spaces used for patient contact and ensure they meet everyone's needs, including people with access needs, neuro-diverse people etc. Where appropriate, meet people in spaces where they feel confident and comfortable, and not necessarily in a clinical setting.	The design and operation of the new Mental Health Hubs will reflect these needs. The design of these spaces is/will be co-produced with people with a lived experience of a range of conditions including Neuro-Diverse, Hard of hearing etc. All new TEWV buildings are designed with accessibility in mind and fully comply with the necessary standards. A review of other buildings will be carried out and an action plan developed.	Medium term (within the next 1-2 years)
	2.8 Suggest developing a 'person-centred passport' to include information about someone's condition, and what helps or hinders their health appointments. This should be completed by the person in partnership with family (as appropriate) and a healthcare professional. A copy should be available on their file, but they should also have a hard copy that they can take to appointments and share to make that appointment easier. Daisy Chain can share an example that they use successfully.	We are looking to develop an improved and individualised, needs based plan, co-produced with everyone accessing Mental Health services across VCSE, Primary Care and Secondary Care. Nationally, the Care Programme Approach (CPA) will be replaced by a much more needs-based approach over the next 1-2 years.	Medium term (within the next 1-2 years)
	2.9 In partnership with the voluntary community sector, investigate setting up some further peer or other support groups for particular groups of people. For example, family of armed services	This will be taken forward across North Yorkshire and York through the development of new Mental Health Hubs. These will be designed specifically with the needs of the local population serviced and will be co-produced with people with lived experience from these specific groups.	Medium term (within the next 1-2 years)

	personnel or veterans; family of people with eating disorders; members of the farming community; carers including parent carers; or people who have been bereaved.		
	2.10 Encourage people with lived experience to be involved in the provision of care and support for people with mental health issues via employed / self- employed roles. This could include one to one support, running support groups, offering advice or signposting (including help while people are waiting for support, when they need additional support during treatment and support for people once treatment has ended). Voluntary and community sector organisations should also be encouraged to recruit people with lived experience into appropriate roles if they are not already doing this	This is a fundamental principle of the Transformation Programme i.e. that services are co-created with people with a lived experience and their carers. There are a number of funding opportunities provide via local grants to fund new roles including peer support workers, care navigators, advice and signposting etc provided via the VCSE. Increasingly Mental Health Services are planned and co-created at place.	Medium term (within the next 1-2 years)
3. Ensure support is more easily accessible	3.1 Provide options for appointments to be offered outside traditional working times, e.g. evenings and weekends to enable people with caring, childcare, work or other commitments to attend and access support and services that meet their needs.	GP practices currently offer enhanced access on evenings and weekends. A range of services including crisis cafes are open extended hours and weekends. New MH hubs once developed will provide extended access to services across all 7 days.	Short- term (within the next 12 months)
	3.2 Ensure information about mental health services and support is shared in as many ways as possible including online, with relevant support organisations and groups	Information is already available in a large range of formats and media including social networks, websites, leaflets and posters etc. We are continually looking to improve this and explore new ways to connect and reach communities. To explore potential	Short- term (within the next 12 months)

	and through leaflets and posters in public spaces. This should include information about specific services, e.g. for the farming community.	for some light touch research on data mapping in terms of the reach via social media etc and how many people are being reached using things like insight on Facebook to gather data on unique users for local websites etc to better understand where the information is best placed.	
	3.3 Provide befriending type support to encourage people to attend community groups, perhaps through the use of support workers or trained volunteers, who could go with people when they are attending groups for the first time.	Some befriending services are already provided by a range of VCSE organisations. We are also looking to include new Peer Support workers in the new Mental Health hubs currently being developed. These services will be co-created with people with a lived experience.	Medium term (within the next 1-2 years)
	3.4 Develop a North Yorkshire wide directory of mental health services and support listing NHS and VCSE services. This should be available in hard copy and online and have funding to ensure the directory is updated at least once a year, including reprinting when needed. For an example see: https://www.healthwatchyork.co.uk/wp-content/uploads/2021/03/MGWB-guide-web-version-final.pdf	There are a number of mapping exercises underway or planned over the next year or so with an ambition to improve access and knowledge of services for those that use them and the staff that provide them.	Medium term (within the next 1-2 years)
	3.5 Build on the Community Mental Health Transformation programme learning to develop and deepen partnerships with the voluntary community sector, and work with and fund this sector to provide additional services to complement statutory provision and help meet the needs of the population and especially seldom heard groups.	The programme has increased investment across the VCSE sector to provide supporting and wrap-around services to enhance the specialist Mental Health services through a local grant programme and the development of the Mental Health hubs. There is an ambition to continue to invest and strengthen the VCSE sector across North Yorkshire.	Longer term (within the next 3 years)

4. Recognise the role of family, friends and carers	4.1 Ensure staff (mental health, GPs, secondary care practitioners etc.) are actively encouraged to talk to and listen to the views of carers and family members where a person is not capable of communicating independently, where the family has power of attorney or where the person has agreed to them being consulted.	We are looking to develop an improved and individualised, needs based care plan, co-produced with the person accessing care and where appropriate, their family, care/s and wider friends/community network. Nationally, the Care Programme Approach (CPA) will be replaced by a much more needs-based approach over the next 1-2 years.	Short- term (within the next 12 months)
	4.2 Develop or adapt resources to provide information, advice and ideas for family members in how best to support someone with a serious mental illness, including eating disorders. This should include advice on what to do in a crisis, providing key contact numbers etc.	We are increasing capacity of services to support people with eating disorders including new early intervention roles and working with Beat (Beat Eating Disorders is a registered National Charity) to provide support and training for people with eating disorders and their families.	Medium term (within the next 1-2 years)
	4.3 Resources should also be created that include information and ideas for how someone can maintain good mental health while caring for someone with a mental health issue.	We will look to work together across the whole system and at a place-based level to investigate the need and potential for such support. The needs of carers are already included within an individualised care plan but we recognise that there is more to do. There are a number of resources available including the Recovery college, Carer Support Groups etc	Medium term (within the next 1-2 years)
5. Address issues around negative staff attitudes	5.1 Ensure accessible support is provided to all staff that work with and support people with a mental health issue (including mental health, primary care, secondary care, community and voluntary sector etc.) to ensure that they feel supported and know where to turn if they have an issue that they need help with. Regularly promote	Staff across the whole system have access to the Resilience hubs, employee support and employee psychology services. Additionally staff and services (including VCSE) are supported by specialist trauma informed clinicians providing training and support as required. All clinical staff are provided with regular management and clinical supervision. We are looking to expand this supervision across the VCSE sector.	Short- term (within the next 12 months)

	the Humber and North Yorkshire resilience hub (hnyresiliencehub@nhs.uk) to staff and encourage them to use it.		
	5.2 Ensure all non-frontline staff receive at least basic mental health awareness training.	There is a programme to deliver Mental Health First Aid and Mental Health awareness training to non-clinical staff across North Yorkshire. The provision of this training is regularly reviewed.	Short- term (within the next 12 months)
	5.3 Put in place mechanisms for people with a mental health issue and staff to raise concerns about staff behaviour anonymously; and where that will be addressed with empathy and support. Provide training to support staff members to recognise any poor behaviour.	Staff are supported through wellbeing initiatives and the Resilience Hub. The Trust and Social Care have mechanisms for people to raise concerns including a whistle-blowing process. Staff and people using services are actively encouraged to raise concerns as and when necessary. Organisations will review their current procedures to ensure that this is embedded across the whole system. There will be a need to harmonise and simplify these processes within the new multi-agency Mental Health Hubs	Medium term (within the next 1-2 years)
	5.4 Develop a system to identify and praise excellence in staff that support and work with people with a mental health issue and share good practice across North Yorkshire and the wider Health & Care Partnership. This could include developing good practice seminars, case studies etc. to share with all staff, and staff should be encouraged to read and learn from this.	It is our intention to facilitate this through protected learning time events. Currently we fulfil this function through the regular practice-based multidisciplinary teams (MDTs) and through quarterly North Yorkshire and York based Alliance collaborative meetings.	Medium term (within the next 1-2 years)
6. Improve crisis support and management	6.1 Review crisis provision across North Yorkshire to identify where there are issues, what those issues are and solutions to remedy these. Such a review should assess	The Trust, in partnership with a number of VCSE providers is currently reviewing this service and an alternative single solution being explored. The review will take into account the	Short- term (within the next 12 months)

across North Yorkshire	the impact of the recently introduced two tier crisis line and include feedback from service users about the priorities for a crisis line. Also identify and learn from good practice in crisis support from elsewhere across the country or beyond.	views and experience of service users and carers and future solutions will learn from areas of good practice elsewhere.	
	6.2 Develop a follow up service to contact, engage and assess anyone who has been seen at A&E following a suicide attempt or mental health crisis within a specified timescale.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation.	Short- term (within the next 12 months)
	6.3 Provide appropriate ongoing support and training for crisis staff and ensure recruitment procedures recognise the skills needed for crisis staff and involve people with lived experience consistently in interview processes.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation.	Medium term (within the next 1-2 years)
	6.4 Suggest working with Yorkshire Ambulance Service to replicate the emergency mental health service/vehicles that it has been piloting in Hull. Learn from the pilot and if successful roll out a similar approach for North Yorkshire, particularly targeting rurally sparse areas where face to face crisis support is currently difficult to provide.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation. We will look to learn from the pilot in Hull and tailor approaches where possible based on place-based needs.	Longer term (within the next 3 years)
	6.5 Investigate the possibility of developing a virtual hub that is open during non-office hours and can provide support, a listening ear etc. to people experiencing mental	We will explore a range of place-based and system wide approaches as part of the Crisis transformation including the development of further crisis cafes across North Yorkshire; learning from the success of the Scarborough Crisis Café.	Longer term (within the next 3 years)

	distress or needing support as an alternative to the crisis help line.		
7. Improve communications across the North Yorkshire system	7.1 Take every opportunity to counter mental health stigma, including in schools, colleges and workplaces. Learn from the Carers Plus pilot project and expand this to engage employers across sectors.	There will need to be a continued system-wide culture change. Something that will be greatly helped through the development of the new Mental Health Hubs and ensuring that services are co-created with people with a lived experience.	Short- term (within the next 12 months)
	7.2 Where possible, ensure that organisations' IT systems are compatible and those health professionals supporting someone have access to their notes and information. If this isn't possible, introduce better systems to ensure information is communicated in advance and patients don't have to repeat information already provided as part of their diagnosis or treatment.	The longer-term ambition is the implementation of a Yorkshire & Humber Care Record. We are currently looking to simplify systems and where possible i.e. in Primary Care and the new Mental Health hubs, use a single care record. We are also looking at the potential of a number of App based solutions.	Medium term (within the next 1-2 years)
8. Address access issues caused by people relocating and moving areas	8.1 Ensure all services fully enact the Armed Forces Covenant and that no armed forces personnel, veterans or their family members are detrimentally affected by moving to North Yorkshire. For example, ensure places in previous waiting lists are maintained and people don't have to start again in the journey for diagnosis and treatment.	The Trust is a signatory to this covenant. Place-based partnerships will look to ensure that services do not have hand-offs and cliff-edges, a principle that will be applied to all services.	Short- term (within the next 12 months)
9. Improve early diagnosis & intervention	9.1 Ensure young people (pre-adulthood) have opportunities to raise concerns and seek support for mental health issues at an early	CAMHS services (through their transformation programme) are looking at a range of mechanisms to raise concerns and access services including the Thrive model. The North Yorkshire Alliance	Longer term (within the next 3 years)

	stage. For example, within schools, an online assessment tool (app) for young people (aged 14 – 18) could be developed to help assess if they are experiencing mental health issues and need additional support. If successful, this tool should be provided across all schools with every student encouraged to use the app at least every 6 months to help identify any early signs of mental health issues.	will be looking to align more closely with services for younger people. Both transformation programmes (Children and Adults) will look to work more closely, particularly for those aged 16-25 to ensure that people don't fall through the gap as they transition to adulthood.	
	9.2 Reduce waiting times for young people and adults to ensure as quick a diagnosis and treatment as possible.	The Alliance and Integrated Care Partnership have invested in a range of new specialist roles to strengthen and increase access to an Early Intervention in Psychosis, speeding up access to diagnosis and treatment. New specialist Mental Health practitioners in Primary Care and FREED Champions are currently being introduced across North Yorkshire. Specialist Children & Young Person's Practitioners have been introduced within primary care to support with early intervention and accessing treatment.	Longer term (within the next 3 years)

Thank you

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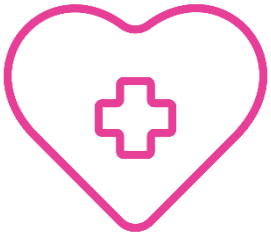
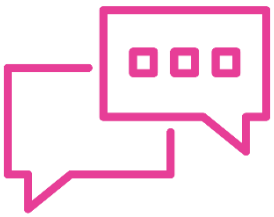
Most importantly thank you to the people who shared their feedback with us via our survey, focus groups or interviews, your voices will help inform and shape the mental health services across North Yorkshire.





Glossary

- **North Yorkshire and York Leadership Alliance -** includes partners such as Tees Esk Wear Valley NHS Foundation Trust (TEWV), North Yorkshire Council (NYC) and the Humber and North Yorkshire Health & Care Partnership. The Alliance oversee the North Yorkshire Community Mental Health Transformation Programme.

- **Community Mental Health Transformation Programme**- is a five-year national programme funded by NHS England to improve the lives of people with serious mental illness and the way they're supported in their local communities.

- **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)-** provides mental health, learning disability and eating disorders services. It serves a population of around two million people living in County Durham, Darlington and North Yorkshire (excluding the district of Craven who are served by Bradford District Foundation Trust).

- **Integrated Care System (ICS) –** is where all partners work together across a geographical area, including hospitals, GP practices, community services, pharmacies, mental health services, local authorities to meet the health and care needs of the population by coordinating and planning services in a way that improves the health of people. Each ICS consists of an Integrated Care Partnership (ICP) and an Integrated Care board (ICB). There are 42 ICSs covering England. The Humber & North Yorkshire ICS covers the area of North Yorkshire.

- **Mental health 'system'-** refers to the people, organisations and resources that deliver mental health services at population level including community mental health, GPs and inpatient services.

- **Place-based / At place -** refers to the geographical locations across Humber and North Yorkshire which includes Scarborough, Whitby and Ryedale; Harrogate and Rural District; Hambleton and Richmondshire and the Vale of York including Selby.

- **NHS Talking Therapies for anxiety and depression (formerly known as Improving Access to Psychological Therapies (IAPT))-** was developed to improve the delivery of, and access to, evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders within the NHS.

- **Community Mental Health Team (CMHT)-** provide care and treatment for people with serious mental health difficulties, including but not limited to psychotic illnesses, mood and personality disorders, eating disorders and people requiring mental health rehabilitation.

- **Community Physiatrist Nurse (CPN)-** work outside hospitals and visit people in their own homes, out-patient departments or GP surgeries. They can help to talk through problems and give practical advice and support. They can also give medicines and keep an eye on their effects.

- **Health inequalities –** means the differences in care and access to services that people receive which are both avoidable and unfair. This is often due to a person's health status, which can be based on four factors, their income, geographical location (for example, rural or urban), a protected characteristic (for example, gender or disability), and social exclusion, such as being homeless.

- **Seldom heard -** refers to under-represented people who use or might potentially use health or social services and who are less likely to be heard by these service professionals and decision-makers.

- **Severe mental illness (SMI)-** refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

- **Task and Finish group -** is a time limited group set up as an action sub group of a larger committee or meeting with the aim of delivering a specified objective.

- **Primary care -** is often the first point of contact for people in need of healthcare, usually provided by professionals such as GPs, dentists and pharmacists.

- **Secondary care -** which is sometimes referred to as 'hospital and community care', and can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture or accident.

- **First contact mental health practitioners-** are working into Primary Care Network's across North Yorkshire, York and Selby to support GP surgeries to assess people contacting them with mental health needs. With their expertise and experience the mental health workers will be able to decide whether someone requires referral to specialist mental health services, or whether an alternative source of support would be more beneficial.

- **NHS Trusts -** an NHS trust is an organisational unit within the NHS, generally serving either a geographical area or a specialised function (such as an ambulance service or hospital service).

- **Quantitative research -** is the process of collecting and analysing numerical data. This includes data from surveys or questionnaires.

- **Qualitative research -** is the process of collecting and analysing non-numerical data. This includes data captured, for example by people in focus groups or one-two-one discussions.

- **Cognitive Behavioral Therapy (CBT)-** is a psycho-social intervention that aims to reduce symptoms of various mental health conditions, primarily depression and anxiety disorders.

- **Eye movement desensitization and reprocessing (EMDR) therapy-** involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences.

- **Primary Care Networks (PCNs)-** are groups of GP practices working together to focus local patient care.

- **Multidisciplinary team (MDT)-** is a group of health and care staff who are members of different organisations and professions (e.g., GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.

- **Social prescribing-** can meet many different types of non-clinical need, ranging from support and advice for individuals experiencing debt, unemployment, housing or mobility issues to tackling loneliness by building social connections through joining local community groups, such as walking, singing or gardening groups

- **Voluntary, Community, and Social Enterprise (VCSE)-** the VCSE sector is the 'catch all' term that includes any organisation working with Social Purposes.

- **Peer Support Worker-** provides formalised peer support and practical assistance to help mental health service users regain control over their lives and their own unique recovery process.

- **Care Programme Approach (CPA)-** describes the approach mental health trusts use in mental healthcare to assess, plan, review and coordinate the range of treatment, care and support needed for people in contact with their services who have complex care needs.

- **Co-production-** is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

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