

The positives and negatives of mental health services in Rotherham.



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Introduction

During February 2021 as part of Healthwatch Rotherham's online engagement sessions "Lets Talk..." We looked at raising awareness of mental health. We had a really good session with a mix of service providers and service users. Around this time, we also set up regular meetings with RDaSH (Rotherham, Doncaster and South Humber NHS Trust) who provide mental health services in Rotherham to discuss what the service users were telling us and how the service was being perceived. We decided a good starting point would be for Healthwatch Rotherham to put out a survey to Children and Young People and also one to Adults in Rotherham to look at their opinions on mental health services.

Healthwatch Rotherham conducted two surveys investigating Rotherham resident's experiences with mental health services in the town. The surveys were promoted using social media as well as being sent to all schools in the borough. We also worked with Rotherham United Community Sports Trust who handed out printed copies of the survey during their Easter activities with children and young people. We also advertised the survey through our contacts and any online events we attended informing residents that we could also complete the survey via telephone or post.

The surveys ran from 8th March 2021 to 12 April 2021, as we were promoting the survey to other service providers it also became apparent through conversations that there was no clear pathway for services to refer into mental health when a service user presented to them in a mental health crisis, so we decided to also run a short organisational survey alongside the Children and Young People and Adults surveys. The findings from this are also presented in this report.

We are aware that there is currently work being undertaken in Rotherham on mental health services and we will continue to meet with local leads and commissioners to look at how services can be improved and how we can manage expectations of the service users.

Children and Young People's Survey:

Background:

We conducted a children and young people's survey to investigate how both parents and children found the services when they accessed them, and what needs to be done to improve them. As well as general comments regarding mental health services, there are also examples of when respondents have used specific Mental Health services and their experiences and outcomes of these services.

This report will examine these comments in more detail, highlighting both positive and negative aspects of mental health services in Rotherham, and recommendations for the future to ensure these services are improved upon to provide the best possible care to its users.

Demographics:

The survey ran for 5 weeks and gathered 59 responses. The survey attracted a mixture of parents whose children had used Mental Health services in Rotherham, as well as children and young people who had used them for themselves. **39%** of respondents stated that they were a parent of a child accessing mental health services, and **7.5%** of responses were children/young people who were accessing or had accessed mental health services in Rotherham.

It should be noted that the remaining respondents had never personally accessed mental health services themselves, however many respondents still had awareness of mental health services in Rotherham, in both a professional and personal manner, and therefore commented where appropriate.

52.5% of respondents were female, **39%** were male and **8.5%** preferred not to say. Many surveys often have disproportionate numbers in their participant samples which can lead to bias of a particular gender; however this survey has a good split of both males and females, allowing for everybody to have their chance to voice their own opinions and recommendations.

Out of the 59 respondents:

81.4% were White British

10.2% preferred not to say

3.4% were Asian British/Pakistani

3.4% were from any other white background

1.7% was from another ethnic background

25.4% of respondents are a carer

- 8.5% have a disability
- 8.5% have a long-term condition
- 13.6% preferred not to say
- 57.6% have none of the above.

The survey was open to those aged 18 and below. When a young person reaches 18, this is when they could begin their transition to adult services if required. Our survey is only a small proportion of the numbers that are dealt with by mental health services on a yearly basis; however it allows us to establish an initial picture of the demographic that accesses these services. The percentages displayed below represent all responses, whether they have accessed services before or not.

- 55.9% were aged between 5-10 years old.
- 33.9% were 11-15 year olds
- 3.4% were 16-18 year olds
- 1.7% was transitioning to adult services
- 1.7% was 18+
- 3.4% preferred not to say

Mental Health Services used:

Respondents were asked what mental health services they have used previously, are using currently or have experience of in Rotherham. Out of 16 responses, CAMHS were the overwhelming majority, with 10 respondents stating they had used CAMHS at some point.

- CAMHS** - 10 respondents
- Early Help** - 4 respondents
- CDC** - 3 respondents
- With me in mind** - 3 respondent
- School councillor** - 2 respondents
- Social worker** - 1 respondent
- GP** - 1 respondent

Respondents were asked to state the good and bad things about the mental health service they are using currently, have used in the past or have experience of. The data was then cross-matched with the services people stated they used (listed above) to provide an accurate and detailed look into individual services such as CAMHS and With

Me in Mind, to examine both the positives and negatives of the service and any future recommendations needed to make improvements.

Good things about the mental health service(s) used:

With Me in Mind:

With Me in Mind is a team of Mental Health support workers who are based in and near schools in Rotherham and Doncaster who help children and young people with their mental health. The team helps to enhance support already available in schools.¹

One respondent who used the ‘**With me in mind**’ service stated that “using school services made my child feel more comfortable. There were good quality 1:1 sessions in school, and things that were discussed with the child to help at home were also discussed with her school to implement in school too”.

Another respondent commented that ‘**With me in Mind**’ offered “good quality 1:1 session which continued through lockdown remotely”. Furthermore, “they were compassionate and caring and offered my child coping mechanisms for my child to overcome some of her issues”.

Another respondent stated that they were referred to ‘**With me in mind**’ by their child’s school and were seen within a week, allowing for quick access to support.

CAMHS:

CAMHS is a nationwide service that offers support and advice to children and young people. They also offer mental health assessments, therapy and interventions.²

CAMHS was the dominating service used by respondents to this survey, making it essential that the service is performing to the best of its ability, to ensure service users are getting the best support possible. Respondents commented that **CAMHS** gave a “quick response”, “helped me to get over 2 phobias successfully”, “got my child the support he needed” and helped two respondents to “finally get a diagnosis”.

Additionally, one respondent said that being able to access school services such as a school councillor made their child “feel more comfortable”.

Having services that are available within a familiar environment such as a school can help improve accessibility, meaning that children do not have to travel to appointments and parents do not have to take time off of work to attend. Being in a familiar environment can also mean the child is more comfortable and can build strong relationships with those supporting them.

¹ <https://www.withmeinmind.co.uk/what-is-the-service/>

² <https://camhs.rdash.nhs.uk/rotherham/>

Negative aspects of mental health services used:

In order to improve mental health services, it is essential that services listen to negative feedback and use it to improve areas in the organisation that are lacking. Services should be able to provide timely and effective support and help to those who need it, and when this does not happen, it is important to investigate why, in order to change this.

CAMHS:

As CAMHS are by far the most popular service used by respondents to this survey, it is no surprise that the majority of experiences are from those who have used CAMHS.

Long waiting times:

Nine respondents reported on the long waiting times for CAMHS, with 9 out of the 10 respondents who used CAMHS saying this. Additionally, two respondents stated that if you cannot make the first appointment available, CAMHS push you to the bottom of the waiting list, making the wait even longer. This is a huge accessibility issue, particularly for parents, which will be explored later in the report.

Lack of support:

Four respondents stated that CAMHS do not like giving children a label, so it is hard to get a firm diagnosis, particularly with autism. A lack of diagnosis means it is harder to access specific support and treatment both medically and in school. Furthermore, if you do get a diagnosis, two respondents stated that there is a lack of support once their children are diagnosed. Children seem to be discharged immediately with no support bar a folder of leaflets, or are discharged after six sessions even if they do not feel better. This can leave issues unresolved, which can then lead to any issues becoming worse over time and therefore harder to treat.

Early Help:

One respondent felt that they were not listened to by Early Help and felt abandoned. This was due to poor communication and a lack of response to messages.

Another respondent stated that Early Help is not what was needed for their child however this is what they were provided with. Similar to CAMHS, a diagnosis is what they are seeking in order to access specialist support and this has not been provided.

With Me in Mind:

More awareness of this service needed. One respondent said that they were a teacher so already had prior knowledge of local mental health services, and had she not worked in a school, she “doesn’t think she would have known they existed”.

Issues in accessing services:

It is essential that mental health services are accessible for everyone, not just for the child but also the parents and carers. Lack of accessibility means children and young people are denied support and treatment, which can lead to their mental health deteriorating and it becoming harder to treat as they get older.

CAMHS:

The issue that was highlighted the most when respondents were asked this question was how to access the service in the first place. Patients are being sent from their GP to CAMHS, who are then sending them back to their GP stating that they cannot accept GP referrals. Patients are then being referred by their school, however CAMHS state to them that they do not accept school referrals only GP ones.

When you eventually do get a referral, you then have an extremely long waiting list, often two years or more. One respondent stated that their child has been waiting for 4 years for an appointment to get an autism diagnosis with CAMHS, which is to be delayed even further due to Covid-19. As the child's mental health conditions are still present, they are having a severe impact on the child both at home and at school, losing important educational time due to a lack of support. Additionally, as mentioned previously, it has been noted that CAMHS have informed patients they will be moved to the bottom of the waiting list if they are unable to make the first appointment offered. This refusal to be flexible makes this system inaccessible to parents who have other commitments such as work, as well as potentially impacting a child's education due to missed hours at school.

These comments highlight the need for agencies to work together to produce a clear referral pathway so patients and families know who to contact to access CAMHS initially, instead of being passed back and forth, making an already stressful situation even worse.

It also highlights the length of time people have to wait for an appointment with CAMHS; with the wait times being so long it is having a chronic impact on their children, damaging their lives both in school and at home.

Social Workers:

One respondent described their negative experience with social workers in Rotherham when dealing with their child who had mental health issues. The respondent stated that they were "culturally disrespected", with the social worker "often being late", and with additional people attending meetings that the family were unaware of and had not approved. When a complaint was placed, the managers in Rotherham "did not deal with these issues in a timely manner".

The social worker was then replaced, and the replacement social worker was quickly relocated to Scotland. The family are now left with school counsellors who are not supporting their child appropriately. Constant changing of social workers prevents the

child and their family from developing a strong relationship with the social worker, which can prevent recovery from the issues they are experiencing.

How do you prefer accessing Mental Health services?

- Face-to-face - 59.6%
- School - 43.9%
- Online - 33.3%
- GP - 29.8%
- Friends and family - 29.8%
- Telephone - 24.6%
- A mixture of the above - 1.8%

When respondents were asked how they preferred accessing mental health services, an overwhelming majority stated they prefer face-to-face appointments, including in a school environment. This can be linked back to our findings earlier, which found that working on improving the situation in both home and school was effective for patients in their mental health treatment, and school is a familiar and comforting environment for them to receive support. It also does not require parents to be present and limits disruption to the child's day as much as possible.

What can be improved to make Mental Health services better?

- Less wait times for appointments - 60.8%
- More one-to-one options - 41.2%
- More practical support options - 31.4%
- More information options - 17.6%
- Online services (webchats, video call) - 17.6%
- More group options - 11.8%

It is clear from the responses to our mental health survey that waiting times for appointments are a huge issue, with many waiting years to access an appointment. In addition, many people prefer one-to-one options as opposed to group sessions. Whilst group sessions are more readily available due to shorter waiting times, many people feel uncomfortable sharing within a group setting, and would benefit from more specialised and personal support.

Where do you find information about Mental Health services available in your area?

School - 58.9%

Friends/family - 44.6%

GP surgery - 37.5%

Social media - 23.2%

Charities - 19.6%

TV or Radio - 3.6%

Jobcentres - 1.8%

Search engines - 1.8%

School plays an essential part in ensuring children and young people are knowledgeable about mental health and what services are available to them. They can also provide a safe environment for mental health services to work from and for treatments to take place in.

Further recommendations and comments:

Respondents were asked if they had any further comments or personal recommendations that they believed would improve the services they are accessing or have accessed previously.

Shorten waiting times:

- Recruit for additional staff in CAMHS to shorten waiting lists.
- More resources needed for mental health services to cut waiting times
- Reduce waiting times to ensure patient's mental health conditions are treated as soon as possible to avoid deterioration.

Increased support:

- There needs to be additional help following a diagnosis, such as access to a psychologist, rather than being passed to a charity which may not be able to provide adequate support.

- Basic support being available immediately for the child who needs it, even if the next appointment has a longer wait.

Increasing accessibility:

- Mental health services need to be widely available so all children can access them if needed.
- Make the process of getting help via CAMHS easier. People are constantly running around in circles because they are passed between school, GP, psychologist and CAMHS before a referral is eventually accepted.
- Not punishing patients who cannot make the first appointment allocated to them. Ensure the service has more flexibility.
- Make sure schools are signposting children and young people to mental health services, and being flexible and supportive of using the school environment to engage in therapies and support sessions.
- Ensure practitioners have training to understand cultural differences and practices, and to support those who have English as an additional language.

Adult Survey:

Background:

The Adult survey ran for 5 weeks and generated 46 detailed responses, from adults who had used the services themselves, as well as carers who have accessed services on behalf of others. The results showed that residents used a variety of services, allowing us to gain data and feedback on a wide range of support and resources available to those in Rotherham. Whilst this is a fairly low response rate, the data we obtained was very detailed and will provide services with more than enough feedback to be able to improve areas of services that are less effective.

As well as general comments regarding mental health services, there are also examples of when respondents have used specific Mental Health services and their experiences and outcomes from this.

This report will examine these comments in more detail, highlighting both positive and negative aspects of mental health services in Rotherham, and recommendations for the future to ensure these services are improved upon to provide the best possible care to its users.

Demographics:

Out of the 46 respondents, **87%** were female and **13%** were male. **77.8%** of respondents had accessed mental health services for themselves, whilst **14.3%** were a carer who had accessed services on behalf of somebody else.

Out of the 46 respondents:

73.9% were White British

10.9% were from any other white background

4.3% were Asian British: Pakistani

4.3% were from Mixed/Multiple ethnic groups: Black Caribbean and White

2.2% were from any other Asian/Asian British background

2.2% were Irish

Out of the 46 respondents:

43.5% had a long-term condition

37% had a disability

21.7% considered themselves to be a carer

39.1% had none of the above

6.5% preferred not to say

The survey was opened to those aged 18 and over, with no limit on the maximum age. Interestingly, no 18-24 year olds participated so therefore we do not have a view from this age range. Despite this, our children and young people's survey allows us to get a viewpoint from younger people and the issues they are facing when accessing mental health services.

The age of the adults accessing mental health services spans across the board. Out of the 46 respondents of our adult's survey:

13% were aged between 25-30 years old.

28.4% were aged 31-40 years old

32.6% were aged 41-50 years old

23.9% were aged 50 and above

Mental health services used:

Respondents had used a wide variety of services, with many accessing more than one service at a time, with the most popular being counselling and Cognitive Behavioural Therapy (CBT). This is not an exhaustive list of adult mental health services in Rotherham. The services discussed in this report are the specific services mentioned by respondents that they are currently accessing or have accessed previously. These answers were not pre-set and respondents had the opportunity to comment on any service they had used.

11 respondents had used Counselling services

8 respondents had used CBT

6 respondents had used IAPT in some form

5 respondents had used their GP

4 respondents had accessed Psychotherapy

2 respondents had used the Swallownest Court crisis team

2 respondents accessed Art therapy

Other services mentioned by respondents:

Mind, Rotherham mental health team, Communities therapies team (South), CAMHS, Rotherham Rise, Home treatment team, Sheffield Adult Autism and Neurodevelopmental Service, Emotional coping skills course, CAT Therapy, Hypnotherapy, VAR.

5 respondents had accessed the Crisis team before, with 3 respondents using psychiatric medication.

What was good about the Mental Health service used?

IAPT was the service mentioned most frequently in our adult's survey. As well as general comments about the services, it was possible to crossmatch answers to allow us to analyse comments on specific services to relay the most accurate feedback possible.

Rotherham IAPT provide talking therapies to adults registered with a Rotherham GP who are experiencing common mental health problems such as depression, stress or anxiety.³

IAPT (General comments):

Respondents felt that they are “an accessible service”, with appointments being “easily arranged”. They felt that it was “good to talk things through with a professional”.

One respondent reported that the “Psychological wellbeing practitioner was good and offered some practical and emotional support that helped to a degree, and then recognised a more intense approach was needed so recommended referral to other services”.

IAPT also offered “online educational sessions” during the pandemic.

As well as general comments, it was possible to crossmatch answers to pinpoint specific treatments that IAPT offer, to get an understanding of both the positives and negatives of these treatments.

Counselling:

Counselling was by far the most popular treatment used by respondents.

Respondents reported that the counselling was at the GP surgery so they were “familiar surroundings”. This can allow people to feel more comfortable and at ease.

The counselling sessions were one to one so “allowed for privacy and a personalised session”.

³ <https://iapt.rdash.nhs.uk/about-rotherham-iapt/>

One respondent reported that counselling helped them to lead a “normalish” life when accessing this service.

Other respondents reported that counselling gave them strategies to help, and it enabled them to talk to someone and be listened to.

Cognitive Behavioural Therapy (CBT):

Respondents felt that CBT was “thorough”, and really gave them “time to think about what they had been through”.

Others commented on the fact CBT is available over the phone, which avoided them having to take time off of work. This improves accessibility issues for those who cannot access face-to-face appointments due to other commitments.

Participants reported that the staff and the therapists themselves were both friendly and helpful.

Home treatment team:

One respondent who used the home treatment team commented that they were “Great at bringing me out of a mental health crisis”.

GP:

GP’s are often the first point of contact for many who are suffering from mental health issues. Therefore, it is important that they are able to support patients effectively and signpost them to other relevant services.

Respondents commented that GP’s are helpful and they are able to develop good relationships with them over the years, meaning it was easier to obtain medication or counselling as they knew their situation already. One respondent said that their GP helped to transition their medication and subsequently monitored them for a following 4 weeks to ensure they were not struggling. This level of support and contact is positive and ensures patients are not left in the dark regarding treatment.

Mind:

“They listen to you and advised where possible”.

Crisis Team:

For those that had accessed the crisis team previously, it was reported that they had a “timely response”.

What was bad about the Mental Health service used?

It is essential services take on board negative experiences and feedback and use this to make positive changes within the services to ensure patients are getting the best possible care and support.

IAPT:

Counselling:

Long wait times:

“Long wait time from referral from GP to counselling”.

One respondent shared their own experience of waiting for an appointment.

“Waiting times and communication issues were significant. Waited 10 months for an appointment which was then cancelled and we were told a replacement therapist would be in touch, and 18 months later still had heard nothing. Messages chasing up care did not get through or were acknowledged. Constantly promised someone would call back but this was always unfulfilled”.

Lack of support:

“Counsellor did not understand my struggles. They said I was doing well when I was not feeling any better, had to use sleeping tablets instead to cope”.

“There were not enough sessions as you are limited to a set number and then discharged after, even if you do not feel any better”.

“I did not feel listened to”.

In addition to this, another serious fault was highlighted by one patient. They stated that there had been a serious GDPR issue, when the counsellor had left her open diary on the table during a session with another patient. The patient had seen this person’s name in the diary and approached them in the pub to discuss this. It was acknowledged that the counsellor was made aware of this, but if there was any action taken is unknown. It is essential that patient confidentiality is kept at all times, and that patients feel safe and supported by these services.

Cognitive Behavioural Therapy:

Waiting times:

Long wait times for therapy. Online therapies do not have anything on there that truly helps; you are just treated like you do not do anything to help yourself.

“Took a long time for assessment and by the time they got round to assessing me my situation had changed”. The patient could only be offered home learning which was not suitable for them and they had not used.

Number of sessions inadequate:

“Not enough time, my issue was too complicated to resolve in the available sessions”.

“If CBT does not work for you, it is made to feel like your fault. I am discharged even though I do not feel better”.

This issue was highlighted in counselling sessions also. Patients are given a set number of sessions as a “one size fits all” approach and for some this is not an appropriate length of time to resolve their issues in. They are then discharged too early and feel unsupported as a result.

One respondent called CBT a “box ticking exercise”, where it was suggested their issues could not be that severe as they were able to attend the appointment in the first place.

Crisis Team:

“People do not want to help or listen. Whenever I try to contact them, they pass the buck to other people and do not want to deal or listen to those with mental health issues”.

Another comment stated that there is a “lack of team work and communication between services to help people in a mental health crisis”. This can make the process slow and confusing, adding more stress to an already stressful and distressing situation.

Similarly, another respondent reported that “If the person has alcohol/drug misuse issues then the mental health team often see it as a drug/alcohol misuse issue and deny treatment instead of working jointly with rehab services”.

Community Therapies Team:

One respondent who had used this service previously said they were offered “no therapy or treatment” and were just given medications instead to deal with the issues. They felt this was not appropriate for their needs.

General comments on mental health services:

Respondents felt that the services they were offered were “one size fits all”, “not bespoke” or “at different levels”. People felt that they had to access inappropriate lower levels of support to eventually receive the higher level of support that was needed at the beginning.

Waiting times:

“Waiting times are long to receive other help that is not medication”.

“2-3 year wait for full treatment”

“Diagnosis took a long time, which then impacts other aspects of your life such as education, career and home life”.

Passed around services and then discharged

Access issues:

IAPT:

Waiting times:

“I was on the waiting list for 2 months until I received an appointment. There is no immediate help for people”.

“I work full time so find it difficult to access anything other than online CBT. Appointments in work hours invoked discrimination at work”.

“Long waiting lists prevented me from accessing any help”.

“It took weeks for IAPT to call me back and by the time they did call me back I was in a better place so it was not needed”.

“2 year wait for therapy”.

One respondent reported that they were deemed as “too unwell” for IAPT however not unwell enough for secondary mental health services, meaning they could not access the support they needed as nobody seemed willing to help them.

It is clear that wait times are a huge issue for many when trying to access this service, and prevents them from getting help for a long time. Not being able to access support can result in deterioration of their mental health, making for harder and longer treatment.

Community therapies team:

One respondent stated how they were “constantly cancelled, rearranged or forgotten about”. Again, this delays treatment and can leave patients feeling abandoned.

Swallownest Court:

Accessibility issues were highlighted by respondents when trying to attend appointments at Swallownest Court. The service is “hard to reach by public transport” for some, meaning that multiple modes of transport are needed, which can be costly and time consuming.

General access issues to services:

“Cultural barriers” preventing residents from accessing services.

“Lack of communication” between services and patients and also between services themselves, which can make the process slow, confusing and stressful for those trying to access help and support.

How do you prefer to access Mental Health services?

Respondents were asked how they preferred to access Mental Health services. It is important that a variety of options are available in order to be accessible to everyone.

Face to face services had the largest preference, with **72.1%** of respondents preferring this method of accessing mental health services.

39.5% preferred accessing services online. As discovered previously in this report, online services can be useful for those who have other commitments such as work, who do not want to have to take time out to travel to appointments. Online services are also good for those with accessibility issues, who may find it easier to access services from their houses.

34.9% prefer to access services through their GP. Many are often unsure of the first steps in their treatment pathway, so the GP is their first point of call as a trusted source to direct them to support services that may help them.

25.6% prefer to access services on the phone, again, for accessibility issues.

16.3% went through family and friends to access mental health services.

What do you think can be improved to make mental health services in Rotherham better?

When asked what could be improved to make mental health services in Rotherham better,

78.6% said less wait time for appointments

73.8% wanted more one-to-one options

40.5% wanted more practical support options (such as breathing techniques)

31% wanted more information options (such as leaflets)

28.6% wanted more access to online services

9.5% wanted more group options

Where do you find information about Mental Health services?

69.8% find information about mental health services from their GP

27.9% from social media

18.6% from friends and/or family

4.6% found information from Rotherhive. (RotherHive provides a range of verified practical mental health and wellbeing information, support and advice for adults in Rotherham⁴)

2.3% found information through charities

2.3% found information through signposting from their Support worker.

Further recommendations:

Respondents were asked if they had any recommendations or comments that would improve the services they are accessing or have accessed previously.

Improve waiting times:

“Don’t leave people on the waiting list for so long. Wait times long for medication that cannot be prescribed directly by a doctor”.

“Provide more support immediately whilst waiting for an appointment to prevent people’s conditions deteriorating”.

More support needed:

“More support and more understanding practitioners needed to help improve services”.

“More practical support rather than just being given a leaflet to read and told to help yourself”.

“More available information needed for someone suffering with mental health, such as a chat room”.

“Take people’s mental health concerns seriously. Listen and provide support to those asking for it”.

“RDASH - Do not obtain feedback and sit on the information and experiences given. Patients frequently see and hear feedback on your public forums and steering groups and

⁴ <https://rotherhive.co.uk/>

there is no explanation or commitment around what you are going to do with the feedback you have collected”.

“More thinking from a patient’s point of view is required to improve the patient experience”.

Organisational Mental Health Survey:

In addition to asking members of the public for their experiences of mental health services in Rotherham, organisations were asked for their opinions on mental health services, and if there were any barriers faced when trying to access these services to answer mental health, crisis and safeguarding queries. Healthwatch decided to run this survey in addition to the other two surveys to get a different perspective of mental health services in Rotherham, from those who use them frequently in the workplace.

The survey generated 28 responses, which was higher than anticipated. These were from a number of services including The Rotherham Foundation Trust, RDASH, HARP, Age UK Rotherham and Rush House. Between them, these organisations will have supported hundreds of people, so the comments made may reflect a lot of experiences as opposed to just one general experience.

Out of the 28 responses:

13 of these were from The Rotherham Foundation Trust (TRFT).

4 were from Voluntary Action Rotherham

3 were from Rush House

1 was from Age UK

1 was from Rotherham Federation of Communities

1 was from South Yorkshire Police

1 was from Reed in Partnership (Rotherham)

1 was from Rotherham Cancer Care

1 was from Citizens Advice Rotherham

1 was from HARP Refugee Council

Organisations first point of call:

15 organisations use RDASH crisis teams

9 organisations use RMBC Safeguarding

5 organisations ring Police (999)

4 organisations contact the GP

4 organisations contact A&E

2 organisations ring Police non-emergency (101)

2 organisations use Mental Health Liaison services

Other services noted that were used by organisations include:

MIND, Crossroads, internal Safeguarding lead, Mental health champions, Freedom to speak up, Chaplaincy, 111 (NHS), CAMHS.

Were there any barriers faced when you used the above services?

Yes, there were barriers faced - **46.4%**

No, there were no barriers faced - **53.6%**

For respondents who answered 'yes' to there being barriers, their reasons are given below.

RDASH Crisis Team:

Organisations commented that when they tried to access RDASH Crisis Team's:

There was "not a quick enough follow up"

There was "trouble getting through or receiving reassuring support. The term 'Crisis' implies varying factors but many of these don't seem to warrant immediate action or reassurance".

There is often "Nobody available to answer the phone", with another respondent also stating that it was "hard to get through on the phone".

"With children aged 16+ there is always an argument between CAHMS and crisis team".

RMBC Safeguarding:

"Response time is poor"

One respondent felt that "they bounced the concerns back to me"

"Long waiting times"

"Sometimes get passed to various other numbers depending on the safeguarding concern I get. The respondent gave one example of this: There was a gentleman threatening suicide so I went through to safeguarding, they gave me the crisis number instead".

CAMHS:

"Long wait for a response".

“Reluctance from practitioner to conduct face to face assessment of children. Out of hours incredibly difficult to access the service and 16-18 year olds are often left in the middle with disagreements between crisis team and CAHMS over who should assess patient”.

Police:

It often feels that police do not want to come, and if they do, there are long delays.

How do you think the referral pathway can be improved?

Organisations were asked to give their opinions and recommendations on how the referral pathway can be improved in the future to ensure organisations can access services in a timely manner in order to support people as quickly and as best as possible.

Response times:

“Improvement of response times”

“More staff on phones”

“One central switchboard/call-centre where the safeguarding concern can be recorded and the process started. Maybe give a reference number for each safeguarding report so an organisation referring in can note the number for future reference or follow up”.

“Crisis team should have a shorter time scale”

Increase in accessibility:

Have an “increased access to crisis team. Only use A&E when they cannot access help elsewhere. Perhaps have a crisis team presence in A&E”

“Better access to services out of hours to reduce the waiting times for patients left in A&E for many hours”

“Better provision of out-of-hours services”

“Better cover on the crisis phone line during out of hours”

“A joint TRFT and RDASH Mental Health clinician to ‘Bridge the gap’

“One clear pathway including elderly and CAMHS”

“More direct approach, less being bounced from one service to another”

The two key points taken from the organisational survey is that organisations wish to have more accessibility to mental health services available, particularly during out of hours. They also want quicker response rates from services to help prevent escalation of

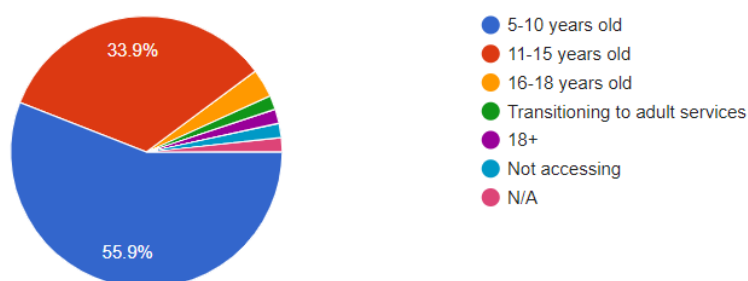
issues, and to stop being passed around multiple services before eventually being dealt with.

Appendix - demographic data:

Children and Young People's Survey:

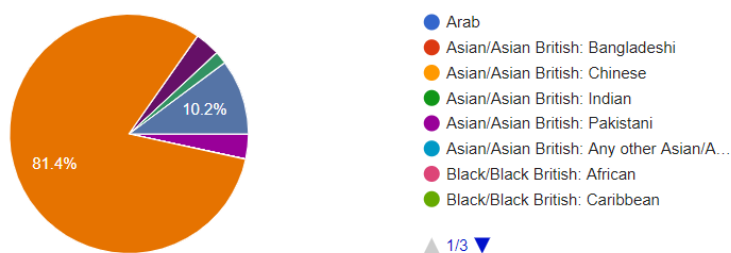
1. What is the age of the child accessing mental health services?

59 responses



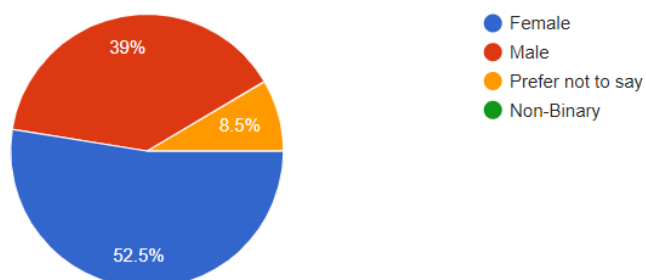
12. Please select your ethnic background

59 responses



13. What is your gender?

59 responses



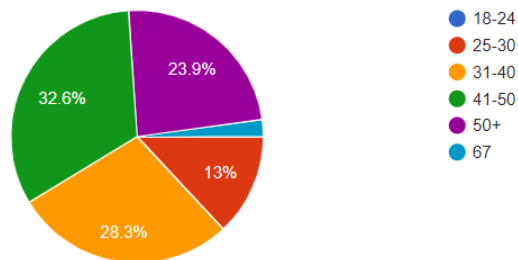
Full list of questions asked to participants (Children and Young People’s Survey):

1. What is the age of the child accessing mental health services?
2. Are you a parent of a child accessing mental health services?
3. Are you a child or young person accessing mental health services?
4. Has your child ever used a mental health service before?
5. What mental health services have you used previously?
6. What was good about the mental health service(s) you used?
7. What was bad about the mental health service(s) you used?
8. Did you have any issues in accessing these services? Please explain your answer if possible.
9. How do you prefer to access mental health services?
10. What do you think can be improved to make mental health services in Rotherham better?
11. Where do you find information about mental health services available in your area?
12. Please select your ethnic background
13. What is your gender?
14. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply)
15. Have you got any other comments or suggestions that could help improve mental health services in Rotherham?

Adult's survey:

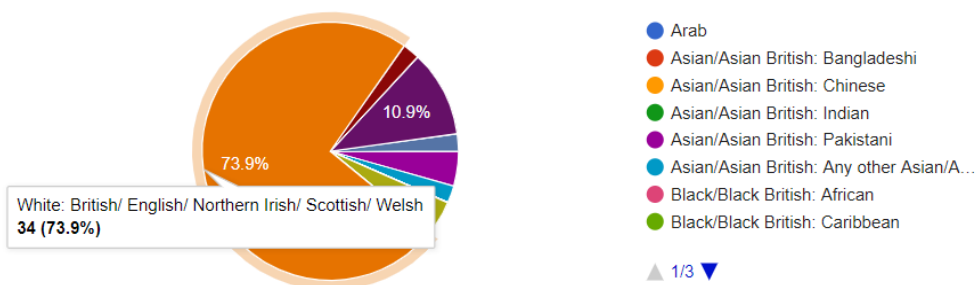
1. What is the age of the adult accessing mental health services?

46 responses



11. Please select your ethnic background

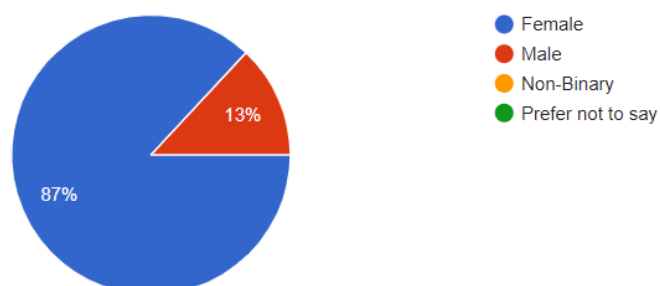
46 responses

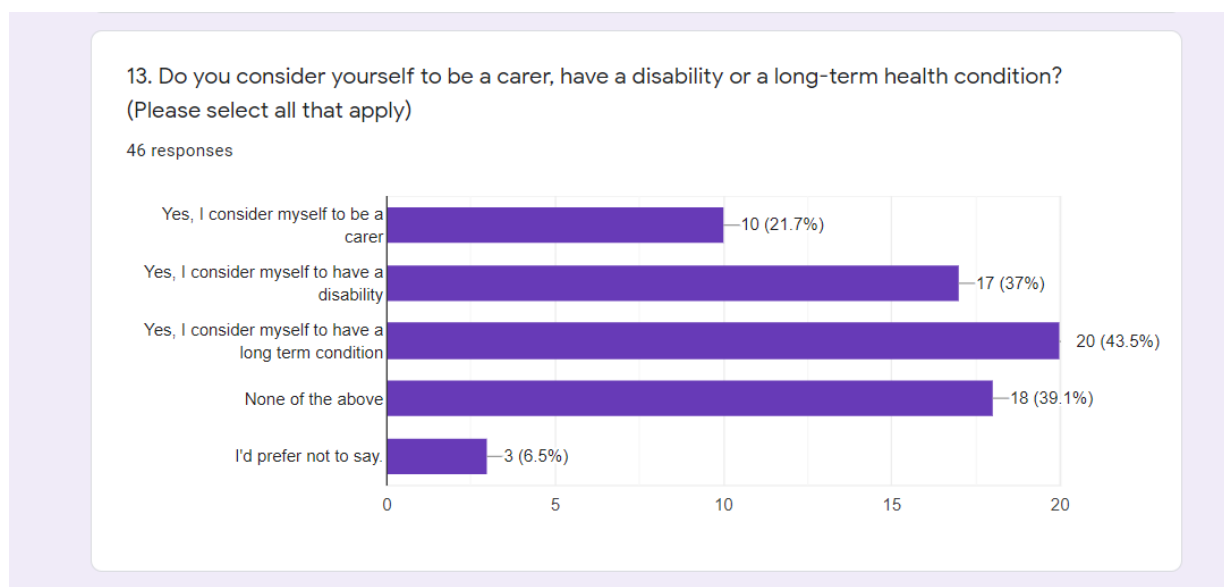


White: British/ English/ Northern Irish/ Scottish/ Welsh
34 (73.9%)

12. What is your gender?

46 responses





Full list of questions asked to participants (Adult Survey):

1. What is the age of the adult accessing mental health services?
2. Have you ever accessed mental health services for yourself?
3. Are you a carer who has accessed mental health services on behalf of somebody else?
4. What mental health services have you/they used previously?
5. What was good about the mental health service(s) you/they used?
6. What was bad about the mental health service(s) you/they used?
7. Did you/they have any issues in accessing these services? Please explain your answer if possible.
8. How do you prefer to access mental health services?
9. What do you think can be improved to make mental health services in Rotherham better?
10. Where do you find information about mental health services available in your area?
11. Please select your ethnic background
12. What is your gender?
13. Do you consider yourself to be a carer, have a disability or a long-term health condition?
(Please select all that apply)
14. Have you got any other comments or suggestions that could help improve mental health services in Rotherham?

Organisational Mental Health Survey questions:

1. What is the name of your organisation?
2. Who is your organisation's first point of call in regards to mental health/safeguarding/crisis queries?
3. When you used the above service(s), were there any barriers faced?
4. If answered 'Yes' to the previous question, what barriers did you face?
5. How do you think the referral pathway can be improved?

healthwatch

Rotherham

Healthwatch Rotherham

RAIN Building

Eastwood Lane

Rotherham

S65 1EQ

www.healthwatchrotherham.org.uk

t: 01709 717130

e: info@healthwatchrotherham.org.uk

 @HWRotherham

Facebook.com/HWRotherham

 Instagram: healthwatchrotherham