

TEWV Community Transformation Report

September 2021

Tees Valley Healthwatch Network:

Darlington, Hartlepool, Middlesbrough, Redcar
& Cleveland, Stockton on Tees

Contents

.....	1
Executive summary	3
Introduction	4
Methodology	5
Findings	7
Detailed survey findings.....	10
Expectations of mental health services	10
Current awareness and understanding of mental health and services	10
How the public would like to access mental health services.....	13
Information	14
What keeps communities well in their local area.....	15
Conclusion.....	17
Recommendations.....	19
TEWV Response	19
Next steps	20
Acknowledgements.....	20
Appendix one: Demographics.....	21
Appendix two: Focus groups	24

Executive summary

This report provides insight into what matters most to the people of the Tees Valley in terms of mental health support in the community. The Tees Valley Healthwatch Network engaged over 900 people, including seldom heard groups, who all have a vested interest in an effective mental health offering

Many of the respondents in our engagement exercise had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms, and 61% of respondents told us the support they had been offered did help them. The demographics of those sharing their experiences through our survey and attention to those areas of our communities which are often 'seldom heard' through our focus groups, create a well-rounded and diverse foundation for this report.

Throughout this report, you will find common themes, with the following areas cited by members of the public within the Tees Valley region as the most important factors for an enhanced mental health community-based offer:

- Better communication to the public of what is available in terms of wellbeing support.
- Awareness raising in communities to reduce the stigma of mental health.
- Easier access through local community venues or supporting transport needs.
- Greater accessibility for those who face physical and mental health challenges.
- Provision of more creative activity, exercise, and social activity groups.
- Shorter waiting lists.
- Longer therapy pathways - for example more than 6 sessions.
- Greater exploration of therapies rather than medication.
- More empathy, understanding, respect and awareness of mental health conditions.
- Supporting those who have caring responsibilities, to attend wellbeing sessions themselves: care for the carer.

The focus and desire to improve services and create a mental health offering effective for all was very much welcomed by those we engaged with.

The survey upon which this report is built, was co-designed with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), and this report will be shared and discussed with them to provide an insight into those areas listed above that would benefit from more attention.

As your independent health and care champion, we will continue our offer to work with TEWV and the Tees Valley Mental Health Alliance as they develop their new mental health offering, to ensure the voice of local people is listened to when designing health and care services.

Michelle Thompson BEM

Chief Executive Officer, Healthwatch Darlington

On behalf of Healthwatch Hartlepool, Healthwatch Middlesbrough, Healthwatch Redcar & Cleveland and Healthwatch Stockton on Tees.

Introduction

TEWV Community Transformation Plan

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

'New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.'

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

- **Co-production:** active participants who lead and own the design for future services.
- **Engagement** with people, and statutory consultation with the public if services are to change.
- **Inclusivity** - No wrong door.
- **Collaboration:** working as a system and building the infrastructure with existing services.
- **Person centred care:** Care is centred around individual needs.
- Care is **proactive** not reactive.
- The **assessment** process for individuals is collaborative with community services and not having to be repeated when accessing support.
- Community design which addresses **health inequalities** and **social determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/social care/drug and alcohol (*list not exhaustive*). The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

- Redesign and reorganisation of core community mental health teams which are placed based. (*Sound clinical governance is critical to successful implementation.*)
- Creation of a core mental health service which is aligned with primary care networks, voluntary sector organisations and local community groups whereby dedicated services and functions will plug in.

The aim of the Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees is to provide insight to TEWV from groups and individuals within their communities to support TEWV's new mental health community-based offer.

Methodology

Five local Healthwatch teams have contributed to this report: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton on Tees. For ease of reference, the five teams will be referred to collectively throughout this report as the Tees Valley Healthwatch Network (TVHN). Where insight relates to fewer than the five contributors, this will be referenced. Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland produced a joint report under the operating name of Healthwatch South Tees.

The Tees Valley Healthwatch Network worked together to co-design a survey with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) which enabled us to gain an insight into people's experiences of accessing mental health and well-being services.

The aim of the survey was to help us to identify what matters most to people, what is working well, what isn't, and what the gaps are in the current service provision.

Each local Healthwatch undertook the following research activities to gather the experiences and views of local people across their local authority areas:

- Supported accessibility of the survey through Survey Monkey, provision of hard copy surveys for the digitally excluded, and offered one to one support to those who required assistance to complete the survey.
- Actively promoted the survey through local media including social media (Facebook, Twitter), Healthwatch websites and newsletters, posters within local community settings, made available surveys in community settings (e.g., Pathfinder House, Hilda's House, and many others), and used local community media (such as Hartlepool Now).
- 16 focus groups were held to understand specific needs of groups which are often considered seldom heard. The timing of focus groups was carefully planned to ensure those who worked or attended college were able to attend. Focus groups were a mixture of online and face to face.
- Healthwatch Hartlepool produced a British Sign Language (BSL) video which was shared across the Tees Valley Network.
- Hartlepool Deaf community focus group data was collected under the guidance and support of Hartlepool's Deaf Centre with British Sign Language interpreter support.
- One to one support was given to the Blind and Visually Impaired community participants.
- Healthwatch South Tees produced promotional videos in different languages including Chinese, Urdu and British Sign Language to increase accessibility and understanding for local communities and to encourage them to share their experiences.

Each local Healthwatch targeted specific demographics through their focus groups to ensure diversity of views and experiences and provide richer insight.

The table below provides details of the focus groups held within the communities of respective local Healthwatch.

Darlington	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
Hartlepool	Deaf community	Blind and Visually Impaired	Older People
			LGBT

South Tees (Middlesbrough and Redcar & Cleveland)	Parent carers of children with Special Educational Needs and Disabilities	Visually Impaired	Refugees and Asylum Seekers
		Ethnic minority groups (Asian and Pakistani, and Chinese)	Older People
Stockton on Tees	People with a learning difficulty / disability	Substance misuse	Carers

Engagement activity was undertaken throughout August and September 2021.

Demographics

The Tees Valley Healthwatch Network worked with a variety of organisations to reach a diverse range of service users to gather insight which is reflective of the Tees Valley area.

Demographics were collected as part of the survey responses and can be found in **Appendix One** which demonstrates the diversity of participants within local communities across the Tees Valley.

A total of 967 people within the Tees Valley communities took part in this engagement exercise. 876 participated by providing feedback via a survey, 155 took part in a focus group. 64 of the focus group respondents also completed surveys.

Survey participants	Survey respondents	Focus groups	Total participants
Darlington	114	11	125
Hartlepool	185	72	200
South Tees (Middlesbrough and Redcar & Cleveland)	525	65	590
Stockton on Tees	52	7	52
Total	876	155	967

We asked people “on a scale of 1-5 how would you describe your mental health and well-being (1 being extremely poor to 5 being extremely good)” and whilst respondents utilised the full range of responses, the average score was three.

The responses to our survey showed that 22% are carers, 18% have a disability and 27% have a long-term health condition.

The focus groups gave us a rich seam of experiences and views. Many attending the focus groups also completed a survey, and the general themes as described in the ‘Findings’ section later in this report incorporate the views of all participants. Comprehensive narrative from the focus groups held can be found in **Appendix Two**.

This report incorporates information within the four individual reports created by the Tees Valley Healthwatch Network who took part in this engagement. These reports can be found on the websites of the Healthwatch concerned.



Findings

What matters most to people in the Tees Valley

The findings in this section are based on 876 responses to the survey which was co-designed with TEWV NHS Foundation Trust, and 16 focus groups held based around the survey questions.

Focus groups were chosen to ensure we had a diverse range of experiences and views of current and potential mental health support, and to reflect demographic population within the localities. 155 people took part in our focus groups.

Further details of the specific findings for each area can be found in the individual local Healthwatch reports which are available on their websites.

The areas particularly highlighted in the surveys and focus groups led by **Healthwatch Darlington** were awareness of where to go to access services and the lack of signposting to the 'right service at the right time', leading to some patients not seeking the help they need to support them with their mental health.

Patients with more complex mental health conditions (e.g., Post Traumatic Stress Disorder (PTSD) or Bipolar) reported finding it hard to get the right support, understanding and knowledge from mental health services. They reported NHS services are not able to offer prolonged support due to restricted numbers of sessions, and patients feel they are then offered medication 'too readily'.

The social support of family and friends was found to be very important, with more opportunities to socialise and meet new people needed to combat loneliness. Carers wanted to see their loved ones get the right support, especially social care support. A strong theme was the public perception of a lack of communication or 'joined up working' between NHS services and social care services, contributing to patients not being signposted and receiving appropriate support for their mental health.

The focus groups held by **Healthwatch Hartlepool** highlighted concerns around the stigma of having a mental health condition as a barrier to accessing essential services, and the worsening of conditions during the COVID-19 pandemic especially loneliness and isolation during lockdowns.

The Deaf community felt let down by health care services, including providers of mental health care. Many were unaware of how to access mental health support and cited poor communications systems for those with sensory impairment. Dissemination of accessible information was often seen as a barrier to service usage for those with sensory impairments. Many GP practices do not allow their patients to make appointments by text, the preferred communication method of many within the Deaf community. Appointments are too frequently cancelled and rescheduled as no interpreter was booked, which leads to frustration and 'giving up' for those who need support.

There is no clear and accessible gateway to mental health and wellbeing services which is recognisable and accessible to Deaf patients, exacerbating already high levels of health inequality experienced by some. Being unaware services exist leads to frustration and disillusionment by the barriers encountered when attempting to access services. Participants felt local gateways to mental health services in community settings were key to building trust and understanding of the specific needs of Deaf people.

The participants in the Blind and Visually Impaired focus group echoed many of the sentiments raised by the Deaf community. Consideration of audiobooks and braille would help those in the Blind and Visually Impaired communities, and consideration of using patient's homes for appointments to improve accessibility.

Older people value privacy and confidentiality, and transport availability is important to them and in some cases would alleviate anxiety. This group felt that awareness raising of availability of support via public bus stands and through local free papers would reach more people within the community. Anti-social behaviour and extreme isolation rate highly on their list of concerns.

The LGBT community were concerned about long waiting lists, help was often needed urgently and waiting often exacerbated the issue. Feelings of anxiety, being blamed, ignored and rejected were common statements, and it was evident that understanding and acceptance were important to this group in having the confidence and trust to access therapies.

Healthwatch South Tees is comprised of two the local Healthwatch of Middlesbrough and Redcar & Cleveland. The main themes in the focus groups they held were as follow.

Participants let us know that they felt waiting times for appointments was too long including initial GP appointments and referrals. It is crucial for people get the help and support they need when they need it.

Participants frequently wanted appointments and other support needs to be offered in community venues, drop-in centres, and GP surgeries. Having a choice of the venue, somewhere that is easily accessible, on a bus route and not too far to travel was important. Feedback indicated that people would also like to be given the option of having appointments in their own home where they feel comfortable or outside 'walking and talking'. It was important that appointments should be flexible and responsive to individual circumstances such as carer responsibilities, childcare and working hours, with a choice of face-to-face appointment, telephone, and online video appointments. Many people may feel anxious using the telephone and a choice of how the appointment takes place is important.

Longer support timescales and fewer changes in support workers providing consistency also featured highly in our feedback.

Many focus group attendees struggled to access support services as they did not know where to go for help or where to find relevant information as it was not produced in a format that met their needs. There is a huge problem of stigma within the ethnic communities engaged in our focus groups which is a significant barrier for accessing support as they can't acknowledge that they need it. There is a need for education and awareness of mental health with these groups understand the issues these communities face.

Asylum seekers and refugees have complex mental health requirements, often having been exposed to terrifying experiences before coming to our country, and require specialised support and/or understanding of this to be able to get the specific support they need.

If all services are for all local people, then this needs consideration and improvement, and staff need to have the skills to support everyone who comes through their doors and not segregate services for specific communities.

Healthwatch Stockton on Tees found that supportive social connections with family and friends, exercise activities, classes and/or groups were beneficial in supporting mental health and wellbeing. Local community support services such as Age UK, the Dementia Hub, Teesside dementia link services, SNAPS, parent support groups and 'Carers Together' among others had supported the mental health and wellbeing of carers. The social prescribing link worker service was also identified as a valuable source of additional practical support that can help people with their mental health and wellbeing.

Those with additional communication needs reported finding it difficult to access service, and health professionals that work with individuals to understand additional communication needs were praised highly.

Focus group participants were clear that ‘patient focused’ mental health services providing a person centred and holistic approach to mental health diagnosis, assessment, treatment, and support were essential in the effective management of mental health and wellbeing.

Better availability of treatment and therapies including improved access to talking therapies, other psychological therapies, and a wide range of therapeutic, peer and other support groups were also highly rated as important.

Working full time was seen as a barrier to accessing support, as taking time off work is often not an option, in some cases due to financial constraints, and there are limited opportunities or flexibility in the timing of appointments.

Appendix 2 contains full details of focus groups held. This report is a consolidation of four individual Healthwatch reports, which can be found on the appropriate Healthwatch websites.



Detailed survey findings

Below is a summary of the feedback from all five teams in the Tees Valley Healthwatch Network. The questions focus on finding out what matters most to people, the responses provide us with the main themes that were important to those responding to the survey.

Expectations of mental health services

1. *We asked participants to tell us up to 5 things that contributed to their positive mental health and wellbeing*

A variety of external factors were cited as promoting positive mental wellbeing. The data told us the top five themes (**with the highest from the top to the bottom**) are as follows:

- **Family** - Individuals referred to relationships with partners, children and other relatives as a positive influence and went on to say spending time with them also helps.
- **Friends** - Individuals describe socialising with friends and having someone to talk to as helpful.
- **Exercise / nature** - Individual's mention spending time in the gym or running outside as helpful with further individuals describing walking outside to be helpful or spending time in natural spaces.
- **Hobbies** - Individuals referred to different forms of creative activity as diverse as art, jigsaws, music, reading as positive influences on mental wellbeing.
- **Pets** - Respondents quoted their pets as being a positive influence in their lives.

2. *We asked participants to tell us up to 5 things that impacted negatively on their mental health and wellbeing.*

The top five themes (**with the highest from the top to the bottom**) are as follows:

- **Money / debt** - Problems with the benefit system, cost of living, unexpected expenses, unemployment, and debt was the most significant contributory factor having a negative impact on mental wellbeing in this survey.
- **Work / unemployment** - Work related stress and poor work life balance were key factors including home working and the uncertainty COVID-19 has brought.
- **Physical Health** - Many respondents cited existing health conditions as contributing negatively to their poor mental health, such as chronic pain and mobility issues.
- **Family / friends / relationships** - Some individuals felt certain relationship can have a negative impact on mental wellbeing describing marriage breakdowns, coercive behaviours, domestic abuse, worrying about family members, not seeing family during lockdowns as factors affecting their mental wellbeing.
- **Living circumstances** - Uncertainties about their housing situation, or anti-social behaviours in the areas they lived in were causes of stress.

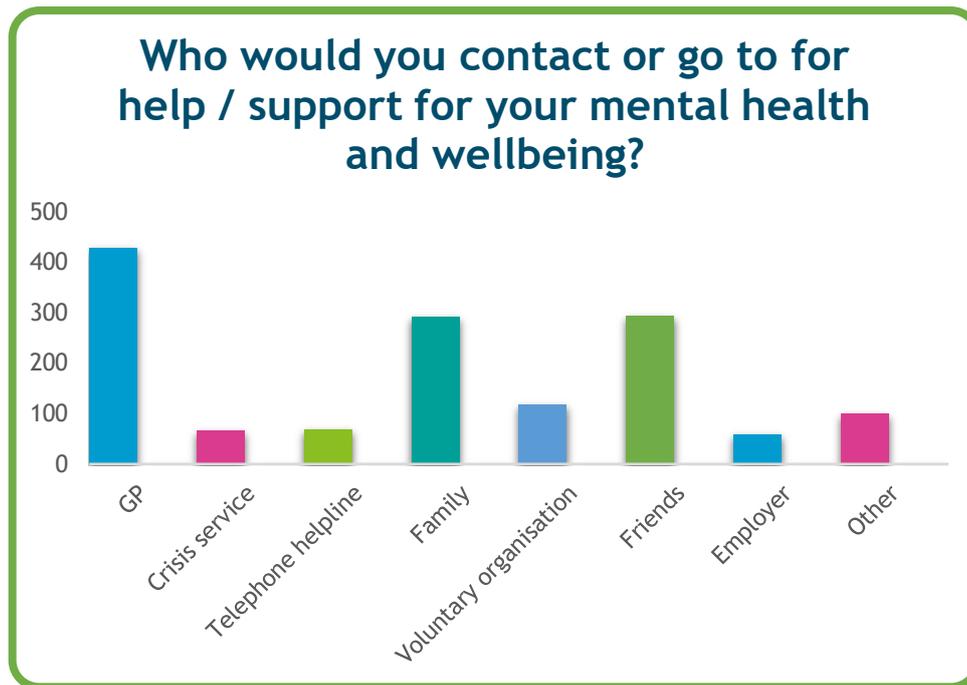
Current awareness and understanding of mental health and services

3. *We asked participants who they would contact or go to for help/support for their mental health and wellbeing.*

Some individuals picked more than one answer. 62% said their GP, with 42% each for friends and family.

The most frequent 'other' suggestions for where to go to for help included church, private counselling, emergency services, and online support.

Some suggested they would use none of the suggestions because "*they are useless*" and had no one to go to for help and support.



4. We asked participants that had received help and / or support for their mental health or wellbeing, to let us know where this was from.

A range of services was mentioned:

- Talking Changes.
- NHS services: GP / Hospital.
- Private services.
- Voluntary organisations (including but not limited to Man Health, MIND, Arcus, Starfish, Hartlepool Carers Alliance, Stewart House, Harbour Services).
- College / work counselling services.
- Child and Adolescent Mental Health Services (CAMHS).
- Friends.
- Crisis team.

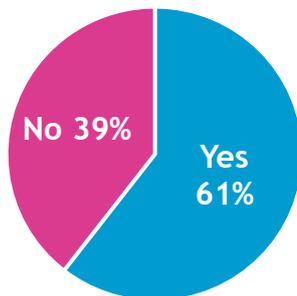
5. We asked participants what help and / or support they were offered.

The most frequent responses covered:

- Counselling/talking therapies
- Medication
- Peer support
- Group activity
- Psychological therapies
- Cognitive Behavioural Therapy (CBT)
- Advocacy services
- Social prescribing link worker

6. We asked participants to let us know if the support they received met their needs.

Did this support meet your needs?



61% of service users felt the support offered did help them and 39% of service users felt the support offered did not help them.

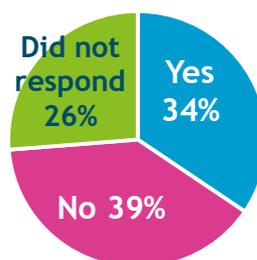
7. We asked the 39% of respondents who said the support did not meet their needs, to tell us why.

A range of factors were mentioned by service users such as waiting times, appointments, medication, and services not being helpful.

- **Waiting times** - Some service users reported waiting for too long to get treatment or support. One service user said *“I say no because I needed help desperately and had to wait many months for my actual counselling. I was assessed and immediately put on waiting list, but when you are that low and struggling daily 9 months wait is not good enough.”*
- **Appointments** - Service users reported that not enough appointments or sessions were given to address their needs. One service users said, *“Reached the end of my allotted number of sessions.”*
- **Medication** - Service users feel on some occasions that medication is often offered to patients instead of other treatment and care. One service user said, *“Refusal to look beyond medication.”*
- **Unhelpful services** - Service users described in some cases the service/healthcare professional being unhelpful, and services not getting in touch and stopping treatments/therapies during the pandemic.

8. We asked participants if there was anything that would prevent or prevents them from seeking help, and if there was, to tell us what it was.

Is there anything that would prevent or prevents you from seeking help?



34% of respondents let us know they encounter barriers to seeking help for their mental health. The following reasons were most often cited.

Waiting lists and communication - Long waiting lists, services not answering the phone or getting back to them, maximum six-week support offer not meeting needs were regular concerns of service users who answered this question.

Stigma and trust - Service users mention lack of understanding from those around them, stigma and awareness prevent them from seeking help. Further to this some service users feel 'let down' by services previously or feel staff attitudes and awareness within service are poor.

Information - Some service users feel they don't know where to go and the lack of information isn't helpful. They often feel they are 'passed around' between different services as the professionals sometimes don't know where they 'fit'.

Previous experience - Service users who feel they are in a 'mental health crisis' have mentioned that in their experience the crisis team do not return calls or answer the phone, and this contributes further to their mental health. Many respondents reported having 'given up' due to previous frustrations with services.

Accessible communication - This related to many factors such as English not being a first language, lack of interpreters, additional needs for the Deaf community, not being 'understood', 'heard', or sometimes feeling 'ignored'.

Caring responsibilities - Including childcare. Those with responsibilities often feel they do not have the time to put themselves first.

"I'm not aware of any support due to not reading/understanding English"

"I would contact the mental health team, but we don't have a number"

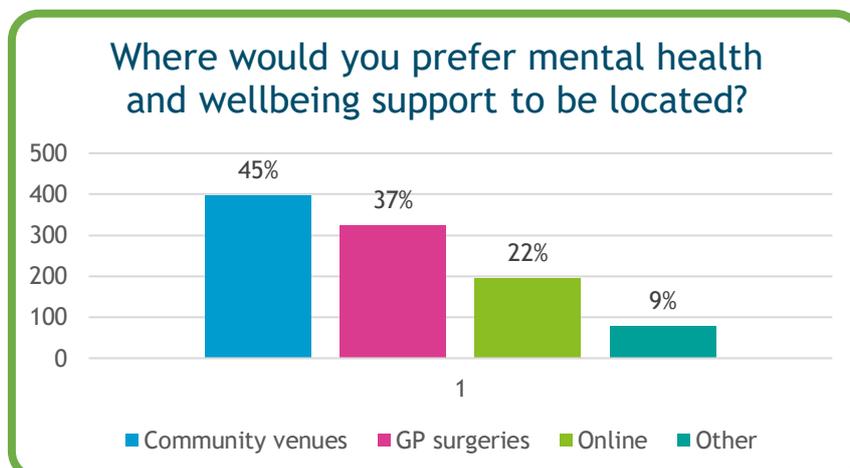
"The important thing is to know where the information is to begin with"

How the public would like to access mental health services

9. We asked participants where they would prefer mental health and wellbeing support to be located.

Participants were able to choose multiple responses, and many chose all of the venues suggested. 45% of service users feel mental health and wellbeing support should be located within community venues. 37% mention GP surgeries 22% would use online. 9% mention other.

Further suggestions included a mental health hub walk-in centre and the home environment. For many the most important aspect was that they were located in easily accessible venues.



10. We asked participants to tell us what would influence their decision to go and get the right help and support they needed.

The following themes were mentioned most frequently as circumstances that would encourage service users to seek support:

- **Accessibility and waiting times** - Service users mention accessibility is a major factor, so whatever support is available it should be easy to access and available at different times of the day (not just during work hours). Shorter waiting times were regularly mentioned.
- **Word of mouth** - Hearing from family and friends' positive experiences would encourage people to use services.
- **Understanding** - Not being judged and experiencing friendly and empathetic staff attitudes, with appreciation and understanding of different conditions was regularly mentioned as something that would encourage service users to use services.
- **Knowledge of what is available** - Knowing what is available, how to sign up / be referred, and where to go are important factors in influencing decisions.
- **Face to face** - Service users mention that they would like the option of face-to-face appointments, and that having this choice would encourage them to seek support.
- **Childcare support** - If there was support for childcare when attending appointments, this would help many who cannot attend as they are not able to arrange childcare
- **Cost of transport** - Some respondents advised they could not afford the transport to get to appointments, and having more support located within communities or 'at home' options would encourage them to seek help.

11. We asked participants if they had any additional needs that required consideration before they could access mental health and wellbeing support.

The responses in this section are consistent with responses to other questions and focus on the following needs which some service users feel are barriers to accessing mental health and wellbeing support:

- Physical health conditions affecting mobility.
- Complex mental health conditions such as PTSD.
- Learning disabilities requiring communication support.
- Those in employment having set working hours
- Hearing and sight sensory impairment requiring equal opportunity to access services.
- Social anxiety and fear of leaving the house.

Information

12. We asked participants where they would like to find information about how they could improve and / or access support for their mental health and wellbeing

Respondents were able to select more than one option, and many selected all. Whilst websites were the most popular option, phone apps, leaflets and social media were all rated similar at over 40%.

Those who selected 'leaflets' or 'other' often highlighted the barriers faced for some who may not find information accessible online. It was also noted that none of the options were appropriate for those with communication difficulties such as dementia, or learning difficulties, and a wider range of communications and awareness raising options needs to be considered.

For those who were comfortable with digital, Facebook was a popular choice for finding out information.

Having more information available in health settings such as GP practices and hospitals was a popular comment. Respondents did however highlight that at the moment, physical attendance

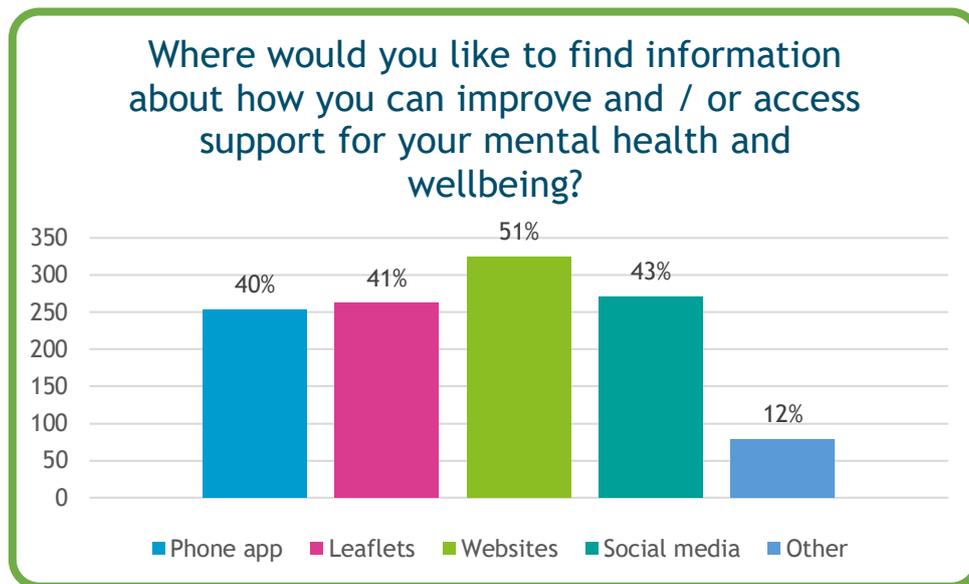
within many GP practices was limited and in the current environment this was not likely to be an effective solution.

Some examples of comments include:

“Nothing here is appropriate for some people with learning disabilities or who are living with early onset dementia.”

“There are lots of websites and information on the Internet but seeing this on poster and leaflet form in any type of venue is important. Also, more staff need to be clearer and more educated when it comes to other support available.”

“More awareness and information on local services, telephone helpline numbers in A&E departments, across all council services, dentists, local cafés - anywhere where people access, community organisations. There needs to be far more awareness and the breaking down of barriers, talks not just leaflets, organisations that reach out in supermarkets, shopping centres.”



What keeps communities well in their local area

13. We asked participants who take part in community activities or groups that help their mental health and wellbeing, to tell us what they are.

The following themes were highlighted by service users:

- **Creative activity** - Art in general, dancing and music were mentioned by services users.
- **Exercise classes** - Walking groups, running groups and swimming groups were regularly mentioned and recognised as great ways to socialise.
- **Social/peer support groups** - Socialising in any format such as coffee and chats, walking and talking groups, or peer support groups were mentioned. Age UK, Dementia and Carers services were given as examples amongst many small local groups.
- **Nature** - different groups were mentioned such as Wild Wanderers, Bee Keeping and Wild Swimming.
- **Volunteering** - Making a difference has been recognised as helpful with many suggesting volunteering as something they currently do or would take part in. Catalyst Stockton was mentioned as a good source of information.

14. We asked those participants who don't take part in community activities or groups, to tell us why.

A variety of reasons were mentioned with regular themes being:

- **Confidence and anxiety** - Many service users mention anxiety or their confidence in general to socialise would stop them from using community groups or activities. Stigma around attending certain groups which are seen as highlighting mental health issues. Communication difficulties in general.
- **Lifestyle** - Other commitments such as work, childcare, college, and caring responsibilities were also regularly mentioned as one of the reason service users would not take part in community activities.
- **Awareness** - Some feel they don't know about community activities so this would stop them from attending.
- **Accessibility** - Times of activities not suitable. Barriers to attendance due to poor physical health.
- **Inappropriate** - Activities available do not meet the needs of those who would benefit from them.

15. *We asked participants to tell us about community activities or groups that would help with their mental health and wellbeing that were not currently provided in their communities.*

A range of suggestion were made, with the following themes most common place:

- **Specific groups for different needs** - For example, more peer groups for people with similar backgrounds (e.g., menopause support groups), looking at root causes, and condition specific groups (e.g., autistic adult peer mentors, dementia groups for deaf people).
- **Exercise groups** - Some service users regularly mentioned increasing access to exercise groups and leisure facilities would be helpful. These facilities should be accessible as one person said, *"I find busy gyms with loud music overwhelming."* Walking groups were seen as a popular activity. Specifically targeted groups were common in responses (e.g., walking groups for teens).
- **Creative workshops** - Arts and crafts, hobby related interests such as gardening, fishing, animal therapy.
- **Social gatherings** - General coffee mornings, where people could attend without the perceived 'stigma' of the group being related to mental health.

Activities should be accessible in time, so evening sessions considered, with more information available to encourage attendance, and transport available for those who would otherwise be excluded.



Conclusion

The survey indicated that supportive family, good friends, exercise, being outdoors, hobbies and pets were all positive factors on wellbeing.

In contrast, money and debt worry, stressful work and unemployment, poor physical health, tension in family and friendship groups, and poor living situations were all negative factors on wellbeing.

GPs were an important factor in wellbeing and usually the first port of call for respondents to our survey contacting someone for help and support with their mental health and wellbeing.

Many of the respondents had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms. 61% told us the support they had been offered did help them. Of the 39% who felt they had not been helped by the support offered, long waiting times, lack of appointments, unwanted medication solutions, and unhelpful services were quoted as the most likely cause of dissatisfaction.

A third of respondents said they did not seek help because of long waiting lists, poor communication, stigma, lack of awareness of what was on offer, poor previous experiences of mental health services, and being restricted by caring responsibilities.

45% told us they would prefer services to be available in community venues, 37% GP practices, and 22% online. General comments suggested that in future an established pathway improving links between services and the Voluntary Community Sector / community groups would be the way to go. If more people were aware of what they can take part in, within their communities, this would potentially reduce the need and demand on crisis intervention. It was also mentioned that the development of this type of approach would also support people whilst on waiting lists so they're not left without any support during an often anxious time.

Improved accessibility, shorter waiting times, a friend / family member recommending the service, feeling understood and respected by healthcare professionals, awareness of available services, and removal of barriers such as caring responsibilities and lack of transport would encourage more people to seek the help they need.

Respondents would like to see a full range of accessible material promoting mental health services, supporting those who are digitally excluded and those with particular communication needs.

Creative activity, exercise, social activity, being outdoors and volunteering were popular ways of supporting wellbeing.

Lack of confidence, general anxiety, busy lifestyle, lack of awareness, poor accessibility and lack of suitable activities were all reasons why some respondents did not currently take part in community activity or groups.

Targeted support groups, exercise, creative workshops, and social gatherings were the most frequently mentioned community activities that respondents felt would support their wellbeing.

Participants in this engagement exercise agreed that information sharing, and established pathways need to be improved in the Tees Valley, within the NHS, local authority, voluntary sector services, and in the community. They wanted to see services working together to understand the needs of patients with multiple complex needs. Interventions should help to address underlying reasons for mental health decline such as low confidence, unemployment, relationship problems and loneliness. If more people were aware of what they can take part in, within their communities

this would potentially reduce the need and demand on crisis intervention, and support those on waiting lists.

There is a lack of accessible information, such as different languages, large print etc. and people don't know what help is out there, or how to access support. Equity of access is important for those presented with barriers due to physical impairment, including but not limited to the Deaf community and the Blind and visually impaired community.



Recommendations

Based on the insight provided by service users, carers and members of the public, the Tees Valley Healthwatch Network propose the following recommendations to inform the Tees Valley mental health community-based offer.

1. Review funding and assess creative and effective ways of reducing **waiting lists**, and the length of the therapy itself (i.e., number of sessions available).
2. A flexible Tees Valley wide mental health **awareness campaign** to raise awareness of the mental health community provision available and help reduce stigma attached to mental health conditions, delivered in a variety of ways to best reflect local demographic groups.
3. Improved **signposting** pathways to make the best use of the resources available which are delivered by the community and voluntary sector so that patients wellbeing needs can be met holistically. Responsive and person centred, confidential, community or in-home as required.
4. Provision of new **accessible community activities** that offer local people the opportunity to meet others who they can relate to, improve their wellbeing, and connect with nature.
5. Ensure **service delivery** is 'joined up' across voluntary and statutory partners to address the needs of local people by working collaboratively and joining together through networks.
6. Creation of **person-centred services** to consider times of support available, transport accessibility, and allowing those who care for others support in their caring responsibilities.
7. A clear **accessible gateway** for those with additional communication requirements including but not limited to those with sensory impairments, learning difficulties, language barriers etc. The Accessible Information Standard should be given greater prominence including access to British Sign Language interpreters and vision support helping deliver services fairly and consistently. Accessible information is essential to inform local people and professionals of what help is out there, how to access it, who to speak to etc.

Tees Valley Mental Health Alliance Response

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the 15th October 2021 the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.
- We will accept each other's assessments, so the individual does not have to repeat their story.

- There will be no discharge - patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Next steps

The Tees Valley Healthwatch Network welcome the commitments made within the response above.

We look forward to working, both collectively and individually (where place-based working is appropriate) with the Tees Valley Mental Health Alliance to support progress within key themes raised within this report.

Place-based responses from the Tees Valley Mental Health Alliance are proposed to be available to Healthwatch by December 2021 in terms of more detailed localised actions, and we will provide updates as appropriate in partnership with the work of the Alliance.

We look forward to continuing this work and providing insight and public voice as needed when the principles outlined above are shaped into tangible service change as part of the redesign.

Acknowledgements

The Tees Valley Healthwatch Network thanks everyone who has helped us with our engagement for the TEWV Transformation Plan including:

Members of the public who took the time to complete our survey and focus group participants who shared their views and experiences with us.

All those who shared and promoted this piece of work to enable access for a wide range of communities in the Tees Valley

Our dedicated staff, volunteers, and Community Champions.

All organisations that contributed to our work and focus groups.



Appendix one: Demographics

1. Age category	Participants	
13 - 17 years	30	3%
18 - 24 years	36	4%
25 - 34 years	143	16%
35 - 44 years	160	18%
45 - 54 years	177	20%
55 - 64 years	125	14%
65 - 74 years	90	10%
75+ years	69	8%
I'd prefer not to say / no response	46	5%

2. Gender	Participants	
Woman	622	71%
Man	177	20%
Non-binary	15	2%
Other	4	<1%
I'd prefer not to say / no response	54	6%

3. Ethnic background:	Participants	
Arab	3	<1%
Asian / Asian British: Bangladeshi	1	<1%
Asian / Asian British: Chinese	2	<1%
Asian / Asian British: Indian	9	1%
Asian / Asian British: Pakistani	51	6%
Asian / Asian British: Any other Asian / Asian British background	2	<1%
Black / Black British: African	5	1%
Black / Black British: Caribbean	3	<1%
Black / Black British: Any other Black / Black British background	0	

Gypsy, Roma, or Traveller	0	
Mixed / Multiple ethnic groups: Asian and White	2	<1%
Mixed / Multiple ethnic groups: Black African and White	1	<1%
Mixed / Multiple ethnic groups: Black Caribbean and White	2	<1%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	1	<1%
White: British / English / Northern Irish / Scottish / Welsh	717	82%
White: Irish	3	<1%
White: Any other White background	22	3%
Another ethnic background	1	<1%
I'd prefer not to say / no response	51	6%

4. Sexual orientation	Participants	
Asexual	17	2%
Bisexual	30	3%
Gay	15	2%
Heterosexual / Straight	676	77%
Lesbian	16	2%
Pansexual	17	2%
Other	5	1%
I'd prefer not to say / no response	90	11%

5. Religion or beliefs	Participants	
Buddhist	9	1%
Christian	356	41%
Hindu	6	1%
Jewish	1	<1%
Muslim	54	6%
Sikh	3	<1%
No religion	334	38%

Other	29	3%
I'd prefer not to say / no response	69	8%

6. Marital or civil partnership status:	Participants	
Single	225	26%
Married	369	42%
In a civil partnership	22	3%
Cohabiting	67	8%
Separated	27	3%
Divorced / dissolved civil partnership	64	7%
Widowed	12	1%
I'd prefer not to say / no response	90	10%

7. Pregnant or have you been pregnant in the last year?	Participants	
Yes	20	2%
No	798	91%
I'd prefer not to say / no response	58	7%

8. Carer, have a disability or a long-term health condition? (Please select all that apply):	Participants	
Yes, I consider myself to be a carer	195	22%
Yes, I consider myself to have a disability	158	18%
Yes, I consider myself to have a long-term condition	238	27%
None of the above	362	41%
I'd prefer not to say	14	2%

Appendix two: Focus groups

A full breakdown of focus group data can be found within the individual local Healthwatch reports. It can also be obtained within a separate document which is available alongside this main report.

[Healthwatch Darlington](#)

[Healthwatch Hartlepool](#)

[Healthwatch Middlesbrough](#)

[Healthwatch Redcar and Cleveland](#)

[Healthwatch Stockton on Tees](#)

