



Improving Access to Psychological Therapies

Mental Health Employment

London Borough of Bromley

September 2015

Healthwatch Bromley

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Introduction

What is Healthwatch Bromley?

Healthwatch Bromley is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Bromley as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley (HWB) gives children, young people and adults in Bromley a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley core functions:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Bromley on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

The following triangle is a useful way of seeing how the different parts of Healthwatch Bromley form together to make the whole - do you want to put that in? If not remove this line.

Strategic Drivers: IAPT and MHE Survey

Healthwatch Bromley's role is ensure the voices and views of the local community are expressed and to ensure their opinions are taken into account when services are commissioned.

This piece of research was undertaken to gain an understanding of how patients and service users experience Improving Access to Psychological Therapies and Mental Health Employment in the London Borough of Bromley.

One in six adults is known to suffer from mental ill-health caused by mild to moderate depression and a range of anxiety disorders. In Bromley, adults can get help for mental health conditions in various ways, of which two are listed here:

- If you are aged 18 and over, you can self-refer or get your GP to refer you to 'Improving Access to Psychological Therapies (IAPT)' which helps people suffering from depression and a range of anxiety disorders (including panic attacks, post-traumatic stress disorder, excessive worry, Obsessive Compulsive Disorder or phobias).
- If you are struggling to find or stay in work due to your mental health problems and are aged 18+, you can self-refer to Bromley's Mental Health Employment (MHE) service. They support people in recovery from mental health problems to find or stay in work, by offering personalised flexible services.

NHS Bromley CCG hired Healthwatch Bromley and Lewisham as an organisation with professional engagement experience to deliver the public and patient engagement elements for the Improving Access to Psychological Therapies and Mental Health Employment Service reviews.

Both services are going to be issued as new contracts in 2016 so the organisations that pay for these service (NHS Bromley CCG and Bromley Council) want to know local users' views on current services provided.

The outcomes of the engagement process will feed into the overall service review and inform decisions made on future service design and provision of these services. This report will be provided to the CCG and to those individuals involved in the engagement process, providing local input which helps decide future priorities.

It is important that local mental health provision offer an efficient and accessible service for all.

Methodology

Healthwatch Bromley gathered information through a standardised questionnaire sent out via Survey Monkey, tested a small group of five service users and the PAG. Our aim was to find out what 'good' mental health support looks like for those suffering from depression and a range of anxiety disorders in Bromley, as well as those looking to find work.

The questionnaire consisted of 34 questions (see Appendix 2), divided into four separate sections. Respondents were asked either to tick the relevant box, evaluate their experience on a sliding scale, or provide answers to open ended questions. People could choose to complete as much or as little of the survey as they wished. Nearly all those responding completed 2 or more sections.

The four sections focused on

- what people know about existing services
- specific views of current and ex-IAPT users
- specific views of current and ex-MHE users
- future considerations on IAPT and MHE services in terms of delivery

The general factors being considered were: professionalism, timeliness, support, access, and follow up support for Improving Access to Psychological Therapies and Mental Health Employment. General details regarding the respondents were also captured including age, gender, ethnicity and disability status.

The online survey was made available on the Healthwatch Bromley website, sent to 100 local organisations for dissemination to their members, through regular updates on Twitter, Facebook and relevant email newsletters and websites. Participation in the study was on a voluntary basis. See Appendix 1 for email invitation and Acknowledgements for list of organisations contacted

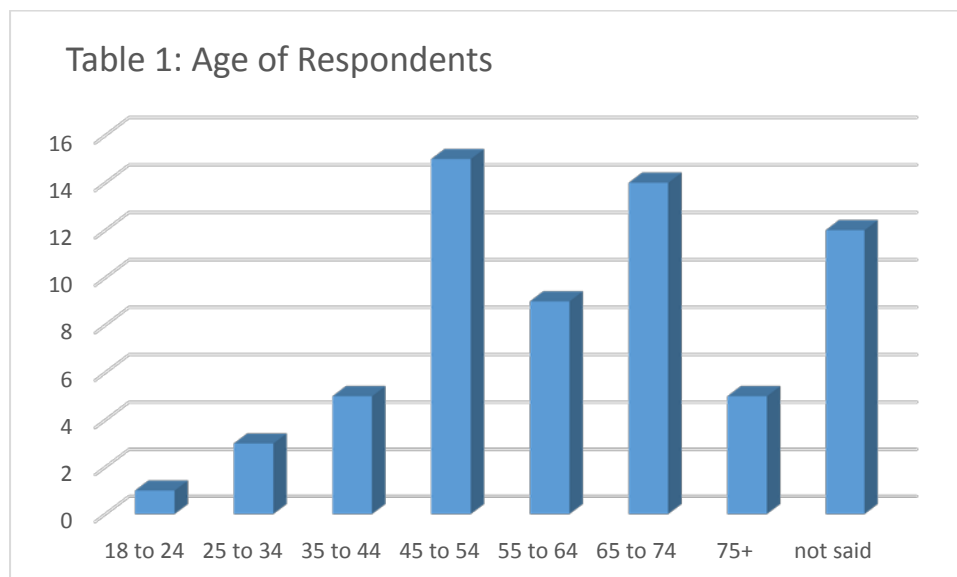
All the information provided was collated and analysed by an independent consultant, for inclusion into a report for NHS Bromley CCG, in order to feed into their strategic review.

For users who could not complete the questionnaire, there was an opportunity to undertake the survey over the phone. Furthermore, there was a focus group organised for those who prefer to talk through things face to face. A short time frame meant attendance at this session was not as high as hoped.

A total of 68 responses were collected. Of these, 4 were removed as the respondents did not fill in the survey, giving us a sample size of 64. This response size is relatively good considering the consultation was held during the month of August, it was run in a rapid response manner, and this work is focused on particular aspects of support for people with depression and / or anxiety conditions, as well as those with mental health conditions seeking work.

Demographics

A diverse and wide sample of the population of the London Borough of Bromley was engaged. Of the 64 people considered, 36 identified as female and 16 as male, with 12 choosing not to provide the information. Table 1 below shows the number of respondents and their relative ages. We only asked people over the age of 18 to complete the survey. The highest number of respondents were grouped in the 45 to 54, and 65 to 74 years of age brackets.



Of those surveyed, 23% identified as having a disability, which included: spinal conditions (3), personality disorders (2), deaf / hard of hearing (2), depression (2) and others (6).

Most respondents (84%) identified as White British. 11% were White Other. 2 people identified as Chinese and Indian. 14 people declined to say. We also asked people if they spoke other languages: the most common listed were French, Italian, & Spanish, followed by Sign Language, and individual responses on Russian, Gujarati, & Portuguese.

50 respondents (78% of all those who filled in the survey) told us where they lived:

Where people come from	No
BR1 (Bromley, Bickley, Downham and Sundridge)	11
BR2 (Hayes, Shortlands, Bromley Common, Keston)	5
BR3 (Beckenham, Elmers End, Eden Park, Park Langley)	11
BR4 (West Wickham)	4
BR5 (Petts Wood, St Mary Cray, St Paul's Cray, Ruxley)	3
BR6 (Orpington, Locksbottom, Farnborough, Green Street Green, Chelsfield, Downe, Pratt's Bottom, Well Hill)	10
BR7 (Chislehurst, Elmstead)	1
BR8 (Swanley, Hextable, Crockenhill, Swanley Village)	0
SE (Anerley, Sydenham, Penge)	4
TN (Biggin Hill)	2

Respondents' interest in mental health

It was possible to work out people's reasons for answering the survey. Of the 64 respondents

- 45% (29 people) had direct experience of services, as current or ex users
- 33% (21 people) were local residents, with their awareness about services being relatively low or non-existent
- 8 people had close friends or family struggling with mental health conditions
- 6 people had active working connections (GP, health worker or volunteer)

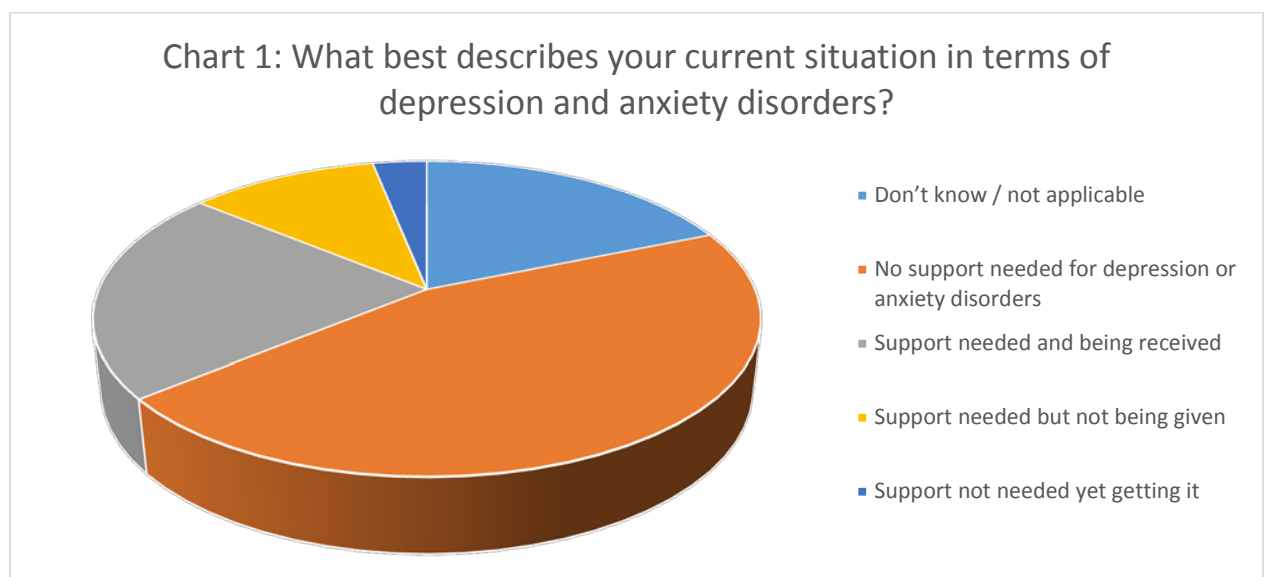
When asked 'if you or any of your close family or friends ever received support or help from IAPT or MHE' more than one third (39%) ticked YES as they, their family or friends, had or were receiving help from these service. Of these 25 respondents:

- 43% have current or recent experience of IAPT
- 26% have current or recent experience of MHE
- 21% obtained personal help from IAPT and MHE
- 9% received help from elsewhere e.g. private practice, GP or friends

Of the equal (39%) number of people who said NO to 'if you or any of your close family or friends ever received support or help from IAPT / MHE':

- 40% did not have experience of IAPT or of MHE
- 40% had experience of both services, in volunteer or health roles
- 20% had experience of IAPT or of MHE but to a very small degree

Of the 22% (14) people who DIDN'T KNOW 'if you or any of your close family or friends ever received support or help from IAPT / MHE', seven people should have replied YES (2 responses had known about IAPT for 10+ years and 5 were current MHE patients). This degree of confusion has been taken into account when analysing survey responses.



Two thirds of the respondents (41 people) said that they do not currently need support for their depression or anxiety disorder or don't know if they do. However of this group, 34% (14 people) are actually receiving help from the NHS for their mental health condition or for depression. Again this degree of confusion has been taken into account when analysing responses.

Many of this group provided case studies which correlate to the need for timely support to be given i.e. people need help quickly but tend not to receive it when they really need it; at the point of first contact or request. A further 17% (7 people) are still waiting for support from family or friends, the NHS or voluntary groups for their depression or anxiety disorders. A couple of people decided to go private as they couldn't wait or couldn't access support required. This common theme is highlighted further in 'Timeliness of Support' section.

Two people are getting support even though they do not require it: *"Support not needed at the moment - been in the system for a while and shows that this has helped because I don't currently need it"*. It is unclear why but it might reflect the time it takes for people to disengage from their counsellor or advisor, once they are ready to move on.

Overall, this range of data shows that respondents come from a variety of situations and experiences, reflective of the local area in terms of mental health needs.

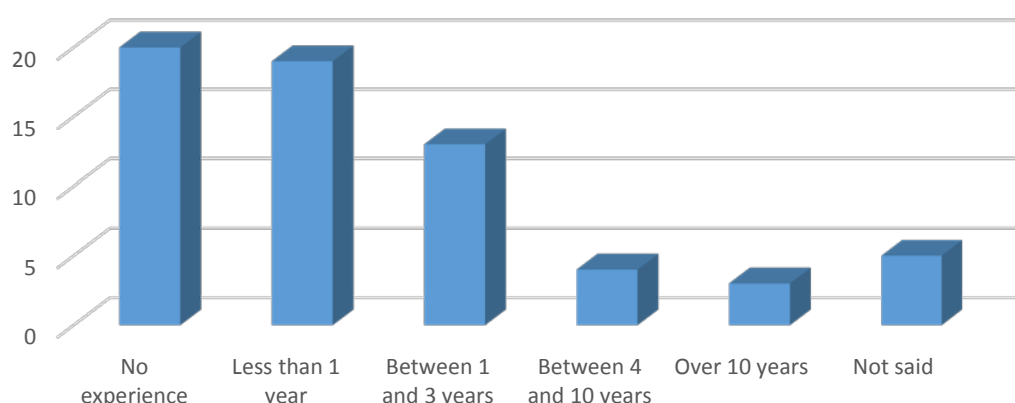
A note on further action

People were able to ask for follow up support. Many filled this section:

- 19 people asking for consultation results to be sent by email
- 19 people (not necessarily the same people) to be on HWBL mailing list
- 10% asked to take part in future focus groups
- 12 people wanted to be more involved in local health matters
- 3 people wanted IAPT or MHE to contact them directly

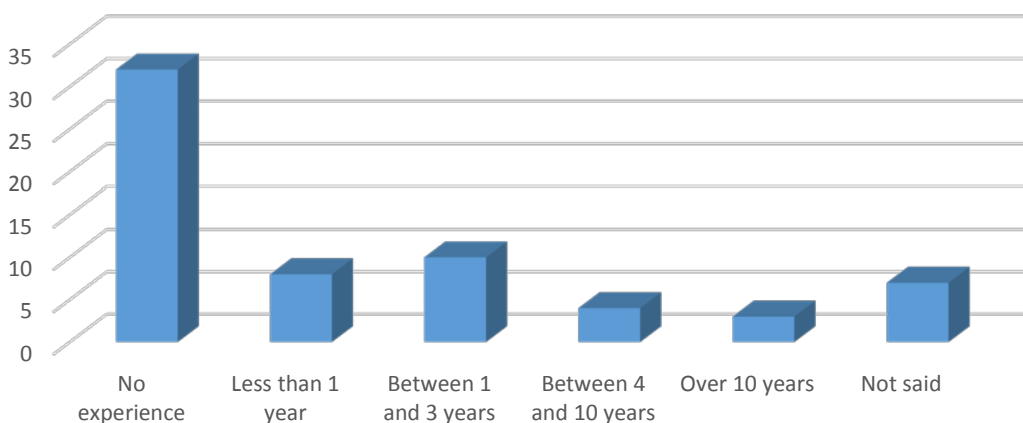
Findings on Current Situation: People's awareness of IAPT & MHE services

Table 2: Your experience of IAPT



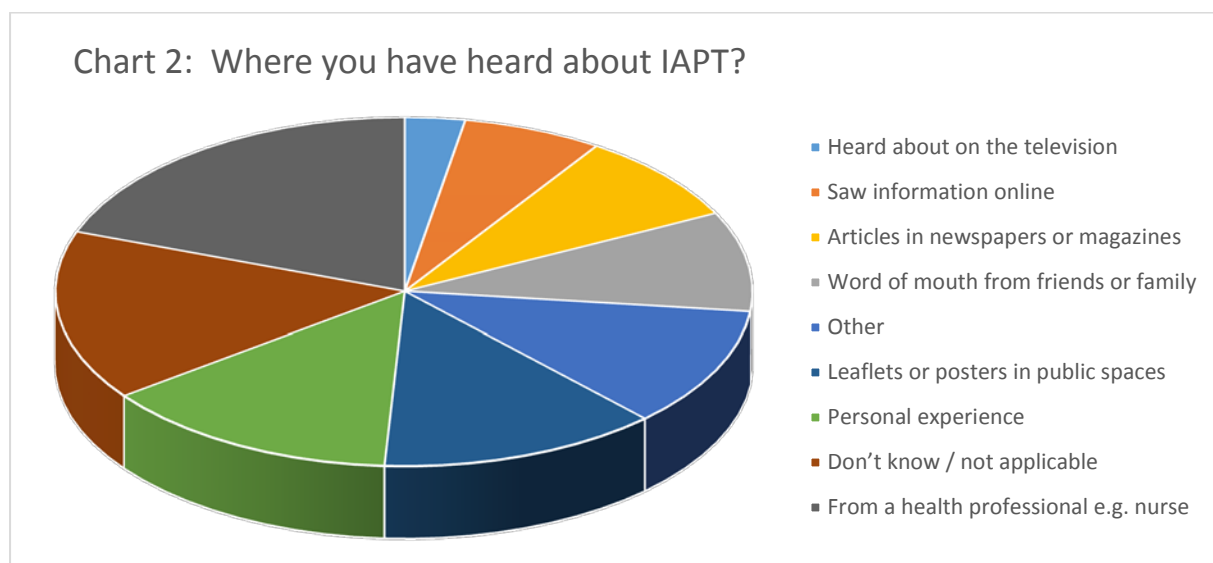
39% of respondents had no personal experience (or did not say they had) of Improving Access to Psychological Therapies. Of these 25 people, most were local residents with no current or prior need for IAPT so therefore less likely to be aware of any support. However half of all survey respondents (32 people) had heard about IAPT in the last 36 months through personal experience, as a current or recent user or through support given to friends or family. Those involved with IAPT for more than 4 years were likely to be volunteers, workers and / or users of IAPT.

Table 3: Your experience of MHE

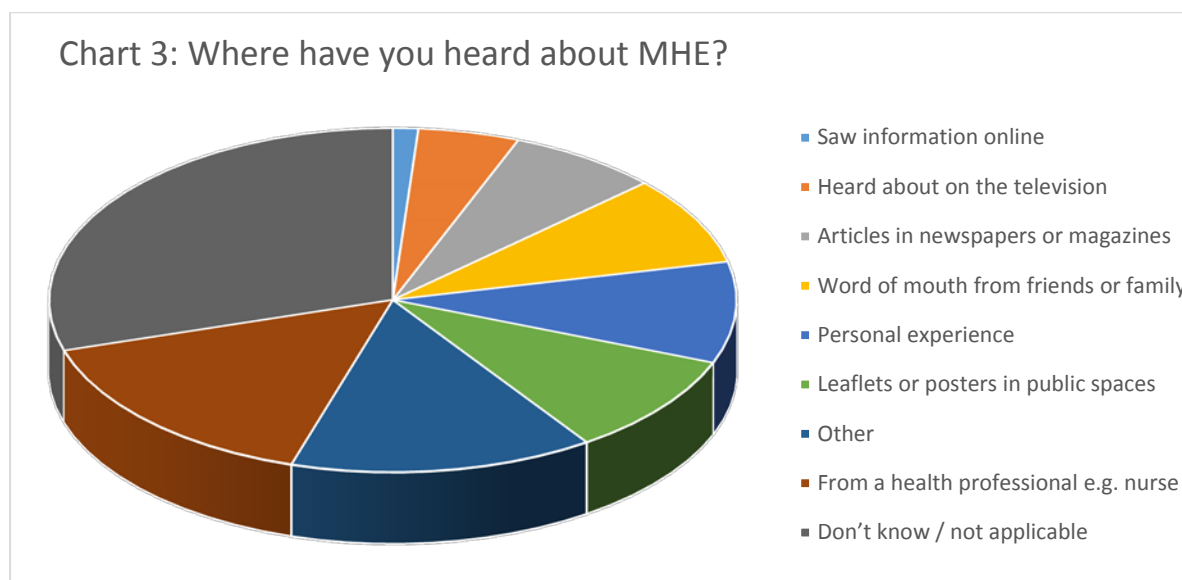


There was a much higher proportion (61%) of respondents not having personal experience (or did not say) of Mental Health Employment. 39 people raised this lack of knowledge as local residents, family, friends, users or volunteers. This lower response rate makes sense as MHE is a much smaller targeted service. Of the 18 people that had experienced MHE in the last 36 months, nearly all had heard about it through a health professional, personal experience, or through posters at Horizon House. The 4 people involved for more than 10 years with Mental Health Employment were volunteers, workers and users.

Findings on Current Situation: Communication of IAPT & MHE services



There were 108 responses in total to 'where have you heard about IAPT', more than the number responding to the survey, as people had often ticked more than two routes e.g. leaflets and word of mouth. This particularly applied to the 19 people who had heard about IAPT in the last 12 months, with key information routes being: health professionals (statutory or voluntary), personal experience (requesting GP help), and leaflets / posters (in descending order of priority).



There were 84 responses in total to 'where have you heard about MHE'. Of these, 30% had not heard about MHE at all - a much higher response than those not knowing about IAPT - reflecting the targeted, niche nature of this service.

People that had heard about MHE tended to hear about it through two or more sources, with key information routes being: health professionals (statutory or voluntary), through word of mouth (volunteering or working with users over a long period of time), leaflets or posters, or personal experience (in that order).

Findings on Current Situation: IAPT and MHE Helpfulness

How helpful is 'Improving Access to Psychological Services'?

People were asked to consider 'how helpful IAPT services have been over the last 12 months'. Of the 29 people able to answer this question, two thirds (66%) found the IAPT service very helpful. All these people had also kept or increased their trust and confidence in the service over the last year. This high trust and confidence also applied to the seven people (24%) who saw IAPT as fairly helpful.

90% of respondents were therefore positive about the IAPT service received (if they had managed to access the service) with their views being based on (in priority order) on: counselling sessions attended, initial contact made, and practical one to one support offered.

"I found the referral process ran smoothly. Started by my GP, I had a telephone consultation with the mental health team to decide what course of support would suit me ... we arranged a suitable day / time at my nearest venue to receive 1-1 CBT counselling ... I felt I improved!"

"I have really been helped ... I was able to stay in work and I never felt alone ... always able to contact IAPT by phone, email or making an appointment ... but please improve support by providing more out of normal working hours' appointments so I can attend work as normal without informing my employer."

Three people found the service not very or at all helpful over the past year. This smaller group consisting of close friends, users and volunteers who had formed their opinion from initial contact (no help offered by GP) or poor counselling sessions (unprofessional support). Their low trust and confidence had worsened.

How helpful is 'Mental Health Employment'?

People were asked to consider 'how helpful MHE services have been over the last 12 months'. Of the 19 people able to answer this question, over half (53%) had found the service very helpful. All these people had also kept or increased their trust and confidence in the service over the last year. This high trust and confidence also applied to all but one of the 5 people (26%) who saw MHE as fairly helpful.

79% of respondents were therefore positive about the MHE service once received, with their views based (in priority order) on: one to one support e.g. goal setting, practical one off help e.g. signposting, support sessions attended, and training.

Four people found the service not very or at all helpful over the past year. They had low levels of trust and confidence and their perception had worsened over the last year. Two of these mentioned the need for more customised, effective and appropriate support for those with mental health conditions trying to seek work.

Findings on Current Situation: Staff treat users with respect and fairness

People who had used IAPT or MHE services recently were asked about their views across three themes: contact with staff, support provided, and services offered.

Those responding had personal experience of the services which tended to be very positive or negative.

Scores were weighted across the themes raised, averaged and turned into three charts listed below to provide a brief overview of the impact of IAPT services (listed in blue) and MHE services (listed in orange).

Current IAPT users' views

Of the 17 people who filled in the IAPT in-depth support section, 71% (12 people) would 'be struggling more' if they had not received IAPT help, with the remaining 5 people 'still being in the same position' so the service is definitely beneficial to users, once accessed.

IAPT users rated the following aspects very highly:

- The way in which IAPT staff treated them with respect and fairness
- Being treated fairly, with particular needs taken into account e.g. accessibility and ease of access to services
- That IAPT offered clear, useful communications (websites and signposting)
- Counselling sessions run by IAPT staff

IAPT users were least impressed with the following aspects:

- The usefulness of the contact with the doctor/s
- How IAPT has helped them to widen their support network

Current MHE users' views

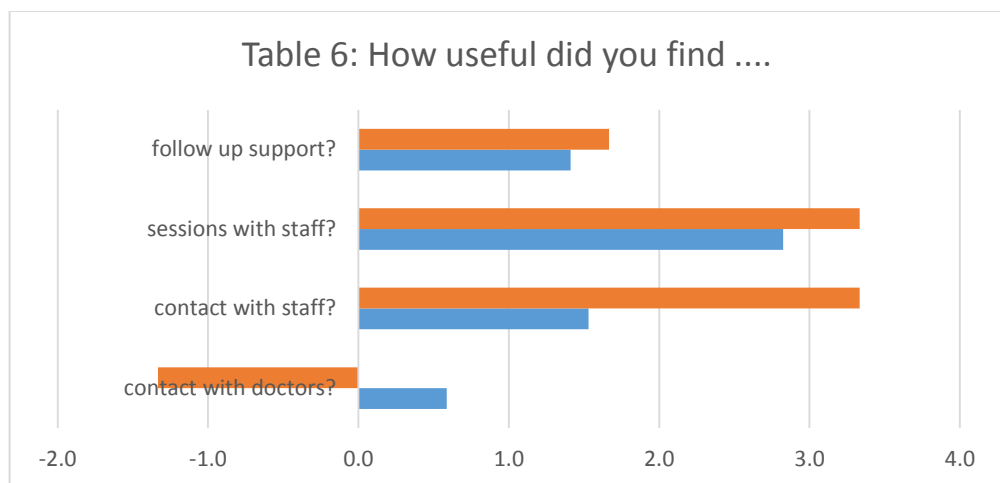
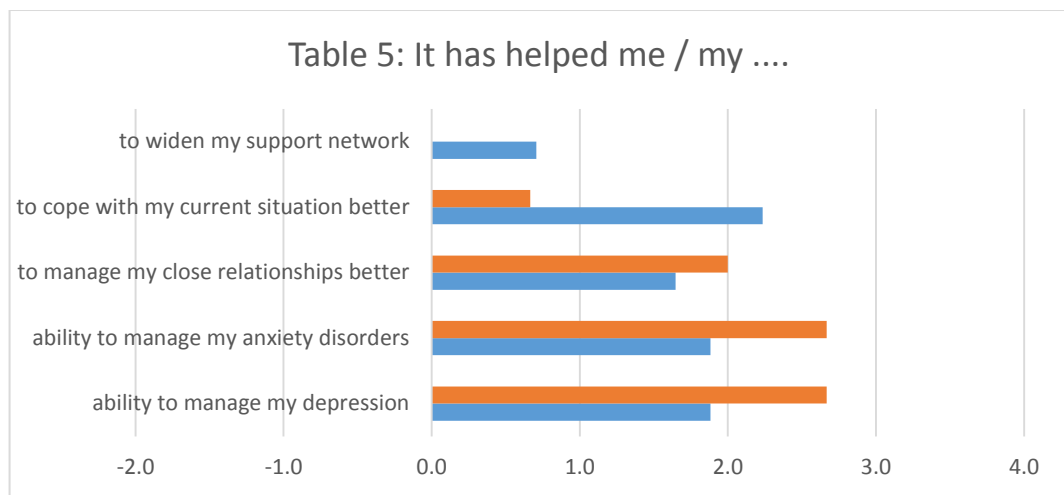
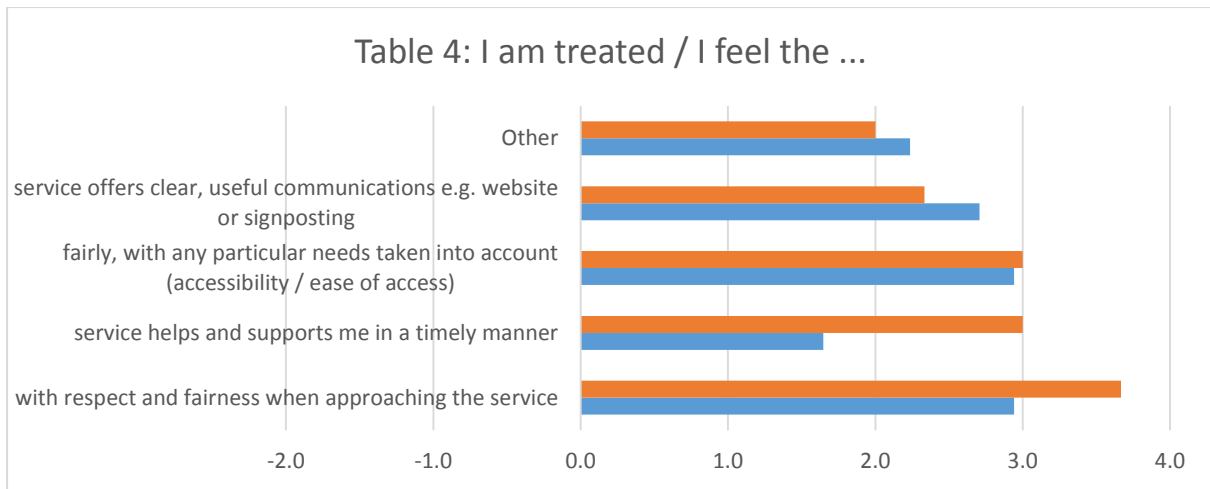
Of the six people who filled in the MHE in-depth support section, nearly all (80%) would 'be struggling more' if they had not received the MHE help, with the remaining person being 'in the same position'. Even though the number replying was substantially smaller, it reflected similar viewpoints as:

MHE users rated the following aspects very highly:

- The way in which MHE staff treated them with respect and fairness
- Support sessions attended, run by MHE staff
- Ongoing contact with MHE staff

MHE users were least impressed with the following aspects:

- The usefulness of their contact with the doctor/s
- How MHE has helped them to widen their support network



Key:

Improving Access to Psychological Therapies results appear in the blue column

Mental Health Employment Services results appear in the orange column

Future IAPT and MHE Services: What will make the most difference to people?

The last and final section of the survey received the most responses (58 in total) looking at what would make the most difference in terms of help provided, if people were to need, in the future:

- support for depression or anxiety disorders
- support to find work if you had a mental health condition

Respondents could choose more than one option. A mix of users, volunteers, workers and family / friends replied to this section. Results were collated into charts showing separate preferences for IAPT and MHE. These turned out to be very similar, with the top four requests being:

1. Trained, professional counsellors	22% MHE	22% IAPT responses
2. Ability to personalise support	21% MHE	18% IAPT responses
3. Timeliness of support: short waiting	17% MHE	19% IAPT responses
4. Access to support network	13% MHE	12% IAPT responses

These themes were used to set out 'summary of findings', laid out in next section.

Chart 4: What would make the most difference to you, if support for depression or anxiety disorders was needed?

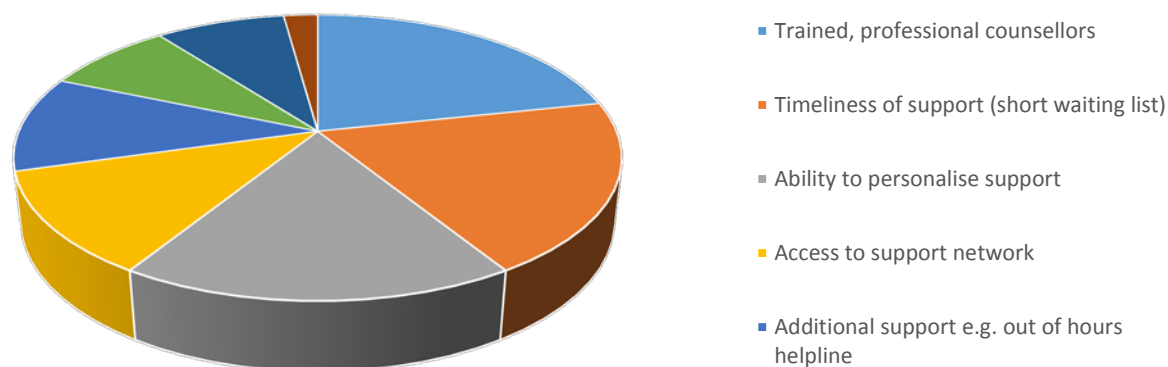
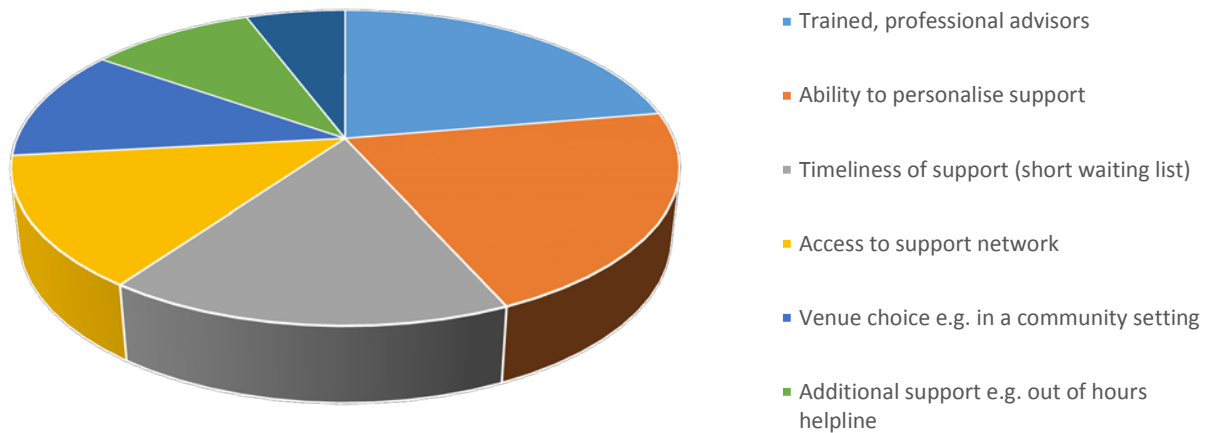


Chart 5: What would make the most difference to you, if you needed to find work, with a mental health condition?



Future IAPT and MHE Services: What barriers to access might exist?

We also asked respondents to consider what might prevent them from accessing the service in the future, if they or their family had depression, anxiety disorders or mental health conditions.

Confirming information provided earlier in the survey, 24% said that 'not knowing that the service existed' would prevent them from contacting IAPT or MHE. People were therefore keen for the services to be better known locally, for people to be able to self-refer, and for those struggling with stigma to be able to receive help.

The second and third reasons for not contacting IAPT or MHE was being 'too busy at work or college' (21%) and 'family or caring commitments' (19%). This was an external factor that could not be addressed directly. However it might be worth considering as part of the communications strategy used to inform potential users.

'Feeling that the service does not offer what I need' was a barrier mentioned by 17% of respondents. When open ended comments were considered, people were raising the need for better access to services, appropriately trained professional advisors, and accessibility gaps such as BSL friendly support, as key issues.

Summary of Findings: Boost communications

27% of all respondents were unaware of IAPT and / or MHE. Even if you do not need the service for yourself or family or friends, it is important for local people to know about it. A local resident comments *"...this is the 1st time I've heard of it, through the BNWA ... please advertise it more ... I have lived in Bromley all my life (47 years) and never knew either of these services existed!"*

A supportive friend of an IAPT user added: *"GPs do not refer. I have not heard about MHE in spite of having a family member with mental health issues ... raise awareness among health professionals and community to start with; making robust professional services easily available".*

Many people also commented on the struggle to get referred or supported by their local GP. *"I personally have suffered anxiety and panic attacks this year but have no knowledge of any support available. My doctor's practice either dismiss me or just give me tablets for my panic attacks"* from an IAPT patient who needed support but was not receiving it. Others added that *"support appears limited unless GP is very pro-active"* or *"my support was fairly good in the borough although GP's rarely know about charities like Bromley Community Counselling Service etc"*

Some GPs heavily involved in the service do refer clients *"I have had several clients referred to me from the MHE services and I have also referred clients back ... worked very well."*

Finally there is a degree of confusion about terminology. If you know about the service already, you understand the language used, but for those new to the service or unaware of its existence, the lack of plain English and use of jargon hinders their involvement

THREE SUGGESTIONS

- Advertise the service more widely through the channels that already work well i.e. health professionals, users, leaflets / posters, and online
- Help GPs to have a much better understanding of both services (including how & where to access, how people can self-refer, how to support those struggling with depression / anxiety more effectively).
- Use plain English and no jargon when promoting the service e.g. some survey respondents were confused by the term mental health employment

Summary of Findings: Timeliness of support essential

This area was the main reason behind people's low score for 'contact with their GP'. One quote reflects their frustration: *"A friend is having big mental health problems and until the last week or two was not getting ANY real SUPPORT. It has improved very recently ... when she said she didn't feel she wanted to live ..."*

Generally timeliness was raised as a more important issue for those needing 'access to psychological therapies' rather than those seeking mental health employment support. It makes sense as the emergency nature of people seeking help to deal with depression or anxiety disorders means short waiting times are crucial: *"The waiting time to see a psychiatrist is absolutely appalling. I am currently in hospital at the moment because I couldn't get the support I needed in the community ... there should be a fast track system for those most in need"*.

A further linked issue, is the need to ensure that following a GP referral, people can access services outside of the current 9-5pm offer. For a few respondents, particularly those in work needing support, could not easily take time out from their jobs to attend 9-5pm appointment so did not take up appointments during the day. People tend to work longer hours and may not be able to attend early evening appointments. Another factor was the lack of confidence to report to their work colleagues why they have to leave early, to attend appointments.

These, along with others in the survey, were keen for more flexible services, which meant appointments being available in the early morning or late evenings or on Saturdays. This increased flexibility would also allow mean that interventions in critical flash point periods (weekends and public holidays) would be earlier, more successful, and less likely to lead people into crisis. Additionally people suggested phone support, email, skype & deaf accessible support as potential improvements.

THREE SUGGESTIONS

- Reduce waiting times for clients in crisis to improve availability of services for people seeking urgent support (not after weeks on waiting list)
- Offer more early morning or evening or Saturday appointments for people unable to attend during the 9-5pm working day.
- Consider the use of telephone, skype and email support, where appropriate to improve support, as well as particular services such as deaf accessible.

Summary of Findings: Ensure personalised, professional support

The strongest feedback related to the need for trained, professional counsellors or advisors who were then able to more effectively match skills and abilities to clients' needs. Rather than treat as separate themes, these were placed together as more professional, trained people are generally more able to tailor support.

Over 20% of those responding to future direction wanted high quality, trained support: *"Services need to be available immediately with highly trained professionals. I have a friend who tried to commit suicide some years ago and nearly succeeded. It was only the intervention of a passer-by that saved her. She was seeing a psychologist at the time who was of the opinion that as she had talked about suicide, she would never attempt it - how wrong he was!"*

Quite a few of those responding to the future direction of IAPT and MHE felt 'that their request would be ignored' or that the service 'does not offer what I need'. These comments were strongly linked to the need for improved counselling tailored to individuals with specific needs e.g. better understanding of depression, Asperger's, dyslexia or autism.

Both MHE and IAPT were keen for this to be addressed through the provision of services that offered appropriate advisors, trained and well matched to person/s needing help.

For MHE in particular, this translated into more appropriate employment support to develop core competencies so that people could find work. Two quotes:

"Not everyone with mental health issues wants to work as a cleaner or shelf stacker. More kind support and encouragement to achieve new things. Provide better counselling tailored to individuals with specific needs"

"... considerable barriers to gaining paid employment because of de-skilling after being ill for a considerable period of time ... employment market is very difficult at the moment ... feedback is that I don't have experience in core competencies for paid employment. Horizon House workers have been very supportive and given me the confidence [but] haven't received any other support in my search for work"

For IAPT in particular, the focus on personalisation translated into tracking how many patients came forward with specific referrals e.g. self-harm or anxiety or OCD; and using this information to train and provide more counsellors in those areas as needed, rather than risk having counsellors who may have little experience / abilities)

TWO SUGGESTIONS

- Clients' outcomes should not depend on who they see. Put in place a process of assessment and training for all advisors and counsellors, to ensure improved expertise, skills and abilities
- Match trained advisors or counsellors to people needing help, looking carefully at conditions, so that IAPT or MHE support is effectively targeted.

Summary of Findings: Ensure wrap-around support across all services

Most people were concerned by the lack of knowledge across services e.g. *"All I am aware of is a support group via my DWP advisor" or "little support offered by the job centre and none anywhere else."* There was a strong desire to see services that worked in co-operation and collaboration with others, with people believing that there were *"many services available elsewhere, if people know about them."*

For IAPT and MHE provision to work, work was needed across the support network to ensure people received appropriate, wrap-around care. This support network was considered as a system, stretching from the local GP who may know or may not know about services, to internal NHS expert services, through to voluntary organisations able to offer additional support such as supportive links to local communities. People highlighted access to this network as a future barrier to entry. Three quotes reflect the range of concerns around wraparound care:

"counselling sessions I attended were great ... especially valued being able to take my baby daughter whilst being treated for anxiety ... 12 months on from discharge and back at work I need to see a counsellor again ... am seeing someone privately (as I needed to access it quickly and was in a crisis) ... it would have been good to have had a post-discharge follow up phone call 3 or 6 months later which could have included signposting to other support services (including private sector) to pick up that I was struggling to cope ... instead I waited until I hit a crisis and couldn't work"

"My concern is particularly for those people who are not well enough to seek employment either now and probably in the future. Recognition of their needs and development of appropriate services is every bit as important, if not more so, than support for employment"

"I helped to get a family member safely back into the community ... I got help from local GP ... [but there needs to be] more support services, properly funded, attached to local services [which are currently] overstretched, understaffed, and underfunded"

THREE SUGGESTIONS

- Ensure better wrap-around support by setting up follow-up telephone calls, 3 to 6 months after initial actions, to determine what needs people might still have for their mental health condition - to prevent further crisis
- Improve awareness of potential referral routes, support networks, and additional options available (even private ones) to deliver better care.
- Ensure those finding the service is not suitable in terms of professionalism or personalisation, are able to raise and get concerns addressed

Conclusion and Recommendations

Evidence presented in this report confirms that residents of the London Borough of Bromley are keen to see professional, high quality services supporting those with depression, anxiety disorders or mental health conditions. The final recommendations presented below, grouped by theme, are based on a combination of statistical analysis and qualitative evidence (case studies):

Boost communication

- Advertise the service more widely through the channels that already work well i.e. health professionals, users, leaflets / posters, and online
- Help GPs to have a much better understanding of both services (including how & where to access, how people can self-refer, how to support those struggling with depression / anxiety more effectively).
- Use plain English and no jargon when promoting the service e.g. some survey respondents were confused by the term mental health employment

Improve timeliness of support

- Reduce waiting times for clients in crisis to improve availability of services for people seeking urgent support (not after weeks on waiting list)
- Offer more early morning or evening or Saturday appointments for people unable to attend during the 9-5pm working day.
- Consider the use of telephone, skype and email support, where appropriate to improve support, as well as particular services such as deaf accessible.

Professional advisors offering personalised approach

- Clients' outcomes should not depend on who they see. Put in place a process of assessment and training for all advisors and counsellors, to ensure improved expertise, skills and abilities
- Match trained advisors or counsellors to people needing help, looking carefully at conditions, so that IAPT or MHE support is effectively targeted.

Better wrap-around support networks

- Ensure better wrap-around support by setting up follow-up telephone calls, 3 to 6 months after initial actions, to determine what needs people might still have for their mental health condition - to prevent further crisis
- Improve awareness of potential referral routes, support networks, and additional options available (even private ones) to deliver better care.
- Ensure those finding the service is not suitable in terms of professionalism or personalisation, are able to raise and get concerns addressed

Acknowledgments

Healthwatch Bromley and Lewisham would like to thank the 68 participants that took part and shared their experiences and stories with us.

Healthwatch Bromley and Lewisham would also like to express gratitude to all the organisations, networks and individuals' that helped us to engage the people of Bromley and to improve local services. The list of those contacted includes:

Age UK Bromley	Cotmandene Community Resource Centre
Alexandra Residents' Association	Crofton Residents' Association
Aperfield WI	Cudham Residents' Association
Apsara Arts	Darrick Wood Evening Townswomens Guild
Babbacombe Road Residents' Association	Downe Residents' Association
Beckenham Eden Park (Evening) Townswomens Guild	Dyslexia Association of Bexley, Bromley, Greenwich and Lewisham
Beckenham Folk Dance Club	Farnborough Village Society
Beckenham Society	Garden Residents' Association
Beechwood Residents' Association	Gates Green Womens Institute
Biggin Hill and Westerham Lions Club	Gateway Club - Orpington and Bromley
Biggin Hill Community Care Association	Girls Friendly Society (G.F.S.) - Penge
Bromley Association of Retired Teachers	Grandparents Assoc Bromley Support Group
Bromley Civic Society	Group 88 - Bromley Branch / Hayes Branch
Bromley Film Club	Halstead Parish Council
Bromley Mencap	Hayes (Kent) Community Council
Bromley Museum	Hayes Evening Townswomens Guild
Bromley Neighbourhood Watch Association	Hayes Ladies Club
Bromley Outdoor Group	Hayes Village Association
Bromley Park Avenue and Quernmore Road Residents Association	HayesAra
Bromley Voluntary Sector Trust	Holwood Estate Residents' Association
Bromley Womens Aid	JustBe
Careplus	Kentish Gadabouts
Ceroc Kent	Keston Mark and Bromley Common Village Residents' Association
Chelsfield Evening Womens Institute	Keston Village Residents' Association
Chelsfield Park Residents' Association	Keston Womens Institute
Chelsfield Village Society	Knockholt Village Association
Chislehurst (Afternoon) Townswomens' Guild	Knoll Residents' Association
Chislehurst Ladies Club	Leaves Green and Keston Vale Residents' Association
Civil Service Pensioners Alliance - Bromley	Leavesden Residents' Association
Community Options - Branching Out	Leasons Residents' Association
Coney Hall Village Residents' Association	Literary and Musical Society
Copers Cope Area Residents' Association	Meeting Point
	Monday Social Club

Mottingham Community and Learning Shop
Oregon park Residents' Association
Orpington Darrick Wood TG
Penge Forum
Penge Partners
Pratts Bottom Residents' Association
Probus Club Beckenham / Bromley
Quinton Close Residents' Association
Ravensbourne Residents' Association
Ravenswood WI
Rotary Beckenham
Rotary Bromley
Rotary Chislehurst
Rotary Orpington
Royal Voluntary Service
Samaritans

Shortlands Poetry Circle
Shortlands Residents' Association
St Mary Cray Action Group
Sundridge Preservation Society
Sundridge Residents' Association
Theatre 62
Trefoil Guild
University of the Third Age Br
University of the Third Age Orp
Vale Road Residents' Association
Welcare in Bromley
West Beckenham Residents' Association
West Wickham Residents' Association
Wickham Common Residents' Association

Appendix One: Email survey request

Bromley Mental Health Survey: Please fill in by 26th August 2015

One in six adults is known to suffer from mental ill-health caused by mild to moderate depression and a range of anxiety disorders. In Bromley, adults can get help for mental health conditions in various ways, of which two are listed here:

- If you are aged 18 and over, you can self-refer or get your GP to refer you to 'Improving Access to Psychological Therapies (IAPT)' which helps people suffering from depression and a range of anxiety disorders (including panic attacks, post-traumatic stress disorder, excessive worry, Obsessive Compulsive Disorder or phobias).
- If you are struggling to find or stay in work due to your mental health problems and are aged 18+, you can self-refer to Bromley's Mental Health Employment (MHE) service. They support people in recovery from mental health problems to find or stay in work, by offering personalised flexible services.

Both of these services - IAPT and MHE - are going to be under review as new contracts will be issued in 2016. The organisations that pay for these services (NHS Bromley CCG and Bromley Council) want to know your views on current services provided by Improving Access to Psychological Therapies and Mental Health Employment. They also want you to help decide future local provision.

We, Healthwatch Bromley and Lewisham, has been asked to run this survey with local residents to find out what you think about these services. Healthwatch Bromley gives people a powerful voice locally and nationally, by helping you to get the best out of your local health and social care services. So this covers people who use services now and those who might need to use services, in the future.

Who should fill in the survey? How can you do it?

Your opinion does and will matter. You could be a current IAPT or MHE user. You might have heard about the service informally. You might have a friend or family member who has used it. You might know someone with depression and anxiety who has not wanted to get help. Whatever your viewpoint, please consider filling this survey in, as long as you are aged 18 or over, live or work in Bromley, and want to change things for the better! You have until Wednesday 26th August 2015 to fill it in. We want to know what 'good' mental health support looks like for those suffering from depression and a range of anxiety disorders in Bromley, as well as those needing to find work.

Use this website link to fill in the Healthwatch Bromley and Lewisham survey:
www.surveymonkey.com/r/bromleymentalhealth

Please do pass this email and link to family and friends to complete too. It will take you from 8 to 15 minutes to complete, depending on how much you have to say. The survey provides instructions on which questions to complete, to guide you. Please complete the survey as thoroughly and honestly as possible. You can skip sections that do not apply to you.

What happens next? I have more questions....

All the information you provide is secure and anonymous (If you provide any contact details these will be separated from survey results). All responses will come back directly to HWBL to be collated, analysed and put into a report for NHS Bromley CCG. You can ask for a copy of this at the survey end. Lastly, when you reach the end of the survey, you will find information listed on local and national support for people struggling with depression or anxiety disorders

If you want to call someone to discuss this survey or get someone to ask you the questions by phone, please email comment@healthwatchbromley.co.uk or leave a message on 07511 774613.

If you have questions about broader issues raised by this survey, please call HWBL on 020 8315 1916. Many thanks

Claudia Demuth for Healthwatch Bromley and Lewisham

Appendix Two: Survey Monkey Questionnaire

Thank you for taking this survey. If you have questions please call 07511 774613

Bromley Mental Health Survey: Please fill in by 26th August 2015

There are four sections to this survey.

Section ONE is for everyone, aged 18 and over, who lives or works in Bromley, to find out what you think about:

- *counselling services for those with depression or anxiety disorders, and*
- *work related support for those with mental health conditions*

Please try to answer the entire section as honestly and completely as possible

1. How much experience do you have of Improving Access to Psychological Therapies?

- | | |
|---------------------|------------------|
| a. Less than 1 year | c. 4 to 10 years |
| b. 1 to 3 years | d. Other |

2. Thinking back to the last 12 months, in what ways have you heard about Improving Access to Psychological Therapies? Please tick as many that apply

Word of mouth from friends or family	Heard about on the television or radio
From a health professional e.g. nurse	Saw information online
Leaflets / posters in public places	Don't know / not applicable
Personal experience	Articles in newspapers or magazines
Other (please specify)	

3. Thinking back to the last 12 months, how helpful has IAPT been?

- | | |
|---------------------|--------------------------------|
| a. Very helpful | d. Not at all helpful |
| b. Fairly helpful | e. Don't know / not applicable |
| c. Not very helpful | |

4. In the last 12 months, has your trust and confidence in IAPT changed?

- | | |
|--------------------|--------------------------------|
| a. Increased | d. Don't know / not applicable |
| b. Stayed the same | |
| c. Decreased | |

5. What support does this trust and confidence in IAPT relate to? Tick as many that apply

One to one support e.g. goal setting or action planning	Initial contact e.g. information read on website or phone call made
Training or courses attended	Practical one off support e.g. signposting or advice
Don't know / not applicable	Counselling sessions attended
Other (please specify)	

6. Please use this space to reflect on your current experiences of local mental health support for people with depression and anxiety disorders

7. How much experience do you have of Mental Health Employment Services?

- | | |
|---------------------|-----------------|
| a. Less than 1 year | b. 1 to 3 years |
|---------------------|-----------------|

c. 4 to 10 years

d. Other

8. Thinking back to the last 12 months, in what ways have you heard about Mental Health Employment Services? Tick as many that apply

Word of mouth from friends or family	Heard about on the television or radio
From a health professional e.g. nurse	Saw information online
Leaflets / posters in public places	Don't know / not applicable
Personal experience	Articles in newspapers or magazines
Other (please specify)	

9. Thinking back to the last 12 months, how helpful has MHE been?

a. Very helpful

d. Not at all helpful

b. Fairly helpful

e. Don't know / not applicable

c. Not very helpful

10. In the last 12 months, has your trust and confidence in MHE changed?

a. Increased

d. Don't know / not applicable

b. Stayed the same

c. Decreased

11. What support does this trust and confidence in MHE relate to? Tick as many that apply

One to one support e.g. goal setting or action planning	Initial contact e.g. information read on website or phone call made
Training or courses attended	Practical one off support e.g. signposting or advice
Don't know / not applicable	Counselling sessions attended
Other (please specify)	

12. Please use this space to reflect on your current experiences of local mental health support for people seeking employment. You can write as much or as little as you like.

13. Have you, or any of your close family or friends, ever received support or help from IAPT / MHE? YES / NO / DON'T KNOW

14. Which of these options best describes your current situation in terms of depression and anxiety disorders?

a. No support needed for depression or anxiety disorders

b. Support needed but not being given

c. Support needed but being received

d. Support not needed yet being given

e. Don't know / not applicable

15. Where have you received support in Bromley, for your current situation, if applicable? Tick as many as apply

Local authority or council department	Education or college provider
Voluntary organisation such as Mind	Do not wish to disclose
NHS e.g. mental health team or community	Online or phone support e.g. Samaritans

nurse	or Rethink
Friends or family	None of the above
Other (please specify)	

*Section TWO is for people who are using or have used IAPT recently.
Section THREE is for people who are using or have used MHE recently.
If these do not apply to you, please skip to Section FOUR - the future*

For current / recent IAPT users. Skip to next section if new to IAPT. Call 07511 774613 if stuck

SECTION TWO: FOR IAPT USERS ONLY

This second section, out of four, is for those have received help from 'Improving Access to Psychological Therapies'.

IAPT helps people suffering from depression and a range of anxiety disorders e.g. panic attacks, post-traumatic stress disorder (PTSD), excessive worry, Obsessive Compulsive Disorder or phobias with counselling support, as well as offering signposting.

Fill this in if you received help from Improving Access to Psychological Therapies

Please skip this section if you have no knowledge of IAPT and move to section three.

16. As a current or recent user of IAPT, how useful did you find the following?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
Contact with doctor						
Contact with IAPT staff						
Sessions with IAPT staff						
Follow up support						
Other (please specify)						

17. To what extent do you agree with the following statements about IAPT's support?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
IAPT has improved my ability to manage my depression						
IAPT has improved my ability to manage my anxiety disorders						
IAPT has helped me to manage my close relationships better						
IAPT has helped me to cope with my current situation better						
IAPT has helped me to widen						

my support network						
Other (please specify)						

18. To what extent do you agree with the following statements about IAPT's service?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
I am treated with respect and fairness when approaching IAPT						
I feel IAPT helps and supports me in a timely manner						
I believe IAPT offers trained high quality professional counsellors						
I am treated fairly, with any particular needs taken into account (accessibility and ease of access to services)						
I feel IAPT offers clear, useful communications e.g. information on their website or signposting						
Other (please specify)						

19. Where do you think you would be now if you had not received IAPT support?

- a. I would be in the same situation as I am now
- b. I would be struggling more
- c. I would be struggling less

20. How does IAPT compare to other support you may have received, if any, to cope with your depression or anxiety disorder? Please say as much or as little as you like:

21. Finally please use this space to reflect on your current experience of IAPT, if there are things you wish to add, that you have not done so beforehand:

This is the end of Section TWO.

If you would like someone to call you to go through your answers or would like attend a focus group, please say this in Section FOUR.

Section THREE is for people who are using or have used MHE recently.

If this do not apply to you, please skip to Section FOUR - the future.

For current / recent MHE users. If new to MHE pls skip to last section. Call 07511 774613 if stuck.

SECTION THREE: FOR MHE USERS ONLY

This third section, out of four, is for those who know about the Mental Health Employment Support. You may have been struggling to find or stay in work due to mental health problems, aged 18+, and have accessed their work related support.

Fill this in if you received help or know someone who has, on things like writing CV, peer volunteering or other support, as a person with mental health conditions.

Please skip this section if you have no knowledge of MHE and move to section FOUR - the future

22. As a current or recent user of MHE, how useful did you find the following?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
Contact with doctor						
Contact with IAPT staff						
Sessions with IAPT staff						
Follow up support						
Other (please specify)						

23. To what extent do you agree with the following statements about MHE's support?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
MHE has improved my ability to manage my depression						
MHE has improved my ability to manage my anxiety disorders						
MHE has helped me to manage my close relationships better						
MHE has helped me to cope with my current situation better						
MHE has helped me to widen my support network						
Other (please specify)						

24. To what extent do you agree with the following statements about MHE's service?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Not applicable
I am treated with respect and fairness when approaching MHE						
I feel MHE helps and supports						

me in a timely manner						
I believe MHE offers trained high quality professional counsellors						
I am treated fairly, with any particular needs taken into account (accessibility and ease of access to services)						
I feel MHE offers clear, useful communications e.g. information on their website or signposting						
Other (please specify)						

25. Where do you think you would be now if you had not received MHE support?
- I would be in the same situation as I am now
 - I would be struggling more
 - I would be struggling less

26. How does MHE compare to other support you may have received, if any, to cope with your search for work, with a mental health condition? Please say as much or as little as you like:

27. Finally please use this space to reflect on your current experience of MHE, if there are things you wish to add, that you have not done so beforehand:

This is the end of Section THREE

If you would like someone to call you to go through your answers or would like attend a focus group, please say this in Section FOUR.

Section FOUR is the last section - about the future.

Section FOUR is the last section - about the FUTURE

In this last section, tell us your views on future IAPT and MHE services, and how to get more help

This final Section FOUR is for EVERYONE.

It looks at future services and what they should look like.

Please let us know what will matter for people with mental health conditions who need support for depression and anxiety disorders or - need support to find or remain in employment.

This final section will also give you an opportunity to:

- **Ask for specific support, information or sign up to relevant mailing lists**
- **Tell us a bit about yourself (to see who is answering the survey, to ensure reach)**
- **Find out about a selection of support for people with mental health conditions**

28. If you needed support for depression or anxiety disorders in the future, what might make the most difference to you, in terms of help provided? Tick as many that apply

Trained, professional counsellors	Timing of sessions e.g. early morning
Timeliness of support (short waiting list)	Additional support e.g. out of hours helpline
Venue choice e.g. in a community setting	Ability to personalise support
Access to support network	Don't know / not applicable
Other (please specify)	

29. If you had a mental health condition and needed help looking for work in the future, what might make the most difference to you, in terms of help provided? Tick as many that apply

Trained, professional counsellors	Timing of sessions e.g. early morning
Timeliness of support (short waiting list)	Additional support e.g. out of hours helpline
Venue choice e.g. in a community setting	Ability to personalise support
Access to support network	Don't know / not applicable
Other (please specify)	

30. If you needed 'Improving Access to Psychological Therapies or Mental Health Employment Support's help in the future, what might prevent you from using these free services? Tick as many that apply

Too busy at work or college	Already am getting help from somewhere else
Family or caring commitments	Feel that my request would be ignored
No interest in getting in touch with service	Feel that the service does not offer what I need
Other (please specify)	Didn't know the service existed

31. How could the National Health Service improve IAPT or MHE service in the future? You might want to talk about childcare support, travel vouchers, disabled assistance, timing or availability of services, type of support, continuity of care, better trained counsellors or something else. Write as much or as little as you like.

32. If you would like further support or want to help influence local decision making or want something else, you can say so here. Please tick any or all of the following boxes that apply to you. If you tick a box, please remember to add your contact details in question 34. If you do not tick any boxes, you will not be contacted further by Healthwatch Bromley & Lewisham.

- I would like to be on the Healthwatch Bromley & Lewisham mailing list
- I would like a copy of the final consultation results
- I would like to receive further support for a particular need and am happy for my details to be passed to an third party
- I would like to be more involved in local health matters e.g. join the Bromley CCG Patient Advisory Group

- I would like IAPT services to contact me
 - I would like MHE services to contact me
 - I would like to spend a bit of time on the phone going through my answers
 - I would like to take part in a focus group to influence future direction of IAPT / MHE
 - Other (please specify)
33. If you could fill in this equalities section about yourself, we would use the information separately to the survey. We would check that we are reaching a broad cross-section of Bromley's population e.g. if we see that we have loads of 20 year olds responding, we would try to reach more people aged 40 and over. If you prefer not to fill it in, do skip this section
- What is your age?
 - What is your gender?
 - What is your ethnicity?
 - What languages (apart from English) do you speak?
 - Which part of Bromley do you live / work in?
 - If you have a disability and wish to disclose it, please add here:
34. Please fill in your contact details ONLY if you have ticked boxes in question 32 (further help). Your contact details will only be used to address your query and once dealt with, will be deleted. When survey results are collated, no-one will be able to track who said what, about which service.
- Name
 - Company
 - Address
 - Address 2
 - Bromley Postcode
 - Email Address
 - Phone Number

Signposting Support: Are you having problems?

You're not alone. 1 in 4 of us will experience some kind of mental health problem at some time in our life. You may want to talk to someone or get support for a family member or friend.

Local support

- If you are registered with a GP in Bromley, are aged over 18, and experience or have been diagnosed with mild to moderate anxiety or depression, then you can access the Bromley Working for Wellbeing team which includes psychological well-being practitioners
- (PWPs), psychologists, counsellors, therapists, and mental health practitioners. Find out more here: <http://bromleyworkingforwellbeing.org.uk/>
- Your GP may be the first person you talk to about your mental health problems. If you have a good relationship with your doctor, you may find it helpful just to know there is someone you can talk to about the feelings you are having. Your GP may be able to refer you to specialist services if s/he feels they will help you. Find your local GP here: <http://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89620>.
- There are also specialist mental health services that provide various treatments, including counselling and other talking treatments. You may also need help with other aspects of your life - for example, claiming

benefits or dealing with housing problems. These different services tend to be co-ordinated by a community mental health team (CMHT) usually based at a hospital or a local community mental health centre. Some teams provide 24 hour services so you can contact them in a crisis. See http://www.bromley.gov.uk/info/200068/mental_health/141/support_for_adults_with_mental_health_needs/2

- You may also find it helpful to contact your nearest Citizens Advice Bureau for advice about benefits, debt problems, legal issues and local services. Find your branch here: <https://citizensadvice.citizensadvice.org.uk/bromleycab.htm>

National helplines for people struggling with mental health issues

- The Samaritans offer emotional support 24 hours a day - in full confidence. Call them on 08457 90 90 90 (calls are charged at local rates) or email jo@samaritans.org.uk.
- Rethink Mental Illness Helpline runs Monday to Friday, 10am-2pm. They offer practical help on different types of therapy and medication; benefits, debt, money issues; police, courts, prison; and your rights under the Mental Health Act. Call them on 0300 5000 927 (calls charged at local rates)
- Mind Information Helpline runs Monday to Friday, 9am to 5pm. They cover types of mental health problem, where to get help, drug and alternative treatments, and advocacy support. You can email info@mind.org.uk or call them on 0300 123 3393 (calls charged at local rates)

Thank you so much for taking the time to complete this survey. Please do send the web-link to other people you know, so we can get as many responses as possible

If you want to know more about Healthwatch Bromley and Lewisham, please follow this link: <http://www.healthwatchbromley.co.uk/>