

Mental Health in Community Care Summary Report:

Working together to improve
mental health support
provided in our community

Summary

Dorset Clinical Commissioning Group (CCG) launched the *Mental Health Integrated Community Care Project* in August 2020 to capture the views of local people, aged 16 or over, who use mental health services within their communities. To inform the development of community mental health services, they ran an online survey 'Mental Health in Community Care Project' in August 2020 for eight weeks. The purpose of this view-seeking exercise was to involve local people and communities in shaping future mental health services provided in our communities across Dorset.

To complement Dorset CCG findings, we visited local homeless support groups and drug and alcohol services to gather feedback and seek the views of people who don't always have a strong voice. This was an opportunity for people to make a real difference to the way mental health services in our community are set up and delivered. Our engagement focused on people who are experiencing homelessness and people who use drug and alcohol Services. We carried out face-to-face engagement activities with people who use local organisations and groups across Bournemouth, Poole and Dorset. We spoke to a total of 27 young people, age 16 years and over.

Headlines

The key issues that people raised:

- Long waiting times to access mental health services in the community
- Being unable to access mental health services in the community if you are using drugs/and or alcohol
- Being prescribed medication instead of therapy
- A lack of continuity of CPN's
- Not feeling listened to, and being patronised
- Being discharged if you miss an appointment
- Not having regular reviews of medication.

Recommendations:

- The most common concern that people raised with us was not being able to access community mental health services when you have mental health problems, in addition to problematic substance misuse. Many of the people who we spoke to said that the dual diagnosis system does not work. We would recommend that drug and alcohol services are interlinked with community mental health services in the future.
- We spoke to several people who said that they were discharged because they missed an appointment and had to go through the whole referral process again. Perhaps a phone call to check if the client is okay and to find out why they missed the appointment would be more beneficial, rather than just discharging them.
- A lot of the people we spoke to said that they had been told that they weren't bad enough to access mental health services in the community even though they felt that they were. It would be more supportive to the client if someone was available to listen to the concerns of people who felt they were in crisis and worked with them to address their support needs.
- Staff attitudes were also an issue. People felt that at times they were being patronised and not listened to. Staff training may help to alleviate this issue, perhaps working with clients using co-production methods to develop and deliver training to staff.

- People said that they would prefer to receive therapy, rather than medication. We suggest taking into consideration the needs of clients, addressing concerns over the use of medications and working with them to come up with a more client focused approach to treatment.
- The voluntary sector groups we worked with on this project have developed strong relationships, built on trust and understanding, with the people they work with. We recommend that community mental health services are developed to work much more closely with the voluntary sector in the future, to better support people who are vulnerable.

Link

Our full report will be published later in the year on the Healthwatch Dorset website:

<https://healthwatchdorset.co.uk/reports-publications/>



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