

Community Mental Health Transformation Programme

IMHN Co-production and Community Engagement



The NHS Long Term Plan (2019) describes a: “new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use...and proactive work to address racial disparities.”

Local areas will be: “supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.”

- New place-based community mental health model will enable people with mental health problems to:
- access mental health care where and when they need it.
 - manage their condition or move towards individualised recovery on their own terms.
 - contribute to and be participants of their community.

It intends to modernise the existing CMHS by integrating primary and secondary care to increase the amount of mental health care you can get from the NHS within a GP or community setting.

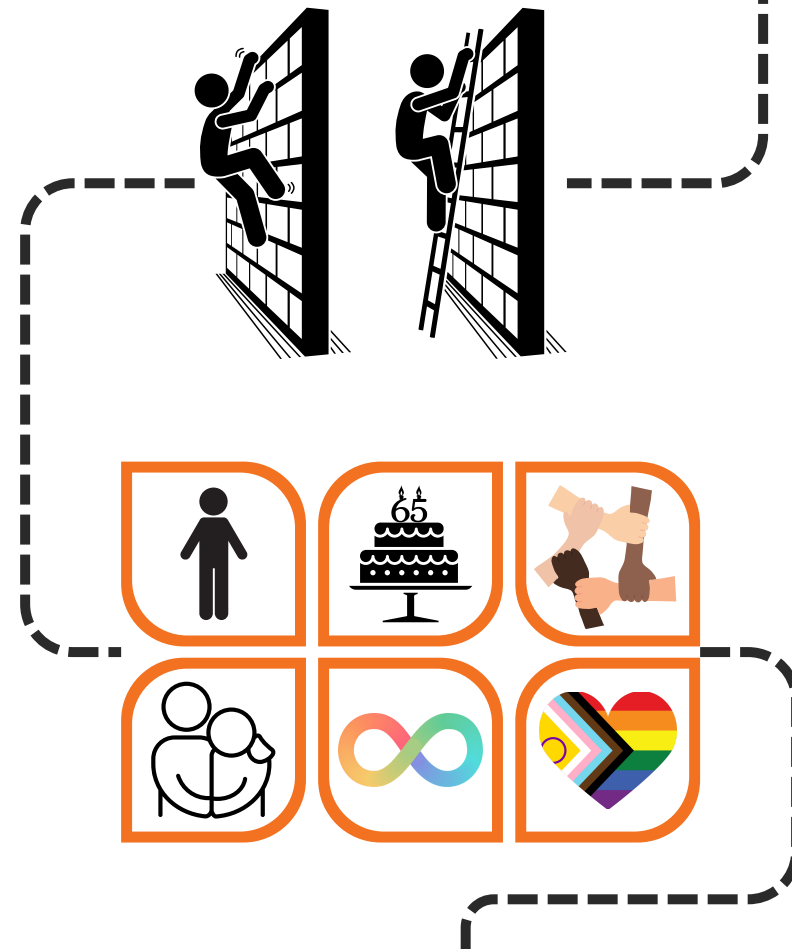


NHS England published the Community Framework in 2019 and 12 sites were awarded funding to be test sites.

Surrey and Borders Partnership NHS Foundation Trust were selected to lead two early implementer sites in South Frimley and Surrey Heartlands.

Vision? Provide people with mental health needs with the right care when they need it.

Who is it for? Everyone aged 18-64 and 65+ in Surrey Heartlands Integrated Care System (ICS) and South Frimley ICS catchment.



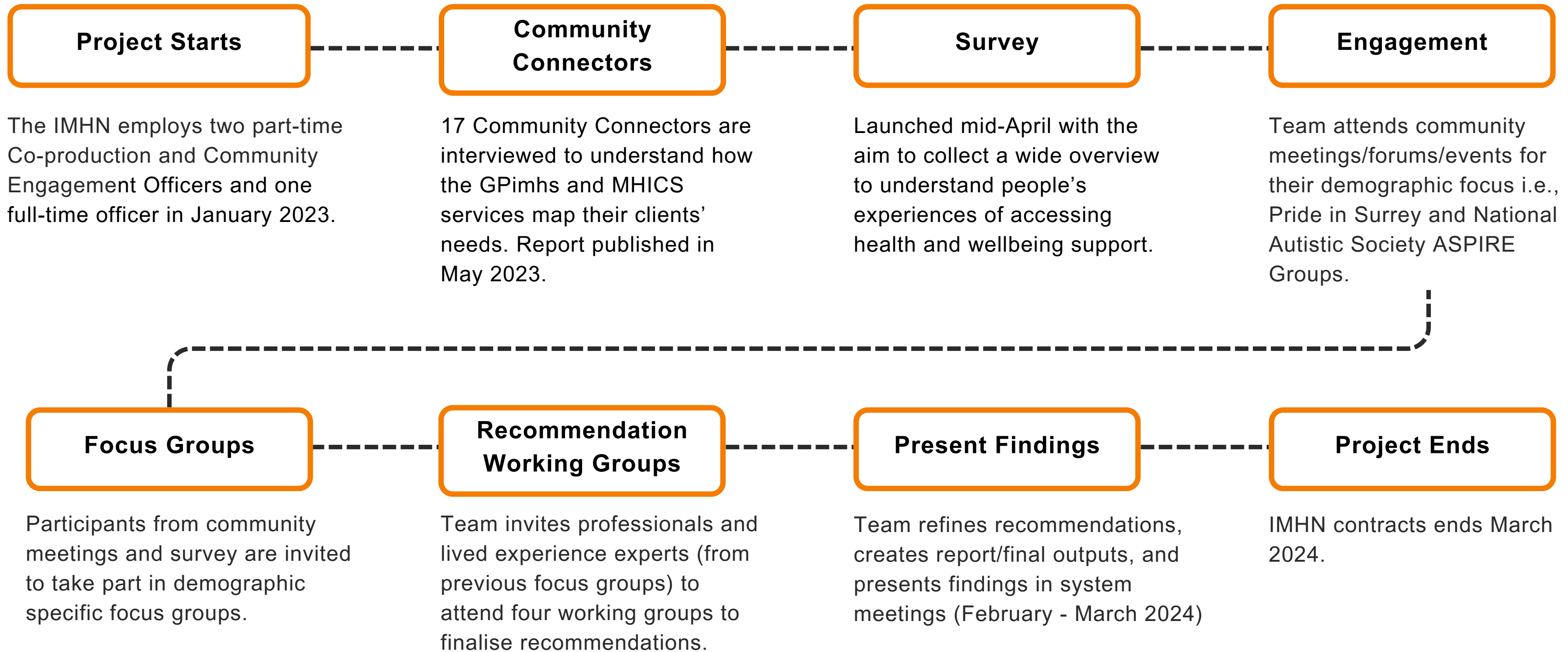
As part of the Community Mental Health Transformation Programme (CMHTP), Surrey Coalition of Disabled People was commissioned to employ three Co-Production & Community Engagement Officers to work within the Independent Mental Health Network (IMHN), to utilise their direct **lived experience expertise** to support the improvement of community mental health services, including development and delivery.

Project focus: understand **barriers** to seeking support and **accessibility** of health and wellbeing services.

Demographic focus: Carers, LGBTQ+, Men, Neurodivergent people, and Older Adults (65+), supported by learnings from Surrey Minority Ethnic Forum/IMHN projects.

Findings will support the Community Mental Health Transformation Programme to **understand how well** services are working and how they can be **improved** to better **meet the needs** of everyone in the community.





Surrey Heartlands = GPimhs (GP integrated mental health service)
 South Frimley = MHICS (Mental Health Integrated Community Service)

Project Timeline

Survey Responses

255



28% Men



44% Neurodivergent



13% LGBTQ+



21% Older Adults



36% Carers



Sharing the Survey

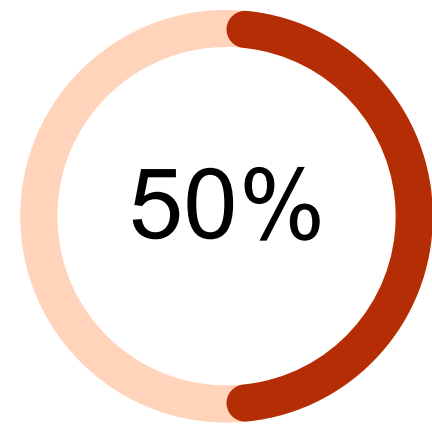
Digital Network

Community Forums

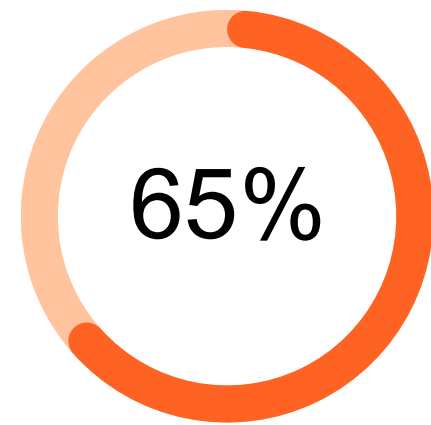
Leaflet Sharing

Support Channels

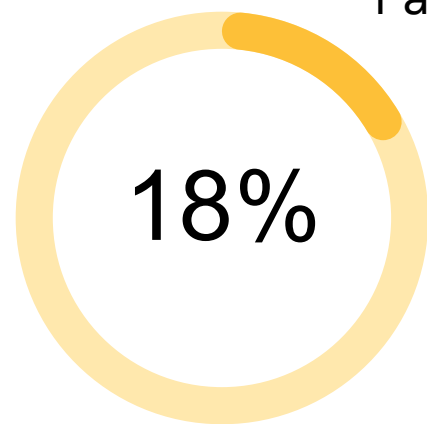
Respondents were asked to identify, from a list of multi-select options, where they would go for support if they were to **struggle with their wellbeing**.



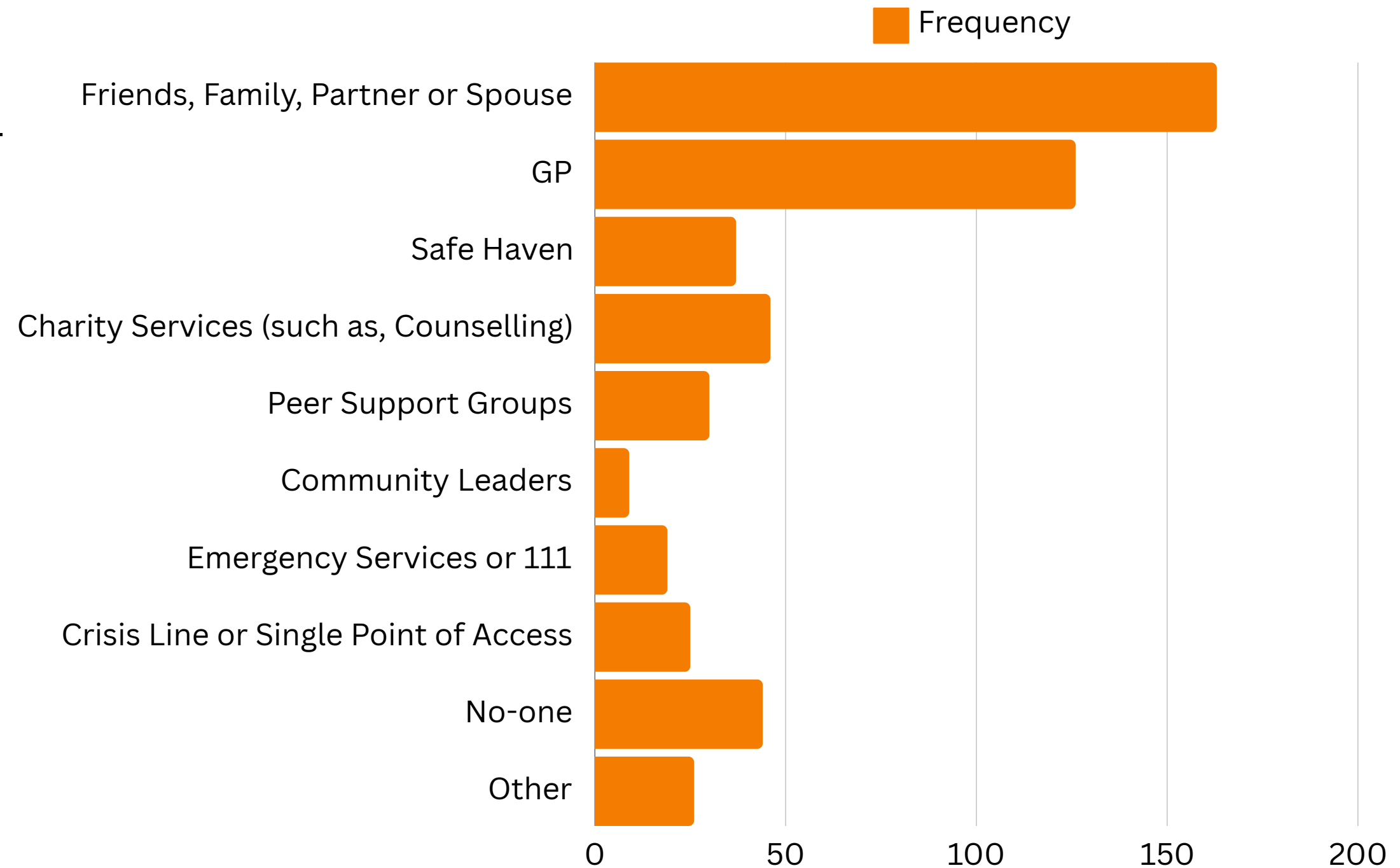
Selected 'GP'



Selected 'Friends, Family, Partner or Spouse'



Selected 'No-one'



50% of ALL survey respondents would go to their GP for support for their mental health/wellbeing.

However, this percentage was different between demographic groups.

Young Adults

Over 65s

Men

Carers

Neurodivergent

30%

37%

46%

48%

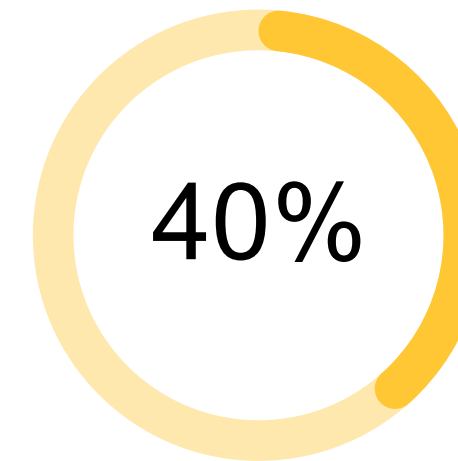
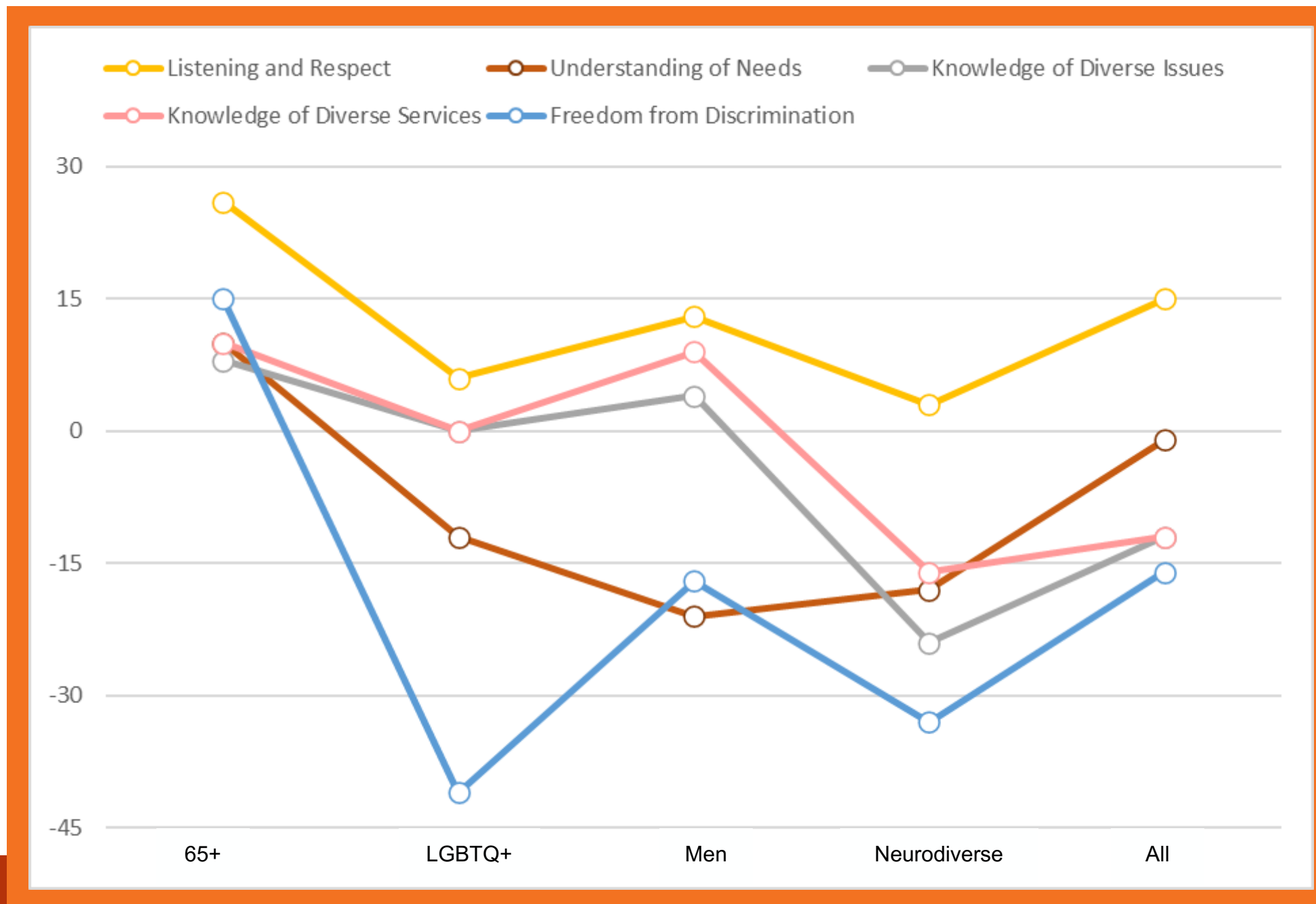
54%



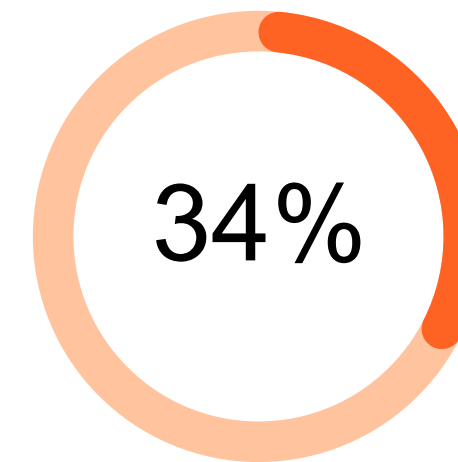
Quantitative Findings

Survey respondents were asked to select whether they agreed or disagreed with 5 statements. This graph shows how each demographic responded.

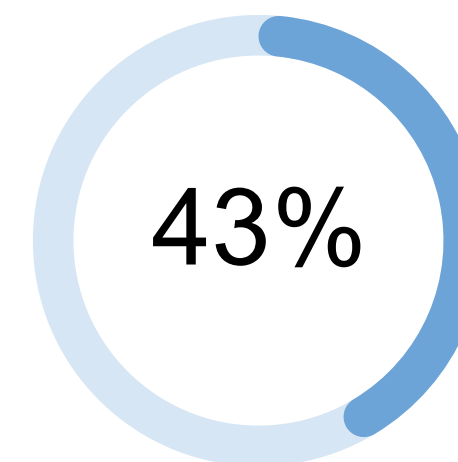
The higher the score, the more positively residents within each demographic collectively felt about each statement. When a score is near 0, this means there was a balance between negative and positive feeling in the group.



'Agreed' or 'Strongly Agreed' that they felt listened to and respected by service providers



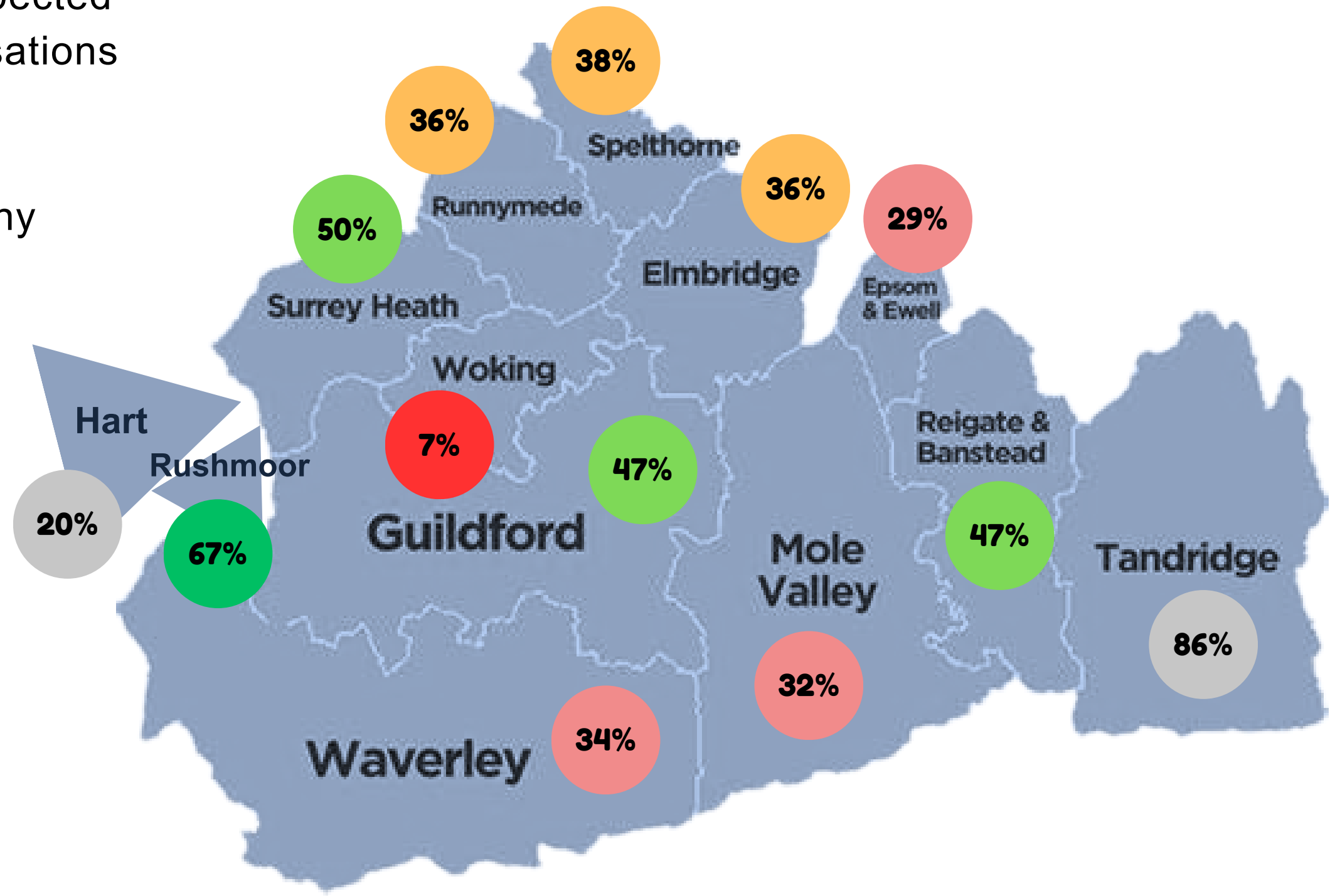
'Agreed' or 'Strongly Agreed' that they felt that service providers understood their individual needs



'Agreed' or 'Strongly Agreed' that they were concerned about discrimination, prejudice, and assumptions being made by their service providers

40% of all survey respondents in Surrey and North East Hampshire 'Agreed' or 'Strongly Agreed' that they felt listened to and respected when discussing their needs with organisations providing support.

This map shows the statistics of how many people felt listened to in each area.



Qualitative Findings

- Barriers to Seeking Support
- Barriers to Accessing Support
- Experiences & Needs of Specific Groups

Over 60 topics...

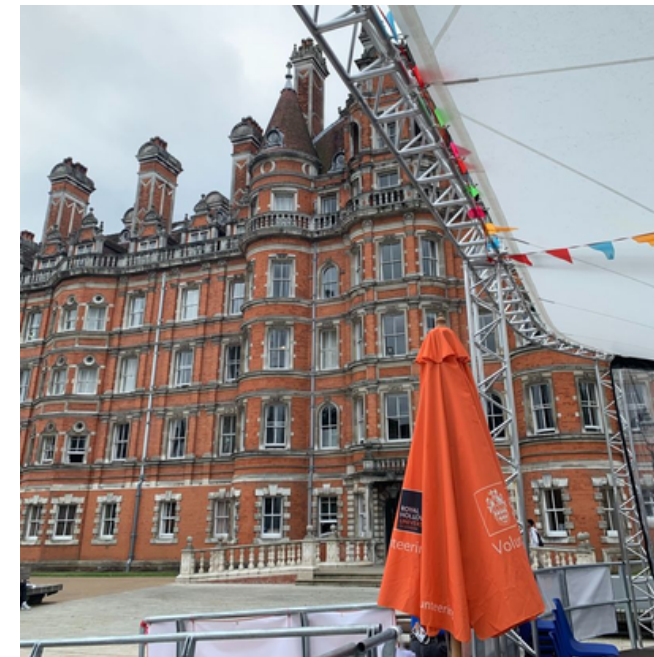
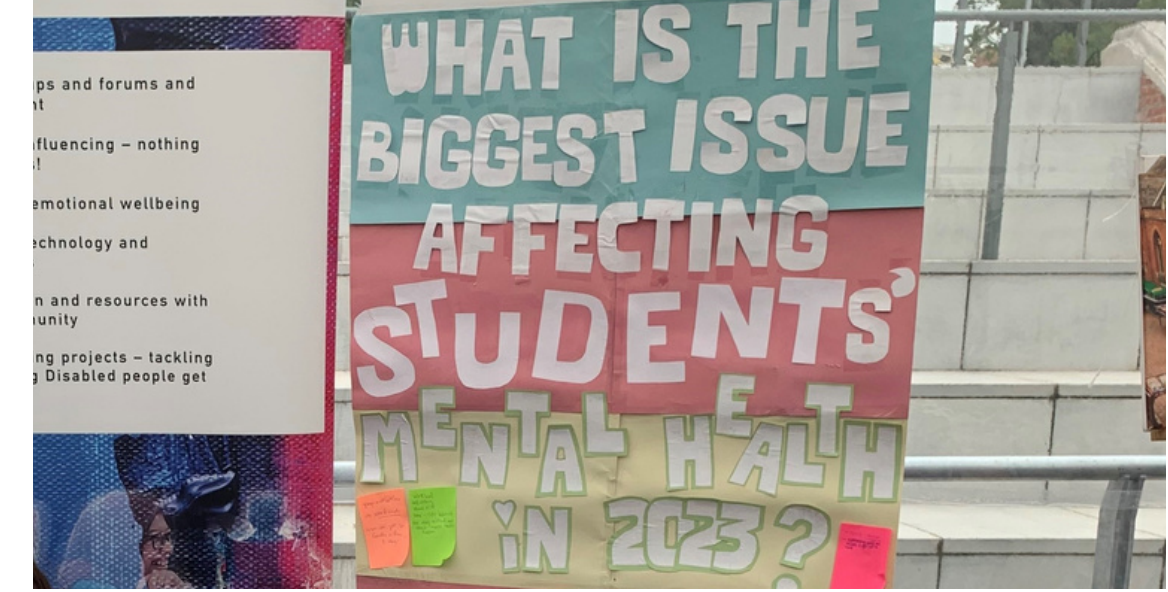
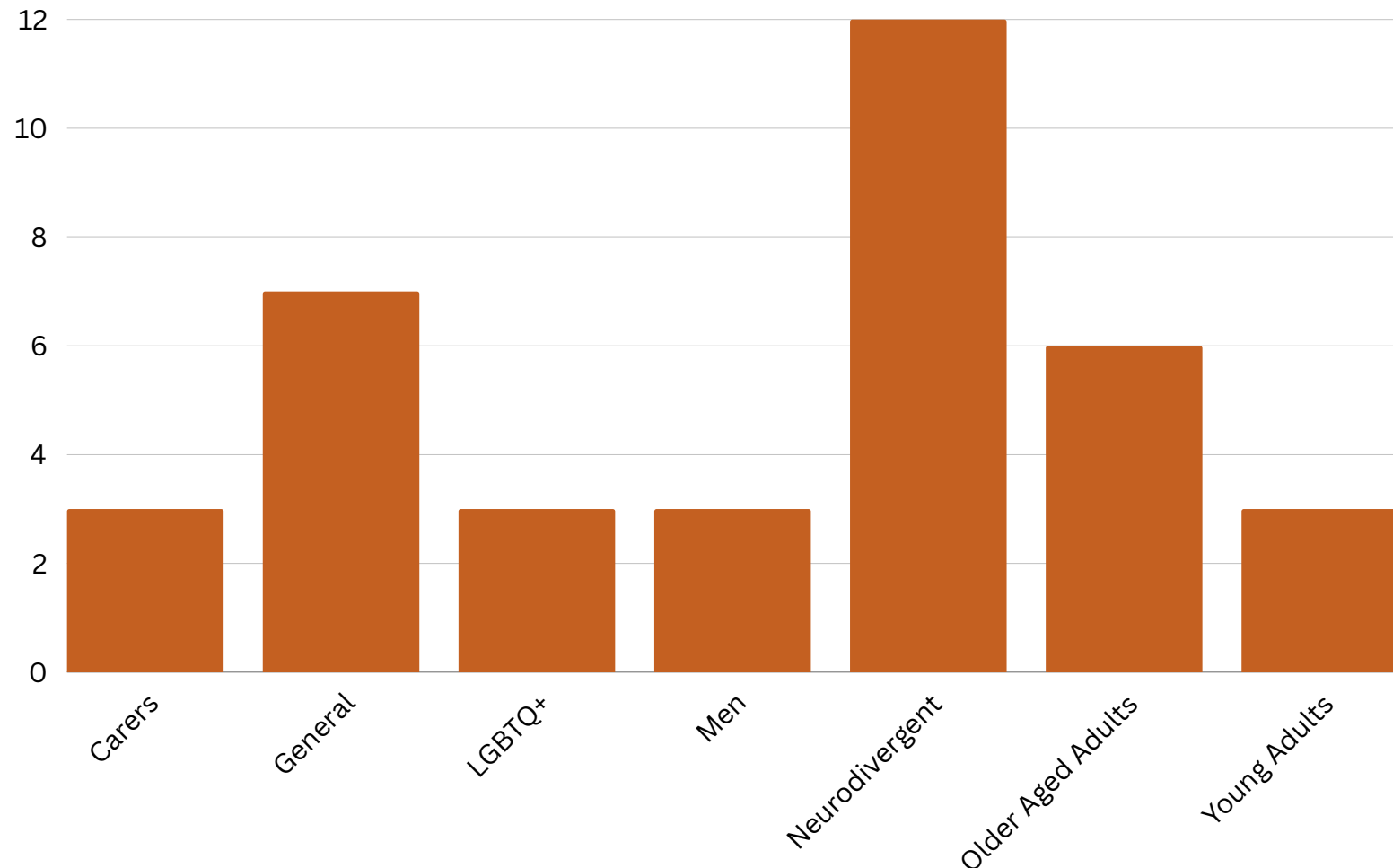


...sorted into ten themes

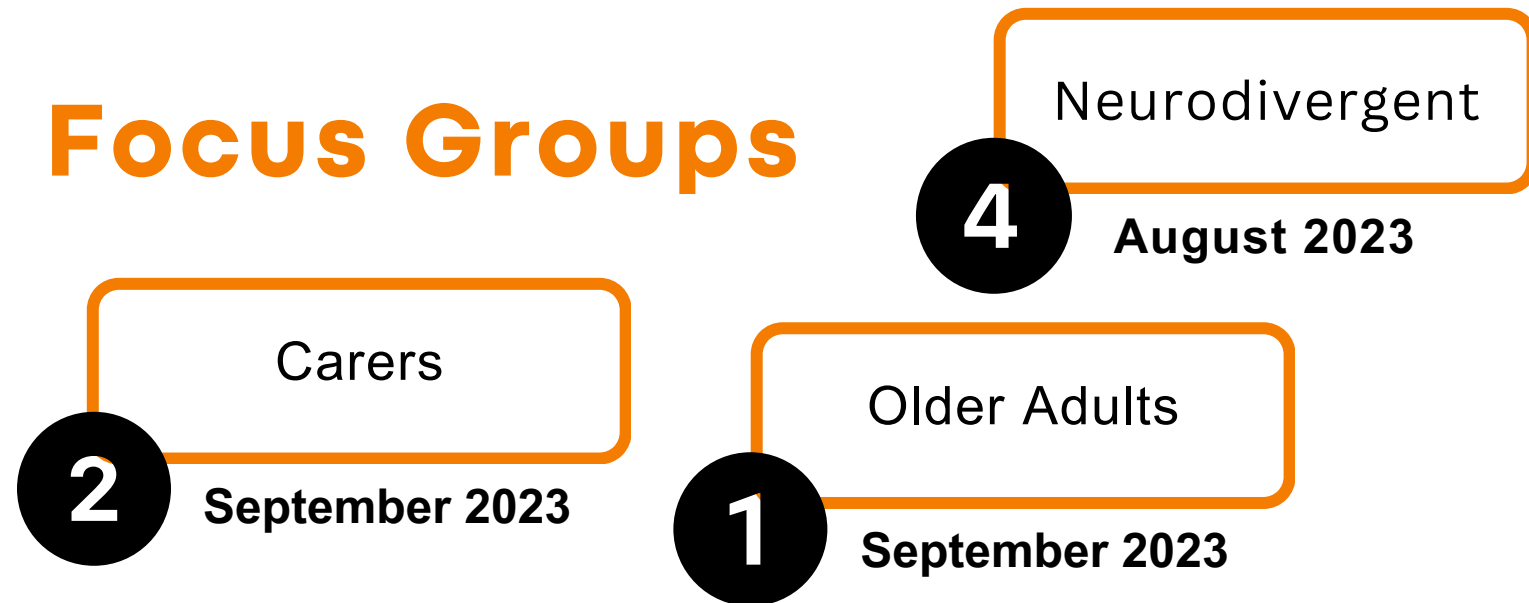
1. Diversity & Assumptions
2. Communicating the Issue
3. Access & Availability
4. Bounce
5. Mental Health Stigma
6. Crisis & Prevention
7. Holistic Needs
8. Lack of Information
9. Choice & Autonomy
10. Connected Systems



Engagement events



Focus Groups



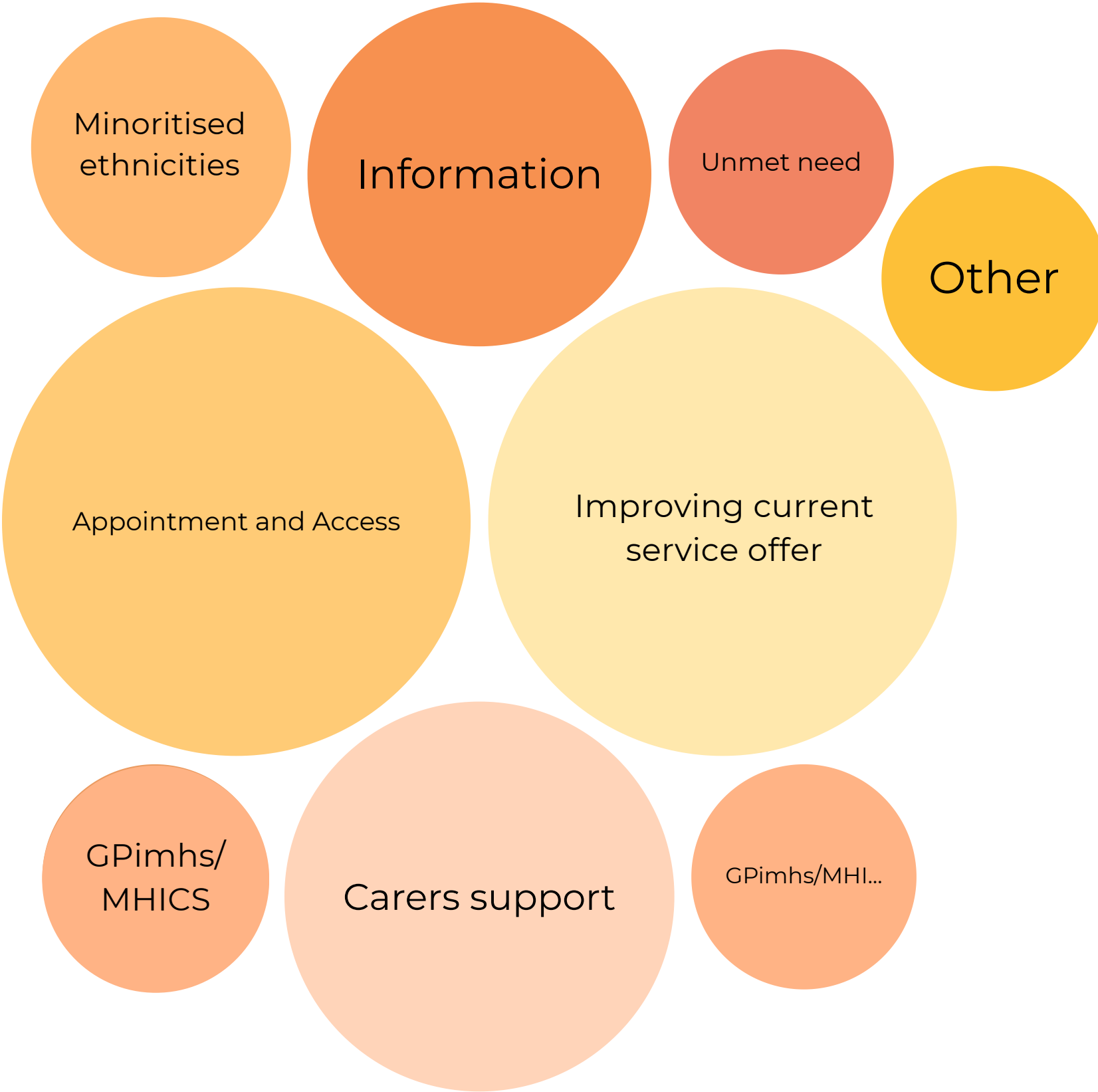
Working Groups

Nov 2023	Introductory Session	Introduce the project to the group.
Nov 2023	Working Group 1	Information before and after appointments. Information about the service and about you.
Dec 2023	Working Group 2	GPimhs/MHICS access. Self-representation. How to keep people updated.
Jan 2024	Working Group 3	Diversifying services offered. Peer support. Targeted communications.
Jan 2024	Working Group 4	Review recommendations as a group.



Illustration by Charlotte Payne

Recommendations



Key takeaways

LGBTQ+

- Lack of specific support for LGBTQ+ experiences and needs.
- Survey responses included prejudice, homophobic, and transphobic views.
- Misassumption that LGBTQ+ needs are already being met.
- Lack of existing engagement between LGBTQ+ community and the system.

NOTE: Gender and Sexuality are separate categories in data analysis.

Neurodivergent

- Autistic individuals face withdrawal of existing mental health support post-diagnosis.
- Effective support requires clear communication and consistent, long-term support from the same person or consistent source.
- Mental health professionals need better understanding of Autism and neurodivergence, including challenges faced, communication difficulties, masking impact, and trauma from stigma.
- Neurodivergent residents consistently raised that CBT talking therapies are not effective in their current form. Autistic people often have alexithymia (difficulty recognising and identifying emotions) and may lack the cognitive flexibility to challenge their thinking patterns, making this therapy style ineffective and inaccessible as CBT is based on the interactions between thoughts, feelings, and emotions.

Older Adults

- Whilst mental health support is not specifically labelled, VCSE organisations are already utilising place-based holistic community support.
 - However, they need statutory support to continue this work to a high standard.
- Social activities are attended mainly by women, even when marketed to all.
- Big focus on loneliness, isolation, and Dementia.
- Lack of age-tailored mental health forums like ATLAS or Amplify Mindworks.

Key takeaways

Carers

- Lack of provision for localised carer respite.
- Need to distinguish between mental health carers, neurodivergent carers, and physical health carers as each group has different needs.
- Concerns around older adults who are carers, the support for them, and resources for when carers are unable to care for their person.

Men

- Lack of community spaces that aren't sport clubs or paid activities.
- If men aren't seeking support - how can we target service awareness at loved ones instead?

Young Adults/University students

- Lack of safe spaces and awareness on how to access support
- Want for local young adult community groups and spaces.
- At least 50% of adolescents referred to Children and Young People mental health services have language difficulties (a barrier to access for CBT talking therapies).
 - 71% of those are in the Youth Justice System.
- The transition from under 18 to 18+ is a huge time for change for all.
- Young Adults are being asked to do everything on their own for the first time with little to no guidance yet expected to have it all together.
- Issues affecting university students include social media; pressure from family, peers, culture, and society; isolation and loneliness; lack of structure (in comparison to non-higher education); signing up with pharmacy/GP in university area; difficulties finding information.

Co-production

- True co-production is a lengthy and continuous process that requires continual support from system professionals and sponsors.
- Whilst the team referred to their own lived experience insight throughout, this project aligned more with co-design principles when involving residents due to time constraints.

“I felt welcomed, valued & heard.

The groups were very well organised from start to finish.

The reminders & instructions were clear, unambiguous & timely.

The sessions were friendly, kind, compassionate, structured & well administered.”

Disabled and Neurodivergent Female aged 35-54, Carer, Hart

“I enjoyed the way the groups worked, and I also enjoyed the discussion it enabled with other people with similar experiences - I learned so much from other people’s experiences and viewpoints and I’m really grateful for that!

It felt like an incredibly productive use of my time, being able to contribute to such meaningful discussions and feel listened to is something that some similar groups haven’t managed to achieve!”

LGBTQ+ Disabled and Neurodivergent Non-binary person aged 18-25, Guildford

Participants also commented:

- they “valued the opportunity” to share their “lived experiences to benefit others”
- they found the project “incredibly interesting” and grateful to have participated
- focus groups made them feel their “mental health struggles can have a positive impact” as they didn’t know they “lived experience insights could actually be helpful”

“It was incredibly empowering, and I am so grateful that I was able to be a part of this project.”

Disabled and Neurodivergent Female aged 35-54, Hart

“It was a bit hit and miss as many people had a story to tell and I felt at times this was an offloading process and we were somewhat missing the point.”

Disabled Female aged 55-64, Carer, Reigate and Banstead

What happens next?

IMHN



Project outputs

- Report (various formats)
 - Recommendations
- Presentation
- Video content

Present findings at various system meetings, Spring 2024.

Outputs published on Surrey Coalition of Disabled People's website.

Next steps

CMHTP will use the report and recommendations to inform future work.



**Community Mental Health
Transformation Programme**