Community Mental Health Transformation Programme

IMHN Co-production and Community Engagement

Recommendations

Unmet need

Record needs not met

Opt in for follow-up

Community Connector newsletters

A. In the event of appropriate support not being available, professionals are to record ‘needs not met’ to flag the system and feed this information back into the wider system for learning and creating future commissioning plans.

B. Allow people to opt in to be contacted after discharge if their needs were not met and a suitable new service becomes available. Review any cases in which needs were not met after 6 months.

C. Link people to Community Connections newsletters, such as Mary Frances Trust, Action for Carers and Catalyst, as standard. Practitioners should explain what the newsletter is for and support clients to sign up within the appointment time to help streamline the process. These newsletters include information about existing support groups and keep people informed about new offers in their area.

“Services need to be better at **helping people build full and positive and active lives**, not just focus on medication and promoting crisis services and dealing with relapses.” (Male aged 35-54, Rushmoor)

“Speaking with **other like minded individuals** from the **local community** with lived experience is **more helpful than speaking with a Doctor** who lives very **far out of the area**.” (Female aged 35-54, Spelthorne)

Improving current service offer

"There seems to be **no 'joining up' of services** for, say, people with both **mental and physical disabilities/conditions**, despite both having a **joint impact and interacting with each other**."
Neurodivergent Female aged 35-54, Rushmoor)

---- LGBTQ+ signposting

A. Include LBGTQ+ services as standard practice when signposting people to support.

---- Signposting

B. Include services for parents, siblings, carers, loved ones as standard practice when signposting people to support.

---- LGBTQ+ services

C. Review commissioning of LGBTQ+ services within Surrey and North East Hampshire as there is currently a lack of tailored support with a need to create welcoming spaces for LGBTQ+ specific experiences.

---- Connect the system

D. Improve the relationship and communication between physical health care providers and mental health care providers at primary and secondary levels to increase holistic approaches to care across the Surrey and North East Hampshire system that look at individual need and the whole person.

---- Peer support review

E. Community Connections, peer support providers and commissioners to review geographical boundaries of peer support meetings and work together to ensure equality of offer across the area.

Improving current service offer

"Organisations tend to be **well-informed on one aspect** they are **not so aware of intersectional identities** and how this may affect a person's experience." (Neurodivergent Black: Caribbean Female aged 18-25, Runnymede)

---- Peer support 1

F. Signpost people to Community Connections peer support groups, or other commissioned providers, whilst clients are on clinical waiting lists to help bridge the gap and help prevent bounce or escalation of need.

---- Minority ethnic support

G. Community Connectors and GPimhs/MHICS Lived Experience Practitioners should have a list of minority ethnic specific support including nationwide services, especially ones with access for non-English speakers.

---- Peer support 2

H. Community Connections providers to work with minoritised ethnic communities to co-design mental health peer support groups with specific provision by age, gender, religion, language etc.

For example, a group specifically for older adult Muslim males, new mothers, or Nepalese speakers. These should sit within spaces already used by those communities.

Many residents felt they wanted groups of people who understood their experience of living in Surrey and North East Hampshire and were at similar stages of life.

Residents who do not have English as their first language find it extremely difficult to use mental health services, however peer support provision could be established within the area in non-English languages which work with communities in collaboration with Community Connections providers who have knowledge and experience of offering mental health support.

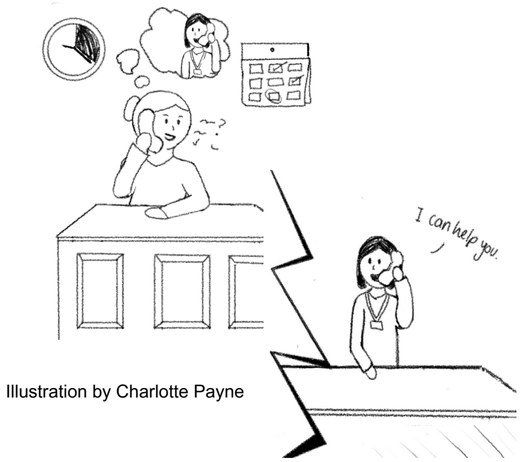
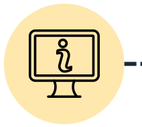


Illustration by Charlotte Payne

Improving current service offer

"A **variety** of options available as not one thing suits everyone!"
(Female aged 35-54, Waverley)

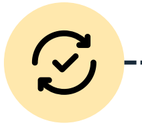


---- LGBTQ+ online information

I. Update the online information SABP has about LGBTQ+ specific issues (including gender related issues) to ensure that the signposted information includes both local and national support services.

---- Third spaces

J. Identify and promote community created third spaces that act as safe spaces for people not in crisis but with wellbeing needs to help tackle isolation e.g. volunteering opportunities, Women's Institute, Libraries, Men in Sheds, Andy's Man Club, Scouting and Girl Guides, Sports Clubs.



---- Updating information

K. Review how information about newly commissioned or changed mental health support services is shared with professionals across the system – especially the GPimhs/MHICS Community Connector professionals – and review how key information websites are accurately maintained.

---- Therapeutic options

L. Offer a variety of therapeutic options so the most effective approach can be identified, as every individual's needs will be different. Recognise that some interventions can be inappropriate for certain people, for example many autistic people feel CBT talking therapies does more harm than good, unless specially adapted for them. Educate people on the various options available, to empower them to choose what is most suitable, and promote a more holistic approach to mental health.

---- Specialist staff

M. Mental health services should hire highly trained Autism specialists and practitioners with lived experience of neurodivergence, who can understand the person's context without them needing to explain their neurodivergence. This will help improve trust and engagement, increase insight into how neurodivergence and mental health are interconnected, and the challenges people face. Lived experience insight will also help make sure that support or therapy options are appropriate for neurodivergence needs.

GPimhs/MHICS

Statistic: 50% selected GP as an option they would go to if they were struggling with their wellbeing.

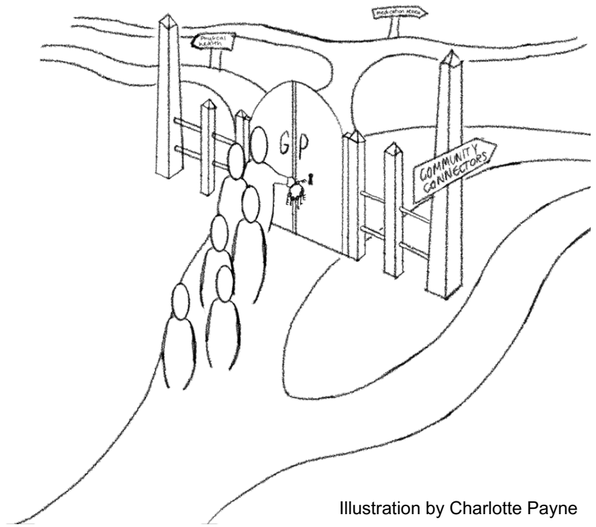


Illustration by Charlotte Payne

"**Knowing where and how to access services.** This could be through advertising ie posters or leaflets at GP surgeries, hospitals, libraries, CAB, even supermarkets." (Female aged 55-64, Elmbridge)

"**Better advertisement** of services available in **more community based settings**." (Neurodivergent Female aged 35-54, Reigate and Banstead)

Non-GP access

A. Review which external roles could triage people for GPimhs/MHICS service other than GPs and allow Community Connector organisations and GPimhs/MHICS Lived Experience Practitioners to directly communicate with the GP when they identify someone in need of the GPimhs/MHICS service to improve integrated working and help reduce bounce when accessing GP appointments.

Clearer marketing

B. Residents lack clarity on what the GPimhs/MHICS services offer. Clearer communication is required about its purpose, the referral pathway, waiting time, type of mental health support provided, and its non-crisis nature.

Training

GP

A. Work with GPs to identify how to support their understanding of mental health and codesign additional bitesize training regarding psychiatric needs and medication, information around the local offer and partnership working across Primary Care and Secondary Care.

"I think a lot of **LGBT+ specific issues tend to get overlooked** (such as coming out, or issues that arise with gender identity not matching biological sex), and staff don't have much knowledge of it all prior to being told."
(LGBTQ+ Non-binary aged 18-25, Guildford)

LGBTQ+

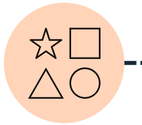
B. Partner with LGBTQ+ charities (e.g. Blossom LGBT CIC) to build knowledge and commission mandatory training for workforce to improve inclusivity and understanding.

Neurodivergent

C. Commission specialist training for mental health practitioners in primary and secondary care in the mental health needs of autistic and neurodivergent people, co-designed and co-delivered by neurodivergent people, to go beyond the basics covered by the Oliver McGowan training, covering:

- The spectrum of neurodivergent conditions,
- Considering neurodivergent presentation during mental health assessments, including understanding of masking, stimming, body language and communication differences,
- The use of augmentative and alternative communication (AAC) for neurodivergent and mental health conditions and consequential communication challenges, including stress induced mutism,
- Comorbid and cooccurring conditions and diagnostic overshadowing.
- Recognising burnout, and how this can be exacerbated by conventional treatments for depression if it is misdiagnosed.

Carers Support



---- Distinguish

A. Distinguish between mental health carers, neurodivergent carers, and physical health carers when commissioning services as each carer type has different support needs and experiences.

---- Carer assessments 1

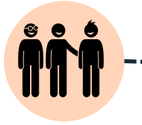
B. Carers assessments need to be undertaken consistently by professionals once a carer is identified. Assessments must be clear and concise with the outcomes followed through and monitored by a named professional, service, or organisation.

---- Carer assessments 2

C. Carers assessments must be carried out by professionals with thorough training in showing empathy and understanding for the context of each individual's situation to avoid making assumptions, as each carer's approach will be different depending on their loved ones needs and challenges.

---- Named organisation

D. Assign a named organisation responsible for guiding carers through the support process to help reduce carers bouncing around the system unable to find the help they need. This organisation is to be mandatory signposted to when a carer is made known to the system.



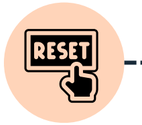
---- Pathways

E. Carers require more support and increased communication with professionals while respecting patient confidentiality. Carers should be included in pathways, and a consistent named contact professional should assess both the client and their carer/family members. Promotion of Home Treatment Teams and Recovery College is also important.

Carers Support

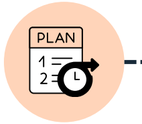
---- Psychoeducation for Older Aged carers

F. Commission psychoeducation for Older Adult carers and carers of Older Adults to build an understanding about ‘why we care’ and the ongoing capacity and resilience of carers, with focus on adaptability to help avoid people getting locked into co-dependency.



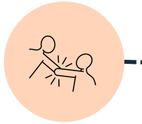
---- Carer respite

G. A review of opportunities for carer respite in each district and borough should be undertaken, as there is currently no consistent respite offer for carer breaks. Instead, carers are reliant upon charity organisations with long waiting lists



---- Long term carer support

H. Review long term carer support and the resources available when a carer cannot continue their caring responsibilities. Increase awareness of resources available for care planning for when carers are unable to care for their person.



---- Individualised and empathetic support

I. Provide individualised and empathetic support for carers, recognising this may require flexibility, consistency and perseverance in encouraging them to accept it, as keeping carers healthy supports the work of health and mental health services

Information

A. Review **existing good practices of information sharing** happening in the system and offer a standardised approach across the area for information sharing before the appointment.

For example, who the clinician is, what to expect i.e., ‘this appointment is to introduce the service and assess your needs’, including a way to submit accessibility needs.

Illustration by Charlotte Payne

D. Contact people on GPimhs/MHICS **waiting lists** and other community mental health services to update on waiting times.

Community Connectors should keep information about waiting length for signposted organisations and maintain this list to increase transparency on speed of service upon referral.

C. Research existing **community magazines** in each district and borough.

Use their lessons learnt to provide support to the residents who create these and support the expansion of more local community magazines that can include information about mental health and wellbeing support across more areas in Surrey and North East Hampshire.

B. Review **existing support directories**, and if those are not adequately meeting people’s needs, then consider alternative options.

For example, there is an assumption that Surrey Information Point fills this need, although people find it difficult to navigate, often out of date, and not relevant for MHICS teams in North East Hampshire.

“Trying to get an appointment with any organisation can be a barrier. **Waiting times are too long** to get help.” (Female aged 55-64, Reigate and Banstead)

E. Promote the availability of mental health services to support **loved one’s mental health needs** as well as the primary client, which could include providing information to help loved ones understand the primary client’s diagnosis.

G. Provide **information prior to the first appointment** about the clinical and community staff the client will see. This could be either in the appointment communication or by directing to staff profiles hosted on service provider or SABP websites.

We recommend **staff profiles** include a person’s name, role, photo, and suggest including pronouns, and if the professional is comfortable, other relevant information, such as if they are neurodivergent, to allow clients to understand if a professional has shared lived experience.

F. Expand **targeted marketing** of mental health services to include those within the primary client’s support system as residents are less likely to independently source support for themselves when they need it and could be encouraged to do so by friends and family.

Minoritised ethnicities

Professional development

Mental Health Ambassadors

Mental Health First Aiders

Data collection

A. Professionals from minority backgrounds should be supported and encouraged into working in mental health services – especially in clinical roles such as therapists or counsellors so people can choose to speak with someone who understands their cultural environment without having to explain the ‘why’ each time.

B. Develop a strategy to reach out to specific communities through mental health ambassadors attending community venues and events to promote services and support, and signpost to organisations.

C. Residents would like more opportunities for Mental Health First Aiders to be trained within minority ethnic communities to spread awareness of mental health, support and signpost people and break down stigma.

D. Ensure professionals record service users’ ethnicity, as this data can be used to understand need and access within minority ethnic communities.

Appointment and access

A. Review the **sensory environment of facilities** (waiting rooms, meeting rooms etc.) with awareness of lighting, sound, etc. Identify places where people could be offered a quiet, low sensory waiting option, such as in SABP's newer buildings.

B. **Train reception staff** to recognise when people are uncomfortable in the waiting room environment, how to support and and offer appropriate reasonable adjustments, and increase awareness and sensitivity of people's needs.

C. **Explain the purpose of Multi-Disciplinary Team (MDT) meetings** as standard (when people have capacity and/or explain to their carer), including when the outcome of the meeting would be discussed with the individual. Support anyone who wishes to provide more information about themselves to produce a written statement which could be read out on their behalf.

D. At the **end of an appointment**, summarise key discussion points and actions with the client with the opportunity to add or correct details. Allow the client to receive a copy of these action points and takeaways should they wish to.

E. Using the existing learning disability care passport by Surrey County Council (SCC) as a starting point, develop a **general care passport** for physical and mental health clients including reasonable adjustments, support system, history, medication etc. Signpost people to this before their appointment to support them to access the care they need.

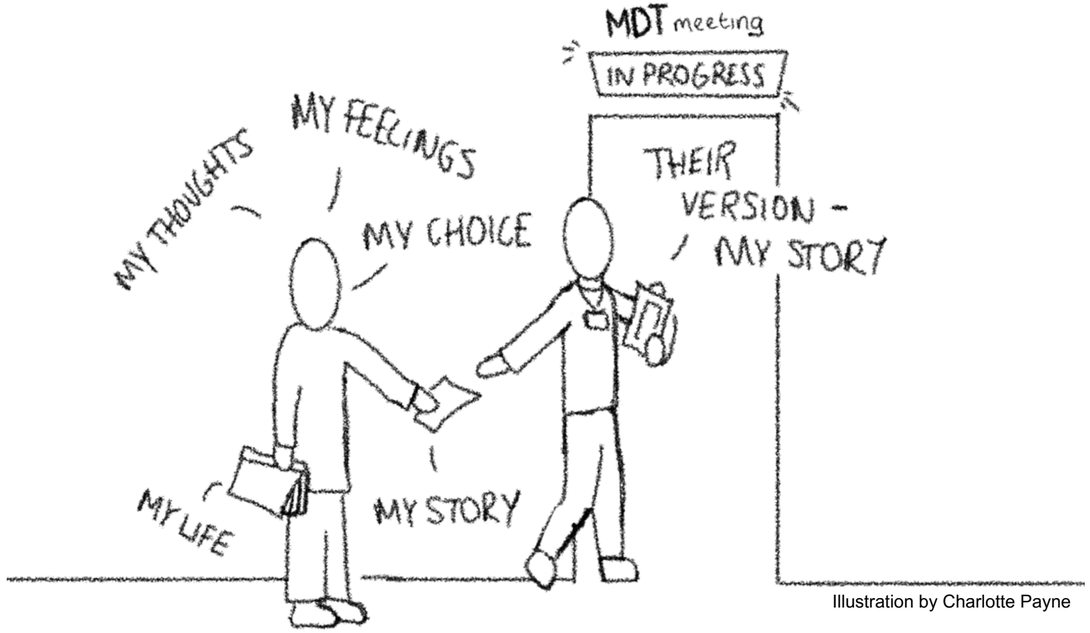


Illustration by Charlotte Payne

F. Offer appointments in person, online or on the telephone so the individual can **choose the option that best suits their need**s. Online appointments may be less stressful and anxiety provoking for autistic people than travelling to attend in person or coping with a phone call and allow the use of closed captions for people who prefer visual communication or have hearing loss, but may be inaccessible to people without the necessary skills, confidence or technology.

Appointment and access

G. **Assess the accessibility** of Safe Havens/Harbours and other CMHTP supported services, including actively making sure spaces are neurodivergent friendly and considering public transport routes during commissioning and planning.

H. Review services to ensure each has a **clear pathway for communication with the service**, offering a variety of methods (text, email, phone) with clear expectations about time frames when services will respond. Include clear contact processes for amending inaccurate notes and appointment changes/cancellations.

I. **Map the existing offer** of mental health and wellbeing services **outside of conventional working hours** (Monday to Friday, 9am-5pm) and highlight absent provision in each geographical area or clinical type.

J. For neurodivergent individuals, the GPimhs/MHICS standard offer of 4-6 weekly appointments may be too brief. **Longer-term support** with sessions every fortnight or month and extended appointment lengths are recommended to allow for additional time to process information and ask questions to clarify understanding.

K. Offer neurodivergent individuals **short follow up appointments or individual emails** for addressing questions that come up after they have had time to process their appointment.

L. Ensure **up-to-date information** is available about **post-suicide attempt support pathways** so that relevant information can signposted to and shared with individuals at that time.

Illustration by Charlotte Payne

M. Where possible, endeavour to **match** clinicians with patients based on their **shared experiences** to provide more effective care as shared experiences can help people understand each other better and build trust quicker, i.e. clinicians from minority ethnic cultures or neurodivergent.

Other

Dedicated lead for higher education community engagement

A. Identify a dedicated named lead within the mental health system to build and maintain working relationships with higher education institutions in Surrey and North East Hampshire, including University of Surrey; Royal Holloway, University of London; Merrist Wood College; Nescot College, Farnborough College of Technology and more.

Direct working with universities and colleges will increase communication about support and services available to their students in the local community.

Older Adult mental health forums

B. Establish peer-support groups or forums aimed at the Older Adult demographic (65+), which could also present opportunities to share lived experience to develop services and training.

Current commissioned services for this demographic tend to focus solely on Dementia and loneliness, leaving other mental health needs of people in this age group unmet.

Collaborating with knowledgeable local community support organisations like Age Concern Epsom & Ewell, Age UK, and faith centres is recommended.

Signpost CAMHS leavers

C. Ensure CAMHS leavers are signposted to GPimhs/MHICS with clear instructions on how to access it, to support young adults to find the services they need in a holistic and timely way.