

Mental Health in Bristol - a year-long project

BACKGROUND:

Why mental health?

In 2017 the Healthwatch Bristol Advisory Group decided that our work priority for 2018-19 should be mental health and emotional wellbeing. This aligned with strategic priorities for Bristol, and would enable Healthwatch to add value to a number of other pieces of work happening across the city - as outlined below.

It is estimated that mental ill health costs Bristol £1.37 billion per year. The city also reports above average rates of common mental health conditions - 20.7% in Bristol versus 15.5% across England (see [Bristol Thriving at Work report](#)) - and higher than average suicide rates, including a cluster of student suicides in Bristol.

When this work commenced, Bristol City Council were in the throes of setting up [Thrive Bristol](#), a 10 year city-wide project focusing on improving mental health in Bristol. Thrive's emphasis is on prevention and encouraging communities and individuals to help those struggling with mental ill health.

In March 2018 Bristol officially became a 'Time to Change' hub. These networks of local organisations and individuals work to end negative attitudes towards people experiencing mental health problems. The campaign was set up by nationwide organisations [Mind](#) and [Rethink Mental Illness](#). Locally, [Bristol Independent Mental Health Network \(BIMHN\)](#) and [Community Access Support Service \(CASS\)](#) are integral to the [Time to Change Bristol](#) team.

This year-long Healthwatch project also aligned with the re-commissioning of [Improved Access to Psychological Therapies \(IAPT\) services](#) across Bristol, North Somerset and South Gloucestershire. The IAPT consultation process sought people's views about how they felt the service should be delivered.

PROJECT AIM:

The aim of this year-long project was to find out which mental health services in Bristol people had used in the 12 months, how beneficial they were to them, what works well, and what could be improved.

Looking at the mental health needs of the population in Bristol

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Healthwatch used a variety of approaches to engage with people:

- We ran an online survey to speak to people about their emotional health and wellbeing, and sought feedback on local services.
- To support the online survey we visited a variety of local services and community groups and spoke to people face-to-face about how they keep well.
- We ran an online survey to speak to children, young people and their parents about Children and Adolescent Mental Health Services (CAMHS).
- We commissioned five local charities, through our Community Pot Fund, to engage with service users and members of the public about mental health.
- We carried out two Enter and View visits to mental health services. In November 2017 we visited Mason and Oakwood Wards at Southmead Hospital and in July 2018 we visited Riverside Adolescent unit in Fishponds.

We heard from 313 people via the Emotional Health and Wellbeing survey and a further 130 people about their experiences of using CAMHS. Along with the service users who engaged directly with community pot funded organisations and a handful of patients we spoke to at Mason and Oakwood Wards and Riverside Unit.

KEY FINDINGS:

The following themes emerged from analysis of all feedback received during this project:

- 1) **Waiting times to access services** were consistently mentioned through both online surveys and during the IAPT recommissioning process. More needs to be done to promote other services or give people the tools to support themselves during waiting times - *“a lot can happen to a human in 6 weeks”*.
- 2) There is a **need to consider alternative therapies to medication**, such as ‘green therapies’ and social prescribing, and giving patients more choice in the treatment(s) they would like to receive.
- 3) **Services need to be “more joined up”**. This ties in with the previous theme regarding promoting access to other services during waiting times, and therefore the ability for people to support themselves.
- 4) **Social connectivity, peer support, physical activity and learning new skills** were consistently and positively mentioned. It was felt that these can help prevent issues arising, help accelerate recovery, and in the long term ease pressure on primary care services.

Looking at the mental health needs of the population in Bristol



WHAT DID WE FIND OUT? EMOTIONAL HEALTH AND WELLBEING SURVEY

The Healthwatch Bristol Advisory Group decided that the priority should be on engaging with the Black, Asian and Minority Ethnic (BAME) population. This is because BAME people generally have lower levels of engagement in surveys and mental health is often stigmatised.

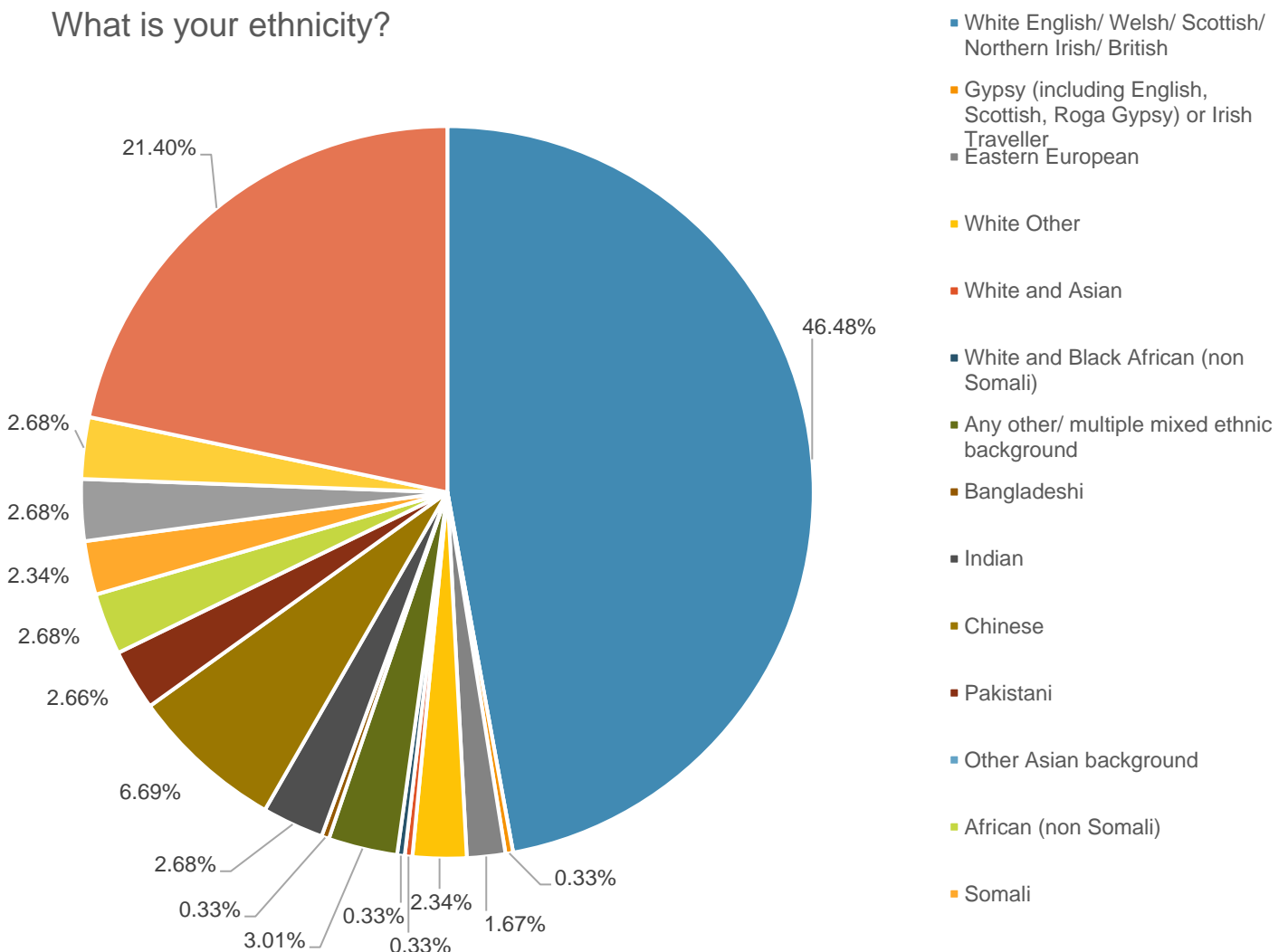
After consulting with community groups, such as CASS and BIMHN, we were told that the word ‘mental health’ was taboo in some communities. As a result, it was decided that the term ‘emotional health and wellbeing’ would be more acceptable.

Our strong links with local BAME community groups and organisations resulted in 27% of

respondents reporting being of BAME nationalities. Of the remaining respondents, 46% were White British, 6% White non-British and 21% did not wish to disclose their ethnicity. As a comparison Bristol’s population is 459,300 and of this BAME make up 16%, White British 78% and White non-British 6% ([The Population of Bristol 2018](#)).

The Emotional Health and Wellbeing survey was developed in partnership with the advisory group and partner organisations, as well as Public Health Bristol.

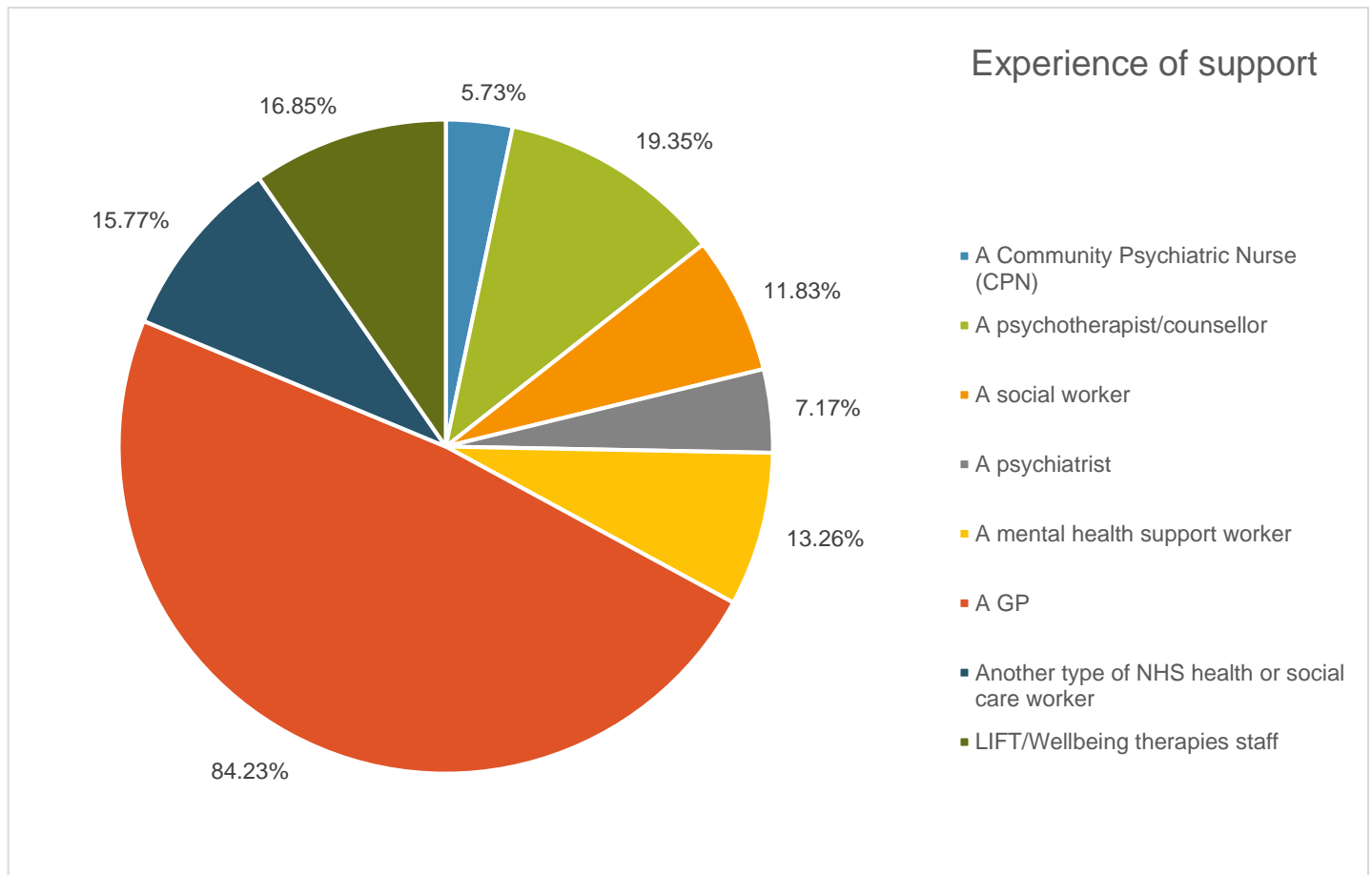
What is your ethnicity?



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Have you, or the person you are supporting, experience of using any of the following to help support you?

(NB respondents were able to choose more than one option so the percentages will not add up to 100%)



The majority of respondents, 84% in total, reported that they use their GP as a first port of call to seek mental health support.

It is noteworthy that the majority of BAME respondents, 67 (out of 84), went to their GP for support but only 20 out of the 84 accessed other mental health services. By comparison a much larger proportion of White British and White non-British accessed multiple mental health services, as well as seeing their GP. Without carrying out further in-depth analysis we are unable to draw significant conclusions from this, however, we know that BAME communities can face health inequalities and do not always engage with mainstream services, often resulting in people presenting to services when they are in crisis (see statistics from [Mental Health Foundation](#) and [Institute of Race Relations](#)).

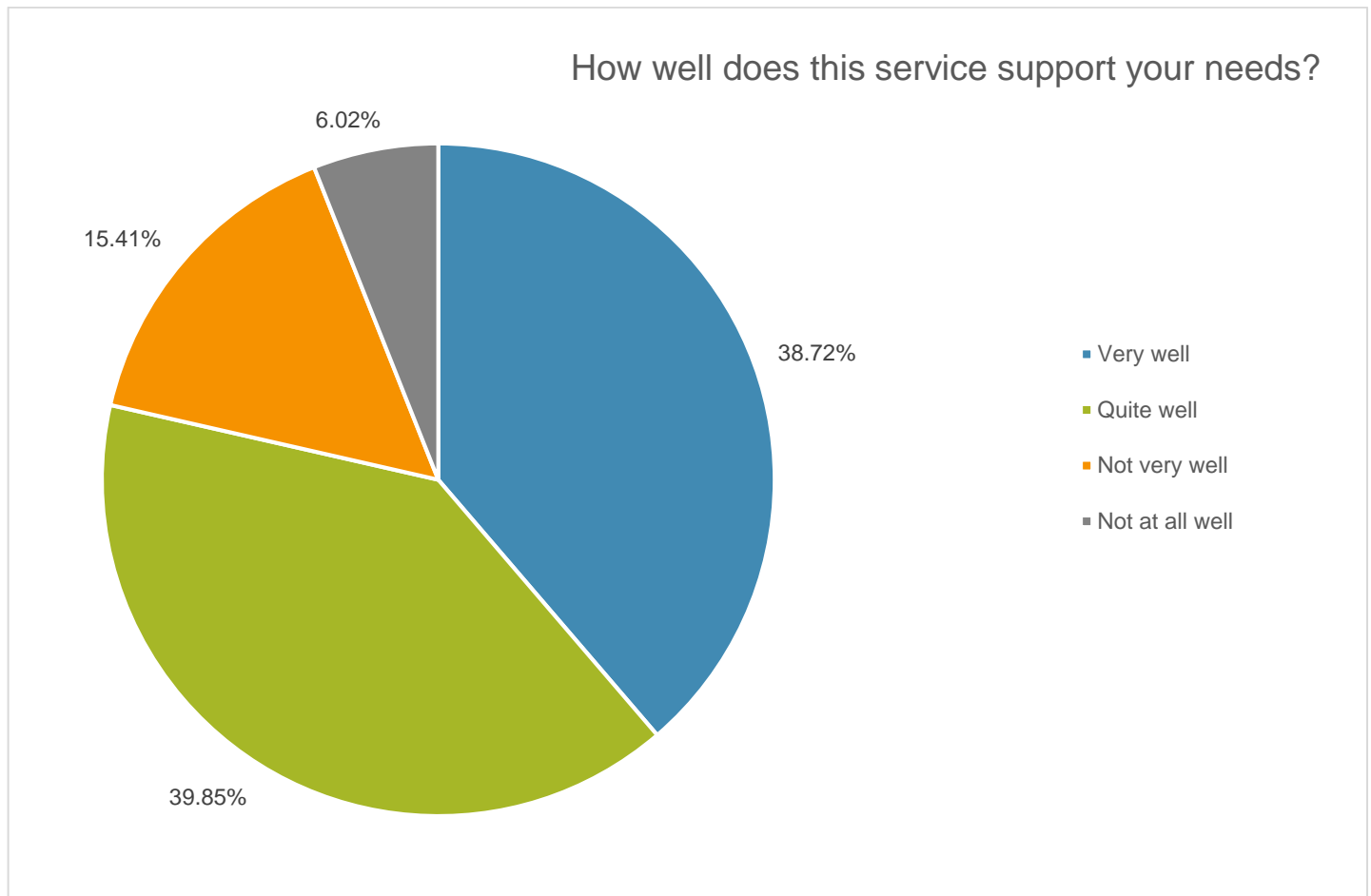
We also analysed the free text commentary provided and it is clear from these that community and support groups play a significant role in supporting the emotional health and wellbeing needs of the BAME people who participated in the survey. There were 60 references to various groups

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around Bristol, including Rainbow Tots, Dhek Bhal, Malcolm X Elders, Bristol Autism Support, Golden Agers, Bristol and Avon Chinese Womens' Group and more.

How well does this service support your needs?



Encouragingly the majority of feedback received was positive - 78.57% respondents said that services supported their needs either *“very well”* or *“quite well”*. By contrast nearly a quarter of respondents - 21.43% - said that services did not support their needs well.

We filtered our findings by ethnicity and analysed the feedback given by people who identified as BAME. Only nine out of the 84 BAME people who responded to this said *“not at all well”* or *“not very well”* when asked how well the services supported their needs. Upon further analysis we did not find any equalities issues linked to respondents’ ethnicity. Whilst this is reassuring, it should be noted that our findings only provide a snapshot of people’s experiences and cannot be seen as indicative of the experiences of the wider BAME population of Bristol.

Three out of the nine BAME participants cited issues in getting adequate support for their autistic children. Whilst this is not a significant statistic in itself, health inequalities experienced by autistic people is a well-documented issue (see Healthwatch Bristol funded [report](#) from 2017

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looking at autism in the Somali community). The remaining issues focused on long wait times to get a GP appointment or having difficulties in receiving alternative options to medication when treating depression.

The next section of this report expands on this, providing further detail about what works well and what does not, taken from additional commentary respondents have provided.

The following sections discuss the feedback received broken down by the various support services or elements of treatment/ support received.

PRESCRIPTIONS

What emerged from participants were concerns about over-reliance on prescribing medication without considering alternatives such as ‘green’ therapies and that there are not enough appointments available for counselling:

“More counselling services with shorter waiting list for counselling needs improving! As addicts can go down very quickly and this goes to emergency services to deal with!”

More natural therapies should be made and more cohesion in services:

“Green prescription should be promoted by GPs more! People should be aware of alternative therapies rather than drug based”

“GPs are busy and pushed for time, don't always give you the time you need. More time should be spent listening to patients' needs. More natural remedies should be available instead of medication e.g. psychotherapy, talking with friends, reiki”

“Went to GP for mental health and depression. Once given medication for approx. 9 months, mentioned feeling better but remained on medication with side effects of feeling worse. Would have preferred closer attention and monitoring and more alternative advice”

“1. Access to a GP with an interest in mental health. 2. A GP who doesn't mistake anxiety for a chest infection. 3. More information about the pros and cons of taking anti-depressants and more info about the different types of medication. 4. More research into alternatives to CBT”

FEEDBACK ON GPs

There were cases of GPs referring patients to community groups, such as Dhek Bhal, or to parent and baby groups, which Healthwatch felt was an excellent example of services linking up properly and, in specific instances, being culturally appropriate:

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“When my husband passed away I had depression and was given anti-depressants and referred to Dhek Bhal which helped tremendously”

“Health visitor and GP were very good at informing me of groups I could take my baby to. This helped keep me busy and less isolated as my friends are mainly at work”

Out of the positive comments made about GP services a handful were from students praising the university GP and saying they felt supported when they went for their appointment to discuss anxiety and stress around their studies, with one student commenting that they had been given additional time for exams due to stress. It should be noted that the amount of feedback received from students was low so significant conclusions cannot be drawn from this.

There were 27 comments specifically about GPs which were negative, six of these from parents of children with autism, who felt that there was a lack of understanding about their child’s condition and the other services available to support them:

“The GP told me that my son had autism but did not inform me of support information to help me understand what autism is and how I can help my son.”

One respondent explicitly commented on the impact this could have on their mental health and that of their family:

“Specific support for carers for children/ young people with SEND, particularly hidden disabilities such as HFA/ADHD etc which are often misunderstood and can result in mental health difficulties for the whole family when left unacknowledged and unsupported”

It is worth noting that amongst this cohort of respondents, Facebook support groups and organisations such as Bristol Parent Carers were spoken about as providing vital peer support to parents of children with complex health needs. More support, however, must be provided to these parents from health care services and further exploration is required to understand why services are falling short in this area.

LIFT/ WELLBEING SERVICES AND PSYCHOTHERAPISTS

LIFT/ Wellbeing services and psychotherapists or counsellors received positive comments about the support they provided. Of the negative points raised a lot of these focused on long waiting times:

“I need their help from March 2018 but I didn’t get to see them until September. By then I was back on the road to recovery through help with my family. I wish the help was a lot sooner”

“Would like to see Wellbeing much sooner, had to wait many weeks”

“More expertise available more readily. Unless one has tried to commit suicide then no immediate help is ever available. My company offers private counselling and hospitalisation and without that I don’t know where we would be”

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“Shorter waiting times for services. The long waiting time had a severe effect on my mental health”

“Extra mental health training for GPs, advocating non-medication based treatments for mental health. More funding/staff for free/subsidised one on one counselling/CBT to shorten waiting lists. Easier access to wellbeing sessions to maintain positive thinking processes, therefore lessening the need to see a GP only when health becomes actively negative.”

Where individuals are unable to access alternative support through friends, loved ones, their work or other means, solutions need to be found on how best to provide timely support to prevent people ‘slipping through the cracks’ and mental health issues getting worse. The comments we received about waiting times and suggestions on how to manage this are echoed in the IAPT report:

“While waiting you could provide some self-management advice and basic mindfulness and CBT advice”

The cost of accessing psychotherapy was also mentioned several times and concerns voiced for those were in need of this service but not able to afford it:

“Psychotherapy is rarely free and easily available on the NHS (I pay for this treatment) - this means it's not available to many who need it. There needs to be greater investment, and not just in the “quick fix” therapies but also in those that are more expensive to provide but can help with deep seated and long term difficulties & more complex issues, such as psychotherapy.”

“Art therapy, creative writing therapy etc - counselling on NHS rather than costing me a flipping fortune every week, specialist help at GP practice, ability to self-refer to secondary care when needed”

“Yes, free/affordable massage. Also, I have to pay for my own psychotherapist because the NHS doesn't offer it as on-going support. Funding for this person, or at least a contribution would be I could afford to socialise occasionally. At the moment I can only afford therapy or socialising, not both”

Constructive suggestions were made such as having more telephone support or counselling and apps. If a service is not available or does not meet the needs of the individual in question more knowledge and advice should be readily available about other services that could help them.

COMMUNITY GROUPS

The importance of small community groups in supporting people with their mental health - irrespective of whether they are struggling or not - cannot be overstated.

Findings from the survey indicate that they offer peer support, activities, advice on a variety of matters and signposting to other services. They provide excellent additional support to mental health services and our recommendation is that more needs to be done to raise awareness of these groups so that other services are able to signpost them on, or so that people can easily self-refer.

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Organisations and projects, such as Ways to Wellbeing, walking groups, Stepping Out Theatre Company and Ashton Vale Silver Social Club were highly praised:

“Yes it’s had a tremendous effect as before as I am partially deaf and losing my sight and i felt very depressed. Ways to Wellbeing has had a huge impact on my life - very positive! Music helps me relax but a bit nervous sometimes, as I want to do my best! Being around other people is good.”

“Milestones, Stepping Out Theatre Company, Stepping Out Theatre Company events, advocacy, recruitment. All of these services help me a lot especially Stepping Out Theatre Company”

“Ashton Vale Silver Social Club where we have a monthly quiz, lunch and a good laugh and discussion”

Remploy, Missing Link, Next Link, Macmillan Cancer Support and Penny Brohn were some of the other organisations mentioned throughout the survey. Whilst not specifically mental health related, they play a significant part in supporting the emotional needs of individuals going through cancer, unemployment or experiencing domestic violence. Mental ill health cannot therefore be viewed in isolation and a holistic approach should be taken to assessing and dealing with an individual’s mental ill health.

As well as letting us know their thoughts on specific services, respondents told us about other things that helped keep them emotionally well and healthy. Taking part in activities such as volunteering, gardening, cooking, sports, their faith and being amongst friends and loved ones, came up consistently throughout the survey as being hugely beneficial to respondents’ sense of wellbeing:

“The gym definitely helps me with my emotional health it helps me feel stronger, happier and refreshed. As a carer I am busy most of the time so having that break is really helpful.”

“GP gave help with drinking and arranged medical checks. More advertising about boxing and it’s health implication on keeping women active and helps improve physical as well as mental health.”

MENTAL HEALTH NEEDS OF THE TRANS POPULATION

Another interesting point was raised by a respondent who said *“[there needs to be} increased support in Bristol for those people transitioning gender”*. Six Healthwatch across the South West of England, including Healthwatch Bristol, funded a research project carried out by [The Diversity Trust](#) to identify the health, care and wellbeing needs of Trans and Non-Binary people. The [report](#) was published in 2018.

Whilst the research did not focus solely on the mental health needs of the Trans population the report made for alarming reading because of the high proportion of Trans people experiencing mental health issues. We feel that this report could be more widely disseminated to raise

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awareness of its important findings. We would recommend that health and care organisations implement the recommendations that were made in it, to include providing Trans awareness training to their staff.

Healthwatch Bristol received a written response from University Hospitals Bristol NHS Foundation Trust soon after the report was published last year letting us know of their plans to implement training for their staff. We plan to go back to other NHS Trusts, a year on since the report was first published, to prompt further action

We received one comment about the travelling community in the report which provided valuable insight into this seldom heard group:

“I work with the travelling community and mental health issues are high. Unfortunately, the support available does not meet the needs of the community. Many specialist mental health services have long waiting lists which leaves those that are transient unable to attend appointments as they leave the area before meeting the service. However, those that are signposted to self-refer to community services are often left to refer themselves [when they are likely to need support]. This is not possible with a community with high levels of illiteracy, and also a community which is often distrusting of unknown services. I am hoping to look into this and see if any new services can be developed but this is not possible without funding or support.” (Survey respondent)

Key messages

Based on feedback from the emotional health and wellbeing survey, Healthwatch has made the following recommendations. Conclusions from all feedback approaches can be viewed on page 16.

- 1) For clinicians/ health professionals to make more use of social prescribing and to provide more advice and/or signposting to ‘green’ and alternative therapies, so that these elements can be built into patients’ care and support alongside more clinical approaches, such as medication.
- 2) For patients to be listened to and to be more involved in making decisions about their care and support, particularly around treatment for depression.
- 3) During waiting times to access treatment and services for patients to be signposted to other means of support or tools that can help them, for example telephone counselling, mindfulness, social prescribing, ‘green’ exercise etc. Reassurance should be given so that it is made clear this is additional support whilst they wait and not an alternative solution to face-to-face help.
- 4) Future commissioning and strategies should ensure that the value of micro-providers, particularly voluntary/ community groups is recognised as a key part of the system. Commissioners should look to identify how the long-term sustainability of these organisations can be ensured. They not only provide much-needed support to individuals, but also to health services which can struggle to meet the demands of the local population. They can also often

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be a link to harder to reach communities who may not otherwise access mainstream services. Further research into evidencing the need and value of these groups would be advisable.

- 5) A wider conversation needs to take place to discuss how services can better support seldom heard communities, such as Trans and non-binary people. This should include commissioners, providers and representatives from the communities themselves.

WHAT DID WE FIND OUT? CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) SURVEY

Over the course of a month in 2018 Healthwatch Bristol asked children, young people and their parents to take part in a survey about CAMHS service provision, after concerns were raised by the Quality Surveillance Group for Bristol, North Somerset, Somerset and South Gloucestershire.

In total 133 people responded to this survey. The full findings from the survey can be read in [here](#).

Since the Healthwatch Bristol CAMHS report was published, we have been informed that waiting times for the service have reduced

and more work is being done to improve this and other areas of service provision.

With one in ten children and young people experiencing mental ill health and the possibility of those problems following them into adulthood, it's vital they access the mental health support they need as quickly as possible. This requires further monitoring and follow-up.

Healthwatch Bristol, together with the Care Quality Commission and government offices for the Prime Minister, was involved in a [CAMHS](#) consultation at City Hall in October 2017.

WHAT DID WE FIND OUT? COMMUNITY POT PROJECTS

At the beginning of 2018 Healthwatch Bristol received applications for its Community Pot Fund. The aim is to offer funding to community groups and charities wishing to undertake a project around health and social care. The caveat for receiving funding was that each of the projects' work had to be about mental health.

We have highlighted the findings from the reports below.

Kickin2Shape

Healthwatch Bristol funded a walking football and nutrition pilot called 'Kickin2Shape' to people with complex mental health conditions (CMHC) to encourage the more sedentary service users to participate in exercise. This was run collaboratively between [Second Step](#), [Bristol Active Life \(BALP\)](#), [Avon and Wiltshire Mental Health Partnership \(AWP\)](#) and [Bristol City Community Trust \(BCCT\)](#).

The report, with key findings and recommendations, can be read in full [here](#).

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What has happened since?

The Kickin2Shape evaluation has been widely disseminated through presentations. A report of this project can be viewed on our website W: <https://bit.ly/2XWgvQs>.

This has provided a platform to highlight the many benefits of a programme such as Kickin2Shape and the need to adequately resource and develop further opportunities.

These were as follows:

- A radio interview on a local Bristol Radio programme about Kickin2Shape. This provided an important opportunity to hear the voice of a participant, to give their perspective of being involved in Kickin2Shape.
- 7th International Society for Physical Activity and Health Congress
- Public Health England Southwest Mental Health Clinical Network on Physical Health and Severe Mental Illness
- Bristol Mental Health Conversations - helping to developing Mental Health Strategy in Bristol, North Somerset and South Gloucestershire
- The evaluation has contributed to evidence for the SPHERE project. More can be read about the project [here](#).

Margot Hodgson from Avon and Wiltshire Mental Health NHS Partnership Trust said:

“Another exciting outcome has been that a participant has progressed to a mainstream Walking Football group. This is a great achievement and example of how a programme such as Kickin2shape can be used as a stepping stone to participation,

into something that we all take for granted, but for some people it is a goal too far without an opportunity such as this!”

The Natural Health Service - Off the Record Bristol

Healthwatch Bristol funded a pilot scheme called ‘The Natural Health Service’, which consisted of three micro projects - The Woodland Warmer, The New Roots Drop in Allotment and Bristol Walks - all of which sought to engage young people in a variety of nature-based activities.

The report can be read in full [here](#).

What has happened since?

Feedback from [Off The Record](#) is that the projects have been both exciting and challenging with project lead, Rosie Backhouse, saying:

“We’ve seen some big impacts for the young people who have attended and have laid some exciting foundations for the future with regards to nature connection work. This has included finding a fantastic allotment space to host sessions in.

As a result of the project thus far, we have decided to commit to making this a part-time post for six months, with the view to finding long-term funding for the project.

The thinking behind this is that engaging young people in this work is the biggest challenge (i.e. getting them to attend an allotment or go for a walk) and that this really hinges on having a staff member who can be around enough to build relationships with young people in order that this

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engagement can happen. Thus running things with sessional staff makes engagement a challenge.

However once young people do engage, they have always returned, and the impact has been quite remarkable, both for those with very complex mental health needs, and those simply interested in learning about ways to care for themselves."

Sammy's Pop Up

Sammy's Pop Up, run by Sammy's Club, a community group for over 50s, provided a community health and wellbeing event for people over the age of 55.

The event provided an opportunity for people to learn about how to stay fit and healthy, as well as learning about looking after different medical conditions. People were also able to get advice about their health in a non-clinical setting.

The event was held at St. Paul's Learning Centre and was exceptionally well attended. The report can be read in full [here](#).

What has happened since?

Unfortunately since last year Sammy's Club has run out of funding and is no longer operating.

Brunel Neurological Alliance

[The Brunel Neurological Alliance](#) hosted a study day at The West of England MS (Multiple Sclerosis) Therapy Centre. The focus of the study day was on mental health and wellbeing and the aim was to provide a deeper understanding to healthcare professionals of the impact of neurological conditions on a

person's mental health and wellbeing. The report can be read in full [here](#).

What has happened since?

Doro Pasantes from the [MS Therapy Centre](#), one of the partner organisations that forms part of the Brunel Neurological Alliance, said the following:

"The Brunel Neurological Alliance (BNA) Study Day held in 2018 and partly funded by the Healthwatch Bristol Community Pot was a huge success which brought the focus of mental health issues experienced by people living with a neurological condition to the forefront.

It gave participating organisations (in the main, third sector organisations) the eyes and ears of a large number of healthcare professionals who will come across people living with a long-term neurological condition during their working life and now have a better understanding of these conditions."

Following the event all the participating organisations have been promoting better psychological provision for people with neurological conditions and where provision falls short reviewing and improving what they are able to offer.

The event also promoted improved partnership working amongst the participating organisations with a few joint projects all aimed at giving people living with a long term neurological condition better access to information and support.

The success of the Study Day has led the BNA to organise another event for later this year, this time aimed at people with neurological conditions, their families and carers. The event will have expert speakers providing an insight into symptoms and management strategies for these. We will also be providing information on where people can get direct access to support.

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There is also a leaflet with contact details of all the neurological support organisations in the wider area in the pipeline. This will be given to GPs and other community based HCP in the form of a tear off booklet so that they have the information to hand to give out to patients.”

The Harbour

The Harbour is an independent local charity that supports people in the Bristol area with the emotional pain, loss and isolation that comes with a life-threatening illness or bereavement.

The Harbour carried out research that was designed to find out why BAME people find access to The Harbour more difficult, and what reasons are behind this difficulty. The report can be read in full [here](#).

What has happened since?

Sam Thomas from The Harbour said:

“Since we finished the Community Pot funded research we have:

- Carried out training with our clinical team on working with clients from different ethnic backgrounds.*
- Discussed the results of the community pot research at an organisation-wide away day. As a result of these discussions we have increased our efforts to recruit a Trustee from a BAME background, and have included Diversity as one of our organisational values.*

- Engaged with other service providers (e.g. Macmillan) to share the results of the research, and discuss how we might work in partnership to support groups we do not currently reach.*
- Undertaken further research into the geographical spread of our client base, building on the community pot funding research project.*
- As a result of this research we are developing a multi-year funding proposal based around delivering our services in different localities, in partnership with existing community services such as the SPEAR network. The aim of this project is to engage with communities that find it hard to access our service at the moment.*

Conclusion

Sarah Ambe, Healthwatch Bristol Manager, said:

“It was an absolute pleasure to work with so many diverse partners across the five community pot projects.

Without their expertise, we would not have reached so many people, especially those who are often seldom heard, such as young people, BAME communities and those with severe mental illness.

Evidence of need in a couple of cases has resulted in the services continuing, or being commissioned as part of services, such as the Natural Health Service and Walking Football.

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It was also great to be able to use the influence of Healthwatch to bring these services to the attention of our stakeholders, health and social care providers and commissioners.

Most of all, hearing people reporting improvements to their mental health really has made it all worthwhile.”

ENTER AND VIEW

Oakwood and Mason Wards, Southmead Hospital

In November 2017 Healthwatch Bristol Enter and View representatives visited the Oakwood and Mason Wards at Southmead Hospital.

The Oakwood and Mason wards are acute inpatient mental health wards provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

Mason Unit is also known as a ‘Place of Safety. It is a four-bedded, short-stay ward that has the power to detain people under the Mental Health Act for the purposes of mental health assessments. People are admitted here for 24 hours when they are detained by the police because they are a risk to themselves or others.

Oakwood Ward is a 23 bed, acute inpatient mental health ward that provides multi-disciplinary interventions and care for people whose mental health needs cannot be met in their own homes.

The report of this visit can be read in full [here](#).

What next?

There are no immediate plans to go back to Mason and Oakwood Wards but there is an aspiration to re-visit at a later stage.

Riverside Unit - Avon and Wiltshire Mental Health Partnership NHS Trust

In July 2018 Healthwatch Bristol Enter and View representatives visited the Riverside Adolescent Unit.

The Riverside Adolescent Unit is a dedicated service for young people between the ages of 13 and 18 who need intensive help with a range of severe mental health problems. Both inpatient care and a day programme is offered, and referrals are received from colleagues in out-patient CAMHS teams as well as emergencies.

The report can be read in full [here](#).

What next?

During our visit Riverside Unit was going through refurbishments. Healthwatch Bristol intends to re-visit the unit once the works have been completed.



CONCLUSIONS:

- 1) Waiting times were of great concern to survey respondents, through both the emotional health and wellbeing and CAMHS surveys. We recognise the enormous pressure on health services, but reducing waiting times for treatment and support must continue to be a priority for commissioners and providers.
- 2) Further to the reduction in waiting times, respondents highlighted the need for people to be better supported whilst they are waiting to access mental health services. Options suggested, included greater signposting (using tools such as Well Aware), and other approaches, such as telephone support, the use of apps, community-based activities/ groups, and mindfulness techniques.
- 3) Medication is an important aspect of treating mental health conditions, however many respondents noted the benefits that they had gained from other activities, such as physical activity, 'green' exercise and gardening projects. Patients need to be listened to and proactively supported to access alternatives to medication. Information and advice on alternative therapies should be more readily available from clinicians and health professionals alongside traditional support, e.g. counselling and medication. Bristol is well served with 'green' wellbeing initiatives, information should be available from GP surgeries across the city.
- 4) Where possible, people should be supported and empowered to access a wide range of services alongside and/or in addition to primary care. Looking at the wider determinants of health is an important aspect of this and one that GPs, usually the first port of call for most people, should try to factor this in when treating patients. Support services such as social prescribing, debt advice, employment services, faith based groups etc. are all available in Bristol. Information about these services, or ways to find out about them, e.g. Well Aware, should be widely available at GP surgeries and other health services across the city so that people can be referred quickly on where a need to do this has been identified.
- 5) Commissioners should ensure that the hidden value of micro-providers and VCSE projects and initiatives are recognised and built into the mental health strategy. These services provide invaluable support to people, particularly when they are waiting to access formal treatment/ care services, but it is not appropriate to signpost people to services that are not staffed and resourced to safely meet demand.

WHAT WILL HAPPEN NEXT?

Healthwatch Bristol will share the findings of this work with mental health commissioners and providers in order to highlight what is working well and what could be improved. Where specific services have been named, we will seek a response to the points that have been made and track further activity taken to address concerns and improve services.



ACKNOWLEDGEMENTS:

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