

# Mental Health Support and Advice Service for Adults – Public Engagement Report

## 1. Introduction

### 1.1 Background

The existing contract for the Mental Health Support and Advice Service, currently known as CALMHS (Community, Advice, Links and Mental Health Support) is coming to an end in March 2024. The CALMHS service is open to adults (18+) ordinarily resident in Gloucestershire and/or those making transitioning to adult services. The service works with people experiencing social isolation, lack of motivation or difficulty coping with the stress and pressures of everyday life. The service aims to help support individuals to build on strengths and make a positive change, achieving this through, access to information and advice, signposting/referrals to other service and exploring opportunities to develop and learn new skills. The opportunity has been taken to review the current contracting arrangements with a view to delivering a more inclusive and consistent approach across Gloucestershire, ensuring the voices of individuals receiving support are heard. An evaluation of the current service has been undertaken to inform proposals for a new service model.

To inform the long-term investment into a new model for the Mental Health Support and Advice Service for Adults a public engagement has been conducted on the basis of the proposals. This report brings together the findings of the public engagement and recommendations. This document will be included as supporting evidence within the cabinet paper to seek permission to re-commission a Mental Health Support and Advice Service for Adults in Gloucestershire with a new service model.

### 1.2 Pre-engagement work

Prior to the development of the specific proposals for the remodelling of Gloucestershire's current Mental Health Support and Advice Service for Adults and the public engagement, Mental Health Commissioners evaluated the current service provision and utilised other research and engagements to inform the direction of a new service model.

Key themes that were identified as part of this exercise were:

- access to continuing support for emotional health and wellbeing for those with a common mental health conditions and a serious mental illness,
- a need for a more defined peer support offer,
- more integrated ways of working both within communities and across partners within the system,
- access to non-judgmental and flexible support.

### **1.3 Public Engagement**

In order to understand the proposals identified in the pre-engagement work a public engagement was conducted to gather the views of the specific proposals for the new model of the service. A survey was published on the Council's engagement platform and was open for 6 weeks from the 28<sup>th</sup> of April to the 11<sup>th</sup> of June 2023. Hard copies of the survey were available on request. The survey was promoted across a range of platforms.

A total of 101 people submitted a response to the online survey. There were no requests for the paper version.

### **1.4 Response to engagement**

This feedback will be brought together to develop the service model and procurement approach of the Mental Health Advice and Support Service in Gloucestershire. Identified actions relating to feedback provided by demographic groups is included within the Equality Impact Assessment that accompanies these proposals.

## **2. Pre-engagement consultation and research**

The evaluation and engagement consisted of multiple avenues in order to obtain as accurate a position of the service and the proposed amendments that would be needed to future proof it in its development.

### **2.1 Service evaluation**

An evaluation of the current service was undertaken which sought to understand how the areas of current delivery were working and what changes might need to be made as part of the recommissioning process. A steering group which was composed of commissioners, people using or recently exiting the service and one staff member co-designed the methodology, the format of each of the engagement exercises and supported in their delivery.

The following methodology was used for the evaluation:

- A Client Survey which was available online and in a hard copy which was sent to people's homes, of which 62 people responded.
- 5 In-depth interviews with Clients.
- An online Bridge Builder Staff Survey, of which 9 people responded.
- Bridge Builder Staff drop-in sessions with Commissioners for discussion around how the current service is working and suggestions for improvements in the future, of which 9 people attended.
- Visiting 10 CALMHS groups across the county to inform how the service is run in localities and to ensure factors around geographical locations were considered in the future, of which 50 Clients were in attendance.
- Utilising contract monitoring data from the current provider.

Individuals who engaged in this process were able to give their feedback on their experiences of the current service and how a future service could be developed. This facilitated an opportunity to highlight any potential service changes they would envisage, the future service delivery model and draw attention to any anticipated problems.

### Key findings:

There needs to be an equitable approach across Gloucestershire considering the rurality of some areas. 1-1 support is beneficial to those who have received it and needs to be person-centred, non-judgmental and supportive. Signposting continues to be a valuable resource which supports most people to enable them to find support which is appropriate and support improvements in their life. A service which is flexible to the needs of the people accessing it is key. Activities which support wellbeing have a role in increasing people's skills and confidence. Peer support is an important element in maintaining wellness through creating meaningful connections and supportive networks. Partnership working with specialist support services is key. People agree that they should be able to access safe spaces within their local communities.

## **2.2 Additional research and learning**

Commissioners drew on research and learning from other key areas within mental health delivery to support and inform decisions around the remodelling of the service.

These additional areas of research and learning were:

- The public consultation on the Mental Health Wellbeing Line conducted by Gloucestershire County Council (GCC) Public Health.
- Community Mental Health Transformation Survey aimed at individuals with lived experience.
- Mental Health Clinical Programme Group's Mental Health Crisis survey aimed at organisations who support people in mental health crisis.
- Engagement on the Drugs and Alcohol service commissioned by GCC.
- Minorities Ethnic Communities and Mental Health Services Report and action plan conducted by GCC.
- My Networks Forest of Dean Mental Health Scoping Project Report conducted by Forest Voluntary Action Forum.

### Key findings:

- The offer needs to be equitable access across the districts and be able to respond to local barriers such as the rurality of some districts. There needs to be a recognition of the difference in the districts and a working approach which supports each district.
- No wrong door approach should be supported where practical and possible.

- Needs are increasing and getting more complex. 1-1 support is needed within communities.
- There is a need for Peer Support, and more specifically support from those who are able to share their lived experience of recovery and demonstrate their ability to live with mental ill health.
- Access to the community and understanding resources that are available within that community is key.
- There is a need for community advocacy.
- There needs to be active working with communities to reduce duplication and increase local provision.
- Key organisations working in mental health need to work in partnership and in alliance with one another, information sharing (where consent is given) is key across supporting agencies.

### 3. Public Engagement (28th April 2023 – 11th June 2023)

The survey was developed using the Council's Engagement HQ Platform (<https://haveyoursaygloucestershire.uk.engagementhq.com/>). The survey used both open and closed questions to gather thoughts towards the proposals for the new service. This was available online and in hard copy (in English) upon request. No questions in the survey were mandatory (either online or offline copies), therefore not all questions were responded to.

The survey was publicised using a variety of methods:

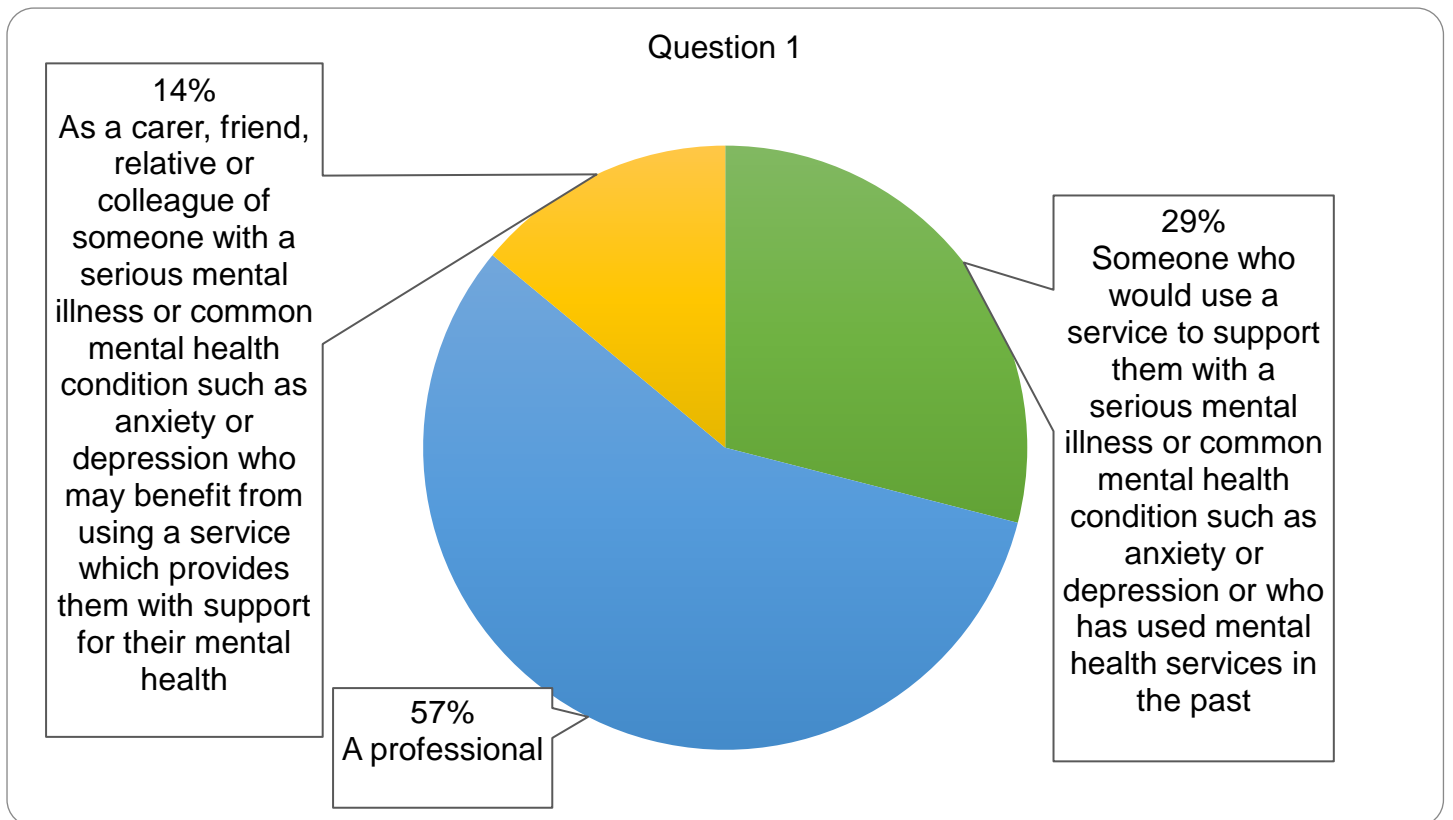
- Publication across all GCC social media pages and website and internally through TalkSmart.
- Promotion to key stakeholders including but not limited to; key commissioning colleagues across the ICB and public health, social work teams, Carers hub, integrated locality partnerships.
- Promotion to all commissioning teams within GCC.
- Mental Health and Wellbeing Partnership Board members.
- MHELO (Mental Health Experience Led Opportunities) network members.
- Mental Health Clinical Programme Groups and their lived experience advisory group.
- GHC's Expert by Experience team.
- ICB staff newsletter.
- Healthwatch bulletin.
- VCS Alliance newsletter.
- GCC provider bulletin.
- Know Your Patch Networks.
- GP Bulletin.

### 3.1 Survey Responses

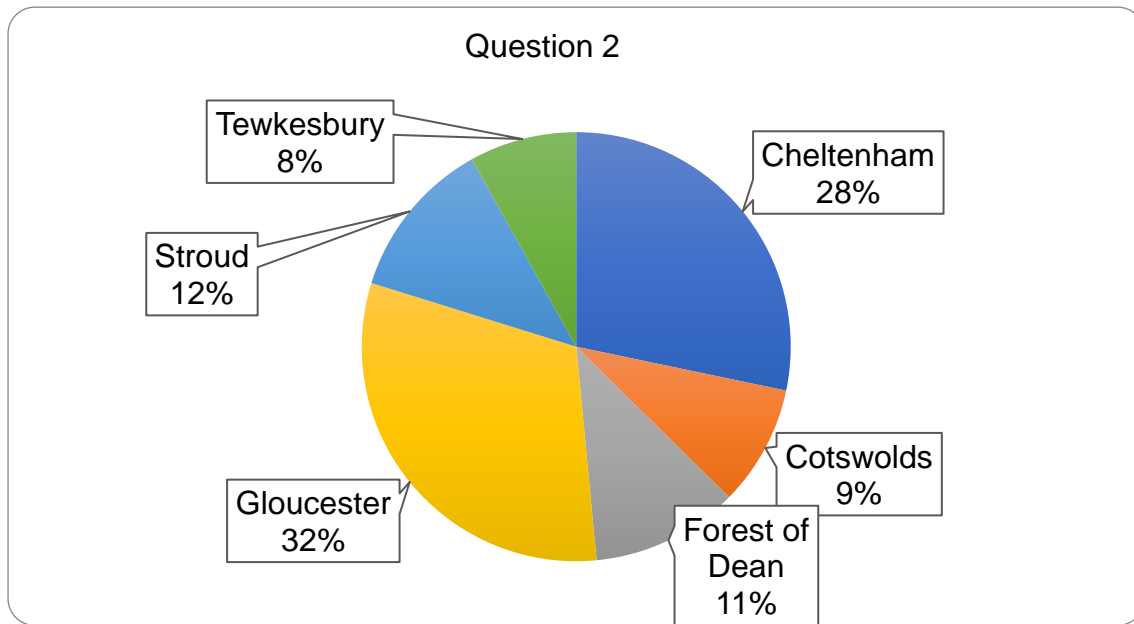
A total of 101 people submitted responses to the online survey, and there were 0 submitted offline responses.

**Q1.** “Please indicate the capacity in which you are responding to this survey.”

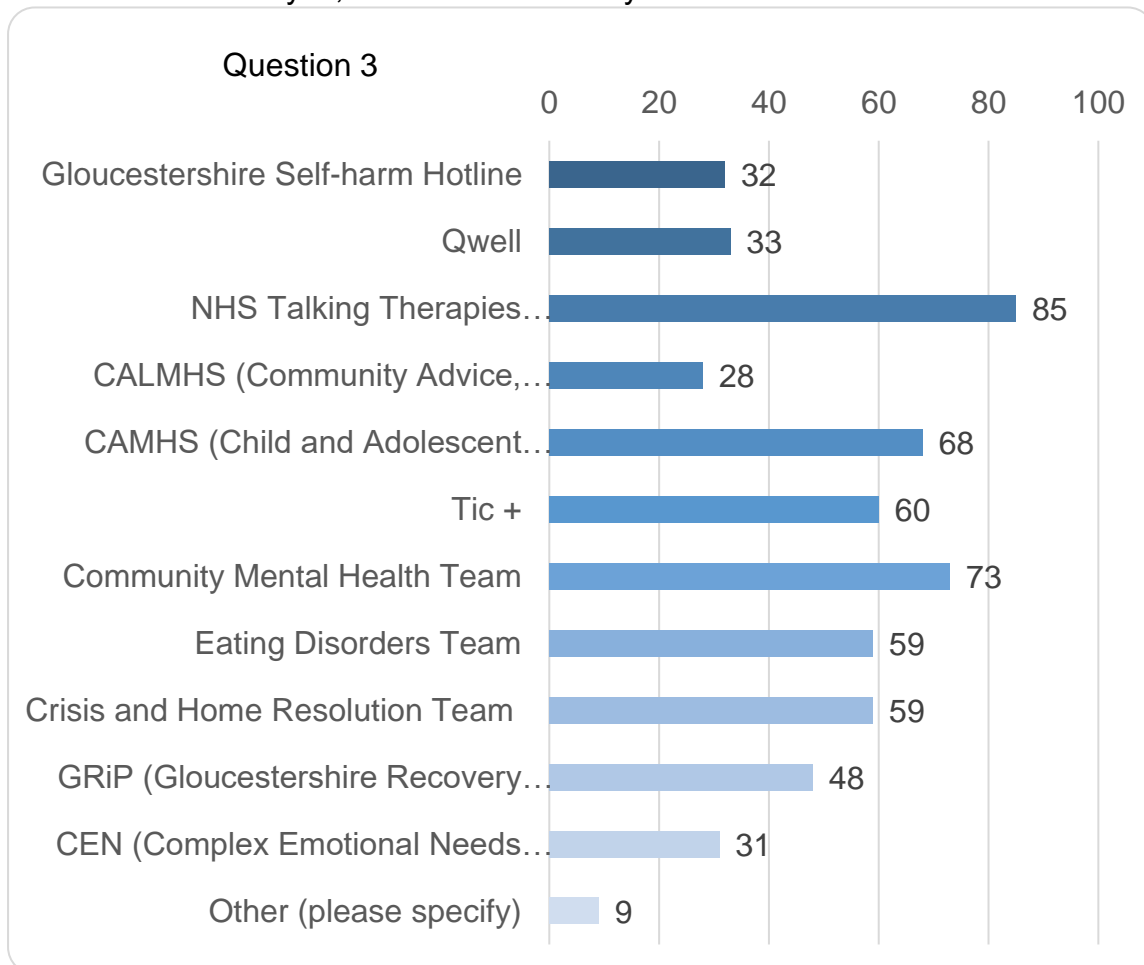
- Someone who would use a service to support them with a serious mental illness or common mental health condition such as anxiety or depression or who has used mental health services in the past
- In a professional capacity
- As a carer, friend, relative or colleague of someone with a serious mental illness or common mental health condition such as anxiety or depression who may benefit from using a service which provides them with support for their mental health.



**Q2. “Which district do you live in?”**



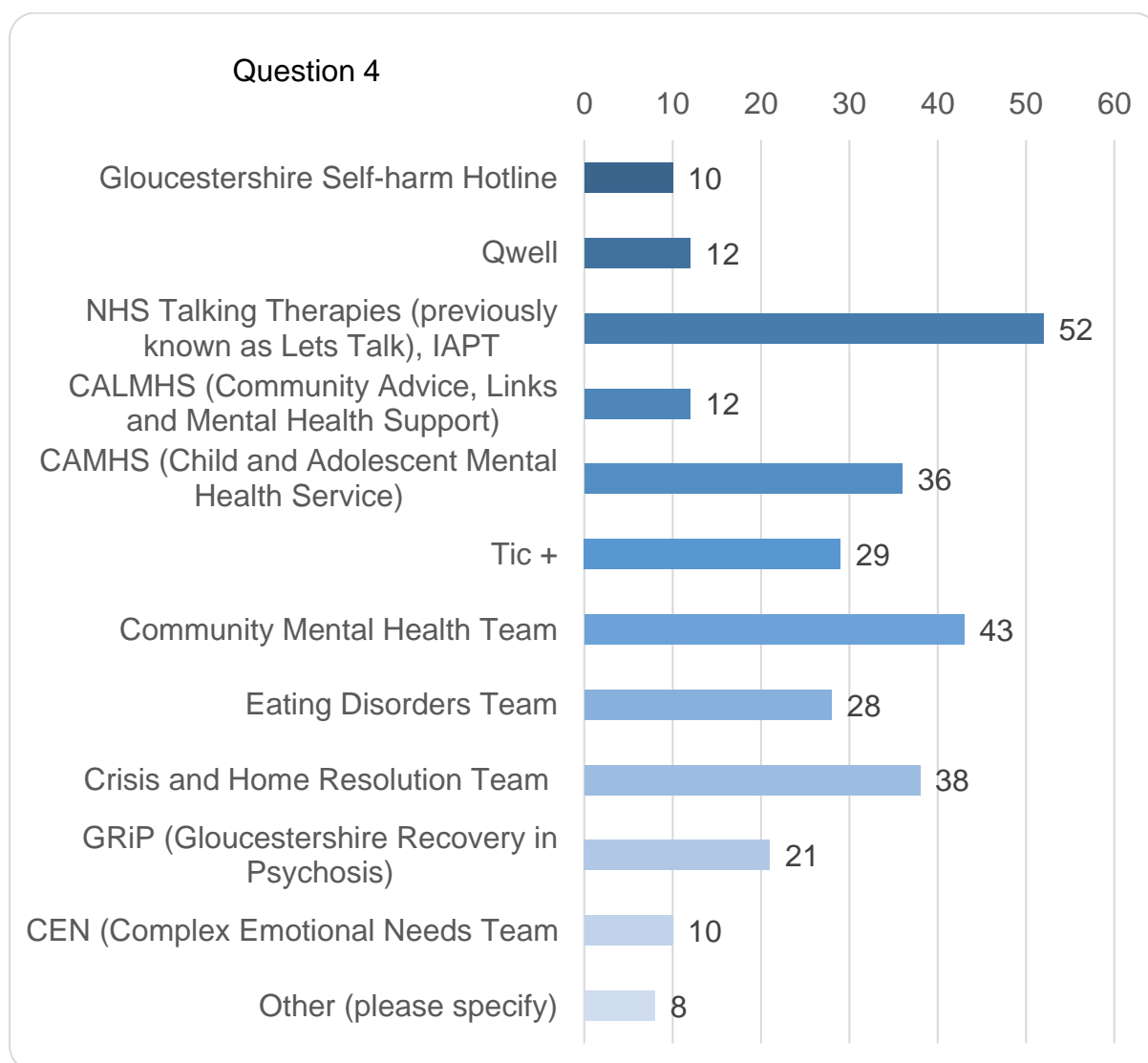
**Q3. “Are you familiar with any of the following mental health services available in Gloucestershire? If yes, which services are you familiar with?”**



Others listed;

- Wotton Lawn and Greyfriars,
- Perinatal
- Health & Wellbeing College (Recovery College)
- Inclusion Gloucestershire (MHELO)
- Recovery Team and Intermediate Care Team
- IPS Employment Specialists
- CGL (Change Grow Live)
- Samaritans

**Q.4** “Have you used any of these services before? If yes, which services have you used?”



Others listed;

- Guideposts
- GRASAC (Gloucestershire Rape And Sexual Abuse Centre)
- CASA (Community Autism Support and Advice)
- Health & Wellbeing College (Recovery College)
- MHELO
- Independence Trust
- FERN (Frequent Engagement Response Network)

**Q5.** “Please select the option that best describes your view on the following statement:

It is important that people who have a serious mental illness or common mental health condition such as anxiety or depression are able to access support and activities which are available in their local community.”

Respondents were in agreement with the outlined statement with 90% of respondents strongly agreeing, 8% of respondents agreeing and 2% strongly disagreed.

Of those who made additional comments, respondents were in agreement that people had a right to be able to access support and activities. Themes which arose from the comments were that people needed to have access to timely support and for some its difficult to engage with some services due to barriers such as confidence, transport and awareness of the services available. A large number of people commented that services needed to be made available county wide, and not to be Gloucester centric and that services needed to be accessible face-to-face. One person highlighted that some people need targeted treatment, where as other need to be able to access hobby or interest groups that are understanding and supportive. Several people were in agreement that access to activities within local communities are a much needed resource and have a part to play in improving peoples mental health, wellbeing and their lives in general. It was noted that this would need to be a joined up approach between organisations.

Those who strongly disagreed with this statement commented on specific services for children and teenagers being inaccessible which sits outside of the remit of the Mental Health Support and Advice Service.

**Q6.** “Please select the option that best describes your view on the following statement:

It is important that people who have a serious mental illness or common mental health condition such as anxiety or depression to have the option to access 1-1 support to help them to access support and activities which are available in their local community.”



Respondents were in agreement with the outlined statement with 83% of respondents strongly agreeing, 13% of respondents agreeing, 2% did not mind either way and 2% strongly disagreed.

Of those who made additional comments, respondents were in agreement that access to 1-1 support that is personalised is needed. This was highlighted of being of particular importance due to the variety of needs of people and the variance in different mental health conditions. Themes which arose were that access needed to be timely and flexible to meet the person at the time they needed it. It was highlighted that it wouldn't be needed for all people, as not everyone would need support to access the community through a particular service.

Several respondents said that support needed to be trauma informed and be accessible to those who are neurodiverse.

One respondent said it was particularly important to make sure anyone who gives 1-1 support is linked in with other services that might also be providing support to ensure there is no overlap or conflicting support offered.

One respondent said that access to 1-1 support was particularly important because not everyone has the confidence to approach and join groups.

One respondent said that it would be beneficial to be able to access some support outside of the usual Monday to Friday 9-5 offer.

Those who strongly disagreed with this statement didn't give any further reasons as to why.

**Q7.** “Do you agree with the proposal that the service should support local communities to enhance their offer to support people who have a serious mental illness or common mental health condition such as anxiety or depression?”

Respondents were in agreement with the outlined statement with 76% of respondents strongly agreeing, 16% of respondents agreeing, 5% neither agreed nor disagreed, and 3% either disagreed or strongly disagreed.

Several respondents said that although they agreed with this proposal there were several considerations that would need to be made. These were that there might need to be some financial support and investment into the local communities. That there is a need for communities to be able to access professional support and advice and/or training if offering support to people with mental ill health.

A few respondents said that communities needed to ensure they made reasonable adjustments for people and that they worked to ensure their community offer is made accessible and looks to reduce barriers to access.

One respondent identified that investment in training for organisations who run groups would be a more beneficial way of achieving this.

Respondents who disagreed noted that this would require an offer in the community to already exist and that investment should go directly into communities rather than through a third party.

Those who strongly disagreed with this statement didn't give any further reasons as to why.

**Q8.** "Please select the option that best describes your view on the following statement:

It is important for people who have a serious mental illness or common mental health condition such as anxiety or depression to have the option to access 1-1 support to help them understand their mental health and have support to learn skills to help manage mental health."

Respondents were in agreement with the outlined statement with 77% of respondents strongly agreeing, 20% of respondents agreeing, 2% neither agreed nor disagreed and 1% strongly disagreed.

People agreed that this type of support is beneficial as it helps people to better understand themselves and increase their skills to help them live better lives, but this can take time. Several respondents mentioned that there needed to be adequate training for people to deliver this type of support, especially if working with younger adults. One person said that this training would need to also be alongside strong link working across agencies that are providing support.

One respondent said that this type of support would be beneficial if it could be accessed more than once if needed.

One respondent said that there needed to be support in deprived areas, and in particular the Forest of Dean.

One respondent noted that there is a different skillset required in order to support someone with common mental health conditions to those with a serious mental illness.

Those who strongly disagreed with this statement didn't give any further reasons as to why.

**Q9.** "People who currently use the service have told us that Peer Support is an important part of the support they receive. Do you agree with the proposal for Peer Support to be an integral part of the support offered as part of the service?"

Respondents were in agreement with the outlined statement with 43% of respondents strongly agreeing, 32% of respondents agreeing, 21% of respondents neither agreed nor disagreed and 2% either disagreed or strongly disagreed.

Of those who made additional comments most were in agreement that Peer Support would need to be properly managed and include strong oversight and comprehensive training to ensure it remains safe and effective for people. This also

included ensuring that those delivering Peer Support are well and at the right point in their recovery to be able to support others. They also said it was important to ensure that people did not feel under pressure to deliver/when delivering Peer Support.

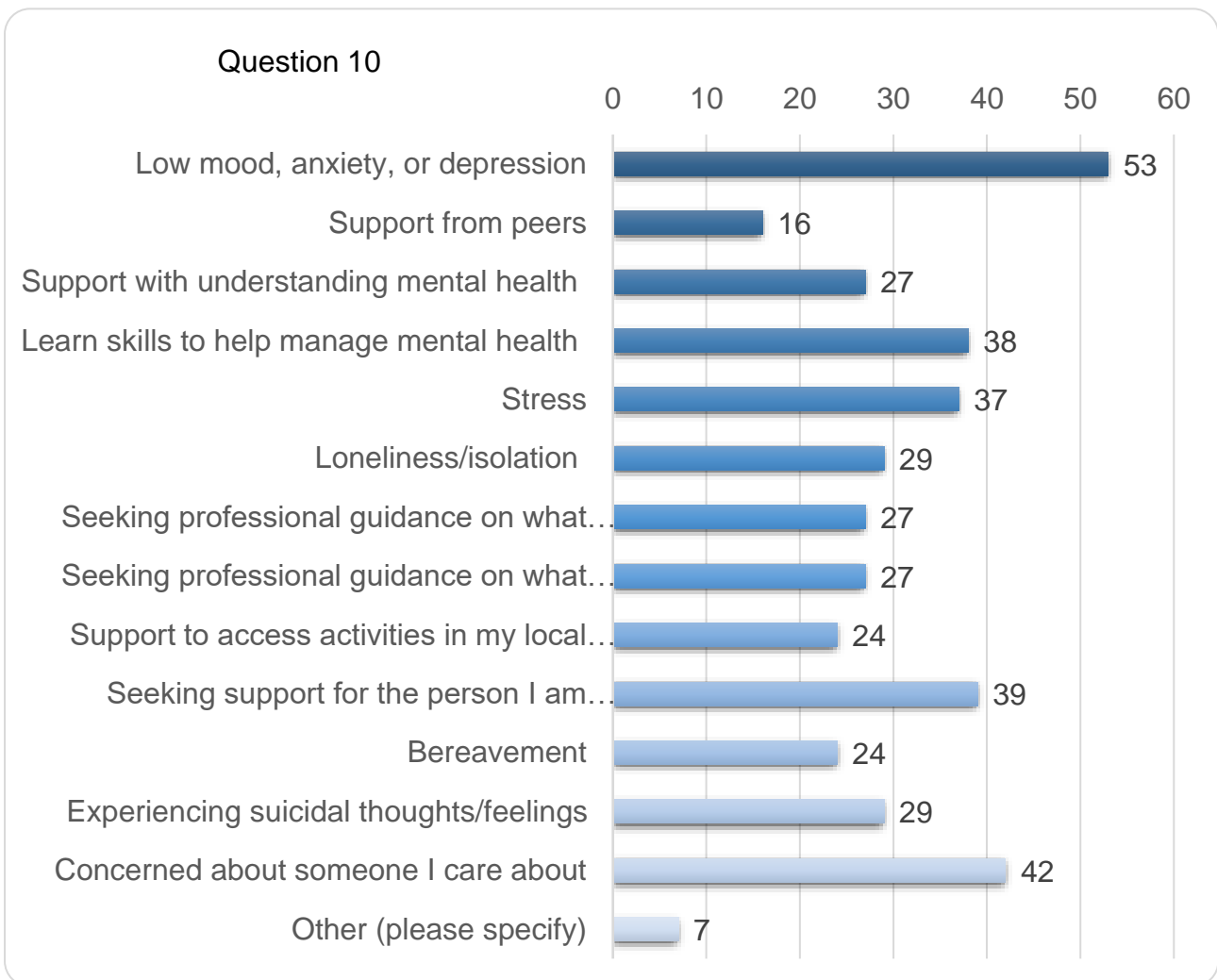
Several respondents said Peer Support has been or is invaluable as a part of support people have received.

A few respondents had had negative experiences with peer support in settings where people have eating disorders or personality disorders.

One respondent who disagreed said that Peer Support should only be supplementary to a strong service and should not be put in place in order to achieve efficiencies.

One respondent who disagreed said it would not be appropriate for the people they support but did not go into any further detail as to why.

**Q10.** “If you were to reach out for support, why might you contact a support service?”

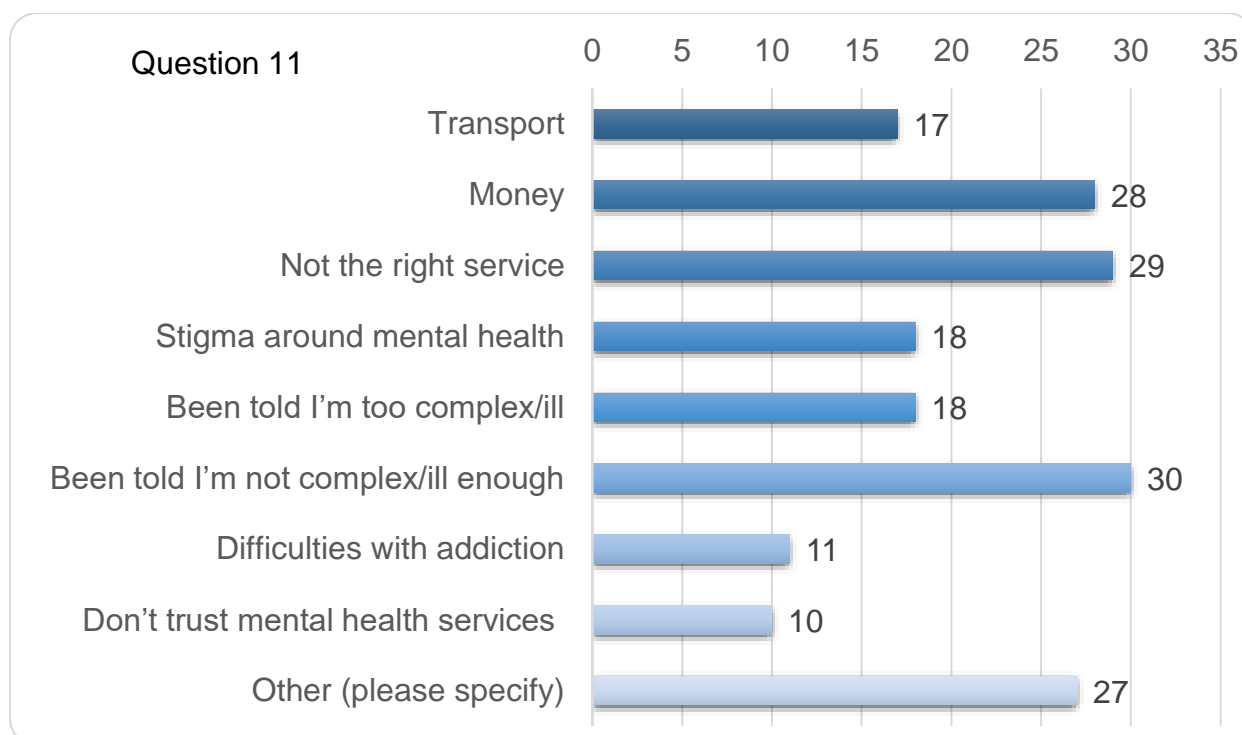


Other reasons given included;

- counselling services,
- eating disorder support,
- to enable them to better support clients,
- support for people who are neurodiverse,
- get expert advice,
- support for burnout.

**Q11.** “If you have sought support or thought about seeking support for mental health in the past, have you faced any barriers that have prevented you from accessing or might prevent you from accessing support?”

If yes, what are those barriers?”



Additional barriers listed were;

- waiting lists (this was mentioned by several respondents),
- people aren't able to be excess specific support more than once,
- only allowed limited sessions,
- referral rejections,
- only being offered phone, online or group support,
- assumptions about diagnosis,
- being neurodiverse,
- lack of knowledge about autism,
- being judged (this was mentioned by several respondents),
- continued to be treated as an addict even though addiction was historic.

**Q12.** “If you have sought support or thought about seeking support for mental health in the past, please select the option that best describes your view on the following statement:

I would be happy accessing support for mental health from a service which was located in a community building or shared a space with another service if there was a safe space which was private and confidential.”

Respondents were in agreement with the outlined statement with 51% of respondents strongly agreeing and 29% of respondents agreeing, 13% of respondents neither agreed nor disagreed and 7% disagreed or strongly disagreed.

A few respondents said that the space would need to be accessible, both in terms of transport to get to those spaces but also having an accessible building. One respondent said that accessibility should recognise that not everyone is able to leave their home.

A few respondents said that in small communities people know each other so they would need to consider staff which are independent from those communities. One respondent specifically said they would not access a service in their local community because people would know who they are.

A few respondents said the space would need to be welcoming and informal which included being, not clinical, in a modern (not run down) building and having refreshments available.

One respondent said that people’s approach and attitude are why people will feel safe and respected rather than the location.

One respondent that disagreed noted that not everyone is able to leave their home to access service. There were no further comments made by those who disagreed.

**Q13.** “Are there any issues or experiences of cultural or health inequality relating to you, your community, or the community you are representing that you would like us to consider?”

Accessibility was highlighted by most respondents. Several respondents supported earlier comments about ensuring that the service is accessible for those with a neurodiversity. The service should also be accessible for those who don’t speak English as their first language and who are not ICT literate. One respondent said that communication via post is a barrier for some. Several respondents mentioned that services should be affordable, and finances should not be a barrier to support. Services which are available across the whole county were also mentioned and the Forest of Dean was highlighted as an area which needed more support.

One respondent said that unconscious bias has been a barrier and needed to be considered through training to enable inclusivity.

One respondent said support for carers needed to be considered.

One respondent said being in full time employment is a barrier.

One respondent said that addiction is a barrier, in particular people's attitude or assumption that addiction is a 'poor life choice' rather than it being a coping mechanism to cope with trauma and poor mental health.

**Q14.** "Do you have any further comments that you would like to make?"

There is a need for support to be focussed on those in secondary care to regain life skills and independence, there is less need for support for those with common mental health conditions due to other services and support being able to be available for these individuals.

There needs to be considerations as to how local groups can be supported through investment into them.

#### 4. Conclusions and recommendations

This report will be included as an appendix to the Cabinet paper seeking permission to commission the Mental Health and Advice Support service in line with the proposals for the service.

If permission is granted, we will be seeking to implement the findings from this engagement alongside our previously conducted research, engagement and service evaluation.

The findings from this report are consistent with findings from the service evaluation and additional research. Respondents are in support of the outlined proposals, there are some additional considerations which are outlined as key recommendations below which we will endeavour to address within the service specification and commissioning arrangements.

Key recommendations from this report are:

- To ensure that the service has an equitable approach across Gloucestershire.
- To ensure that the service is trauma informed.
- To ensure that the service is understanding of neurodiversity and can support people who are neurodiverse.
- To ensure the service is accessible and makes reasonable adjustments for individuals. This will include, ensuring that venues and building used are accessible, particularly in rural areas. Additional accessibility considerations highlighted within this report are where there are barriers due to; finances, ICT illiteracy, unconscious bias.
- Consider how to address barriers to access including waiting lists, referral criteria, being able to return to service if needed and additional considerations around responding to neurodiversity and addiction.
- To ensure the service is available face-to-face where needed.

- The service needs to ensure that support is personalised, non-judgemental and can be flexible to support a variety of needs including allowing for the time that people need for support to be effective.
- Consider how the service will target support to those who need it, especially those with more complex needs and those in secondary mental health services.
- The service needs to ensure that it works closely with partner agencies that also provide support to individuals accessing the service and there is a joint approach when working with other organisations.
- Considerations need to be made about how the service works with communities including how they might be able to support and train local groups to better support people with mental ill health.
- Considerations need to be made about how the service can best support communities where there might be limited resources to provide community groups in certain areas.
- Considerations need to be made where the service is delivered in small communities where there may be stigma attached to needing and receiving support, this might need to have particularly considerations in any Peer Support which is delivered in a group setting.
- To ensure that there is appropriate training for staff including supporting more complex mental health needs, recognising that there might need to be specific training in order to provide support to particular groups, such as young adults. Training around unconscious bias should also be considered.
- There is attention paid to the expectations of any Peer Support element of the service to ensure it is properly managed, adequate training is in place and there is adequate and appropriate support in place for those delivering Peer Support recognising that those delivering Peer Support may be vulnerable.
- Peer Support must compliment and support the service and not be the main element of support on offer to individuals.
- The service should consider the environment from which they operate to ensure that the space is non-clinical and welcoming.