

Mental Health Services - Experiences of Service Users and Professionals in Brighton & Hove

“I've been offered a service, but don't think it will help... I've been like I am for all my life, and life's been difficult. I don't think my GP believes me. I think it's too late to change the way I am, but I'd like a diagnosis to understand it, to put my finger on it, to justify it for me.”



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Introduction

“NHS services are almost universally overwhelmed with extremely long waiting lists and extremely strict inclusion criteria.”

“Where people have other health conditions or issues, it often seems like a reason for mental health services to decline to support them.”

“The lack of accommodation in Brighton has meant that some clients are in accommodation which makes their mental health worse.”

Healthwatch Brighton and Hove (Healthwatch) were commissioned to explore service user experience of mental health services and accommodation providing mental health support, in Brighton and Hove. The purpose was to help inform the following:

- The Brighton and Hove Mental Health and Housing Plan. A joint plan by the Brighton & Hove City Council (BHCC) and Brighton & Hove Clinical Commissioning Group (CCG).
- The Mental Health section within the Joint Strategic Needs Assessment (JSNA), due end June 2022.

Two surveys were initially carried out by the BHCC and CCG in January 2022. One survey was aimed at service users and the other at professionals and clinicians (now termed “professionals” for simplicity reasons).

Although the professional survey gained some traction (a final sample of 96), the service user survey was less successful (initially attracting 20 responses). As a result, Healthwatch were asked to refresh the survey content and re-promote it amongst their contacts and wider networks. The second service user survey ran from 22nd March - 16th May, and was actively promoted and received the majority of responses between 22nd March - 15th April. A further 10 responses were added by Sussex Interpreting Services who had been commissioned to speak to a limited number of service users.

In addition to promoting the Healthwatch survey via mailing lists and social media (mostly Facebook), we also spoke to accommodation providers in the city, sending them promotional material to display in the accommodation and pdf versions of the survey that could be printed out if residents preferred to complete a hard copy. All providers were also asked if key staff could sit with residents and help complete the survey and most agreed to do so (as long as residents wanted this assistance).

Through the revised and re-promoted survey, **the total number of service users engaged (including the initial 20 from BHCC and the CCG) was 137**. Most service users completed the questions about mental health support services; three service users also completed questions about mental health support in their accommodation.

This report covers the findings from both service users and professionals, with combined recommendations.

Findings are presented in three sections:

- Section A: Service user experience of mental health services.
- Section B: Professionals' and clinicians' experience of mental health services.
- Section C: Three suggestions from service users that would improve mental health services in Brighton and Hove.

The report closes with recommendations to BHCC and the Brighton & Hove CCG for the purposes of informing the Mental Health and Housing Plan and the Mental Health Section of the JSNA.

Methodology

The evaluation used a combination of quantitative forced choice questions and open-ended comment boxes to assess the experiences of both service users and professionals.

There were two questionnaires:

- Service user questionnaire carried out by Healthwatch Brighton and Hove¹
- Professionals & clinicians' questionnaire carried out by the BHCC.

Both can be viewed in the appendices. The introductory page of the survey included a link to Healthwatch's privacy statement.

The service user questionnaire contained 20 forced response and open-ended questions, followed by a further 10 equalities questions. Two final questions asked service users whether they were interested in a follow-up call to discuss their experiences further, and whether they would like to be included on the mailing list for Healthwatch Brighton and Hove. The professionals' questionnaire contained 16 forced response and open-ended questions, including one question regarding the professional's job role.

In addition, Healthwatch carried out two further pieces of related work. We spoke to service users following the completion of their survey. These are presented as case studies within the Service User Section A7 entitled Follow-up interviews.

To supplement the data, we also carried out a mailshot asking for opinions on the "top three things that could improve mental health services in Brighton and Hove".

We targeted three groups:

- Service users who had responded to the Healthwatch survey and who had given us permission to contact them again.
- Respondents to a previous survey run by Healthwatch regarding digital GP services, who had defined themselves as suffering from a mental health condition and who had given us permission to contact them again.
- We also contacted everyone on the Healthwatch mailing list asking for them to respond anonymously to the office@healthwatch email address. We phrased the question slightly differently to these people, so that it was also open to anyone who knew a service user as well as current and past service users themselves.

From the three suggestions for improvement we received responses from 29 people (providing 87 suggestions). The detailed findings from these are detailed in Section C, following the findings from the service users and professionals' questionnaires.

¹ An earlier survey run by BHCC generated 20 responses and these have been incorporated into the analysis for the service users' questionnaire. This earlier survey can be viewed in Appendix 2.

Findings

Section A: Service User experience of mental health services

A1: Sample profile

Healthwatch Brighton and Hove regularly evaluates its projects and reviews of health and care services to assess how effectively we have engaged with the general population of the city and its diverse communities. For further information on this, please see our most recent Equality Impact Assessment 2021.²

Appendix 1 shows all the demographic data we gathered from the sample we engaged with for the project. Below provides the typical profile of this sample.

Of the 137 service users, most (55 people) were aged between 40 and 59 years old.

Most respondents were female (64%). Male service users represented 30% of the sample. The remaining 6% defined themselves as either non-binary or A-gender (which is defined as not having a gender). Most respondents (87%) were the same sex as they were assigned at birth. People described their gender as follows: 71% of respondents were heterosexual and a further 29% were LGBTQ+ (Bisexual (7) people, Gay (5), Lesbian (4) Pansexual (4) Asexual (3) and non-binary (2)).

78% described themselves as 'White - English/Welsh/Scottish/Northern Irish/British'. 10% of the sample were from the following: Black/Asian/Minority Groups and/or Mixed Ethnic Groups. Most respondents (62%) had no religion.

71% of respondents defined themselves as having a long-term health problem or disability, which affected their everyday activities, either a little or a lot.

While most service users (71%) were not carers, 29% provided unpaid care for either a friend or family member. Most service users (98%) did not have connections with the armed forces.

Most service users were either living in their own property (42%) or in a rented property (42%).

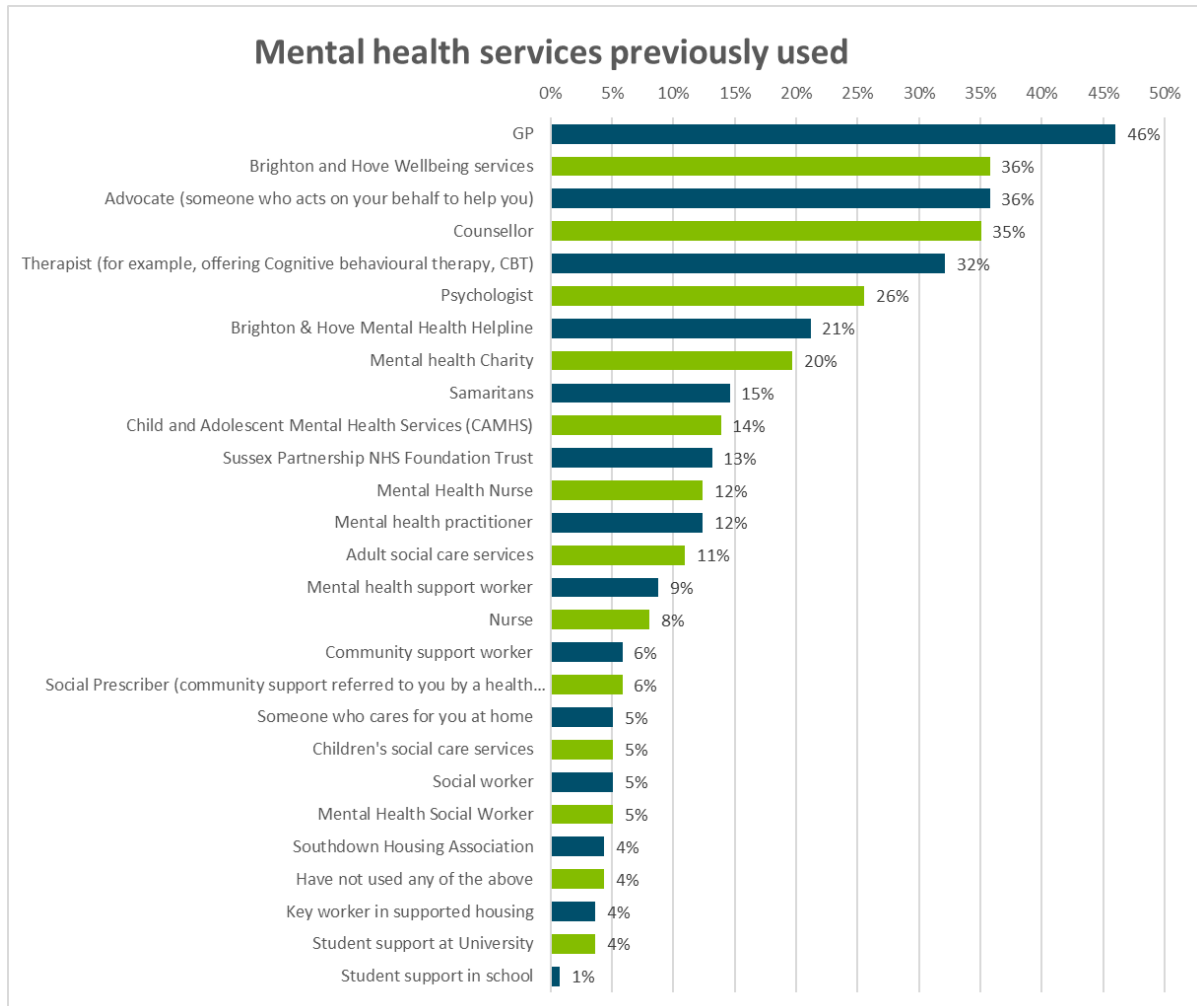
All service users were either currently or had previously received support for their mental health condition.

² See <https://www.healthwatchbrightonandhove.co.uk/report/2021-04-26/equality-impact-assessment-2021>

A2 About the service you have used or are currently using

Our first question asked about which mental health service (if any) respondents had used. The question was in two parts: one about previous use and the second part about current use.

Previous Use



Service users were asked if they had *previously received* support for their mental health and if so, to select as many of the services as were relevant from the options provided. There was also a separate “other” box, for services not listed. From 137 respondents, most people had previously used more than one mental health support service in the past. Therefore, percentages in the chart will not add up to 100% as respondents could choose more than one option.

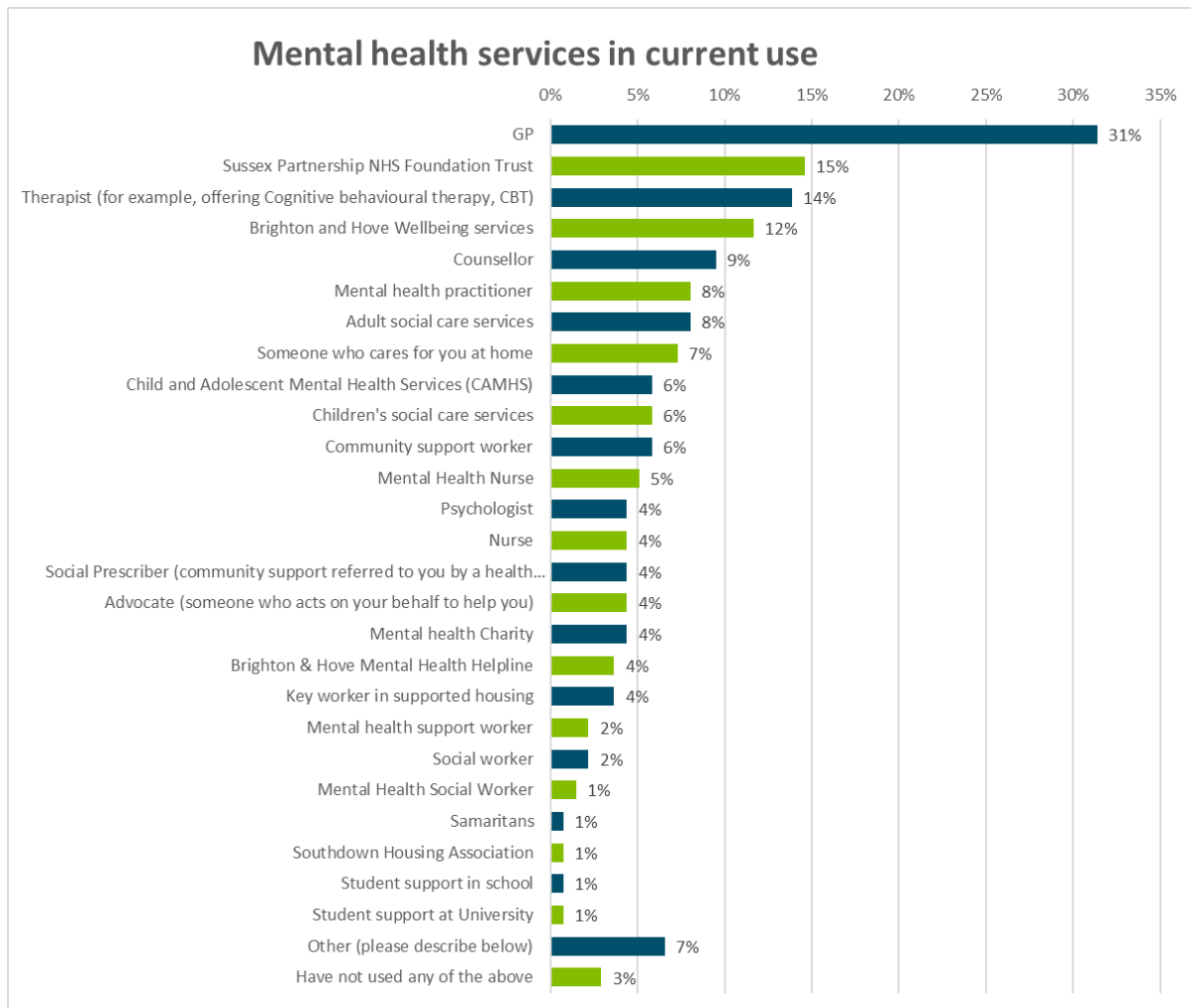
We found:

- 46% of respondents had seen their GP previously
- Approx. one third had used the following services:
 - Brighton and Hove Wellbeing services (36%)
 - Advocacy service (36%)

- Counsellor (35%)
- Therapist (32%)
- Approx. one quarter of respondents had used the following:
 - Psychologist (26%)
- Approx. one fifth had used the following:
 - Brighton & Hove Mental Health Helpline (21%)
 - Mental health Charity (20%)
- Between 11 - 15% had used the following services:
 - Samaritans (15%)
 - Child and Adolescent Mental Health Services (13%)
 - Sussex Partnership NHS Foundation Trust (12%)
 - Mental Health Nurse (12%)
 - Mental health practitioner (14%)
 - Adult social care services (11%)
- Other services listed in the response options, had been used by less than 10% of respondents, for example mental health support worker (9%) and nurse (8%), see chart above.
- Six respondents had not used any of the services previously.

There was also an opportunity for respondents to add services, not listed in the response options, that they had previously used. These included friends, complementary therapy, and Mindfulness Behavioural Cognitive Therapy.

Current Use

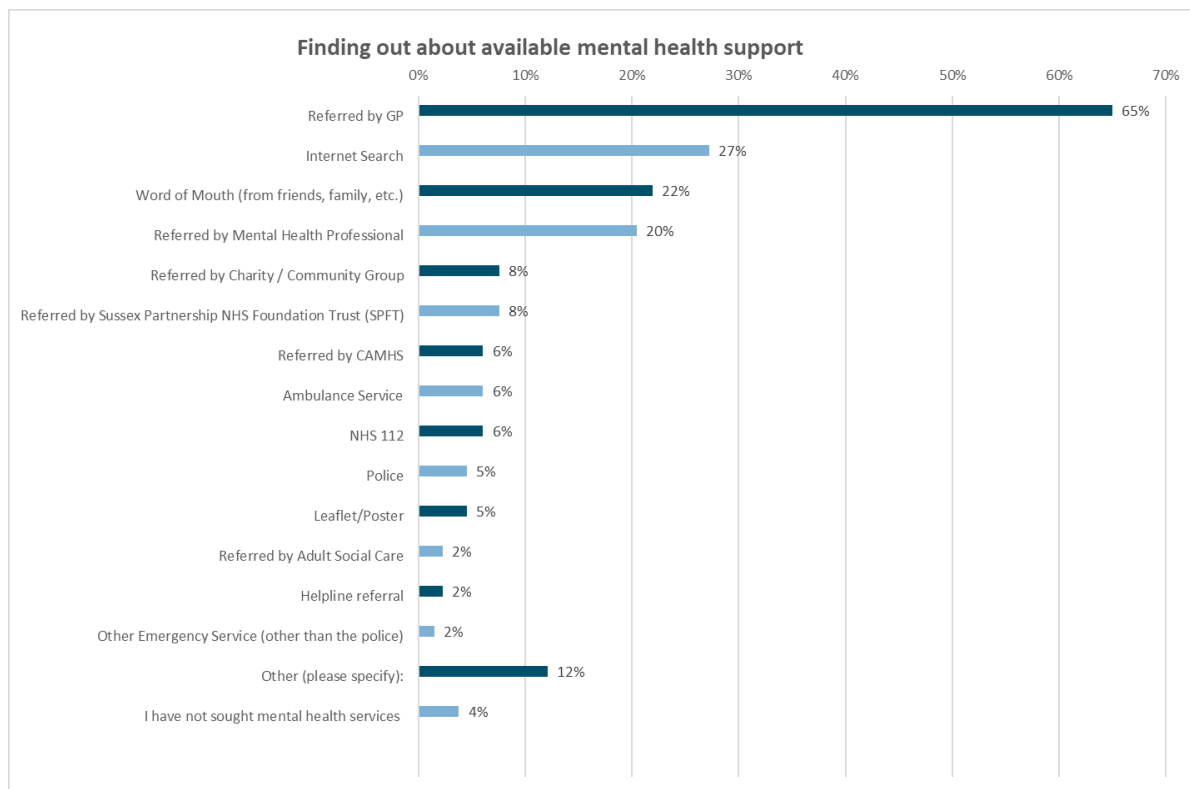


Respondents were also asked if they were **currently using** support for their mental health and if so, to select as many of the options listed as were relevant to their usage. There was also an “other” box, for services not already listed. From 137 respondents, most people were currently using one or more mental health support service. Again, please note that percentages in the chart will not add up to 100% as respondents could choose more than one option.

We found:

- 31% were seeing their GP.
- 15% were seeing Sussex Partnership NHS Foundation Trust.
- 14% were seeing a Therapist.
- 12% were using Brighton & Hove Wellbeing services.
- Other services listed in the response options, were being seen by less than 10% of the respondents, for example counsellor (9%) and mental health practitioner (8%), see chart above.
- Four respondents were not currently using any of these services.

A2 Finding Support



Service users were asked how they had found out about the available support. 132 service users (96%) responded to this question. Please note that percentages in the chart will not add up to 100% as respondents could choose more than one option.

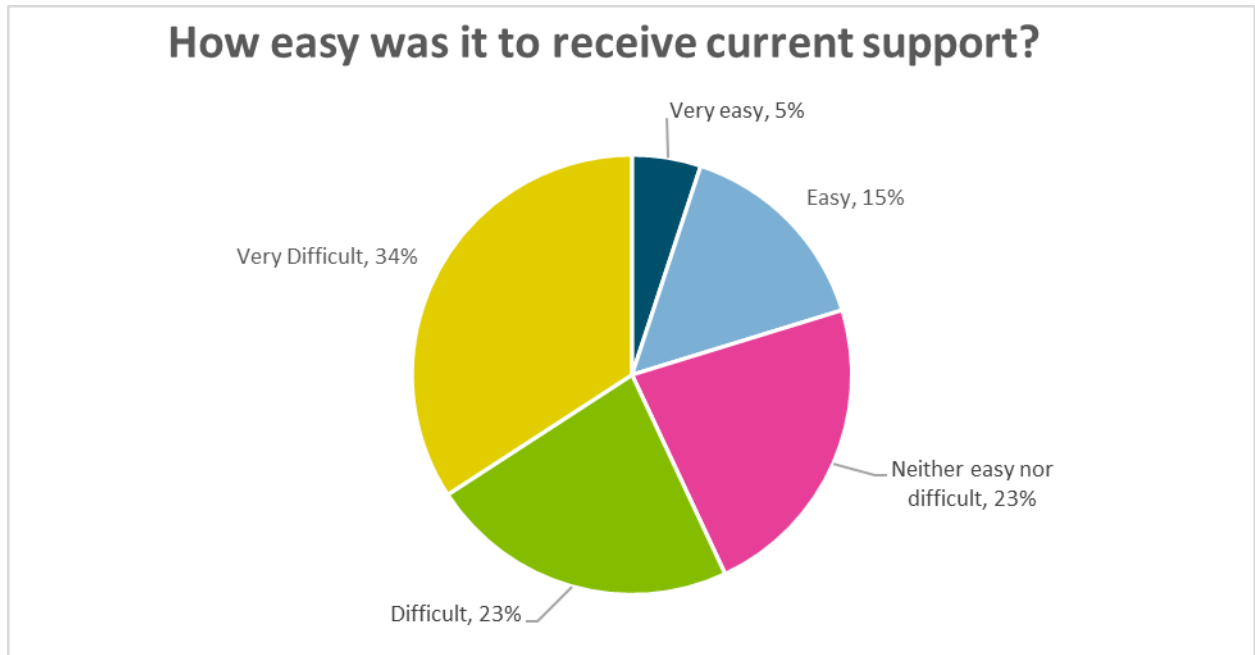
We found:

- 65% found out about mental health support through their GP.
- Between 20 - 27% of service users found out about support using these methods: Internet search (27%), word of mouth (24%) or referred by a mental health professional (20%).
- Other methods listed as possible response options, counted for less than 10% of respondents, see chart above. Examples of these are referred by charity/community group (8%) and referred by SPFT (Sussex Partnership NHS Foundation Trust), also 8%.

Service users were also given the opportunity of mentioning other ways they found out about services, which were not already listed in the response options. These included hearing about services through other people such as school staff or employers, or via other services such as in hospital, through the Lighthouse Centre³ or via bereavement counsellors.

³ The Lighthouse is a specialist service for people over the age of 18, living in Brighton and Hove who are experiencing Personality Disorder and Emotional Intensity. It is run by Southdown

How easy was it to find support?

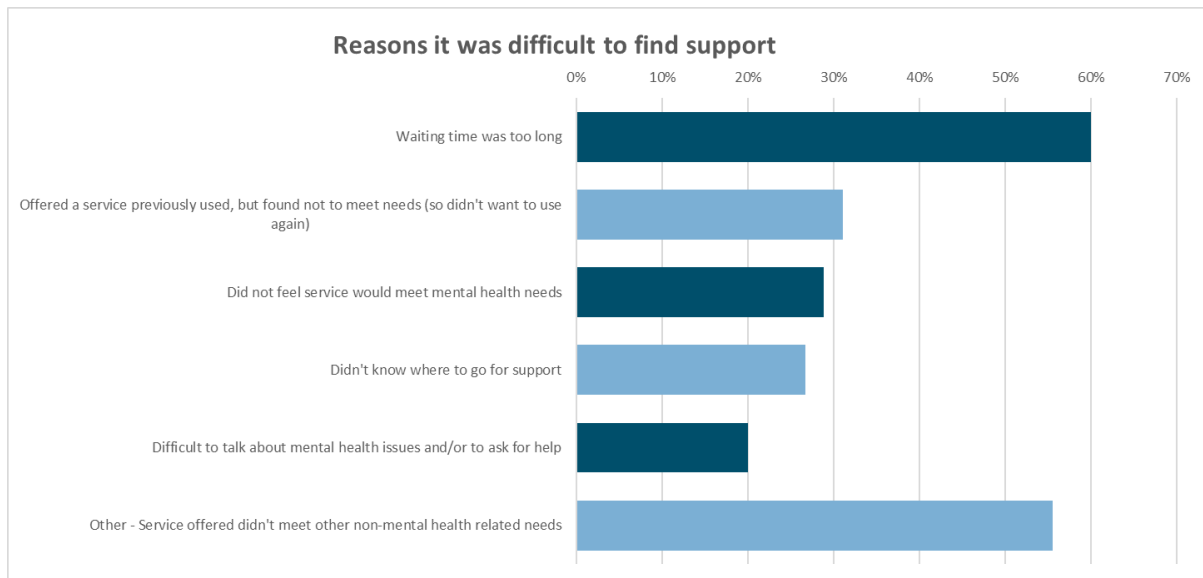


We asked those service users who had received support in the last six months (September 2021 - March 2022), as to how easy or difficult it had been to find this support. We imposed this timeframe as people would be more likely to recall the ease/difficulty compared to those receiving support more than six months ago. In addition, the findings from this current timeframe would be more beneficial to Brighton and Hove City Council and the Clinical Commissioning Group. This timeframe is also used in some of the later rating questions.

From the original 137 people who responded to the survey, 119 people provided an answer to this question. 40 people said they had not received support in the last six months. Of the 79 people who *had received support in the last six months*, we found:

- The majority (57%, 45) found it either “difficult” or “very difficult” to do so. 23% (18) of the total sample said this was “very difficult”.
- 20% (16) found it “easy” or “very easy” to find support. 5% (4) of the total sample said this was “very easy”, and
- 23% (18) found it “neither easy nor difficult” to do so.

Reasons for finding it difficult



We asked the 45 service users who found it “difficult” or “very difficult” in the last six months to find the support they needed, the reasons for this. They were asked to select as many of the response options listed as were relevant. Please note that percentages in the chart will not add up to 100% as respondents could choose more than one option.

- 60% (27 service users) found the waiting time was too long
- 31% (14) were only offered a service they had used previously and had found not to meet their needs (so didn't want to use it again)
- 29% (13) did not feel the service they were offered would meet their mental health needs
- 27% (12) did not know where to go to find the right support
- 20% (9) found it difficult to talk about their mental health needs
- 56% (25) found it difficult for other reasons unrelated to mental health needs:
 - 9 service users could not afford the cost.
 - 7 service users were only offered an online service, when they would have preferred face-to-face.
 - 5 service users found the service did not meet cultural/sexuality needs, for example the needs of neuro-diverse service users and non-English speaking service users.
 - 3 service users found the service offered was too far to travel.
 - 1 service user had mobility needs not met by the service offered.

Service user Comments

We gave service users the opportunity to add further comments about any difficulties they came across in finding support for their mental health issues. The following quotes provide a sample of what people told us. The majority of

responses relate to the stretched nature of the service, associated with lack of appropriate support and long waiting lists for treatment:

Service not available

“I needed open ended counselling and was told it wasn’t available on NHS or the charity I was assessed by. Had to have trial sessions with different private counsellors which was highly stressful. One trial was very traumatic, and the counsellor brought me to tears. A certain counsellor upset me when communicating with her via email about seeing her.”

“Service is limited to either CBT (Cognitive Behavioural Therapy) or talking therapy for depression. Nothing tailored or accessible for different needs. Too long to wait.”

“I was refused help by the NHS because I said I believed the root cause was childhood trauma. I only wanted someone to talk to. I didn’t expect to be fixed of all my past trauma!”

“My lead practitioner used to visit me once a week in my home as I’m also physically disabled but he left in October 2021, and they say they are so short staffed that they can’t find me another lead practitioner even after all this time?”

“Several times in the past even when experiencing suicidal thoughts, I have been told that I am not a sufficiently high priority to see a psychiatrist.”

Waiting for treatment

“Still on waiting lists - since early 2021.”

“Still unable to access services with specialist medication and treatment expertise beyond 1st and 2nd line medications and/or CBT”

“The waiting times are so long that it is off-putting, and either ends up in problems escalating to crisis or finding help elsewhere. What is finally offered is so generic and limited that it doesn’t address the issues individually.”

“The NHS gave me a list of charities when they refused to help me but they weren’t available or the wait list was too long or too expensive. I have struggled terribly for months with my mental health but there is no help.”

“I had to wait 8 days in crisis waiting for a hospital admission without adequate support.”

“Been asking for referral to psychiatrists for decades. GP surgery always refused saying they only take on people who are a harm to others, or it’ll be over 2 years wait, there’s no point etc - gatekeeping. Finally accepted making a referral this year, now have a psychiatrist.”

“All my GP does is tell me to register with the Brighton & Hove Wellbeing Service. The last time I did this, it took over a year for me to be offered help and that was only for 6 weeks.”

“The police referred me twice to Adult Social Care, who again took so long to contact me, that I took my frustrations out on her when she did. She explained she did not feel there was anything she could do.”

Services are not available to suit specific needs

“No services meet needs of autistic or ADHD (Attention-deficit/hyperactivity disorder) people.”

“Only CBT offered and that doesn’t suit my neurodiverse needs.”

“I found that there were services that looked interesting but were not available to me because my mental health issues were deemed too complex. I feel there’s a significant gap in services for those with complex mental health problems such as psychosis etc.”

“Although I am a member of the Lighthouse service in Hove, I have been unable to use this service due to them not making the reasonable adjustments for my autism and additional needs.”

Lack of specialist support staff

“My GP was very supportive and understanding however limited in their knowledge of how to help beyond signing me off work.”

“And there was never any follow up by GPs. Just try a new tablet and off you go.”

“When I’m at the point when I need help, being told to go to the wellbeing service when I know I’ll just be put on a waiting list (worst past wait was 2 years) makes it pointless talking to my GP. I just feel fobbed off.”

Stretched Child and adolescent mental health services (CAMHS) - other comments show criticism of CAMHS

“Only receiving the right help now as was sectioned in December. CAMHS were offering support but refusing to approve 2nd opinion for Autism, and if they had, becoming an Inservice user could have been avoided.”

“CAMHS don’t have email contact with parents or service users. They don’t respond to telephone messages, and we don’t have a lead practitioner despite our child having been detained under Section 3 Mental Health Act and continuing to be suicidal.”

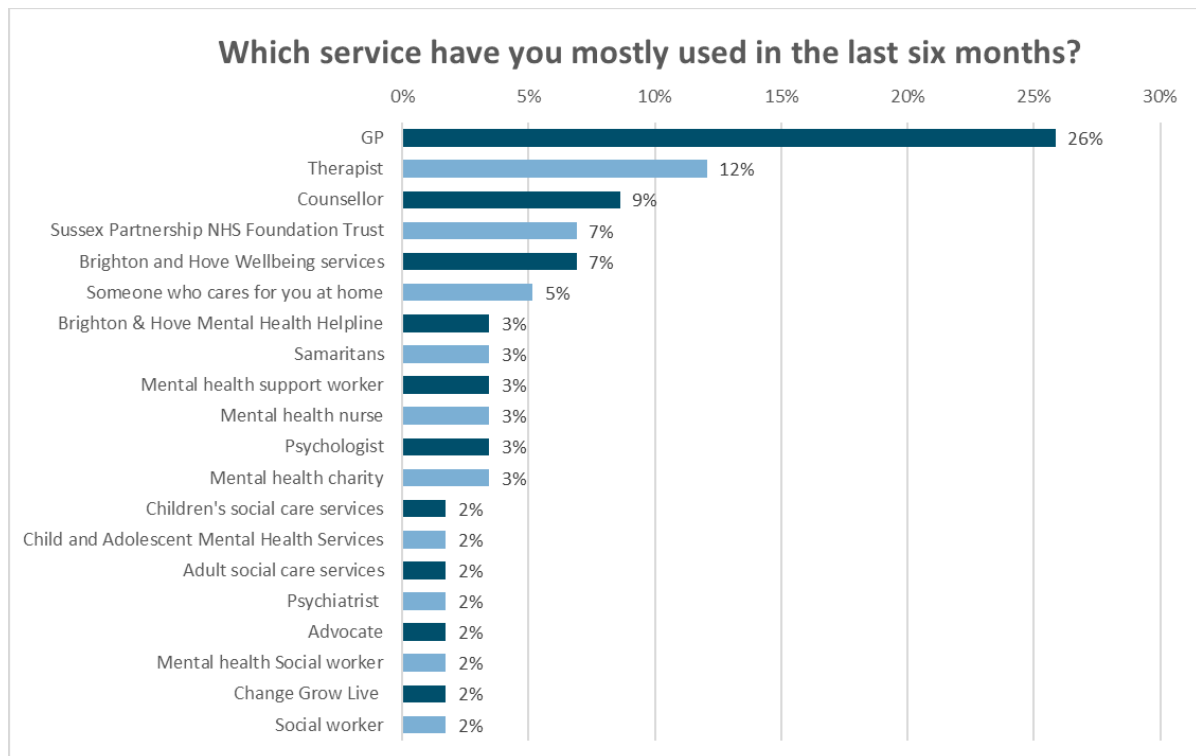
Aside to the system pressures, some people said they were frustrated about **Needing a proper diagnosis:**

“I’ve been offered a service, but don’t think it will help. I’m on the waiting list for a space for CBT. I actually would like a diagnosis. I’ve been like I am for all my life, and life’s been difficult. I don’t think my G.P believes me. I think it’s too late to change the way I am, but I’d like a diagnosis to understand it, to put my finger on it, to justify it for me.”

A3 Quality of care - mental health services

The Clinical Commissioning Group (CCG) and Brighton and Hove City Council (BHCC) were interested in the quality of services used. It therefore made sense to find out which service had *mostly been used* by individual service users in the last six months (September 2021 - March 2022) to be able to link quality to a specific service.

Service mostly used in the last six months



Of the 58 service users who responded to this question, the following were chosen as the service mostly used:

- 26% (15 service users) had seen their GP more often than any other service
- 12% (7) had seen their therapist more often
- 9% (5) had mostly seen a Counsellor
- 7% (4) had respectively seen either Sussex Partnership NHS Foundation Trust or Brighton and Hove Wellbeing services
- 3 or less people had respectively seen other services (as shown in the chart above), for example someone who cares for you at home (3) and Brighton & Hove Mental Health Helpline (2).

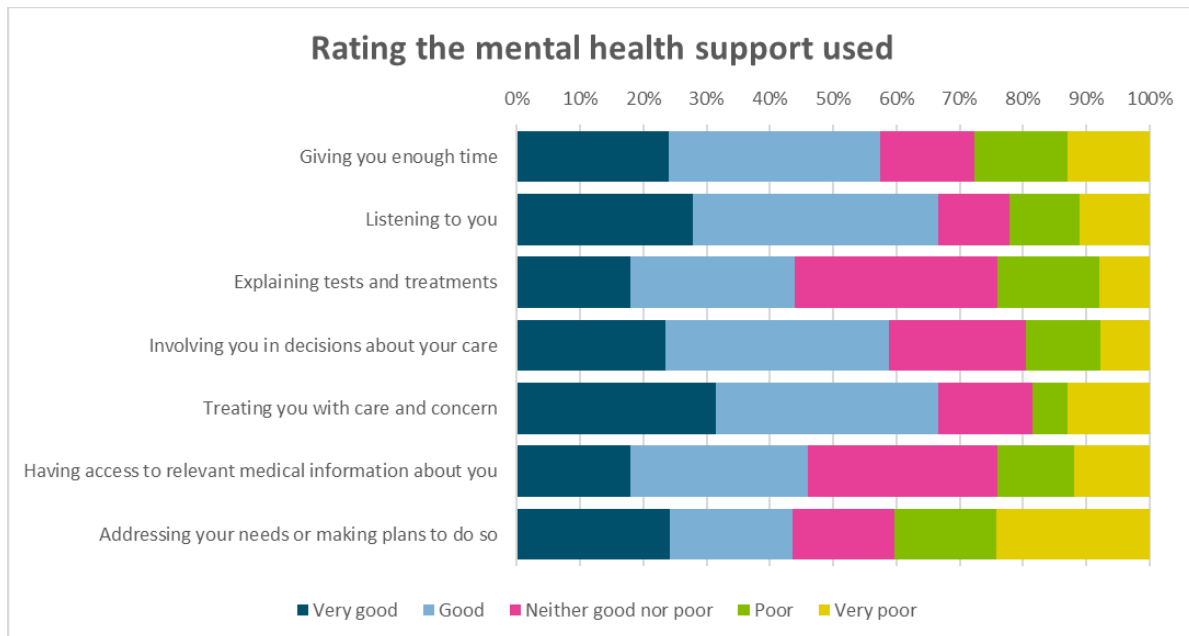
Of the categories above, we included Cognitive behavioural therapy, within the “therapists”.

By way of explaining some of the categories further:

- Child and Adolescent Mental Health Services are often known as CAMHS
- An Advocate is someone who acts on your behalf to help you, and

- Change Grow Live is a charity that helps people with homelessness, drug and alcohol addiction (for more information please see: <https://www.changegrowlive.org/advice-info/find-advice-info/health-and-wellbeing/mental-health-asking-for-help>).

Quality of care of services in the last six months



We asked service users to rate the service they had individually mostly used in the last six months. Service users were asked to respond to this question for six different areas of service, and they were asked to rate the quality of care received under each area as either “very good”, “good”, “neither good nor poor”, “poor” or “very poor”.

We combined the overall results under each of the six areas for “good” and “very good” and “poor” and “very poor” and found:

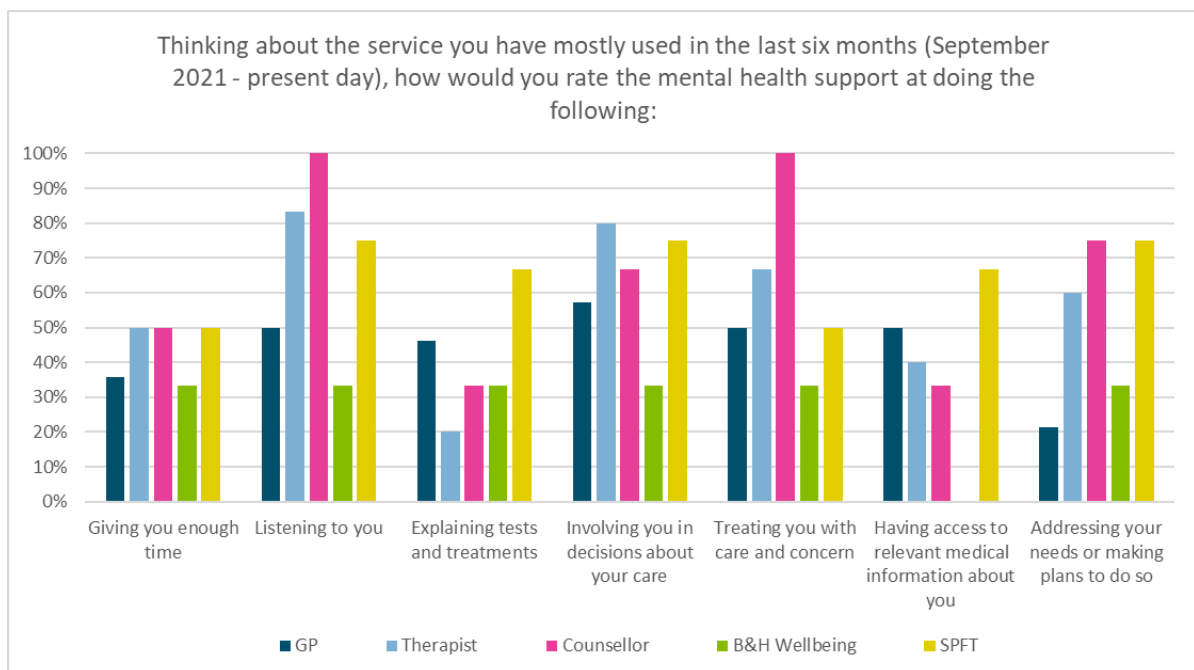
- Between 44% and 67%, felt the quality of care provided by the service was good.
- Between 19% and 28% felt the quality of care for five of the areas, provided by the service was poor; this rose to 40% for one area.

Even though more people felt the quality of care provided by the service they used was good, for each of the six different areas of service that we asked them to rate (“criteria”) between one fifth (19% or 20%) and one quarter (between 22% and 28%) found the service they used to be poor. In the case of “addressing your needs or making plans to do so”, the percentage of those that found it poor was much higher still, at 40%.

- **Giving you enough time** - 57% of service users found the quality of care provided by the service they used was good; 28% of service users found it was poor. 15% of service users felt it was neither good nor poor.

- **Listening to you** - 67% of service users found the quality of care provided by the service was good; 22% of service users found the service poor. 11% of service users felt it was neither good nor poor.
- **Explaining tests and treatments** - 44% found the quality of care provided by the service good; 24% found it poor. 32% found it was neither.
- **Involving you in decisions about your care** - 59% found the quality of care provided by the service was good; 20% found it poor. 22% found it neither.
- **Treating you with care and concern** - 67% found the quality of care provided by the service was good; 19% found it poor. 15% found it neither.
- **Having access to relevant medical information about you** - 46% found the quality of care provided by the service was good; 24% found the service was poor. 30% found it neither.
- **Addressing your needs or making plans to do so** - 44% found the quality of care provided by the service was good; 40% found the service poor and 16% found it neither good nor poor.

Comparing specific services with quality of care



Of the 58 service users who responded to the question about the service they had mostly used, the chart above cross-references the ratings of quality of care under the six areas we asked people to consider with some of these services, as used by the largest groups of these people. However, excepting the sample who chose GP services (15 people), even these sample groups were not in themselves large enough to draw any significant findings. We have therefore highlighted just a few of the main findings.

GP services did best at involving the service user in decisions about their care but were not so good when it came to giving the service user enough time.

Therapists were mostly good at listening to the patient.

Counsellors were best at treating the service user with care and concern.

SPFT (Sussex Partnership NHS Foundation Trust) were best at involving the service users in decisions about their care.

Service user Comments

We gave service users the opportunity to add further comments if they had included either a poor/very poor or good/very good rating. The following quotes provide a sample of what people told us and we have grouped comments under sub-headings.

Concerns were raised about inappropriate support, not getting a proper diagnosis, long waiting times, lack of joined up support and lack of tailored support.

Comments about Poor Ratings

Inappropriate support

“I’m rating CAMHS and consider their existence has made our situation worse rather than better. There is no direct contact between us and them. We phone a helpline number if we need to contact them. They don’t always come back. Sometimes it’s taken them 9 days to respond. Our son is autistic and has a need to know what is going to happen. Psychiatric appointments start late or are cancelled at the last minute. It’s never the same Doctor. We have to go through the history again each time. Everything discussed is never implemented. It’s all a huge draining disappointment. We have no support.”

“When diagnosed with PTSD relating to trauma the Psychiatrist said that I had addiction issues. But this information was ignored and inappropriate medication was clearly prescribed to be able to say that I had been treated.”

“I did not feel like my views were listened to until I was properly in crisis, and even then the options I was offered were incredibly limited which didn't meet what I needed.”

Asking for a proper diagnosis rather than over prescribing anti-depressants

“I’ve been referred for CBT, but as previously said, I really want a diagnosis to give me peace of mind, to understand the way I am... I'm asking for a diagnosis, other than that I don't want access to resources as I've been like this all my life.”

Stop fobbing people off on anti depressants, start listening to people and get them the correct support they need instead of lining the pharmaceuticals pockets

“GPs need more knowledge and experience of supporting clients with mental health issues. Mine was unaware of local services and did not look at or fully consider my previous medical history. I feel time and workload is probably the main issue. I was told medication is the only thing they can do to help which isn't true.”

Access and waiting times

“I feel like when I want to talk about my mental health concerns, I’m only offered medication to solve the problem. I know services exist, but I have no referral into the services and don’t really know how else to access them.”

“I have put neither good nor poor because it is not a substitute for more specialised NHS services that I need (beyond GP) that I have still not been able to access.”

“Getting access to mental health help on the NHS takes a long time to wait. The available options for treatment are limited. The GP service is so busy it is difficult getting appointments and when you do see a doctor you have a short amount of time.”

“When I’m at the point when I need help, being told to go to the wellbeing service when I know I’ll just be put on a waiting list (worst past wait was 2 years) makes it pointless talking to my GP. I just feel fobbed off.”

Lack of joined up support

“Charity/third sector services are not joined up with other services. While there are some benefits to the current split commissioning in Brighton and Hove it does mean that care is not joined up and you retell your story to each provider with no option for them to access past information.”

Specialist support for people with unique needs

“Autistic people with mental health difficulties/illness are not adequately provided for as service users or as part of the community...Autistic people find the amount of different people very stressful to deal with. The service user is unable to engage then the team discharge you without thinking that the person is overwhelmed, and this is the reason they are not engaging. There is an assumption that the service is not required when this is often not the case.”

“There is a complete lack of understanding of young people who have just transferred to adult services (18) and no appreciation as to how this transition affects these young adults.”

Comments about Good Ratings

Most positive comments were around the high quality of care people received. This was mainly referring to how a specific professional or team were supportive.

High quality of care

“Saw an excellent psychiatrist who changed my meds and referred me to group support treatment.”

“Cruise were communicative and caring.”

“They make me feel ‘normal’.”

“I’m not embarrassed discussing my health with them as I don’t feel like they’re judging me.”

“The staff I have contact with have generally been very kind.”

“Actively trying to help, actually listening, making follow up appointments.”

“He’s good at telling me that I have mental capacity and I can do things for myself even though by him doing it, it would take some pressure off me.”

“I’m currently under the care of a doctor who is very supportive. I have been diagnosed with PTSD.”

“I have received incredible support from the Mental health Assessment and Treatment Service (ATS) service. I was listened to about what I wanted. My GP referred me to them as soon as I asked, I was contacted quickly & was able to receive talking therapy intervention. My assessment was four sessions to help stabilise me, before I was referred to the CAT (Cognitive Analytical Therapy). The therapist became my lead practitioner throughout the Pandemic.”

Face-to-face contact

A particular aspect of the positive comments was about communication, including face-to-face engagement and direct and easy access to services.

“Seeing them in person was the best...and not having to book anything online or via an app helped a great deal.”

“The home treatment team were supportive but are a crisis team so only work with families for a limited time. However, they were the opposite of CAMHS. We had their mobile and email addresses. They turned up when they said they would. They remembered who we were and what the problem was and they seemed to genuinely care.”

Ease and flexibility of getting support

A further positive aspect was the ease and flexibility of getting support.

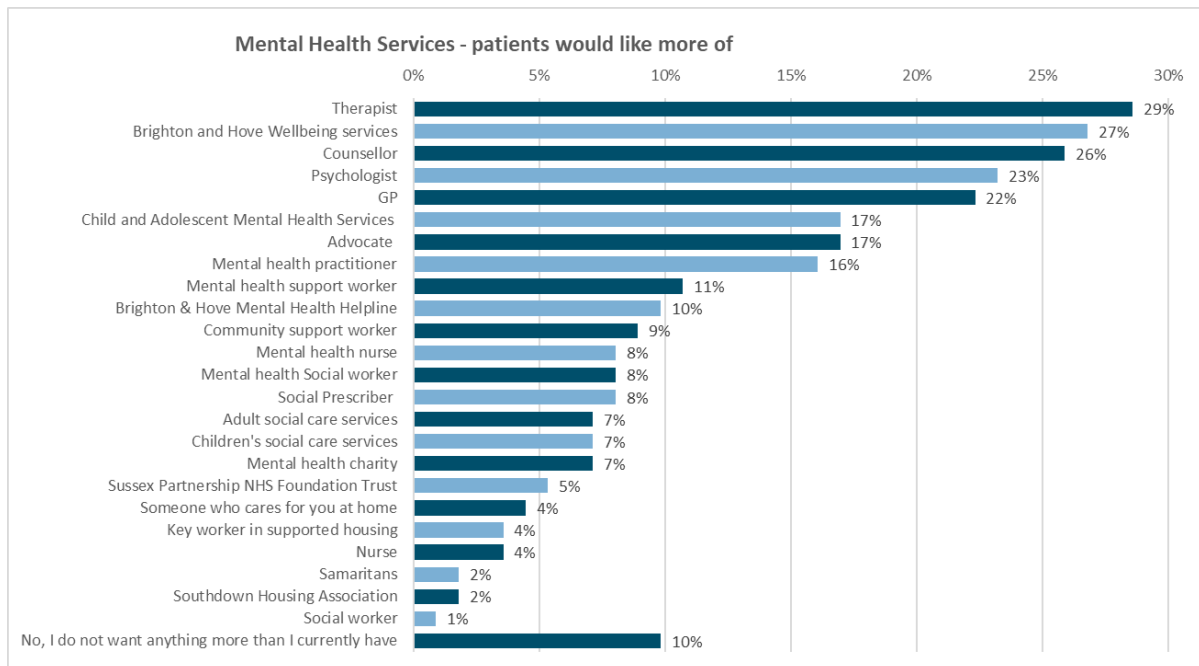
“I think aside from the long waiting lists, the process of getting support is fairly easy and quick to process.”

“I am very grateful and lucky that I have been able to access highly subsidised psychotherapy and Eye Movement Desensitisation and Reprocessing (EMDR).”

“I appreciated the quickness of Sussex In Mind support being set up.”

“Being able to be flexible around my needs (meeting online if I needed, offering flexible appointments, and meeting me at home if needed).”

A4 Preferred Services



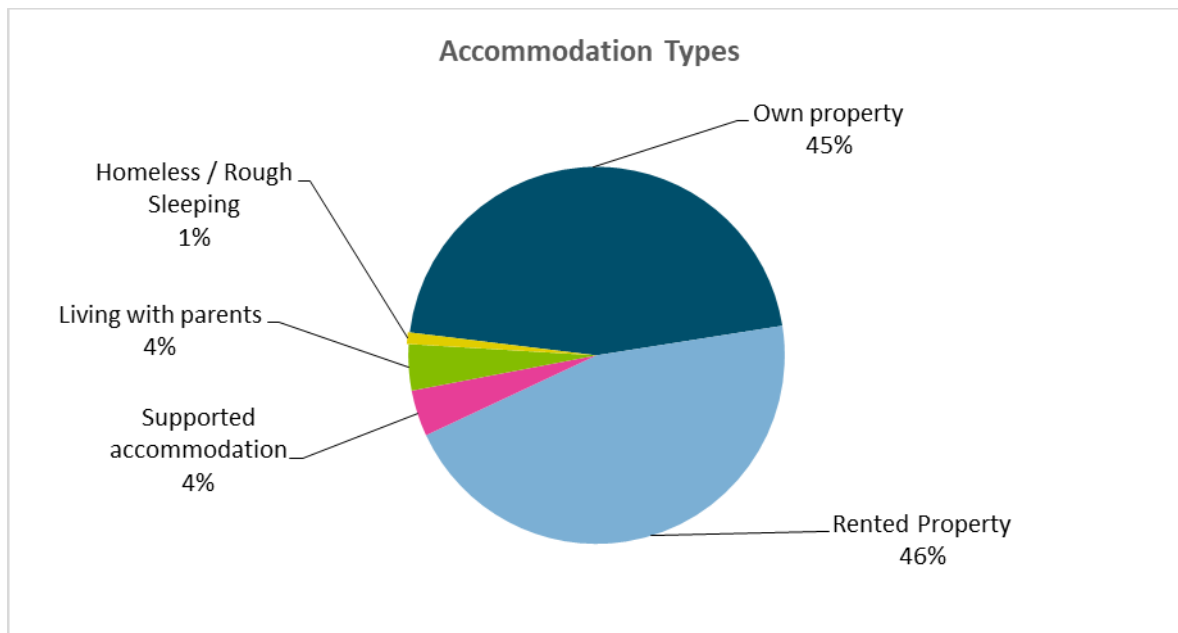
We asked service users which mental health services they would like to see more of (if any). They were able to choose as many options as they wanted. Therefore, the total percentages mentioned may exceed 100%. 112 service users responded to this question and from those who responded, we found:

- Between 20% and 30% of service users would have liked more of the following services:
 - Therapy (29%, 32 service users),
 - Brighton and Hove Wellbeing Service (27%, 30 service users),
 - Counsellor (26%, 29),
 - Psychologist (23%, 26),
 - GP (22%, 25).
- Between 10% and 20% of service users would have liked more of the following:
 - Child and Adolescent Mental Health Services (17%, 19)
 - Advocate (17%, 19)
 - Mental health practitioner (16%, 18)
 - Mental health support worker (11%, 12)
 - Brighton & Hove Mental Health Helpline (10%, 11)
- Other services were requested by 10 people or less (lower than 10% of those that responded), as shown above, for example Community support worker (9%) and mental health nurse (8%).
- 11 people (10%) did not want anything more than they currently had.

A5 Accommodation

Our first question in this section was about whether people lived in Brighton & Hove or outside of the area. Four people lived outside of Brighton & Hove and were therefore removed from the data before we began analysing responses to all of the questions. 137 service users remained, which enabled us to focus only on experience of services in the local area, the purpose of this report.

Accommodation types



We asked what type of accommodation people were living in. We received 101 responses to this question, therefore percentages and numbers are the same. We found:

- The majority were either in their own property (42%) or in a rented property (42%).
- Four people were living with their parents/family.
- Four people were living in supported accommodation, one person each living in the following: Sheltered Accommodation, Southdown Community Moves, Brighton Housing Trust - Route One and Homeless Supported Accommodation.
- One person was homeless /rough sleeping.

Heated Accommodation

A defining feature of poor accommodation which has been linked to mental health issues, is the lack of central heating.⁴ Therefore we asked people whether this was available in their accommodation. 83 people responded to this question and the majority did have central heating (93%, 77 people). However, six people (7%) did not.

⁴ For further information on how poor housing can affect mental health, see <https://www.mind.org.uk/information-support/guides-to-support-and-services/housing/housing-and-mental-health/>. For further information on the UK Government's heat and building strategy, see <https://www.gov.uk/government/publications/heat-and-buildings-strategy/heat-and-building-strategy-accessible-webpage>

A6 Mental health support in your accommodation

Part of the objective of this survey was to find out about mental health support in accommodation. Therefore, we asked all respondents if they lived in accommodation that offered mental health support for example, advice about benefits, life skills such as cooking, advice about maintaining their tenancy, support for their general mental health needs etc.

Only three service users (living in Brighton and Hove) received this type of support. Therefore, the following case studies focus separately on each of these respondents, and their views about the accommodation questions as well as providing a context of their overall mental health support.

To preserve people's anonymity, pseudonyms have been used.

Case Study One - Financial support

“BHT tenancy sustainment worker has been very helpful”

Dave is a 58-year-old LGBTQ+ service user with long-term health issues that affect his life daily.

Dave lives in rented accommodation and is *financially supported* in this accommodation in a variety of ways, receiving advice about benefits, e.g. universal credit, budgeting advice and maintaining his tenancy, e.g. advice about paying rent and upkeeping his accommodation.

Dave thinks the support he receives is very good regarding giving time to explain any difficulties and listening to any requests and addressing concerns or making plans to do so. He thinks the support he receives is good at respecting his background, culture, and religious beliefs. He thinks the support is neither good nor poor in explaining how the accommodation works, involving him in decisions about his accommodation or having access to relevant notes about his accommodation needs and history.

Dave said he did not require any further support than he currently had.

In addition to accommodation support, he also currently receives the following mental health support:

- Adult social care services
- GP
- Mental health nurse
- Mental health practitioner
- Sussex Partnership NHS Foundation Trust
- Therapist (for example, offering Cognitive behavioural therapy, CBT)

Dave mostly uses his GP service and has found them to be good/very good at supporting. However, he found it difficult to find other mental health services in the first place, due to the length of time it took for these to be available to him.

Case Study Two - Advocacy and advice

Jill lives in Route One, a supported accommodation for adults with mental health and complex needs, managed by Brighton Housing Trust.

Jill currently receives support for maintaining her tenancy (e.g. advice about paying rent and/or the upkeep of accommodation etc.), accessing care, advice about local activities and advocacy (where someone acts on her behalf to help her access services).

Jill thinks the support she receives is good at involving her in decisions about her accommodation and supporting her in a way that respects her background, culture and religious beliefs.

However, Jill said the support was neither good nor poor at doing the following:

- Giving her time to explain any difficulties and listening to any requests/complaints
- Addressing her concerns or making plans to do so
- Explaining about how the accommodation works
- Having access to relevant notes about her accommodation needs and history.

Jill would like to receive more of the following:

- Advice on benefits (e.g. universal credit)
- Maintaining her tenancy (e.g. advice about paying rent and/or the upkeep of her accommodation etc.)
- Educational advice
- Advocacy (where someone acts on her behalf to help her)
- Support for her mental health
- Maintenance (repairs, faults etc.)

In addition to accommodation support, Jill also currently receives the following mental health support:

- Adult social care services
- Advocate (someone who acts on her behalf to help her)
- Brighton & Hove Mental Health Helpline
- Brighton and Hove Wellbeing services

Jill mostly uses the advocacy service and has found them be a mixture of good and neither good nor poor at supporting. Jill found it easy to find the services in the first place.

Case Study Three - Carer

Mark is an informal carer and is a current user of several mental health services including support through his accommodation.

Mark advised that he has been provided with life skills such as learning to cook and support with maintaining his accommodation.

Mark thinks the support he receives is very good at addressing his concerns and making plans to do so, and good at having access to relevant notes about his accommodation needs and history. However, he believes the service is poor at giving him enough time to explain difficulties and listening to requests/complaints, explaining how the accommodation works, and involving him in decisions. He also thinks the service is very poor at supporting him in a way that respects his background, culture, and religious beliefs.

Mark would like more training and more support for his mental health.

In addition to accommodation support, Mark also currently receives the following mental health support:

- Advocate (someone who acts on his behalf to help him access services)
- Brighton and Hove Wellbeing services
- Child and Adolescent Mental Health Services (CAMHS)
- Children's social care services
- Community support worker
- Counsellor
- GP
- Key worker in supported housing
- Mental health Charity
- Sussex Partnership NHS Foundation Trust
- Therapist (for example, offering Cognitive behavioural therapy, CBT)

A7 Follow-up interviews with service users

In addition to the questionnaire, Healthwatch carried out two further pieces of related work including follow-up interviews with service users. We tried to contact the 12 service users who indicated they were happy to be contacted again to arrange a short telephone interview. In many cases service users did not respond to our phone/email messages. However, four interviews took place. These are presented as case studies below.

As with previous case studies, anonymous names have been used to protect the identity of each service user.

Case Study Four - Inconsistency of care

“I had support for one hour a week, and now I have nothing...I know my mental health is going backwards...now I just want to stay in.”

Shirley is a 49-year-old service user who lives with long-term health issues that affect her life daily.

Shirley has experienced multiple admissions to hospital related to her mental health including admission to Millview Hospital, where she felt there was no separation of patients with different conditions i.e. she was placed next to another patient with anger-management issues who verbally abused Shirley during her stay.

On discharge from Millview, she was assigned one lead practitioner who she felt “made my mental health worse”. A second lead practitioner was assigned who Shirley got on very well with and remained with for almost a year until the Practitioner left the organisation. Shirley has been without any support for almost eight months.

Since she has been waiting, Shirley has seen a psychiatrist once, at her own request but she felt “the psychiatrist didn’t know anything about me”.

Shirley would like more practitioners to be available and better consistency of care, for example, seeing the same mental health professional each time.

Case Study Five - Excellent mental health support post-trauma

“My support was excellent; I can’t really criticise it. But I prefer not to talk too much about my experience - It puts me back in that black hole.”

Jonathan is a 75-year-old service user who lives with long-term health issues.

Jonathan was diagnosed with PTSD following an incredibly stressful period of caring for a terminally ill loved one. His loved one was misdiagnosed several times as well as receiving incorrect treatment.

Jonathan is still very much affected by this experience but doesn’t like to talk too much about the past. However, he has received support from a psychologist who he described as “excellent”. He was referred by his GP and found it relatively easy to find the service he needed.

Jonathan was also recommended a number of alternative services including support groups but found these less helpful. Talking to other people about their grief only added to his own.

Jonathan would like more support for informal carers, particularly those caring for family/friends with terminal illness. He would also like to see further community support groups/activities for carers after they have lost a loved one as this kind of social network can be invaluable when you are left on your own.

Case Study Six - Support is good but needs to be for longer.

“For the first time in so many years I have a mental health recovery plan.”

Kevin is currently receiving support from the Community Mental Health Team, who has known him for many years. He is currently having talking therapy (in a group) which involves psychological treatment, working with a therapist, for mental and emotional problems like stress, anxiety, and depression.

Originally referred by his GP, he is also seeing a psychiatrist. Kevin feels he is being listened to and they have “prescribed me medication that makes me feel better rather than ones that make me feel worse”.

Kevin would prefer more in-depth psychotherapy and access to further 121 support rather than in a group which he finds is less effective. He would also like support that is for a longer term rather than the usual six-week period offered by the Brighton and Hove Wellbeing Service.

Case Study Seven - Post-natal help good but only available to those in extreme need.

“The EMDR (Eye Movement Desensitization and Reprocessing) therapy was very good. I was dealing with incredibly high anxiety and stress. I had about 18 sessions. But preventative support would be even better.”

Margaret is a 34-year-old who is not currently using mental health services but reflected on the post-natal care she received a while ago.

Margaret suffered from postnatal anxiety about six months after giving birth. She was referred by her GP to the Brighton and Hove Wellbeing Service. At first this service suggested parenting classes which Margaret felt was “patronising as I had extreme anxiety, and this was not what I needed.”

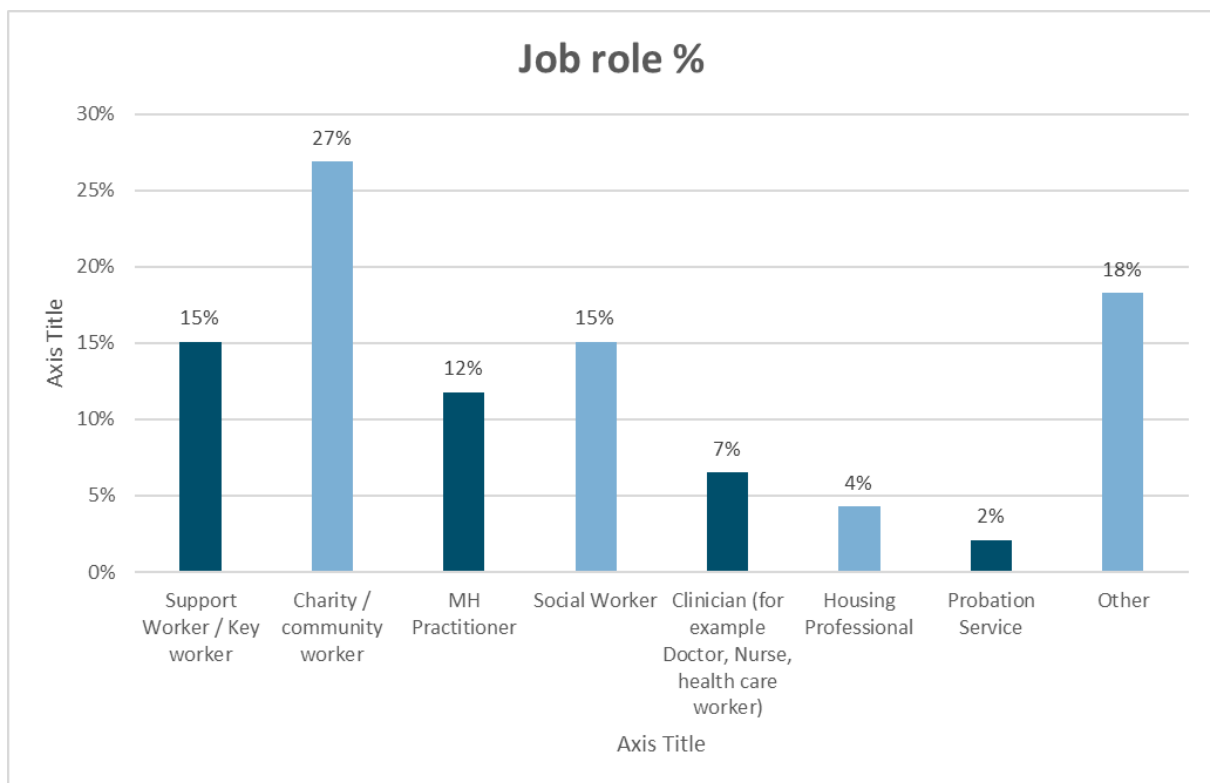
After going back to her GP, she was referred again, and this time received Cognitive Behavioural Therapy followed by Eye Movement Desensitization and Reprocessing (EMDR) therapy.

However, Margaret would like better preventative support to be available. She feels due to her “extreme need” she was given therapy. But “it would be good if they could help people before things get to that stage.” Margaret also feels the services need to be better funded, with more psychotherapists available, to enable “the right support at the right time”.

Section B: Professionals and Clinicians Experience of Mental Health Services

To complement the views of the service users, an important part of this engagement was to seek the views of professionals and clinicians (now termed professionals for simplicity). This section presents the main findings from the professionals' survey. Section D will look at the commonalities between their views and those of service users.

In line with the service users' survey, the professionals' questionnaire was issued in an online format and was open between January 14th to February 27th, 2022. In total 96 professionals responded, and all percentages are derived from those who gave a valid response (excluding those who did not respond). Most questions were open-ended inviting professionals to add comments.



To contextualise their responses, the professionals reported a wide range of working roles, with just over one-quarter (27%) working as a Charity / Community Worker. Additional leading professions were Support Worker / Key Worker (15%) and Social Worker (15%). The 18% who described other roles included Commissioners, Mental Health Service Leads, Access Officers, Social Prescribers, an Interpreter, and a Paramedic.

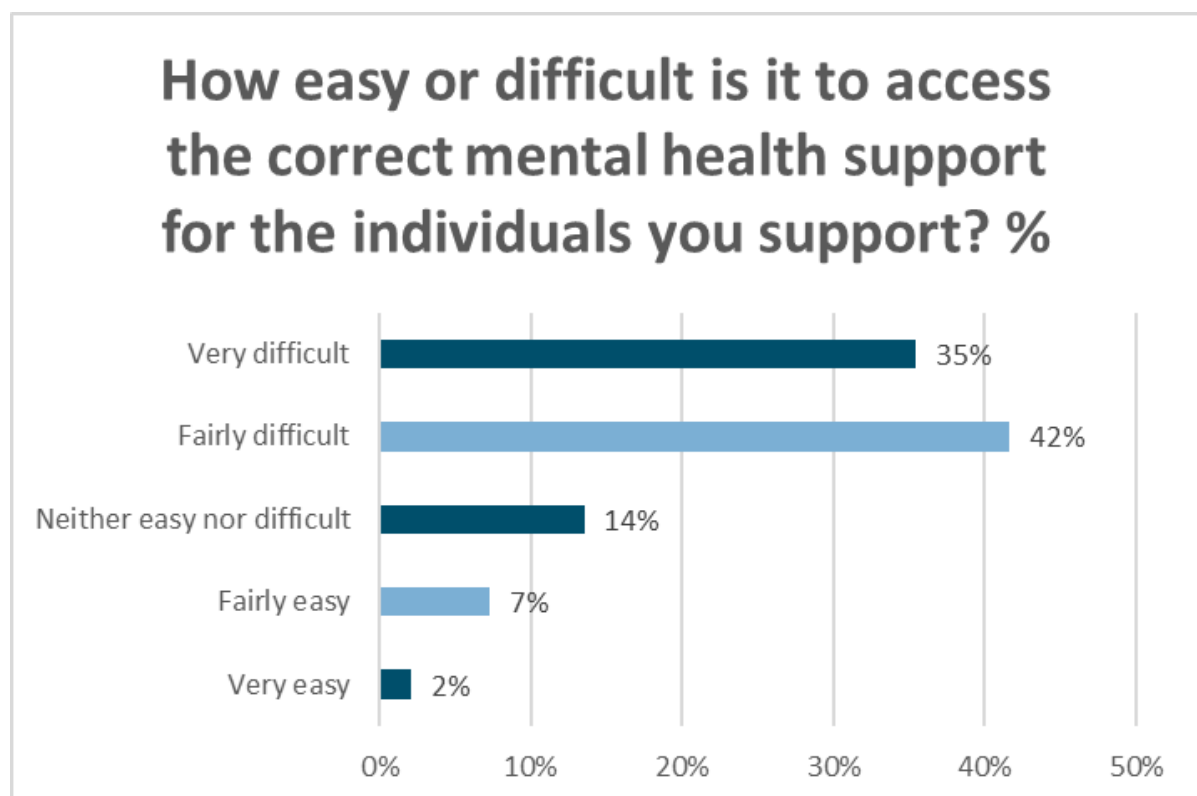
The remainder of the findings from professionals were grouped into the following:

- Accessing mental health support
- Accessing support in crisis
- Accessing accommodation support
- Mental health pathways and joined-up support

- Community-based support
- Services that respect background cultural life and religious beliefs.

B1 Accessing mental health support for clients

In terms of accessing the correct mental health support for their clients there was a strong skew to the difficulties surrounding this. As shown below, 77% of professionals found this difficult (42% 'fairly difficult' and 35% 'very difficult'). Although parallels with the service users will be made in a later section, it is worth reiterating that 57% also found it either "difficult" or "very difficult" to find support.



There were several comments around this response that highlighted the barriers towards accessing the correct mental health support for clients. The most common barrier was **providing support for people who have coexisting conditions**. This was usually where the person had substance misuse problems that acted as a barrier to their accessing services.

“If they have drug/alcohol problems then they are told they need to sort this first before receiving treatment.”

“There is an unclear criterion for the service which is not widely shared and clients with co-existing substance misuse are routinely told they are 'not stable enough'.”

“For clients with very complex mental health needs housing can be difficult to access. People who have a forensic history can be difficult to accommodate, and those with multiple complex needs. Risks can often be too high for providers and

complex clients are often declined. Clients who are struggling with addiction are also not easy to accommodate.”

“I work with clients who have experienced domestic abuse. As they have experienced trauma, when they are referred to the local NHS mental health services, they are discharged and signposted to RISE (the charity I work for). ... As well as this, my client’s needs are often deemed ‘too complex’ or ‘not complex enough’ to be met by the local NHS mental health service.”

Linked to the above point, there are further barriers where **people have unique needs**, with autism, LGBTQ+ support, language and literacy issues commonly mentioned.

“Where people have other health conditions or issues, often seems like a reason for mental health services to decline to support them. Particularly autism, personality disorder or substance use.”

“There are no health service supports for people with autism but when they get mental health support it does not consistently meet their needs arising from autism.”

“I work with LGBTQ+ people who often have multiple and complex needs which make them unsuitable for lots of types of support.”

“It remains difficult for people with language support needs to access G.P services and to obtain support for their mental health needs.”

“Also not reading and writing so not being able to access information and online support. Also GP surgeries doing online e-consults now and bookings being online. This is a massive barrier for illiteracy and computer illiteracy.”

With regards to particular needs, there were extra comments specifically around **young people**. There were concerns around lack of provision and also people ‘slipping through the net’ as they transferred from children and young people services to adult services.

“Support for young people in Brighton and Hove through CAMHS is very limited. There are long waiting times between assessment and intervention and cases are often held on duty. There is a high level of need for children and young people in Brighton and Hove, from wellbeing support to crisis intervention.”

“I work with young people who have a high risk of suicide. There is no provision for young people once they turn 18 and they no longer have the support of CAMHS. Adult services will not take them on, and I have referred five 18-20 year old clients recently for ATS, CAMHS assertive outreach and to their GP and none of them have been picked up any further. People take their own lives and the system still does not change.”

The point about the lack of CAMHS provision above leads into many comments which detailed the **pressures within the system** and the lack of support to accommodate this. There are several barriers to accessing support within the system which are detailed below.

Lack of resource and investment

“Rather than it relating to specific services, it's simply a case of resources being stretched and wait times being long for those who are not in crisis and who are living with low to moderate mental health challenges.”

“Mental Health Services have not expanded in line with need especially in light of the global pandemic and the emerging mental health concerns as a result.”

“Child and Adolescent Mental Health Services seem to be stretched beyond their limits and even clients who have allocated workers sometimes struggle to access the service.”

Lack of specific mental health services, including accommodation

“Respite for mental health carers appears to be virtually non-existent.”

“Access to structured therapy and treatment is limited, especially for individuals experiencing difficulties related to personality disorders and emotional or relational difficulties.”

“Lack of access to good quality rehabilitative and therapeutic living environments which are safe, secure and promote the highest possible wellbeing for individuals.”

Lack of clear pathways

“There seems to be very little therapy for service users who are in need. Quite often they are referred to our service it seems almost as a last resort.”

“One client was referred to the Assessment and Treatment Service (ATS). ATS reviewed referral, advised medication, and discharged them back to the GP. Service user was not contacted at all. He was unsure and upset as to why as he feels he needs some therapeutic support.”

“From our standpoint, we have to refer clients through their medical services - GP, hospital Consultant - to be able to get them mental health support. We do not have a direct link with the available mental health services in the city.”

No out-of-hours support

“Out of hours there are no adult social care or mental health services available apart from the Approved Mental Health professionals who deal with assessments only.”

“General capacity of services, and out-of-hour capability is poor.”

Lack of preventative support

“The threshold for any service is too high. Many people need support around 'mild' mental health issues but support for this is nearly non-existent. It would be great to have more free or affordable counselling before the issues become a crisis.”

“Very frequently it takes things getting to a crisis level for my clients to be listened to or heard, by which point things are a LOT worse than they were in the beginning and makes preventative work very, very difficult.”

The above points appear to be contributing to the increased **waiting times** for services, compounded by the **increase in demand** for services.

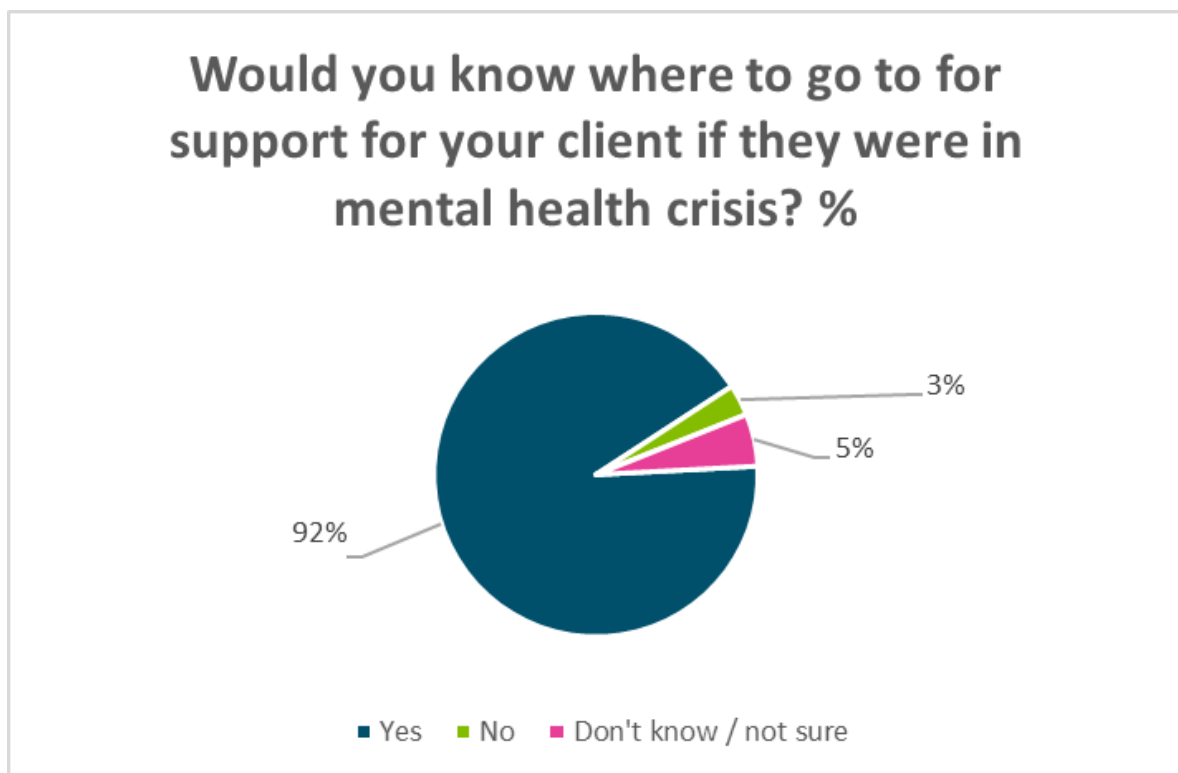
“NHS services are almost universally overwhelmed with extremely long waiting lists and extremely strict inclusion criteria...The voluntary sector in Brighton is better than most other areas of Sussex in having a huge variety of valuable support, however, this sector is also facing unprecedented cuts and pressures as well as being expected to mop up the most complex and often high-risk presentations whose needs aren't being provided for by the mental health services.”

“Often the service offered, even when it is available, has a long waiting list and then a very short duration, insufficient for the complexity of challenge we see.”

“Crisis, acute and inpatient support has increased 3-fold.”

B2 Accessing support in crisis

Most professionals (92%) knew where to go to in order to get support for their client if they were in a mental health crisis, for example posing a risk to themselves or others.



In examining the comments, the majority response was to seek support from the Mental Health Rapid Response Service (MHRRS):

“Very helpful to have MHRRS team to call on for us clinicians but also service users.”

This response was rarely made in isolation as others listed a range of other services including Crisis Resolution and Home Treatment Teams (CRHTs), Assessment and Treatment Service (ATS), A&E, the Police, NHS 111, and the Samaritans. This **range of additional services** explains the high levels of support options outlined in the chart above:

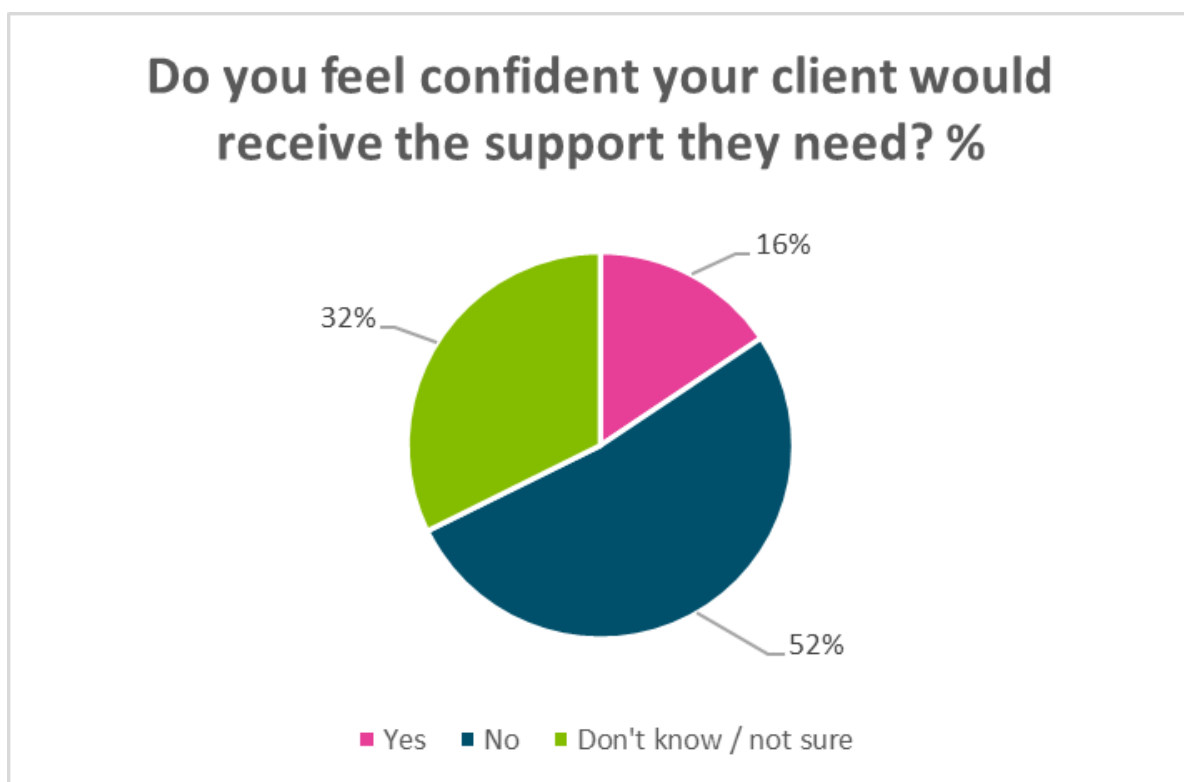
“I would contact the MHRRS if I needed advice. I would contact 111 if there was a medical incident. In case of emergency, I would contact the ambulance service or Sussex Police.”

“I would contact the following: MHRRS or attend A&E; the police or emergency services; or an ATS or other secondary mental health service if the person is known to a team.”

“The MHRRS, the Sussex Mental Health Line, Samaritans, the police are who I would contact.”

“I would contact the MHRRS; Mental Healthline; Samaritans; A&E; The Haven or use the Stay Alive app.”

Nonetheless, professionals were less certain about whether their clients would receive the support they needed, with only 16% saying they would. This is a 76 percentage point difference between awareness and confidence that service-users would receive the crisis support they needed, and is one of the most significant findings from this study.



The leading comments explaining the discrepancy in the chart responses above were about **lack of resources, services under pressure** and with **notable waiting lists**:

“The ATS service is very understaffed and overwhelmed currently, with a large waiting list. I am holding ATS clients on my caseload in perinatal mental health.”

“I think this would depend on the need. Our community services are not working at full staffing establishment and as such are struggling to meet demand. If a placement was urgently required, this may be difficult.”

“I’m worried about how stretched and under resources services are currently to cope with demand and complexity of need, disability and risk.”

Nonetheless, when the need is critical there does tend to be an **immediate response**:

“If the risk was high then I know that mental health services do tend to respond in these circumstances. However, only the most extreme levels of risk tend to qualify for intervention due to pressures on services.”

“Sussex Police respond immediately to suicidal clients. The ambulance service assess and respond according to that assessment.”

“Unless they are about to kill themselves or others it appears that support offered is not offered.”

As mentioned in the previous section, the support offered to **those with particular needs and circumstances** appear to be of greatest concern, in these examples relating to LGBTQ+, young people and language barriers:

“Absolutely not. Things are worsening in services. Budget cuts, lack of resources, poor pay and staff pressure all play a part but so does a huge lack of awareness on LGBTQ identities. LGBTQ folks, and other marginalised groups are actively fearful that they will be discriminated against, judged, and/or not believed when trying to access services.”

“Young people don’t always make use of MHRRS, they find the wait and the impersonal nature difficult.”

“Most likely they will if they understand why they need treatment and what treatment it is. Therefore, providing language help (community interpreter) is crucial for service users whose first language is not English.”

Again, as mentioned before, the likelihood of support depends on whether people present the **threshold of need**:

“I have seen too many clients turned away from mental health services as they have been deemed to be not an urgent case or in need of mental health support at the time of presenting/initial contact with the services.”

“Only the most extreme levels of risk tend to qualify for intervention due to pressures on services.”

“We are aware of how low numbers of mental health professionals are in the city and that the thresholds for referral or support are often too high or are reliant on self-help (apps, toolkits etc).”

“Having complex and multiple issues which make them ineligible for support from most services.”

Further comments about the barriers to accessing support echoed much of the above with **lack of resources** and services in place. Additional barriers including people moving around the system and lack of **joined up working**:

“Revolving door issues. Too many people being batted around the system. People feel upset about having to tell their story over and over and may disengage. Mistrust, poor experiences.”

“Many of our service users are passed along between so many services that they tend to feel unsupported when they actually need the assistance; by the time someone does get to them it can be too late.”

Other barriers include **lack of awareness of services** as well as their own need, **transport issues**, and **language issues**:

“Knowing what support is out there for them to access in times of crisis.”

“Sometimes themselves - lack of self-worth can prohibit self-advocacy; similarly, mental health needs might be such that there's a lack of comprehension on client's part that such support is necessary. As such, there can exist a gap between clear need but lack of severity for specific services to step in, at which point clients are at greater risk of further deterioration in terms of mental health.”

“Getting someone to come out to them is often difficult. Getting to hospital without transport is difficult, especially in the middle of the night. Not having access to a phone to call for support.”

“Language barriers can be a challenge. Sussex Interpreting Services provides a 24-hour emergency interpreting service and this is regularly used by an approved mental health professional across Sussex. Crisis, acute and service user interpreting support has increased 3-fold for Sussex Partnership NHS Foundation Trust compared to pre-pandemic.”

B3. Accessing accommodation support

Professionals reported difficulties for their clients in accessing accommodation which is suitable for their mental health needs. 70% reported accessing suitable accommodation was not possible and only 6% thought this was possible.



There were several comments expanding on the results above, showing the problems that clients faced when trying to access accommodation. The most striking problem was the **lack of suitable accommodation**. Note that lack of suitable accommodation was mentioned in Section B1 in relation to barriers to accessing mental health support:

“There is a need for clients who need long-term supported accommodation which either doesn't exist or is extremely difficult to get into.”

“Lack of affordable housing in the city, lack of adequate supported housing, that is safe and not predominately for drug and alcohol users. This has been proved unsafe especially for vulnerable women.”

“Sourcing small packages of social care community outreach support for people, to enable them to live independently and maintain a tenancy, is virtually impossible.”

Where housing was available, this was often found not to be suitable for those in need which can be **detrimental to their mental health**:

“Housing is a serious issue for my cases and mentally unstable people are often housed in unhealthy environments or places full of challenging people, so it is bad for their mental health.”

“Due to the lack of social housing, my clients often end up in accommodation that negatively impacts their mental health, as they are often isolated or don't have access to facilities, such as cooking facilities, or there are high levels of anti-social behaviour.”

“The lack of accommodation in Brighton has meant that some clients are in accommodation which makes their mental health worse, e.g. anxiety around their safety and the other people in the accommodation.”

As a recurring theme throughout these findings, problems are compounded for **young people**, those with **language issues**, and the **LGBTQ+** community:

“Access to housing advice and guidance is very limited and some people have low literacy even in their preferred language.”

“Brighton & Hove City Council do not routinely use interpreters and cases are complex and people are bewildered.”

“Some young people with mental health problems would benefit from not being in shared accommodation or accommodation that has lots of residents. Too many people can be very triggering especially if there are lots of young people with mental health issues living in a scheme at any one time.”

“There is a need for mental health housing services for young people (aged 16-25 years old). Also, for more support for the current young people's supported housing services to be able to access wrap around mental health services easily when young people find themselves in crisis. There needs to be funding for mental health trained staff to work permanently in the staff team or to be readily available in the current young people supported housing services as many of the young people have complex mental health needs and trauma which can escalate to crisis.”

“Often people have experienced trauma and or homo/trans/biphobia in emergency accommodation.”

B4. Mental health pathways and joined-up support

The responses to mental health pathways were entirely qualitative (comment-based). Note that lack of clear pathways was mentioned in Section B1 on barriers to accessing mental health support. Professionals were asked to consider what current pathways and services were working well and what could be improved.

In terms of what was working well, professionals mentioned a number of individual services that support mental health including the perinatal service, clinical psychologists, community support, and the array of voluntary organisations:

“The perinatal service I work for has good links across adult social care, children services, physical and mental health.”

“My experience of the broader clinical health psychology provision is very good - there is a wide range of services that are able to work in a flexible way that accommodates the particular needs of their client group.”

“Community support e.g. Mind and Southdown are good.”

“The Lighthouse is known to be an excellent, specialist service. Once the person is accepted, they are great, e.g. pregnancy/birth and mental health; eating disorders.”

“Foodbanks and other services like ST Mungo's are good short-term.”

“Brighton is lucky to have such an array of excellent voluntary sector organisations addressing the challenges of mental health, social isolation, HIV and others.”

Some professionals **commented positively on the supported accommodation** that was available:

“The high support mental health housing also has many strengths including a strong emphasis on person centred care and promoting skills and engagement with the community, activities, and employment. There are skilled people working in these services delivering excellent examples of care and therapeutic work - often with limited support from statutory services, health services.”

“Some young people's accommodation services offer access to a therapist in house.”

“Route One - self-contained accommodation. Has worked really successfully for my clients and I can't praise it enough.”

Nonetheless, and linking to the next set of findings, some people used this opportunity to say little was working particularly well. Once more people pointed out the issue of **coexisting conditions, inadequate services, and limited supported housing**:

“Want to find something positive to say but have not really had great experiences.”

“For clients with complex needs and coexisting substance misuse, nothing works well.”

“I don't feel that any of it works well at this time. I also feel that there is an urgent need for more talking therapies for people who have mental health and emotional issues and whose only recourse appears to be a few sessions with the Wellbeing Service.”

“Nothing is currently working well, as services are so stretched.”

“Most of our clients that have poor mental health and are facing homelessness are never given the option of supported housing. Many find the new online platform being used by Homemove and to get housing advice if they are facing homelessness really challenging and very stressful.”

“Extra Care model is really community focused and lovely accommodation. However again they won't accept anyone with drinking patterns/ complex mental health. The model would be ideal for many who then end up in residential and usually out of Brighton as we've nothing in the city.”

For aspects to be improved, the findings were dominated by **increasing resources and reducing waiting lists**:

“A broader range of services for specific groups as well as enough resources for the current services to be able to function (a waiting list of more than 4 to 6 months becomes actively damaging) but without compromising the duration or quality of support they offer.”

“I would like to see mental health adequately funded, but it will never work well due to cuts to austerity, lack of housing and social care.”

“Resources are stretched in all areas - particularly in acute or respite.”

People also mentioned that the services were **insufficiently joined-up**, meaning complex pathways and people having to navigate different professionals and services:

“Crisis services and remits are not joined up - there are gaps particularly over weekends and for older people with functional mental health needs.”

“Bridge the gap between discharge and housing, more placements suited for those with complex mental health needs.”

“I am not clear that the relationship between mental health services and social care services is always very joined up or collaborative in approach. It can be antagonistic and defensive, and pathways are not always clear or responsive.”

As noted previously, people commented on how **professionals needed to be aware of people in unique circumstances**, including the LGBTQ+ community, bereavement services, and those with language issues as examples:

“Staff should be trained on LGBTQ identities and tested to ensure that they have a true understanding and that they apply the knowledge in their practice.”

“Bereavement counselling is very difficult to access with long waiting times. Again, group support is frequently offered first, and this is not always suitable or accessible.”

“There is a need for additional help with completing Homemove applications for people with English as a foreign language... In addition to this, filling in these types of forms is much easier with face-to-face interpreting support so it would be helpful if there were a service that could offer appointments to fill in the forms with a face-to-face interpreter booked.”

There were specific **suggestions to improve access to accommodation**, including making **applications easier and tailored provision** (in this example for young people):

“Having a much easier online housing application system, that lets you complete an application, without the need to stop and having to contact Brighton and Hove City Council (BHCC) to resolve the issue. Which currently means having to send an email to BHCC and waiting for a reply. Prolonging the process.”

“Access to Housing Advocacy to help people to communicate with landlords, agencies and housing services, housing legal advice would be useful as the impact on people feeling insecurely housed or at risk of homelessness has such a major impact on someone's mental health.”

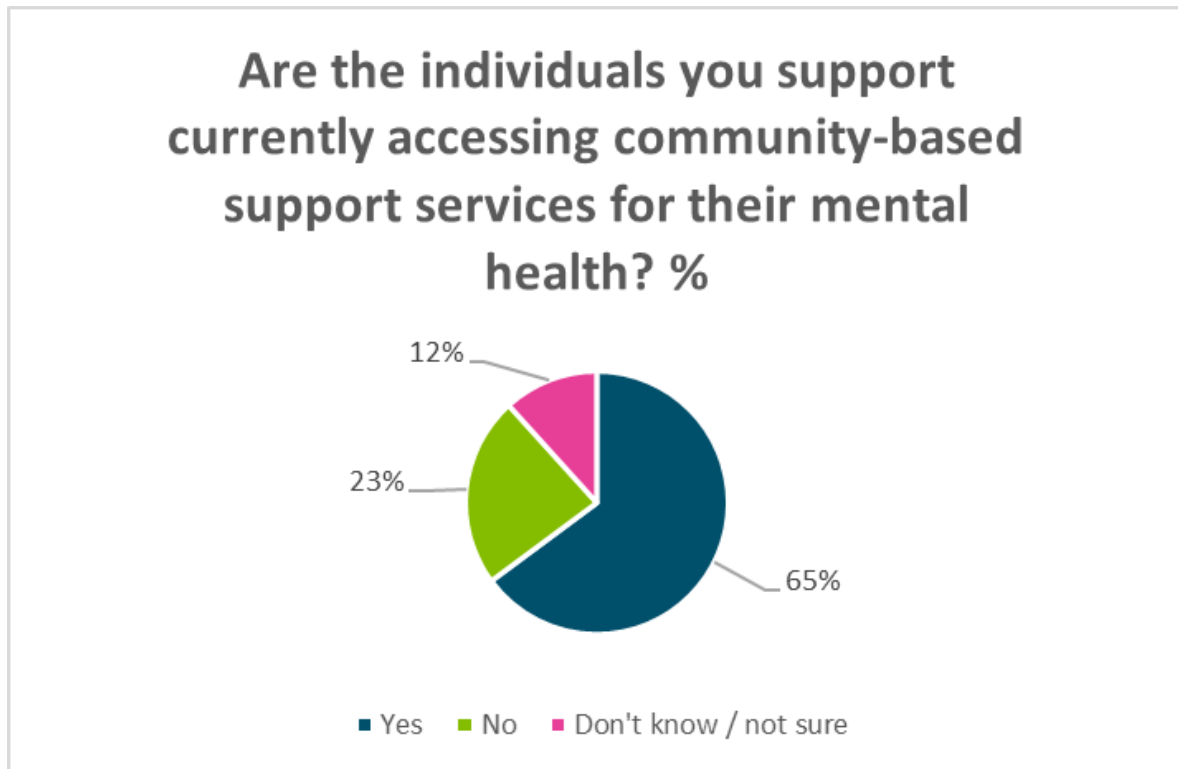
“Having a designated housing worker to support with housing needs, easier access to the housing department where the person can get through to someone they know, and the best thing would be more appropriate housing available, but I appreciate that might be hard.”

“There is no support for people that need to be moved out of poorly maintained privately rented accommodation when a landlord refuses to make improvements, which Link Workers see as a frequent need.”

“Specialist accommodation for young people with mental health issues - a place where young people can go when they are feeling unwell, and risks are escalating - where they can get a therapeutic help in their setting rather than moving them on because schemes can no longer manage risk. Ideally some of this could be small, shared accommodation and perhaps some self-contained too.”

B5. Community-based support

Professionals were asked whether the individuals they support currently access community-based support services for their mental health (for example, a befriending service, support group, social activities). A total of 65% said they did, although a further 23% said they did not.



Professionals were asked to suggest additional models of support or social / community-based services which they felt would have a positive impact on their clients in recovery or in maintaining their wellbeing. The most commonly mentioned suggestions were **peer-led activities**:

“Mental health peer support groups.”

“More peer support opportunities.”

“At our project we are huge advocates of peer-led peer support models of mental health recovery.”

“Maybe more peer support, more holistic support services, more community/outside activities.”

The remaining suggestions were disparate in their manner, showing a range of responses including **sport and generally getting people together**:

“Access to sporting activities could be improved, and more sporting access for people with mental health issues.”

“Outdoor / indoor exercise group for similar ages to get together.”

“Coffee mornings!”

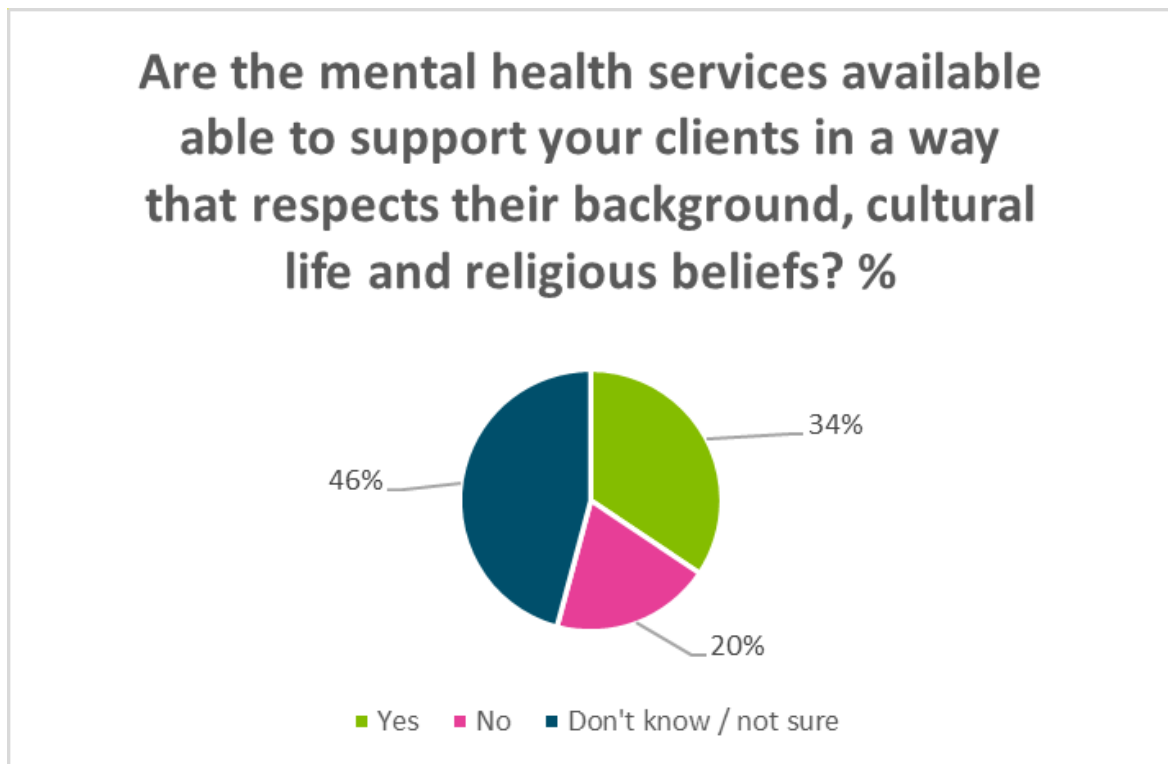
“More day services, particularly for functional older people. Isolation is huge.”

“People like to do creative things, and to get out into green spaces.”

“Place based support - i.e. where people come together.”

B6. Mental health services that respect people’s background cultural life and religious beliefs

Although just over one-third (34%) of professionals said they felt mental health services respected people’s cultural life and religious beliefs; the majority (46%) did not know or were not sure whether mental health services were respectful. This particularly accounts for why only 38 people provided further detail on their answer, relative to 80 or 90 people for the other open-ended comments.



Most comments referred to the **lack of discussion over respecting the cultural and religious backgrounds**, principally because of the stretched nature of the service:

“It doesn't really appear to be discussed. It is about firefighting if I am honest.”

“It seems mental health services do not have the time or contact with clients to get to know their background, cultural life and religious beliefs.”

Some people mentioned local **communities with specific backgrounds or needs** that were not helped by the mental health services. These included domestic abuse victims, those from the travelling community, people not born in the UK, those for whom English is not their first language, those with marginalised gender identities and ethnic *minority groups*:

“There are no NHS services specifically for those who have experienced trauma such as domestic abuse.”

“Gypsies and Travellers way of life either ignorant of, or not respected.”

“Brighton appears to maintain a hostile environment for those that do not have a local connection or are not born in the UK.”

“People are facing repeated discrimination from staff members in stat services re: their marginalised identities. The deadnaming and outing of trans people is a very real problem. People are still, in 2022, assumed to be cisgender and heterosexual, often.”

“The model of interpreting supports the provision of culturally appropriate information, especially where practitioners use pre and post sessions. However, a lot more work needs to be delivered within communities to de-stigmatise services and to explain what is on offer - a more preventative approach is needed.”

“The experiences of young black men for example are very different living in a predominately white supremacy community, than a white young man.”

Section C: Three recommendations to improve mental health services in Brighton and Hove

To supplement the data gathered from the surveys, Healthwatch carried out a mailshot asking for opinions on the “top three things that could improve mental health services in Brighton and Hove”.

We targeted three groups:

- Service users who had responded to the Healthwatch survey and who had given us permission to contact them again.
- Respondents to a previous survey run by Healthwatch regarding digital GP services, who had demographically defined themselves as suffering from a mental health condition and who had given us permission to contact them again.
- We also contacted everyone on the Healthwatch mailing list asking for them to respond anonymously to the office@healthwatch email address. We phrased the question slightly differently to these people, so that it was open to anyone who knew a service user as well as current and past service users themselves.

We received responses from 29 people: in total 87 comments. We did not ask for demographic information but from the comments provided, it would indicate that responses were from a mixture of service users and professionals.

The following section provides a summary of the recommendations that were suggested. We have grouped these under headings, reflecting the three most popular recommendations made by people: Funding; Awareness and Training for GPs and the general public; and Tailored Support. We have added a fourth heading “other” collating all other suggestions that were made. Under each heading, we have used *Word clouds* to illustrate the most popular words people used when describing this recommendation and we have also included quotes from some of the respondents.

Funding



One of the most popular recommendations was regarding funding. People recommended **more staff and more services available** to enable quicker response times and **decrease the lengthy waiting times** that people had experienced when being referred or referring others for mental health services. In general, people asked for **more investment** in the NHS mental health services and other organisations that support the NHS such as Rise, survivors' network etc.

“Increase staffing levels as waiting times for initial assessment is considerable, and unacceptable for a child or adult with mental health issues, which need addressing.”

“Employ more staff! This is the only way you can try to meet the ever-growing needs.”

“Far more investment in CAMHS to significantly reduce waiting times.”

Awareness and Training for GPs and the general public about mental health



Many of the comments referred to the lack of awareness (either by the public or by their GP) about mental health needs. Some GPs had misdiagnosed symptoms and a common complaint was too much reliance on medication, rather than emotional support. Many comments from service users suggested that GPs and other mental health professionals needed better listening skills. There was also more than one recommendation that service users should be involved in decisions about their own care.

“GPs could support people better to connect with society, activities, encourage a healthy lifestyle and being useful.”

“Improve reach out to the lonely in the community, possibly though GP liaison.”

“The “Health MOT” for older people should include an assessment of mental health.”

Tailored support



As with other areas of the report, service users and professionals highlighted the need for mental health services to take into consideration a number of other factors regarding the patient's circumstances. These included:

- Patients who had identified as LGBTQ+.
- Patients who had been diagnosed with Autism, ADHD or other neuro-diverse conditions.
- Patients dealing with coexisting conditions such as alcohol and substance misuse.
- Domestic abuse patients.
- Homeless patients.
- One person mentioned “older men” who they felt were often ignored.

In a similar vein, other comments suggested the need for specialised therapy for patients who had dealt with specific situations or circumstances. These included:

- Other alternative therapies were suggested to accompany the usual cognitive behavioural group therapy offered, for example talking therapy, Eye Movement Desensitisation and Reprocessing (EMDR) therapy and 121 therapy.
- Bereavement therapy where appropriate.
- Specialist Trauma therapy (outside of that related to domestic and sexual assault).
- Therapeutic therapy such as painting, craft making and yoga.

“Therapy is sometimes not enough to solve the problem, but if some sort of physical works like painting and craft making or drawing, it could help to make it a better result.”

“A neuro-diversity team embedded somewhere within the mental health services would be helpful.”

“A confidential helpline and/or call centre for mental health patients.”

Other recommendations



A further 20 comments included the following recommendations. Many comments talked about consistency of care, for example seeing the same mental health practitioner and the importance of building a relationship with someone they could trust. The length of the service offered was also important to many. Once the initial service had run its course, service users and professionals recommended ongoing care or less frequent but regular check-ups. This could be similar to the Patient Initiated follow-up service offered to hospital outpatients.

Recommendations also included **better communication** between NHS services and **joined-up care** between the NHS and other supporting services. **Children's services** were mentioned in several comments, that recommended **improved links between CAMHS and schools** as well as **more services for children** in general.

“Clients are left alone with no interim support which can create more difficulties than if the services were more streamlined and connected.”

“My care was good, but I could have done with six-monthly check-ups with the practitioner to keep me on track.”

“We need prompt assessment and treatment for children and young people so that they can start treatment within three weeks from referral.”

Section D: Summary and Conclusions

This section looks at the commonalities between the views of service users and those of the professionals. It draws from the “top three recommendations to improve mental health services in Brighton and Hove” suggested by service users and professionals. We have themed these as follows:

High quality care

Both service users and professionals were **generally complementary** about mental health providers, mentioning organisations and individuals who had provided **high quality of care**. Service users spoke positively about being “listened to and treated with concern”, but less positively about providers “addressing [their] needs or making plans to do so”, perhaps reflecting the short-term nature of some support.

Lack of resources

However, both service users and professionals were also acutely aware of the **stretched, under-resourced** nature of the mental health and housing service in Brighton and Hove. Note that 57% of service users found it “difficult” to find support, and 77% of professionals found accessing the correct mental health support “difficult”. David, Case Study One, provides a good example of this.

GPs are the first port of call, but more training is needed

65% of service users had approached their GP for help in accessing mental health services. However, comments from some service users showed that their **GP did not understand** their emotional needs, sometimes **misdiagnosing their condition**, treating the physical need rather than seeing it as a mental health symptom, and there was a tendency to rely on medication rather than therapy.

People are unsure where to go

Some service users reported they **did not know where to go** for mental health support. Note that 27% used an internet search to find support. Comments from both professionals and service users indicate that there was not enough public awareness about these services and how to access them.

Long waiting lists and high thresholds

When service users were referred, many comments told of **long waiting lists**, or being offered services that had been **tried and test before** without success. Note that 60% of service users found waiting times too long and 31% were offered a service they had used previously and had found it not to meet their needs. There was also a lack of out of hours support offered.

The majority of professionals (92%) knew where to go for crisis support, but only 16% were confident that their clients would be able to get the help they required. Leading comments from professionals indicated that **thresholds were too high** (as in the example given by Margaret in Case Study Seven) and **waiting times were too long** and this was often linked to the knowledge that services were generally **under pressure, under resourced** both in funding and personnel.

Services are not joined up

These issues were compounded by a **lack of joined up services**. Both professionals and service users commented on the need for **better communication** within the NHS and between NHS mental health services and third sector organisations. This was exemplified by the sometimes **poor transition from children and young people's services to adult services**.

Support is needed for longer

Where service users were offered support, the **timescale for this was felt to be too short** and sometimes **lacked consistency** i.e. not having access to the same practitioner. In addition, service users spoke about the **lack of follow-up care**, which was particularly disappointing if progress had been made, often resulting in a return to the system, further waiting and another round of similar short-term support. Shirley in case study four spoke of the inconsistency of care and Keven, case study six, spoke about the lack of ongoing support.

More tailored support

Both service users and professionals commented on the **lack of tailored support** to meet user needs, including Mark's example in case study three. These included people who had identified as LGBTQ+, people whose first language was not English, people from the travelling community, ethnic minority groups, people diagnosed with neuro-diverse conditions, patients dealing with alcohol and substance addictions and those in temporary support or homeless.

Service users also spoke about the importance of offering **therapies that specifically dealt with bereavement, trauma, domestic abuse, and post-natal depression**. Jonathan, in case study five spoke about the importance of bereavement counselling.

Accommodation concerns

70% of professionals said their clients were not able to access accommodation suitable for their mental health needs. Some providers mentioned accommodation options having negatively impacted on their client's mental health due to poor living conditions, the behaviour of other residents and being moved outside of the locality.

In relation to the above, service users and professionals saw the need for more services, for example Jill in Case Study Two. Between 20% and 30% of service users said they would like further support from therapy, the Brighton and Hove Wellbeing service, counselling, psychologists, or a GP.

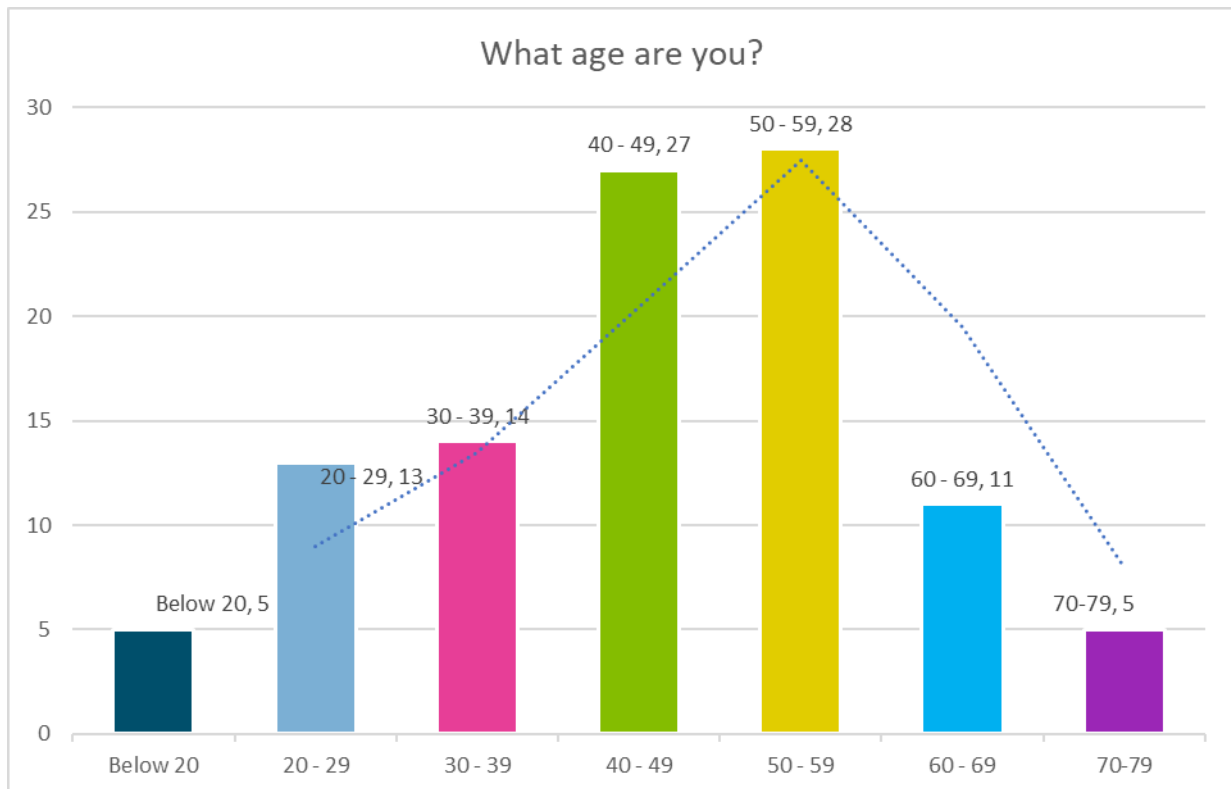
In conclusion

Mental health services and accommodation services in Brighton and Hove need a **serious injection of funds** to ensure the service offered meets the required need. Comments from service users and professionals demonstrate that **support for mental health conditions needs to be long-term, consistent, robust, and tailored** to allow for a range of additional needs and circumstances. This is even more important when we consider the context of the COVID pandemic, in which the health and social care system has seen a **significant increase in the demand for mental health support**.

Appendix 1: Demographic Information

Every respondent was asked several questions about their demographic identity. These questions were voluntary and therefore each question was answered only by those respondents that wanted to do so. Respondents could also select the option “prefer not to say” where appropriate.

Age Groups



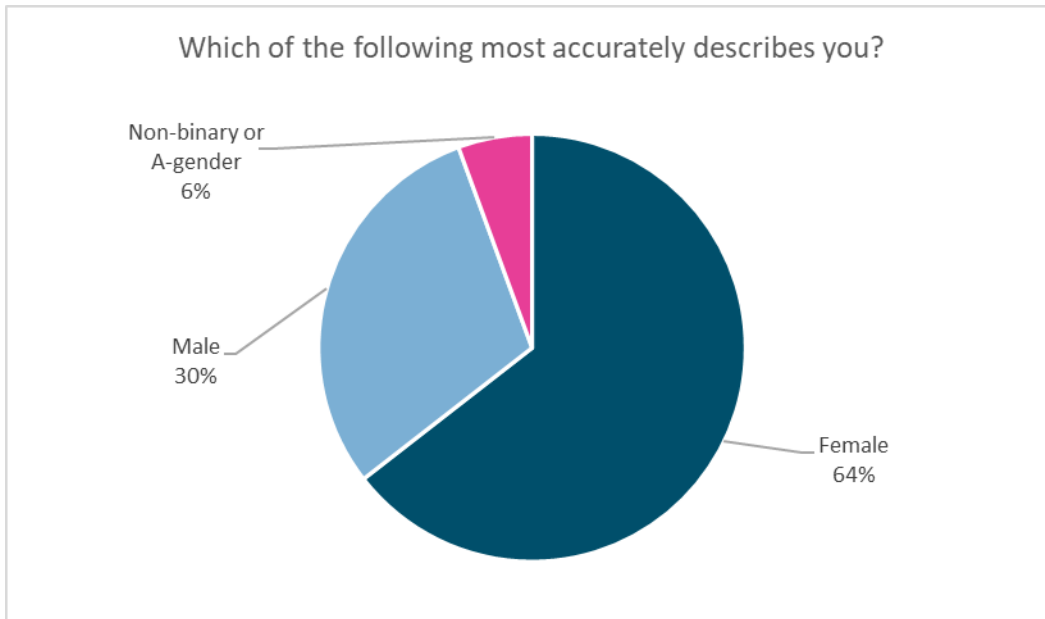
All respondents were asked what age they were with the option of leaving blank if they preferred not to say. Within the Healthwatch survey, we provided a drop-down list containing all ages from 10 - 100. Within the Council survey, the respondent completed their answer in text form. The chart above presents the combined responses that were received - 103 respondents in total. The chart also includes a trendline indicating that respondents were on average between 50 and 59 years old.

In addition to these, there was one person who responded to the Council survey who commented “older adult” and as we were unable to define them to a specific group, they have not been included in the chart above. Respondents ranged from the youngest at 10 years old to the oldest at 79 as follows:

- 5 respondents aged below 20 years old
- 13 respondents aged 20 - 29 years
- 14 aged 30 - 39 years
- 27 aged 40 - 49 years
- 28 aged 50 - 59 years

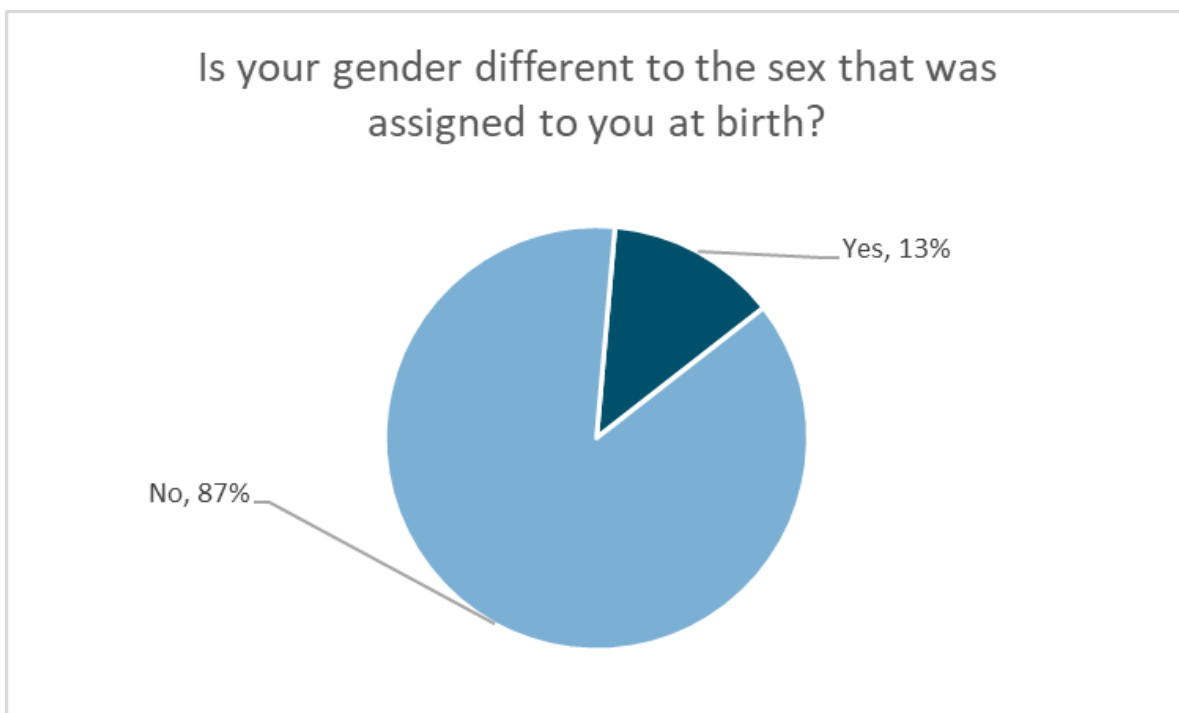
- 11 aged 60 - 69 years
- 5 aged 70 - 79 years

Gender Identity



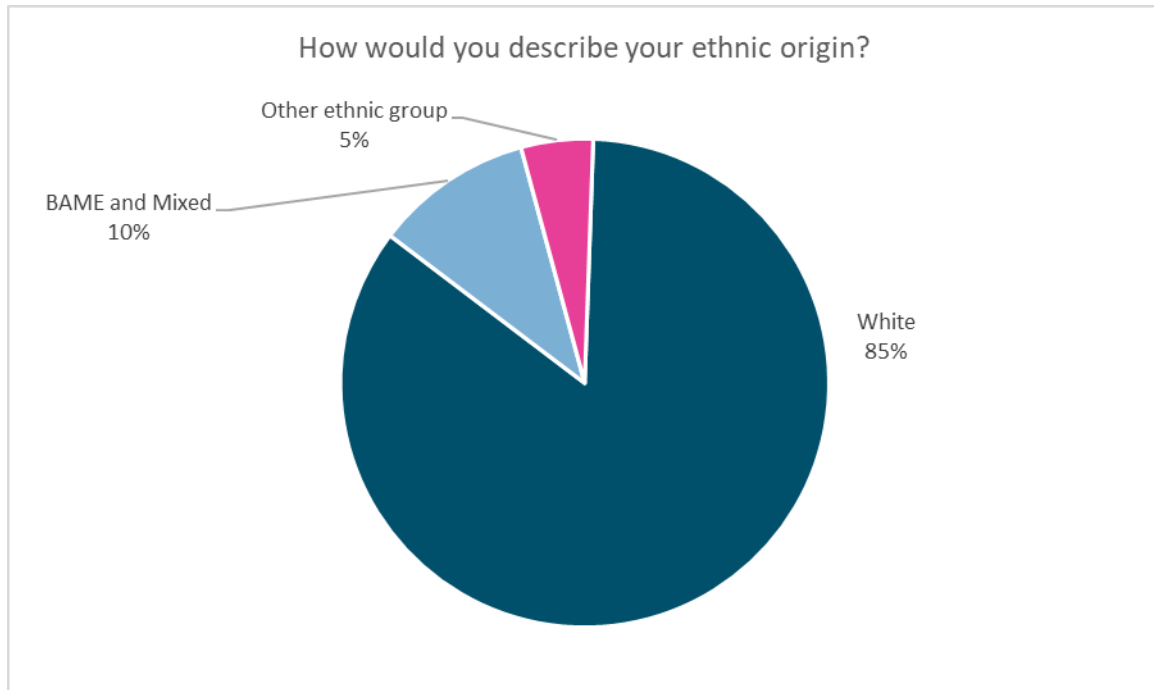
107 people responded to this question. They had the choice of “female”, “male” “non-binary”, “Transgender”, “Other” or “prefer not to say”. Of those that provided a response, 69 were female, 32 male and six people identified themselves as either non-binary or A-gender.

Gender different to sex assigned at birth



107 people responded to this question. The choices were “Yes”, “No” or “prefer not to answer”. From those that provided a response, 14 people advised that their gender was different to the sex assigned at birth (93 people advised their gender was the same as the sex assigned at birth).

Ethnic Origin



Respondents were asked to describe their ethnic origin. They were given a range of options. From the 105 respondents who provided a response, we found:

- 85% (89 respondents) were from “white” ethnic groups including the following definitions:

No of people	Definition
82	White - English/Welsh/Scottish/Northern Irish/British
2	White - Irish
1	Australian
1	White African
3	Any other White background

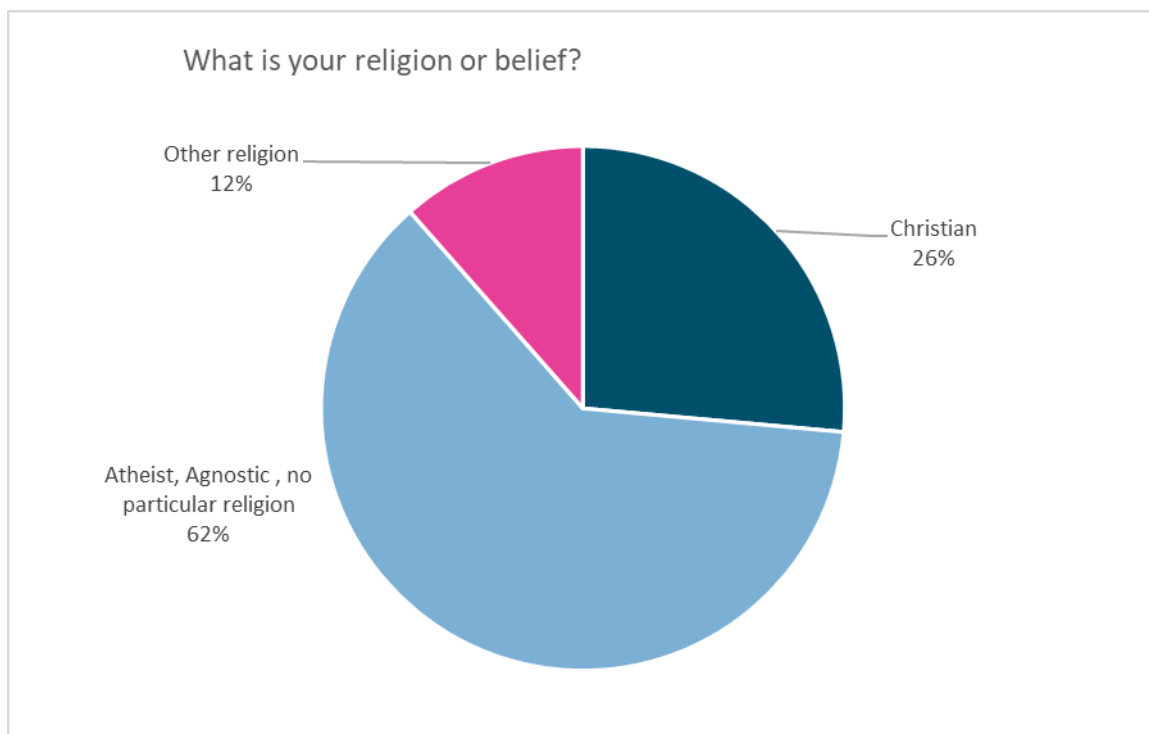
- 10% (11 respondents) were from Black/Asian/Minority Groups and/or Mixed Ethnic Groups including the following definitions:

No of people	Definition
3	Black or Black British - Caribbean
2	Mixed - Asian & White
1	Asian or Asian British - Indian
1	British, Half Thai, Half Bengali
1	Mixed - Black African & White
1	White Asian - 1/2 Bengali - 1/4 Russian (pogrom)1/4 Chinese

- 5% (5 respondents) were from Other Ethnic Backgrounds and defined themselves as below:

No of people	Definition
3	Iranian
1	Celtic
1	Kurdish from Iraq

Religion and Beliefs

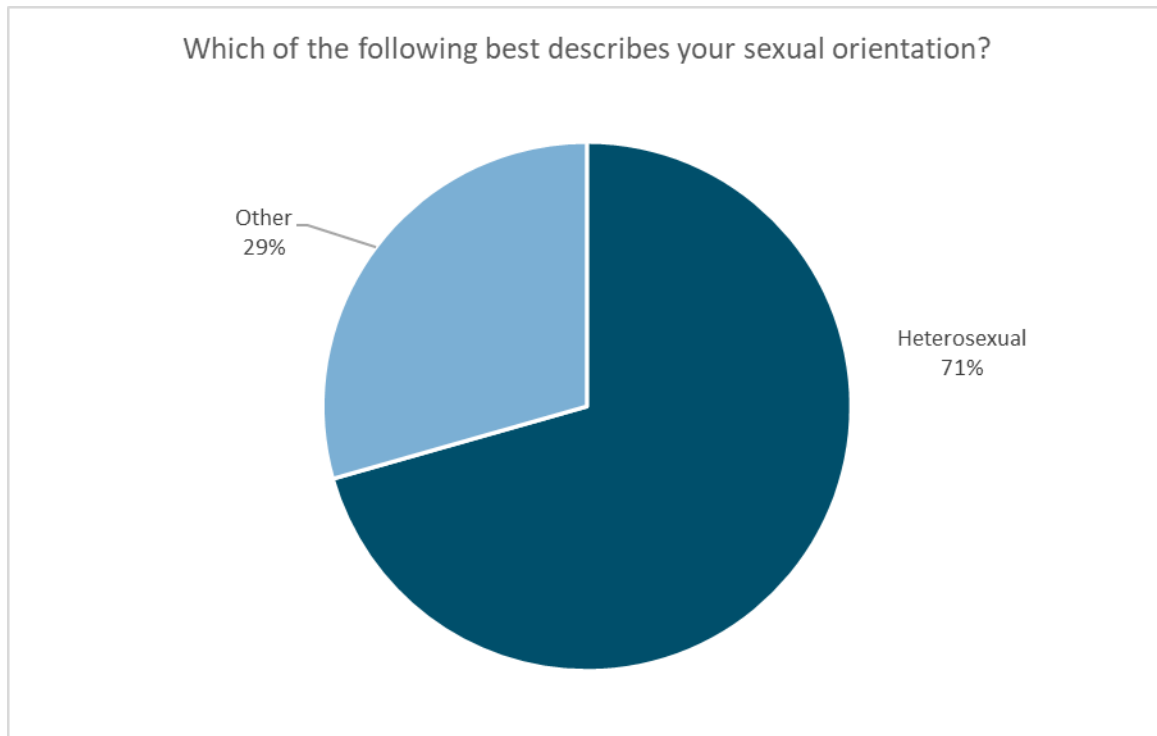


Respondents were asked what their religion or belief was. They were provided with a range of options. From the 87 people who responded to this question,

- The majority (62%, 54 in total) were atheist (7), agnostic (5) or had no religion (42).
- 26% (23 people) were Christian.
- 10 people held a different belief as follows:

- Spiritualist - 3 people
- Pagan - 2 people
- Muslim - 2 people
- Buddhist - 2 people
- Pagan Christian - 1 person

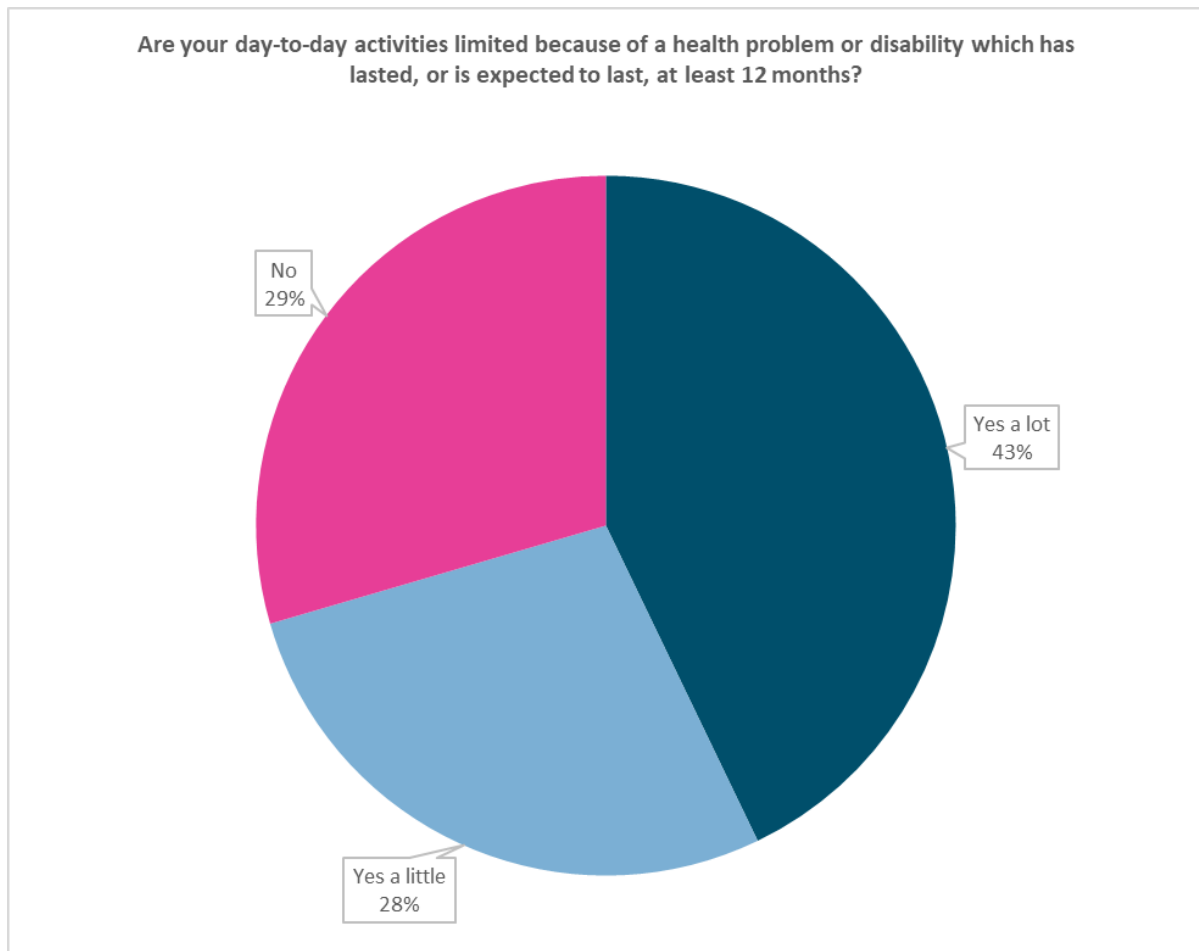
Sexual Orientation



Respondents were asked what their sexual orientation was. 85 people responded to this question, and we found:

- 71% (60 people) were heterosexual
- 29% (25 people) were non-heterosexual defining themselves as follows:
 - Asexual - 3 people
 - Bisexual - 7 people
 - Gay - 5 people
 - Lesbian - 4 people
 - Pansexual - 4 people
 - Non-binary - 2 people

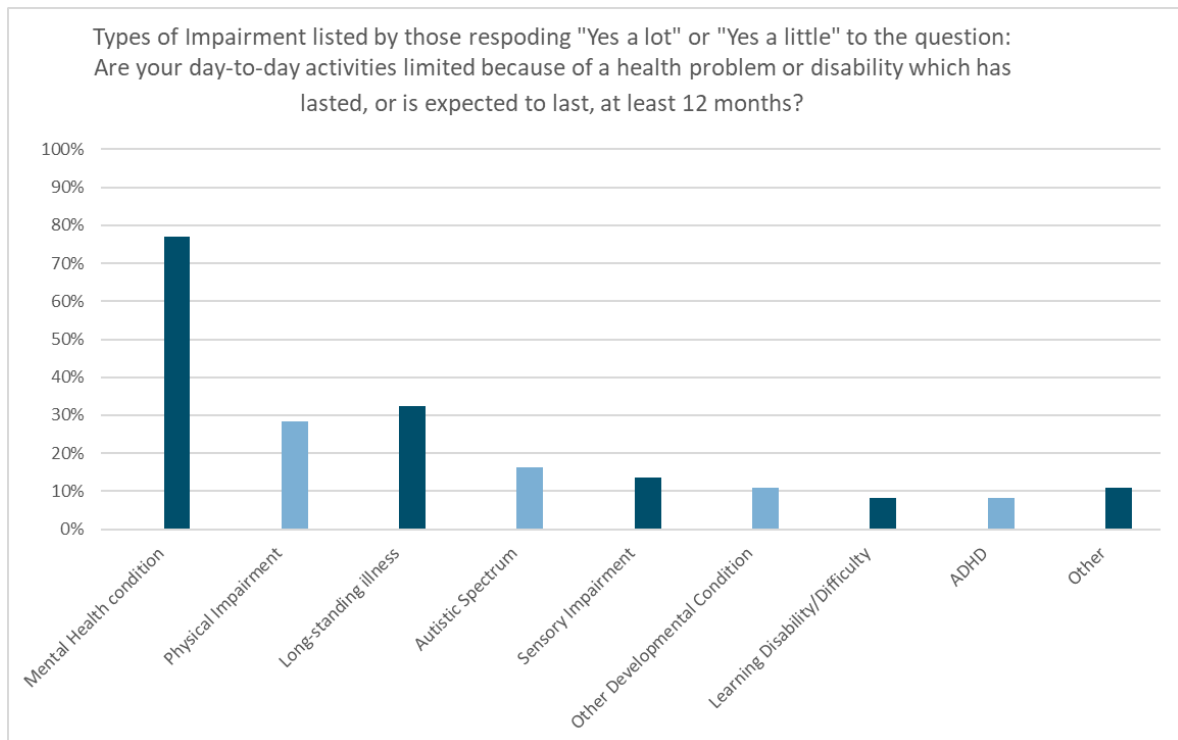
Long-term conditions



Respondents were asked if their day-to-day activities were limited because of a health problem or disability which had lasted, or was expected to last, at least 12 months? 105 people responded to this question:

- 43% (45 people) felt their activities were limited “a lot” by their health problem or disability
- 28% (29 people) felt activities were limited “a little”
- 30% (30 people) felt activities were not limited.

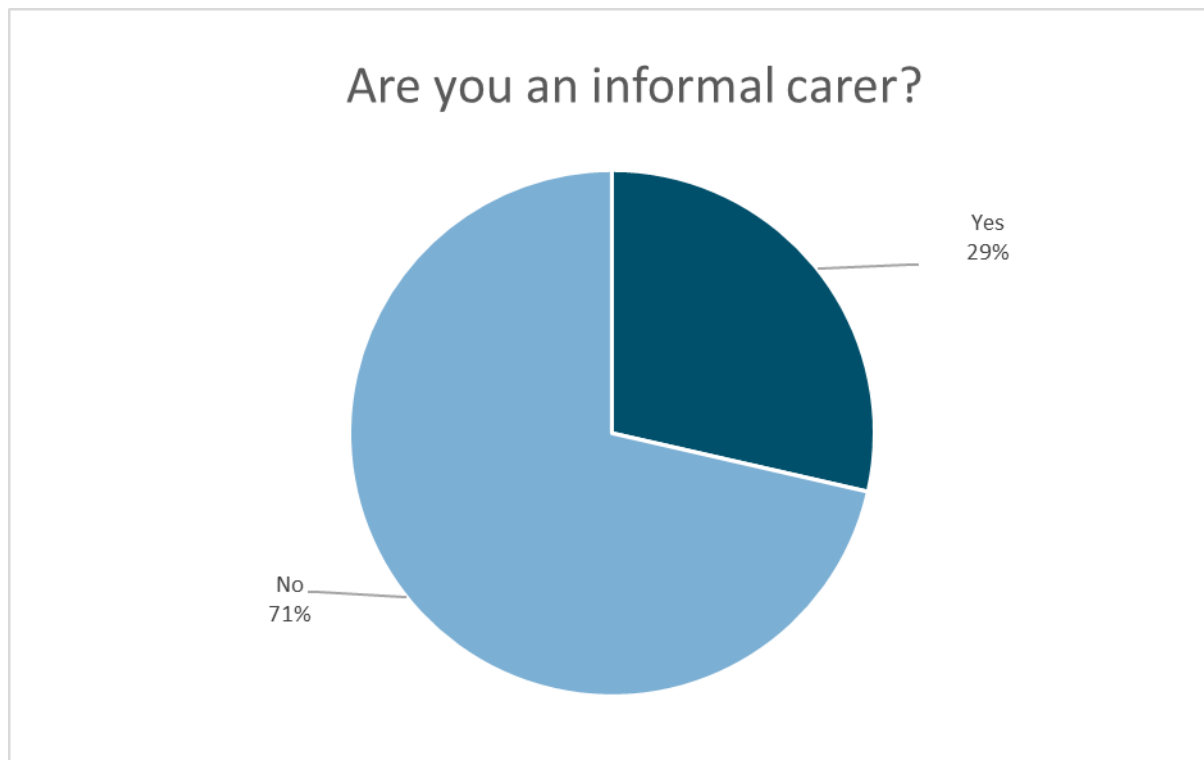
Type of impairment



Respondents who had advised that activities were limited in some way, were then asked what type of impairment they had. We had 74 responses, where people could select more than one type of impairment. Of the 74 responses, we found:

- Mental health condition affected the day-to-day activities of 57 people
- Physical conditions affected 21 people
- Long-standing illness affected 24 people
- Autistic spectrum - 12 people
- Sensory impairment - 10 people
- Other developmental condition - 8 people
- Learning disability/Difficulty - 6 people
- ADHD (attention deficit hyperactivity disorder) - 6 people
- Other impairment - 8 people as follows (in several cases, one person could have more than one of the following):
 - COPD (Chronic obstructive pulmonary disease)
 - PTSD (Post-traumatic stress disorder)
 - FASD (Fetal alcohol spectrum disorders)
 - Emotional-related impairment (e.g. Severe Emotional Dysregulation or Chronic Pain Syndrome)
 - Mobility problems
 - Dyslexia
 - Sciatica
 - Vertigo
 - Tinnitus

Informal Carers



We asked respondents if they cared for another person informally. An informal carer someone who provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. 91 people responded to this question and 29% (26 people) were informal carers, 71% (65 people were not).

Armed Forces

One of the sets of questions the Council raised in their survey were about the Armed forces and we included the same demographic questions.

From the 105 people who responded, no one was currently serving in the UK Armed Forces, including reservists or part-time service, such as the Territorial Army. One person had previously worked in the UK Armed Forces. Two people are members of a current or former serviceman or woman's immediate family/household.

Appendix 2: Original Questionnaires to service users and professionals

Service User Questionnaire - Healthwatch Brighton and Hove

Share your views about mental health and help to improve services

We are interested in hearing the views of people who have had or are currently experiencing mental health issues. We would like to hear about your experience of having support from health and social care services (such as GP, Social Worker, Mental Health Practitioner etc.) and your experience of receiving any support for your accommodation.

This 10-minute survey can be answered by yourself or on behalf of a friend or relative with mental health issues. If you are completing this questionnaire on behalf of someone else, the term 'you' refers to the person you are completing the questionnaire for.

Healthwatch Brighton and Hove are working with Brighton and Hove City Council and NHS Brighton & Hove Clinical Commissioning Group to find out what works well and what can be improved.

By responding to this survey, you also have the opportunity to enter a prize draw to receive one of four £25 high-street or Amazon vouchers.

If you have any questions about this survey, or need it in another format, e.g. another language, in large print, BSL or Easy Read, please contact 01273 234040 or email: info@healthwatchbrightonandhove.co.uk.

Confidentiality

Your answers will be treated as confidential and you will not be personally identified. All survey responses will be collectively analysed and shared with providers for the purpose of improving services.

Healthwatch's privacy policy can be viewed [here](#).

About the service you have used or are currently using

1. If you have used previously or are currently receiving, support for your mental health, please select which of the following services you have used in the past or are currently using.

Please select all that apply:

	Used previously	Currently using
Adult social care services	<input type="checkbox"/>	<input type="checkbox"/>
Advocate (someone who acts on your behalf to help you)	<input type="checkbox"/>	<input type="checkbox"/>
Brighton & Hove Mental Health Helpline	<input type="checkbox"/>	<input type="checkbox"/>
Brighton and Hove Wellbeing services	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adolescent Mental Health Services (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>
Children's social care services	<input type="checkbox"/>	<input type="checkbox"/>
Community support worker	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>
Key worker in supported housing	<input type="checkbox"/>	<input type="checkbox"/>
Mental health Charity	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Mental health practitioner	<input type="checkbox"/>	<input type="checkbox"/>

	Used previously	Currently using
Mental health support worker	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Samaritans	<input type="checkbox"/>	<input type="checkbox"/>
Social Prescriber (community support referred to you by a health professional to help you)	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>
Someone who cares for you at home	<input type="checkbox"/>	<input type="checkbox"/>
Southdown Housing Association	<input type="checkbox"/>	<input type="checkbox"/>
Student support in school	<input type="checkbox"/>	<input type="checkbox"/>
Student support at University	<input type="checkbox"/>	<input type="checkbox"/>
Sussex Partnership NHS Foundation Trust	<input type="checkbox"/>	<input type="checkbox"/>
Therapist (for example, offering Cognitive behavioural therapy, CBT)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>
Have not used any of the above	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe the service

2. How did you find out about mental health services that might be available to support you?

- Referred by GP
- Leaflet/Poster
- NHS 111
- Word of Mouth (from friends, family, etc.)
- Referred by Mental Health Professional
- Police
- Ambulance Service
- Referred by Charity / Community Group
- Internet Search
- Other Emergency Service (other than the police)

- Referred by CAMHS
- Referred by Adult Social Care
- Referred by Sussex Partnership NHS Foundation Trust (SPFT)
- Helpline referral
- Referred by an accommodation provider (please specify which one below)
- Referred by a young people's support service (please specify which one below)
- I have not sought mental health services (manage my condition myself, being supported by friends and family)
- I have not sought mental health services to date (for another reason other than managing my condition or being supported by friends and family)
- Other (please specify):

If referred by an accommodation provider or a young people's support service, please specify which one:

Finding Support

3. If you have received support for your mental health in the last six months (September 2021 - present day), how easy or difficult was it to find? *

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very Difficult
- I have not received support in the last six months

Difficulties with finding support

4. If you have found it difficult in the last six months (September 2021 - present day) to find the support you needed for your mental health, what made it difficult? Please select all that apply: *

- It was difficult for me to talk about my mental health issues and/or to ask for help
- I didn't know where to go for support
- Did not feel it would meet my mental health needs
- Did not meet some of my other needs (for example, language, cultural, religious or sexuality needs)

- Too far to travel
- Waiting time was too long
- I was only offered a service I had used previously and had found not to meet my needs (so didn't want to use it again)
- Could not afford the cost (or contribution towards)
- I was only offered support online and wanted face-to-face
- Wanted to speak to someone of the same gender as me
- Only offered day-time appointments
- It was difficult for another reason - please describe what difficulty you had:

5. Please add further comments about any difficulties you came across in finding support for your mental health issues in the last six months (September 2021 - present day).

Quality of care - Mental Health Services

6. Which one of these services have you mostly used in the last six months (September 2021 - present day)? Later questions in the survey will ask you for further information on this service. *

- Adult social care services

- Advocate (someone who acts on your behalf to help you)
- Brighton & Hove Mental Health Helpline
- Brighton and Hove Wellbeing services
- Child and Adolescent Mental Health Services (CAMHS)
- Children's social care services
- Community support worker
- Counsellor
- GP
- Key worker in supported housing
- Mental health charity
- Mental health nurse
- Mental health Social worker
- Mental health practitioner
- Mental health support worker
- Nurse
- Psychologist
- Samaritans
- Social Prescriber (community support referred to you by a health professional to help you)
- Social worker
- Someone who cares for you at home
- Southdown Housing Association
- Sussex Partnership NHS Foundation Trust
- Therapist (for example, offering Cognitive behavioural therapy, CBT)

- Have not used any of the above
- If Other, please describe the service:

7. Thinking about the service you have mostly used in the last six months (September 2021 - present day), how would you rate the mental health support at doing the following:

	Very good	Good	Neither good nor poor	Poor	Very poor
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to relevant medical information about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing your needs or making plans to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you have included a poor or very poor rating for any of the above, have you any suggestions as to how the service could improve?

9. If you have included a good or very good rating for any of the above, do you have anything further to say as to what works well?

Services you would like

10. Are there any of the following Mental Health Services you would like (more of)?
*

- Adult social care services
- Advocate (someone who acts on your behalf to help you)
- Brighton & Hove Mental Health Helpline
- Brighton and Hove Wellbeing services
- Child and Adolescent Mental Health Services (CAMHS)
- Children's social care services
- Community support worker
- Counsellor
- GP
- Key worker in supported housing

- Mental health charity
- Mental health nurse
- Mental health Social worker
- Mental health practitioner
- Mental health support worker
- Nurse
- Psychologist
- Samaritans
- Social Prescriber (community support referred to you by a health professional to help you)
- Social worker
- Someone who cares for you at home
- Southdown Housing Association
- Sussex Partnership NHS Foundation Trust
- Therapist (for example, offering Cognitive behavioural therapy, CBT)
- No, I do not want anything more than I currently have
- If Other, please describe the service:

Where do you live?

11. Which area do you live in? *

- Brighton & Hove
- East Sussex (but not Brighton & Hove)

- West Sussex
- Other (outside Sussex)

12. What accommodation do you live in? *

- Acorn Hove (previously Loxwood House Limited)
- Arlington House, Hove
- Asher Nursing Home
- Aspen House, Hove
- Autumn Lodge, Hove
- Barford Court, Hove
- Birch Grove Nursing Home, Brighton
- Bon Accord, Hove
- Brighton Housing Trust - Archway
- Brighton Housing Trust - Route One
- Brighton Housing Trust - Sackville Gardens
- Brighton Housing Trust, Hove
- Brighton YMCA Low Support Accommodation

- Carlton House Rest Home, Hove
- Charles Lodge, Hove
- Conifer Lodge, Hove
- Davigdor Lodge Rest Home
- Dean Wood, Brighton

- Equinox Women's Service
- Fairdene Lodge, Hove
- George Williams Mews
- Glentworth House, Hove
- Glenwood Lodge
- Grosvenor Lodge, Hove
- Hazelgrove Nursing Home, Bevendean

- Highviews, Saltdean
- Hyman Fine House, Hove
- Lavender House, Hove
- Lindridge, Hove
- Lyndhurst Rest Home, Hove
- Middleton Grove, Hove
- New Steine Mews
- Parkview Care Home, Hove
- Partridge House, Brighton
- Phase One
- Sanctuary, Hove (Star Project)
- Shore House Brighton Housing Trust, Brighton

- Southdown Community Moves
- St Patricks
- Wayfield Avenue

- William Collier House
- Emergency / Temporary accommodation provided by the Council
- Homeless / Rough sleeping
- Sheltered Accommodation
- Short-term Accommodation (Discharge to Access)
- Not named above: Own property (outright or with a mortgage or loan)
- Not named above: Rented property (from council, local authority or private)
- Not named above: Shared ownership (part owned and part rented)
- Other (please describe below)

If other, please describe the accommodation

13. Does your accommodation have central heating?

- Yes
- No

14. Do you live in accommodation that offers mental health support? (for example, advice about benefits, life skills such as cooking, advice about maintaining your tenancy, Support for my general mental health needs etc.) *

- Yes
- No
- Don't know

Mental health support in your accommodation

15. What type of mental health support do you currently have in your accommodation? *

- Advice about benefits (e.g. universal credit)
- Budgeting advice
- Maintaining my tenancy (e.g. advice about paying rent and/or the upkeep of my accommodation etc.)
- Life skills such as learning to cook
- Accessing care
- Advice about local activities
- Educational advice
- Training and/or employment advice
- Advocacy (where someone acts on your behalf to help you)
- Support for my mental health (from a counsellor, therapist etc.)
- Maintenance (repairs, faults etc.)
- Other (please specify):

16. Thinking about this accommodation support, how would you rate the service at doing the following:

	Very good	Good	Neither good nor poor	Poor	Very poor
Giving you time to explain any difficulties and listening to any requests/complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing your concerns or making plans to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining about how the accommodation works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting you in a way that respects your background, culture and religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to relevant notes about your accommodation needs and history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. If you have included a poor or very poor rating for any of the above, have you any suggestions as to how the service could improve? (Otherwise please leave blank)

18. If you have included a good or very good rating for any of the above, do you have anything further to say as to what works well? (otherwise please leave blank)

Any other comments?

19. Which of the following types of mental health support would you like more of in your accommodation?

- Advice on benefits (e.g. universal credit)
- Budgeting advice
- Maintaining my tenancy (e.g. advice about paying rent and/or the upkeep of my accommodation etc.)
- Life skills such as learning to cook
- Accessing care
- Advice on local activities
- Educational advice
- Training advice
- Advocacy (where someone helps speak for me -WORDING)

- Support for my mental health
- Maintenance (repairs, faults etc.)
- I don't require any more support than I currently have
- Other (please specify):

20. Is there anything else you would like to tell us about a mental health service or accommodation support? Please add any further comments below.

About you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. This will also help us inform those providing the services as to how to do so, in a fair way to all members of the community.

21. What age are you? (if you prefer not to say please leave blank)

22. Which of the following most accurately describes you?

- Female
- Male
- Non-Binary
- Transgender
- Prefer not to say
- Other (please state):

23. Is your gender different to the sex that was assigned to you at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

- Yes
- No
- Prefer not to say

24. How would you describe your ethnic origin?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Chinese
- Any other Asian background (please give details in box below)
- Mixed - Asian & White
- Mixed - Black African & White
- Mixed - Black Caribbean & White
- Any other mixed background (please give details in box below)
- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- Any other White background (please give details in box below)
- Black or Black British - African
- Black or Black British - Caribbean
- Any other Black background (please give details in box below)
- Arab
- Any other ethnic group (please give details in box below)
- Prefer not to say

Please give details of other ethnic group:

25. What is your religion or belief?

- I have no particular religion
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Agnostic
- Atheist
- Other religion (please state in the box below)
- Other philosophical belief (please state in the box below)
- Prefer not to say
- Other (please specify):

26. Which of the following best describes your sexual orientation?

- Bisexual
- Gay
- Heterosexual / Straight
- Lesbian

- Pansexual
- Asexual
- Prefer not to say
- Other (please specify):

27. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes a little
- Yes a lot
- No
- Prefer not to say

28. If 'yes', please state the type of impairment. If you have more than one impairments, please tick all that apply.

If none of the options apply to you, please mark 'Other' and write a short description of your impairment in the comment box.

- Physical Impairment
- Sensory Impairment
- Learning Disability/Difficulty
- Long-standing illness
- Mental Health condition
- Autistic Spectrum
- Other Developmental Condition

Other (please specify):

29. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

Yes

No

Prefer not to say

30. Please can you tell us about any services in the Armed Forces.

	Yes	No	Prefer not to say
Are you currently serving in the UK Armed Forces? (this includes reservists or part-time service, such as the Territorial Army)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever serviced in the UK Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of a current or former serviceman or woman's immediate family/household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contribute further

31. If you would like to have a brief discussion about your experience, and help contribute to the further development of the service, please select one or both of the options below:

- A one-to-one short phone conversation
- A small online group discussion between 4 and 6 people

If yes to either of the above, please add a phone number and an email address so we can arrange a suitable time:

32. Do you want to enter into our prize draw to win one of four £25 high-street/Amazon vouchers - if so, please add your phone number and an email address in the box below:

Questionnaire for Stakeholders

Brighton and Hove City Council (BHCC) in partnership with NHS Brighton & Hove Clinical Commissioning Group (BHCCG) are developing a Mental Health & Housing Plan for the city. The aim of this plan is to identify what works well and what we can improve on in the future.

We would like to hear from mental health professionals, clinicians and individuals working with those with mental health support needs.

The views of those taking part in the survey will be used to help develop a set of priorities for the Mental Health & Housing Plan. These priorities will inform how services including accommodation based support services and community support operate in the future.

If you need this survey in an alternative format or other language, or if you have any queries, please contact : ascadmin@brighton-hove.gov.uk

Q1. What capacity are you responding to this consultation?

Support Worker / Key Worker		Charity / Community Worker	
MH Practitioner		Social Worker	
Clinician (for example Doctor, Nurse, Health Care Worker)		Housing Professional	
Probation Service			
Other (please specify)			

Q2a. How easy or difficult is it to access the correct mental health support for the individuals you support?

Very Easy		Fairly difficult	
Fairly Easy		Very difficult	
Neither easy nor difficult			

Q2b. If you find it difficult or are unable to access mental health support which services are you struggling to access and what are the barriers to access for your clients?

Q3a. Would you know where to go to for support for your client if they were in mental health crisis for example posed a risk to themselves or others?

Yes	
No	
Don't Know / Not Sure	

Please expand on your response above.

Q3b. Do you feel confident your client would receive the support they need?

Yes	
No	
Don't Know / Not Sure	

Please expand on your response above.

Q3c. What are the barriers to your client accessing the support they need when they are in crisis?

Q4a. Are your clients able to access accommodation (supported or independent) which is suitable for their mental health needs?

Yes	
No	
Don't Know / Not Sure	

Q4b. Are there any problems when your clients are trying to access accommodation suitable for their mental health needs?

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Q4c. Are the mental health services available able to support your clients in a way that respects their background, cultural life and religious beliefs?

Yes	
No	
Don't Know / Not Sure	

Please expand on your response above.

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Q6. In terms of current mental health pathways and services (including accommodation) in Brighton & Hove what works well?

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Q7. In terms of current mental health pathways and services (including accommodation) in Brighton & Hove what would you like to see improved / what are the gaps in provision?

--

Q8. Are the individuals you support currently accessing community-based support services for their mental health? (for example befriending service, support group, social activities)

Yes	
No	
Don't Know / Not Sure	

Q9. Are there other models of support or social / community based services which you feel would have a positive impact on your clients in recovery or in maintaining their wellbeing?

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Service User Questionnaire:

Brighton and Hove City Council (BHCC) in partnership with NHS Brighton & Hove Clinical Commissioning Group (BHCCG) are developing a Mental Health & Housing Plan for the city. The aim of this plan is to identify what works well and what we can improve on in the future.

We would like to hear from people who have mental health support needs and the family and friends of those with mental health needs about their experiences of services including accommodation based support and support in the community.

The views of those taking part in the survey will be used to help develop a set of priorities for the Mental Health & Housing Plan. These priorities will inform how services, including accommodation based support services and community support operate in the future.

If you need this survey in an alternative format or other language, or if you have any queries, please contact: ContractsUnit.AdminTeam@brighton-hove.gov.uk

As part of this engagement we will be undertaking one to one conversations with people to get more in depth information about your experiences. If you would be interested in taking part and discussing your experience of mental health and housing then please email ContractsUnit.AdminTeam@brighton-hove.gov.uk

Q1. Which best describe how you are responding to this consultation?

I have mental health needs and I am receiving support	
I have mental health needs but I am not currently receiving any support (for example support from a GP, Nurse, Social Worker, Mental Health Practitioner, Community Support Worker)	

Q2a. Are you currently using any services to support your mental health.

Yes	
No	
Don't know	

Q2b. If yes please select which services are supporting you.

GP		Home Care Worker	
Nurse		Mental Health Charity	
Social Worker		Advocate	
Mental Health Practitioner		Counsellor	
Key Worker in Supported Housing		Psychologist	
Community Support Worker		Occupational Therapist	

Other (please specify)			

Q3a. How easy or difficult has it been for you to receive support for your mental health needs?

Very Easy		Fairly difficult	
Fairly Easy		Very difficult	
Neither easy nor difficult			

Q3b. If it was difficult, why was it difficult or why were you unable to access support? (Please tick all that apply).

I don't feel able to talk about or ask for help with my mental health needs	
I don't know where to go for support	
I'm on a waiting list for support	
I couldn't access support due to the distance I would need to travel for the appointment	
I couldn't access support due to the distance I would need to travel for the appointment	
My mobility / health or support needs mean I could not access the support offered	
The service I was offered does not meet my background, cultural or religious beliefs	
The service offered does not meet my language needs	
The service offered does not meet my sexuality / gender identity needs	
I did not feel the service I was offered would meet my mental health needs	
I have been referred to the service before and it did not meet my needs	
I am unable to afford the cost / my contribution to the cost of the service	

Other (please specify)

If you wish to give further information on your answer above please do so below

Q4. How do you find out about mental health services that might be available to you?
(Please tick all that apply).

GP		Leaflet / Poster	
NHS 111		Mental Health Professional	
Word of Mouth		Police	
Charity / Community Group		Ambulance Service	
Internet Search		Fire Service	

Other (please specify)

Q5. Thinking about the mental health support services you have received.

What works well about the support you receive?

What could be improved?

Do you feel your needs and views are listened to?

Q6. Do you live in accommodation that offers mental health support?

Yes	
No	

If yes please answer Q7a to Q7d

Q7a. What works well about the support you receive in your accommodation?

--

Q7b. What could be improved?

--

Q7c. Is the accommodation service you live in able to support you in a way that respects your background, cultural life and religious beliefs?

--

Q7d. Is there anything else you would like to tell us about the accommodation service you receive?

--

Q8. Do you receive community based mental health support (for example a floating support worker, community support worker or carer) or mental health support from a charity?

Yes	
No	

If yes please answer Q9a to 9c

Q9a. What works well about the community support you receive?

Q9b. What could be improved?

Q9c. Is the community support you receive able to support you in a way that respects your their background, cultural life and religious beliefs?

Q9d. Is there anything else you would like to tell us about the community support you receive?

About you

The council has legal duties to make sure that we provide our services in a fair way to all members of the community. To assist us in this, we collect equality data to better understand our demographic profile of our community so we can identify and address barriers to inclusion. We do this so that we can show that we are acting in accordance with the law as well as to help us review and improve our services.

What type of accommodation are you in?

Owner Occupier		Private Rented Tenancy	
Emergency / Temporary accommodation provided by the council		Mental Health Supported Accommodation	
Homeless Supported Accommodation		Homeless / Rough Sleeping	
Care / Residential Home		Sheltered Accommodation	
Short term mental health supported accommodation for example Discharge to Assess			

How old are you?

What gender are you?

Female		Other	
Male		Prefer not to say	

If other please specify

Do you identify as the sex you were assigned at birth?

For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their sex.

Yes	
No	
Prefer not to say	

How would you describe your ethnic origin?

Asian or Asian British: Bangladeshi		Mixed: Asian & White	
Asian or Asian British: Indian		Mixed: Black African & White	
Asian or Asian British: Pakistani		Mixed: Black Caribbean & White	
Asian or Asian British: Chinese		Mixed: Any other mixed background	
Asian or Asian British: Any other Asian Background		White: English / Welsh / Scottish / Northern Irish / British	
Black or Black British: African		White: Irish	
Black or Black British: Caribbean		White: Gypsy or Irish Traveller	
Black or Black British: Any other Black background		White: Any other White background	
Other ethnic group: Arab		Other ethnic group, please give details below	
Prefer not to say			

If other please specify

Which of the following best describes your sexual orientation?

Bisexual		Heterosexual / Straight	
Gay		Lesbian	
Other			

If other please specify

What is your religion or belief?

I have no particular religion		Buddhist	
Christian		Hindu	
Jain		Jewish	
Jewish		Muslim	
Pagan		Sikh	
Agnostic		Atheist	
Other religion, please give details below		Other philosophical belief, please give details below	
Prefer not to say			

If other please specify

Armed Forces Service

	Yes	No	Prefer not to say
Are you currently serving in the UK Armed Forces? (this includes reservists or part-time service, such as the Territorial Army)			
Have you ever served in the UK Armed Forces?			
Are you a member of a current or former serviceman or woman's immediate family/household?			

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes at little		No	
Yes a lot		Prefer not to say	

Are you a carer?

A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse support needs.

Yes		Prefer not to say	
No			

