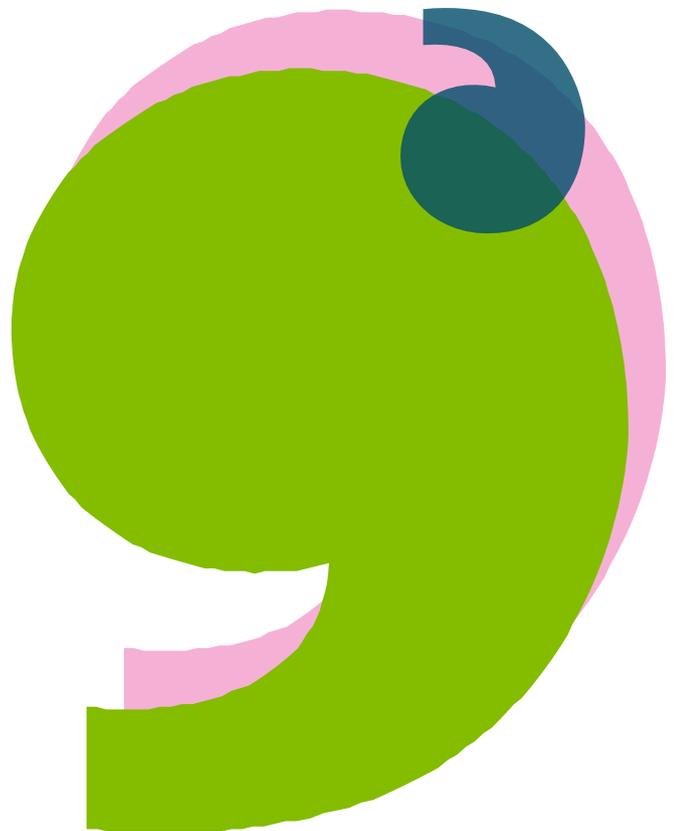




# Experiences of Mental Health Support in Primary Care in Norfolk and Waveney

March 2020



## Contents

1	Introduction .....	3
1.1	About Healthwatch Norfolk .....	3
1.2	Background and context.....	3
1.3	About this report .....	4
2	Survey findings .....	5
2.1	Mental health support arranged by GP .....	5
2.2	Using digital resources for mental health support .....	8
2.3	Finding information about mental health and wellbeing services .....	9
3	Conclusion .....	12
4	Appendix .....	13
6.1	Appendix A: survey questions .....	13



# 1 Introduction

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From November 2019 to March 2020, Healthwatch Norfolk (HWN) ran an online survey to collect feedback on local residents' experiences of mental health support in primary care. Participants could share their experiences of mental health support from their GP as well as provide their experiences of digital resources as support for mental health. This report outlines the survey findings.

## 1.1 About Healthwatch Norfolk

Healthwatch Norfolk is the consumer champion for health and social care in the county. We are an independent organisation but we have statutory powers. The people who make decisions about health and social care in Norfolk must listen to you through us. HWN use the things you tell us about local care to influence future services in Norfolk. Our remit is to represent your views and your experiences to help inform and improve the services that are commissioned and provided in Norfolk.

## 1.2 Background and context

As well as our rolling programme of engagement visits to hospitals, GPs, and patient groups in the community, throughout the year Healthwatch Norfolk's engagement team select a handful of areas investigate, where we feel there is a need for patient representation. In Norfolk, we know that there is a need for responsive provision that treats the symptoms of mental ill-health, but also for access to services and community support networks that deal with the causes of poor mental health and intervene early to prevent the occurrence of serious mental health problems and crisis situations. We regularly hear about people's experience of accessing mental health services in Norfolk, much of which is positive, but the needs of every individual experiencing difficulties is different, and others have told us of their struggles in finding care that meets their unique needs.

For many people, the first step to attaining support for their mental wellbeing is their GP. Increasingly, more emphasis is being placed on supporting good mental health in the community, offering people support closer to home through, for example, social prescribing teams within Primary Care Networks. Additionally, [Norfolk and Waveney's Adult Mental Health Strategy](#) outlines local leaders' commitment to "support the management of mental health issues in primary care settings", such as within GP practices. The strategy outlines that developing a more robust offer for mental health within primary care services will help people to address their mental health challenges sooner and build capacity within the system.



### 1.3 About this report

This report details the results of an online survey (*appendix A*) which aimed to collect feedback from local residents about mental health support in primary care and digital resources for mental health support. The survey also asked where respondents would like to access mental health support. The survey comprised of a range of questions types (including multiple choice, rating, closed-ended, and open ended), so analysis was broad to reflect this spectrum. Answers where respondents could type their own comments, were analysed using NVivo software.

The online survey was open from 27<sup>th</sup> November 2019 to 11<sup>th</sup> March 2020. A sponsored Facebook post promoting the survey also ran over the same period. The survey was also promoted on HWN's other social media channels including Twitter and our newsletter. A small number of responses were collected through a paper survey which were entered onto the online survey by HWN.

Participation in the survey was voluntary and anonymous. A total of 267 responses were collected, however 105 of these were only partially completed. Therefore, a final total of 162 full responses were collected which make up the findings section of the report.



## 2 Survey findings

### 2.1 Mental health support arranged by GP

When asked if they had visited their GP for support with their mental health, 96% (151) of respondents had visited their GP for support with their mental health.

Respondents were asked to indicate if their GP or another relevant professional was able to arrange treatment which supported their mental health. Fifty seven percent (86) of responses to this question indicated that it was either ‘true’ or ‘somewhat true’ and 31% (47) indicated that this was ‘false’. Figure 1 displays all responses to this question.

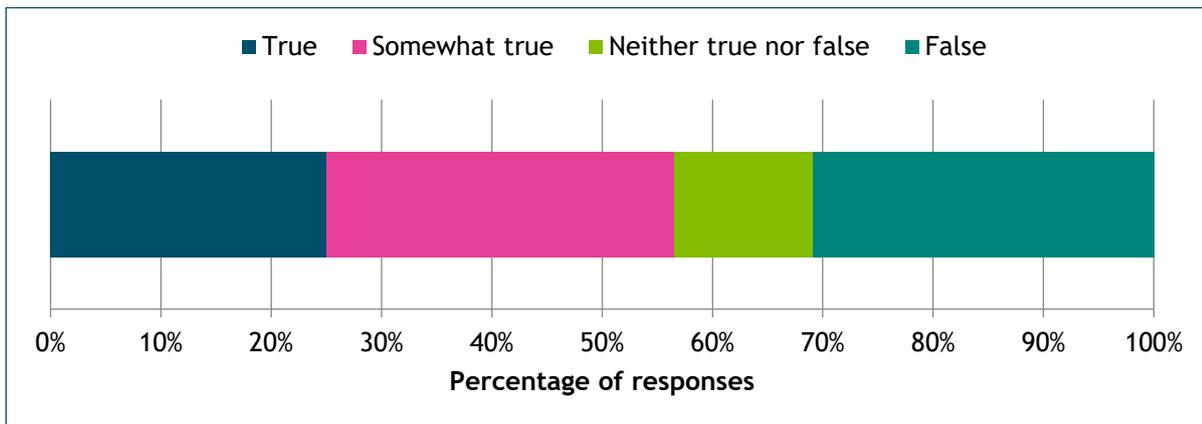


Figure 1. A graph displaying responses of 152 people to the statement “my GP or another relevant professional was able to arrange treatment that supported my mental health”

Twenty-three percent (34) of responses indicated that the impact the support arrange for them was ‘effective’, while 30% of responses indicated that the impact was ‘counterproductive’, these responses are displayed in Figure 2.

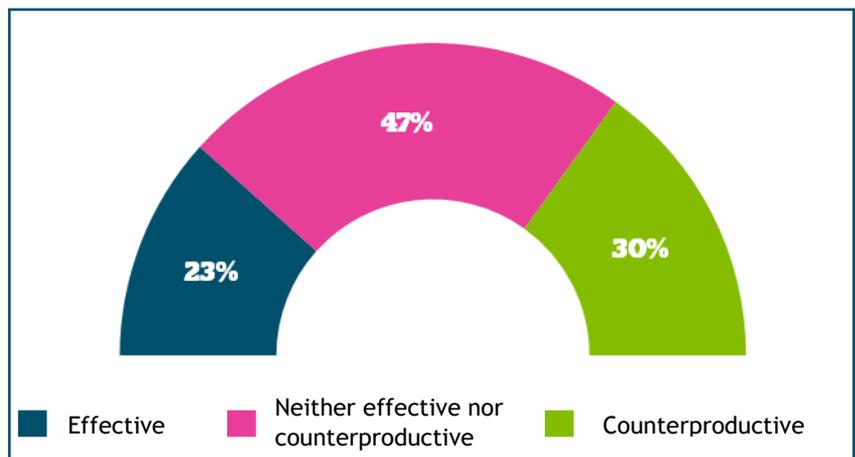


Figure 2. A graph displaying responses of 146 people to the question “which of the following best describes the impact that the support arranged for you had on your mental health?”

When asked if anything could have been improved 75% (112) answered ‘yes’.

Respondents were also asked to personally describe the impact the support had on their mental health and also comment on what they thought could have been improved, responses are presented below.



## Access to support

Respondents commented on wanting more services and variety available, long waiting times, and continuity of care.

## Services available

People told us that they would like *“more options for treatment, choice of counsellor”* and *“better scope of services for the broad range of mental health issues”*.

The main service which respondents felt would improve support was more therapy and range of therapy available. This included *“one to one c b t”*, *“psychotherapists (not groups, and CBT, led by nurses or Mind)”*, *“more support groups or meetings”*, and *“being able to talk to someone in person rather than just on the phone”*.

Examples of more specific services suggested by respondents included *“more services for the sober”*, *“services to support bereavement through counselling”*, *“trauma-informed”* mental health provision, and *“help with LGBTQ issues”*.

Respondents also commented on the mental health trust Norfolk and Suffolk Foundation Trust and staffing levels. That they would like *“more investment”*, *“frontline practitioners”*, and *“more mental health workers”*.

## Waiting times

Respondents commented that *“it took forever to get any support”*, *“I had to wait five months for counselling so had to repress it all”*, and *“had to wait far too long for an appointment to see a mental health worker”*.

One respondent shared that *“I was in hospital for three weeks after a major overdose and then expected to wait months on a list”*. It was highlighted by another respondent that they *“had to wait ages for my referral to go through with no help while waiting”*

Other comments where respondents have highlighted the importance of short waiting time are presented below:

*“Mental health needs to be as important as physical health and you shouldn't have to wait months or years for treatment”*

*“Fast appointments, when people go to their GP it has probably taken a lot of courage to ask for help and self refer is not what is needed”*

*“Shorter waiting times from when being referred by your GP to actually getting to see mental health worker. The wait is far too long causing needless stress and anxiety. I took an overdose waiting for an appointment [...] When we need help we need it now, not 6 months down the line.”*



### Continuity of care

Respondents told us that “*cohesion of support with the same person*”, “*consistency of care*”, and “*joined up connections across all services*” would help improve the services offered. Particularly because “*you have to tell everything about yourself so many times, even you don’t want to talk at all*”.

We were also told that some people would like to be “*followed up regularly*”, such as “*an offer to come back soon to talk*” and “*monitoring of conditions*”.

### Staff attitudes and training

Staff attitudes and support were highlighted to have an impact on the overall experience of the support, this is illustrated by one respondent who told us that “*had I not worked within mental health my GP response would have had a huge impact*”. Respondents commented that they felt “*unsupported*”, “*fobbed off*”, “*dismissed by receptionist*”, and that their “*GP seemed bored*”.

Respondents also told us that they felt staff did not have enough understanding of mental health. One respondent told us that to improve their experience it would help if there was “*a better understanding of and more training in mental health overall*”.

In particular respondents highlighted that they wanted professionals to listen to patients and service users, some of these comments are displayed in Figure 3.



Figure 3. A figure displaying some comments from respondents about staff listening or not listening to patients.

## Medication

Experiences of medication were mixed. Some respondents commented that they felt they were “just given pills”, “put on antidepressants and basically said get on with it” or “felt he was too quick to prescribe without really asking how I felt”. While one respondent struggled to get medication prescribed, reporting that “my GP said she did not want me to get addicted so I have gone with out”.

One respondent highlighted that their “gp could not really help me because they were limited in what they could do other than meds”.

## 2.2 Using digital resources for mental health support

When asked if they use any digital resources to manage their mental health and wellbeing 41% (63) of responses answered ‘yes’.

Respondents were then asked whether they benefit from the digital resources they use and 43% (26) of responses indicated they did benefit from the digital resources and a further 51% (31) indicated they benefitted somewhat from the resources, responses are displayed in

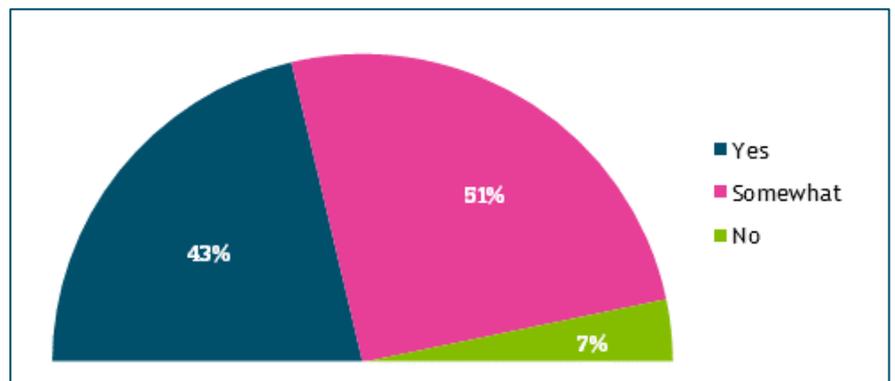


Figure 4. A graph displaying the responses of 61 people who use digital resources to manage their mental health to the question “would you say you benefit from the digital resources you use?”.



Figure 5 displays the digital resources used by respondents (respondents were able to select more than one resource type). The most common digital resource used by respondents was Apps with 55% (34). Other resources included “advice pages”, “Facebook”, “message and email”, and “YouTube relaxation videos”.

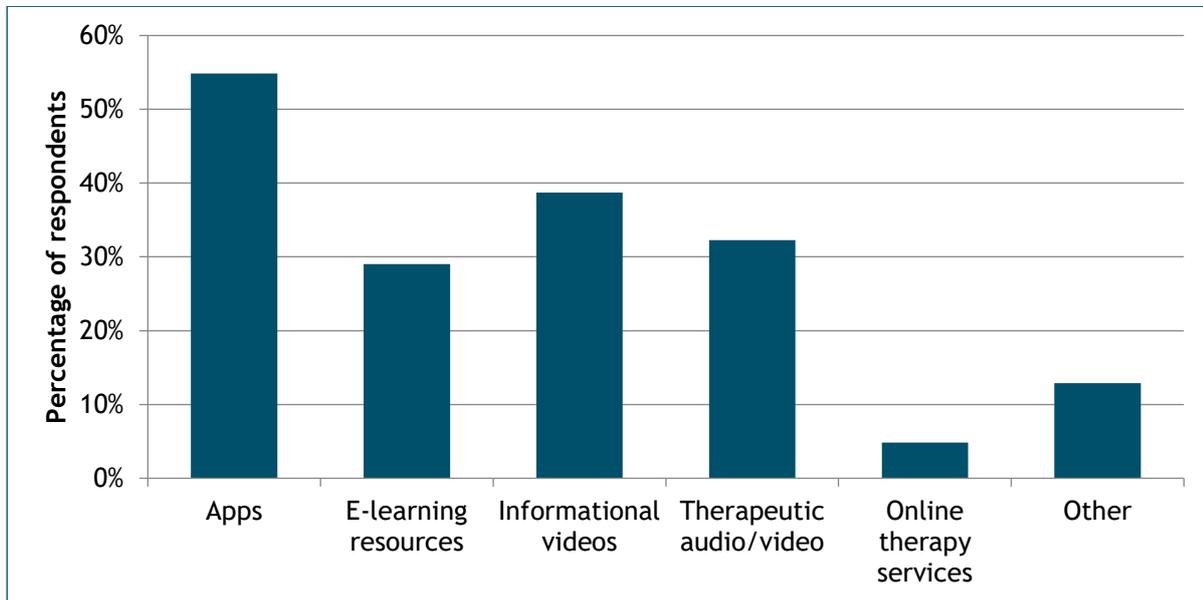
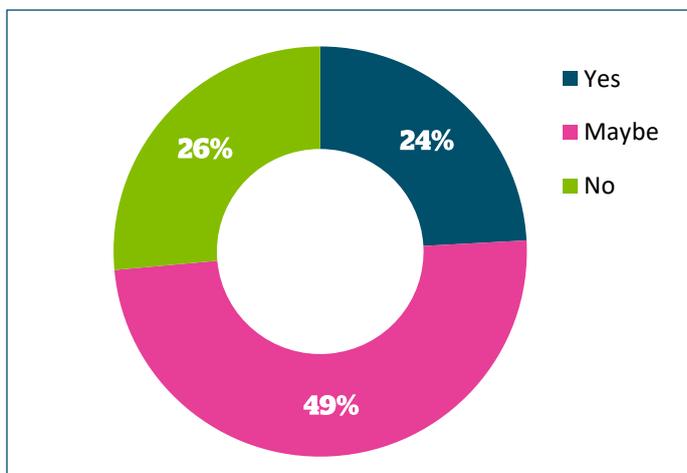


Figure 5. A graph displaying the digital resources used by 62 respondents, respondents were able to select more than one resource type.



Of those who answered that they do not currently use digital resources for mental health, 24% (21) responded ‘yes’ they would consider using digital resources to manage their mental health and wellbeing. A further 49% (43) responded ‘maybe’ they would consider using digital resources, this is displayed in Figure 6.

Figure 6. A graph displaying 87 responses to the question “would you consider using digital resources?”. This question was only answered by respondents who do not currently use digital resources to manage their mental health

### 2.3 Finding information about mental health and wellbeing services

Respondents were asked about where they currently go to find information about mental health and wellbeing services and where they would like to go in the future.

Figure 7 displays where respondents who seek out information about mental health and wellbeing currently go. As the graph shows the most common place respondents go for information is the internet with 56% (70) of responses.

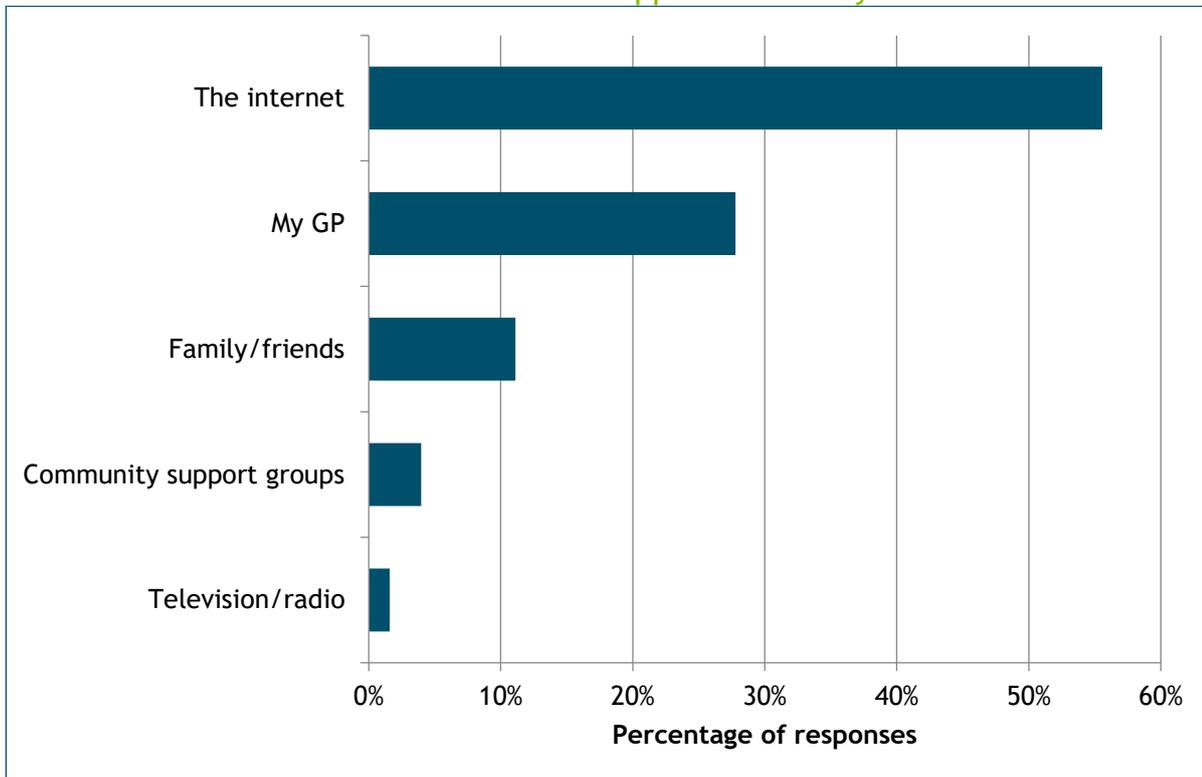


Figure 7. A graph displaying the responses of 126 people to the question “where do you currently go to find information about mental health and wellbeing services to support you?”

Respondents were given the opportunity to provide additional answers not included in the options. Other places respondents went for information included the library, papers and magazines, employers, private therapists, and well-being events. One respondent told us that “I am deaf, so cannot use helplines as I don’t use telephone”.

Finally, respondents were asked where they would like to be able to access information in the future and in what format. The most common responses were through their GP and on the internet.

GP surgeries were considered the most appropriate place for more mental health information and support for many respondents.

*“It’s hard to talk to somebody about how you feel in the first place, but it makes sense to access services through your GP surgery, as that’s often where people go first when they need help.”*

In particular, respondents suggested that “wellbeing centres should be attached to Gp surgeries”, that “counselling should be available at all medical centres especially emergency help in times of crisis”, or that “I would like there to be some kind of drop in centre that you could go into as needed , even just for maybe 15 mins to speak to someone one to one.”

For online information several respondents suggested that all information could be “on its own site. [...] With everything thing on it”. Two respondents commented that they “would like email address as well as telephone number”.

On the other hand, one respondent highlighted the fact that people do not have access to the internet and suggested that hairdressers could help distribute information:

*“Personally the internet is best, but I’m mindful of how many people don’t have access. I know a couple of people who are hairdressers and we were discussing about how much of a role they play in people’s lives and I quite often pass on info to them for their clients.”*

As well as hairdressers and beauty salons, other locations for information to be shared suggested by respondents included: libraries, charity shops, schools, the workplace, pharmacies, citizens advice, and shop windows. Suggested formats that information could be in included: leaflets or booklets and easy read information.

Two respondents commented on privacy concerns when accessing information on mental health. One that they would like to go *“some where discreet”* and the other that they would like *“more visible information in places where I don’t need to ask about it”*.

However, it was highlighted by respondents that regardless of where the information is found it still needs to be easily understood by patients or explained to them by a professional.

*“Ideally I would like the GP to be able to provide this information, or to at least have one place where all resources are available online. However I don’t think it’s enough for the information to be available, GPs (or someone) need to understand what the \*right\* options might be for an individual and help guide them. Otherwise it is just another overwhelming list!”*

*“Being able to access information from the Dr surgery would be my first port of call as they should be able to advise you of reputable organisations to approach. It is a bit of a lottery relying just on the internet as you have no idea if the organisations are reputable or not unless they are recognisable names.”*



## 3 Conclusion

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- Many respondents reported wanting more variety and choice of services - especially for specific issues such as bereavement, addiction, and LGBT+ issues. Notably, some respondents were open to referral from the GP to third sector organisations such as Mind.
- Respondents reported mixed experiences of GP attitudes towards mental health problems. While some said their GP was considerate and open-minded to treatment options, others said they were “just given pills” or told to “get on with it” without alternative options being explored fully. Some respondents suggested that training in mental health for GPs would be beneficial.
- Many respondents stated that time spent waiting for a mental health appointment after seeing their GP was too long and often stress-inducing, especially when there is little support available in the interim.
- 41% of respondents already use digital resources such as apps, e-learning and online videos to manage their mental wellbeing. Others referred to social media and online community pages as a source of advice and peer support. Therefore, making GPs aware of some reputable online support networks might benefit some patients.
- Of the 59% of respondents that do not currently use digital resources to manage their mental wellbeing, 73% answered ‘yes’ or ‘maybe’ to the question, ‘Would you consider using digital resources’. This demonstrates there is a potential appetite for digital support tools, even among the less digitally active population, suggesting awareness of available resources or digital literacy is a barrier to patients’ diversifying their support networks.



## 4 Appendix

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### 4.1 Appendix A: survey questions

1. Have you visited your GP for support with your mental health?

- Yes
- No

2. My GP or another relevant professional was able to arrange treatment that supported my mental health.

- True
- Somewhat true
- Neither true nor false
- False

3. Which of the following best describes the impact that the support arranged for you had on your mental health?

- Effective
- Counterproductive
- Neither effective not counterproductive

How would you personally describe the impact the support arranged had on your mental health?

4. Could anything have been improved?

- Yes
- No
- Not sure

If yes, what do you think could be improved?



5. Other than medication and talking therapy, what types of support or treatment should surgery staff offer to best support the community? (Tick all that are relevant or suggest others)

- Signposting to other NHS services
- Financial/welfare advice
- Housing advice
- Outdoor activities e.g. gardening
- Self-care techniques
- Community volunteering opportunities
- Sports/exercise programmes
- Other (please specify):

6. Do you use any digital resources to manage your mental health and wellbeing? (e.g. apps, e-learning courses, mental health websites)

- Yes
- No

7. What digital resources do you use to manage your mental health and wellbeing? Select all that apply.

- Apps
- E-learning resources
- Informational videos
- Therapeutic audio/video
- Online therapy services (e.g. talking to a therapist via video call)
- Other (please specify):

8. Would you say you benefit from the digital resources you use?

- Yes
- No



- Somewhat

9. Would you consider using digital resources?

- Yes
- No
- Maybe

10. Where do you currently go to find information about mental health and wellbeing services to support you?

- The internet
- My GP
- Family/friends
- Community support groups
- Television/radio
- I do not seek information about mental health and wellbeing services

If none of the above apply to you, or you would like to provide additional answers, then please describe where you go to find information about mental health and wellbeing services in the box below.

11. Describe where you would like to be able to access this in the future and in what format.

- I do not wish to access information about mental health and wellbeing services

Your response:

8. Thank You Page

Thank you for completing this survey.



### Mental Health Support in Primary Care in Norfolk and Waveney

Healthwatch Norfolk would like to thank you for taking the time to share your experience with us. Responses will all be kept anonymous and used to inform our final report. We comply with all safeguarding and data protection regulations, to view our full privacy statement, please [click here](#). Any queries should be directed to [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk) or call us on 0808 168 9669.

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