healthwatch

Healthwatch Darlington

TEWV Community Transformation Report

October 2021

Contents

Executive summary

This report gives and insight into what local patients in Darlington feel matters to them the most when it comes to mental health support in the community.

Darlington benefits from an established primary care network (PCN), an array of voluntary sector organisations, NHS services and the local authority to support them with their health & wellbeing.

The team's local community knowledge has enabled us to reach out to patient cohorts such as men, carers and people aged 16 to 25 who use mental health services. Listening to their complex needs and barriers when it comes to mental health in their community provides readers with an insight into 'what works well' and 'what doesn't work well' for them when it comes to support.

Local patients also took part in a community survey which highlighted their appreciation for voluntary sector organisations available and that they like to take part in community groups that promote opportunities to socialise, meet new people, meet others going through similar experiences as well as their indoor and outdoor exercise spaces.

The array of support available isn't always utilised due to local patients experiencing a lack of support when it comes to signposting and referrals from other organisations such as NHS and local authority, this means some patients do not always get the support they need.

Further to this, patients report that some services aren't able to meet their needs or don't understand their needs thus contributing to further cases of patients feeling dissatisfied with the support offered in the community.

Darlington benefits from a thriving community offer however a collaborative approach ensuring that patients get the support they need from different areas of health & care can be further improved.

Building on the existing community offer by listening to the voices of local patients will provide more choice that is accessible and varied, encouraging more people to seek out activities that promote positive mental wellbeing.

Finally, local patients with complex mental health disorders or learning disabilities wish to see more understanding and awareness when it comes to their needs. Their experiences provide readers with an understanding on how this can be addressed so they too can benefit from mental health support in the community.

Introduction

TEWV Community Transformation Plan:

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

'New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.'

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

- **Co-production:** <u>active</u> participants who lead and own the design for future services.
- **Engagement** with people, and statutory consultation with the public if services are to change.
- **Inclusivity -** No wrong door.
- **Collaboration**: working as a <u>system</u> and building the infrastructure with existing services.
- **Person centred care**: Care is centred around individual needs.
- Care is **proactive** not reactive.
- The **assessment** process for individuals is <u>collaborative</u> with community services and not having to be repeated when accessing support.
- Community design which addresses **health inequalities** and **social determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/social care/drug and alcohol (*list not exhaustive*). The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

- ➢ Redesign and reorganisation of core community mental health teams which are **placed based.** (*Sound clinical governance is critical to successful implementation.*)

- ➢ Creation of a **core mental health service** which is aligned with **primary care networks, voluntary sector organisations and local community groups** whereby dedicated services and functions will plug in.

The Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees are working with TEWV to provide insight from groups and individuals within their communities to support this aim.

Methodology

Healthwatch Darlington used a series of tried and tested research methods to gather the experiences and views of local patients across the Borough of Darlington. We spoke to **128** people in total. We used the survey designed by five local Healthwatch in the region and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) along with three online focus group events to gather a mixture of both quantitative and qualitative data which has helped us to highlight key themes for the local area.

Posters – In order to promote the survey and focus group events we also placed posters within community venue windows and on notice boards. It was important for us to reach those who may be deemed digitally excluded.

Survey - The survey was shared both online and in the community. We used our social media channels and website to reach an online audience. We also shared paper surveys along with our 'community survey box' in a local community venue called Pathfinder House (home to a foodbank, mental health organisation and community café) as well as Hilda's House (home to Darlington Mind).

Focus group events – We hosted three online focus group events. Carefully planning the timing of these to make them as accessible as possible for anyone who may be at work or college.
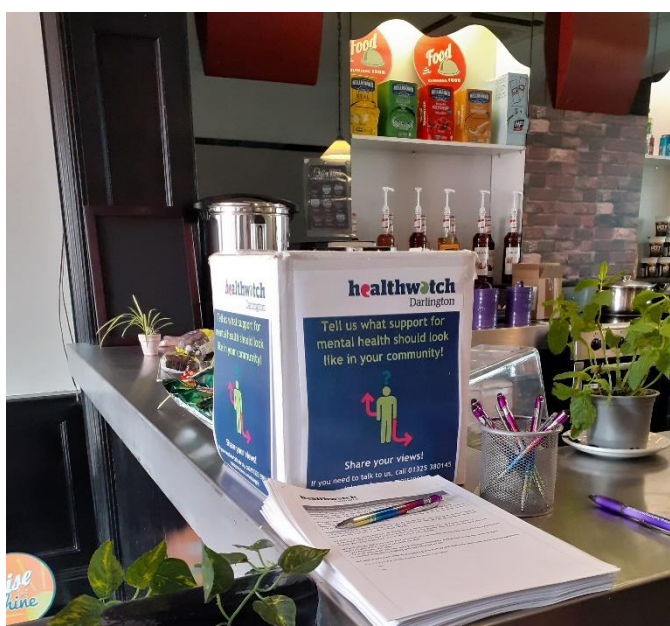
Demographics

We picked three cohorts of service users to speak to during our focus group events which were as follows:

- Men (over the age of 18) –

- Parent Carers and Carers (over the age of 18)

- Transition from child to adult mental health services (anyone aged 16 to 25)

We worked with a range of organisations to reach a range of service users with the view to gather a diverse insight reflective of the Borough of Darlington. We did however experience difficulties reaching ethnic service users. Please refer to the 'demographic appendix' for further information.

Findings

What matters most to people in Darlington?

Darlington is a large market town made up of approximately 106,000 people. Patients who use services in Darlington or who have a good understanding of 'what's available' value the community provision on offer especially when it comes to the voluntary sector and extracurricular activities such as nature groups or volunteering. Patients in Darlington also value the benefits of exercise and outside spaces to support their mental wellbeing, and this is regularly mentioned.

However, when looking closer at the voice of local patients 'not knowing where to go' or the lack of signposting to the 'right service at the right time' for help and support is problematic, leading patients not seeking the help they need to support them with their mental health.

Patients with more complex mental health conditions find it hard to get the right support. Patients report regularly 'the lack of understanding or knowledge' when it comes to complicated mental disorders such as Post Traumatic Stress Disorder (PTSD) or Bipolar. For these patients they report needing prolonged support and that NHS services are not able to offer this due to restricted number of sessions. Patients feel they are then offered medication 'too readily' which isn't always helpful. Patients wish to see more support and understanding in the community for complex mental health disorders.

Finally, 'family and friends' matter to patients in Darlington. More opportunities to socialise and meet new people will help some patients who experiences loneliness. Looking after someone, you care for in challenging and families wish to see their loved ones get the right support. This is especially true for anyone who cares for a loved one who needs social care support. A strong theme found within Darlington was the lack of 'communication' or 'joined up working' between NHS services and social care services. This contributes to patients not getting support for their mental health as they are not signposted to the appropriate place for support.

Who did we speak to?

114 service users completed the survey with only 11 of these completing the survey on behalf of someone else. 31 out of 81 service users told us they do not currently used mental health services.

79 service users told how they currently feel in terms of their mental wellbeing. On average between the scale of 1 to 5 (1 being extremely poor and 5 being extremely good) most service users scored around 2.5. However, this varied upon closer inspection with some feeling their mental wellbeing is currently extremely poor and some feeling really good.

We also spoke to 11 service users during our online focus group events. The breakdown was as follows:

- 6x men over the age of 18
- 2x parent carers and 1x foster carer
- 2x young adults aged 21

What did they tell Healthwatch?

Men's Mental Health Focus Group

6 men over the age of 18 attended the focus group to share their experiences, 2 of them are currently receiving mental health and wellbeing support from a local service, 1 has previously received support and 1 had not used a service. 3 out of the 6 told us that they felt their mental health was currently fairly level and stable. However, the group agreed that their mental health is a 'day to day' thing and it can vary from week to week.

Key themes

Some of the experiences discussed were extremely complex and included child abuse, these men told us that they felt that there was no local support, with the nearest counselling service for men's sexual abuse/rape being at least 30 miles away. There is local support for females but not for males. Further to this they feel mental health services aren't always equipped to deal with mental health and childhood trauma. It's been challenging for some men in the group to find the right support or counsellor to help them.

Men feel they face stigma especially in certain 'workplaces' often feeling they can't tell their employer about how they feel in the fear of this effecting their job. The men in the group felt more could be done to address workplace awareness such as training.

Services aren't able to cater for their needs with only a limited number of sessions. Some of the men in the group agreed that it can take quite some time to build trust with a trained professional before you are able to open up and benefit from the counselling session. The sessions run out quickly and they don't feel this is enough.

Information about services needs to be more accessible reaching 'men' in a variety of settings such as churches, hairdressers and town centre venues.

What works well

Being outside, **meditation**, **listening to music,** and **going to the gym** were all things that helped them to relax and switch off from their thoughts, even if just for a short time.

Voluntary organisations that offer support such as Step Forward Tees Valley, Arcus and ManHealth were mentioned as helpful and the men all agreed that support should be easy to access in the local community. Some of the group found peer groups that offered a variety of support such a talking, walking sessions and looking at diets as helpful.

What doesn't work so well

However, they felt that **social media**, the **news** and **professionals** who didn't understand them were things that had a negative impact on their mental health and wellbeing. For example, negative comments or news about childhood trauma can be tiggering for some of the men in the group and this can happen regularly on social media.

They feel that they are relying on family and friends for support. So, although its helpful short term, long term it can add **pressure to relationships** and that family and friends shouldn't be seen as a solution.

Mental health is sometimes addressed using only medication or talking therapies which can be helpful short term however the group agreed that more should be done to look at 'why' they are struggling with their mental wellbeing. For example, if its confidence could they be signposted to a group or activity that would help with this.

Transition from child to adult mental health services Focus Group

2 young people joined the session aged 21. One service user currently uses services whilst one previously used a service. One feels their mental health is stable although their anxiety levels increased during the pandemic. The other service user hasn't had a particularly good time lately with their mental health. Both service users also have a learning disability.

Key themes

Both service users described similar experiences that when they received a diagnosis for their learning disability, they were prescribed medication for low mood and then all support offered by child and adolescent mental health services (CAMHS) stopped. One described this as 'being dropped' from CAMHS.

They both described similar experiences that 'no-one checked on them' from CAMHS although they reported feelings of low mood and anxiety and were prescribed medication.

One service user said they approached CAMHS when they were 16 and they were allegedly told 'there was no point using the service due to their age' and was told to approach other services. There was no support offered by CAMHS to do this. One service user now uses different adult services mentioning recent ones used such as Mental Health Concern and Step Forward Tees Valley as being helpful. However, they had to source this help them selves and no help was offered to assist them with finding these services.

Both service users felt that location for mental health support needed to be convenient with one preferring this to be in clinical setting as they felt 'they would taken more seriously'.

Whilst they agreed the internet has a lot of information, they don't feel social media is the right platform. They feel information needs to be improved as one service user said, 'they wouldn't know where to go'. They suggested that a phone app might be useful.

They both felt they may not attend other community activities as they would find this challenging due to social awkwardness and anxiety.

What works well

Both service users shared activities that they feel helps their own wellbeing. These were as follows: **Exercise** – such as running, **Crafts** – such as cross stitching, **Nature** – animals and plants and **Friendships.**

What doesn't work well

Lots of change or new things were mentioned as something that one service users finds challenging, and this can then affect their mental wellbeing. Some examples included starting university and the pandemic. **Existing physical health conditions** and **home/family life** were also mentioned as negative things that contribute to their wellbeing. **Telephone appointments** - Offering mental health appointment via the phone works for some however one service user said this isn't helpful for them and they much prefer 'face to face'.

Carers and Parent Carers Mental Health Focus Group

3 attended the event, One is a parent carer of two young adults, another is a carer of their own parent (since 13 years old) and grandchild with profound health conditions and the third was a foster carer. None of them currently use services however two of them have previously used services.

Key themes

All of the group agreed that it can be challenge getting the support you need for someone you care for. They reported problems with NHS and social care services with one service users in particular experiencing poor staff attitudes when dealing with social care services. The service users described how they were not eligible for help and support from social services. This was communicated to them in an unpleasant manner and no signposting was offered for the family. Another service users went on to describe the difficulties getting the support they needed for their own children. They all agreed this can be draining and can have had an impact on the mental health.

The group all felt that although a GP would be the first service to go to for support that the GP should then refer them to the most appropriate help. Community activities and services need to be more accessible and that perhaps opening hours in the evening would be more useful for some. They feel mental health support should be offered in a neutral setting such as a community centre.

They feel more opportunities in the community such as wellbeing activities and 'coffee and chats' would be useful. They all agreed that more low cost activities or free swimming or other activities would really help and that more should be done to promote and encourage volunteering and training.

The group all agreed that information about support available needs to be varied and accessible. Suggestions included Posters, a GP newsletter, local shops, the Livingwell Directory, employers, bus stops, local radio, awareness events/stalls in town.

What works well

The group listed a variety of different things that support their mental wellbeing. These were as follows;

Exercise – Swimming and walking dogs were mentioned.

Relaxation – Just being outside, setting aside 'me time' and therapeutic massages were all mentioned as key ways to relax.

Personal growth – Volunteering and gaining knowledge so they they can help & support the person they care for helps them feel mentally well.

Socialising - Connecting with others and spending time with family contributed to their positive mental health and wellbeing.

What doesn't work well

Some of the things that things that impact negatively on their mental health and wellbeing were **family issues/pressures**, **feeling let down by services**, **difficulty accessing services** and **case worker changes – no consistency.**

Detailed survey findings

The team at Healthwatch Darlington identified a number of key themes which will provide a baseline for understanding 'what works well' and 'what doesn't work so well' in Darlington for local patients. The insight also offers a complex overview into some of the barriers or inequalities certain cohorts of patients feel they experience in the town when using services.

Expectations of mental health services

3. Tell *us up to 5 things that contribute to your positive mental health and wellbeing.*

79 out of 114 service users answered this question sharing a variety of external factors that promote positive mental wellbeing. The data told us the top five themes **(with the highest from the top to the bottom)** are as follows:

- **Family** - *Individuals referred to relationships with partners, children and other relatives as a positive influence and went on to say spending time with them also helps.*
- **Friends** – *Individuals describe socialising with friends and having someone to talk to as helpful.*
- **Exercise/nature** – *Individual's mention sending time in the gym or running outside as helpful with further individuals describing walking outside to be helpful or spending time in natural spaces.*
- **Pets/hobbies** – *Individuals referred to family pets such as dogs and cats as positive influences on mental wellbeing with further individuals suggested extra curricula activities such as music, art and reading as helpful.*
- **Relaxation** - *Individuals refer to relaxing in general or describe activities such as meditation or yoga as useful.*

4. *Tell us up to 5 things that impact negatively on your mental health and wellbeing.*

79 out 114 service users answered this question describing a variety of external factors which negatively impact their mental wellbeing. The data told us the top five themes **(with the highest from the top to the bottom)** are as follows:

- **Work -** Many individuals refer to work related stress as unhelpful. Individuals describe work life balance as a key factor and go on to mention work relationship, unrealistic expectations and deadlines as all contributories. Finally, some individuals describe home working or the impact of the pandemic as a negative factor.
- **Finance/debt -** Individuals refer to money worries, problems with benefit system, unemployment and debt as significant contributory factors having a negative impact on mental wellbeing.
- **Family/relationships** – Some individuals felt certain relationship can have a negative impact on mental wellbeing describing marriage breakdowns, coercive behaviours and domestic abuse as factors effecting their mental wellbeing.
- **Self-esteem/confidence** – Individuals refer to low self-esteem/confidence with some suggesting body image/self-image as a problem. Further to this diets, weight and eating were mentioned.
- **Other stress** – There was a mixture of 'other stresses' suggested which included things such as sleeping, social media, news and housing.

Current awareness and understanding of mental health and services

5. *Who would you contact or go to for help/support for your mental health and wellbeing?*

75 out of 114 service users answered this question. Some individuals picked more then one answer. The top places service users would go to for help are GP's, Family, Friends, and voluntary organisations. **17** service users left further comments when answering this question which included a mixture of to her suggestions such as; church, private counselling, internet and some suggested they would use none of the suggestions because 'they are useless'.

Who would you contact or go to for help/support for your mental health and wellbeing?
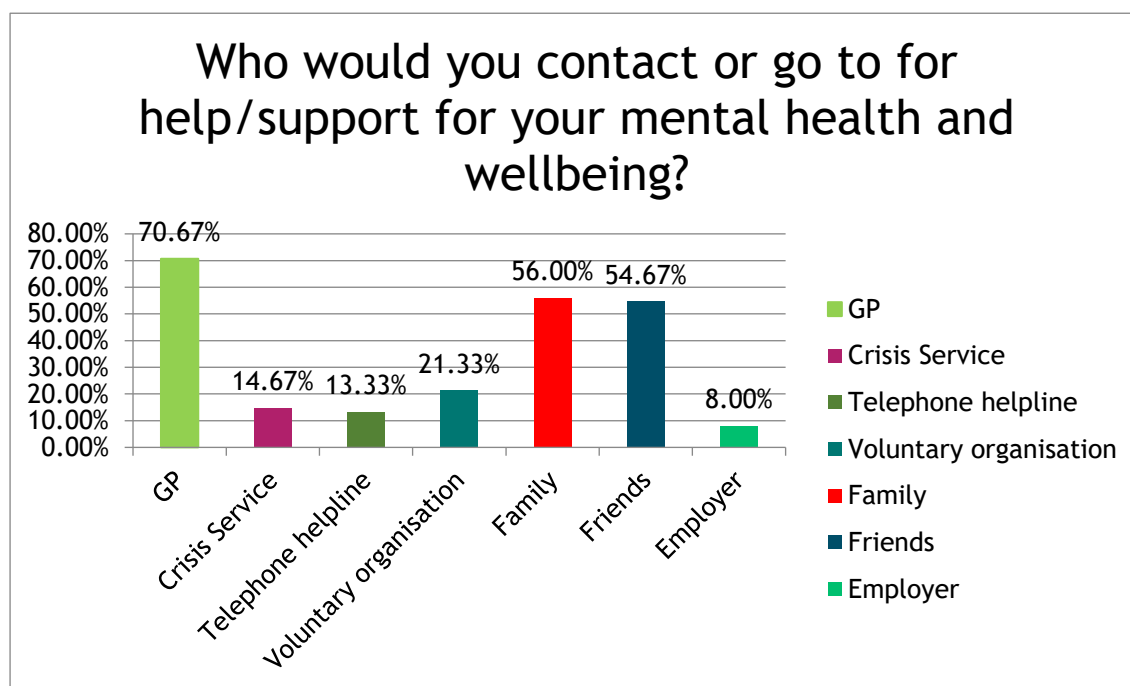
6. *If you have ever received help and / or support for your mental health or wellbeing, where was this from?*

65 service users out of 114 answered this question with a range of services mentioned. The top services included **(with the highest from the top to the bottom):**

- *Talking Changes*
- *GP*
- *West Park*
- *Private services*
- *Voluntary organisations (such as Man Health, Mind and Arcus)*

In focus

Individuals with a range of mental health conditions and other complex external factors struggle to get support from services. One individual who lived as 'looked after child' reported that social services allegedly did not address their mental health needs and didn't support them to get the help they needed when they started using adult services. They were allegedly not signposted for support. This individual feels, more can be done to address this such as giving vulnerable service users information they need so they can seek help or who to go to when in a mental health crisis. A staff member spoke to us from social services and they feel they don't get support from NHS mental health services to support the needs of their clients.

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7. *What help and / or support were you offered?*

65 out of 114 service users answered this question with many service users suggested similar things were offered to them as help and/or support. These were as follows **(with the highest from the top to the bottom)***:*

- *Counselling/talking therapies*
- *Medication*
- *Peer support*

8. *Did this support meet your needs?*

66 out of 114 service users answered this question. Almost half of service users felt the support offered did help them whilst over half of service users feel the support offered didn't help them.

Did this support meet your needs?
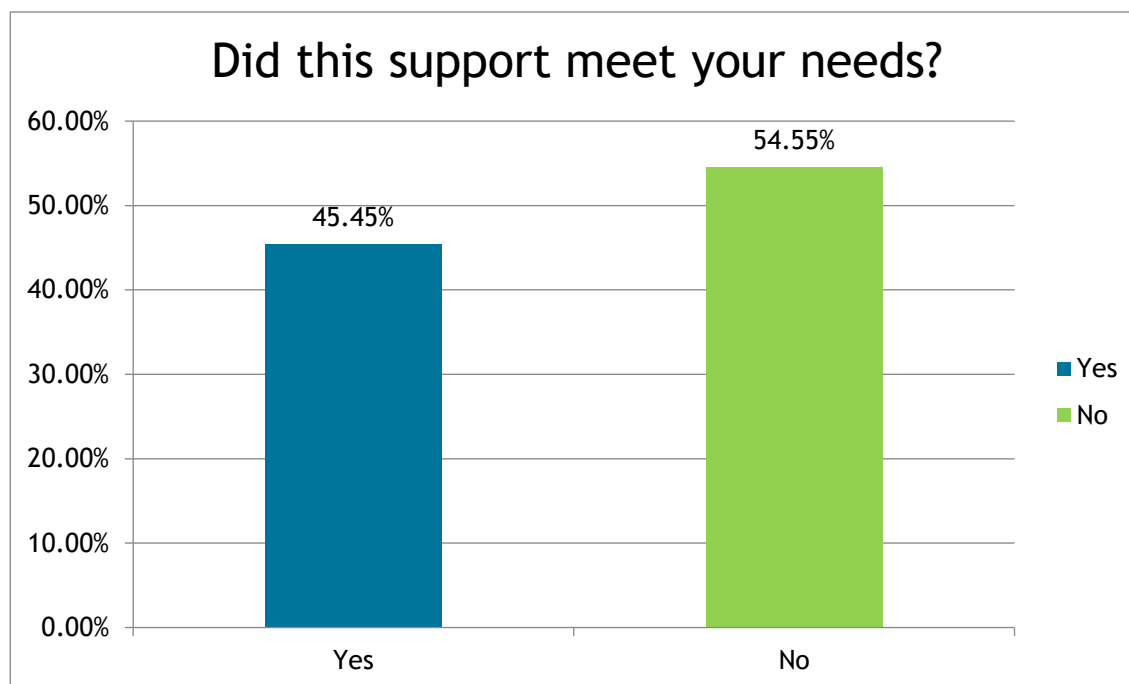
9. *If your answer was no, please tell us why.*

A range of factors were mentioned by service users such as waiting times, appointments, medication and services not being helpful. **(With the highest from the top to the bottom)**

Waiting times – *Some service users reported waiting for to long to get treatment or support. One service user said "I say no because I needed help desperately & had to wait many months for my actual counselling. I was assessed & immediately put on waiting list, but when you are that low & struggling daily 9 months wait is not good enough."*

Appointments – Service users reported that not enough appointments or sessions were given to address their needs. One service users said *"Reached the end of my allotted number of sessions."*

Medication – Service users feel on some occasions that medication is often offered to patients instead of other treatment and care. One service user said "Refusal to look beyond medication."

Unhelpful services – Service users described in some cases as service being unhelpful. Some service users mentioned service not getting in touch and everything stopping during the pandemic.

10. *Is there anything that would prevent or prevents you from seeking help? If yes, can you tell us what?*

72 out of 114 answered this question with 65 percent agreeing that other things are preventing them from seeking help. These things were **(with the highest from the top to the bottom)** *as follows:*

Waiting lists and communication – *Waiting times and services not answering the phone/or getting back to them was a regular concern of service users who answered this question.*

Stigma and trust – *Service users mention lack of understanding from those around them, stigma and awareness prevent them from seeking help. Further to this some service users feel 'let down' by services previously or feel staff attitudes and awareness within service are poor. One service user said:* **"Judgemental/lack of knowledge. Medical professionals ie: doctor nurses never heard of my disorder & they don't believe you. Only my two consultants know about my condition."**

Information and access – *Some service users feel they don't know where to go or the lack of information isn't helpful. One service user said* **"Lack of certainty about what assistance there is or how to access it. Lack of general information of any services."**

Is there anything that would prevent or prevents you from seeking help?

|	Yes	No
	65.28%	34.72%
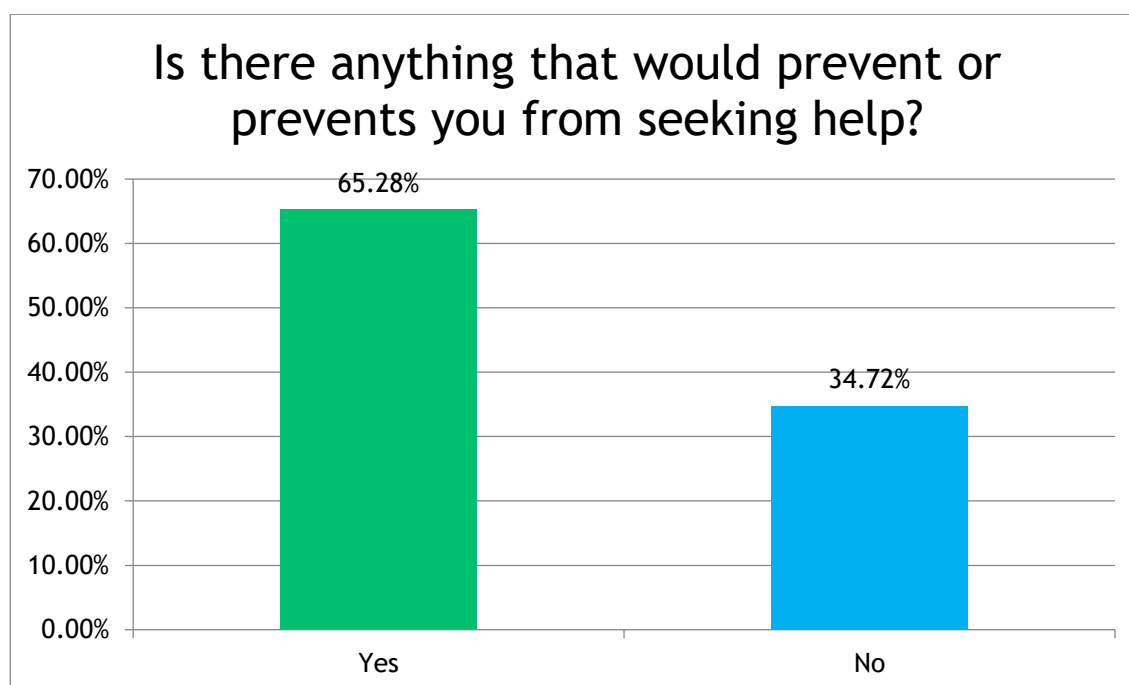
In focus

Service users who feel they are in a 'mental health crisis' have mentioned that in their experience the crisis team do not return calls or answer the phone. One service user said "crisis team are not fit for purpose". Further to this some service users mentioned this contributes further to their mental health.

How the public would like to access mental health services

11. Where would you prefer mental health and wellbeing support to be located?

63 out of 114 answered this question. Almost half of service users feel mental health & wellbeing support should be located within community venues. Almost 35 percent mention GP surgeries and only 15 percent would use online. Further suggestions included; a mental health hub walk-in centre, home environment, easily accessible venues and all of the choices suggested should be used.
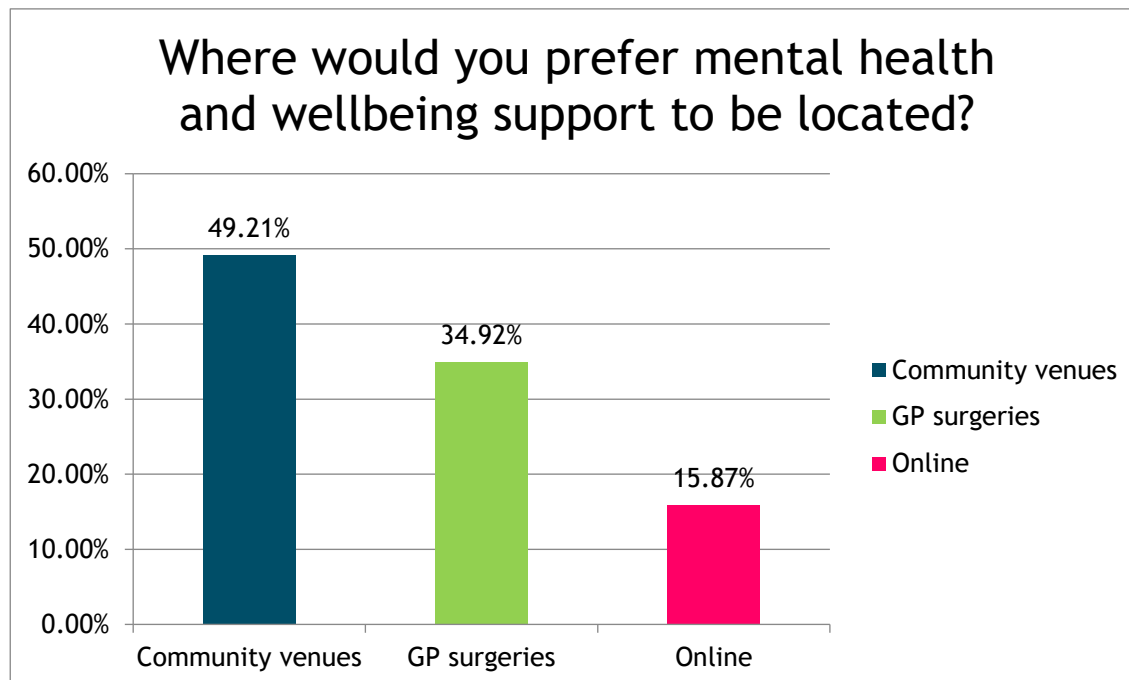
12. What would influence your decision to go and get the right help and support you need?

66 out of 114 service users answered this question. The following four themes **(with the highest from the top to the bottom)** were mentioned the most at influencing service users decision on where to go for support:

- **Accessibility & waiting times** – Service users mention access would prevent them, so what ever support is available it should be easy to access and available at different times of the day (not just during work hours). Further to this, waiting times was regular mentioned.
- **Understanding** – Being judged or experiencing poor staff attitudes due to lack of understanding was also regularly mentioned as something that would prevent service users from using services.
- **Appointments** – Service users mention that appointments should be face to face and that not having this choice would prevent them.
- **Other** - *A variety of other reasons were listed by service users but consistent themes included; being unable to due to a health condition, child care, anxiety, cost and not knowing where to go to begin with.*

In focus

Services need to accessible for service users who work or who have childcare. This was regularly highlighted as barrier and prevents some service users from seeking help. Parents may be at a disadvantage due to the lack of childcare to attend groups whilst people who are employed are only able to take part in evening community groups. Further to this location and cost can also prevent a service user from accessing support so this must be considered in the future.

13. *Do you have any additional needs that requires consideration before you can access mental health and wellbeing support?*

64 out of 114 service users answered this question. Most people didn't feel they had additional needs however some service users highlighted that other health conditions, complex mental health conditions such as PTSD, learning disabilities and working hours are all things that they consider as an additional need. An example of comments included;

- **"It needs to be out of office hours"**
- **"Mobility issues & complex health needs. Require support from carer/family to access services. Suffer with anxiety & PTSD which can sometimes mean I have to cancel at short notice."**
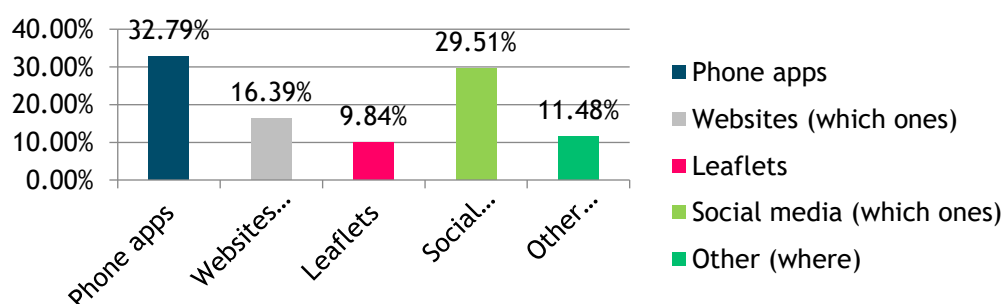- **"I have autism."**

Information

14. *Where would you like to find information about how you can improve and / or access support for your mental health and wellbeing?*

61 out of 114 answered this question. 30 percent of service users felt that phone apps and social media was the best place for information with a further 16 percent suggesting websites. However, those who selected leaflets or other went on to explain their choice in detail with some highlighting the barriers faced for some who may not find information accessible online. Some examples of comments include:

- *"Nothing here is appropriate for some people with learning disabilities or who are living with early onset dementia."*

- **"More information is needed everywhere. There is lots of websites and information on the Internet but seeing this on poster and leaflet form in any type of venue is important. Also more staff need to be clearer and more educated when it comes to other support available."**

- *"Leaflets/flyers in community locations, such as noticeboards in cafes and libraries."*

- **"I think that there needs to be awareness and information on local services, telephone helpline numbers in A&E departments, across all services of Darlington Borough Council, dentists, local cafés, basically anywhere where people access, community organisations. There needs to be far more awareness and the breaking down of barriers, talks not just leaflets, organisations that reach out in supermarkets, shopping centres."**

Where would you like to find information about how you can improve and/or access support for your mental health and wellbeing??

- Phone apps: 32.79%
- Websites...: 16.39%
- Leaflets: 9.84%
- Social...: 29.51%
- Other...: 11.48%

Legend: Phone apps | Websites (which ones) | Leaflets | Social media (which ones) | Other (where)

What keeps communities well in their local area

15. If you take part in community activities or groups that help your mental health and wellbeing, what are they?

58 out of 114 service users answered this question. The following themes were highlighted by service users:

- **Arts -** Art in general, dancing and music were mentioned by services users.
- **Exercise** – Walking groups and running groups were regularly mentioned. They were also recognised as great ways to socialise.
- **Social/peer support groups**- Socialising in any format such as coffee and chats, walking and talking groups, or peer support groups such as Man Health & Arcus were mentioned.
- **Nature** – different groups were mentioned such as Wild Wanderers, Darlington Forest Group, Bee Keeping and Wild Swimming.
- **Volunteering** – Making a difference has been recognised as helpful with many suggesting this as something they currently do or would take part in.

16. If you don't take part in community activities or groups, can you tell us why?

55 out of 114 service users answered this question. A variety of reasons were mentioned with regular themes highlighted such as;

- **Confidence and anxiety** – Many service users mention anxiety of their confidence in general to socialise would stop them from using community groups/activities.
- **Lifestyle** – Other commitments such as work and caring for children was also regular mentioned as one of the reason service users would not take part in community activities.
- **Awareness** – Some service users feel they don't know about community activities so this would stop them from attending.

17. Are there any community activities or groups that would help with your mental health and wellbeing that are not currently provided in your community?

54 out of 114 service users answered this question with a range of suggestion made. The following themes were highlighted:

- **Specific groups for different needs** – Some service users felt groups designed for specific needs or conditions would be useful. One person said; *"Specific peer groups for people with different backgrounds. A general mental health group might not be enough as mental health is broad. Individuals will experience mental health decline due to a many different reasons for example finance, trauma, relationship breakdown. Looking at the root causes and catering to those needs will be more helpful."* Another person said; *"Something for adults with ASD, or parents dealing with ASD/ADHD/PDA in themselves or their children. In Darlington itself."*
- **Exercise** – Some service users regularly mentioned increasing access to exercise groups and leisure facilities would be helpful. These facilities should be accessible as one person said *"I find busy gyms with loud music overwhelming."* Some suggested targeting the session towards 'men' may be helpful.

In focus

Community groups/activities need to be accessible for those with complex mental health conditions. Some find the lack of understanding or support prevents them from attending things or even missing appointments. One service user mentioned that there is no support for individuals with Bipolar and that they can't find a peer group suitable for their needs.

Conclusions

The insight shared by local patients in Darlington presents a mixed picture with some feeling happy with the support available and some not feeling happy.

Patients agree that information sharing needs to be improved in Darlington. This needs to happen not only within NHS, local authority and voluntary services but within the community as well. An array of information which is accessible, raises awareness, reduces stigma and ensures patients know where to go, matters to people in Darlington and they wish to see this happen online and offline.

Patients wish to see more access to gyms, leisure/hobby activities and outdoor activities that promote keeping fit and mentally well at an affordable price and they should be varied catering for different patient groups such as 'men only'.

Patients would like to see services working together to understand the needs of patients with multiple complex needs. They feel more can be done to address this looking at how other areas of their life can be improved. This will help improve their mental wellbeing overall as interventions will help to address underlying reasons for mental health decline such as low confidence, unemployment, relationship problems and loneliness.

Increasing awareness and understanding for example in terms of learning disabilities and complex mental health disorders may help patients get the help they need in the future. Patients feel that services don't understand them or that they don't get the right help as they are often referred to different services or service don't help at all, and they are left unsupported.

Recommendations

- Develop a communications strategy to support the implementation of a town centre wide awareness campaign to reduce stigma and raise awareness of the community provision available.
- Refine existing signposting pathways making best use of the resources available in the town which are delivered by the community & voluntary sector so that patients wellbeing needs can be met holistically.
- Consider how to best use the Local offer and Living Well Directory hosted by Darlington Borough Council.
- Work across sectors to offer new community activities (which are accessible) that offer local patients the opportunity to meet others who they can relate to, improve their wellbeing and connect with nature.
- Ensure services delivered by the voluntary sector, NHS and local authority (such as social care) are working together to address all needs of local patients by working collaboratively and joining together through networks.

Tees Valley Mental Health Alliance Response

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the 15th October 2021 the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.
- We will accept each other's assessments, so the individual does not have to repeat their story.
- There will be no discharge - patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Darlington system response to Healthwatch Darlington Mental Health Report

Following the Tees Valley Mental Health Alliance meeting in October 2021 where the Healthwatch report, (Mental Health) was discussed, we have since taken this to Darlington partners to discuss as a system response.

At the Darlington Community Hub working group held on (24th January 2022) Darlington commissioners and service providers acknowledged the findings within the report, recognising and further discussing the challenges that many of our service users and organisations face daily in respect of accessing appropriate mental health support.

The collective multi agency working group made a commitment to continue to consider the findings within member organisation and across partnership/system activity. The partnership is also playing a core role in the Community Mental Health transformation programme locally, which aims to ensure more people receive the right mental health support at the right time.

The system partnership is committed to

- working collaboratively to overcome the barriers faced by our local communities in accessing and receiving mental health support
- co-produce our new ways of working in relation to the Community Mental Health Transformation with local people and communities
- Raising awareness of what mental health support is already available across Darlington and how to access services.

Maxine Crutwell - (Chair), Tees Valley Community Transformation Programme Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

Allison Cook - Darlington Service Manager, Tees, Esk and Wear Valleys NHS Foundation Trust Darlington NHS,

Rita Lawson - Chief Executive, Tees Valley Rural Action (on behalf of Darlington Voluntary and Community Sector organisations)

Mary Hall - Public Health Portfolio Lead, Adults and Partnerships, Darlington Borough Council

(Representatives of the Darlington Community Hub Transformation working group)

Next steps

Healthwatch Darlington welcomes the commitments made within the responses above. We look forward to working with the Darlington Community Hub Transformation working group and with the Tees Valley Mental Health Alliance to support progress within key themes raised within this report. We will provide updates as appropriate in partnership with the work of the working group and the Alliance. We look forward to continuing this work and providing insight and public voice as needed when the principles outlined above are shaped into tangible service change as part of the redesign.

Acknowledgements

Healthwatch Darlington would like to thank everyone who has helped us with our engagement for the TEWV Transformation Plan including:

- Members of the public who took the time to complete our survey and focus group participants who shared their views and experiences with us.
- All those who shared and promoted this piece of work to enable access for a wide range of communities in Darlington
- Our dedicated staff and volunteers
- All organisations that contributed to our work and focus groups.

Appendix 1

Demographics

1. Age category	Participants
13 - 17 years	3
18 - 24 years	4
25 - 34 years	16
35 - 44 years	22
45 - 54 years	24
55 - 64 years	13
65 - 74 years	9
75+ years	1
I'd prefer not to say	1

2. Gender	Participants
Woman	69
Man	22
Non-binary	0
Other	1
I'd prefer not to say	0

3. Ethnic background:	Participants
Arab	0
Asian / Asian British: Bangladeshi	1
Asian / Asian British: Chinese	1
Asian / Asian British: Indian	1
Asian / Asian British: Pakistani	0
Asian / Asian British: Any other Asian / Asian British background	0
Black / Black British: African	0
Black / Black British: Caribbean	0
Black / Black British: Any other Black / Black British background	0

Gypsy, Roma or Traveller	0
Mixed / Multiple ethnic groups: Asian and White	0
Mixed / Multiple ethnic groups: Black African and White	1
Mixed / Multiple ethnic groups: Black Caribbean and White	1
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	81
White: British / English / Northern Irish / Scottish / Welsh	0
White: Irish	0
White: Any other White background	7
Another ethnic background	0
I'd prefer not to say	0

4. *Sexual orientation*	Participants
Asexual	1
Bisexual	7
Gay	2
Heterosexual / Straight	74
Lesbian	2
Pansexual	3
Other	0
I'd prefer not to say	4

5. *Religion or beliefs*	*Participants*
Buddhist	0
Christian	31
Hindu	0
Jewish	1
Muslim	0
Sikh	0
No religion	45

Other	6
I'd prefer not to say	10

6. *Marital or civil partnership status:*	*Participants*
Single	23
Married	39
In a civil partnership	0
Cohabiting	12
Separated	3
Divorced / dissolved civil partnership	12
Widowed	1
I'd prefer not to say	3

7. *Pregnant or have you been pregnant in the last year?*	*Participants*
Yes	2
No	91
I'd prefer not to say	0

8. *Carer, have a disability or a long-term health condition? (Please select all that apply):*	*Participants*
Yes, I consider myself to be a carer	13
Yes, I consider myself to have a disability	20
Yes, I consider myself to have a long-term condition	21
None of the above	47
I'd prefer not to say	6