



Harrow User Group



in Harrow

Harrow Mental Health Support Needs Report 2020



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Harrow

In Memory of **Raksha Pandya**

User Involvement Coordinator 2011-
2020



Raksha Pandya, Mind in Harrow's User Involvement Coordinator, passed away on 4 April 2020. This report was her last piece of work completed and embodies her determination that the voice of mental health service users in Harrow is to be heard and acted on.

Raksha worked for Mind in Harrow in different roles for 16 years and was the User Involvement Coordinator for 9 years. She was exceptionally effective in this role - being a passionate advocate for service user rights, empowering a team of Harrow User Group (HUG) Representatives and running several successful campaigns for service improvements.

She was an inspiration and role model for people with mental health problems, having been a mental health service user herself and drew on her own experiences to have such a positive and influential impact both locally and nationally.

She is profoundly missed at Mind in Harrow.

The Harrow User Group Representatives have created this acronym of **Raksha Pandya** to represent how she inspired them.

She protected and shielded the Harrow User Group (HUG) by:

Resiliently

Aspiring to be

Kind and

Strong while inspiring

Hope and

Achievement!

Powerfully

Assertive taking

No nonsense and

Determined to say

Yes, we can be

Authentic, Ambitious and Aim high!

About the Harrow User Group (HUG)

Harrow User group mission statement

‘Yes, we can! We won’t give up!’

Our mission is for the voice of Harrow mental health service users to be respected, valued and acted on.

We are a campaigning community. Our strength is in unity, integrity and determination.’

The Harrow User Group (HUG) is commissioned by the NHS and Council to be the voice of mental health service users in Harrow and works to improve the delivery of vital services, effectively and with care.

We are a dynamic, influential and resilient campaigning community.

We run Quarterly Forums open to all mental health service users in Harrow and we have a force of over 460 members. Additionally, we have 20+ trained and active User Representatives involved in NHS and Social Care service planning or review groups.

We have weekly campaign meetings to discuss issues, receive feedback, collectively delegate tasks, agree next steps, and decide on measures through which to deliver substantial change.

We organise and steer public engagement events and recruitment panels. We are currently represented on the ‘Harrow Task and Finish Group’ – integrating Mental Health services.

Our HUG service users are from diversified backgrounds. We are able to channel our lived experience of mental health and use local mental health services to inform our campaigns. We highlight gaps in the service, raise issues, and monitor services, as we have the understanding, knowledge, compassion, motivation, and skills to identify and rectify issues.

To design and implement an effective, efficient and supportive model of care requires consistent service user involvement. We are able to shine a light on the issues and provide informed insight into what patients need. We cannot afford for the service user voice to be lost; it must be heard at every stage of the service design.

Having a service user voice at the nucleus of decision making is an invaluable asset and is critical to achieving a successful transformation of services.

As HUG Representatives, we are eager to assist and support in facilitating the changes offered in this report. We want to work collaboratively and cohesively across all providers, to be ‘at the table’ with decision-makers to co-create, transform and empower mental health services; thereby creating a lasting, advantageous, and

influential difference by encapsulating the fundamental needs of the patient population and ensuring our community is safe.

Descriptions of HUG by User Representatives:

“We are the voice for the voiceless!”

“Nothing for us without us”

“Prevention is better than cure”

“There’s strength in unity and numbers”

For further information please contact Mind in Harrow on: 020 8426 0929 or at info@mindinharrow.org.uk

Acknowledgements

We would like to thank the Harrow User Group (HUG) Representatives who co-designed the survey and visited mental health service centres and events, to support people completing the surveys.

We have appreciated the support for this project from other voluntary sector organisations, such as Look Ahead and Rethink Mental Illness, to enable more surveys to be completed.

We have valued the collaboration with the Harrow Mencap Health Complaints Service to draw on other sources of service user experience to enrich what we can learn and with Harrow Carers for their contribution about the needs of carers.

Our thanks go to CNWL NHS Foundation Trust, and Harrow Clinical Commissioning Group (CCG) Head of Commissioning Mental Health, Learning Disability & Carers for their feedback to improve the survey content.

Preface

“Road Map”

The comprehensive evidence comprised in this report supports the dire need for change and suggests several transformational improvements for implementation. It provides the direction and navigation on what is required to precisely and effectively address the issues that have been accentuated – a road map.

It is critical that we develop a service model that will deliver in conjunction with the ‘Recovery Plan’ and ‘Integrated model of care’. The recommendations provided will also facilitate those objectives being achieved.

By having a stream-lined, efficient and consistent model of care we will be able to reduce the demand and strain on other services/areas that are being affected by the current service model: Primary Care, CHMT, A&E, IAPT and social care. This will result in a reduction of unnecessarily frequent and avoidable follow-up appointments. The benefits of the suggestions included in this report will be echoed across the whole system.

For the service to be optimal and reliable for all concerned, we need to ensure that there is consistent, effective communication and coordination throughout the pathway and between stakeholders and a better interface between primary and secondary care.

On every level, a sincere commitment to change must be made, so that we can facilitate lasting transformation in the provision of essential care.

Harrow has been hit extremely hard by the COVID-19 pandemic; the damage inflicted here is near unrivalled by boroughs across the country. COVID-19 has amplified the critical issues that have been plaguing the system for years, such as glaring health and social inequalities for BAME communities. It has re-shifted the focus and shone a light on the integral flaws. It is a catalyst for mental health conditions to develop or be exacerbated and is demanding trauma-informed care for our residents. This will have a profound impact on our residents and the system of care from which they benefit, in the coming days, weeks, months, and years.

Often the symptoms of trauma do not manifest themselves immediately; they can be masqueraded as other conditions, symptoms and behaviours that are not easily identified. There are concerns that lifting the lockdown will further increase suffering as people are confronted with having to go out again - therefore increasing anxiety, PTSD and other debilitating mental conditions.

It is evident that the service is NOT equipped to deal with the tsunami heading its way. The current system is failing the residents of Harrow - our community - and we cannot allow this to continue. It is indisputable that mental health and physical health interchangeably affect one another. As part of our duty of care towards our residents, we need ensure that both mental and physical health is assessed, treated

and valued in equal capacity and importance - one should not take precedence over the other. Mental health and physical health are not distinct from each other.

The profound, distressing and crippling impact of trauma, depression, anxiety and other mental health conditions must not be underestimated. If services continue to fail to take a trauma-informed and person-centred approach, further lives WILL be lost when they could have been saved. This is frightening and requires immediate action! We must prepare and establish a system that will support and protect the people of Harrow, otherwise the consequences of this not being achieved will be too severe. *Prevention is better than cure.*

Safeguarding Clinicians

It is crucial that clinicians are given the necessary tools, encouragement and support in their role at the managerial level, as this will reverberate across the service and to patients – directly affecting the quality of care and treatment they receive.

It is paramount that the safety and welfare of staff is being monitored and the appropriate support is given. COVID-19 has amplified this necessity. The elements that staff are exposed to could have a negative impact on their wellbeing. Their mental health is likely to have been affected by their experiences as care providers. The support and care clinicians are given is conducive to the treatment patients receive - clinicians need to be safeguarded.

We need to ensure we are protecting and supporting those who are giving the support to those who are at the heart of these services and that there is CPD for clinicians for them to feel confident and equipped to support patients.

Primary Care Resources

When the treatment/service is not effective and sufficient, patients will either go back to their GP's to be re-referred or suffer in silence. In some cases, patients will go to A&E as they feel it is their only way to seek the help they need, or they are in a desperate and grave situation and see no other alternative. By having an efficient and dynamic system we can reduce this happening. This allows better care for patients and a reduced demand on other services.

Service User Interaction

It is often reported that patients feel as though they are not being cared for or listened to; often it is the priceless little things such as: body language, tone, and eye contact that can make an enormous difference and assist in establishing and maintaining a positive and supportive relationship which is vital, particularly in mental health.

The key points being the lack of "joined-up" supportive care and not feeling like they are part of the decision-making regarding their own treatment - feeling disconnected and engendering feelings of detachment from their therapy.

*Anastasia Simeonides
Harrow Patient Participation Group (PPG) Chair - July 2020*

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1) Executive summary

The Mental Health Support Survey for Harrow Services 2019 was designed by the Harrow User Group to help ensure that the local service user voice is strongly represented within the new Harrow Integrated Care Programme and the investment by NHS England in Harrow mental health services through the NHS Ten Year Plan.

The survey was co-designed, and recommendations were developed with Harrow User Group representatives, who have lived experience of mental health problems and who are using local mental health services.

152 surveys were received during five months in 2019. The number of surveys completed compares well to the national annual Adult Social Care Survey, which receives under 100 responses from Harrow mental health service users, whereas the annual NHS Patient Survey which has received, in the past, a lower number of responses.

This report makes several recommendations for the development of Harrow mental health integrated care including a range of access and service improvements, for example:

- More timely access to GP appointments, including double appointments
- Better promotion of advocacy services
- A more compassionate, sensitive and caring response towards service users
- Self-referral to crisis mental health services
- A patient-centred approach to discharge planning
- Increased use of the Harrow Discretionary Freedom Pass

The highest access to services was to GP services (114 respondents 71%), which is to be expected.

The lowest access to services was mental health inpatient services (32 respondents 14%). Advocacy services was next lowest at 26% which is of concern.

There was considerable room for improvement across every health and social care service with the highest satisfaction rating being 75-77%, the lowest being 48% and several services being rated around 55%.

The highest level of respondent satisfaction was with GP support for their mental health, and advocacy services - although a comparatively small number accessed.

The lowest level of respondent satisfaction was with waiting times for talking therapies, support for carers, CNWL NHS Foundation Trust (community mental health service) at Bentley House and CNWL's crisis support offer.

41% of respondents who accessed Bentley House services did not experience the person caring for them receiving any offer of support in the past year.

Introduction

During 2019, Harrow Integrated Care Programme has been working towards the NHS England target for all areas of the country to have integrated care in place by April 2021, so that NHS hospitals, community and GP services, together with Council social services, are re-organised to offer more seamless care and treatment. This fundamental change in public services is intended to result in the needs of service users being put at the centre of care and treatment; NHS England expects the service user voice to be at the heart of this programme.

The investment by NHS England in Harrow mental health services through the NHS 10 Year Plan, has been called the CNWL NHS Foundation Trust service 'transformation'. At the time of writing this report, public engagement with service users to influence the 'transformation' of CNWL NHS Foundation Trust (specialist mental health) services has been limited to information sessions explaining what has already been decided. There has been no service user engagement in Harrow to input into the design of the service changes. In addition, the majority of the issues and concerns raised by service users in this report are not addressed by the CNWL transformation.

Therefore, the role of the Harrow User Group and the findings of this Mental Health Support Survey for Harrow Services 2020 are even more important to ensure that the voice of service users is heard and respected, and services are changed so that service users are being put at the centre of care and treatment as intended by NHS England.

No additional funding was available for the design, promotion, data input, analysis, and writing of this report; it was conducted within the Mind in Harrow's User Involvement Project resources. As a result, the content of the survey was limited to a manageable number of questions, and the promotion of the survey was through a viable number of channels.

Methodology for data collection

The survey was co-designed with Harrow User Group (HUG) Representatives with the aim of gathering service users' experiences, satisfaction and desired improvements/changes for local health and social care services for residents with mental health needs. The findings from the survey respondents aimed to identify where the health and social 'system' could be improved for better integrated care from the perspective of 'system' users.

The survey requests no identifying information to encourage honest feedback and a good response rate.

The survey content was discussed at the NHS Mental Health Quality & Performance meeting with CNWL NHS Foundation Trust, Harrow Clinical Commissioning Group (CCG) Head of Commissioning Mental Health and Learning Disability & Carers - from which some revisions were made.

Surveys were widely promoted for completion, via a range of different channels:

- Harrow User Group Representatives visited the Rethink Mental Illness Bridge Centre, and Wiseworks Enterprises to raise awareness and support respondents to complete the survey.
- It was sent to the Harrow Rethink Support Group organisers.
- At Harrow User Group quarterly forums.
- Via Mind in Harrow public events and activities targeted for specific demographic groups such as the Somali communities.
- Circulated twice via email and discussed at the Mental Health Providers Forum to encourage of organisations to promote the survey to their service users.
- Completed surveys were received via local organisations such as Look Ahead Housing.

The Harrow User Group did not have access to promote the survey to CNWL NHS Foundation Trust patients owing to confidentiality.

We identified additional sources of information and evidence, to accompany the survey findings and to present a richer picture of the key issues for the Harrow mental health and social care system:

- Online Google reviews by patients of CNWL NHS Foundation Trust (mental health community service) at Bentley House.
- Mind in Harrow's Mental Health Information Service enquiries for support.
- Harrow Mencap's Health Complaints Advocacy Service in relation to themes arising from mental health casework.

2) Summary Findings

We believe that there is sufficient response from a representative sample of local service users reflecting their lived experiences of accessing and being supported by services, to provide a meaningful basis for the report recommendations:

- 152 surveys were received during five months in 2019. The number of surveys completed compares well to the national annual Adult Social Care Survey, which receives under 100 responses from Harrow mental health service users, and the annual NHS Patient Survey which has received in the past a lower number of responses again.
- The highest access was to GP service (114 respondents 71%), which is to be expected. The lowest access to services was mental health inpatient services (32 respondents 14%), which is also to be expected.

Respondents are broadly representative of Harrow's demographic profile with some variation from the Harrow Census 2011.

- 73% of respondents are of BME ethnicities and 23% are of White and White British ethnicities compared to Census 2011 where 64% are of BME ethnicities and 36% are of White and White British ethnicities.
- Respondents have an age range of:
 - 21-35 yrs - 10%
 - 36-50 yrs - 24%
 - 51-65 yrs - 38%
 - 66 yrs and over - 20%
- 69% of respondents were female and 31% male, reflecting a commonly reported local ratio of female to male access to mental health services.
- There is a higher level of Hindu (32%) and Muslim (11%) respondents and lower level of Christian (25%) respondents compared to the Census 2011. There are a similar level of other faiths and beliefs as the Census 2011.
- Respondents have a higher level of physical impairment/long-standing illnesses - 35% - compared to the Census 2011 data of 14-20% and a higher proportion have a learning disability/difficulty.

2.1 Community advocacy and inpatients advocacy

“Advertised more - every service user should be informed of these services and given access to them.”

“Give us information about how to get advocacy. I didn't know it was available in Harrow.”

“As a service user I wasn't aware of advocacy services in Harrow...”

74% of respondents had not accessed advocacy services in the past year, which may indicate available statutory advocacy services are not as well advertised as they need to be, and/or there is a lack of non-statutory advocacy services.

This finding is corroborated by many comments that respondents were not aware of advocacy services available in Harrow. Furthermore, Mind in Harrow's Information Service receives 80+ enquiries per year from residents requesting specialist community mental health advocacy support. There is no statutory requirement for the NHS or the Local Authority to fund or provide advocacy services.

For respondents who accessed advocacy services, 77% reported being 'Very satisfied or Satisfied' with the support received.

2.2 Primary Care/Your GP

“The GPs and receptionist to be more understanding of mental health patients...”

“To get sooner appointments when review date is due. Some appointments takes at least four weeks to see a GP.”

“Difficult to get appointments”

“I feel I would have benefitted from more proactive support.”

“GP is excellent.”

“I have eventually found a fantastic GP - took a while.”

71% of respondents had accessed their GP for mental health support in the past year.

71% of respondents were 'Very satisfied or Satisfied' with their access to GP services, and 75% of respondents were 'Very satisfied or Satisfied' with the support they received.

These findings are supported by some respondents commenting that they feel they are receiving good or excellent support from their GP, and that they have put in the effort to find the right GP for themselves.

There are comments requesting less time to wait for appointments, and longer appointments so that there is enough time to talk about mental health needs. Comments are also made requesting a number of improvements to mental health support from the GP practices.

2.3 Secondary Care – CPN, Psychiatrist and Services at Bentley House (CNWL Mental Health services)

“Stop pushing clients onto GPs with no mental health specialism.”

“Was discharged at my lowest point. Promised another meeting around 18 months ago and never heard any more.”

“They don't answer the phone. They don't answer your messages. They don't pass on the messages to relevant people...”

“Personal Budget Link workers need to be more visible, accessible and transparent.”

“The personal budget takes too long to be applied or come through. It is often difficult to get hold of anyone despite leaving a message on answering phone.”

38% of respondents (58 people) accessed CNWL mental health services at Bentley House in the past year.

56% of respondents were ‘Very satisfied or Satisfied’ with their access to the service and 55% of respondents were ‘Very satisfied or Satisfied’ with their support.

These findings are consistent with several comments expressing concern about communication difficulties with Bentley House, lack of information available about personal budgets, appointments and premature discharge.

The findings from these respondents are corroborated by 17 Google reviews downloaded in January 2020 dating back one calendar year (**See Appendix B**), expressing high dissatisfaction with communications with Bentley House, the attitudes of staff and premature discharge.

Harrow Mencap’s Health Complaints Service casework 2019-20 corroborate the findings about people experiencing considerable difficulty getting through to Bentley House on the phone, lack of response to messages left, staff being ‘rude’ and issues with appointments.

2.4 Crisis Care and Access to services

“Bentley House receptionists are rushed off their feet, seldom answer the phone.”

“Easier crisis access at home.”

“SPA are not very sympathetic or understanding. It would be helpful if they took you more seriously and point you in the right direction.”

“Access into hospital admission services need to communicate better and be more joined up...”

38% of respondents (58 people) accessed mental health crisis services in the past year.

54% of respondents were ‘Very satisfied or Satisfied’ with their access to crisis support and with the support received.

These findings are consistent with comments stating challenges to access timely crisis support in the way that the individual wanted, and dissatisfaction with the CNWL Single Point of Access (SPA).

2.5 Inpatient Care

“Aftercare should be explained in the wards”

“After discharge I have been completely left on my own in my flat with no support from anyone new after the Home Treatment Service has expired.”

“I feel isolated in the community after discharge.”

“They initially discharged me too early and I was a danger to myself.”

14% of respondents (32 people) had been admitted to mental health inpatient services in the past year.

67% of respondents were ‘Very satisfied or Satisfied’ with the care and support on the ward.

56% of respondents were ‘Very satisfied or Satisfied’ with their discharge from inpatient services.

These findings reflect some comments expressing satisfaction with support received on the ward, but convey utter disheartenment about feeling discharged too early and about the lack of support received after discharge.

2.6 Talking Therapies and Counselling

“There are long waiting times. Also need more diverse therapists.”

“Therapy & Counselling should be more widely available. It's not very good if you have been through a traumatic experience you should be offered therapy more. This is not the case currently, not offered.”

“The waiting time is too long. There is no access to psychotherapy and extra support (therapy). Only CBT is available, there is not enough therapy.”

“There is no therapy (or limited) available for complex trauma...There are also no therapies for when trauma has become somatised in the body i.e. body based therapies - lack of trauma informed care.”

44% of respondents (67 people) accessed talking therapies or counselling service(s) in the past year.

61% of respondents were ‘Very satisfied or Satisfied’ with their access to the type of talking therapy they wanted.

51% of respondents were ‘Very satisfied or Satisfied’ with the waiting times.

These findings are consistent with comments about experiencing long waiting times for talking therapies and wanting access to a wider range of modalities, particularly experiencing acute mental health problems or trauma.

These findings are reflected in Mind in Harrow’s information service, which has consistently received the highest number of enquiries - 200+ per annum over many years requesting counselling or related support.

2.7 People caring for you

“Carers should have greater financial support & respite care.”

“Having more support for my family in understanding me and help for my parents.”

“Never received support. There was absolutely no help given to them. There should be a liaison person to help them.”

23% of respondents (34 people) indicated that support from NHS mental health services had been offered to family members or friends caring for them in the past

year – which is 59% of the 58 respondents who accessed Bentley House services in the past year.

63% of respondents were 'Very satisfied or Satisfied' with involvement of their family member or partner in their mental health treatment.

48% of respondents were 'Very satisfied or Satisfied' with the support for their family member or partner receive from mental health services.

These findings are consistent with some respondent comments that their carers have never been offered any help, and they should be offered specific support.

These findings are supported by Mind in Harrow's information service, which receives 100+ enquiries per annum from carers. The majority of enquiries are about CNWL NHS specialist mental health services, expressing concerns about treatment or care.

2.8 Day-to-day living needs

"All of these, in order of importance: welfare benefits; volunteering or paid work opportunities; social activities; housing; access to education; exercise."

"More access to welfare benefits advice."

"...Easy read. Language support..."

"Welfare Benefits - don't make it easy for you. I am always scared of losing my benefits if I go back to work. I have a long term mental illness I need constant support (welfare benefits) whether I work in paid work or not."

"More employment options..."

"Social activities / support. Building up social network."

"Walking, swimming or getting some volunteering for work experience."

In total 47% of respondents (71 people) asked for support with day-to-day living needs in the past year, 63 people asked for support from Bentley House, and 66 people asked for support from their GP.

Of the 63 people who asked for support with day-to-day living needs from Bentley House, 59% of respondents were 'Very satisfied or Satisfied'.

Of the 66 people who asked for support with day-to-day living needs from their GP, 55% of respondents were 'Very satisfied or Satisfied'.

The most comments were about wanting more help accessing exercise and social activities.

Many comments were about wanting more help with economic needs, particularly advice about welfare benefits or gaining paid employment and the risks of the transition from welfare benefits to paid work.

These findings are reflected in Mind in Harrow's Information Service, which has experienced a doubling of the number of enquiries about welfare benefits and housing issues during the past 5 years. The Service has also experienced more contact from people who are struggling to afford living in Harrow on welfare benefits.

3) Recommendations

3.1 Community advocacy and inpatients advocacy

Increase promotion of Health Complaints Advocacy, which is a statutory service available to all Harrow residents.

Ensure that everyone who could be eligible is aware of and can access Independent Mental Health Act (IMHA) and Care Act Advocacy.

Increase provision of community mental health advocacy, for people who are not eligible for statutory advocacy services.

Monitor service-wide take up of these statutory advocacy services.

3.2 Primary Care/Your GP

Reduce waiting times for people with mental health problems to access a GP appointment.

Offer double length appointments so that there is enough time to talk about mental health needs.

Introduce regular mental health awareness training for receptionists.

Increase access to specialist mental health practitioners in GP practices.

Develop the role of pharmacists to provide a more integrated care approach towards medication management and as an information access point about holistic options, e.g. vitamins intake.

Use eConsult/Klinik and other digital platforms to provide alternative access options for patients and information/links to encourage self-care.

3.3 Secondary Care – CPN, Psychiatrist and Services at Bentley House (CNWL mental health services)

Improve CNWL NHS Foundation Trust community mental health support for staff and supervision to promote better self-care and wellbeing so that staff can sustain appropriate compassion, sensitivity and caring for service users.

Improve telephone systems at Bentley House to ensure calls are responded to in a timely manner and messages are passed on and are answered.

Increase promotion of personal budgets so that service users who could be eligible are aware of their statutory right to request an assessment. Improve telephone access to the CNWL Personal Budget team.

Introduce a person-centred recovery approach for CNWL NHS Foundation Trust, such that service users co-produce their discharge plan and are not pressured to being discharged when they do not feel ready.

3.4 Crisis Care and Access to services

Introduce self-referral to enable service users to have timely life-saving access to crisis support.

Develop alternatives to the Single Point of Access (SPA) and hospital mental health inpatient services, such as a crisis house.

Improve coordination between SPA, community mental health services and A&E.

3.5 Inpatient Care

As above, introduce a person-centred recovery approach for CNWL NHS Foundation Trust, such that service users co-produce their discharge plan and are not pressured to be discharged when they do not feel ready.

Ensure the inpatient's discharge is always planned in advance with them.

3.6 Talking Therapies and Counselling

Reduce waiting times for talking therapies.

Offer a wider range of types of talking therapies and complementary approaches, particularly for people experiencing acute mental health problems or trauma, i.e. 'trauma-informed' therapists.

Provide a more holistic approach for people diagnosed with Post Traumatic Stress Disorder (PTSD) to engage in support if they have become socially isolated and inactive.

Ensure that clinicians are trained to be trauma-informed to differentiate diagnosis of trauma from personality disorders, e.g. Emotionally Unstable Personality Disorder. There needs to be more awareness and understanding of how PTSD can manifest and the multitude of symptoms it can evoke.

Ensure that PTSD and chronic pain are to be treated in conjunction with one another.

3.7 People caring for you

Increase promotion of local services available to carers.

Review the current assessment and social care funding allocation to carers of people with mental health conditions, as it is believed not to be compliant with the Care Act 2014.

Clarify and adapt arrangements for carers to be involved appropriately in care of the person cared for so that they are not unnecessarily excluded, e.g. allow the carer to seek information and support to manage the condition of the person they are caring for, by having a general consultation with the clinician.

3.8 Day-to-day living needs

Offer a more personalised approach for people with mental health conditions to increase physical exercise, as the current monthly gym subscription offer is not working for some service users.

Ensure CNWL NHS Foundation Trust staff consistently inform service users of their eligibility for the Harrow Discretionary Freedom Pass.

Increase investment in welfare benefits advice services and provide more effective support to enable people to make a smoother transition into paid work.

Promote the CNWL Recovery College more widely.

Specifically, for Social Prescribing development in Harrow:
(See below for the importance of Social Prescribing Link Workers)

- Raise awareness among GPs of the value of Social Prescribing for their patients' mental health.
- Ensure that Link Workers have sufficient training to support people with mental health needs effectively.
- Increase the number of Link Workers to 18 through NHS England funding already allocated to Harrow and increase the Link Workers further to meet demand from people with mental health needs.

- Increase investment in holistic and preventative voluntary sector services for Link Workers to connect patients with, for support, as this is not provided via NHS England funding.
- Introduce self-referral and voluntary sector referral so that people are empowered to have choice and control over their access to Social Prescribing.
- Introduce carer (e.g. family member or partner) referral with the person's consent.

Role of Social Prescribing

The official percentage of patients seeking support for non-medical issues is 20%. This figure will continue to increase, especially as a direct consequence of the pandemic.

Mental Health does not discriminate; all of us will experience some form of mental health condition/s in our lifetime.

Non-medical concerns can manifest themselves from many different origins: domestic issues, unemployment, bereavement, stressors, and/or housing issues.

The implementation of Social Prescribing to directly support patients with mental health concerns and conditions needs to be encouraged. It is an indispensable resource and has huge scope to be at the heart of mental health, as it enables 'hand-holding' and can offer that essential, direct, and integrated support when patients feel at their most vulnerable, as an intermediate or primary point of contact.

NHS England Social Prescribing pilots indicate that patients experiencing mental health problems are one of the groups likely to benefit most from this service.

Often patients will be distressed, anxious and unsettled whilst waiting for treatment. Social Prescribing can be used to mitigate the uncertainty for patients and provide that essential interim support.

One of the key concerns highlighted by the evidence is that GP's are unable to provide enough time to patients. Social prescribing can remedy this as the link workers have approximately 4-5x more than GP's have the capacity to provide. This will deliver an immeasurable difference for patients but also for the system.

The Link Worker will have the time - that GP's do not - to be able to provide that engaging, encouraging, and empathetic holistic support that patients crucially need. The patient will have 'someone to talk to' and be able to establish a relationship with the social prescriber; this will provide them with consistency and reliability, and that is vital because it enables them to open up and assist the SPLW to assess and

identify those key issues. Consequently, they will be more receptive to the support given, and the prescriptions will be more effective.

They can comprehensively assess patients' needs, proactively focus on managing their condition, and ascertain whether a patient requires additional support. Often a patient could be referred for one reason, but the social prescriber is able to identify another and can implement an action plan to best support the needs of that patient, so that all their needs are addressed. This has the potential to protect and care for those patients who are most at risk and intercept before a situation becomes dangerous. To have such a resource is ineffable.

A huge advantage is that the Social Prescribers are already in the voluntary sector; they have valuable contacts, knowledge, and the resources to know about the updates and assist in signposting to actually tackle and work to find a solution for the patient – they are one step ahead.

Link Workers will be able to encourage and connect patients to community services designed to support them with a wide range of social, emotional, and practical needs. They will be able to address depression, anxiety and social isolation that have arisen for patients due to debt, housing problems, benefit issues or other issues which are affecting them. The SPLW will be able to closely monitor patients' progress, identify if they need additional support, and follow up with them.

The use of Social Prescribing resources will directly assist to engage patients in beneficial and enjoyable activities and encourage them to be in control of their own health and wellbeing, thus improving their quality of life.

Social Prescribing is the fundamental joining link that patients need, and the benefits will be echoed across the service. This opportunity must be seized. The advantages will speak for themselves.

4) Survey Results and accompanying evidence

4.1 Community advocacy and inpatients advocacy

Findings

74% of respondents had not accessed advocacy services in the past year, which may indicate available statutory advocacy services are not as well advertised as they need to be and/or there is a lack of non-statutory advocacy services.

This finding is corroborated by many comments that respondents were not aware of advocacy services available in Harrow and Mind in Harrow's Information Service receives 80+ enquiries per year from residents requesting specialist community mental health advocacy support, i.e. advocacy for which there is no statutory requirement for NHS or Local Authority to fund or provide.

For respondents who accessed advocacy services 77% respondents were 'Very satisfied or Satisfied' with the support received.

Survey results

When did you last access an advocacy services?

Of the 39 respondents who had accessed advocacy service(s), 28% accessed in the last '1 to 3 months' and 72% accessed in the last '6 months to 1 year'.

	Percent %	Responses
A: 1 month	3.29%	5
B: 3 months	3.95%	6
C: 6 months	6.58%	10
D: 1 year	11.84%	18
E: Not applicable	74.34%	113
F: No Answer	0.00%	0
Total		152

How satisfied are you with your access to advocacy service(s)?

Of the 52 respondents who had accessed advocacy service(s) at any time, 79% were 'Very satisfied or Satisfied' and 21% were 'Dissatisfied or Very dissatisfied' with how they accessed the service.

Answers	Percent %	Responses
A: Very Satisfied	6.58%	10
B: Satisfied	20.39%	31
C: Dissatisfied	2.63%	4
D: Very dissatisfied	4.61%	7

E: Not applicable	65.79%	100
F: No Answer	0.00%	0
Total		152

How satisfied were you with the support you received from the advocacy service?

Of the 45 respondents who had accessed advocacy service(s) at any time, 77% were 'Very satisfied or Satisfied' and 23% were 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	5.26%	8
B: Satisfied	17.76%	27
C: Dissatisfied	2.63%	4
D: Very dissatisfied	3.95%	6
E: Not applicable	70.39%	107
F: No Answer	0.00%	0
Total		152

Key themes from comments

Lack of awareness of advocacy services available in Harrow and the need to promote existing services more.

Comments

Question asked for comments: How do you think access and support from advocacy services could be improved in Harrow?

They came to see me at Eastlake gave me the legal paper work to me being sectioned and that was it
Improved awareness to public of these services to general public to vulnerable people for improved mental health awareness
I think you get advocacy through Harrow Mencap, through Deven or
Not sure what this is, who it is for, and what it includes
Make clear the scope of the service and keep to the times session
More Health Workers required (funds?)
It was ok
Would be good to have housing issue advocacy
Visible. Easy to access in Third Sector/Libraries/Day Care Centre/Mind/Shopping Centres
Advertised more - every service user should be informed of these services and given access to them. have the contract. is allocated to be the advocacy support worker service. He does extremely little, if any of this for

service users. In 6 months I have not come across anyone he has helped, despite many being on his waiting/client list
More accessible
The service for Peer to Peer Employment service run by Mind in Harrow for service users
I have never accessed the service. Promoting it would be very useful
Sorry I didn't know about it
More visibility of services based in GP/day centre and shopping precincts to make them accessible.
1. More advocacy services to be available 2. More advocates to be trained to help other service users (mental health service users)
Last accessed over 10 years ago. More trained advocates in mental health that can help service users of Mind and get better representation with positive outcomes.
Last accessed more than 1 year ago. They are very good.
It should be easily accessible
N/A
More educational services for young people for example courses that lead to employment
Employing staff speaking languages of local community and under represented people. Outreach clinics to organisations serving BME. Home visits for people who cannot access services
I like the way it is now, but we need more support.
Did not know there was one.
Give us information about how to get advocacy. I didn't know it was available in Harrow.
I have a support worker. How I think they could be improved - all the time.
More awareness of availability.
Have a longer time, not just summary. Weeks, it needs to be longer.
I tried to access advocacy support but was told I didn't meet the criteria as I was presenting like I could advocate for myself. They clearly didn't understand the nature of the trauma.
I am satisfied with the support from the employment specialist I have seen at Bentley House
Last accessed 1 + years ago.
More courses - yoga etc.
As a service user I wasn't aware of advocacy services in Harrow before I joined Mind in Harrow so advertising this in more places would be good.
It should be ongoing support.
More friendly and should be ongoing support people and no charge.
Helpful.
More services are definitely needed. Only managed to receive help after being referred due to my alcohol issue otherwise I would have not received help for my mental health.
More financial support for HAD, as [REDACTED] & [REDACTED] are overworked.

Other sources of feedback or evidence of need

Mind in Harrow's Information Service receives 80+ enquiries per year from residents requesting specialist community mental health advocacy support, i.e. advocacy for which there is no statutory requirement for NHS or Local Authority to fund or provide. These enquiries include requests for support for their mental health, diagnosis, medication or discharge to be re-assessed by CNWL NHS Foundation Trust mental health service and for support with better coordination between their GP and CNWL NHS Foundation Trust mental health service.

4.2 Primary Care/Your GP

Findings

71% of respondents had accessed their GP for mental health support in the past year.

71% respondents were 'Very satisfied or Satisfied' with their access and 75% respondents were 'Very satisfied or Satisfied' with the support they received.

These findings are corroborated by some people commenting they feel that they are receiving good or excellent support from their GP and have put in effort to find the right GP for them.

There are comments requesting a number of improvements to mental health support from the GP practices.

Survey results

When did you last access to your GP practice for your mental health?

Of the 114 respondents who had accessed their GP practice for their mental health, 57% accessed in the last '1 to 3 months' and 43% accessed in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	25.66%	39
B: 3 months	15.13%	23
C: 6 months	15.79%	24
D: 1 year	14.47%	22
E: Not applicable	28.95%	44
F: No Answer	0.00%	0
Total		152

How satisfied are you with your access to your GP's services for your mental health?

Of the 114 respondents who had accessed their GP practice for their mental health, 71% were 'Very satisfied or Satisfied' and 29% 'Dissatisfied or Very dissatisfied' with their access to their GP.

Answers	Percent %	Responses
A: Very Satisfied	16.45%	25
B: Satisfied	36.84%	56
C: Dissatisfied	11.84%	18
D: Very dissatisfied	9.87%	15
E: Not applicable	25.00%	38
F: No Answer	0.00%	0
Total		152

How satisfied were you with the support you received from your GP?

Of the 114 respondents who had accessed their GP practice for their mental health, 75% were 'Very satisfied or Satisfied' and 25% 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	17.76%	27
B: Satisfied	37.50%	57
C: Dissatisfied	9.21%	14
D: Very dissatisfied	8.55%	13
E: Not applicable	26.97%	41
F: No Answer	0.00%	0
Total		152

Key themes from comments

Some people feel that they are receiving good or excellent support from their GP and have put in effort to find the right GP for them.

Less time to wait for appointments and longer appointments were wanted so that there is enough time to talk about mental health needs.

More training for GPs and Receptionists about mental health and how to respond sensitively to people with mental health problems.

Access to community Psychiatric Nurses or allied professionals in GP practices.

More information from GPs about mental health support services available locally.

Comments

Question asked for comments: How do you think access to your GP surgery and support from your GP for your mental health could be improved?

Have a specialist GP in mental health (special interest)
How can they treat my illness
Too much waiting list
They could offer information in surgery for mental health awareness
It could improve if referred to Mind in harrow
By not cutting off the consultant and mental health services which happened to me 4 years ago
Doctors should prioritise mental health through actions not words
Every year I have my mental health and learning disability review at my GP, [REDACTED]. I had a review on Monday 9th September
They listen to you more, not only 10 minutes
Have not tried to access information
I have not used it
Access to different information rather than just medication
Listen to the patient and their needs before you decide on a course of action
I think more specific help as waiting on lists for specialist referrals often mean patients find alternative coping methods which make things worse. More follow ups from GP are needed to ensure things are actually dealt with not just talked about, solution suggested and then patient left to own it.
It was ok
Other kinds of support not just medication e.g. complementary therapies like massage, reiki etc
Faster appointments. Specialist Nurse support. Regular offer of review like in diabetes
All info on services for mental health clients in the borough should be in a booklet and to be gone through with the GP Surgery referred for the applicable services that way. If necessary help with signposting to other services e.g. counselling, freedom passes, FACS assessments, older adults service, care service, support worker, etc
More staff to offer longer appointments. Get GPs into mental Health specialism
More training in mental health
To know more mental health issues
Understanding from reception staff
Try and get appointment at appropriate time and not have to wait a long time
I think if they are not qualified to help then they should refer you to your Psychiatrist as an emergency appointment. So that you are not waiting for too long or end up in A & E
regular appointments
With mental health I am quite satisfied with the services, I am not satisfied with the clinical negligence I've been having in other services since 2006.
Easier to get appointment
To listen to me. They fail to provide support and services.
Have access to fast track appointment system. Sensitivity to the needs of carers and patients.

I feel some of GP group does not know finer point of patient, could they educate themselves so that right treatment proceeds.
No improvement required.
Happy with GP
They did listen?
To open surgery for longer hours
None
The GP's and receptionist to be more understanding of mental health patients and be more patient with the mental health service users. Shorter waiting times for appointments.
They should have trained mental health nurses for the people. Also receptionist should understand needs of service users (e.g. anxiety), long wait and more time with GP.
They are good - they came to see me.
Last accessed more than 1 year ago
My GP surgery, they are very supportive.
Very much support
Appointments too difficult, Takes months
There should be fair chances to access IAPT services as my case in particular was closed when I really needed it.
Difficult to get appointments
To get sooner appointments when review date is due. Some appointments takes at least four weeks to see a GP.
Employ mental health nurse in GP practices to liaise with secondary services. Promote local mental Health charities and organisations. Have more flexible opening times for emergency appointments
I need support and advice from my GP.
Electronic prescription service was easier. The rules and regulations about getting your prescription only online is difficult with people with mental health. What if you don't have access to computer or smart phone or don't know how to use. Use patient access website online, too confusing.
They should be aware of your illness even if it's about some other condition you go there for. They see me more often for my mental health 3 months reviews 2 x a year. More involvement to check up on me they hardly see me only once a year.
They need to be more aware of mental health medications and mental health illnesses, other illnesses that are related to mental health condition.
I feel I would have benefitted from more proactive support.
GP's receiving thorough training about mental health disorders
Being knowledgeable of what services there are for mental health in the local area.
It would be helpful to get appointments with your named GP more quickly.
All the time. Quicker.
If the doctors showed more interest that would be a start.
Time available and receptionists can be obstructive.
N/A
More improved information.
It could not.
Not easy to get appointment for a particular doctor.

My GP is fantastic but they are in such high demand that it's difficult to get an appointment with them.
Shorter waiting list for talking therapies.
I can't think of anything.
The Doctor wants yourself to contact mental health. Which is not good when your feeling unwell. The Doctor is trying to make it easier for himself
Increased availability of appointments (Surgery very busy). Staff turnover of Locum GPs has been a problem. As I built a relationship which ended suddenly and then had to start over again
I needed active support. Continual was not made
Receive excellent care from my GP
Last accessed 1 + years ago.
It could be improved as waiting time and appointment should be longer.
More support and support how my health can improve.
Helicopter ride.
Telling me my psychiatrist has left would be a start.
OK, explain well.
She explain properly.
Longer appointment times - double appointment. Better access to support services. More check ins during treatment. Better access to interim support.
GP is excellent.
GPs should have understanding of mental health.
Very satisfied.
I have eventually found a fantastic GP - took a while.
I don't see my GP for mental health, I rely on Bentley House.
GP should be more involved in community care process.
The GP's need more training in mental health problems.

4.3 Secondary Care – CPN, Psychiatrist and Services at Bentley House (CNWL mental health services)

Findings

38% of respondents (58 people) accessed CNWL mental health services at Bentley House in the past year.

56% of respondents were 'Very satisfied or Satisfied' with their access to the service and 55% respondents were 'Very satisfied or Satisfied' with their support.

These findings are consistent with several comments expressing concern about communication difficulties with Bentley House, lack of information available about personal budgets, appointments and premature discharge.

The findings from these respondents are corroborated by 17 Google reviews downloaded in January 2020 dating back one calendar year (**See Appendix B**), expressing high dissatisfaction with communications with Bentley House, the attitudes of staff and premature discharge.

Survey results

When did you last have access to mental health outpatient services at Bentley House?

Of the 58 respondents who had accessed CNWL mental health services at Bentley House, 57% accessed in the last '1 to 3 months' and 43% in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	12.50%	19
B: 3 months	9.21%	14
C: 6 months	9.21%	14
D: 1 year	7.24%	11
E: Not applicable	61.84%	94
F: No Answer	0.00%	0
Total		152

How satisfied are you with your access to the services at Bentley House?

Of the 61 respondents who had accessed CNWL mental health services at Bentley House, 56% were 'Very satisfied or Satisfied' and 44% were 'Dissatisfied or Very dissatisfied'.

Answers	Percent %	Responses
A: Very Satisfied	4.61%	7
B: Satisfied	17.76%	27
C: Dissatisfied	8.55%	13
D: Very dissatisfied	9.21%	14
E: Not applicable	59.87%	91
F: No Answer Given	0.00%	0
Total		152

How satisfied were you with the support you received from Bentley House?

Of 58 respondents who had accessed CNWL mental health services at Bentley House, 55% were 'Very satisfied or Satisfied' and 45% were 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	6.58%	10
B: Satisfied	14.47%	22
C: Dissatisfied	8.55%	13

D: Very dissatisfied	8.55%	13
E: Not applicable	61.84%	94
F: No Answer	0.00%	0
Total		152

Key themes from comments

Several comments that people have not been allocated a care coordinator and there appears to be a shortage of staff to support them.

Several concerns about being discharged to GP too soon or inappropriately without mental health specialist support.

Difficulties with communications with reception/duty including getting through to Bentley House, messages not being passed on or responded to via reception.

Concerns about cancelled appointments, long gaps of almost a year or more between appointments, and difficulty making appointments.

Several comments about a lack of information about personal budgets, the process being complicated, and inaccessibility of personal budget link worker staff.

Comments

Questions asked for comments: Are there any changes or improvements you would like to suggest about the services from Bentley House (e.g. Care Coordinator or Personal Budget Link Worker)?

Do you know what a mental health 'Personal Budget' is and how to apply for one?

Answer calls. Arrange out-patients appointments on time (or at all). Do not threaten to discharge
Better training for social worker
Never heard about it
Key worker kept wanting to discharge me even though I still needed the services
I don't have a care coordinator since [REDACTED] left. A new care coordinator would be appreciated. P.B Team un-contactable
They are just not so good at their services
Earlier appointments. Support. No discharge before
Care coordinator dismissed me to the Council as I had turned 65 years old. There is an older adults department at Bentley House.
Still waiting for service
More accessible
Stop pushing clients onto GPs with no mental health specialism

The care coordinator was not very sympathetic and was critical and not very understanding
A longer period with care coordinator
More occupational therapies and less chemicals.
Easier to meet personal budget worker
Personal Budget Link workers need to be more visible, accessible and transparent.
There should be regular training for supporter.
No
More support in the community
Why are clients being pushed onto their GPs
I would like to ask to have a coordinator.
They don't answer the phone. They don't answer your messages. They don't pass on the messages to relevant people. My Mum passed away and I have just recently come out of hospital I have no care coordinator assigned to me. This is affecting me. My psychiatrist said I look like I want to have a relapse!
I don't have a care coordinator to help me. I am not happy about this. I think this is bad. There should be a named person to help me with whatever problems occur.
The personal budget takes too long to be applied or come through. It is often difficult to get hold of anyone despite leaving a message on answering phone.
More time with care coordinator in terms of time in months - say nine months instead of six.
Don't help me enough with new rule to apply for personal budget (collecting info).
People being wrongly discharged to GP who are unable to provide efficient support.
Difficult to speak to personal budget link worker (never on the phone).
We need more appointments, it's very hard to get an appointment and they are often cancelled with just a letter!
Yes, all the time and more of them.
Access not good, returning phone calls.
get information about themselves to the public
I want to see a permanent staff member instead of rotating SHO
No
Duty officer system is redundant. In a crisis feel like I am going to have a breakdown with how I am dealt with.
More sessions.
Not enough room on paper for me to explain how dissatisfied I am, sorry.
To be in more control with the personal budget team.
Stop cancelling appointments. I had an 11 month gap between appointments as they cancelled 2 or 3 of them.
Was discharged at my lowest point. Promised another meeting around 18 months ago and never heard any more.
They are helpful.
To be honest I was too ill to know. Bentley House does have a bad reputation.
Whenever I've had to contact Bentley House for a friend the service has been absolutely appalling.
Care coordinator left new post suddenly and I have not had a care coordinator since.
Access to care coordinator.
Text to mobile phone appointment times and dates.

Other sources of feedback or evidence of need

Please see **Appendix B** for 17 Google 'service user reviews' about the CNWL NHS Foundation Trust Bentley House mental health service, downloaded in January 2020 and completed up to one year before.

Harrow Mencap is contracted to deliver the Harrow Health Complaints Service, which is a statutory service and open to all Harrow residents to be supported to make a complaint about a NHS service. During the year 2019-20, the service received 13 complaints about Bentley House:

- 6 of these were about telephone not being answered. Clients said that on average they wait over 50 minutes for the telephone to be answered, and then the receptionist is rude, or they get cut off, or the messages are not passed on, or their Care Coordinators do not return calls.
- 4 complaints were about psychiatrist; 2 of these relate to misdiagnosis; and 2 of these relate to the psychiatrist being rude.
- 2 complaints were about people not receiving appointments in a timely manner, and 1 was about the appointment times being changed and not being told until they arrive at the original time.

Mind in Harrow's Service User Involvement Project has identified that in the past 5 years, the number of people with mental health problems using the Discretionary Freedom Pass has reduced from 600 to less than 300. It is believed that the need for the Discretionary Freedom Pass has not reduced, but many service users who are under the care of Bentley House, and thereby eligible, are not being informed of this entitlement to support their community engagement.

Key themes from comments

Very high levels of dissatisfaction with their experiences of Bentley House.

Repeated serious concerns about the attitudes of staff (e.g. reception staff, social workers, psychiatrists). Service users report:

- experiencing a lack of empathy, care and professionalism
- being laughed at or ridiculed and
- feeling patronised or intimidated.

Repeated dissatisfaction about communications with Bentley House including:

- not being able to get through on the telephone
- not returning calls when promised
- confusion about confirmed appointments or not being able to make an appointment.

Concerns about being discharged back to GP too quickly.

4.4 Crisis Care and Access to services

Findings

38% of respondents (58 people) accessed mental health crisis services in the past year.

54% of respondents were 'Very satisfied or Satisfied' with their access to crisis support and 54% of respondents were 'Very satisfied or Satisfied' with support received.

These findings are consistent with comments stating challenges to access timely crisis support in the way that the person wanted, and dissatisfaction with the CNWL Single Point of Access (SPA).

Survey results

When did you last access services during a mental health crisis?

Of the 58 respondents who had accessed services during a mental health crisis, 4% accessed in the last '1 to 3 months' and 76% accessed in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	3.95%	6
B: 3 months	5.26%	8
C: 6 months	6.58%	10
D: 1 year	22.37%	34
E: Not applicable	61.84%	94
F: No Answer Given	0.00%	0
Total		152

How satisfied are you with your access to the services during a crisis?

Of the 68 respondents who had accessed services during a crisis, 54% were 'Very satisfied or Satisfied' and 46% were 'Dissatisfied or Very dissatisfied'.

Answers	Percent %	Responses
A: Very Satisfied	7.89%	12
B: Satisfied	16.45%	25
C: Dissatisfied	7.89%	12
D: Very dissatisfied	12.50%	19
E: Not applicable	55.26%	84
F: No Answer Given	0.00%	0
Total		152

How satisfied were you with the support you received during a crisis?

Of the 65 respondents who had accessed services during a crisis, 54% were 'Very satisfied or Satisfied' and 46% were 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	7.89%	12
B: Satisfied	15.13%	23
C: Dissatisfied	7.89%	12
D: Very dissatisfied	11.84%	18
E: Not applicable	57.24%	87
F: No Answer Given	0.00%	0
Total		152

Key themes from comments

Comments expressing dissatisfaction with the Single point of access (SPA) for crisis support.

Preference for Home Treatment service visit, but requests for the current service to improve.

Challenges accessing timely crisis support in the way that the person wanted.

Some confusion experienced between what services (e.g. A&E, CNWL NHS Foundation Trust Bentley House community mental health service and GP) are advising or offering at a time of crisis.

Comments

Question asked for comments: Are there any changes or improvements you would like to suggest about accessing the services below in a crisis:

- Single point of access (SPA)
- A&E (via the Liaison Psychiatry service for admission to inpatient services)
- Home Treatment Service
- GP Practice
- Bentley House – Adult services 18-65 years old

Yes More appointment / early appointment
was not told about this service
More outreach for elderly and vulnerable
More liaison between care providers to improve level of care

SPA - understand you can self-refer. Is this clear to everyone?
GP - please listen to your patient
Is there an easily accessible helpline?
Home Treatment Service
Bentley House receptionists are rushed off their feet, seldom answer the phone
Home Treatment Service; GP Practice; Bentley House
On crisis team there is no talking support. Easy access. Assessments - not frequent
Unfortunately never. A&E - not very successful. Home Treatment Service - what do they do? GP Practice - staff need specialist training. Bentley House - why 65, what about the older adults service? Social workers have very little time per client not enough to help people. Managers are interfering and money driven rather than patient results driven
Must make time to see those in crisis
Stop pushing clients onto GPs who have no mental health care
SPA are not very sympathetic or understanding. It would be helpful if they took you more seriously and point you in the right direction
More therapies and more cut downs in chemicals maybe introduce some herbals . . .
All of above and easier to get to see all of them
Single point of access; A&E; Home Treatment Services; GP Practice
SPA - shorter waiting list
More home treatment services should be offered to house bound patients
Home Treatment Service & GP Practice - either of these which will help fast recovery in crisis.
Last accessed more than 1 year ago.
All are very good.
Need information about the services to local organizations preferably if they can come and do a talk with translator
More support from the GP.
A&E - whenever we go to A&E the long waiting times stress me. Bentley House - Answer the phone.
Home Treatment Team - The way they talk to you is rude and intimidating and they accuse me of not taking my medication, I had to prove it to them.
A&E is too long if mentally well you should be a priority and seen sooner, you get agitated otherwise while you are waiting and anxious.
It needs to be quicker.
Prevention.
Access into hospital admission services need to communicate better and be more joining - more support is needed.
Have a mental health nurse in a doctor's surgery.
Support received - satisfied & dissatisfied.
Home Treatment Service - better advice/support at home.
GP Practice - annual medication review GP seems to work well.
Bentley House - difficult to apply for personal budget. It's more difficult to apply.
We need more staff so we can get more support for longer.
Yes, all the time and quicker.
No.
GP's not always sympathetic.

Single Point of Access GP Practice
Last accessed 3 years ago. A&E Psychiatrist sent me home with a SPA number saying that if I called someone would come and see me at home within 2 hours. I called the number and got told I didn't fall under the catchment area. I was passed from pillar to post. Bentley House EMDR person said they would keep my case open for 3 months and call me back. I never got a call.
I accessed this once in my last psychotic episode. I was sent home without medication which was terrifying. Bentley House has provided a shocking service but I think they are improving. Many times I have phoned but nobody picks up the phone or returns calls
A lot of improvement needed for crisis
Bentley House.
A&E.
Sympathetic GP that understands all my problems to do with mental health and the connections.
Single Point of Access - they should be able to treat more than one problem at any one time. Bentley House - shockingly poor, appointments not made, no call backs.
A&E Home Treatment Service
None.
GP Practice.
Was too ill to be able to rate satisfaction with the support received. Waiting times far too long, 6 months or more for help when mental health needs attention immediately.
SPA - seems to be really useless.
Easier crisis access at home.

4.5 Inpatient Care

Findings

14% of respondents (32 people) had been admitted to mental health inpatient services in the past year.

67% of respondents were 'Very satisfied or Satisfied' with the care and support on the ward.

56% of respondents were 'Very satisfied or Satisfied' with their discharge from inpatient services.

These findings reflect some comments expressing satisfaction with support received on the ward, but concerns about being discharged too early and lack of support after discharge.

Survey results

When were you last admitted to mental health inpatient services?

Of the 22 respondents who had been admitted to mental health inpatient services, 6% accessed in the last '1 to 3 months' and 94% in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	0.66%	1
B: 3 months	0.66%	1
C: 6 months	2.63%	4
D: 1 year	10.53%	16
E: Not applicable	85.53%	130
F: No Answer	0.00%	0
Total		152

How satisfied are you with your care and support on the ward?

Of the 33 respondents who accessed mental health inpatient services, 67% were 'Very satisfied or Satisfied' and 33% 'Dissatisfied or Very dissatisfied' with the care and support on the ward.

Answers	Percent %	Responses
A: Very Satisfied	5.26%	8
B: Satisfied	9.21%	14
C: Dissatisfied	7.24%	11
D: Very dissatisfied	0.00%	0
E: Not applicable	78.29%	119
F: No Answer Given	0.00%	0
Total		152

How satisfied are you with your discharge from inpatient services?

Of the 32 respondents who have used mental health inpatient services, 56% were 'Very satisfied or Satisfied' and 44% 'Dissatisfied or Very dissatisfied' with their discharge from inpatient services.

Answers	Percent %	Responses
A: Very Satisfied	4.61%	7
B: Satisfied	7.24%	11
C: Dissatisfied	7.24%	11

D: Very dissatisfied	1.97%	3
E: Not applicable	78.95%	120
F: No Answer Given	0.00%	0
Total		152

How satisfied are you with support after your discharge to prevent relapse?

Of the 32 respondents who had been mental health inpatients, 56% were 'Very satisfied or Satisfied' and 44% were 'Dissatisfied or Very dissatisfied' with support after their discharge from inpatient services.

Answers	Percent %	Responses
A: Very Satisfied	1.97%	3
B: Satisfied	9.87%	15
C: Dissatisfied	5.26%	8
D: Very dissatisfied	3.95%	6
E: Not applicable	78.95%	120
F: No Answer Given	0.00%	0
Total		152/152

Key themes from comments

Some comments expressing satisfaction with the support received as an inpatient.

Some concerns feeling discharged too early.

Some concerns at lack of support after discharge including support to engage community activities and with day-to-day living needs, resulting in feeling isolated.

Some dissatisfaction with the food and amenities available on the ward.

Comments

Question asked for comments: How do you think mental Health inpatient services and aftercare could be improved?

I have not been inpatient for 17 years
Listen to the individual crisis and not being patronized
I have not used it. How is aftercare provided and for how long?
I believed I should have seen a Psychiatrist after being discharged from hospital but was not referred
Aftercare should be explained in the wards
I was an inpatient at A&E for 2-3 nights and I am not so happy with the services because I am not as myself and I asked to be home care to be discharged. I am so happy, they did a good home care treatment at my own home and he after care was fine after that.
More access to community discharge programmes. Link workers - community

Assessment should be provided when in crisis
Last admitted 5 years ago
More therapy on the wards
Last admitted 4 years ago. Don't send patients home without preparing their home environment.
Discharge packs for those leaving hospital & care navigator or link worker to engage them with local services. Support when discharged.
More than 1 year ago. Everything is fine.
Last admitted more than 1 year ago. They are all very good, they care.
But to make sure patient is informed with all aspects
Involvement with family and carers. Help with applying for benefits before discharge. Help with education, volunteering employment and activities for adults and children
We need more support.
After discharge I have been completely left on my own in my flat with no support from anyone new after the Home Treatment Service has expired. They initially discharged me too early and I was a danger to myself.
I feel isolated in the community after discharge. There is not enough staff on the ward although the staff are polite and do their best. It is too slow, not good enough service. I once waited 3 hours for a paracetamol tablet because they are short of staff. Food in fridge is poor. The communication between staff is very poor. Not enough toiletries amenities - no toothbrush, sanitary towels when needed, flannels etc.
Last admitted in 2006. Better Occupational Therapy support. Dissatisfied as some follow up appointments cancelled.
Last admitted many years ago. I didn't receive any support after my discharge. Improvements - more beds and more staff, aftercare should exist!
Not discharge patient too early than need to.
Last accessed 8 + years ago. Faster diagnosis - Once admitted life began for me again but admittance procedure took so very long.
More support.
Last admitted over 10 years.
Don't restrain people. Let them calm down in their room. Don't give so much medicine. I was so drugged up that I couldn't walk. I was very sleepy.
Last admitted 3 years ago. The psychiatrist was not very helpful. A mental health liaison should be there to help and to continue contact/help after being discharged.
So far I am so happy with the inpatient services.
BY listening to inpatient - keeping in touch aftercare.
Care coordinator.

4.6 Talking Therapies and Counselling

Findings

44% of respondents (67 people) accessed talking therapies or counselling service(s) in the past year.

61% of respondents were 'Very satisfied or Satisfied' with their access to the type of talking therapy they wanted.

51% respondents were 'Very satisfied or Satisfied' with the waiting times.

These findings are consistent with comments about experiencing long waiting times for talking therapies and wanting access to a wider range of modalities, particularly experiencing acute mental health problems or trauma.

These findings are reflected in Mind in Harrow's information service, which has consistently received the highest number of enquiries 200+ per annum over many years requesting counselling or related support.

Survey results

When did you last access talking therapies or counselling service(s)?

Of the 67 respondents who have accessed talking therapies or counselling service(s), 49% accessed in the last '1 to 3 months' and 51% '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	7.89%	12
B: 3 months	7.24%	11
C: 6 months	9.21%	14
D: 1 year	19.74%	30
E: Not applicable	55.92%	85
F: No Answer Given	0.00%	0
Total		152

How satisfied are you that you are able to access the type of talking therapy that you want?

Of the 67 respondents who had accessed talking therapies service(s), 61% were 'Very satisfied or Satisfied' and 39% 'Dissatisfied or Very dissatisfied' with their access to the type of talking therapy they wanted.

Answers	Percent %	Responses
A: Very Satisfied	7.89%	12
B: Satisfied	19.08%	29
C: Dissatisfied	11.84%	18
D: Very dissatisfied	5.26%	8
E: Not applicable	55.92%	85
F: No Answer Given	0.00%	0
Total		152

How satisfied are you with the waiting times for talking therapy?

Of the 66 respondents who had accessed talking therapies service(s), 51% were 'Very satisfied or Satisfied' and 49% 'Dissatisfied or Very dissatisfied' with the waiting times.

Answers	Percent %	Responses
A: Very Satisfied	4.61%	7
B: Satisfied	17.76%	27
C: Dissatisfied	15.13%	23
D: Very dissatisfied	5.92%	9
E: Not applicable	56.58%	86
F: No Answer Given	0.00%	0
Total		152

Key themes from comments

Experiences of long waiting times to access talking therapies.

Access to a wider range of talking therapies wanted, particularly for people experiencing acute mental health problems or trauma.

Some experiences of being referred to psychological services which are experienced as inappropriate.

Access to more culturally-specific talking therapies wanted.

Comments

Question asked for comments: What gaps in talking therapies and counselling do you see in Harrow?

None at moment. Not sure what to do about lack of info
There are long waiting times. Also need more diverse therapists.
No call back when help requested

N/A
There is a wait for over 2 years to see a Behaviour Therapist in Harrow
I have not used it. Is it widely promoted?
GP suggested it, I haven't actioned it yet. Hoping to but normal day to day life gets in the way and my problems just get pushed under the carpet to resurface again later.
Could the patient be given a choice in the type of talking therapy they receive? e.g. CBT, just talking
This was through charity 3rd sector
Easy access (frequent long appointments)
3 YEARS. Huge ones - only once got referred and it was a style of counselling completely unsuited to me. After 3 visits the therapies referred me back to my GP. Nothing else followed
I have found therapists themselves helpful in that I have benefited from seeing them. However therapies on offer too narrow.
waiting times need to be reduced
It's really overwhelming when you have to ask for support and then you are left alone for months because of long wait times. It leaves you vulnerable
I require specialist therapy for my condition and I was not referred to it instead sent to a psychologist who was not helpful
Length of time to see therapist
Satisfied with the 'Hearing Voices Group' group therapy. But talking therapies like one to one I was refused. In 2012/13 they told me that was only for emergencies.
Last accessed 6 years ago
Would help if more counselling help met
More counsellors
Gap of access to counselling & talking therapies for moderate to intense need more psychiatric got psychological. Access needs to be easy in community based.
I want more information on how to access. Day centre would ok.
I take counselling
Counselling only.
None
Long waiting list to receive counselling
Expensive; longer waits - more than 3-6 months; need more service providers; more choice in treatment, alternative treatment like head massage.
With GP counselling
Employ Somali counsellor or train Somali staff
Got referred to Psychologist but care coordinator, psychiatrist and support worker have left me to my own services I did not go through with it.
Therapy & Counselling should be more widely available. It's not very good if you have been through a traumatic experience you should be offered therapy more. This is not the case currently, not offered.
The waiting time is too long. There is no access to psychotherapy and extra support (therapy). Only CBT is available, there is not enough therapy.
I feel that there needs to be more support for a therapist if ill, so more support in the background.
Last accessed many years ago.
Accessing talking therapy - didn't know you could / Waiting times - don't know.

More counselling talking therapies with cross border with Harrow, Hillingdon, Barnet & Brent.
None.
There is no therapy (or limited) available for complex trauma. Women & Girls Network provided limited sessions and you can't re-refer for 2 years. There are some options for single event trauma but not more complex. There are also no therapies for when trauma has become somatised in the body i.e. body based therapies - lack of trauma informed care.
Need shorter waiting times to see GP and talking service.
Not enough sessions.
Talking therapies have not been available To Bentley House clients, even though BH is not offering me any therapies to improve my mental health. I would like body based therapies or CBT to be available to BH clients
I understand there is a significant shortage of therapies due to lack of funding
It takes over 3 weeks for referral.
Harrow Mind Worker.
Met with psychologist.
Have some talk about reducing and stopping medicine.
Was told I wasn't able to receive counselling - was forced to do CBT and again even though I said it didn't work for me.
I was seen by a trainee. At least she was competent. There are not enough therapists. Sessions should be longer.
Excellent.
Never had access to talking therapies. Counselling was average. Was seen by counsellors in training. Did not pick up on the fact I was suicidal.

Other sources of feedback or evidence of need

Mind in Harrow's information service has consistently received the highest number of enquiries 200+ per annum over many years requesting counselling or related support. A frequent request is for free or reduced fee counselling for people on welfare benefits or low incomes and for counselling which can be accessed over as long a period as the person chooses, i.e. is not time-limited.

4.7 People caring for you

Findings

23% of respondents (34 people) indicated that support from NHS mental health services had been offered to family members or friends caring for them in the past year – which is 59% of the 58 respondents who accessed Bentley House services in the past year.

63% of respondents were 'Very satisfied or Satisfied' with involvement of their family member or partner in their mental health treatment.

48% of respondents were 'Very satisfied or Satisfied' with the support for their family member or partner receive from mental health services.

These findings are consistent with some comments that their carers have never been offered any help and requests that their carers are offered specific help.

These findings are supported by Mind in Harrow's information service, which receives 100+ enquiries per annum from carers. The majority of which are about CNWL NHS specialist mental health services, expressing concerns about treatment or care.

Survey results

When was support from NHS mental health services last offered to the family member or partner caring for you?

Of the 34 family members or friends supported by NHS mental health services, 41% respondents indicated support in the last '1 to 3 months' and 59% in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	5.26%	8
B: 3 months	3.95%	6
C: 6 months	3.95%	6
D: 1 year	9.21%	14
E: Not applicable	77.63%	118
F: No Answer	0.00%	0
Total		152

How satisfied are you with the involvement of the family member or partner caring for you in your mental health treatment?

Of the 51 respondents, 63% were 'Very satisfied or Satisfied' and 37% 'Dissatisfied or Very dissatisfied' with involvement of their family member or partner in their mental health treatment.

Answers	Percent %	Responses
A: Very Satisfied	9.87%	15
B: Satisfied	11.18%	17
C: Dissatisfied	7.89%	12
D: Very dissatisfied	4.61%	7
E: Not applicable	66.45%	101
F: No Answer	0.00%	0
Total		152

How satisfied are you with the support the family member or partner caring for you receives from mental health services?

Of the 48 respondents, 48% were 'Very satisfied or Satisfied' and 52% 'Dissatisfied or Very dissatisfied' with the support for their family member or partner receive from mental health services.

Answers	Percent %	Responses
A: Very Satisfied	5.92%	9
B: Satisfied	9.21%	14
C: Dissatisfied	11.18%	17
D: Very dissatisfied	5.26%	8
E: Not applicable	68.42%	104
F: No Answer	0.00%	0
Total		152

Key themes from comments

Some people commented that their carers have never been offered any help.

More support groups and education for carers to understand the mental health of the person care for, including how to notice signs that they are becoming unwell.

More education about self-care so that people are able to manage at home with support from family or partner.

More respite for carers needed.

Comments

Question asked for comments: How can support to the family member or partner caring for you be improved or how can they be better involved in your mental health treatment?

Do not Know
Not applicable
By educating the both of us. Dealing with education to family member with regard to sign of me possible not well
Partner & Children
Some things that would be done at home for self-care. Concerns over data processing/sharing GDPR need to be consented how and where to share
Carers should have greater financial support & respite care
To involve them and get support for them
Some support offered as standard
I think it would be really helpful to have support offered for them
NHS should give more funding to Mind as a front line service
Forever support should be available
Outreach for relatives
I look after myself, I am independent and divorced.
Last offered 6 years ago
Carer doesn't get any help.
Involvement with decision making and treatments so caring is easy.
The crisis team is not satisfactory.
Carer covers everyday but doesn't support my understanding problems.
My family and my husband
Need help for carers - respite.
Last offered more than 1 year ago
My mother and father are carers for me. I could not ask for better support than this.
Respite care. Support worker. Carers involvement from agency. Carers network
We need support from Hayaan Project.
I feel isolated. I don't have anyone checking up on me or supporting not even support worker. I don't even have a care coordinator.
More actively involved in care & patient care.
Anything is better than nothing.
Please to give family members who need it but do not want it to intervene to help out better mental health.
I don't know.
Never offered.
Access to right reading material. Someone to ask right questions to. Groups to go to reassure family members and keep an eye on 'their' mental health.
Never offered help.
Information classes
My family live in Canada and I am estranged from them
By getting CBT counselling.
Having more support for my family in understanding me and help for my parents.
Never received support.
There was absolutely no help given to them. There should be a liaison person to help them.
Quicker access when in crisis.

Other sources of feedback or evidence of need

Mind in Harrow's information service receives 100+ enquiries per annum from carers, the majority of which are about CNWL NHS specialist mental health services, expressing concerns about treatment or care; Mind in Harrow collaborates closely with Harrow Carers to ensure a coordinated response to these requests for help.

Harrow Carers Statement - Unpaid Carers

Introduction

Three out of five people will become carers at some point during their lifetime, and everyday across the country another 6000 take on a caring responsibility and start to care for a family member or friend.

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. There are around seven million carers in the UK, 689,000 carers in London, with thousands of those being based in Harrow.

Currently, the local service provided to carers is not sufficient to meet their needs. Many carers report feeling their needs are not being attended to, that they are not being listened to, and when done so, their input is disregarded by services. This is despite the fact that they have so much knowledge and understanding about their loved one. This causes a carer to experience resounding frustration and impotence.

Emotional Distress

Being a carer carries an enormous weight and invites a multitude of conflicting and challenging emotions. There is little respite - nor is there a pause button. The stresses and strains of being a carer can prove to be a catalyst for preventable issues if the correct measures are not implemented.

Carers are often put under immense emotional pressure, are compelled by a sense of duty to forgo their aspirations and ambitions and are inclined to develop serious mental health and physical health concerns.

Carers will feel powerless, frustrated and incompetent if they feel they are unable to provide the adequate support and care that is essential. They can find themselves catapulted into unfamiliar and daunting territory being confronted with situations for which they have no preparation or resources to help them cope/deal with.

Caregivers Involvement

Carers are an integral part of a person's care, treatment, progression, and life. It is imperative that they are given the correct tools, knowledge and support to be able to manage these essential components of care provision.

It is important that carers are included in decision-making about a person's treatment and care but where a person does not want specific involvement with the carer, or refuses to share their details, a supportive and informative alternative can be implemented for the carer.

For example, carers can consult the clinician and to seek general information, support, and practical management advice regarding the condition/s of the person they are caring for – of course omitting any personal information.

Making educational resources and support available to carers, and involving them more actively in consultation, will improve the quality of care they are able to provide. Carers should also be provided opportunities for therapy and remedial group discussions; the mental challenges resulting from their exposure to traumatic, upsetting and graphic stimuli must be resolved. The services available to carers need to be more widely acknowledged, disseminated and promoted.

Carers Register

A prudent strategy is to implement effectively a comprehensive carer register across surgeries and PCNs so we can closely identify, monitor and support carers. Clinicians and admin staff should be aware and engaging with patients to determine whether they are a carer.

It is highly probable that those in a caring role will not identify themselves as a carer; they would likely attribute the care they are giving to them being a parent, partner, child, or friend. We can aid clinicians to identify those who are 'hidden carers' by being mindful of the language used and advising them to ask more general questions such as: do you look after/support someone? This would remove the need to ask more confrontational questions like 'are you a carer?'

If a service user is accompanied by a relative/friend, clinicians should try to establish if they are the carer and ask the individual accompanying the service user if they are okay themselves. By implementing these measures, we can gain and develop a comprehensive understanding and establish who are the 'hidden carers' in our community, through which to better support them.

Contingency Plans

Carers must be involved in the formulation and development of comprehensive plans to be deployed should they be indisposed or be otherwise incapable of continuing care provision. This will assist to alleviate their fears. They usually have - or come to develop - a deep and intimate emotional connection with their care recipient, often a relative or close friend. They are emotionally invested in the continuing success of their care; it is unsurprising that carers profoundly worry for their loved ones' future wellbeing, especially if they are forced to give up caring and trust in someone else.

Due to the potentially arduous, labour-intensive work that carers need to endure; it is not difficult to appreciate that they may develop their own health concerns. They might require respite care if the emotional distress and exhaustion becomes overwhelming.

Unpaid Carers' Card

There is currently a project to introduce an unpaid carers card through which we will be able to identify unpaid carers. The carer will be able to obtain this card directly from Harrow Carers, propelling them to receive the support they vitally need.

The card will significantly contribute toward identifying carers in a hospital; thereby reducing the need for us to send letters informing hospitals that they are a carer. The card will also feature an emergency contact number, accessible 24/7, and a support package will be put in place so that there is continuity of care should there be an emergency and the carer is not able to continue their role.

Carers have a vital role, and this has clearly been amplified following the current pandemic. Furthermore, it is increasingly apparent that the implementation of such a card is necessary, as the daily struggles which unpaid carers face have been exacerbated. By having an unpaid carer card, we could allow carers to have priority shopping facilities, which will assist to minimise a carer's distress, particularly if they cannot be away from the person they are caring for.

There needs to be a unified and collective approach from those involved and for GP surgeries to be on board – combined, this will have a positive financial effect. This way we can ensure that the card will be successful and assist in it reaching the standard carers desperately require. The support and information that carers receive is consequential to the care they are able to provide. The possibilities and benefits that this card will offer are vast; it is the solution for the multiple inherent problems carers are battling.

Conclusion

Carers need to be safe-guarded. Their role is pivotal and undoubtedly reduces the direct demand and financial burden on the system. We can and must do more to support carers in Harrow.

4.8 Day-to-day living needs

Findings

In total 47% of respondents (71 people) asked for support with day-to-day living needs in the past year. 63 respondents asked for support from Bentley House and 66 respondents asked for support from their GP.

Of the 63 respondents who asked for support with day-to-day living needs from Bentley House, 59% were 'Very satisfied or Satisfied'.

Of the 66 respondents who asked for support with day-to-day living needs from their GP, 55% were 'Very satisfied or Satisfied'.

The most comments were about wanting more help to access exercise and social activities.

Many comments were about wanting more help with economic needs, particularly advice about welfare benefits or gaining paid employment, and the risks of the transition from welfare benefits to paid work.

These findings are reflected in Mind in Harrow's Information Service, which has experienced a doubling of the number of enquiries about welfare benefits and housing issues during the past 5 years. The Service has also experienced more people contacting who are struggling to afford to live in Harrow on welfare benefits.

Survey results

When did you last ask for support with your day-to-day living needs (eg welfare benefits, housing, social activities, exercise, access to education, volunteering or paid work opportunities)?

Of the 71 respondents who asked for support with day-to-day living needs, 55% asked in the last '1 to 3 months' and 45% in the last '6 months to 1 year'.

Answers	Percent %	Responses
A: 1 month	20.39%	31
B: 3 months	5.26%	8
C: 6 months	8.55%	13
D: 1 year	12.50%	19
E: Not applicable	53.29%	81
F: No Answer	0.00%	0
Total		152

How satisfied are you with the support that you received from Bentley House with your day-to-day living needs?

Of the 63 respondents who asked for support with day-to-day living needs from Bentley House, 59% were 'Very satisfied or Satisfied' and 41% 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	7.24%	11
B: Satisfied	17.11%	26
C: Dissatisfied	9.21%	14
D: Very dissatisfied	7.89%	12
E: Not applicable	58.55%	89
F: No Answer	0.00%	0
Total		152

How satisfied are you with referral(s) from your GP to support with your day-to-day living needs?

Of the 66 respondents who asked for support with day-to-day living needs from their GP, 55% were 'Very satisfied or Satisfied' and 45% 'Dissatisfied or Very dissatisfied' with the support they received.

Answers	Percent %	Responses
A: Very Satisfied	9.87%	15
B: Satisfied	13.82%	21
C: Dissatisfied	15.13%	23
D: Very dissatisfied	2.63%	4
E: Not applicable	58.55%	89
F: No Answer	0.00%	0
Total		152

Key themes from comments

Several comments wanting more help to access welfare benefits, volunteering or paid work opportunities, exercise, social activities, housing, access to education.

The most comments about wanting more help to access exercise and social activities.

Many comments about wanting more help with economic needs, particularly advice about welfare benefits or gaining paid employment, and the risks of the transition from welfare benefits to paid work.

Culturally specific activities or information is needed.

Concerns expressed about lack of access to a personal budget to pay for their choice of community support or activities and some comments that family members are fulfilling this need in the absence of a funded service.

Comments

Question asked for comments: What would be helpful to you to cope better with day-to-day living?

I get help volunteering from a charity.
Physical and mental improvement. Social activities
better help about welfare benefits
More access to education or paid work opportunities
Lots of needs not taken into account. Need to think or adopt to needs of service user/client. Take needs into account, think of circumstances and welfare under Equality Act 2010 and have a duty of care ethical approach
Personal Budget should increase and cover more options
I am still waiting for my Personal Budget to be sorted soon and I'll get to get on at The Bridge Centre activities soon
Advocacy referral or sign up to local services
All of these, in order of importance: welfare benefits; volunteering or paid work opportunities; social activities; housing; access to education; exercise
Services not offered. Told about HAD
Some paid work
Having everyone aware of what is available. often there is no one to speak to about these things
I am attending the Bridge. Local council wants to close it.
All the above
I think I need social care/a social worker coming to see and talk to me once or twice a week Also personal budget which I have been refused for recreational course would be good
Welfare benefits and volunteering
Welfare benefits
I never had help with any living expenses, I manage with my benefit and is not easy, lots of stress around money owned to use by the state and paid to identity thieves.
Last asked for support 4 years ago
More access to welfare benefits advice
Carer comes in 4 times a day. Take me out, social activities.
Access. Easy read. Language support. Transparency. Advocacy & web support.
Daughter helps sometimes with day to day.
Social activities
I would be interested in translating English to Gujarati language
More time should be given to family & patients
Volunteering
Exercise classes
More social services help
Last asked for support more than 1 year ago

Exercise
Daughter helps at the moment. Would like to have external support
Exercise and education
All mentioned would help people with mental health problems
I want Hayaan Project to give me help and support.
Welfare Benefits - don't make it easy for you. I am always scared of losing my benefits if I go back to work. I have a long term mental illness I need constant support (welfare benefits) whether I work in paid work or not. All people with mental health need this support - constant support.
Support to get back into work specialists don't help encourage you to have a career not just exist. A career and still be supported too/on the health problem (not just a job). Exercise would be more helpful to go to the gym. Personal trainer would be helpful to encourage me and motivate me more. Help with diet - eating the right foods, nutritionist didn't help much.
More employment options, not just shop worker. Access to education. Personal Budget needs to be quicker, far too long. Career/education advice could be offered. Specialist Careers Service advice from specialists, especially for people suffering from mental illness. In terms of paid work no one can tell me more about my benefits or how to complete.
Last asked for support - weekly.
Didn't receive any support from Bentley House with my day-to-day living needs. I think more support workers would be helpful.
We need more not cut backs.
Don't know, I'm retired.
Housing.
Welfare benefits, exercise, social activities.
More money.
Social activities, exercise.
Exercise. Paid work opportunities.
I accessed support from [REDACTED] (HAD). My most effective choice of support is my key worker at the Bridge (Rethink)
N/A
I was referred for social activities, did not let me use it even after GP provided a letter
More courses/ activities. Stepping stones have had to reduce their courses due to funding has been reduced
Social activities / support. Building up social network
Exercise.
Walking, swimming or getting some volunteering for work experience.
Volunteering, exercise, social activities.
Better explanation on GP exercise referral as when asking for referral they did not say I have to pay for the membership of the gym.
I found volunteering opportunities on my own - GP Surgery/Bentley House should be able to better advice.
Up to date information (online) on all of the above. A central database with all of the information.
Better housing.
Very helpful.

Less difficulties with the welfare claim process. Welfare have no empathy for people with mental health. Have no idea where to access any of the other services mentioned above!
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Other sources of feedback or evidence of need

Mind in Harrow's Information Service has experienced a doubling of the number of enquiries about welfare benefits and housing issues during the past 5 years. The Service has also experienced more people contacting who are struggling to afford to live in Harrow on welfare benefits. These callers are getting into debt which in return puts them at risk of not affording to pay the rent on their accommodation and becoming homeless.

Harrow CAB has seen a 33% increase in the number of people seeking help from their service in recent years, which is the only free welfare benefits advice service funded by the Local Authority in Harrow.

Case Study: Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is an extremely frightening and detrimental condition. It evokes a multitude of challenging and distressing symptoms. Now more than ever, due to COVID-19, care-providers will be confronted by an increasing number of patients with PTSD. It is of paramount importance that we have the foundations in place to provide the most effective, accurate, and consistent treatment we can. The cause of trauma does not matter; the consequences are ubiquitously damaging and traumatic - the effect on the individual is in most cases deleterious.

Countless lives are being destroyed by trauma. Currently the system is failing our patients, and is not just failing them, but potentially exacerbating very serious conditions, even re-traumatising them.

PTSD – Personal Account

My PTSD has developed because of a very serious accident; two sets of double tube doors crushed me after they suddenly slammed into me twice, repeatedly, and without warning; consequently, I am diagnosed as suffering with clinically severe PTSD.

PTSD is evil; it is so powerful and violent that it makes you feel like the traumatic event is happening in that moment, and that there is no escape - it is relentless.

The nightmares, the flashbacks, and the fear consume and constrict you. It is a 'disability'. It impacts everything you do - every single thing. You feel completely out of control and that is terrifying. It leaves you unable to leave the house because you are petrified. You are rendered physically and emotionally paralysed by the recurring flashbacks. You are left vulnerable, terrified, and in a constant state of overdrive and panic – constantly assessing for danger – unable to relax.

The triggers can be anything, no matter how ostensibly insignificant; it could be anything with potential to remind you of the trauma. The symptoms manifest themselves physically; they are panic attacks, a racing heart, sweating, nausea, shaking, dizziness, exhaustion, and feeling as though you are immobilised. The damage caused by PTSD and its harrowing consequences are ineffable.

It is terrifying to relive everything; you have no control over it. The attack is incessant. PTSD is experienced in conjunction with multiple other symptomatic emotions: shame, anger, grief, frustration, self-loathing, weariness, desolation, detachment and numbness. You despise how it changes you as a person and impacts your life – you feel a continuous sense of loss and grief. You often blame yourself; you feel guilty and angry for having the problem and may feel weak at being unable to overcome it – even more so when the excruciating pain you are in serves as a daily reminder that life is slipping through your fingers - it is a vicious cycle.

It also causes disassociation; this has affected and caused me many problems for years. I did not even realise what had happened until several weeks later; the memory was shut from me, and I was disassociated from it. It has left me feeling so

detached that I am unable to process things, and in some situations – even when I am at risk – I remain unable to react to danger.

There is no pause button, no break, no matter how exhausted you are; PTSD comes with a vengeance and launches its assault whenever it likes – it is unyielding.

There is no end; this can go on for years - ruining lives and destroying you from within. Believe me, I know. It will continue to haunt and shatter lives, unless it is treated properly and safely by trained trauma specialised therapists.

My Case Study – Bentley House Experience

I was referred by my therapist from IAPT to Bentley House. She had identified after two sessions that I needed more intensive and specialised help to overcome my clinically diagnosed severe PTSD. This had developed because of a very serious accident; two sets of double tube doors crushed me after they suddenly slammed into me twice, repeatedly, and without warning.

After I was referred to Bentley House, it was extremely tedious to get an appointment and impossible to get a phone call back. I called multiple times only to be told that I was not on the system; my therapist from IAPT had assured me that I was. The person I needed to speak to was never available - there was always something. I never received a phone call back, despite being promised several times that I would. This went on for over six months.

I finally received a call back directly from the therapist, albeit after many months, to arrange an assessment. I felt a lot of uncertainty and distress while I was waiting. I felt that I had been left on my own in a battle with no end in sight. Once I had commenced therapy, I had my first appointment at home, which I really appreciated because of the physical disability resultant from my accident.

During our first session, my therapist wanted to outline a schedule and targets for us to reach per week. She took a lead in deciding which targets I should achieve because I had said that it was too overwhelming and anxiety provoking for me to even think about. I tried to explain that I was incredibly panicked, on edge, and that it was too much. I did ask multiple times if we could take it slower, but she tried to reassure me that it was my anxiety being heightened. She began to get carried away with all that we could do. Suddenly, it felt like I was drowning.

I knew that therapy would be challenging, especially as I had had therapy for extremely traumatic things in the past, but this was too much. At first, I wondered if my anxiety was conducive to starting treatment. However, I shortly realised it was not, and my PTSD symptoms started to increase in intensity. I remember feeling completely overwhelmed and incredibly anxious. I began having a lot more nightmares, flashbacks, and panic attacks at the thought of having therapy and tackling the myriad tasks set before me.

We started graded exposure and began watching videos to provoke my anxiety, (which it did, and I expected it to), but it was so high. I felt like I was being railroaded

and pushed; clearly my attempts to explain how I felt did not work! I was so worried that my therapy would end because I could not achieve the targets that were expected of me. I was desperate for therapy; it had been three years since my accident, and the PTSD was significantly impacting my daily life.

The following targets my therapist had listed would involve us being outside, walking and facing the tube – we never got to that point. Even if I surpassed the physical side, I knew the emotional strain would be too intense - it was just too much. I wanted to look at photos, watch videos, and take it slowly. I suddenly felt like I had to climb Everest. I explained how I was feeling and asked if we could take it more gradually, perhaps watch more videos, but I was dismissed.

The pain took over, and unfortunately, I had to cancel a few sessions because I could not go out. Irrespective of the physical aspect, I knew that I was not ready and wanted to continue my treatment at home. My therapist told me I could no longer continue the treatment. I pleaded with her to not do that to me, that the pain was starting to ease again and how determined I was to overcome it. I even asked if there was another type of therapy, something that would be more talking based because I was clearly too traumatised to do the graded exposure. I immediately thought this would be more suitable as a foundation, but the senior team members had decided to stop my therapy. I was forced to go back on the waiting list.

Physical and psychological injury should be addressed fairly and with significant parity; divergences in the strategy of treatment must not detract from the singular fact that my trauma should not have been depreciated in relation to my physical health. My inability to go outside did not preclude my capacity to receive therapy at home. There were certainly alternative methods of approaching therapy in a more manageable and less traumatic way.

I was extremely upset. I felt like I was being punished for my injuries, something that was not my fault or in my hands; I felt useless, like I had failed myself.

Fortunately, through my legal case I was able to seek help from a trauma therapist. I was sent to her for an assessment before we began treatment. It was established that I needed complex trauma therapy using different modalities, such as CBT, EMDR, (Trauma focused CBT) and psychotherapy.

She clearly stated to me that being pushed in my therapy sessions - when I clearly was not ready – had certainly re-traumatised me. Undoubtedly, this had done more harm than good, as it exacerbated my symptoms; this should never have happened and was detrimental to my health and wellbeing. When I reflect, I realise how much this affected me post-treatment. It is extremely concerning that another therapist felt the need to inform me of these consequences; that I was not able to identify this myself was also deeply unsettling. I should have been provided the requisite skills to identify this myself.

Luckily, I was able to seek the appropriate type of therapy I needed from a trauma trained therapist. Otherwise I would have been left with no remedial options; I was vulnerable, in great pain, and had been re-traumatised.

Conclusion

This poignant and impassioned statement is but one case study; there are endless others.

It is alarming that a patient who is experiencing trauma (PTSD) is unable to identify, or is dismissed, when they are being pushed beyond a reasonable safe limit. This is hazardous, counterproductive, and is likely to negatively exacerbate symptoms as clearly proven from the case study above. This, undoubtedly, is not an isolated case and clearly highlights the integral need for 'trauma-informed' therapists.

Furthermore, the modality of treatment for this patient was not suitable from the outset, and was not correctly identified, therefore putting the patient at significant harm and additional distress. This is happening because we do not have the correct resources and the 'trauma-informed' therapists that patients urgently need to safely begin their recovery in a secure environment.

It is extremely fortunate and a relief that this individual was able to seek the critical treatment they needed. However, it is highly likely that had this patient not received care from an alternate source they would have been isolated from treatment and left perpetually traumatised; they would have been put at risk with no source of support.

It is deeply distressing to know that there will be countless others who will have been and will continue to be critically failed by the current system unless immediate transformative action is taken.

While PTSD is caused by a single traumatic event, complex PTSD is caused by long-lasting trauma that continues or repeats for months, even years (commonly referred to as "complex trauma"). Unlike PTSD, which can develop regardless of what age you are when the trauma occurred, Complex PTSD is typically the result of [childhood trauma](#).

Complex PTSD can masquerade itself as other similar condition/s such as: BPD, depression, anxiety disorders, OCD or another personality disorder which can result in the patient being misdiagnosed and the essential treatment being delayed. Although the symptoms may be similar, the treatment is very distinct and needs specific care. However, other conditions can develop as a comorbidity of PTSD.

There is a misconception that PTSD is solely reserved for war veterans. You are more susceptible to developing PTSD after experiencing a traumatic event if you have a history of anxiety or depression, or you do not receive much support from those closest to you. By having the correct measures in place and by using Social Prescribing we can reduce this from happening.

Complex PTSD is more likely to develop if you have endured prolonged trauma, experienced trauma at an early age, have experienced multiple traumas from which you did not think you would be able to escape, or if you were harmed by someone close to you.

Due to the way in which trauma can manifest, patients may not be able to identify that they are experiencing PTSD due to detachment or denial.

If PTSD is not treated it can lead to harmful behaviours and actions: suicidal ideations, disassociation, self-harming, isolating oneself from family and friends, eating disorders and substance abuse – all this consequently endangering lives and leading to further health concerns developing.

PTSD – Chronic Pain – Somatised in the body (reference to ‘Section 2.6’)

Studies have shown that PTSD can be a catalyst for chronic pain to develop, as it is correlated with tense muscle pain resultant of the anxiety, hypervigilance and the symptoms of hyperarousal. This is likely to have a profound and devastating impact and can trigger a catastrophic snowball effect.

Additionally, given the cause of PTSD, it is highly likely that patients will have been seriously injured in the traumatic incident itself leading to chronic pain, and this will also serve as a constant reminder and trigger.

‘Prolonged deranged cortisol levels from PTSD can also deplete your adrenal glands, which in turn, raises the level of prolactin and therefore your sensitivity to pain increases.’

<https://www.ptsduk.org/10-unexpected-physical-symptoms-of-ptsd/>

The impact of the emotional turmoil and the debilitation associated with physical injury resulting from trauma is extremely intense, volatile and vast.

Sadly, due to the symptomology of PTSD, patients may demonstrate a lack in ability or desire to go outside and/or exercise. This can only exacerbate the issues as a lack of movement often leads to muscle tensing, body pains, and stiffness – all of which can become chronic. It is a snowball effect, as it will undoubtedly exacerbate the psychological symptoms and emotions. It is imperative that the treatment for PTSD and chronic pain must be tackled in conjunction with one another; they are interdependent and not distinct from one another. This is a necessity to ensure a substantial and crucial difference is actuated into extant systems of care.

5) Survey respondents' demographic data

Respondents are broadly representative of Harrow's demographic profile with some variation from the Harrow Census 2011.

73% of respondents have BME ethnicities and 23% White and White British ethnicities compared to Census 2011 64% BME ethnicities and 36% White and White British ethnicities.

Respondents have a spread of age ranges 10% 21-35, 24% 36-50, 38% 51-65, 20% aged 66 or over.

69% of respondents were female and 31% male, reflecting a commonly reported local ratio of female: male access to mental health services.

There are a higher level of Hindu (32%) and Muslim (11%) respondents and lower level of Christian (25%) respondents compared to the Census 2011. There are a similar level of other faiths and beliefs as the Census 2011.

Respondents have a higher level of physical impairment/long-standing illness 35% compared to the Census 2011 data of 14-20% and a higher proportion have a learning disability/difficulty.

Ethnicity

Percent % Responses		
Asian or Asian British		
Afghani	0.00%	0
Bangladeshi	0.00%	0
Indian	46.05%	70
Pakistani	3.29%	5
Sri Lankan Tamil	1.32%	2
Any other Asian background	3.95%	6
Black or Black British		
Caribbean	3.29%	5
Ghanaian	0.66%	1
Nigerian	0.66%	1
Somali	3.29%	5
Any other Black background	1.32%	2
Other Ethnic Groups		
Other Ethnic background	0.00%	0
Mixed Background		
White & African	0.00%	0

White & Caribbean	1.97%	3
White & Asian	1.32%	2
Any other Mixed background	0.00%	0
White and While British		
W: Albanian	0.00%	0
X: White British	21.71%	33
Y: Gypsy/Roma Traveller	0.66%	1
Z: Irish	1.97%	3
AA: Irish Traveller	0.00%	0
AB: Polish	0.00%	0
AC: Romanian	0.00%	0
AD: Serbian	0.00%	0
AE: Any other White background	1.97%	3
AF: No answer	6.58%	10
Total		152

Age ranges

Answers	Percent %	Responses
A: 20 and under	0.00%	0
B: 21-35	10.53%	16
C: 36-50	23.68%	36
D: 51-65	37.50%	57
E: 66+	19.74%	30
F: No answer	8.55%	13
Total		152

Gender/sex

Of respondents, 69% Female and 31% Male

Answers	Percent %	Responses
A: Female	50.66%	77
B: Male	22.37%	34
C: Other	0.00%	0
D: No answer	26.97%	41
Total		152

Gender - Is this gender the same as your birth gender

Answers	Percent %	Responses
A: Yes	66.45%	101
B: No	0.66%	1
C: No answer	32.89%	50
D: No Answer	0.00%	0
Total		152

Faith or Belief

Answers	Percent %	Responses
A: No religion	12.50%	19
B: Christian	25.00%	38
C: Buddhist	0.00%	0
D: Hindu	31.58%	48
E: Jewish	0.66%	1
F: Muslim	10.53%	16
G: Sikh	0.66%	1
H: Jain	3.95%	6
I: Parsi/Zoroastrian	0.00%	0
J: Baha'I	0.00%	0
K: Other faith group	1.97%	3
L: Not completed	13.16%	20
M: No Answer	0.00%	0
Total		152

Disability

Answers	Percent %	Responses
A: Physical impairment	19.74%	30
B: Long-standing illness	14.47%	22
C: Learning disability/difficulty	8.55%	13
D: Sensory impairment	0.66%	1
E: Other	13.16%	20
F: Not completed	43.42%	66
G: No Answer Given	0.00%	0
Total		152



Appendix A: Mental Health Support Survey for Harrow Services 2019

Harrow Mental Health Integrated Care Questionnaire

We want your views and feedback to help us to work with the new Mental Health Integrated Care Programme to develop and improve existing services so that they offer better joined-up support to you.

Please read the information below and complete the questionnaire and return to:
Raksha Pandya, Harrow User Group, Mind in Harrow, First floor,
132–134 College Road, Harrow HA1 1BQ.

What is the Harrow Mental Health Integrated Care Strategy?

The NHS is developing delivery of integrated Primary and Community Mental Health services to enable joint working and collaboration across the Local Authority, Commissioners and Providers of Mental Health Services in Harrow. This should transform mental health care for Harrow with improved quality of care, improved service user, carer and staff experience of care, as well as providing more sustainable services.

What is the Harrow User Group?

The Harrow User Group produced this questionnaire and is commissioned by the NHS and Council to be the voice of mental health service users in Harrow. We have over 20 trained Representatives involved in NHS and Social Care groups and run a Quarterly Forum, open to all mental health service users in Harrow.









For further information please contact Raksha Pandya, User Involvement Co-ordinator at Mind in Harrow on: 0208 426 0929 or at r.pandya@mindinharrow.org.uk

To become a member of the Harrow User Group and receive a quarterly newsletter and invitation to our Forum,
please contact Raksha! 😊

Please tick each option, as relevant to our experiences, including 'Not Applicable'. This survey is anonymised and not identifiable to you.

2) Primary Care/ Your GP

	1 month	3 months	6 months	1 year	Not Applicable
When did you last access to your GP practice for your mental health?					









	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
How satisfied are you with your access to your GP's services for your mental health?					
How satisfied were you with the support you received from your GP?					

How do you think access to your GP surgery and support from your GP for your mental health could be improved?

3) Secondary Care – CPN, Psychiatrist and Services at Bentley House (CNWL mental health services)

	1 month	3 months	6 months	1 year	Not Applicable
When did you last have access to mental health outpatient services at Bentley House?					

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable









How satisfied are you with your access to the services at Bentley House?					
How satisfied were you with the support you received from Bentley House?					

Are there any changes or improvements you would like to suggest about the services from Bentley House (eg Care Coordinator or Personal Budget Link Worker)?

Do you know what a mental health 'Personal Budget' is and how to apply for one?

4) Crisis Care and Access to services

	1 month	3 months	6 months	1 year	Not Applicable
When did you last access services during a mental health crisis?					









	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
How satisfied are you with your access to the services during a crisis?					
How satisfied were you with the support you received during a crisis?					

Are there any changes or improvements you would like to suggest about accessing the services below in a crisis:

- Single point of access (SPA)
- A&E (via the Liaison Psychiatry service for admission to inpatient services)
- Home Treatment Service
- GP Practice
- Bentley House – Adult services 18-65 years old

6) Talking Therapies and Counselling









	1 month	3 months	6 months	1 year	Not Applicable
When did you last access talking therapies or counselling service(s)?					

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
How satisfied are you that you are able to access the type of talking therapy that you want?					
How satisfied are you with the waiting times for talking therapy?					

What gaps in talking therapies and counselling do you see in Harrow?

7) People caring for you

	1 month	3 months	6 months	1 year	Not Applicable
When was support from NHS mental health services last offered to the family member or partner caring for you?					









	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
How satisfied are you with the involvement of the family member or partner caring for you in your mental health treatment?					
How satisfied are you with the support the family member or partner caring for you receives from mental health services?					

How can support to the family member or partner caring for you be improved or how can they be better involved in your mental health treatment?

--

8) Day-to-day living needs

	1 month	3 months	6 months	1 year	Not Applicable
When did you last ask for support with you day-to-day living needs (eg welfare benefits, housing, social activities, exercise, access to education, volunteering or paid work opportunities)					

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
How satisfied are you with the support that you received from Bentley House with you day-to-day living needs?					
How satisfied are you with referral(s) from your GP to support with you day-to-day living needs?					

What would be helpful to you to cope better with day-to-day living? (eg welfare benefits, housing, social activities, exercise, access to education, volunteering or paid work opportunities)

Thank you for your time to complete this survey! 😊 PTO

ANONYMOUS Equalities monitoring form

1. Your ethnic group

These are based on the 2010 Census categories. Please choose ONE ethnic group and tick or write in appropriate box to indicate your ethnic background.

A. ASIAN OR ASIAN BRITISH

Afghani	
Bangladeshi	
Indian	
Pakistani	
Sinhalese	
Sri Lankan Tamil	
Any other Asian background, please write in:	

D. MIXED

White & African	
White & Caribbean	
White & Asian	
Any other Mixed background, please write in:	

B. BLACK OR BLACK BRITISH

Caribbean	
Ghanaian	
Nigerian	
Somali	
Any other Black background, please write in:	

C. OTHER ETHNIC GROUP

Arab	
Chinese	
Iranian	
Iraqi	
Kurdish	
Lebanese	
Any other ethnic group, please write in:	

E. WHITE

Albanian	
British	
Gypsy/Roma Traveller	
Irish	
Irish Traveller	
Polish	
Romanian	
Serbian	
Any other White background, please write in:	

2. Your age

18-20 ☐ 21-35 ☐ 36-50 ☐ 51-65 ☐ 66+ ☐

3. Your gender

Male ☐ Female ☐

Is this gender the same as your gender at birth? Yes ☐ No ☐

Prefer to self-describe

4. Your faith or belief (please tick appropriate box)

No religion	
Christian*	
Buddhist	
Hindu	
Jewish	
Muslim	

Sikh	
Jain	
Parsi / Zoroastrian	
Baha'i	
Other faith group:	

* including Church of England, Catholic, Protestant and all other Christian denominations

5. Physical disability in addition to mental health (please all that apply)

Physical Impairment ☐ Learning disability/difficulty ☐
 Long-standing illness ☐ Sensory Impairment ☐ Other ☐

Appendix B: Google reviews about CNWL NHS Foundation Trust Bentley House mental health service

Downloaded January 2020 for 17 reviews up to 1 year ago and anonymised

Themes

Very high levels of dissatisfaction with their experiences of Bentley House.

Repeated serious concerns about the attitudes of staff (eg reception staff, social workers, psychiatrists) including service users

- experiencing a lack of empathy, care and professionalism
- being laughed at or ridiculed and
- feeling patronised or intimidated.

Repeated dissatisfaction about communications with Bentley House including

- not being able to get through on the telephone
- not being rung back when promised
- confusion about confirmed appointments or not being able to make an appointment.

Concerns about being discharged back to GP too quickly.

XX

1 review

4 months ago-

I COMPLAINED ABOUT A CERTAIN STAFF MEMBER A FULL MONTH AGO, NOT EVEN A PHONE CALL BACK TO CHANGE MY APPOINTMENT TO ANYONE ELSE... most inaccessible mental health professionals ive ever known of, staff are putting up five star reviews to pull their rating up to two stars instead of working with patients which says a lot.. god help us all cos this lot sure aren't.

XX

1 review

2 weeks ago-

Completely got nowhere with these people! Appalling service, I can resignate with all the other reviews.

I've been sick for the past few weeks and I have small children and couldn't even get an appointment to see the psychiatrist.

I've been to my GP and even A&E since!

Why have people working in a mental health facility who don't even believe mental health is a clinical condition.

Such a sad shame!...Their negligence will cost people their lives!

After all this, I could not say that I would want to go back there to have see any of the senior team even if, they offered it to me!!.....probability is that they are all incompetent!!

GS

3 reviews

2 months ago

Shockingly bad service that makes you feel worse rather than better. Senior psychologist [REDACTED] is incompetent and unprofessional, laughing at my issues and showing no empathy or consideration.

My complaints have also been ignored by their staff. Disgraceful service, do not use if you care about your mental health.

XX

1 review

a week ago

No words. If you need help call Samaritans as this lot will finish you off. Avoid like the plague.

XX

1 review

4 months ago

id honestly rather go without the "help" at this point, worst place for discharging for nothing. Leave (each month) feeling patronised and not heard. got told to calm down whilst crying... other mentally ill people have done more to help me understand my disorder than the bentley house team. really dont think i have the energy to do this again. sorry to say because there are a few good ones left.. just so few and far between now

Response from the owner 3 months ago

Hello – I'm Tanya the Director of the service and I am sorry to read about your experiences; sounds awful for you. I would ask you to share more details with us, either through friends and family or the complaints process where you would receive a formal response to the points you want answered on 0300 013 4799. If you feel strongly, or you would others to benefit from this, please use these routes to allow us to properly investigate and respond.

XX

1 review

a month ago

Terrible service. Assessors don't know what there doing. They don't phone back. Keep discharging you back to your Doctor. There late for interviews, laugh at you. Lazy. Don't care. How many people have or will die because of these people.

XX

1 review · 1 photo

5 months ago

A Fred karno outfit . The phone is permanently on hold. No one ever phones you back. What can one do?

XX

9 reviews

6 months ago

They don't care. The psychiatrists themselves turn up so late with no remorse. I am fed up and so frustrated with these ignorant people. I am so angry at myself for being

in a position of weakness and having to need treatment and these people. Apparently the "lady who makes appointments" is off sick? Get a grip and sort this pathetic system out.

XX

5 reviews

3 months ago

Not good at all. In fact, really bad.

Like

Response from the owner 3 months ago

Hello, I am sorry to hear about your poorly experience, please can you email me with more information at tanya.paxton@nhs.net

I

2 reviews

9 months ago

I anyone from Bentley House Reading these reviews? Why would you pay someone incompetent who doesn't do what suppose to be doing? If you call the reception you will never get your problem solved. I had to call again and again with no result. The most unprofessional organisation. 1star is way too much

XX

1 review

8 months ago

I'm very sad to hear that people have had awful experiences very recently. I too have had distressing experiences in Bentley House that are now engrained in my memory. All very similar to the others I have read, including;

Reception staff openly talking about a patient. I learnt his name, his address, his diagnosed conditions and the medication he was on.

Waiting for my appointment and noticing a patient who was in obvious distress yet appeared to be being antagonised by staff.

Being intimidated by a Dr, who I had an appointment with. He turned up with three others. I was already very anxious so having 4 people question me as though I was a criminal was far from helpful.

I could spend a whole day giving examples of the incompetence and negligence of the staff at Bentley House.

What upsets me in particular is that back in 2016, I made several complaints about these experiences to [REDACTED] (CNWL director). She assured me she would look into them, but clearly she hasn't and now I'm seeing that other people are having the same problems.

What will it take for her to take action?

XX

14 reviews

11 months ago

I completely appreciate there may be issues with budget cuts and understaffing, however time and time again complete incompetence from various staff members at reception makes what should be simple, incredibly difficult. There is a thorough lack of professionalism, from answering the phone with nothing more than "hi" as if it is their personal mobile phone, to trying to send us away claiming we didn't have an appointment and only after multiple other staff members became involved was it made apparent that the receptionist was looking at the wrong list for the wrong day, to a secretary that takes weeks of multiple phone calls to ever bother getting back to you for something as simple as rescheduling an appointment. It is not an acceptable level of service, regardless of any possible understaffing - it is the expectation that the staff who are there are organised and polite. I would advise anybody who must use this facility to keep a record of everything that happens and request your GP refers you elsewhere. You have to be firm with the people on reception, chase up things yourself as I am very sure that many times they don't even bother passing on information to the relevant people which would explain why it's near impossible to ever get anything done.

XX

2 reviews

9 months ago

On 4th march 2019 rang to collect the form access to work for my husband .I didn't remember exactly the name of reception there .as I was waiting to be transferred to correct department I could hear staff laughing and taking jokes how I could not know her name ...

I think staff didn't realized I actually can hear that conversation ..

As I went to collect the form which was left for over a week and completely forgotten to be signed realized when I came to collect form ,behind the desk was psychologist and she was the one who was laughing...

My statment :

Very disappointed that such a professional organization with professional qualified staff has no people skills whatever... If was someone on the phone hearing laughing and taking micky about mistake with name (I already apologized) and has serious mental health issues..wonder how would react ...??? Antxity? Paranoid?

Very disappointed and as myself studying counselling would like to give an advice to Mrs psychologist to read again Ethical Framework for Counselling Professions BACP from 1st julJ2018 and think twice before she opens her mouth... Be professional and don't forget what you are representing specially in place like Bentley House!

Staff needs to be retrained and understand they are dealing with different people with different backgrounds ! It's no possible to write or spell everyone's name correctly... But laughing ? Sorry can not ignore it and hope Bentley House manager is serious going to take some actions !

Good luck everyone

XX

1 review

a year ago

Social Workers here you can never got hold of them as they are always out. The social worker for my mother has been not available and no help finding her a care home, its been left to me and the rest of my family who work full time. The receptionist on the phone are not caring at all.

This place needs new improved staff quickly.

XX

1 review

a year ago

this is the most disgusting, unhelpful, unsupportive mental health organisation. They are meant to be there to support people with mental health issues that are affecting them, and be a place of comfort, support, reassurance but you get rude, unhelpful, insensitive staff who don't care a damn about their clients.

Surely, despite budget cuts etc, their main job should be to safely support and lessen mental health distress and solutions rather than then increasing problems, making people feel even more worthless and putting people in an even worse position.

My wife has had problems with this no good services for over 1 year, with being needing to be re-referred on a constant basis, and the most insulting thing, her GP referred her back urgently for support and declining mental health, and finding it difficult to cope. The cheeky people write back to the GP refusing to see her because not feeling she has mental health issues but social issues related to housing.

My wife has actually been receiving support through mental health services and has well documented history for years prior to using Bentley House and evidence from her previous team as being particularly vulnerable. It's beyond belief that people who are meant to be professionals can deny treatment or support.

As well as the Bentley House the Crisis team are just as bad, incompetent and most of the time make you feel severely more unwell before contacting them.

Surely, they should have a basic level of duty of care or professionalism. Why isn't the Quality Care Commission looking more at the inadequate service and more help would be just shut it down as what's the point in them being a service who are there to support vulnerable people and put them more at risk than dealing with such an uncaring organisation.

Absolutely disgusting service. I know there's limited support but avoid using them, they obviously are not there to help!

They've also told her when feeling at her lowest and suicidal which they had been aware of self-harming and dangerous circumstances. And response was go to your GP. You're not an open case to us!

XX

2 reviews

a year ago

I would really give Bentley House -1 star if it was possible.

I've supposedly been under the care of Bentley House for 3 years now and honestly I think they are a disgusting organisation. The people who work for them lack any type of empathy or compassion for their clients. I have not received any kind of treatment from Bentley House apart from medication thrown at me and when I've asked for any type of talking therapy I've been declined. I've made so many complaints about Bentley House and they have then lied to secondary parties about my records. I hope Bentley House are exposed for the company they really are. They receive money in order to treat people and I think the only place the money goes is into the pockets of the staff because I really don't think they are helping anyone.

They can't even signpost people to places that can help. They are just unhelpful. They should review what their company is meant to be doing and who it is meant to be helping because really it's not doing a service for its clients.

xxx

4 reviews

a year ago

I gave 1 star because i had to if i wanted to write a comment other wise it would be minus 1. I don't normally leave comments or reviews but i feel strongly about this 1. I've been under the care for a few years now and hardly ever seen the same person twice but that's not why I'm leaving a comment. On a number of occasions they were supposed to call me but they never do. I have had to change an appointment and Was told I'd be called with another date but i never received 1 after numerous times of calling for 1 then discarded for not turning up . And nobody seems to know anything about anything when u call and thats if u can get through and then they say we'll call u back and that never happens when u call again them again they have no record of u calling in tge first place and the say will find out and call u back lol. It's a joke. This isn't just a 1 time occasion it happens all tge time. The last time I was there they didn't know who i was the had no record of me ever been there before even though ive been going for 5 years. As so as i know I've got to anything with Bentley house I wanna cry. It's painful