

**Views on mental
health services
in North
Dartmoor**

**Feedback report
June 2022**



Contents

- Contents 2**
- Introduction 3**
- Methodology 3**
- Key findings 4**
- Detailed findings 5**
 - Question 1. How would you rate your experience of mental health services in Devon and locally? 5**
 - Question 2. What mental health services would you like available in your community? 8**
 - Question 3. If you have used mental health services locally or Devonwide, what went well? 10**
 - Question 4. If you have used mental health services, what could have been improved about your experience? 12**
 - Question 5. Have you faced any barriers to accessing mental health services in your area? 14**
 - Demographics information 16**
- Statement from North Dartmoor Primary Care Network 22**
- Recognition 23**
- Appendix 24**
 - Appendix 1. Healthwatch Devon website post promoting the survey 24**
 - Appendix 2. Healthwatch Devon Facebook post promoting the survey 25**
 - Appendix 3. Reach and engagement figures for Healthwatch Devon social media posts 26**
- Contact us 27**



Introduction

Healthwatch Devon is the independent consumer champion for people using health and care services in Devon. Healthwatch listens to what people like about services and what could be improved, and shares those views with those who have the power to make change happen. Healthwatch was asked by North Dartmoor Primary Care Network to gather feedback and produce an independent report.

In 2021, Healthwatch Devon and North Dartmoor Primary Care Network (NDPCN) worked together to find out about the health and wellbeing needs of local people; mental health support was found to be particularly important to the community. Following the 2021 engagement, NDPCN GP practices, health and social care partners, and other partners in the community, voluntary, and statutory sector wanted to find out more about people's views on mental health services locally and Devonwide. This includes any service that can be accessed or has been accessed relating to mental health, either online or in person from the statutory services (NHS) or voluntary sector. By understanding what is done well, what could be done better, and what is missing, NDPCN can plan how to deliver local mental health services for the future.

Methodology

The survey consisted of five questions about people's experiences accessing mental health services locally and Devonwide, plus a further six questions collecting demographic information. The survey was promoted and circulated by the following organisations and networks:

- NDPCN practices (Okehampton Medical Centre, Blake House Surgery, Chagford Health Centre, and Moretonhampstead Health Centre)
- NDPCN advisory group
- Okehampton Health and Wellbeing Alliance
- Healthwatch Devon website and social media (see Appendices 1-3 for examples and engagement figures)
- Healthwatch Assist network
- Healthwatch Champions



Key findings

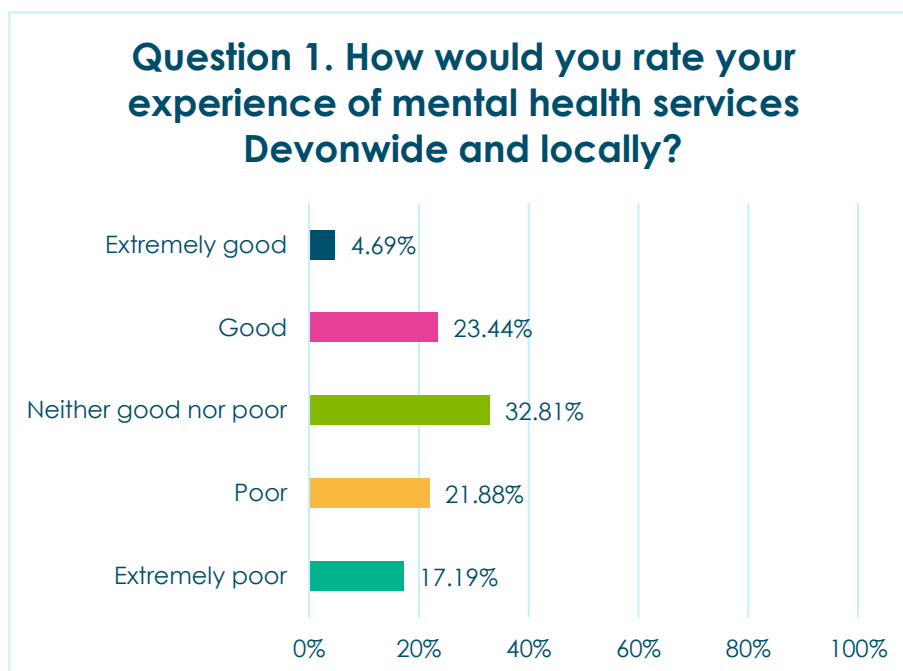
- 39% of respondents rated their experience of mental services locally and Devonwide as “poor” or “extremely poor.” 33% said their experience was neither good nor poor, and 28% said it was “good” or “extremely good.”
- When asked what they would like to be available in their community, respondents said they would like more easily accessible services, (e.g. drop-ins and self-referral options), talk therapies and services for specific populations (e.g. people with complex needs, or young people), more appointments available to reduce waiting times, and more services available in the local area to reduce travel distances.
- When asked what went well when previously using mental health services, respondents said they had positive experiences with talk therapies, supportive and helpful staff, good communication, quick and easy access.
- When asked what could be improved, respondents said they would like more appropriate services, more joined-up care, greater availability of appointments, and easier access to services and information.
- 54% of respondents said they faced barriers to accessing mental health services locally. Barriers included a lack of appropriate services, referrals being rejected or services being unresponsive, long waiting times, and long travel distances.



Detailed findings

Question 1. How would you rate your experience of mental health services in Devon and locally?

All 64 respondents answered this question. 4.69% of respondents (three people) said their experience was “extremely good,” 23.44% (15 people) said it was “good,” 32.81% (21 people) said it was “neither good nor poor,” 21.88% (14 people) said it was poor, and 17.19% (11 people) said it was “extremely poor.”



Please explain why you have chosen this rating.

60 respondents provided a comment and four did not, though some respondents were excluded from the analysis as their answers were not applicable.

Of the respondents who described their experience as “good” or “extremely good,” 12 respondents described their treatment as effective or supportive and six respondents said treatment was quick or easy to access. Only four respondents named specific services: TalkWorks (two respondents), the older people’s community mental health team in Teignbridge, and Devon Children and Families services.



Effective or supportive care (12 respondents)

- “Have used TalkWorks and had [cognitive behavioural therapy] – lovely people, really well organised.”
- “The service and support I received was invaluable and has meant I am now back at work and coping well.”
- “During the pandemic I was helped via my GP practice and received the relevant medical care to enable me to move forward.”

Easy access to treatment (six respondents)

- “It’s easily accessible.”
- “When I’ve needed them they’ve responded quickly and effectively.”
- “I needed help and they have been very fast at responding to my needs.”

Of the respondents who described their experience as “neither good nor poor,” seven respondents said they had difficulty finding or accessing appropriate services. Five said they experienced long waiting times; two of these respondents noted that they were still satisfied with their treatment despite the wait. Three criticised the suitability of available services; one said they were inadequate for severe or complex conditions, one said that services needed to be more proactive, and one would have preferred face-to-face care.

Finding and accessing appropriate services (seven respondents)

- “I have good services from [the community mental health team] where I used to live, but [services are] very limited here.”
- “Long waiting times, not face to face, lots of assessments to get anywhere but [I] understand the process is not black and white and how much pressure the service is under.”
- “I have had very little support offered as [I] am an unpaid carer.”

Long waiting times (five respondents)

- “Having waited six weeks for a TalkWorks telephone consultation, two weeks later, [my child] is still waiting for an email with [cognitive behavioural therapy] exercises to do before the next consultation, which is a week away.”
- “[It] takes a long time to get help, long waits – all of which I understand why. But the help is good, so there are positives and negatives.”



Suitability (three respondents)

- “I understand that the sector is stretched beyond belief... but I feel there is a lack of proactive work and also a lack of reactive intervention when things progress.”
- “There is fantastic provision for mild to moderate problems but not for severe problems, complex PTSD, personality disorders, or mood disorders. There are major gaps between each service.”
- “[Services are] not face-to-face.”

Of the respondents who described their experience as “poor” or “extremely poor,” 13 respondents were unable to access appropriate services locally, nine respondents were directed to inappropriate services or received inadequate care, and seven respondents said they experienced long waiting times to receive care. Six respondents named specific services: community mental health teams (two respondents), CAMHS (two respondents), TalkWorks, and a GP.

Difficulty accessing services (13 respondents)

- “My [child] who has debilitating OCD was not accepted by the [community mental health team].”
- “There is an absence of regular, local support.”

Service was inappropriate (nine respondents)

- “I was not impressed by the service provided by TalkWorks, and the only group work I was offered was in Honiton.”
- “[National Institute for Health and Care Excellence] guidelines state that drug therapy should be given as a last resort, not prescribed without even talking on the phone or seeing the patient... [complex PTSD] is complicated but GPs should know how to refer someone if they can't deal with it.”

Waiting times (seven respondents)

- “I have been waiting for counselling/therapy for severe anxiety for over three months.”
- “Not enough support available at short notice or when having a crisis.”



Question 2. What mental health services would you like available in your community?

57 respondents answered this question and seven did not, though some respondents were excluded from the analysis as their answers were not applicable. 22 respondents said they would like services to be more easily accessible, e.g. drop-in sessions or self-referral options. 12 respondents suggested that there should be specialised services for specific populations (e.g. people with long term illnesses, people with eating disorders, children and young people, or people with complex mental health needs). 10 respondents said they would like talk therapies available in the community, such as counselling, psychotherapy, or cognitive behavioural therapy. Eight respondents would like more mental health staff and appointments available to reduce waiting times, and seven respondents said that the quality of care could be improved. Seven respondents said there should be more face-to-face or individual care available, six respondents would like more services available locally, and three respondents said they would like more group services.

Easier access, including drop-in and self-referral services (22 respondents)

- “More easily accessible counselling that you can self-refer to.”
- “A drop-in centre would be great.”
- “A service should be available at weekends as well either by phone or a drop-in centre.”
- “Better access to counselling and psychotherapy.”

Services for specific populations (12 respondents)

- “More for the elderly and isolated, with particular emphasis on dementia.”
- “Better help for unpaid carers.”
- “More mental health services dedicated for younger teens, adolescents.”
- “Fast and effective treatment for personality and mood disorders, also complex PTSD.”

Talk therapy (10 respondents)

- “Readily accessible counselling.”
- “Better access to counselling and psychotherapy.”



More staff and appointments (eight respondents)

- “More mental health professionals (including social workers) attached to primary care surgeries.”
- “More available appointments to see the appropriate professionals.”
- “More CAMHS access. More mental health counsellors or practitioners.”

Better quality of care (seven respondents)

- “Professionals who understand and take time to accurately assess [the patient] and supply appropriate help.”
- “Better support, more understanding.”
- “Someone who will actually listen to you.”
- “GPs who listen when the patients work up the courage to ask for help and not make them feel they have wasted the GPs time.”

Face-to-face or individual care (seven respondents)

- “Face-to-face individual counselling.”
- “Support services with face-to-face practical support.”
- “One-to-one ongoing support.”

Local and community care (six respondents)

- “Local help at your local surgery/hospital. If you have severe anxiety, a trip to Exeter is prohibitive, especially on public transport.”
- “More social prescribing – things to support mental health within [the] community.”

Group sessions (three respondents)

- “Group sessions run by professionals.”
- “Support groups.”
- “Being able to meet people in a similar situation, building on friendship and peer support.”



Question 3. If you have used mental health services locally or Devon wide, what went well?

54 respondents answered this question and ten did not, though some respondents were excluded from the analysis as their answers were not applicable. 20 respondents named specific services; nine named talk therapies (e.g. counselling, TalkWorks/CBT), four mentioned GP services, two mentioned consultants, two mentioned Teignbridge community mental health team, two mentioned community or voluntary sector services, and one person mentioned art therapy. 11 respondents said that staff members (e.g. counsellors, doctors) were helpful or supportive. Seven respondents said services and appointments were quick and easy to access, six respondents praised the ease and frequency of communication between themselves and the service, and four respondents left comments that were generally positive but did not provide details.

Specific services (20 respondents)

Other named services (11 respondents)

- "Support from carer support/mental health practitioner [at my GP surgery]."
- "Great supportive local community mental health team."
- "Discussions with [a] consultant psychiatrist about medical treatment."

Talk therapies (nine respondents)

- "Supportive TalkWorks practitioner and GP."
- "In my case I had an extremely well qualified and experienced counsellor who was able to listen and identify my problems."

Staff being supportive, caring, helpful (11 respondents)

- "I had a lovely counsellor who really helped and made a massive difference to how I was feeling."
- "Two consultants and a matron in the RD&E who cared."

Quick and easy access (seven respondents)

- "I was able to access it easily."
- "The response in serious situations is remarkably quick in most cases."



- “Usually quick referral times.”

Good communication (six respondents)

- “Having regular contact with staff.”

Generic positive sentiment (four respondents)

- “When I eventually got to see a clinician, the treatment appears to be good.”
- “They helped resolve my issues once I was seen.”



Question 4. If you have used mental health services, what could have been improved about your experience?

47 respondents answered this question and 17 did not, though some respondents were excluded from the analysis as their answers were not applicable. 10 respondents said that care could be improved if it were more appropriate for the patient's needs, for example if treatment courses were longer or more personalised. Six respondents said that mental health care could be improved if there were better co-ordination between different services, and if patients could see the same clinician during treatment. Six respondents said they would like more appointments to be available, especially outside office hours. Five respondents said that services and information should be easier to access, four respondents said they would like more face-to-face appointments, three respondents said they would like better care for people with specific needs (e.g. end-of-life patients), and three respondents said they would like more services available locally.

More appropriate or better quality of care (10 respondents)

- "Perhaps training opportunities for general practitioners or even "badges" to specify which doctors are best to book in with when dealing with mental health issues."
- "Length of treatment should be dependent on the person's needs, not set by keeping numbers in mind."
- "GPs taking the time to accurately diagnose my problem and not lump me as "anxiety and depression... if they haven't the skillset, then refer patients to someone who has."

Consistency and joined-up care (six respondents)

- "Once the person I called [on behalf of] was passed on to another service, there seemed to be no connectivity."
- "More joined-up working between different areas and teams."
- "It would be nice to talk to/see the same person if possible."

Appointment availability (six respondents)

- "More appointment availability."
- "The only appointments available were during the day. For people like me who have children under school age and no childcare, it is near impossible



to schedule an appointment where you can talk freely. Evening appointments or weekends are definitely required.”

Ease of access and information (five respondents)

- “Access to practitioners to have professional conversations – same day.”
- “Access to the right information at the right time.”
- “Access to support outside normal hours.”

Face-to-face care (four respondents)

- “Phone appointments don’t really work.”

Care for specific groups or needs (three respondents)

- “Assessment of complex patients who clearly need CMHT input.”
- “There is no home care available for dying mental health patients.”

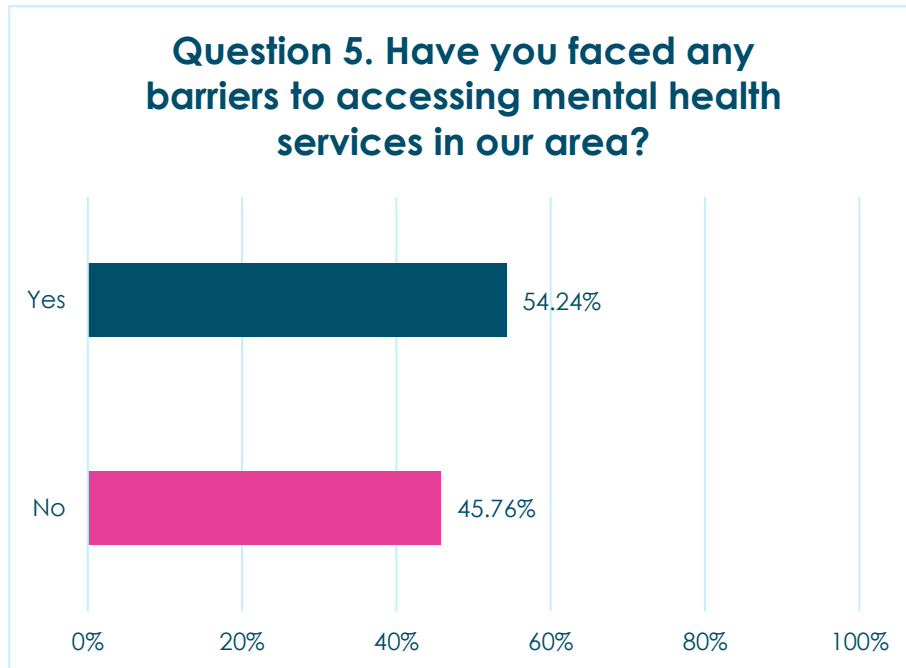
More locally available services (three respondents)

- “The only group work I was offered was in Honiton.”
- “I had to travel quite far.”
- “Travel is an issue for those with depression and anxiety.”



Question 5. Have you faced any barriers to accessing mental health services in your area?

59 respondents answered this question and five did not. 54.24% of respondents (32 people) answered yes and 45.76% (27 people) answered no.



If yes, what barriers have you faced?

34 respondents provided a comment and 30 did not, though some respondents were excluded from the analysis as their answers were not applicable. Eight respondents said that an appropriate service was not available to them. Seven respondents struggled to use services because the services rejected their referral or were unresponsive when communicating. Six respondents said they struggled to make appointments, either because they were not available at a convenient time or because they struggled with the communication methods to make appointments. Five respondents specifically cited travel or distance as a barrier to accessing appropriate services. Five respondents said that waiting times were long. Two respondents said their own fear or reluctance had previously prevented them from seeking help. Additionally, two respondents named their GP as a barrier to accessing services but did not provide any detail.



No appropriate service available (eight respondents)

- “No service available.”
- “[My child] would benefit from a mental health support worker, but this is not available in this area.”
- “Lack of professional help, lack of face-to-face.”

Services unresponsive or rejecting referrals (seven respondents)

- “I self-referred to TalkWorks and was seen once, when I was told they couldn’t help as my case was too complicated.”
- “Refused by CAMHS.”

Difficulty making appointments (six respondents)

- “GPs have [you] complete eConsult which does not work for people in severe pain with mental health issues, or multiple health issues.”
- “[There were] no appointments when I could attend alone.”
- “Due to Covid restrictions, I have avoided making appointments altogether. I find phone calls extremely overwhelming, so avoid calling up.”

Lack of services available locally (five respondents)

- “Having to rely on lifts to appointments – I’m agoraphobic.”
- “If someone is suffering from mental health issues including anxiety, why are they being asked to travel over 40 miles for treatment?”

Waiting times (five respondents)

- “If you get referred, [there is] a long wait, at least up to a year.”
- “I had to wait months to be referred by my GP for counselling, and [wait] more months for an appointment.”

Own reluctance or fear about seeking help (two respondents)

- “[I worried] that seeing someone would make the person on the other end of the phone think I needed help with my kids.”
- “Recognition as a carer – my own barriers, not wanting to come forward myself. I was picked up by the nurse practitioner in the GP.”

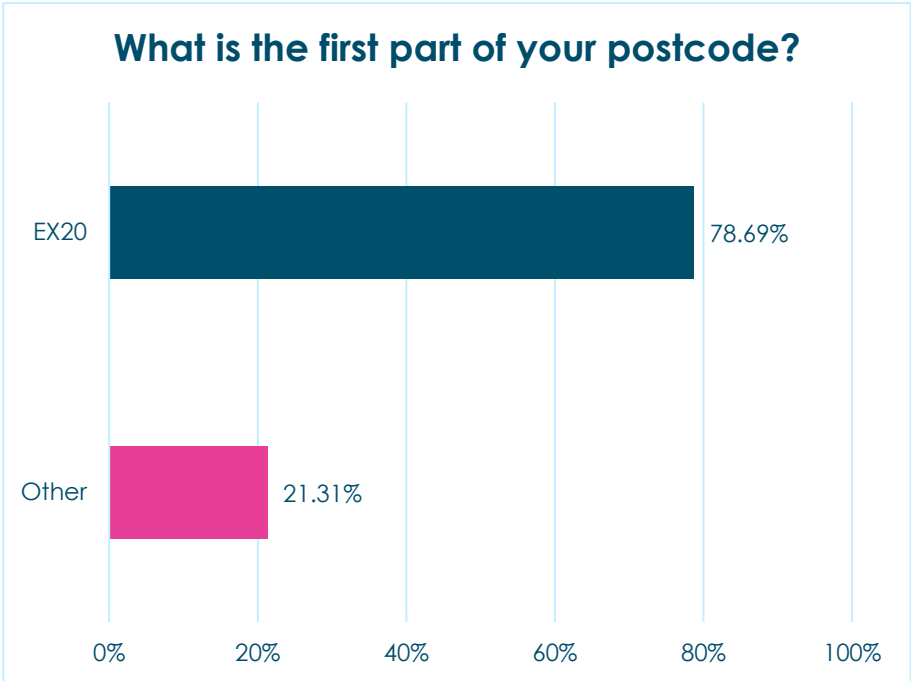


Demographics information

Where fewer than five respondents belonged to a particular category, those categories have been grouped together and labelled as “other.”

Please enter the first part of your postcode

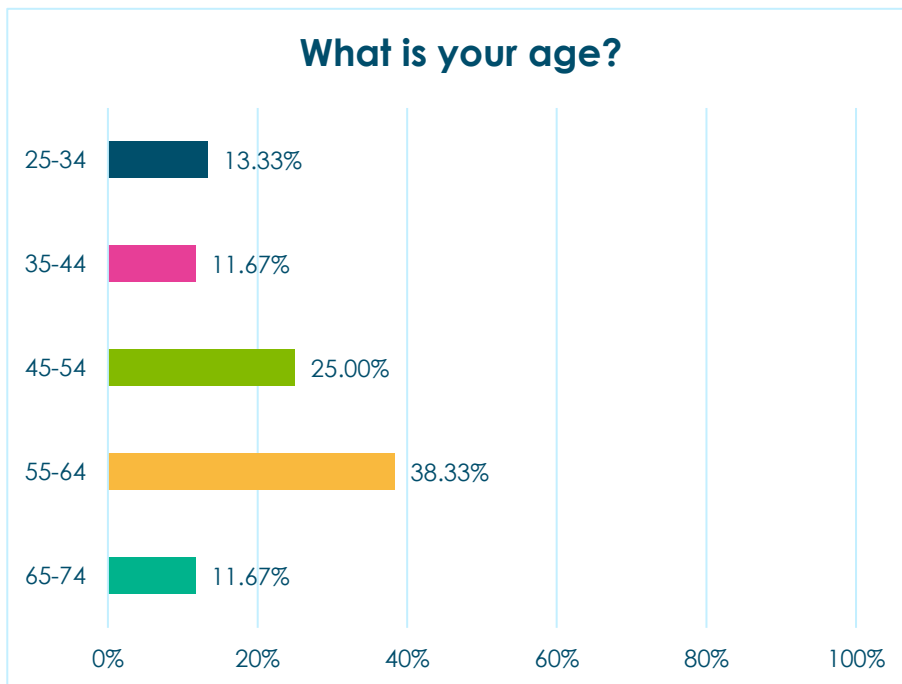
61 respondents answered this question and three did not. 78.69% of respondents (48 people) were from the EX20 postcode. 21.31% (13 respondents) were from five other postcodes; as there were fewer than five respondents from each respective postcode, those areas will not be identified.





What is your age?

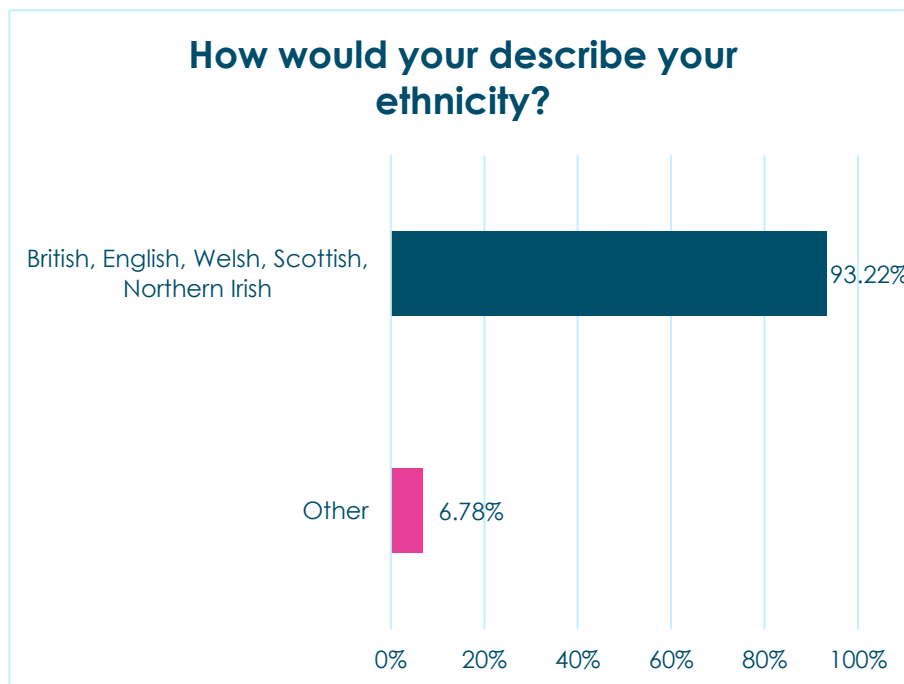
60 respondents answered this question and four did not. 13.33% of respondents (eight people) were 25 to 34, 11.67% (seven people) were 35 to 44, 25.00% (15 people) were 45 to 54, 38.33% (23 people) were 55 to 64, and 11.67% (seven people) were 65 to 74. No respondents were under 25 or over 75.





How would you describe your ethnicity?

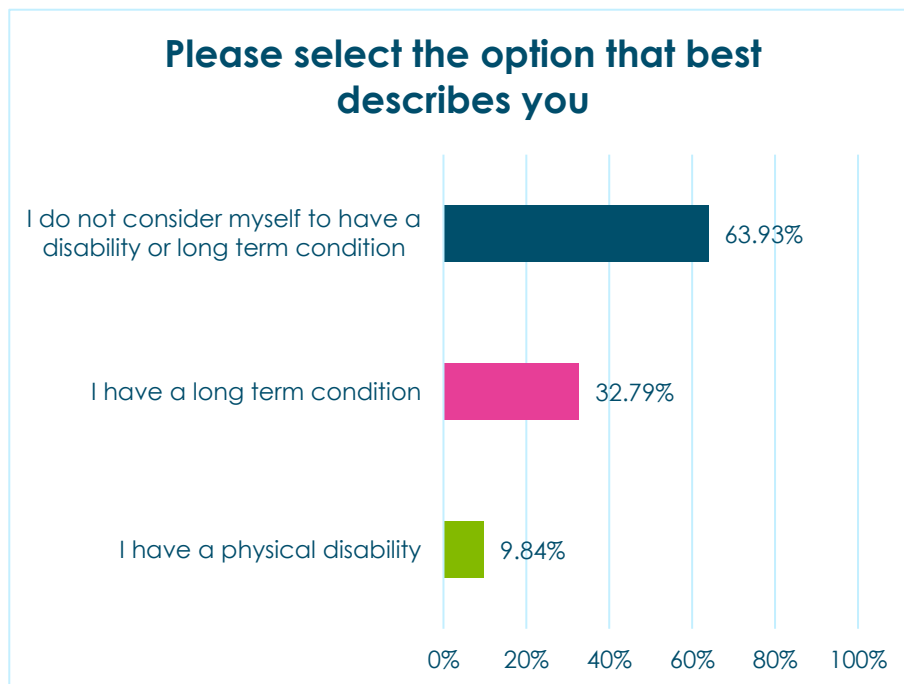
59 respondents answered this question and five did not. 93.22% of respondents (55 people) said they were British/English/Welsh/Scottish/Northern Irish. Four respondents said they belonged to three other ethnic groups; as there were fewer than five respondents in each respective category those ethnic groups will not be identified.





Please select the option which best describes you

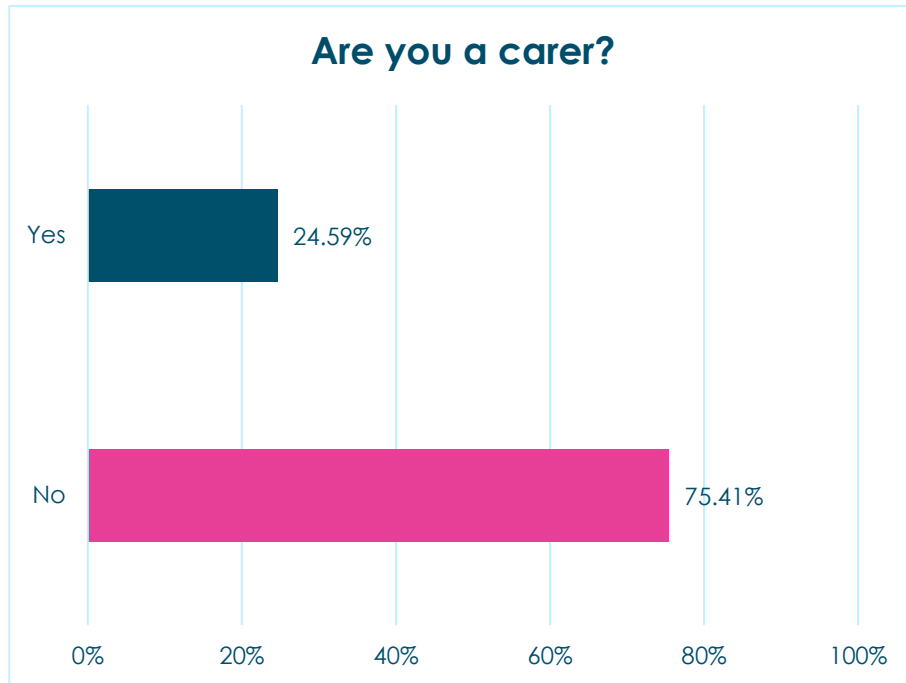
61 respondents answered this question and three did not. As respondents could select more than one answer, percentages may total more than 100. 63.93% of respondents (39 people) did not consider themselves to have a disability or long term condition, 32.79% (20 people) had a long term condition, and 9.84% (six people) had a physical disability. No respondents said they had a sensory disability or learning disability.





Are you a carer?

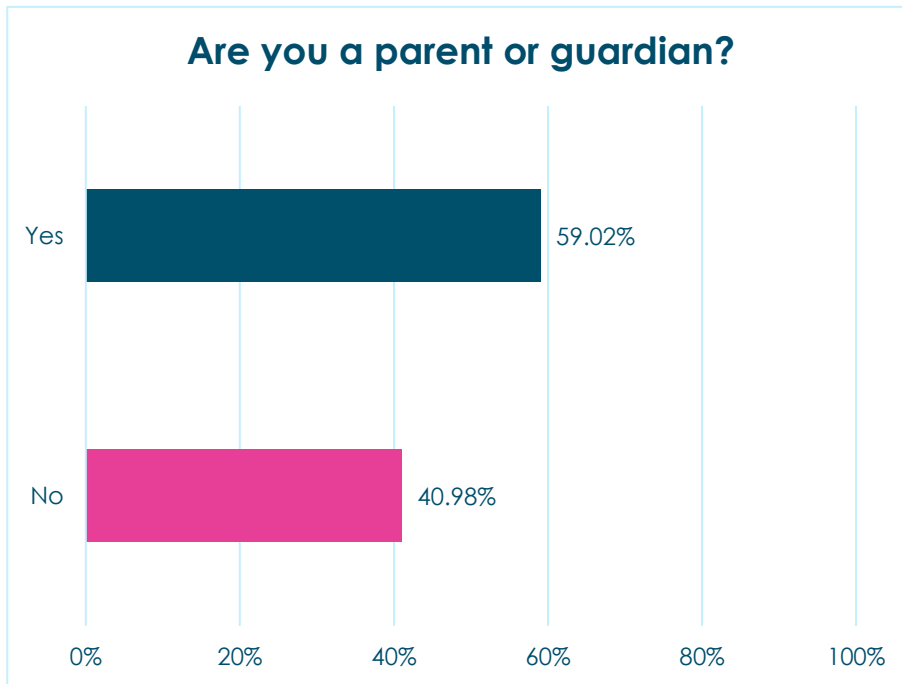
61 respondents answered this question and three did not. 24.59% of respondents (15 people) answered yes and 75.41% (46 people) answered no.





Are you a parent or guardian?

61 respondents answered this question and three did not. 59.02% of respondents (36 people) answered yes and 40.98% (25 people) answered no.





Statement from North Dartmoor Primary Care Network

North Dartmoor Primary Care network have been working hard with local services and partners to provide and improve the mental health services available for patients. Regular meetings are held regarding mental health where the network pro-actively seek to identify what the local needs are and what new services might benefit our local community - which is why this survey has been such an important piece of their work.

The survey has highlighted a theme of lack of access and barriers that patients face when trying to get support. The PCN and its stakeholders have since set up a weekend mental wellbeing drop in cafe for those experiencing mental health issues of isolation which runs every Saturday. This is a free service run by a trained facilitator, with no referral needed and everyone is welcome. This has also provided much needed support for patients over weekend where there were seen to be less services and support available.

We are also working closely with Community Links to make the culture around mental health more positive. We work together in partnership with many services to ensure that everyone is aware of what support is on offer to ensure that people can access the right support at the right time. There was also a need for more support for younger children and adolescents, so we have recently recruited a children and young persons mental health coach to work across the patch ensure access to early intervention. The work around mental health is on-going and the PCN are passionate about improving services locally and will continue to do so with positive improvements made already.



Recognition

Healthwatch Devon would like to thank everyone who took the time to complete the survey and share their feedback.



Appendix

Appendix 1. Healthwatch Devon website post promoting the survey

Your views about local mental health services (North Dartmoor/Okehampton only)

January 20, 2022

From North Dartmoor Primary Care Network:

North Dartmoor Primary Care Network practices, health and social care partners, along with our other community partners in other statutory and voluntary sector organisations, would like to know your view about our local and Devonwide mental health services. This is any service that you can or have accessed around mental health, or that a friend or family member of any age have accessed, either online or in person from the statutory services (NHS) or voluntary sector. This will inform our plans on how to deliver local mental health services for the future. To do this we need to understand what could be done better, what is done well, what do we need more of and what is missing.

We have asked Healthwatch Devon to collate your responses and provide the North Dartmoor Primary Care Network with an independent report based on your feedback.

If you are a resident in North Dartmoor/Okehampton, we would be grateful if you could answer the 5 questions in a short survey.

For access please visit

<https://www.surveymonkey.co.uk/r/NDPCNMentalHealth>



Appendix 2. Healthwatch Devon Facebook post promoting the survey



Healthwatch Devon



21 October 2021 · 🌐

North Dartmoor Primary Care Network practices and their health, social care and community partners would like to know your view about their local and Devonwide mental health services. This will inform their plans on how to deliver local mental health services for the future.

If you are a resident in North Dartmoor/Okehampton, they would be grateful if you could answer just 5 questions in a short survey:

<https://www.surveymonkey.co.uk/r/NDPCNMentalHealth>



Appendix 3. Reach and engagement figures for Healthwatch Devon social media posts

Facebook

Posts made	Reach	Engagement	Post clicks
3	723	23	5

Twitter

Posts made	Impressions	Engagement	Post clicks
1	74	4	1

Healthwatch Devon e-bulletin

Number of bulletins	Survey link clicks
12	33



Jan Cutting Healthy Living Centre
Scott Business Park
Beacon Park Road
Plymouth
PL2 2PQ

www.healthwatchdevon.co.uk
t: 0800 520 0640 (Freephone)
e: info@healthwatchdevon.co.uk
tw: @HwDevon
fb:
facebook.com/healthwatchdevon