Mental Health Support Options – Co-production with People – September 2024 Engagement results

During August and September 2024, we have reached out to people in receipt (or with experience) of mental health related support, via public on-line survey published on Let's Talk Newcastle, a number of paper questionnaires distributed to mental health support providers as well as our community and voluntary partner organisations and social workers, we have also visited a number of settings for face-to-face engagement.

We have received 51 completed online and paper surveys, and we have talked to 34 people.

This document includes a mixture of main themes as well as individual feedback received.

What support is important and needed?

- Support which offers no judgement and cultural sensitivity;
- Staff that listens and believes people, respects their wishes;
- Timely support to prevent escalation;
- Flexible and responsive service, as required by individual; more intensive when needed but also easily accessible when things start to take turn for worse;
- In-person peer support groups and professional help for people with complex MH issues;
- Social support available for people with less severe illnesses, where health services are unable to offer support;
- Support for people at home, when they are not engaging with services based in the community and working with them to keep them safe and stable;
- One door access or signposting to other services, or CVS before discharge/ending involvement, so people are aware and have a choice of support to access when required;
- More support provided to care homes and MH settings from health services to avoid crisis;
- Staff familiar with individuals, knowing their triggers, trained and able to recognise symptoms of decline and timely professional involvement, to avoid hospitalisation or crisis;
- Consistency of staff and team work including good level of manager's support and supervision, to be able to create therapeutic and safe environment;
- People may be unable to communicate or express themselves when unwell;
- Staff able to build rapport and allow time for people to trust them and engage;
- Council staff to have awareness of mental health, so services other than social work teams are kinder and understanding, when dealing with people with MH;
- Support in community access and networking to reduce stigma;
- Good support with community access and involvement, education and health appointments, being able to explore local area;

In crisis I need:

- Safe space, no judgement, someone to talk to, emotional and compassionate support, reassurance, help to put things into perspective; or some time alone
- Help to keep me safe;
- Help me to put things right;
- Help to implement strategies to manage dysregulation, as this can lead to poor coping strategies (incl. substance misuse) – support to deescalate would stave off reliance on other provisions;
- Early interventions, without waiting weeks for support or appointment;
- Easy access to crisis team, CPN, other professional services;
- Familiar staff who know me, my triggers and are able to support my individual needs;
- Variety options to access from drop-ins to phone calls;

My goals, dreams and things important to me:

Family are most important and managing relationships with them.
People changing how they treat me after learning that I have a mental health condition, forgetting my achievements and skills.
When I reflect on things from the past, I want people to understand and not ignore, label or judge me.
I am a closed book, it takes time and patience to get to know me and understand me
Being seen as an individual person.
Improve quality of life, to live a normal life
Be able to live independently and manage daily responsibilities
Get my own place
Attend/finish education
Find a good job/find an employer offering flexible working environment
Set up my own business
Meet new people, make friends, find a wife, have children
Get a dog
Mix music
Get involved with the community, volunteer
Use my skills to help other people when they are unwell
Maintain contact with family
Regulate my emotions and don't freak out in difficult situations
Be happy
Swim in the channel, play football
Go to Florida, go to Amsterdam, go on holiday
Joined up service of social care and health and speedy referral systems that communicate with each other
Reducing inequalities and ensure the most vulnerable and marginalised get the support and services needed
More informal, preventative opportunities for people to connect socially with people, build new relationships and tackle loneliness

Good support and positive experience of support staff (what do we need to do more of):

- They take time and empathise, are helpful, caring and friendly (they are "lush individuals")
- Professional, offer good support, listen and know how to engage
- Patient, understanding complex issues.
- Good manager in place helps the service run better
- Teamwork of stable staff works for tenants
- Help me to access community and activities
- Support with daily activities and finance
- Emotional support, always there to talk, when needed.
- Building skills and confidence after a crisis.

Negative experience of support staff (what do we need to work on):

- Some don't understand me and say I make unwise choices.
- Need to treat people with decency and understanding, they don't seem to like working with mentally ill adults
- Not telling other tenants to keep the noise down
- Staff changes and use of agency prevent a development of understanding of the person and their needs knowledge of triggers, spot deteriorating health and emotional stability.
- More support for family carers to know what to do in case of mental health decline.
- Systems and processed act as barriers – lack of collaboration and communication.
- Low staffing levels due to limited funding.
- Can't always access activities I want to, due to lack of staff.

Staff skills and requirements:

- Regular training for staff and competencies checks.
- Knowledge and experience of various mental health conditions, and how these impact on people; multiple health conditions and how they interact/overlap; knowledge of mental health, autism, ADHD, EUPD, BPD, psychosis, neurodivergence, anxiety, depression, impact of hormonal changes, trauma informed care; any individual training based on support needs of the person staff works with.
- Sufficient time to get to know people they support and build trust and relationship.
- Knowing person's history and family background, relationships and dynamics, including support offered by family/friends circle.
- Ability to recognise symptoms, knowledge of individual triggers, support with risky behaviours and react quickly.
- Understanding of people masking and 'putting up a face'.
- Emotional intelligence and resilience.
- Person centered support and helping people to achieve their outcomes.

Barriers in accessing support:

- Health conditions making accessing services or taking a first step without support is difficult.
- Lack of trust in services/systems/staff, reluctance to engage.
- Language, communication barriers and cultural barriers.
- Lack of understanding from professionals, who may make assumptions and 'know best'.
- Feeling not listened to.
- Not knowing staff/staff turnover makes it harder to ask for help/support.
- Lack of easily accessible services.
- Not contacting right service in first place.
- Not knowing what is available for people needing support or who to ask for help.
- Extended timescales, waiting times, delayed appointments, delay in diagnosis, limited support options/resources.
- Travelling to appointments, cost of travel.
- Lack of funding.