



Birmingham and Solihull

Experience of Care

Campaign Report

The voice of local citizens on their experiences of mental health services.



rethink.org

January 2024 – July 2024

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Background and Context

The Birmingham and Solihull Mental Health Provider Collaborative (MHPC) is a partnership that includes:

- Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)
- Forward Thinking Birmingham (FTB)
- Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations

It was established in April 2023 with the following guiding principles set out in the 'case for change':

- **Reduce unwarranted variation** in outcomes and improve access to services through evidence-based models of care and standardised processes.
- **Better clinical outcomes** through the delivery of Integrated Care and whole systems pathways
- **Reductions in health inequalities** through embedding joint accountability, improving equity of access and ensuring the needs of our communities are considered across whole pathways of care
- Harness opportunities to achieve **efficiencies** and **economies of scale**
- Building **greater resilience** across systems
- Make better use of collective expertise to **drive forward improvements in quality and experience** for patients
- Makes best use of opportunities for the effective **design** and **delivery** of services

To support with development of a MHPC 5-year strategy underpinned by these principles, the MHPC commissioned external delivery partners to produce a mental health needs assessment and an experience of care campaign. Both pieces of work will provide information and evidence to support the development of the MHPC strategy, which is due to be developed by April 2025.

This report summarises the outputs and recommendations from the experience of care campaign. Rethink Mental Illness were selected as the delivery partner following a competitive tendering exercise with a contract award made in December 2023.

The purpose of the experience of care campaign was to gather insights from local citizens on their experiences of local mental health services to help inform service improvement and the priorities which will be set out within the MHPC Strategy.

Key questions which Rethink Mental Illness were asked to explore with citizens via the campaign were:

- What are local mental health services doing well to support local citizens?
- What barriers to accessing services exist?
- What gaps in provision are there?

- What opportunities exist for strengthening, developing, and improving services?

Rethink Mental Illness began working on the campaign in January 2024, the survey launched on 12th February 2024 and closed on 30th June 2024, focus groups were held during March 2024 to July 2024 and one to one interviews were held during March 2024 to July 2024, the final report was submitted to the MHPC in October 2024.

Approach to Project Delivery and Implementation

A project reference group was established in January 2024 to help support Rethink Mental Illness with the delivery of the campaign and included representatives from the VCFSE sector, experts by experience and engagement and participation leads from NHS mental health services. This reference group met during January to May 2024 and supported with establishing links with community organisations and individuals as well as scoping existing information on people's experiences of mental health services in Birmingham and Solihull.

As part of this campaign, Rethink Mental Illness adapted a range of methods to obtain information from communities about their experiences of mental health services in Birmingham and Solihull.

Rethink Mental Illness advertised and ran 15 in person focus group open engagement sessions during March 2024 to July 2024. These were held in the local communities, taking the delivery of these sessions to people in venues where they felt comfortable or near to where they live rather than expecting them to travel long distances or to unfamiliar settings to engage in sessions. Rethink Mental Illness contacted other organisations and venues to ask them to host engagement sessions and utilised neutral venues that were not service delivery locations e.g. hired meeting spaces to ensure people felt more able to speak openly. Rethink Mental Illness also delivered 4 group-based video call engagement sessions as since COVID some people prefer this as communication preference and find it easier to commit to attending online sessions.

Rethink Mental Illness provided one to one video calls, phone calls and in person meeting to collect feedback from 14 people who preferred this as their method of communication. These one-to-one discussions took place during March 2024 to July 2024.

Rethink Mental Illness set up an online survey for people to complete in their own time, the survey opened on the 12th of February 2024 and closed on the 30th of June 2024. A total of 245 individuals completed the survey and 11 respondents requested a one-to-one interview within their response to the survey. 9 of the respondents who requested a one-to-one interview participated the remaining 2 respondents did not engage when we reached out to explore this with them.

Barriers to engagement

During the campaign, the following barriers to engagement were identified from discussion with some of the organisations which were approached to support engaging with local communities.

Feedback from several voluntary, community, faith and social enterprise organisations identified the following barriers to them supporting communities they represent engaging with this project:

- Multiple organisations fed back that past community engagement, focus groups, surveys etc. have been “extractive” in nature with organisations gathering information from communities and not providing feedback on how that information has been used and not communicating any changes or improvements in relation to themes identified. This reduces trust and the willingness of VCFSE organisations and communities to participate in similar activities in future.
- Multiple stakeholders identified that effective community engagement requires ongoing dialogue and longer-term relationship building. This is especially when engaging with communities who are marginalised and / or have had previous negative experiences. This limited the scope of the project to engage with some marginalised groups as the project was time-limited and short-term in nature.
- Whilst there was some scope to offer remuneration for participants there were limited financial incentives for VCFSE organisations to support community engagement which made prioritising this work challenging due to resource constraints and competing priorities. Whilst some organisations were willing to support on a good will basis and a desire for members of the communities, they work with to have their voices heard, other organisations found this more challenging to accommodate.

These barriers have been listed here for consideration for any further community engagement which takes place to build on the findings from this report or other similar related initiatives led by the MHPC or partners.

Findings

1. Summary of existing intelligence and information on people’s experiences of services in Birmingham and Solihull

The Birmingham and Solihull Mental Health Provider Collaborative: Proposed Approach to Integration and Partnership which was produced as part of the development of the Mental Health Provider Collaborative includes the following section on service user experience:

User Experience

There is an overwhelming wealth of data, reports and feedback which tell us that the experience of mental health service users, their carers and families does not always meet the standard that they, or we as providers, feel is good enough. Whilst there

are improvements in many areas, there are some key themes in the user experience that should underpin transformation and development of services.

1. **Fragmentation and continuity of care:** Services are often fragmented with a lack of continuity, which often means our service users do not receive the holistic support and joined up care they need.
2. **Thresholds for accessing support:** restrictive thresholds and criteria for accepting people into our services can make it difficult to get the right help at the right time and can lead to people 'falling between the gaps'.
3. **Complexity of pathways:** our pathways and services are complex and difficult to navigate, both within and across organisations.
4. **Repetition of information:** people tell us they are frustrated having to tell their stories multiple times and repeat the same information to different professionals and teams
5. **Lack of agency and control:** our service users, families and carers want to be involved in decisions about their care and care planning, able to make informed choices about a range of treatment options.
6. **Recovery at the heart:** our service users want their care to be focussed on recovery from the beginning of their journey through services, supporting them to flourish in whichever way is important to them and empowering them to manage their own mental health on a day-to-day basis.
7. **Poor transition:** moving between different services can be difficult and many service users describe a poor experience of transition
8. **Timeliness of intervention/support:** at times and for some services, waits for assessment or treatment can be long with little or no support offered in the interim.
9. **Integration and access to physical health support:** people with mental ill health often also experience poor physical health. Despite this, services are not always integrated, a person's mental and physical health are not routinely considered at the same time, and at times there is a lack of access to physical health support needs.
10. **Care that considers holistic needs:** service users want to experience care and support for physical health, mental health and social needs that is truly joined up through multi-agency and multi-disciplinary assessment, care planning and delivery of services.
11. **Better support for families and carers:** making sure families and carers are recognised, supported, informed, listened to and connected to the care and treatment of the person they support.

As evidenced within this report several of these themes were apparent in responses to the survey, focus group discussions and one to one interview.

In addition to the above, an information gathering exercise was undertaken by the project reference group where a variety of documents were compiled which described people's experiences of mental health services in Birmingham and Solihull. These included:

- [Healthwatch investigations](#) into mental health service provision including [children and young people's mental health services](#) and [adult community mental health services](#).
- [Care Quality Commission \(CQC\) community mental health surveys](#)
- [Complaints, friends and family test](#) and [PALS](#) enquiries received by [BSMHFT](#) and [FTB](#)
- Birmingham City Council [Children's and Young People's Mental Health Scrutiny Inquiry](#)
- Surveys conducted by parent and carer groups regarding mental health services
- Surveys and focus groups held by BSMHFT and [VCFSE](#) organisations
- An independent evaluation of BSMHFT [Neighbourhood Mental Health Teams](#)
- [The Birmingham and Lewisham African and Caribbean Health Inequalities Review](#) (BLACHIR)
- A national report from Age UK into [older adult mental health](#)
- A national report from Groundswell into [access to mental health support whilst experiencing homelessness](#)
- [An evidence review by Midlands and Lancashire Commissioning Support Unit](#) in relation to population health needs for people with [autism](#)

Key themes which emerged from the desktop review are:

- **Long wait times and difficulties accessing support** are having a detrimental impact across a wide range of services including children and young people's mental health services and adult community mental health services. There are particularly long wait times for [Attention Deficit Hyperactivity Disorder \(ADHD\)](#) and autism diagnoses.
- **Lack of support whilst waiting to access services** was also a common theme in relation to children and young people's mental health services and adult community mental health services.
- **Communication** was a common theme in feedback and included issues such as **difficulties getting in contact with teams, having to repeat stories to multiple individuals, delays in waiting for details of appointments** and **lack of information on what other support is available within the community**.
- **Difficulties in relation to crisis care** such as lack of timely access to support, lack of shared understanding of crisis and high thresholds for support.
- **A lack of tailoring of services to needs of individuals with autism.**

- **Stigma and shame in relation to mental health** within certain communities in Birmingham and Solihull, e.g. within the Black African and Caribbean and Somali community.
- The need for **better utilisation and strengthening of existing community assets and peer support** to better meet the mental health needs of diverse communities across Birmingham and Solihull.
- **Difficulties navigating the complexity of the system for support**, especially for vulnerable and marginalised groups like people who are homeless and rough sleepers.
- The need for **more joined up working, better coordination of care and better integration of services** to deliver seamless care.

The full desktop review is included at appendix 1.

2. Survey findings

Limitations of the survey

The following limitations with the survey should be noted:

- The survey did not include any questions to identify the area of residence of respondents, so it was not possible to identify any themes or findings which are specific to Birmingham or Solihull.
- The list of services does not differentiate between Birmingham and Solihull and some services and is incomplete. Wider consultation by Rethink Mental Illness before survey launch would have helped improve the survey design.
- The breakdown of respondents by ethnicity varies compared to the makeup of the Birmingham and Solihull population. For example, 44% of respondents to the survey were from a White British ethnicity, whereas 48.6% of the Birmingham population are from this ethnic group and 82.2% from Solihull.

Promotion and uptake of the survey

The online survey was widely promoted across Birmingham and Solihull. The survey was circulated via VCFSE organisations, BSMHFT, social media platforms, websites, newsletters and email distribution lists. The survey received a total of 245 individual responses. The survey opened on 12th February 2024 and closed on 30th June 2024.

Breakdown of respondents by type

The table below provides a breakdown of number and percentage of respondents by respondent type:

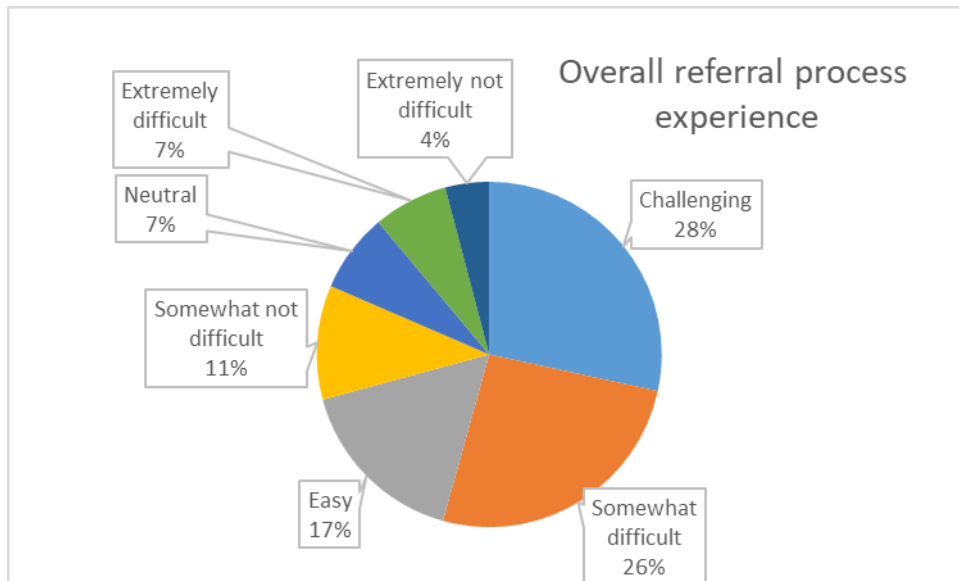
Which best describes how you are answering the online survey	Number of respondents	% of responses
Currently using mental health services in Birmingham or Solihull	180	74%

Carer of someone currently using mental health services in Birmingham or Solihull	33	13%
Previously used mental health services in Birmingham or Solihull	24	10%
Carer of someone who previously used mental health services in Birmingham or Solihull	8	3%

Referral process

The online survey explored participants experience of the referral process when accessing Mental Health Service in Birmingham or Solihull.

The below pie chart provides a breakdown of the findings regarding participants experience of the referral process with categories of response ranging from extremely difficult to easy.



Responses highlight that 61% of 245 respondents found the referral process for accessing mental health services challenging compared to 39% who found the experience easy or had a neutral response.

Demographics of survey respondents

The below table shows the percentage of respondents by ethnic group compared to the percentage of the Birmingham and Solihull population who belong to that ethnic group:

Ethnicity	% of survey respondents	% of Birmingham population	% of Solihull population
Asian/Asian British: Pakistani, Indian, Bangladeshi, Chinese, Other	10%	31%	11%
Black/Black British: African, Caribbean, Other	6%	11%	1.8%
Mixed ethnicity: White and Asian, White and Black Caribbean, White and Black African, Other Mixed	26%	4.8%	3.5%
White British: English, Welsh, Scottish, Northern Irish or British	44%	48.6%	82.2%

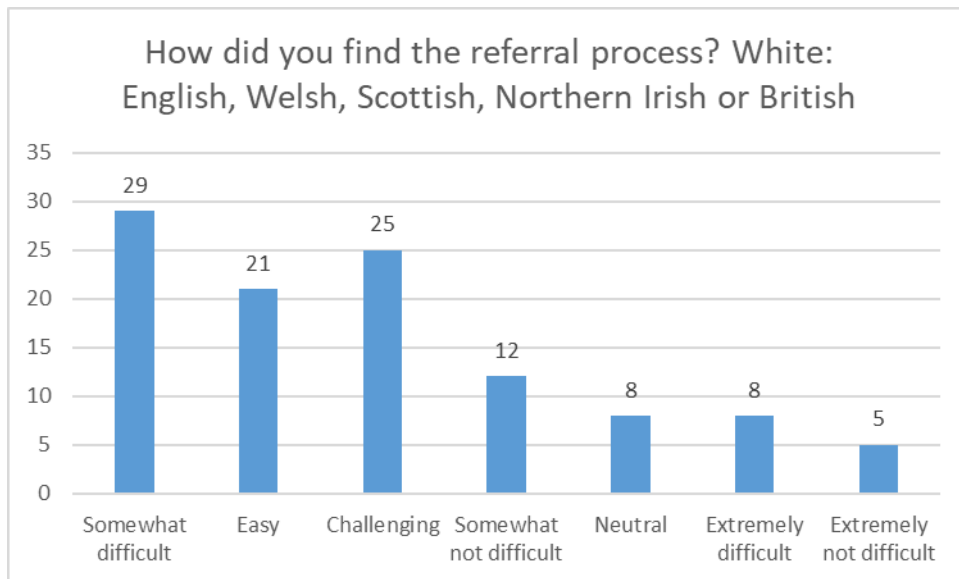
Experience of the referral process by different ethnic groups

The summary table shows a breakdown of the referral process experience by ethnicity of respondents.

Ethnicity	Number of respondents	Challenging/level of difficulty	Easy or neutral experience
Asian/Asian British: Pakistani, Indian, Bangladeshi, Chinese, Other	24	75%	25%
Black/Black British: African, Caribbean, Other	15	40%	60%
Mixed ethnicity: White and Asian, White and Black Caribbean, White and Black African, Other Mixed	63	73%	27%
White Other: Irish, Gypsy or Irish Traveller, Roma, Other	16	43%	57%
White British: English, Welsh, Scottish, Northern Irish or British	108	57%	43%
Prefer not to say	19	79%	21%

White British Respondents

There were 108 respondents to the question on the ease of referral process who stated their ethnicity was White: English, Welsh, Scottish, Northern Irish or British.



Responses highlight that 57% of 108 respondents found the referral process for accessing mental health services challenging compared to 43% who found the experience easy or had a neutral response. The below examples illustrate some of the comments shared by this group on regarding the referral process:

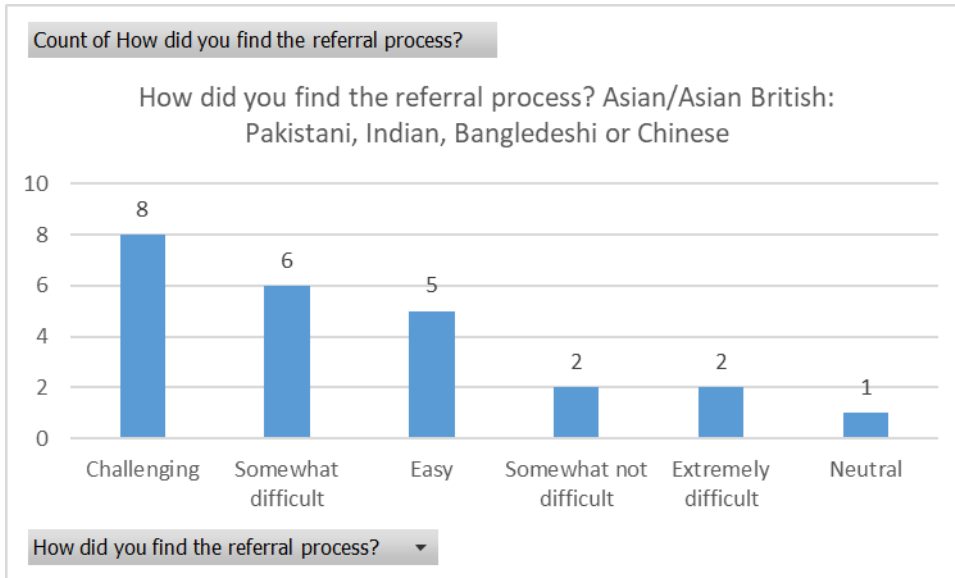
“Not repeating background history every time”

“Listen. Didn’t get help until I tried to end my life”

“Listen from the first contact, parents are the experts when it comes to our children”

Asian / Asian British Respondents

There were 24 respondents to the question on the ease of referral process who stated their ethnicity was Asian/Asian British: Pakistani, Indian, Bangladeshi and Chinese.



Responses highlight that 75% of 24 respondents found the referral process for accessing mental health services challenging compared to 25% who found the experience easy or had a neutral response.

The below examples illustrate some of the comments shared by this group on their experience of the referral process:

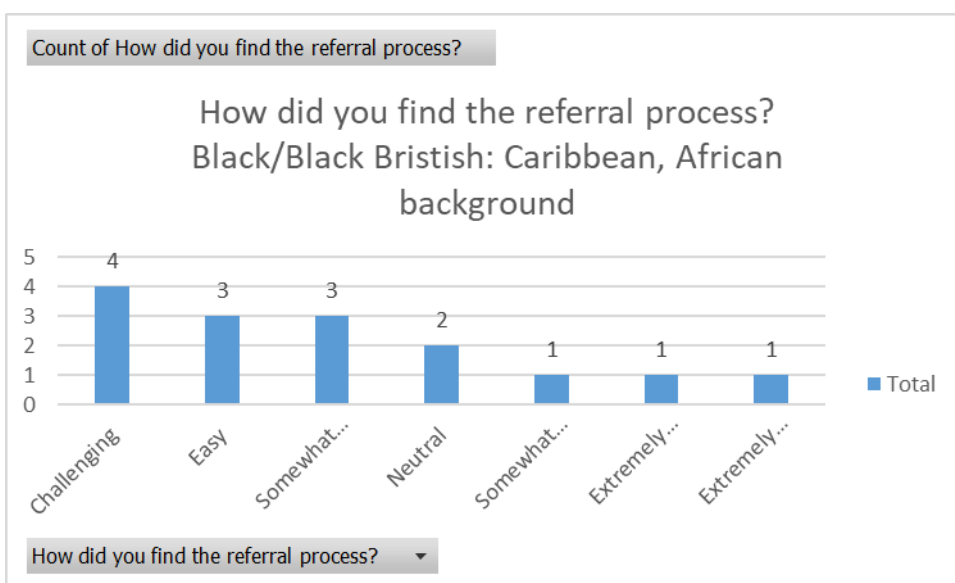
“Can be very long and some questions are repeated”

“Complicated with a lot of bouncing around, many phone calls”

“If can developed AI track your referral and how long it will see someone. Will helpful just like The Uber app”

Black / Black British Respondents

There were 15 respondents to the question on the ease of referral process who stated their ethnicity was Black / Black British.



Responses highlight that 40% of 15 respondents found the referral process for accessing mental health services challenging compared to 60% who found the experience easy or had a neutral response.

The below examples illustrate some of the comments shared by this group on their experience of the referral process:

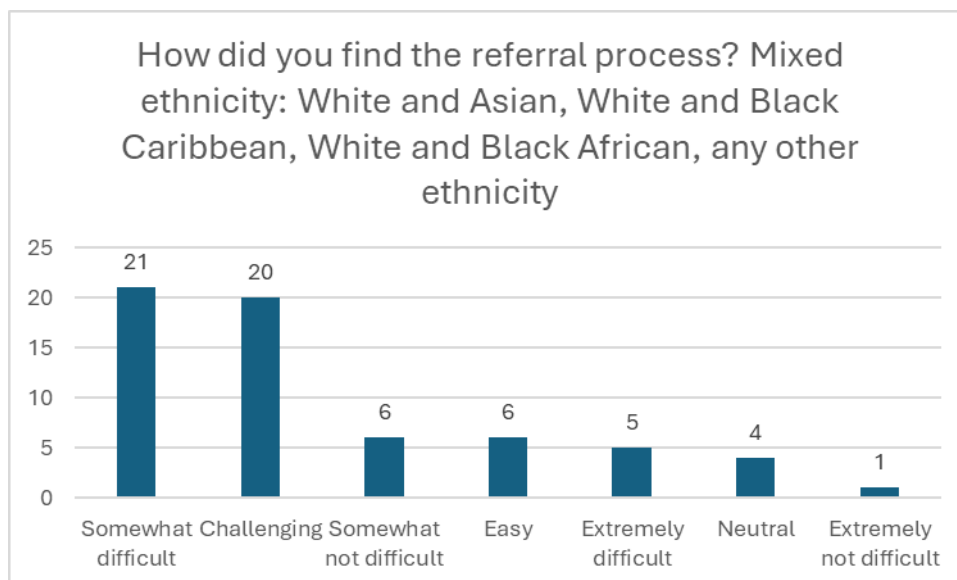
“I was happy with the referral process”

“Access and quick response”

“Not sure at this time”

Mixed Ethnicity Respondents

There were 63 respondents to the question on the ease of referral process who stated their ethnicity was mixed.



Responses highlight that 73% of 63 respondents found the referral process for accessing mental health services challenging compared to 27% who found the experience easy or had a neutral response.

The below examples illustrate some of the comments shared by this group on their experience of the referral process:

“Carers being involved more and offered support”

“Not having to get to crisis stage before I got help”

“Hospital assessments should be more inclusive- when people present to A & E with social issues these are often prioritised over MH- when actually the MH impacts the social issue and needs addressing”

White Other Respondents

There were 16 respondents to the question on the ease of referral process who stated their ethnicity was white other.



Responses highlight that 43% of 16 respondents found the referral process for accessing mental health services challenging compared to 57% who found the experience easy or had a neutral response.

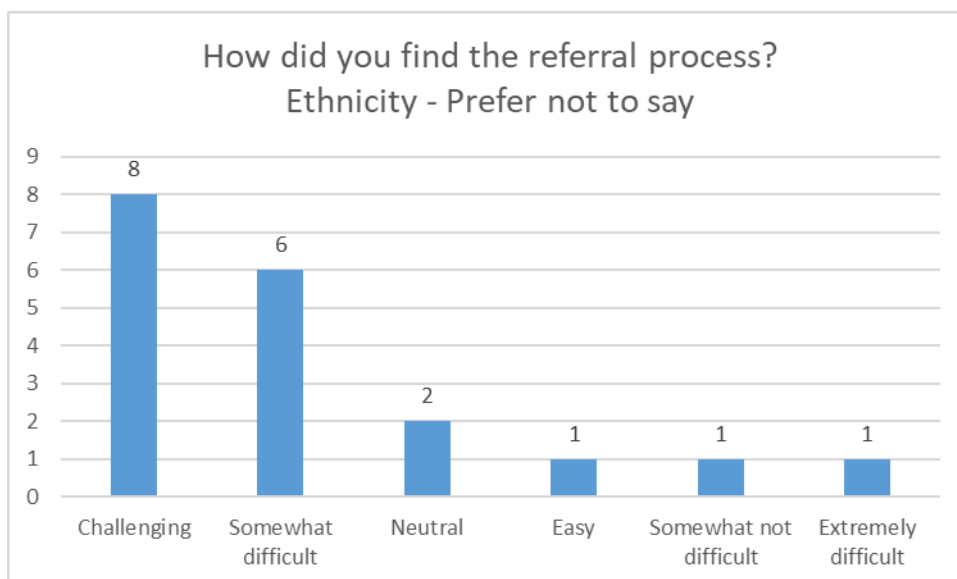
The below examples illustrate some of the comments shared by this group on their experience of the referral process:

“The referral system was technically difficult and the parent portal for FTB was not functioning, meaning we relied on referrals from school and a clinical psychologist”

“Too many questions that I had to repeat answers for”

“Repeat questionnaires, repeating condition is triggering, as notes not taken into consideration”

There were 19 respondents to the question on the ease of referral process who stated they preferred not to disclose their ethnicity.



Responses highlight that 79% of 19 respondents found the referral process for accessing mental health services challenging compared to 21% who found the experience easy or had a neutral response.

Summary

When comparing the experiences of the referral process based on ethnicity it shows an overall similar experience with an average of 63.4% of respondents experience challenging or a level of difficulty with the process. The lowest number of responses came from Black/Black British: Caribbean, African background, these responses highlighted the highest positive experience from the referral process with 60% expressing they had an easy or neutral experience.

Experience of the referral process by gender

The online survey had saw 40% of respondents state their gender was male and 43% state their gender was female, 9% of respondents preferred not to state their gender, 4% of respondents were non-binary, 2% gender-fluid and 2% selected other.

The below table show a breakdown by gender of their experiences of the referral process.

Gender	Number of respondents	% of responses	Challenging/level of difficulty	Easy or neutral experience
Gender – Fluid	5	2%	75%	25%
Non-Binary	8	4%	37%	63%
Male	99	40%	66%	34%
Female	104	43%	63%	37%
Other	5	2%	40%	60%
Prefer not to say	24	9%	40%	60%

Both male and female respondents reported a similar level of difficulty with the referral process with 63% of females and 66% of males reporting they found the referral process challenging.

Experience of the referral process by age range

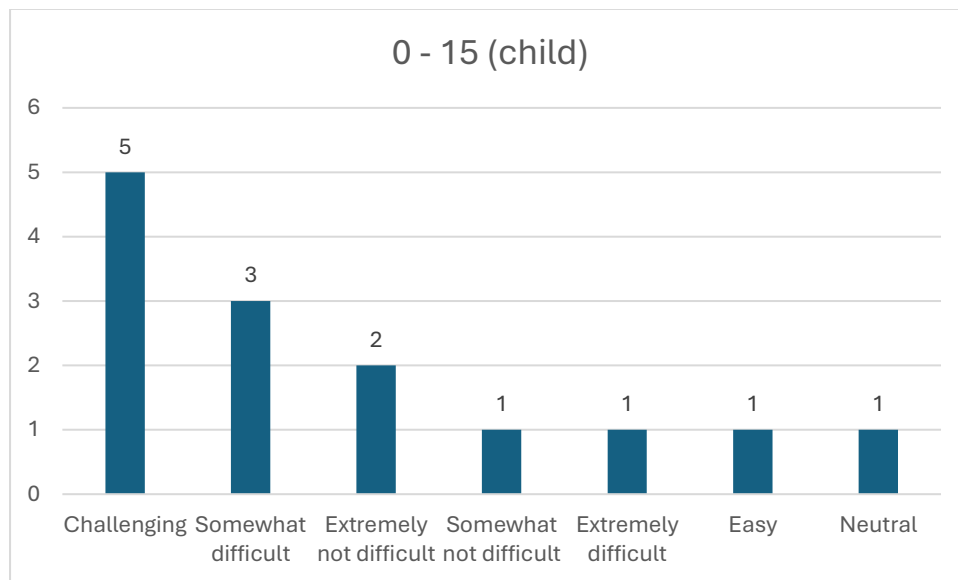
The online survey received 35% of responses from adults; 32% from middle aged citizens; 16% from young people; 10% from older adults; 7% from children.

The below chart provides a breakdown by age of their experiences of the referral process.

Age	Number of respondents	% of responses	Challenging/level of difficulty	Easy or neutral experience
0-15 (Child)	19	7%	65%	35%
16-24 (young person)	39	16%	54%	46%
25-39 (adult)	87	35%	57%	43%
40-59 (middle aged)	79	32%	71%	29%
60+ (older adults)	24	10%	50%	50%

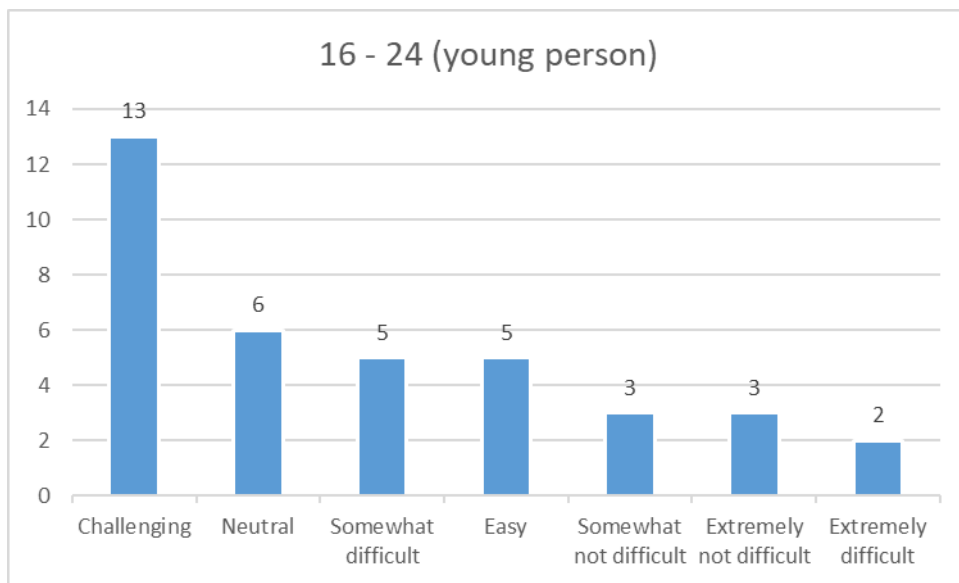
Further detail regarding each age category is presented below:

Child (0-15 years) Respondents



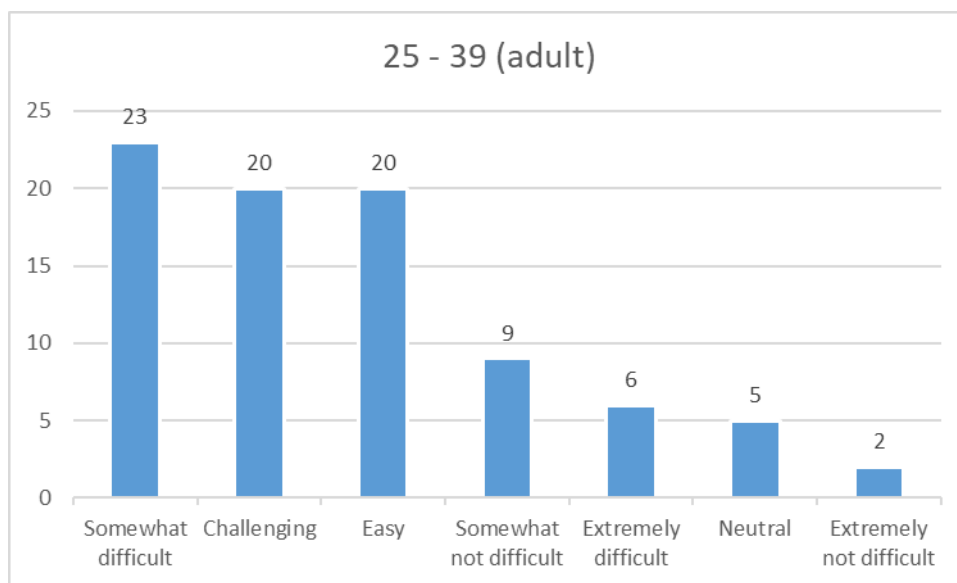
The overall experience of the referral process for 0-15 (child) showed 65% experienced a level of difficulty / challenge with the process compared to 35% had an easy or neutral experience with the referral process.

Young Person (16-24 years) Respondents



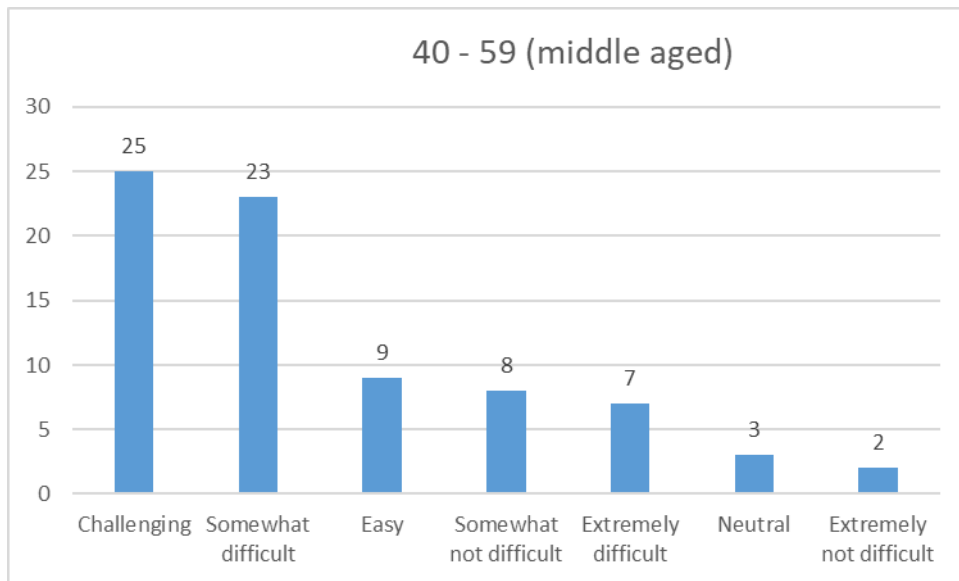
The overall experience of the referral process for 16-24 (child) showed 54% experienced a level of difficulty / challenge with the process compared to 46% had an easy or neutral experience with the referral process.

Adult (25-39 years) Respondents



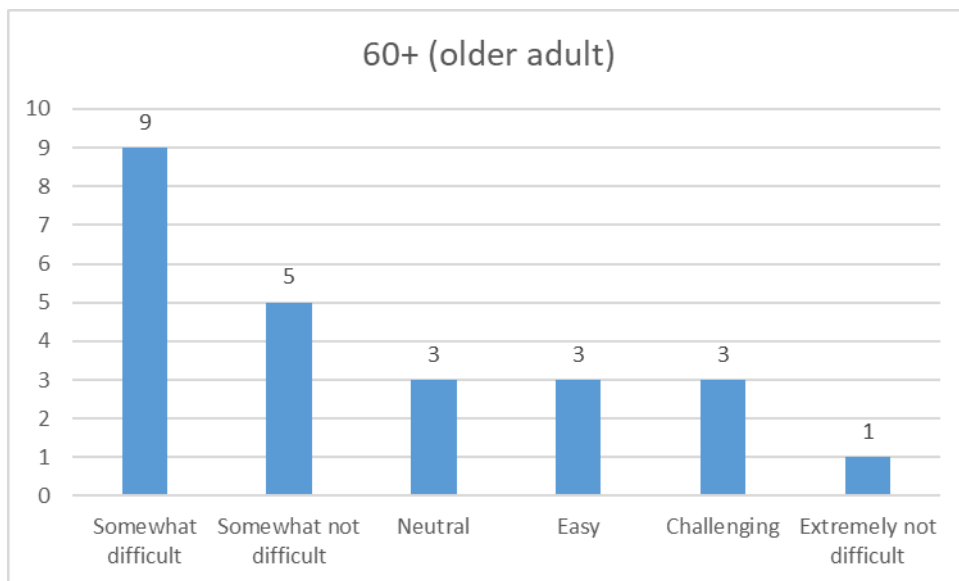
The overall experience of the referral process for 25-39 years (adults) showed 57% experienced a level of difficulty / challenge with the process compared to 43% who had an easy or neutral experience with the referral process.

Middle Aged (40-59 years) Respondents



The overall experience of the referral process for 40-59 years (middle aged) showed 71% experienced a level of difficulty / challenge with the process compared to 29% who had an easy or neutral experience with the referral process.

Older Adults (60 + years) Respondents



The overall experience of the referral process for 60+ years (middle aged) showed 50% experienced a level of difficulty / challenge with the process compared to 50% who had an easy or neutral experience with the referral process.

Summary of findings

When comparing the experiences of the referral process based on age it shows a consistent experience throughout the age ranges. Apart from Older adults all age ranges had a higher percentage of a challenging or difficult referral process. Older

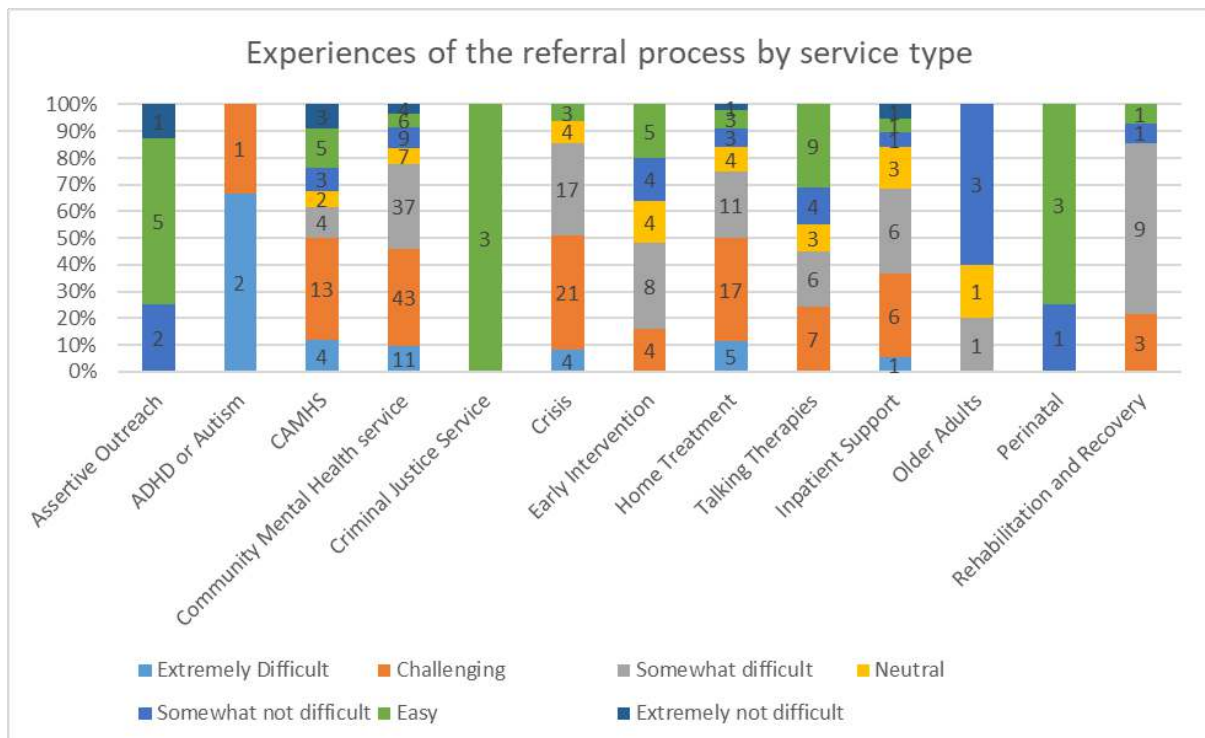
adults experience was split 50/50 between a challenging and easy, neutral experience.

Referral process – Experience by Service Type

The below table show a breakdown by service of their experiences of the referral process. The online participants selected Community Mental Health Service the most and Criminal Justice the least, with some participants selecting more than one service.

Service type	Number of responses	Challenging/level of difficulty	Easy or neutral experience
Assertive outreach	8	0%	100%
ADHD, Autism service	3	67%	33%
CAMHs	34	62%	38%
Community Mental Health service	117	78%	22%
Criminal Justice service	3	0%	100%
Crisis team	53	80%	20%
Early Intervention	25	48%	52%
Home Treatment team	44	75%	25%
IAPT/Talking Therapies	29	45%	55%
Inpatient Support	19	69%	31%
Older adults	5	20%	80%
Perinatal Support	4	0%	100%
Rehabilitation and Recovery Service	14	82%	18%

A more detailed breakdown of the categories of response is shown in the below chart:



Comments which were attributed to services from respondents to the survey are shown below:

Assertive outreach services.

“I had a positive experience with my referral, no complaints”

“Access and quick response”

ADHD or Autism services.

“Team clearly needs to be bigger, more funding”

“Faster diagnosis of ADHD and Autism and some care from the service when eventually referred”

IAPT/Talking Therapies

“Nothing, it was very straight forward”

“I found it an easy process I was referred by GP”

“Self-referral made it easier”

Inpatient support

“It is difficult to navigate when you are in crisis”

“It was at a time I really do not remember”

“I found the process easy and received support fast”

“I do not have anything I would want to change at the moment”

Summary of findings

When comparing the experiences of the referral process based on specific services it shows inconsistent experiences depending on the service type.

Assertive outreach received 100% easy or neutral experience from all 8 participants; Perinatal support also received 100% easy or neutral experience from the 4 participants; Criminal Justice had a 100% easy or neutral experience from the 3 participants. It is worth highlighting that all 100% easy or neutral experience had a low response rate from participants.

Services which received the highest % for participants experiencing a challenging or level of difficulty with the referral process were; Rehabilitation and Recovery Service with 82% of participants finding it challenging/level of difficulty; Community Mental Health services with 78% of participants finding it challenging; 75% of participants found Home Treatment Team process challenging/level of difficulty.

Timeliness of support

The below table shows an overview of participants responses regarding the question as to whether they felt they received timely treatment or support.

Do you feel you received treatment / support in adequate time?	Number of responses	% of responses
Yes	65	27%
No	158	64%
I don't know	22	9%

Overall, 64% of the participants felt that they did not receive treatment/support in an adequate timeframe, the longest wait time recorded was 3 years for CAMHS.

The below charts show an average wait time by service type.

Service type	Average wait to access support (weeks)
Assertive outreach	3
ADHD, Autism service	117.5
CAMHS	121.3
Community Mental Health service	38
Early Intervention	7.1
IAPT/Talking Therapies	11

The below comments were recorded relating to waiting for support.

“Support while waiting would be helpful and update on time frame”

“Assessment needs to be within two weeks of presentation- as things change”

“Needed to see somebody a lot earlier than what I did, in the middle of the crisis would have been beneficial”

“I can't complain about the support I got it was the long wait to see someone, it would be good to have someone to check in with me more often”

“Need to see us before we get to crisis”

“Not received any support for my daughter”

“Waited too long needed crisis intervention”

“Support is helpful once it is received, the issue is that during the waiting period mental health deteriorates”

“It never started. Waited on the waiting list for months and was eventually discharged with no care or support”

“It was not clear how long we had to wait in the end, but it was certainly longer than we needed to”

Whether support provided was sufficient

The below table displays feedback from participants who were asked; “Do you feel you received mental health support for a sufficient and appropriate time?”

Do you feel you received mental health support for a sufficient and appropriate time? This could be from a Care Coordinator, Psychiatrist, CPN or Occupational Therapist etc.	Number of responses	% of responses
Yes	124	50%
No	85	35%
I don't know	36	15%

Overall, 50% of respondents felt that they did receive support for a sufficient and appropriate time; 35% felt that they did not receive support for a sufficient and appropriate time; 15% stated they did not know if they had.

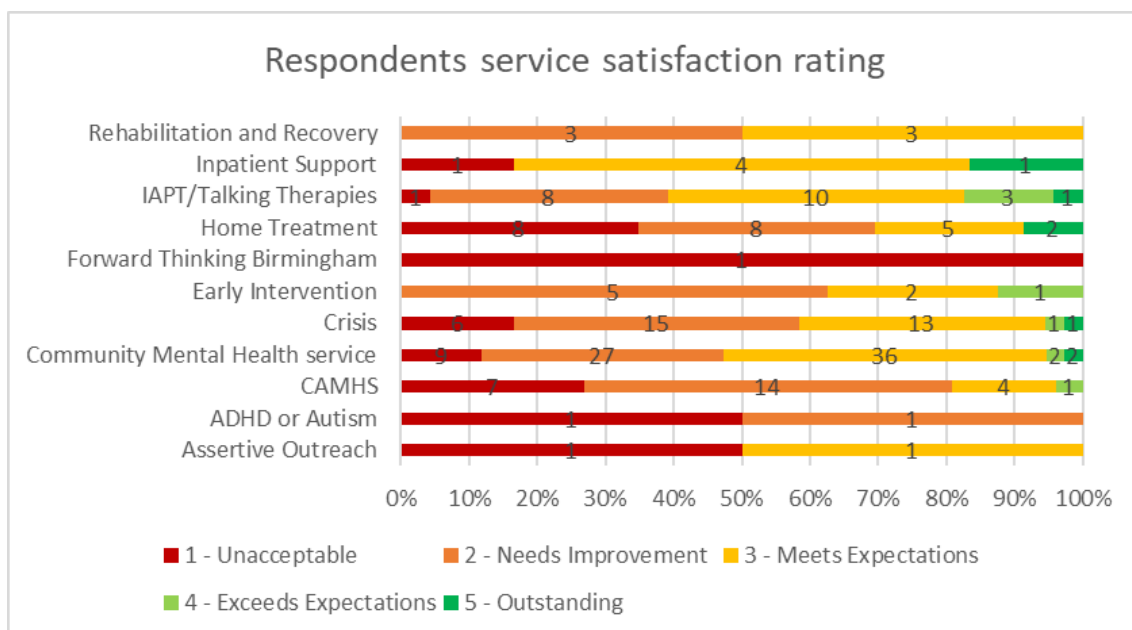
Satisfaction with treatment and support provided

Participants were asked on a scale of 1-5 how satisfied are you with the treatment / support you received? (5 Outstanding, 4 Exceeds expectations, 3 Meets expectations, 2 Needs improvement, 1 Unacceptable)

- 7% selected 1 – unacceptable
- 28% selected 2 – Needs improvement
- 43% selected 3 – Meets expectations
- 18% selected 4 – Exceeds expectations
- 4% selected 5 – Outstanding

The average score from all responses is **2.82**.

A breakdown of the ratings given by service type is shown below. Where there were fewer than 5 scores for a service it has been excluded from the below chart.



The below table shows the average satisfaction score with treatment and support provided by service type as well as the number of respondents who recorded a score for each service. Services which received fewer than 5 scores have been excluded:

Service	No. scoring this service	Average score
Community Mental Health Team	79	2.47
Crisis Team	38	2.32
CAMHS	26	1.96
Home Treatment	26	2.15
Talking Therapies	22	2.82
Early Intervention	8	2.50
Inpatient services	7	2.86
Rehabilitation and Recovery	6	2.50

Overall summary of survey findings

The survey finding evidenced a level of difficulty with the current referral processes. Overall, 61% of participants felt the referral process was challenging or had a level of difficulty. Some participants highlighted they had been placed on a waiting list which resulted in them escalating to crisis point before receiving any kind of support.

The referral process based on ethnicity showed an overall similar experience with an average of 63.4% of participants experienced challenging or a level of difficulty with the referral process.

When comparing the experiences of the referral process based on age it shows a consistent experience throughout the age ranges. All age ranges showed a level of difficulty with the referral process.

Timeliness of intervention and support was highlighted in the findings as being important. It is evident that intervention/support has not been provided in a timely manner. Overall, 64% of participants felt they did not receive treatment/support in an adequate timeframe. The longest wait time recorded was 3 years to access CAMHS support. Overall, 50% of participants felt that they received support for a sufficient and appropriate time.

Participants were asked on a scale of 1-5 how satisfied are you with the treatment / support you received? (5 Outstanding, 4 Exceeds expectations, 3 Meets expectations, 2 Needs improvement, 1 Unacceptable)

The average score from all responses is **2.82**.

3. Focus group findings

Between Jan 2024 and July 2024, Rethink Mental Illness conducted 15 semi-structured focus groups, with people using or are carers of people using mental health services in Birmingham and Solihull. The groups covered a range of topics including access into services; waiting times; experience of care and key priorities they would like to see featured in the mental health provider collaborative strategy. Participants were able to expand on their experiences if they felt comfortable to do so in a group setting, alternatively they were able to attend a one-to-one interview. The focus groups had an average attendance of 6-10 participants per group with a total of 122 participants.

Recruitment of participants

The VCSFE mental health collective, BSMHT, [Birmingham Voluntary Sector Council](#) and local VCFSE organizations supported the recruitment of participants, informing people about the research and asking if they'd be happy to participate in a focus group or individual one to one interview.

The groups were hosted face to face throughout Birmingham and Solihull in local community venues and VCFSE venues. Virtual meetings were also facilitated using Zoom and Microsoft Teams.

Rethink Mental Illness facilitated the focus group sessions, for some groups support was provided by organizations: Midland Mencap supported with rephrasing questions to make them more appropriate for participants to understand.

For all focus groups the participants consented to anonymized notes being taken to capture an accurate reflection of the sessions.

Research Ethics

At the time of arranging and attending the focus groups and interviews, participants were given all the information they needed to ensure that 1) they knew what they were consenting to, 2) they knew how the information would be used, and 3) they knew they could withdraw from the process at any time.

Questions

The groups were semi-structured, we used the questions from the online survey as an initial draft structure; these were then followed-up with appropriate questions allowing participants to expand on their experiences. This approach provided an in-depth insight into participants journey, prior to referral.

Common themes to multiple focus groups

The following were noted as common themes across multiple focus groups:

- Frustration around the **referral pathways**, it was evident throughout the focus groups that most children and young people felt they had waited an inappropriate length of time before any support had been provided.
- **Poor communication** throughout the referral process; with families, between organisations and service providers.
- **Lack of cultural competence**; this was specifically mentioned for CAMHS, Community Mental Health Team and the Crisis Team.
- **Lack of consistency** with care; it was repeatedly mentioned in all of the focus groups the negative impact of changing CPN's or Psychiatrists. The theme of lack of consistency was highlighted across all age groups.
- Appointments being taken up by **repeating background and history** due to change in support staff. This was highlighted by all age ranges.
- **Lack of a true reflection** of what took place during appointments in summary letters. It was repeatedly highlighted throughout focus groups that the context of the summary letter was not a true representation of the appointment. This seemed to be specifically linked to adult psychiatrist appointments.
- A consistent theme highlighted that support received from **inpatient settings** were deemed to be of a **good standard**. Patients felt supported by staff, it was mentioned that staff are willing to listen and care.
- A consistent theme in conversations highlighted that **waiting times** had a detrimental impact on people's mental health. This often resulted in them **escalating into crisis before receiving support** from services This was across all age ranges.
- **Parents and carers** consistently raised the **lack of support** offered to them.
- **Lack of knowledge** around **alternative support** options. This theme was mentioned in nearly all focus groups, often people only learnt of community support once they were accessing services. They felt knowing about alternative support whilst waiting would have been beneficial.
- Appointments feeling **cold and tick box**; lack of engagement; eye contact during appointments; focusing on completing paperwork rather than engaging with patient.
- **Lack of signposting/support post discharge**; participants felt signposting and referrals into service would have supported their recovery journey.
- **Not feeling heard**; participants raised concerns about not feeling heard during their care.
- **Reaching crisis** before accessing or being provided with support.
- When reaching out to CRHT – **calls not always returned**.
- Lack of communication

Children & young people/ Parents and Carers

A total of 2 focus groups were held with CYP and 2 focus groups with CYP parents/carers. We facilitated 2 focus groups in Solihull and 2 in Birmingham between March 2024 and July 2024.

The Solihull CYP focus groups had an attendance of 12 participants. The parents/carers group had an attendance of 6 participants.

The Birmingham CYP focus group had an attendance of 6 participants. The parents and carers group had an attendance of 5 participants.

Themes captured relating to children and young people, these were made by CYP or parents and carers from Birmingham and Solihull.

- Appointments feeling rushed.
- Repeating stories at every appointment
- Parents being sent on parenting course before support is offered.
- Parents mental health impacted – left feeling anxious before/during/after appointments.
- Long waiting times to access support.
- Parents not feeling heard in appointments.
- Psychiatrist / staff changes – destabilizing for young people.
- Lack of cultural competence
- Environments not always suitable - humming of lighting, extractor fans, air con etc.
- Communication - often the way information is communicated is too complex, full of jargon
- Lack of response to crisis situations – resulting in Ambulance/Police/A&E
- Bounced around

Specific concerns raised by Solihull parents/carers focused on play/art therapy no longer being provided.

Experts by experience

Although all individuals with lived experience are experts by experience, we specifically engaged with 10 experts by experience to gain their insights from accessing mental health services.

- Summary letters are not a true representation of the appointment.
- Lack of communication whilst waiting to access support from services.
- Support environments not always appropriate; EbE's should have the opportunity to review these or co-design new premises before allowing them to be used by patients.
- Appointments with Psychiatrists left cold, too focussed on paperwork, lack of eye contact.

- Lack of continuity of care.

Learning disabilities, Autism, ADHD, SEND

We facilitated 4 focus group sessions; 3 groups took place in Birmingham and 1 in Solihull. The combined attendance was 24 participants. Midland Mencap helped to adapt some of the questions to allow participants with learning disabilities to gain a good understanding of the questions. The team also attended the Autism & ADHD Summit which provided additional insight.

- Long waits to access to access support.
- Lack of multi-agency support/communication.
- Lack of response in crisis situations – resulting in Ambulance/Police/A&E.
- Communication - often the way information is communicated is too complex, full of jargon.
- It is evident from the focus groups that local community support/groups are vital and a key element in their life for those who attend.

Diverse Communities

Throughout the focus groups we met with individual participants from diverse backgrounds, we were able to draw from extensive knowledge and feedback provided by partner organisations: Birmingham Mind Community Development Workers, Servol Community Services, Refugee and Settlement Team (Solihull) and Ways to wellbeing.

- Lack of cultural competence.
- Long wait to access support.
- Language barriers
- Reaching crisis point before accessing support.
- Lack of knowledge around alternative support options.

Homelessness

Despite being unsuccessful in establishing a focus group specifically for people who are homeless, sofa-surfing, rough sleepers. The team gained insight and feedback from existing reports and directly from the members of the Multi-Agency Homelessness Forum.

- Barriers to attending appointments.
- Unaware of where to access support services.
- Financial impact of attending appointments.
- Reaching crisis point before accessing support.
- Lack of local based support.

Individuals with severe mental illness

We facilitated 2 focus groups with 10 participants.

- Lack of communication.
- Long waits between appointments or to access support.
- Appointments do not feel person centred.
- Lack of continuity of care.
- Repeating history over.
- Reaching out to crisis team and not receiving a callback, this theme was also highlighted by professionals who had either witnessed this or had also been promised a callback and not received one.

LGBTQ+

It was difficult to establish a specific LGBTQ+ focus group, we worked closely with Birmingham Mind Community Development Workers (CDW) who have well established groups. In line with the barriers outlined at the start of the report, these also apply to this focus group. The CDW circulated the online survey and supported engagement.

Young offenders

We faced similar challenges when trying to establish a specific focus group. Birmingham Mind Community Development Workers widely promoted the survey and campaign, we received 2 responses to the survey from young offenders.

Generic focus groups

We hosted 3 generic focus groups; one was supported by Kinmos groups.

A total of 49 individuals participated in the focus group sessions.

The themes were consistent with the other focus groups sessions.

- Waiting times.
- Lack on continuity of care.
- More local support.
- Lack of knowledge of community support services.
- Poor communication.

Barriers to access

Feedback from the focus groups identified the following barriers to them accessing support:

- Cultural taboo and stigma were consistently highlighted throughout the focus groups; concerns around accessing “stigmatised buildings”. The lack of cultural competence from professionals and challenges of language barriers.
- Physical health: participants spoke about having to find information about suitability of service buildings prior to attending, this often-caused anxiety. Several participants raised that physical health had led to them needing to cancel appointments.
- Financial impact of attending appointments.

- Across all groups participants shared they encountered difficulties accessing support; wait times, referral process not fluid, lack of communication and no joined up working. Consistently mentioned the need to “chase up” to gain updates or to find the correct referral route, many raised concerns about being sent back to the GP which led to further delays due to difficulties accessing appointments.
- Non-sensory friendly environments.

Key themes which emerged from the focus group sessions review:

- **Long wait times and difficulties accessing support** are having a detrimental impact across a wide range of services including children and young people’s mental health services and adult community mental health services. There are particularly long wait times for ADHD and autism diagnoses.
- **Lack of support whilst waiting to access services** was also a common theme in relation to children and young people’s mental health services and adult community mental health services.
- **Communication** was a common theme in feedback and included issues such as **difficulties getting in contact with teams, having to repeat stories to multiple individuals, delays in waiting for details of appointments** and **lack of information on what other support is available within the community**.
- **Difficulties in relation to crisis care** such as lack of timely access to support, lack of shared understanding of crisis and high thresholds for support. A common theme was individuals reaching out to the crisis team and not receiving follow-up support.
- **A lack of tailoring of services to needs of individuals with autism.** The participants were keen to see changes in services, parents highlighted they would benefit from peer support to strengthen their support network.
- **Stigma and shame in relation to mental health** within certain communities in Birmingham and Solihull, e.g. within the Black African and Caribbean and Somali community.
- The need for **better utilisation and strengthening of existing community assets and peer support** to better meet the mental health needs of diverse communities across Birmingham and Solihull. The importance of community assets and support was highlighted through all focus groups, often participants were uncertain about what support is available for them to access.
- **Difficulties navigating the complexity of the system for support,** especially for vulnerable and marginalised groups like people who are homeless and rough sleepers.

4. One-to-one interviews

Between March 2024 and July 2024 14 individuals attended one-to-one interviews to talk about their experiences of services. These were conducted via phone, face to face and virtually. The participants notified opted in for the one-to-one interviews on the survey or when they attended a focus group and via the campaign email address.

No new themes came out of the one-to-one interviews, we gained further insight around the impact of the barriers and issues as illustrated by the below quotes:

“I became anxious before each of my daughters’ appointments, they were so stressful. I would be anxious and stressed walking into the room and would always leave feeling like everything was my fault”

“We needed crisis support for my son, I begged and begged but never got any help, we ended up having the Police attend numerous times. On other occasions advised to go or were taken to A&E, this was the wrong environment and heightened his behaviour. It felt like no one cared about him or our family, this went on for months and months, thankfully the school were supportive. We eventually saw a doctor who listened to me! Thankfully, now things are calmer, we still have difficult days, but have a plan in place for how we manage these days”

Positive points participants would like to be continue

Positive feedback that participants raised during one to one interviews included:

- “Therapists professionalism, empathy, and encouragement”
- “Quality counselling”
- “Excellent support from 1 psychiatrist but I had to complain to get to see him”
- “Dr Salvi, Professor Marwaha, despite the limited availability these two people were the best psychiatrists I have seen”
- “The support I receive from my CPN, and support worker is great”
- “Staff are always willing to talk to you and they listen. I now live in support housing and access groups in the community”
- “Supportive staff once I got to see them. They care and offer help and support”
- “Eventually, I got a professional who sat and listened to us after years and this was amazing! It made a huge difference, and we now have a good support team”
- “Good support once I was through the door”
- “Excellent discharge package in my case, care for whole family central to ethos”

Overall summary of findings from focus groups and interviews

The finding from the focus groups and interviews aligns with the findings from the desktop review and survey results. Overall key findings are that:

- Services are fragmented and there is a lack of continuity of care.
- Accessing support is challenging leaving it difficult to get the right help at the right time.
- There are difficulties in relation to crisis care including a lack of timely access to support, lack of shared understanding of crisis and high thresholds for support. A common theme was individuals reaching out to the crisis team and not receiving follow-up support.
- Referral pathways are difficult to navigate with consistent evidence of the lack of communication between service providers and service users.
- Long wait times and difficulties accessing support are having a detrimental impact across a wide range of services including children and young people's mental health services and adult community mental health services.
- Communication was a common theme in feedback and included issues such as difficulties contacting teams, having to repeat stories to multiple individuals, delays in waiting for details of appointments and lack of information on what other support is available within the community.
- A distinct lack of support or signposting for service users waiting to access support/intervention/services. Participants voiced concerns of not knowing about community groups/organizations which they feel would have benefited them, instead they were often left waiting with no offer of alternative support.
- A lack of tailoring of services to needs of individuals with autism. The participants were keen to see changes in services, parents highlighted they would benefit from peer support to strengthen their support network.
- The need for better utilisation and strengthening of existing community assets and peer support to better meet the mental health needs of diverse communities across Birmingham and Solihull. The importance of community assets and support was highlighted through all focus groups, often participants were uncertain about what support is available for them to access.
- For those participants who were currently accessing or had previously accessed local community support services or groups, voiced the importance of having access to this type of support. This gave them a sense of belonging, purpose and hope. It was clear that peer support group sessions provided a positive impact on participants wellbeing. The value of peer support was a theme that consistently ran through the focus group sessions, including parents and carers, who expressed they would have benefited from have a peer support option to allow them to access support.
- Stigma and shame in relation to mental health within certain communities in Birmingham and Solihull.

5. No health without mental health: health inequalities and community voice workshop

On 18th June a workshop was held with members of the community, Voluntary, Community, Faith and Social Enterprise sector which was organised by the BSMHFT community engagement team and mental health commissioning team. This event focused on listening to members of the community regarding their experiences, views and personal stories in relation to mental health services and support. It also provided an opportunity for the MHPC and BSMHFT to provide updates in relation to the Patient Carer Race Equality Framework, the Mental Health Needs Assessment and share some of the feedback gathered via Rethink Mental Illness.

A lot of personal stories and experiences were shared during the day and some of the key themes from the event are summarised below:

- Access and communication with primary care is very challenging. Difficulties accessing primary care can prevent people getting the support they need as primary care act as gate keepers.
- A general theme underlying several stories was not knowing how to access help, what was out there or how to navigate the system (and particularly an issue if not digitally literate). In some cases, where gaps in provision were described, services exist which may be able to support people, but people do not know what services are out there or how to access them.
- The limited provision in terms of mental health support for the LGBTQ+ community was described. There are long waiting lists to access talking therapies, the LGBT centre is the main provider in Birmingham and thinly stretched. Individuals requiring gender reassignment have to wait several years which has a significant psychological impact. Service provision for male victims of domestic abuse is very limited.
- Services need to be culturally aware and responsive and reflective of communities they serve. Stories highlighted that providing culturally appropriate food to people whilst receiving inpatient care is important in supporting recovery. It was noted that there is engagement of community advisers as part of the Patient Carer Race Equality Framework (PCREF), and this is a positive development.
- The importance of authenticity and meaningful engagement and genuine co-production with communities was emphasised. Doing nothing was considered better than doing co-production badly and raising expectations which are not delivered on. It was stated there should be training in how to do co-production and a set of agreed system wide principles for co-production.
- Sometimes there is fear of speaking out and complaining and it is important to have safe spaces where people can share their experiences.
- Stories highlighted the importance of person-centred care and the impact when this is not in place and people do not feel listened to or heard.

- Communities hold information and data which is valuable and are also keen to see and understand data about their community. The [community health profiles](#) developed by Birmingham City Council were sighted as a useful resource.
- It was emphasised that the experiences and voice of children and young people need to be considered when engaging with communities and developing plans and strategies for the mental health provider collaborative. It was particularly emphasised that [care experienced children](#) have heightened vulnerabilities and specific needs for [trauma informed care](#).
- There was a strong emphasis on organisations needing to be accountable to communities in relation to making changes and improvements and delivering on commitments to tackle health inequalities.
- There was a consensus that many of the issues discussed are long-standing and communities want to see tangible change and improvement.

Concluding remarks

The data from the survey, focus groups, interviews and the desk top review tell us that the experience of mental health service users, their carers and families does not always meet the standard that they feel is good enough. There are some key themes outlined in this report that should underpin transformation and development of services. It is therefore recommended that these are all considered and actioned.

Below outlines some of these for consideration:

- Due to the difficulties outlined in the report around the referral process, it is recommended that all procedures are reviewed. It is suggested to compare the processes against the services which received 100% positive feedback for their referral process.
- The long wait times for services are having a detrimental impact on service users, parents, carers and wider family members. It is recommended that the waiting process is reviewed. We suggest exploring the communication process, check-in/update contacts. Reviewing if local VCFSE already providing appropriate support in the service users locality and have robust referral pathways established.
- The importance of community connections with support groups and activities had a positive impact on service users. Throughout the campaign participants knowledge on available support was inconsistent, most had located the information themselves. It is recommended a service provider, organisations, VCFSE mapping exercise is undertaken with a strong communication plan established to cascade to all citizens in Birmingham and Solihull.
- The lack of continuity of care, the requirement to repeat stories, person centred or whole person approach was not always being evidenced therefore it is recommended that this is reviewed.
- Cultural competency requires vast improvement across all services, it is recommended that this is a high priority focus.

- Communication from services needs improvement, worryingly crisis services received more negative feedback around the lack of communication, due to the potential risk to services users not receiving a response it is recommended that this is a high priority focus.
- We highly recommend a focus is given to all key themes featured throughout the report.

Appendix 1: Desktop Review



Thematic summary areas	Access to services
	Communication
	Medication
	Discharge
	Crisis Care
	Adult Community Mental Health
	Children and Young People
	Learning Disabilities
	Autism
	Racialised communities
	Older adults
	Homeless and rough sleepers

Access to services and waiting times – BVSC engagement on ICS Strategy



Difficulties accessing service is a challenge across the whole healthcare sector:



Waiting times and **difficulties accessing healthcare** were a common theme in responses to the question **‘what is stopping you living a happier, healthier life?’** in BVSC community engagement on the 10-year ICS strategy



This included difficulties accessing primary care, medical appointments and mental health services.

Access to services and waiting times – complaints, friends and family test, PALS and CQC community MH survey

- **Accessibility of services and wait times** – including difficulties contacting services, long wait times for initial appointments, waiting for beds and waiting for staff to be allocated – was a key theme in **BSMHFT analysis of complaints, friends and family test responses and PALS from 2020 – 2023**.
- **Access to services** was a headline theme in **8 of 29 formal complaints received by Forward Thinking Birmingham** during Feb 23 – Mar 24
- **The CQC Community Mental Health Survey** highlights **access to care** as a key area that nationally has consistently been poor for several years. Within the 2023 survey **BSMHFT** scored ‘worse than expected’ on support in accessing care (3.5 out of 10) and crisis care access (6 out of 10) when compared to other mental health trusts nationally.



Access to services and waiting times – Healthwatch Investigations



Issues in relation to access to services have been highlighted in Healthwatch investigations: 4

- An [investigation into Zinnia Community Mental Health Team](#) based on concerns raised via the Healthwatch information and signposting line during May 2017 – Jan 2018 which highlighted difficulty in making telephone contact and having calls returned and poor access to mental health assessments.
- [Community Mental Health Services in South and East Birmingham](#) published in May 2024 which highlighted issues regarding quality of access, e.g. waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments.
- [Access to mental health services for children and young people in Birmingham](#) published in October 2021 highlighted delayed responses from the mental health crisis support team and long waiting times after referral
- [Young people and self-harm in Solihull](#) published in June 2022 highlighted long waiting lists for young people face when trying to access support with long waiting times between different interventions

Access to services and waiting times – CYP including SEND

Issues with wait times and accessibility of CYP MH services were highlighted in:

- **Birmingham Children's Trust internal survey, April 2024:** long waiting lists, service specific gaps and issues with thresholds and CYP falling through gaps
- **Shine Youth, Youth Voice Project by Young People in Solihull, 2024 :** CYP feedback that "The waiting list for help is far too long. You have to meet many criteria, pay or have to travel too far to gain support."
- **Bham CYP Scrutiny Inquiry, January 2024:** difficulties autistic CYP have in accessing support and long wait times for ADHD and autism diagnoses
- **Survey and focus groups with 18-25 year olds in Solihull, March 2024:** lack of support whilst waiting for appointments
- **Solihull Community Event re SEND, 2023 :** "Waiting lists are horrendous and there is no support whilst waiting."
- **Solihull Parent Carer Voice Survey re SOLAR, November 2022:** themes highlighted long wait lists and high thresholds for support

Access to services and waiting times – Improvements people want to see



Quicker, early access to mental health support for all young people



A reduction in waiting times



Easier access to support in a range of community venues



More support whilst waiting for appointments



More resources, digital offer and digital access

Communication Issues

BSMHFT analysis of PALS, Complaints and Friends and Family Test: concerns raised related to not hearing back from services, not feeling listened to, lack of information sharing from services



A deep dive of FTB Friends and Family Test responses identified: *Communication is a key theme and includes difficulties people experience in contacting teams, waiting for details of appointments. It also includes provision of information to parents and carers on where to get support and information on what a diagnosis means and how they can be involved in the care of the child or young person who is receiving support from mental health services.*



Lack of effective communication was also highlighted within the Healthwatch Investigation **Access to mental health services for children and young people in Birmingham**



Medication Issues

- **BSMHFT analysis of PALS, Complaints and Friends and Family Test** : concerns raised related to Medication not being sent out, medication not working or being stopped, difficulties contacting services to act on medication shortages
- **A deep dive of FTB Friends and Family Test responses** identified: issues were previously identified with challenges accessing prescriptions, however, there has been a reduction in medication related feedback following implementation of a new prescription delivery service

Discharge from care



Discharge from care was a theme identified within **BSMHFT analysis of complaints, friends and family test responses and PALS from 2020 - 2023** concerns included patients being discharged without proper communication or being discharged from care due to missed appointments when there were legitimate reasons appointments had been missed.

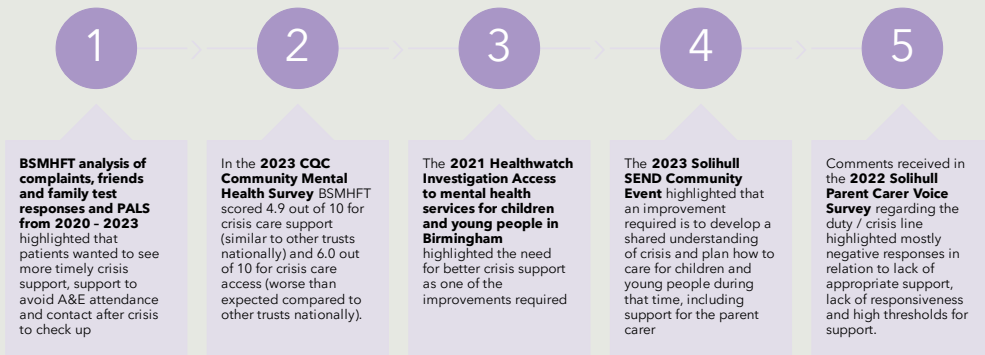


Improvements which a **children and young people focus group in Solihull** identified they wanted to see included better planning of community support post-discharge



Only 2 out of 22 respondents to a question regarding discharge from Children and Young People's Mental Health services in a **survey undertaken by Solihull Parent Carer Voice** felt discharge from care had been appropriate with 10 respondents saying a discharge had been followed by a subsequent re-referral.

Crisis Care



Adult Community Mental Health: CQC Survey



The CQC community mental health survey found that nationally people's experiences of NHS mental health services provided in the community are poor. Most notably, quality of care, crisis care, support while waiting, planning and involvement in care, and support with other areas of life.



Areas where BSMHFT were performing 'about the same' as other mental health trusts nationally were:

- Mental Health Team: 5.6 out of 10 (where 10 is best score)
- Planning Care: 5.4 out of 10
- Involvement in care: 5.3 out of 10
- Talking Therapies: 8.3 out of 10
- Crisis Care support: 4.9 out of 10
- Respect, dignity and compassion: 7.4 out of 10
- Feedback: 2.0 out of 10



Areas where BSMHFT were 'worse than expected' when compared to other mental health trusts nationally were:

- Medication: 6.1 out of 10
- Crisis care access: 6.0 out of 10
- Support with other areas of life: 2.7 out of 10
- Support in accessing care: 3.5 out of 10

Adult Community Mental Health: Healthwatch Investigation into Community Health Services in South and East Birmingham #1

The challenges which individuals identified when accessing community mental health services were:

- Quality of access (e.g. waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments).
- Quality of appointment (e.g. being disbelieved, feeling rushed, and cancelled appointments).
- Quality of treatment (e.g. overreliance on prescription medication, and strategies or activities offered).
- Consistency and continuity of care (e.g. relationship continuity, knowing who to contact, and access to Community Psychiatrist Nurses).
- Care planning and review (numbers of people having a care plan and how well it captures people's needs).
- Support with health and wellbeing (e.g. support with physical health, money, work, housing, relationships, trauma, abuse, and addiction).

Adult Community Mental Health: Healthwatch Investigation into Community Health Services in South and East Birmingham #2

Improvements that participants in the study said they wanted to see:



Adult Community Mental Health: Evaluation of Neighbourhood Mental Health Teams

Snapshot report based on 35 phone interviews with service users and 135 service user feedback forms across April – September 2023. Key findings included:

98% of 135 service user feedback forms reported a positive experience. 135 service users who gave a score from 1 (worst) to 5 (best) on how easy it was to make an appointment. The average score was 4.4 out of 5.

94% of 135 service users said they would use the service again, 2% said they would maybe use the service again and 2% would not.

56% of 135 service users said they were fully satisfied with the service and no improvements were needed. Of the remaining responses:

- 23 respondents (17% of all respondents) felt they would have benefited from more support, e.g. longer appointments, shorter wait times between appointments, an increase in the number of practitioners, service to continue for longer.
- 10 respondents (7% of all respondents) stated they would like shorter waiting times, either for a first appointment, for referral to another team or for counselling or cognitive behavioural therapy.

Children and Young People’s Mental Health Services: Source of Information Reviewed

- BSMHFT & FTB reports on PALS, complaints and FFT
- Healthwatch quarterly reports from online feedback centre and signposting line
- Healthwatch investigations in CYPMHS services in Bham and Solihull
- CYP Scrutiny Inquiry, Bham
- Families and workforce consultation on digital transformation
- Shine Youth: Youth Voice Project by Young People in Solihull 2024
- Surveys and focus groups with 18-25 year olds in Solihull
- Solihull SEND community event 2023
- Solihull Parent Carer Voice survey

Children and Young People's Mental Health Services: Themes from Feedback #1

Wait times are too long and there is little or no support whilst waiting

The referral process is clunky with limited information on what is happening

CYP&F would like to be able to access a better range of information, support and resources online

CYP&F would like more information on what other support / services exist and how to access them including early help

"Everything seems to be aimed at solving problems with mental health, and not preventing them in the first place."

"There are a huge number of kids struggling and only a small amount of them are getting help because there aren't enough places."

Children and Young People's Mental Health Services: Themes from Feedback #2

Parents/carers would like more information / support / resources on what a diagnosis means, support available and how they can be involved in supporting their child

Transition between CYP and adult services is poor

Services are not well connected or joined up

There are frequent changes in the workforce and CYP have to re-tell their stories which can be re-traumatising

Children and Young People's Mental Health Services: Themes from Feedback #3

There are gaps in mental health support in schools

There is a lack of clarity regarding how schools fit into the support offer for SEND

There needs to be a whole system approach between CYPMHS, MHST's, schools and VCFSE

Services are not tailored towards the needs of CYP with autism

There are long waits for diagnoses of ADHD or Autism

Children and Young People's Mental Health Services: Improvements CYP and parents/carers want to see

Quicker, early access to mental health support for all young people

Easier access to mental health support in community venues

More youth provision provided in youth hubs with a range of wellbeing support such as sports, outdoor and creative activities

Reduction in wait times and more support whilst waiting

More information / resources on:- what conditions mean- what support is available- what other services they can access

More connected / joined up services with better transition between services

A more stable workforce with fewer changes in staff

A more cohesive joined up system offer within schools

Services that are more tailored towards the needs of CYP with autism

Up to date websites that are user friendly, contain a range of useful resources and support ease of access to services

Learning Disabilities

The Solihull SEND Community Event 2023 reported that attendees wanted to see a wider offer from Solar that better supports children and young people with learning difficulties/autism/situational mutism etc .

The [Learning Disability Deep Dive](#) undertaken by Birmingham Public Health identifies that mental health problems for individuals with learning disabilities are under recognised and under -treated.

The national CQC Report [Monitoring the Mental Health Act in 2022/23](#) states that *The lack of suitable accommodation within the community has led to people, particularly autistic people and people with a learning disability, being unnecessarily detained in hospital, while a significant number of patients are being placed far from home, some for years at a time.*



Autism

The [2023 CQC community mental health survey](#) reported that:

groups more likely to report worse experiences across multiple questions were people aged 16 -35, people with autism or autism spectrum condition, and people who access services over the telephone.

The [Healthwatch Investigation: Community Mental Health Services in South and East Birmingham](#) reported that improvements people wanted to see included:

Improved understanding of mental health by healthcare professionals, including GPs and a better understanding of Autism

Focus groups held with children and young people as part of the [Birmingham scrutiny inquiry](#) identified *Long waits for autism and ADHD diagnoses*

The [Healthwatch Investigation Access to mental health services for children and young people in Birmingham](#) identified *inadequate support for conditions such as autism* within children and young people's mental health services

Autism: Evidence scan by Midlands and Lancashire Commissioning Support Unit

A review of published UK and international literature identified:

Access to mental health services appropriately tailored to autistic peoples' needs emerged as a major area of concern for both CYP and adults.

There are substantial disparities in access to health and care services (particularly for mental health services), and a lack of support after diagnosis.

Themes around a lack of access to mental healthcare, the ability of mental health services to tailor to autism needs, and a lack of post-diagnostic support services were consistent across published academic and grey literature.

Several common barriers to access to health and care services (including diagnostic services) were identified, including: sensory sensitivities; communication difficulties; lack of autism knowledge; waiting times.



Particularly concerning is the considerable burden of mental health conditions faced by autistic people, and high rates of suicide relative to the general population

Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR): Feedback from members of the community #1

"There are still strong religious connections and thoughts about mental health and these needs changing and tackling as does the perception [of mental health] within the community and shame in the family."

"Racism, stigma and culture play a role in the way our communities view mental health services. Sometimes, they cause more harm than good."

"There is a lack of or limited understanding of cultural needs and backgrounds with different Black communities. Health professionals must develop better cultural understanding in mental health services when caring for Black African and Black Caribbean patients."



Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR): Feedback from members of the community #2

"Grassroots and faith organisations are often unfamiliar to health professionals and for that reason they are not well engaged with community assets. We must use the assets and collaborate with mental health services to provide effective support in the communities. Working with peer, personal support networks and professional networks is essential. We can skill -up more young people and community groups in mental health first aid to reduce stigma, increasing opportunities to help."

Racialised communities: Healthwatch Investigation – Somali Community

The report found that the following issues have led to distrust and detachment from health and social care among the Somali community:

- lack of dignity and respect
- poor diagnosis and referral to specialist treatment
- cultural and language difficulties
- stigma and discrimination

In relation to mental health:

"There is the issue of mental health in the Somali community. They do not address it or treat it. The Somali family would rather keep the mental health issue within the family and it gets bigger and bigger. There is a stigma attached to mental health in the Somali community. There is something that healthcare can do to support the Somali community with mental health issues. At the moment there is a mental health Somali organisation in Birmingham led by a certified psychotherapist and it would be useful for healthcare to link up with such organisation that are led by other Somalis. They understand the community and the issues affecting them."

Older adults

The national report [I just feel that no one cares](#) from Age UK identified the following factors that could improve the mental health of older adults:

- **Access to services:** more than a fifth (21%) of people aged 50 and over (5.4 million) said that better access to their GP would help them the most. Many respondents to the Age UK survey said that improvements in physical health would be the key for improving their mental health, through access to NHS or other support services such as talking therapies, face to face contact with a GP, or specialist medical help.
- **Less financial stress:** One in 11 (9% - 2.3 million) said that more support with meeting essential costs, for example keeping warm, would help the most. Survey respondents said that having less financial stress, through help with bills or being able to access their pension would make the biggest difference for many.
- **Being active:** Some survey respondents said that being able to get out and about more, being more physically, socially and cognitively active would make a large difference.
- **Feeling valued:** Many people told Age UK that they felt older people were not valued or treated with respect. They often felt sidelined and overlooked when they came into contact with services. They wanted someone to properly listen to their concerns and take them seriously. This would improve their mental health.

Homeless and rough sleepers

The national report

[Knowing where to turn: access to mental health support whilst experiencing homelessness](#) identifies:

People who are homeless and rough sleepers have a lack of trust in mental health services and mental health professionals. People told us about not being listened to, especially in relation to treatment options and diagnosis. People have greater trust in voluntary and community sector organisations and peers.

Many people experiencing homelessness do not know where to go when they need mental health support. While some people told us they reached out to their GP, this often led to dissatisfaction. A significant proportion of people need support from a case or support worker to navigate the complexities of the system.

Several people told us their only experiences of interacting with services were through primary care or emergency care. For some, despite ongoing mental ill health, a mental health crisis was the first time they were able to receive support. Support is often only available when a person's mental health had significantly deteriorated.

When people were able to access mental health services, they told us that transitions between different services and localities often meant they had to re-tell their story, re-refer themselves or begin the process of accessing help entirely.

Key suggestions participants identified that would improve the mental health and wellbeing for people experiencing homelessness included: access to safe, suitable and settled accommodation, earlier intervention and faster response from services, flexibility in service delivery and alternative types of support and, crucially, the involvement of peers

References

[Autism population health needs assessment: evidence review \(strategyunitwm.nhs.uk\)](https://strategyunitwm.nhs.uk)

[BLACHIR report | Birmingham and Lewisham African and Caribbean Health Inequalities Review \(BLACHIR\) | Birmingham City Council](#)

[Community mental health survey 2023 - Care Quality Commission \(cqc.org.uk\)](https://cqc.org.uk)

[Health Inequalities: Somali people's experiences of health and social care services in Birmingham | Healthwatch Data](#)

[Healthwatch Investigation: Access to mental health services for children and young people in Birmingham: what needs to change?](#)

[Healthwatch Investigation: Experiences of NHS Community mental health services in South and East Birmingham](#)

[I just feel that no-one cares: Results of Age UK's research into the mental health of people aged 50 and over](#)

[Improving mental health services for Birmingham service users - Healthwatch Birmingham](#)

['Knowing where to turn' \(access to mental health support whilst experiencing homelessness\) – Groundswell](#)

[Scrutiny Report - Is Birmingham Meeting Young People's Mental Health Needs | Birmingham City Council](#)

[Young People and Self Harm: What support is available from self-harm services and how does it impact young people and their families? June 2022 \(healthwatch.co.uk\)](#)