healthwatch
Leicestershire

LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE REVIEW PANEL ON THE REFERRAL PATHWAY FOR OLDER PEOPLE WITH ANXIETY AND DEPRESSION

Experiences of service users

Purpose

1. The purpose of this report is to present a summary of service user experiences as part of the Leicestershire County Council Health Overview and Scrutiny Committee (OSC) review of mental health pathways relating to anxiety and depression in older people.

Introduction

2. The Health and Overview Scrutiny Committee are working with partners including Healthwatch to understand and map the current pathways and to listen to users and carers to understand their issues and experiences.

3. Healthwatch Leicestershire in partnership with Voluntary Action Leicestershire has spoken to service users and voluntary groups to obtain real life experiences and concerns in regard to mental health services on the referral pathways for older people experiencing anxiety and depression.

Aim of the review

4. To understand the evidence base for the Review Panel and the areas which would merit further exploration, with a particular focus on the impact of health inequalities on access to services.

5. To provide a summary of the findings in the Leicestershire Joint Strategic Needs Assessment, recommendations in the Joint Health and Wellbeing Strategy and other appropriate evidence relating to anxiety and depression in older people.

6. To begin to identify ways of increasing the potential for older people suffering from more than one medical condition to access appropriate support for anxiety/depression.

7. To understand the referral pathways for older people (i.e. over the age of 65) with anxiety and depression and identify any areas where access or service provision could be improved.

8. To understand the quality of services provided to older people and the outcomes for users regarding anxiety and depression.

Methodology

9. The methodology for this research was developed jointly with Healthwatch Leicestershire and Voluntary Action LeicesterShire. The initial attempt to engage service users in a meeting with many people observing them was understandably difficult. This was due to:

    - People who have recovered from depression and anxiety finding it difficult and sometimes detrimental to discuss a difficult time in their lives when in recovery.
    - The thought of attending a meeting and providing evidence to County Councillors being too daunting.
    - Service Users not wishing to criticise the services that have helped them recover
    - Service users not being willing or having sufficient confidence to talk about their experiences in an unfamiliar environment.

10. Learning from the above, evidence was gathered through Voluntary and Community Sector (VCS) Groups to both obtain relevant information from a service user perspective and from the vast experience of their organisations.

11. VCS groups provided case studies and experiences of service users to demonstrate the impact of services on individuals.

12. One to one discussions were held with VCS groups, these include

    - Leicestershire Action for Mental Health Project (LAMP)
    - Good Thinking Therapy (Rethink)
    - Network for Change
    - Age UK
    - Voluntary Action South Leicestershire

13. Information and the offer for VCS groups to be involved with the review was sent out and promoted via various avenues, these include:

    - Voluntary Action LeicesterShire e-brief
    - Voluntary Action LeicesterShire Health & Social Care Newsletter
    - VCS Health and Social Care Forum
    - Market Harborough Mental Health Forum
    - VCS Adult Transformation of Social Care Group

- Healthwatch News Letter
- Healthwatch website

Access to services

14. This section provides experiences of service users relating to access to services and key points that were captured during various discussions with VCS groups.

15. A service user had been told that the Improving Access to Psychological Therapies (IAPT) service would not be able to help. They were not told why or advised about other services that may have been able to assist with their mental health issues. The perception of the user was that 'it's because I'm 65'. The voluntary and community group that this user had dialogue with has not heard from the service user since the initial conversation.

16. A service user wanted a Mindfulness model of counselling rather than Cognitive Behavioural Therapy (CBT). This appeared to cause confusion about whether or not the service was available. Following advocacy from a Voluntary and Community Sector (VCS) organisation the client was eventually referred for Mindfulness, however other difficulties in accessing services included a substantial waiting list. As this model is not as popular as others, the sessions are not run as frequently.

17. Following on from the point above, the issue of transport arose as the Mindfulness course took place in another area and client could not use public transport due to their social anxiety. The client had no family or friends to take them and could not afford to use a taxi. They eventually accessed a transport scheme through a local Citizens Advice Bureau (CAB) and are subsequently accessing Mindfulness therapy.

18. IAPT services are usually accessed through local GP surgeries and this can be a problem for some older people who are socially isolated or living in rural areas where local transport services are not very regular or accessible. Older people are more likely to have physical health problems, such as impaired mobility, which may prevent them from accessing IAPT services.

19. A report by Dr Mike McHugh touched on the access to healthcare from BME groups and the uptake of services compared to white groups. In addition to this some BME cultures especially those of south Asian decent, see the care of many older people to be the responsibility of a younger sibling/ family member. Often the older person continues to live with a son or daughter who provides care and support reducing isolation. The perceived social hierarchy system plays a key role in the stigma of accessing various mental health services within the community as it can often be wrongly seen to affect the family's reputation.

20. One client was unable to benefit from IAPT services as they could not get to their local surgery and the therapist would not visit them at home. This defeated the whole object as they were struggling with Agoraphobia. On this occasion there was no flexibility in the service and clients are reportedly sometimes being told that getting to the appointment

reflects their commitment to getting better, within the ‘recovery model’.

Service Delivery

21. Several clients have suggested that the IAPT sessions were too short (one client said 20 minutes is usual) and do not give sufficient opportunity to work through issues.

22. One service user reported that they did not know what to do as they were not happy with the approach of their therapist and this was causing more anxiety. They eventually discussed the problem with their GP who said they would arrange for them to see another therapist, but several weeks later they were still waiting and unsure whether they had gone to the bottom of the list again.

23. Following advocacy from a voluntary and community sector organisation, this service user has now been allocated another therapist. Although the session is held in a different surgery the user has said that sessions with the new therapist are working well.

Maintenance of Good Mental Health

24. If clients require on-going support after the IAPT sessions have finished, therapists need to be aware of other services they can refer onto and be proactive in sharing this information or referring on. As outlined above, one client was not given any other advice or information when IAPT said they were not able to help.

Wider Considerations

25. There is an importance for services to work in partnership with Housing support groups that frequently engage with older people who display signs of anxiety and depression as well as being isolated. These individuals must be identified to fully understand the impact of anxiety and depression in the wider community, as often their environment can be a partial cause of their anxiety.

26. Many organisations support older people who suffer from anxiety and depression but have either not been diagnosed or do not access mental health services. This observation is very common with groups that run befriending services or support groups, social drop in services for older people. Some of the issues identified from this cohort of people can be seen below.

    - Through gathering information it is understood that getting doctors appointments is difficult for many older people, who have often given up trying as by the time they ring and get through in the morning, all the appointments are gone and they have to start all over again the next day.

    - Local groups had told us that befrienders have sat in people’s houses and made the phone calls for them to ensure that they actually get an appointment. We were also told that some carers have made phone calls for patients who are struggling to successfully

secure an appointment. These patients are at risk of going without an appointment altogether, which is worrying considering they are some of the most vulnerable users of healthcare services and it is important to intervene as early as possible. There are concerns for people who have no one going in to support them and can be alone for weeks at a time.

- There is a recurring issue around access to information about services that can help.

- Statutory health and social care professionals require more information about availability of services to facilitate referrals to on-going VCS support services.

- Many people are do not meet the eligibility criteria for financial (social care) help so fall through the net, as travel and cost combined can often be an issue. Many people become isolated and depressed, as access to services becomes a problem.

- Some service users have stopped going to local clubs, as some organisations have implemented a charge and they don't feel they can afford to go every week.

- One particular group had told us that some service users have also cut down on their carers because of cost, which is a concern.

- Over the years many Befriending Schemes have had statutory funding withdrawn and can no longer afford to deliver a service. .

Recommendations

27. Consider developing new ways to help BME sufferers of anxiety and depression access services more frequently than they do currently.

28. To better understand how well the Mindfulness services are promoted and offered by GP's.

29. Consider some form of Information Advice & Guidance workers based in IAPT delivery offices or GP surgeries to help inform service users of alternative service provision (statutory and non-statutory).

30. Consider the establishment of structured referrals into specific services to address issues such as debt advice, housing support and bereavement counseling could be sourced by the worker to help identify and manage the root cause of the depression or anxiety.

Conclusion

31. Healthwatch Leicestershire and Voluntary Action LeicesterShire would like to thank the Leicestershire County Council Health Overview and Scrutiny Committee for allowing the voice of service users and VCS organisations to be heard during this review.

32. Whilst we have outlined concerns from some of the service users and groups we have spoken to, it is important to note that most users report a high level of satisfaction with statutory provision for older people experiencing anxiety and depression. Most VCS organisations we have spoken to are also complimentary about the IAPT model and have commented that it is much better than what went before.

33. As outlined above, there are some issues for the particular client group subject to the review and also some issues for BME residents of Leicestershire and their ability to access, and successfully engage with treatment. It is our opinion that the IAPT service is generally good, but with room for improvement.