

## Norfolk & Waveney Health & Care Partnership – Seldom Heard Voices consultation

### The Bridge Plus+ report

#### **1. What we did? Interview method e.g. phone, face to face, focus group, other**

##### **Group activity:**

During The Bridge Plus+ community lunch held on 5<sup>th</sup> May 2022 (attended by 40 service users and 8 representatives from other voluntary and statutory services), we devised an activity with around 10 words describing how people might feel on a good day and a similar number for how they might feel on a bad day. We translated the words into various other languages: French, Portuguese, Sorani, Chinese, Polish, Arabic and Swahili. We set up 2 tables for the lists: one for a good day and one for a bad day. We gave people stickers and asked them to choose the 3 most relevant words for how they feel on each type of day. The findings are summarised in section 3.1 below. During the next Bridge Plus+ community lunch held on 23<sup>rd</sup> June 2022, we provided feedback to participants on which words people had chosen as most closely reflecting their feelings or state of mind on good and bad days.

##### **No focus groups:**

Based on our team's own lived experience as well as our experience of working with disadvantaged people from ethnic minority and migrant backgrounds, a consultation method based on a group setting, e.g. focus groups, was not deemed appropriate. We therefore opted for individual interviews.

##### **Individual interviews:**

The Bridge Plus+ team collectively designed an interview questionnaire, based on the requirements outlined by NSFT colleagues. We shared the draft questionnaire with contacts working in the field of mental health and wellbeing. Once finalised, we tested the questionnaire in two community languages. Once satisfied that the questionnaire was suitable to use, we created an online Forms document to enable us to collate responses in an effective and timely manner.

In all, 24 interviews were conducted, using a variety of delivery methods. 10 interviews were conducted face-to-face at The Bridge Plus+ office (7 of these in a language other than English; all participants were offered the opportunity to respond to the questions in their preferred language). 3 interviews were conducted over the phone in a community language. 1 participant received the questionnaire by post in their preferred language and responded in writing in their preferred language. 10 respondents received the online version of the questionnaire via a link on WhatsApp and responded in English.

## 2. Whom we spoke to (How many people, Participant demographics. Broken down by: age, ethnicity, gender or non-binary, location/district)

- 24 respondents to date
- 75% women, 25% men
- 14 different nationalities represented
  
- Ethnic background (ONS categories used): 50% Black African, 12.5% Black Caribbean; 12.5% any other White background, 12.5% Asian (Bangladeshi, any other Asian background), 8.5% any other ethnic background
- 83% in the 25-49 years age bracket, 17% in the 50-65 years age bracket
- Immigration status: 29% have EEA settled status, 21% have 5-year refugee status, 17% have EEA pre-settled status, 17% have indefinite leave to remain, 12% are British citizens, 4% (1 respondent) have limited leave to remain outside the immigration rules
- Household: 58% of respondents are single parents with dependent children; 25% live with their partner and have dependent children; 12.5% are single with no dependent children living with them, and 1 respondent has a partner and no dependent children living with them
- Socio-economic status: 42% of respondents work (part-time or full-time), 62.5% are in receipt of means-tested welfare benefits; 17% of respondents are in receipt of disability benefits.

## 3. Findings

### 3.1 Attitudes to health and wellbeing, diverse experiences

During The Bridge Plus+ community lunch held on 5<sup>th</sup> May 2022 (attended by 40 service users), participants most frequently selected the following words (in English or in a community language) to express their feelings/state of mind on a “good day”:

Happy  
Calm  
Optimistic  
Sociable

The following words (in English or in a community language) were most commonly selected by participants to express their feelings/state of mind on a “bad day”:

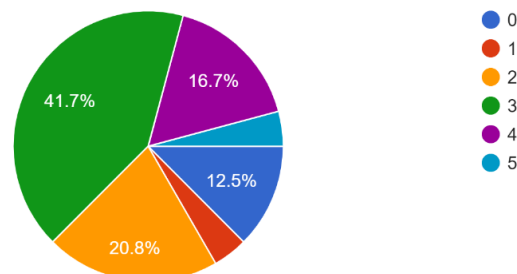
Stressed  
Worried  
Sad  
Anxious

In the context of the individual interviews, when asked what it means to be in good health, 22 out of 24 interview respondents talked about feeling well physically and mentally. For example: “As for me, being in good health means be healthy physically and happy mentally”

When asked about differences between physical health and mental health, and whether the two are related, an overwhelming majority of respondents state that although they each have their specific characteristics, they are very much linked and one affects the other. For example: “If I have a long-term stress, it will cause physical pain in my body. If I have a long-term physical problem, it will cause stress in my body.” One respondent also highlighted the challenge associated with mental compared to physical health: “The difference between mental and physical health is one can be seen and the other can’t.”

When asked to give a score between 0 and 5 to their mental health in the last 2 weeks, 9 respondents (38%) rated their mental health as poor or very poor (scores of 0-2).

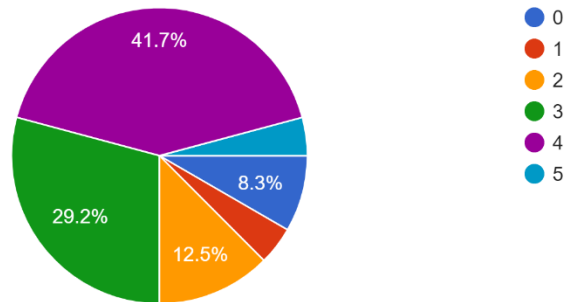
QUESTION 3A - Thinking about how you've been in the last two weeks, please give a score to your mental health 0 - very bad to 5 very good  
24 responses



When asked to give a score between 0 and 5 to their physical health in the last 2 weeks, 25% of respondents rated their physical health as poor or very poor (scores of 0-2).

QUESTION 3B - Thinking about how you've been in the last two weeks, please give a score to your physical health. 0- very bad, 5-very good

24 responses

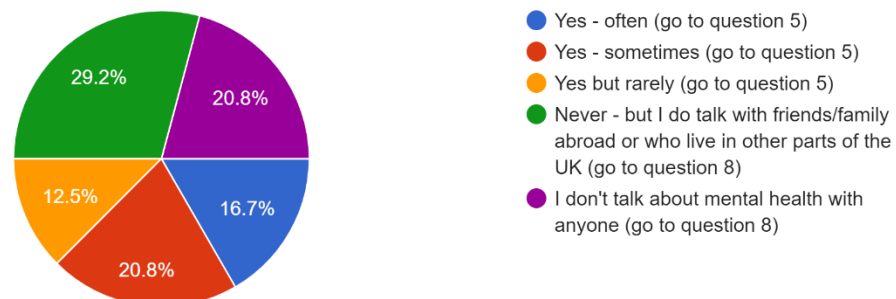


Respondents were also asked whether their mental health had changed in the last two years, with 62.5% (15) reporting that it had gotten worse, 25% (6) stating that it had stayed the same and 12% saying that they did not know (2) or not answering the question (1 person).

Asked whether they talk about mental health and wellbeing with people they know locally, only 38% of our interviewees reported that they are able to talk about mental health with people they know here in Norwich/Norfolk (sometimes or often), while 29% only talk to friends/family living away from Norwich/Norfolk.

QUESTION 4 - Do you talk about mental health and wellbeing with people you know in Norwich/Norfolk?

24 responses



Those who do talk about mental health and wellbeing with people they know here said that they are most likely to talk to:

- Friends here who are from the same community and/or speak the same language (47%)
- Family living locally (40%)
- A GP, nurse or other health professional (40%)
- People in organisations that support them with other issues (33%)

Asked what they talk about, they mentioned problems, worries they face in life, stress factors (most cited: money worries, housing problems, looking after children, employment-related problems). A few respondents also mentioned talking to friends about actual symptoms of mental ill health and what helps.

For those who said that they didn't talk about mental health with anyone, trust was mentioned as a key reason for not talking about mental health issues.

"Either they would talk to other people in the community about me and my problems and everyone would think I am crazy; or they are going to tell me that their problems are bigger than me and won't really listen to me or help me. Other people don't want to listen to negative thoughts from other people."

Being concerned that people would not respect one's privacy was also mentioned several times.

Only two respondents indicated that they did not talk about mental health because they were doing fine and didn't feel the need to.

Asked about differences in the perception of and support with mental health issues between the UK and their country of origin/ their family's country(ies) of origin, 63% of respondents said they thought there were many differences, while 2 respondents said it was similar. In terms of differences, a majority of respondents explained that healthcare services in their country of origin were underfunded and/or weakened by conflict or war. Some respondents said that in their country of origin, mental health hospitals resembled prisons. 5 respondents pointed to the fact that mental health was not talked about in their country of origin, stigma being mentioned as the main reason ("people will think you are crazy", "people will see it as a sign of weakness").

Asked to reflect on positive and negative influences on their mental health, our respondents identified the following factors:

Positive influence on mental health	Negative influence on mental health
Seeing/meeting/going out with family or friends: 67%	Money worries: 92%
Going to group activities (e.g. English classes, community lunches, volunteering, art and craft): 63%	Missing family or friends who live in their country of origin: 75%
Going abroad to see family/friends: 63%	Family/relationship problems: 67%
Having some quiet time at home: 58%	Feeling isolated, feeling lonely: 58%
Physical activity: 50%	Work related: unemployment, underemployment, lack of career prospects: 58%
Break from work/holiday: 50%	Housing problems (overcrowding, damp, risk of eviction): 54%
Gardening and other (non-sports) outdoors activities: 38%	Trauma from experience in the UK (domestic abuse, going through the asylum system, experience of racism and discrimination): 54%
Break from family responsibilities/household chores: 38%	Problems, pressures from having family back home needing support including financial support: 50%

46% of respondents also identified not being able to communicate well in English as impacting negatively on their mental health: “You don’t know whether people are talking about you, in a good way or in a bad way. It is unsettling”.

### 3.2 Experiences of accessing health and social care, accessing support for mental health and wellbeing

*Had participants accessed any formal health services – if so, what were their experiences?*

#### **GPs**

Asked whether a GP, nurse or other healthcare professional had ever asked them about their mental health, 67% of respondents said they had never been asked while 33% said that they had.

Asked whether they had ever talked to a healthcare professional about experiencing mental health issues, 46% said that they hadn’t, 42% said that they had, and 8% (2 respondents) said that they hadn’t because they hadn’t experienced mental health issues.

9 respondents who had had mental health issues and sought help told us more about their experiences of talking to their GP. 6 of these 9 respondents had positive feedback about their GP: “He listens to me, he gets me an interpreter”. “I felt listened to and supported. They referred me to a mental health service and that helped”. “My

GP is amazing; he takes the time to listen and help me as much as he can. He doesn't rush me and is always happy to refer me to other support".

Unfortunately, other respondents had had negative experiences: "She gave me only medicine. It didn't work for me. I stopped using. There was no follow up. Nobody asked again. And the case just closed". "I stopped going to my GP unless I feel that I have reached an all-time low and I desperately need help. My GP doesn't listen, I feel like I'm another patient and they need to see X amount of patients in that day. They don't listen, they just write me a prescription to get me out of the door".

### **Specialist mental health support**

As mentioned above, some respondents had had experience of accessing mental health support.

We asked respondents if they identified the following services as relevant ones for people needing mental health support:

- The Wellbeing Service? 42% respondents said yes
- The Crisis team? 17% of respondents said yes
- The NHS First response? 17% of respondents said yes
- GPs? 75% of respondents said yes
- A&E/999? 71% of respondents said yes
- Other – 17% of respondents said that, if they knew someone needing mental health support, they would advise them to contact other services (further detail below).

It is worth noting that a majority of respondents thought the best way to get help was to contact one's GP. The main role of GPs was identified as a referrer to specialist support as well as prescribing medication.

6 respondents correctly identified the Wellbeing Service's core remit, while 3 knew about the Crisis team and/or the NHS First Response.

Two respondents talked about their own experience of accessing specialist secondary care. Although their GP's response was adequate, care from secondary care services wasn't:

"My GP listened and diagnosed me with a mental health illness, he referred me to adult mental health services and they have let me down time and time again. I have had to be the one to chase my mental health worker for appointments etc. It is a horrible feeling, I feel like I am just being referred out to different departments/organisations without anything actually being done. It has not helped and I've got to the point where I just don't bother because I get nowhere".

“I have severe mental health problems/illness so i have got a lot of experience talking to health care staff about my issues. I speak to my GP and I have a mental health nurse. Yes it helps and I have treatment. What is not so good is: staff are not always good at communicating, it doesn't go deep enough, it feels rushed. The mental health nursing team is short staffed therefore they are too busy and don't have enough time for patients. For example I had no contact for 5 months this year (but otherwise my Mental Health nurse is good). Other services like the Samaritans - they listen well but can't really help in other ways. The system (mental health services) is too complicated”.

As for the respondents who mentioned other services people might contact for mental health support, 3 mentioned The Bridge Plus+, New Routes or other community-based organisations.

Asked about how it could be made easier for people to access mental health services and support, respondents said:

- “Encouragement”: a majority of respondents identified a gap between individuals needing support on one hand, and specialist services on the other. To bridge that gap, ideas mentioned included: a role for people within diverse communities to raise awareness of services, talk more about mental health, “de-stigmatise” mental health issues, make access to good, accurate information easier, in a more accessible manner. Several respondents felt that community-based organisations such as The Bridge Plus+ and other charities were well placed to fill in those gaps: “They find solutions when you think there is no solution”; “They know us well, they know the problems we face”.
- Ensure access to interpreting, whenever the person needs/wants it (mentioned by 7 respondents). One respondent said that sometimes she wanted to use an interpreter and sometimes she wanted to try and express herself directly, without having a 3<sup>rd</sup> party involved; in the end what mattered was to be offered the choice.
- Several respondents who have had direct experience of mental health support services commented on the need for those services to improve: “When I had talking therapy, my appointments soon became monthly; that was not enough for me”; “they need more staff, better paid staff, better trained staff”; “There needs to have easier access to GP services to start with”; “There needs to be a big push in trust for different ethnic groups because we do not trust the support out there because too many of us have been let down by these services that are supposed to be equal, fair and impartial”.



## Conclusions

- Key barriers to accessing mental health services and support:
  - ✓ Mental health is a sensitive subject: you have to trust the person you speak to; stigma associated with having mental health issues
  - ✓ Social isolation and loneliness – catch 22 effect
  - ✓ Lack of awareness of mental health support, e.g. Wellbeing service
  - ✓ Accessibility – GPs considered first point of contact but it can be difficult to get a GP appointment or the GP might not take the time or have the time
  - ✓ Accessibility – access to interpreting support; being able to make appointments in the first place (move to online booking systems – a majority of our service users do not easily access digital services and will need the help of a family member/child – not appropriate here?)
  - ✓ Past negative experience of mental health support– poor quality of the service and/or experience of not being treated fairly/discrimination.
  
- Key enablers which had or would help people access mental health services and emotional wellbeing support:
  - ✓ Role for community-based services/organisations who already have the trust of diverse communities
  - ✓ “Community connectors” type of role? Worth noting that respondents were ambivalent about opening up about mental health issues with friends/people from their own community.
  - ✓ GPs – when trusted/have time/take the time

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