Mental health group discussion – Fareham (04-05-16)

Emma Giles and Nick Brooks met with three people who are currently receiving treatment and support for long-term mental health problems, at Solent Mind, Fareham.

This session evolved in a different way to the others, in that it did not feel appropriate to try to work through a pre-defined set of broad topic headings. Instead, the discussion ended up far more focused on the respective roles of both the NHS, and peer support networks.

NHS care:

"The NHS is, of course, quite clinical and not so practical."

"How can someone understand what you are going through if they haven't lived it themselves? I don't think a psychiatrist provides a service to promote ongoing recovery."

"The NHS isn't a personal service – not personal enough to offer ongoing support."

"If someone suffers a deterioration, and needs to go back to the NHS, they have to go back to the very start of the process – there is no quick way back in. Why do you have to start all over again?"

"GPs and psychiatrists can give you a medical, or chemical, stability. That stability then allows you to work on your recovery – they can't help with the recovery, but they do have a vital role to play."

"There tends to be a lack of a thread running through – you have a liaison officer. There has to be a constant, someone who sees it through for you." And similarly: "There is a lack of continuity, a lack of understanding." And also: "I saw a psychiatrist every six weeks, but it was a different one each time so I had to explain everything all over again – I would leave in tears."

"There needs to be early intervention, and better pathways to help – we need to get people into a place where they can recognise when they are in danger of deteriorating. If the NHS could that it would stop people having to repeatedly start treatment all over again."

"The service can be very slow – I waited for a year for a risk assessment. I think that the community teams make it difficult to see a psychiatrist."

Isolation / the difficulty of accessing care when health is poor:

"Doctors' surgeries are very clinical, and off-putting. Going to a group instead gives you kindness, and warmth."

"If you have a broken leg you can get a taxi to an appointment. But if you have a mental illness you can't even call someone when you're in a bad way." And similar point: "Lots of

people have phobias about using computers or phones, so giving people a number to call doesn't help when they're ill."

Peer support:

"Peer support gives you compassion, kindness, and time – GPs don't have that time."

"The only people who can help people with mental health problems are people who have mental health problems – you need to have someone who understands where you are coming from."

"You need someone who can really empathise with you – to be able to go somewhere where you are listened to, where people can give you ideas on how to cope with stress, and emotions."

"There is strength in groups, knowing you are not alone."

"There is no point in just investing in buildings – sometimes you need four people to support one person."

'Ideal' services:

"Ideally there would be someone who could call on you, talk to you, take you to get support, someone you can call on at any time."

"There would be more staff, more face-to-face contact, more case studies demonstrating positive experiences."

"Quicker response times."

"Support has to be ongoing – you can't do it once and then stop."

"It has to be more joined up – the right hand and the left hand don't always know what each one is doing, and they need to."