



Mental Healthcare Provision

Older People's Experience in Brighton and Hove
A report by Age UK Brighton & Hove

Contents

Executive Summary	Page 2
Introduction	Page 6
Methodology	Page 7
Demographics	Page 8
Results	Page 8
Key Themes and Recommendations	Page 17
Appendix 1 – Briefing and Questionnaire Framework	Page 21

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[CCG Engagement Report on Survey 10](#)
[Mental Healthcare Provision for Older People](#)
[Age UK Brighton and Hove](#)
[May 2016](#)

[Executive Summary](#)

This report was commissioned by the Clinical Commissioning Group as part of the contract with Age UK (Brighton and Hove) whereby Health Engagement consultations are conducted primarily with those aged 80 years and over, who may be socially isolated and whose views are traditionally under-represented.

This consultation focussed on mental healthcare provision and sought the personal experiences, views and attitudes of older people.

In addition, the views of Age UK Brighton & Hove staff were sought to provide an organisational perspective.

The findings reveal that

- **Age UK** is recognised for its role as an ambassador for older people and their unique requirements. Older people appreciate and are positive about the role Age UK has in representing them and their needs to the NHS and other organisations and would welcome further intervention on their behalf with regard to mental health.
- **Signposting:** There is a need for more signposting of mental health services provided by statutory and non-statutory organisations. Older people do see one of Age UK's roles as signposting. The most popular medium suggested is information leaflets, to be circulated widely in the community eg GPs surgeries, libraries, community centres, clubs and charity shops.
- **Counselling:** The Age UK counselling service is valued, particularly the fact that people can be supported in their home. Some people would like the number of sessions extended
- **Role of GP:** A number of people would first approach their GP if they had a mental health need and would expect them to refer or signpost them on to other services.
- **Support Groups:** not the first choice for older people and were seen as something that might be complementary to one to one

support or would be a second choice if there was a long waiting list for one to one support. A number of reasons were given such as practical issues, group dynamics and reluctance to share in a group setting.

- **Isolation:** respondents felt that Age UK and other voluntary organisations could help by providing groups and a variety of social contexts to reduce isolation.
- **Special Needs:** specific and unique needs and requirements that should be taken into consideration when planning mental health care provision. For example mobility issues, the housebound and the stigma about mental health that some people feel.
- **Five Ways to Wellbeing:** majority were unaware of FWWb. They felt the examples were not relevant and that they were patronising. Some people were able to give examples of ways they were implementing the Five Ways to Wellbeing and others suggested Age UK produce an older person friendly version.
- **NHS waiting lists:** concerns were mentioned by a number of participants.

Recommendations (in bold)

1. Older people have specific needs and requirements. At Age UK, we know that our clients often need a different approach because of the multiple issues that they face at this time in their life. **It is recommended that mental health services for older people are separated from general adult mental health services.**
2. Some clients, and older people in particular tend not to do so well longer-term, when counselling is time-limited and limited to CBT based therapies. The reason for this is because their issues are rarely restricted to one presenting problem. **It is recommended that**
 - a) **a wide range of different services, approaches and techniques including counselling be available** to fully and effectively meet the needs of the widest range of clients
 - b) **Services should be local to clients and be easily accessible.** In addition, it should be possible for older clients or those with disabilities or mobility issues, or those with mental health issues that make it difficult for them to leave their home to receive services at home. Age UK offers this to older clients. If the number of sessions offered is extended or the service expands then additional funding will be required.
 - c) Older people can require specialist counselling **from trained counsellors** who can work with the complex mixture of issues

they may face and who understand older age. Specialist work can require helping clients to come to terms with and accept things that cannot be changed or improved.

3. As a representative of the needs and specific requirements of older people and in the role of voice and advocate, **it is recommended that Age UK is included in mental health consultations and in decision making meetings on mental health services in the city.** An older person's mental health champion could be appointed to fulfil this role, which would require additional funding.
4. Age UK staff feel that solutions / options such as support groups only suit certain people and may not help those with complex or very individual needs. They do not on their own meet specific needs eg someone with depression being sent on a worrying course may find it of interest but it will not deal with the deeper issue. There is a concern that the support groups are seen as a quick fix / tick box option. A support group may well complement specific individual support but should not be used instead of this individual support.
5. The research shows that there is a need for more information on the mental health services and support available in the city. (At a recent Sussex Partnership Foundation Trust meeting on mental health, a key theme coming out of the discussion was a need for better communication about mental health services and how to access them.) **It is recommended that one comprehensive leaflet or booklet is produced in printed, large print and online versions. It should be made available in key public places such as libraries, community centres, charity shops and GPs surgeries.** It is also suggested that to complement this a powerpoint advert, in the same branding as the leaflet, is designed to be shown on the television screens in surgery waiting rooms.
6. **It is recommended that the successful Community Navigators scheme is utilised** to raise awareness and signpost older people on to mental health and wellbeing support provided by the voluntary sector and statutory service providers.
7. The annual mental health awareness week in May, organised by the Mental Health Foundation, could be used to raise awareness amongst older people of mental health conditions and local service provision. Talks at community groups and lunch clubs were suggested by some of the participants and an opportunity to stimulate discussion may help those who feel mental health has a stigma.
8. The Five Ways to Wellbeing are not all relevant or appropriate to the majority of older people. **It is recommended that a Five Ways to Wellbeing leaflet is written and designed specifically tailored**

for older people. The examples can be written with older people in mind with an encouraging and inclusive approach. A workshop with older people could be set up to gain their input and the leaflet could be launched as part of mental health awareness week.

9. The research shows that Age UK services that directly and indirectly support mental health and wellbeing are appreciated. However, further work needs to be done to raise awareness of these services and the age range that Age UK support. An insert could be produced to go in the above mentioned information leaflet or to be used as stand alone.
- 10.** There is a need for improved communication between the voluntary sector and the NHS on services provided. **The 'My Life Brighton & Hove' website could be used as a platform to provide service information, capacity and updates on waiting lists etc.**
11. Whilst recognising the time constraints and focused approach required for this research, **it is recommended that providers, such as Age UK, suggest questions that they feel would be useful to ask clients in future research.** This will help gain a full picture and it is recommended that a comprehensive mental health research project is conducted as a collaborative approach with MIND.
- 12.** A recurring theme from the last two reports is the need for a sensitive person centred approach when delivering a diagnosis or medical information to people. **It is recommended that training on delivering difficult news is included in training courses for health professionals.**

Introduction

Age UK Brighton and Hove were asked by the Brighton & Hove Clinical Commissioning Group to consult with individuals on their views and experiences on mental healthcare provision.

The CCG brief stated: 'The CCG values the contribution that the community and voluntary sector organisations make to people's mental health and emotional wellbeing in the City, especially support for those who have been traditionally excluded. We are keen to learn about the skills and added value you can bring to complement services (not duplicate provision), we also need to ensure we secure best value for money and most importantly our joint aspiration to secure the best arrangements for patients. We would like you to consider the following questions within your organisations as well as from your experts/ users:

1. What do you see is the role of the voluntary sector in supporting people to look after their mental wellbeing, information and accessing specialist services? Is it for example:
 - Providing expert advice to the larger providers about working with the people you support;
 - Providing and promoting peer support;
 - Promoting the *5 ways to wellbeing* to the people you support;
 - Helping people to access services provided by SPFT/ the future adult IAPT/practitioner service?

2. Is there a specific role for the community and voluntary sector to work with the larger providers to promote what is available in the voluntary sector and to ensure that professionals working with people with mental ill health are aware of what is available and know how to access service in the voluntary sector?'

Context

Age UK has a well-established, highly valued low cost counselling service for older people who live in Brighton and Hove City aged 50+. The service accepts clients with mild to relatively severe mental health issues (often because there are a combination of issues for which the client is presenting, and/or because as an older person, it can be more challenging to change the behavioural habits built up over a lifetime). Presenting issues for older people can be more difficult to deal with because older people are inevitably facing a time of transition, for e.g.:-

Transition issues:

- Change to living arrangements/housing issues
- Financial – can be hard for some to manage on limited income and for all to predict future financial needs
- Loss - often multiple losses, such as employment, employment status, loss in parenting role, physical loss of wellbeing
- Bereavement – often multiple loss, siblings, parents, children, pets
- Physical wellbeing – likely to deteriorate in older age, impacting on independence, ability to socialise, ability to make a useful contribution to society by being unable to work, likely to increase mental health issues by increasing isolation
- Mental wellbeing – likely to be affected by thoughts of mortality, failing health diagnoses of physical health issues and all issues listed above
- Vulnerability and possibility of being subjected to ageism – loss of dignity, freedom, choice and agency
- The effects of multiple factors listed above happening together and compounding on clients ability to remain well

Older clients may have mobility issues, or other mental health conditions such as agoraphobia which means that they are unlikely to engage in support services unless they can be delivered at home. For this reason, Age UK Brighton & Hove offers counselling for its clients at home if desired/needed. Without this service, clients would be unable to access counselling.

Age UK also provides:

Information & Advice service that can signpost people on to mental health services provided by agencies and the voluntary sector as well as statutory services.

Activities and groups that help older people to maintain their mental wellbeing. For example activities including tai chi, exercise classes, yoga, bridge, coffee mornings and lunch clubs; and massage and reflexology.

In addition Age UK also represents the needs of older people, including mental health and wellbeing, on a national and local level.

Methodology

For this report we used guided questions for individual interviews with two groups of older people. We identified our experts as people who had used our counselling service and approached 20 counselling service clients who

had accessed the service in the last year. We had 4 responses from people willing to take part in the research.

Although the number of interviewees required for this research was lower than in previous research, we boosted the numbers by approaching older people who had previously participated in Age UK research and interviewed 13 people in total.

We re-phrased the original questions provided by the CCG. The questionnaires used are attached as Appendix 1.

The CCG also requested internal feedback and we approached the following people and departments within Age UK Brighton & Hove:

Health and Wellbeing Development Manager

Crisis & Re-enablement team

Advocacy

Information & Advice

Counselling Service. In addition to gaining the input from the manager we also approached the supervisor and counselling team.

We circulated the original briefing paper and questions from the CCG and asked for responses and thoughts.

Demographic

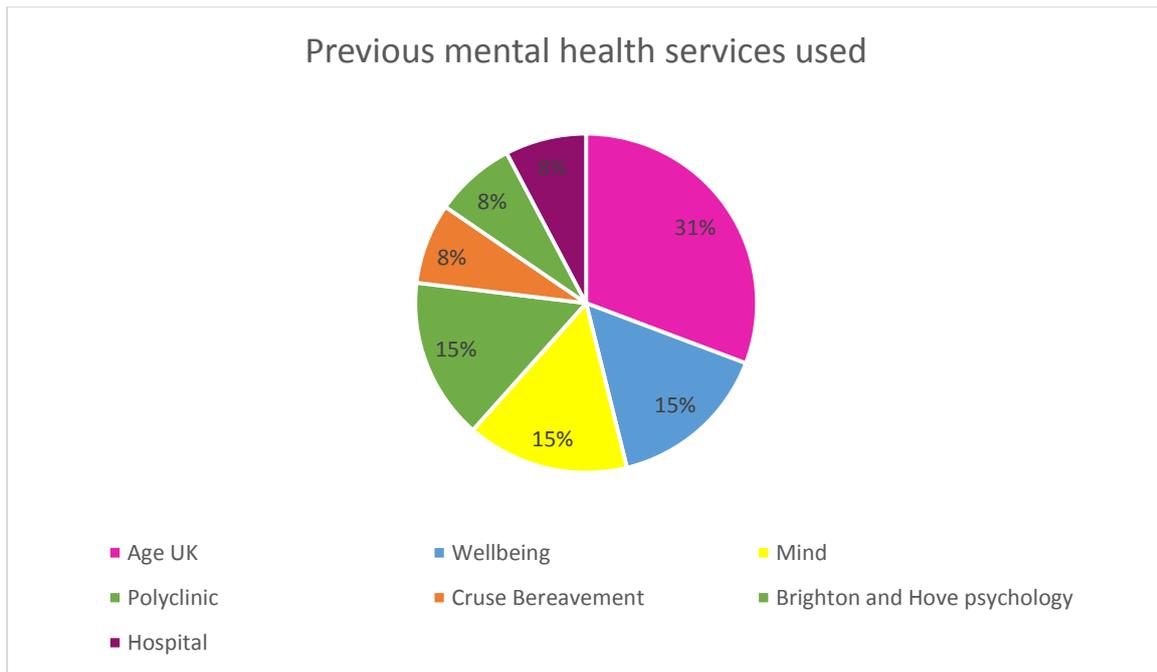
A total of 13 respondents took part in the consultation. All were Brighton and Hove residents. The gender split was 9 female and 4 male. The age range of the respondents was 52 to 93, with a mean age of 73.

The majority of respondents were living in their own home and suffering from at least one health issue.

Results

Have you previously accessed mental health services? If yes, where did you get help?

46% of people interviewed had previously accessed mental health services. Two thirds of those who had previously accessed mental health services had received help from multiple organisations. These were: Age UK; Wellbeing at Sussex University; Mind; the Polyclinic; Cruse Bereavement Care; and Brighton and Hove psychology department.



How do you think charities and other voluntary groups in Brighton & Hove can help older people to look after their mental health and wellbeing?

"Personalisation is important because everyone's life path is different"

69% thought that charities and voluntary groups can help by reducing and lessening social isolation (a common problem mentioned by a number of respondents). Ideas suggested for this were organised groups and activities geared towards older people (this included coffee morning, discussions and talks, hobby groups and learning opportunities such as IT). One person, who is housebound, praised their experience of befriending to reduce social isolation – *"When you are housebound the world shrinks and your friends go. So having new people really helps aspects of loneliness and self-worth."*

People also thought that charities and voluntary organisations could help by giving advice and spreading awareness on mental health issues, and signposting services so that people know where to go for help.

One person observed that *"The NHS relies too much on charities."*

How do you think charities and other voluntary groups in Brighton & Hove can help older people to find out about services that can help with mental health and wellbeing, they might need?

"I would go to Age UK and I recommend Age UK to others."

The most popular suggestion for helping older people to find out about services was providing information leaflets (85%). Suggested places to put these were in doctor's surgeries, libraries, lunch clubs, town halls, churches and leisure centres (especially in activity groups geared towards older people).

62% said that they would go to their GP initially. Therefore informing GPs about services so that they can pass this information on to patients may be beneficial.

Other suggestions were advertising using the media and television, talks to groups and clubs for older people such as lunch clubs, notices on community boards. Unsolicited calls or visits would not be welcome, though one respondent suggested that leaflets could be distributed by visitors who would stay and give the person time to look through the leaflet with them.

Some also noted that the move to digitize information was not good as it made the information inaccessible for many older people, so a website may not be so useful for them.

How do you think charities such as Age UK and other voluntary groups can raise awareness of the mental health support we offer to:

A) Older people

Answers to this were mostly the same as the answers to the previous question, with popular suggestions being leaflets, distributing information via GPs, community notices, TV and media, and talking to groups. Other suggestions were having awareness days where Age UK and MIND run a group with refreshments for people to come to. Awareness could also be raised through the Library Home Delivery Service.

Two respondents thought that Age UK should advertise that we help 50+, as there is a perception that it is only for elderly people.

It is also important to break down the stigma surrounding mental health issues and using related services.

Signposting to other organisations that may be more relevant was also suggested.

B) The NHS and its partners who provide mental health care in the city

Age UK can act as a bridge between older people and institutions, for example people may need guidance or a mentor when trying to access services. The NHS was described by one as "faceless", while Age UK was in-between.

It was also suggested that there should be more communication between Doctors and charities regarding what services they offer, how many people they can cope with and waiting times, and who is responsible for providing what services.

Awareness can also be raised with students in relevant areas, for example therapy students.

Support groups are currently available, are you aware of them?

"It helps to share problems"

69% of respondents were aware of support groups.

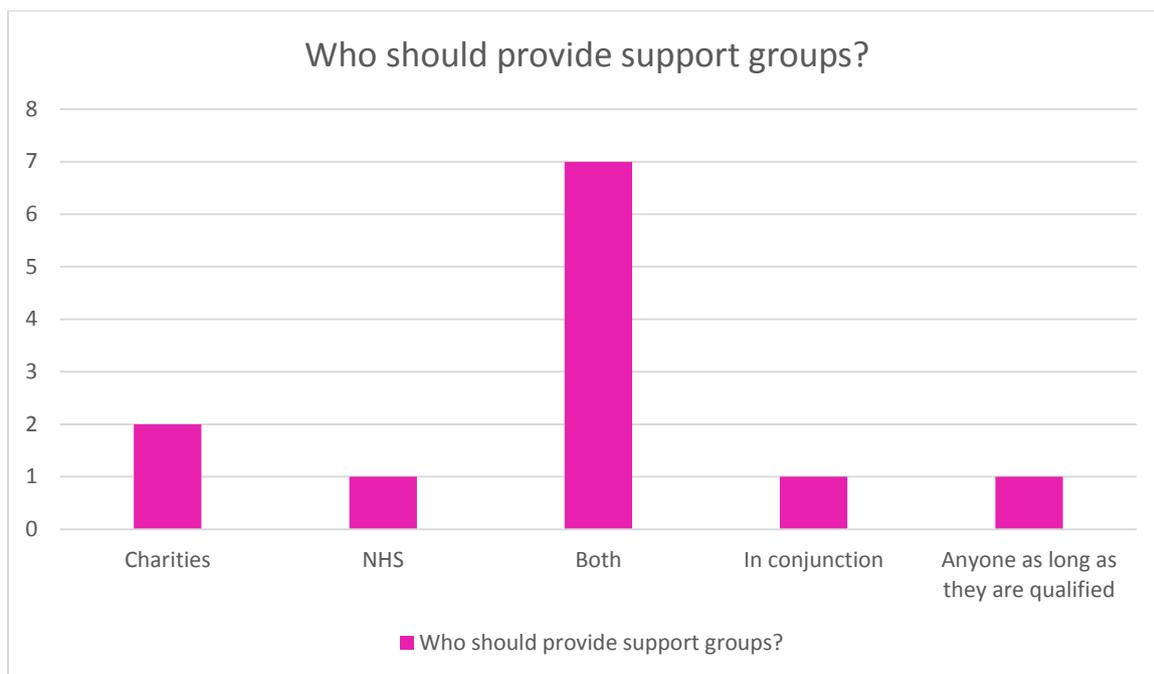
A) Do you think support groups for older people with mental health issues would be welcomed and used?

Opinions towards support groups were generally positive though a number of issues were raised:

- Three of the respondents noted that older people may experience more stigma about mental health issues or may have been brought up to *"keep it in the family"*
- Some older people may be housebound and thus unable to attend group meetings
- Transport and seating for older and disabled people may be needed
- One respondent who had attended a support group found it *"unhelpful and patronising"* and thought that some people dominate groups and don't give others a chance to speak.
- It takes confidence to join in with a group and those who are isolated may lack the confidence

Despite these issues, the majority of respondents would be willing to attend a support group.

One said that support groups would be welcomed as *"a lot of mental health issues for older people are ignored"*.



Respondents felt that both the NHS and charities should provide support groups, as this would reduce waiting times.

"Age UK has a sunnier face than MIND"

B) If you needed support would you consider attending a group or would you only consider support that was private and one to one, or would you like to attend a group in addition to other support?

69% prefer one-to-one support. However, all but one said that they would be willing to try a support group, especially if it was in addition to other methods or was the only option available and they felt the matter was urgent.

Three stressed the importance of the groups being made up of their peers (those of a similar age and mental health issue).

Two felt that it depends on what the problem is – people may be embarrassed by certain issues so would not want to discuss them in a group setting.

Are you aware of the Five ways to wellbeing?

Most people felt that they were aware of the 'five ways to wellbeing' but not under that name.

A) What do you think about these and do you feel they are relevant to you?

77% either felt that the 'five ways' were relevant or thought that they did them already.

However, 38% thought that the definitions given were unhelpful:

- They are geared towards younger people
- People may be housebound or physically unable to do them – the list makes lots of assumptions about a person's ability
- Some of it is "obvious and patronising"
- If people are unable to do them it may make them feel worse

B) Do you think Age UK should do more to promote any of these and if so how?

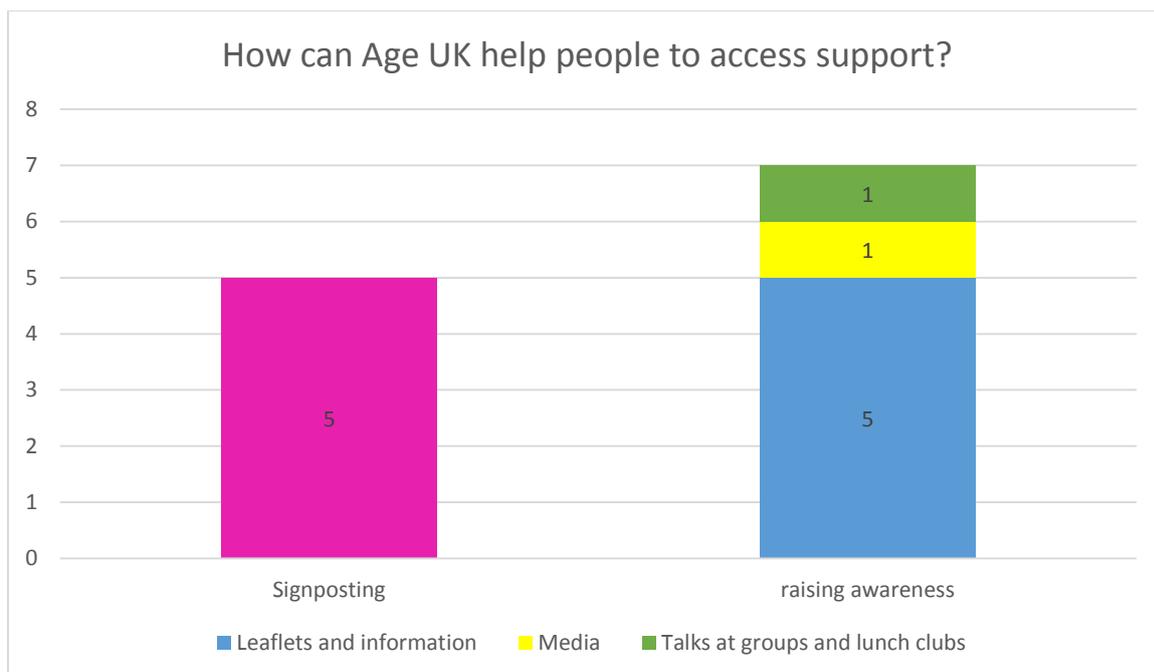
The most commonly noted problem was that the list was not geared towards older people so some of the examples weren't relevant. Suggestions for Age UK to promote the 'five ways' were to produce a leaflet that is adapted for older people or providing transport for people. It was also suggested that groups could be used to promote the 'five ways' and information could be displayed on community boards.

One person noted that activities and volunteering opportunities provided by Age UK cover the 'five ways'.

Age UK offers a counselling service and other services to support people with mental health issues. Do you think Age UK can help older people with mental health issues access the appropriate support?

92% thought that Age UK can help older people with accessing support.

"Age UK has a role in signposting people to the right services."



"Having a trusted charity that you can go to is really important. People get lost in NHS services."

Those people who had received Age UK counselling were appreciative *"the wonderful counselling that Age UK currently do."*

One respondent who is currently receiving Age UK counselling suggested that there should be more than 18 weeks of counselling as older people may have long-unresolved issues that take longer to deal with.

The NHS provides mental health services in the city. Do you think that Age UK has a role to play in representing older people, by providing expert advice on their mental health needs to the NHS?

"Age UK is in a unique position to advise on mental health needs to the NHS. MIND is also helpful but experience is not with the elderly."

All respondents felt that Age UK was well placed to provide advice to the NHS about older people and mental health.

Some noted that better communication between the NHS and relevant charities such as Age UK is needed so that the NHS are aware of what services the charity can provide and how many people they can handle.

One respondent stressed the importance of the NHS understanding the specific needs of older people due to their particular issues and life situations, saying that *"it takes so much pressure off"* if these are already known by health providers/counsellors.

"Age UK will have an excellent idea on what the needs of older people are to keep them mentally healthy"

It was also noted that current mental health services that the NHS provides can be hard to access – some people may be physically unable to attend groups or counselling in person, or people may 'slip through the gaps' and not know what to do (one respondent had a support worker who was cut due to costs and then never heard back from the department they were meant to have been referred to).

Other comments and feedback from respondents

It was repeatedly mentioned by numerous respondents that inability to leave the house and social isolation were key issues for older people and their mental health. There are not many options for people who are housebound to access mental health services, and the ones they can access may be less effective (e.g. counselling over the phone or online is less effective than face-to-face counselling and does less to reduce social isolation).

Befriending schemes and other things that help housebound people socialise, such as charities that offer pet friends, gardening schemes, and convenient places to socialise or exercise were given as ideas to help reduce isolation and aid wellbeing and mental health.

Similarly, transport and financial issues were also a barrier, both to accessing mental health services and to keeping good general wellbeing/mental health – these stop people being able to get out and about or take part in activities to socialise. One respondent said that the free bus pass was very important, and that there should also be one for trains. People may also be unable to afford private counselling.

Communication between the NHS and charities was also key – one respondent said that her GP's initial reaction was to give her a leaflet about Age UK counselling, which she then found out had a nine month waiting list. She felt that the GP should know about the waiting list in advance and not send people there initially if the waiting list is too long.

Professionals and those who are dealing with older people should be mindful of how they communicate information and of the impact that they have on someone who is seeking help. One respondent felt that the GP wasn't very supportive and then found that there was a waiting lists for counselling, which she said was "disheartening". This may discourage people who are trying to get help.

Long waiting lists for counselling were also mentioned by multiple respondents.

Internal Feedback

1. We see the role of Age UK Brighton & Hove as definitely providing support to those excluded from mainstream mental health, either because the nature their problems do not fit the criteria for primary or secondary mental health, or because they are physically unable to access services owing to being housebound.
2. Our counselling service does bring added value because it is a flexible service providing one to one counselling for up to 18 sessions in peoples' homes, using a person centred model which can be tailored to peoples individual needs and this makes it accessible to people with a broad range of issues. Our only problem is lack of funding which has made it necessary for us to charge fees and draw on Age UK reserves
3. We have welcomed opportunities to meet with partners and discuss potential gaps in funded provision
4. Our service has been running for 20 years and has developed specialist expertise in working with older people. There are often a unique combination of challenges and issues that come together in later life which do not easily fit the criteria applied to the general adult population in terms of mental health needs and anticipated outcomes from intervention
5. Our service uses carefully selected, trained volunteer counsellors who work to BACP standards supported by a UKCP clinical supervisor and BACP line manager. It is thus of a high quality while at the same time being an inexpensive service

Question 1

- With our expertise we are uniquely placed to offer expert advice about the clients we work with
- As an organisation we have a range of services providing more general support for well being including re-enablement, help at home, information and advice, advocacy, crisis, IT drop in and social and physical activities. We are also developing a programme of Care Coaches to work in G.P clusters to help those at risk navigate the health and social care sector and access community and voluntary services that can keep them safe and well.
- Our services are very much tailored to the individual needs of clients and so may support some of the aspirations in the five

ways to wellbeing, while also recognising the difficulties and obstacles people may face in achieving these aspirations.

- We are a first point of contact for many people who may not want to access more formal services, and we are able to facilitate access to the right place by building relationships and making sure people have access to information about what is available

Question 2

- Because we recognise there is a specific role for the community and voluntary sector to work with larger providers to promote available mental health services we have been closely involved in developing community navigators and care coaches

Key Themes

The demographic for all the CCG Health Engagement consultations conducted by Age UK Brighton and Hove are primarily those aged 80 years and over, who may be socially isolated and whose views are traditionally under-represented.

The following themes emerged from this consultation:

- Age UK is recognised for its role as an ambassador for older people and their unique requirements. Older people appreciate and are positive about the role Age UK has in representing them and their needs to the NHS and other organisations and would welcome further intervention on their behalf with regard to mental health.
- Older people see Age UK's role as signposting, raising awareness, offering a counselling service and representation. They would approach Age UK for help, although it could do more to raise awareness of its services and the age range it covers.
- Respondents felt that Age UK and other voluntary organisations could help by providing groups and a variety of social contexts to reduce isolation.
- There is a need for more signposting of mental health services provided by statutory and non-statutory organisations. The most popular medium suggested is information leaflets, to be circulated widely in the community e.g. GPs surgeries, libraries, community centres, clubs and charity shops.
- The Age UK counselling service is valued, particularly the fact that people can be supported in their home. Some people would like the number of sessions extended.
- A number of people would first approach their GP if they had a mental health need and would expect them to refer or signpost

them on to other services. There is a need to improve communication between the voluntary sector and the NHS on details of services provided by charities.

- Concerns over NHS waiting lists were mentioned by a number of participants.
- Older people have specific and unique needs and requirements that should be taken into consideration when planning mental health care provision. For example mobility issues, the housebound and the stigma about mental health that some people feel.
- Support groups would not be the first choice for older people and were seen as something that might be complimentary to one to one support or would be a second choice if there was a long waiting list for one to one support. A number of reasons were given such as practical issues, group dynamics and reluctance to share in a group setting.
- The majority of people participating in the research were not aware of the Five Ways to Wellbeing. When given information about them, they felt that assumptions were being made, that the points or examples were not relevant and that they were patronising.
- Despite the above point some people were able to give examples of ways they were implementing the Five Ways to Wellbeing and others suggested Age UK produce an older person friendly version.
- Isolation was mentioned a number of times and befriending schemes were highlighted as a beneficial and positive service.

Recommendations

As a result of this consultation the following actions are recommended:

- 1) Older people have specific needs and requirements. At Age UK, we know that our clients often need a different approach because of the multiple issues that they face at this time in their life. It is recommended that mental health services for older people are separated from general adult mental health services.
- 2) Some clients, and older people in particular tend not to do so well longer-term, when counselling is time-limited and limited to CBT based therapies. The reason for this is because their issues are rarely restricted to one presenting problem.
 - a) Ideally there should be a wide range of different services, approaches and techniques including counselling to fully and effectively meet the needs of the widest range of clients
 - b) Services should be local to clients and be easily accessible. In addition, it should be possible for older clients or those with

disabilities or mobility issues, or those with mental health issues that make it difficult for them to leave their home to receive services at home. Age UK offers this to older clients. If the number of sessions offered is extended or the service expands then additional funding will be required.

- c) Older people can require specialist counselling from trained counsellors who can work with the complex mixture of issues they may face and who understand older age. Specialist work can require helping clients to come to terms with and accept things that cannot be changed or improved.
- 3) As a representative of the needs and specific requirements of older people and in the role of voice and advocate. It is recommended that Age UK is included in mental health consultations and in decision making meetings on mental health services in the city. An older person's mental health champion could be appointed to fulfil this role, which would require additional funding.
- 4) Age UK staff feel that solutions / options such as support groups only suit certain people and may not help those with complex or very individual needs. They do not on their own meet specific needs eg someone with depression being sent on a worrying course may find it of interest but it will not deal with the deeper issue. There is a concern that the support groups are seen as a quick fix / tick box option. A support group may well complement specific individual support but should not be used instead of this individual support.
- 5) The research shows that there is a need for more information on the mental health services and support available in the city. (At a recent Sussex Partnership meeting on mental health, a key theme coming out of the discussion time was a need for better communication about mental health services and how to access them.) It is recommended that one comprehensive leaflet or booklet is produced in printed, large print and online versions. It should be made available in key public places such as libraries, community centres, charity shops and GPs surgeries.
- 6) It is also suggested that to complement this a powerpoint advert in the same branding as the leaflet is designed to be shown on the television screens in Drs surgery waiting rooms.
- 7) It is recommended that the successful Community Navigators scheme is utilised to raise awareness and signpost older people on to mental health and wellbeing support provided by the voluntary sector and statutory service providers.
- 8) The annual mental health awareness week in May, organised by the Mental Health Foundation, could be used to raise awareness amongst older people of mental health conditions and local service

provision. Talks at community groups and lunch clubs were suggested by some of the participants and an opportunity to stimulate discussion may help those who feel mental health has a stigma.

- 9) The Five Ways to Wellbeing are not all relevant or appropriate to the majority of older people. It is recommended that a Five Ways to Wellbeing leaflet is written and designed specifically tailored for older people. The examples can be written with older people in mind with an encouraging and inclusive approach. A workshop with older people could be set up to gain their input and the leaflet could be launched as part of mental health awareness week.
- 10) The research shows that Age UK services that directly and indirectly support mental health and wellbeing are appreciated. However, further work needs to be done to raise awareness of these services and the age range that Age UK support. An insert could be produced to go in the above mentioned information leaflet or to be used as stand alone.
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- 12) Whilst recognising the time constraints and focused approach required for this research, it is recommended that providers, such as Age UK, suggest questions that they feel would be useful to ask clients in future research. This will help gain a full picture and it is recommended that a comprehensive mental health research project is conducted as a collaborative approach with MIND.
- 13) A recurring theme from the last two reports is the need for a sensitive person centred approach when delivering a diagnosis or medical information to people. It is recommended that training on delivering difficult news is included in training courses for health professionals.

Appendix 1



CCG Engagement

Age UKBH survey 10 – Mental Healthcare Provision

April - May 2016

We had been asked to approach our 'experts' for this research and identified these as people in the last year who had been clients of our counselling service. The number of people who responded to our request to take part was small so we also approached a small number of people from our client group who had who had previously participated in research.

We spoke to people on a one to one basis and interviews took on average an hour. We used one questionnaire and the research team were provided with additional prompts if needed and an information sheet on the Five Ways to Wellbeing, developed by the New Economics Foundation and taken from the MIND website.

We conducted internal research with key personnel and departments within Age UK Brighton & Hove. The brief and questions were circulated by email.

Questions asked – external client group

- 1 Have you previously accessed mental health services? If Yes, where did you get help?
2. a) How do you think charities and other voluntary groups in Brighton & Hove can help older people to look after their mental health and wellbeing?

b) How do you think charities and other voluntary groups in Brighton & Hove can help older people to find out about services that can help with mental health and wellbeing, they might need?
3. How do you think charities such as Age UK and other voluntary groups can raise awareness of the mental health support we offer to:

a) Older people

b) The NHS and its partners who provide mental health care in the city

4. Support groups are currently available, are you aware of them?

Do you think support groups for older people with mental health issues would be welcomed and used?

If No, why not?

If Yes, who do you think should provide them: NHS, Age UK, Another organisation eg MIND

If you needed support would you consider attending a group or would you only consider support that was private and one to one, or would you like to attend a group in addition to other support?

5. Are you aware of the Five Ways to Wellbeing?

What do you think about these and do you feel they are relevant to you?

Do you think Age UK should do more to promote any of these and if so how?

6. Age UK offers a counselling service and other services to support people with mental health issues. Do you think Age UK can help older people with mental health issues access the appropriate support? If Yes, how?

7. The NHS provides mental health services in the city. Do you think that Age UK has a role to play in representing older people, by providing expert advice on their mental health needs to the NHS?

8. Is there anything else you would like to say / comment on?

Questions asked – internal

The CCG values the contribution that the community and voluntary sector organisations make to people's mental health and emotional wellbeing in the City, especially support for those who have been traditionally excluded, and we want to continue to work with you as partners in the system. We are keen to learn about the skills and added value you can bring to complement services (not duplicate provision), we also need to ensure we secure best value for money and most importantly our joint aspiration to secure the best arrangements for patients. We would like you to consider the following questions within your organisations as well as from your experts/ users:

- 1 What do you see is the role of the voluntary sector in supporting people to look after their mental wellbeing, information and accessing specialist services? Is it for example:
 - Providing expert advice to the larger providers about working with the people you support;
 - Providing and promoting peer support;
 - Promoting the *5 ways to wellbeing* to the people you support;
 - Helping people to access services provided by SPFT/ the future adult IAPT/practitioner service?

- 2 Is there a specific role for the community and voluntary sector to work with the larger providers to promote what is available in the voluntary sector and to ensure that professionals working with people with mental ill health are aware of what is available and know how to access service in the voluntary sector?