Snap shot study into Mind in Bexley Recovery Service

February 2016

Acknowledgements

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Disclaimer

This report relates to the findings of data gathered over a two week period in February 2016, from 25 people referred to the Mind in Bexley Recovery Service from Oxleas, who accessed mental health services in April and November 2015 respectively. Therefore the report may not be representative of all Mind in Bexley Recovery Service user's experiences.

1. Introduction

It is estimated that one in four people in England experience mental health problems each year. For some people, mental health problems are ongoing and pose a challenge to day to day life, which commonly effects employment, relationships and housing. Recent figures published by National Mind (2016) estimate that people with mental health problems are three times more likely to be in debt as the general population and over a third of people with mild to moderate mental health problems are unemployed, with only one in ten being supported back into employment. For those individuals, recovery is an important aspect and an ongoing process.

Recovery is about building resilience and confidence and to help individuals stay in control of their lives and to cope with everyday life situations. It extends beyond simply "getting by" by enabling people to become part of society and their community; and to build meaningful relationships with friends and family through the ongoing support from services and health professionals.

National Mind has recently published its report "Life support: supporting people with mental health problems in your community to overcome day-to-day challenges", which state that one in two people living with mental health problems have felt suicidal because of social factors such as housing, debt and benefits problems (Mind, 2016). The report

emphasises that social and mental health is intrinsically linked and must be supported jointly by health and social support, through community based services which meets the needs of the service user. This is referred to as “life support”, which is delivered through a patchwork of services. The report points out that these may seem minor in isolation but viewed collectively, they amount to a fabric of support that is crucial to the health and wellbeing of people with mental health problems (Mind, 2016).

In Bexley, this “life support” is provided by Mind in Bexley’s Recovery service. The Recovery service provide a variety of support including benefits advice (housing and employment), peer support groups, workshops and courses, which complements the existing therapeutic and preventative services. These services collectively support people to deal with social issues that affects their mental health, whilst offering emotional and peer support to strengthen self-confidence and resilience. The Recovery service is based around co-production and is co-delivered by those with lived mental health experiences and mental health practitioners (Mind in Bexley, 2016). This model of care is consistent with national policy and guidelines such as “No decision about me, without me”, which identifies individuals engagement in planning and delivery of care as fundamental to recovery (National Health Service, 2016).

There are a number of ways in which people can be referred into the Recovery service (General Practitioner, Social Worker, IAPT and Oxleas). Oxleas currently represent the key referrer, accounting for about 45% of the overall referrals.

2. Aim of the Study

This snapshot study seeks to explore the benefits of people referred by Oxleas to the Recovery Service, in particular relating to wellbeing and ability to manage their own mental health, and explore if accessing the Recovery Service has helped with the prevention of further interventions to secondary care.

3. Methodology

This study was undertaken by an independent researcher from University of Greenwich, as part of a programme study. The researcher undertook the study autonomously, whilst under supervision by Healthwatch Bexley and abided by key ethical principles, including informed consent, as well as reassuring participants of confidentiality and anonymity. The researcher had no previous connection with Mind in Bexley.

The study population was identified in agreement between Healthwatch Bexley and Mind in Bexley; as people under the care of Oxleas, referred to the Mind in Bexley Recovery Service in April and November 2015 respectively. Oxleas provided a contact list of 60 people who were referred during these dates.

Addresses for two participants were not known, so a total of 58 letters were sent out in February 2016, inviting participants to take part in either face to face or telephone interviews. The study letter sent to participants explained the purpose of the study, method of engagements and assured participants of anonymity. A total of 25 people agreed to take part (54%), of which 24 interviews were conducted via telephone and one face to face.

The demographics of participants who took part in the study are shown in Table 1.

Age, Ethnicity and Sex (Table 1).

Sex	%	Ethnicity	%	Age Range	%	Average Age		Mean Age	
Male	44	White	56	19-29	8	Male	41	Male	41years 6 months
Female	56	Asian	4	30-39	20	Female	44	Female	46
		Black	16	40-49	40	Total	43	Total	45
		Chinese	0	50-59	16				
		Mixed	16	60-69	4				
		Not given	8	Not given	12				

A mixed method structured questionnaire of 13 questions was formed, using a combination of quantitative and qualitative, open and closed questions.

The questions were structured in the following way:-

- Service use questions -Services used, length and frequency of use, services of most benefit, other services used.
- Questions relating to the perceived effect of accessing the Recovery Service has had on wellbeing/quality of life and description of feelings.
- Questions relating to previous and current care status with Oxleas. Service users were also asked to rate on a scale of 1-5; with 1 being not at all and 5 being totally, the extent engagement with Mind in Bexley prevented re-engagement with Oxleas.
- Question describing the benefit received from accessing the Recovery Service.

NB. Sample population will vary dependent on where in the recovery process as some respondents are still under Oxleas Mental health team and are therefore not eligible to answer some of the questions.

Limitations of the study

There are a number of limitations with this study. The study recognises that participants in this study are at various stages of their recovery, both clinical (medicated) and personal/social recovery (recovery process). The information collected may thus not be generalised to the wider cohort who are accessing the Recovery Service. It was also noted

that some of the participants appeared confused as to whom they had been contacted by and which services they had accessed.

In addition, the limitations of telephone interviews is that social cues and body language cannot be viewed and recorded, thus limiting an additional source of information. However, the use of telephone interviews in this study may be an advantage as due to the sensitivity of mental health stigma, participants may be more likely to take part than if offered face to face interviews.

To overcome potential barriers, the interviewer engaged with the respondent's to make them feel comfortable and at ease, as some respondents were initially guarded and reluctant to talk openly. Once rapport had been built, questions were asked in a random order led by the respondent's comments and discussion. The interviewer found this method allowed the respondents to gain trust and become more open and fluid in their responses, resulting in more rich qualitative data regarding perceptions, experiences and wellbeing, rather than simply answering questions.

4. Summary of findings

- The majority of participants (87%) found their engagement with the Recovery Service positive and beneficial; this appeared to increase with length of engagement.
- The majority of respondents (80%) reported positive effects on wellbeing and quality of life following induction and engagement with Recovery Services.
- The majority of participants (63%) felt that engagement with the Recovery Service reduced the need of secondary care (avoiding re-referral to Oxleas).
- Of the respondents who had previously been under Oxleas care but discharged, 77% had not needed to be re-referred to Oxleas following their engagement with the Recovery Service.
- Benefits advice, employment hub and groups/workshops were identified as the most beneficial services
- Barriers to accessing services relates to housing concerns, health issues and services not being suitable and participant not being in the right frame of mind at the time.
- 40% of respondents reported accessing other services including: Samaritans, Signpost, housing services, social services, the Job centre and a confidential care telephone line.

5. Results of the study

The results of this study will be presented in two sections; a presentation of the quantitative results followed by a discussion and summary of the qualitative feedback obtained from the interviews.

4.1 Quantitative results

Access to services

Of the 25 participants, 17 people (68%) either had or are currently accessing the Recovery Service, with 15 regularly accessing services. Two respondents are waiting to start following induction, whilst a further 2 respondents attended induction, however, one walked out because they were not in the "right frame of mind" and one felt they were not "asked what they wanted" so did not go back. Three people said they had not been contacted by Mind in Bexley, although records demonstrated when followed up that Mind had contacted the respondents and services had been accessed.

Length of engagement

The length of engagement varied from less than 6 months (n=9) to over two years (n=4). Five respondents reported using the service 'as and when they needed to', whilst four reported discontinuing engagement after initial contact. Reasons for disengagements relate to not being in the "right frame of mind" and services "not being what they looked for".

Perceived benefits from engagement with Recovery Service

The majority of respondents reported positive effects on wellbeing and quality of life following engagement with Recovery Services Table 2. This appears to increase with length of engagement, as the 15 respondents who access services regularly reported higher impact on wellbeing and quality of life. This is consistent with the Recovery model, which recognises that recovery is a "journey" and an on-going process, thus requiring an investment in time (National Health Service, NHS, 2010).

Table 2.

Scale of benefit from Recovery Service / All Respondents.				
Very beneficial	Slightly beneficial	Made no difference	Made things worse	Unable to answer
12 (48%)	5 (20%)	3 (12%)	2 (8%)	3 (12%)
Scale of benefit from Recovery Service / Respondents Who Accessed the Service Regularly (15 respondents).				
Very beneficial	Slightly beneficial	Made no difference	Made things worse	Unable to answer
10 (67%)	3 (20%)	1 (7%)	0 (0%)	1 (7%)

Engagement with Oxleas NHS Foundation Trust, Mental Health Services.

Respondents were asked if they had been under the care of Oxleas in the past, prior to being referred to the Recovery Service on this occasion (Table 3). 44% of respondents reported previously being under the care of Oxleas, whilst 10% had not and 16% did not answer the question. 48% of respondents were found to still currently be engaging with Oxleas, whilst 40% had been discharged and 12% did not answer as they had not engaged with the Recovery Service. 12 respondents were not eligible to respond to the question regarding re-engagement with secondary services after referral to the Recovery Service, because they are currently still engaged with Oxleas. Of those eligible to answer 77% had not needed to be re-referred to secondary services. 23% did not answer the question as they did not engage with the Recovery Service (Table 4).

Table 3.

Previously under Oxleas NHSFT.		Currently under Oxleas NHSFT.		Re-referred to Oxleas NHSFT after engagement with Recovery Service *(Not applicable for 12 respondents currently still under Oxleas NHSFT).*	
Yes	11 (44%)	Yes	12 (48%)	Yes re-referred	0 (0%)
No	10 (40%)	No	10 (40%)	Not re-referred	10 (77%)
Other	4 (16%)	Other	3 (12%)	Other	3 (23%)

Extent Engagement with Recovery Service Prevented the Need for Secondary Care

Table 4.

Engaged with services and NOT still under care of Oxleas.					
Not at all/One	Two	Three	Four	Totally/Five	Don't know
1 (12.5%)	0 (0%)	0 (0%)	1 (12.5%)	5 (62.5%)	1 (12.5%)

The majority of respondents (62.5%) scored engagement with the recovery service as 5, totally keeping them well and out of secondary care. Alternatively 1 respondent (12.5%) scored 1, perceiving engagement with the recovery service was not at all responsible for keeping them well and out of secondary care, whilst 12.5% of respondents scored 4 and a further 12.5% replied 'don't know'.

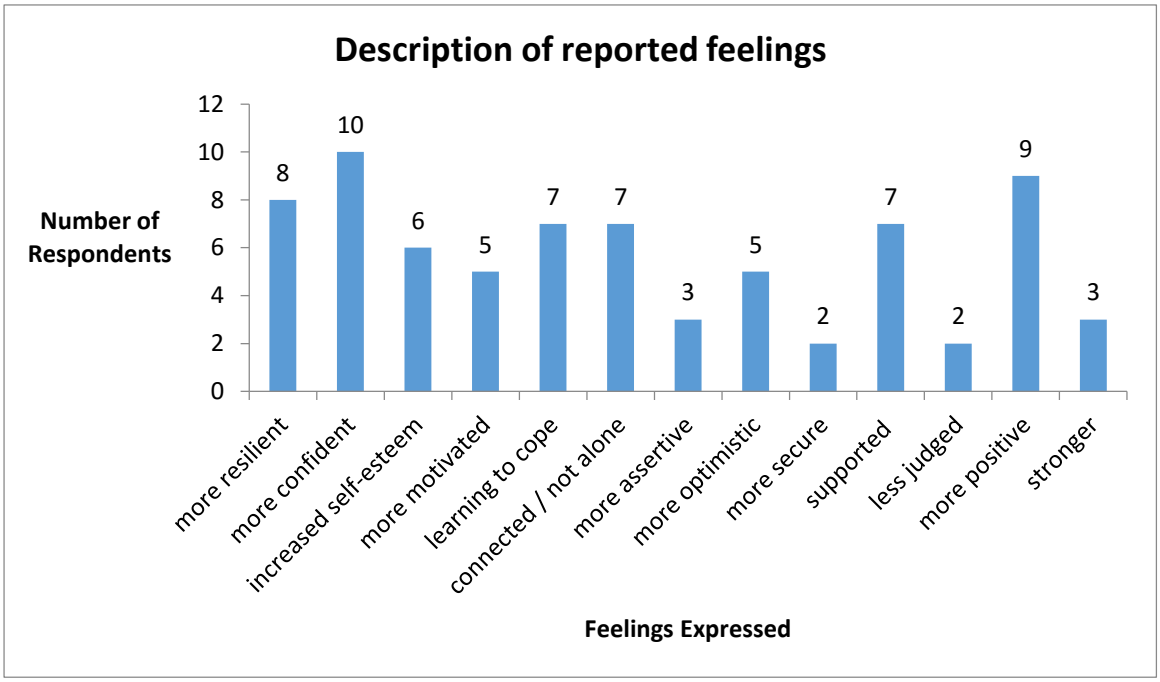
4.2 Qualitative results of the study

Perceived benefits on wellbeing and quality of life

Respondents were asked to evaluate the impact engagement with Recovery Services had on their wellbeing and quality of life. Of the respondents who were eligible to respond (68%) the majority (80%) perceived that engagement had had a positive effect on their wellbeing and quality of life and significantly, this appears to increase with length of engagement. Respondents reported feeling more focused, positive, resilient and able to cope. Respondents further reported feelings of increased self-esteem and motivation to try new things. This is evident by the volunteering opportunity through Reinstate, that several of the respondents were engaged with. The volunteering made them feel "more connected", confident and motivated, with a respondent describing that "normality had been resumed". Additional benefits from accessing services relates to the increased opportunity to interact with others, with several suggesting it was beneficial to meet with others who were in a similar situation or had shared similar experiences, because they felt "less alone" and "there was always someone worse off". However, one respondent attending a group described feeling judged by other service users although staff were described as friendly.

The positive impact on wellbeing was further felt by the respondents who had attended induction but had yet to start, as they described feeling optimistic and more supported with one respondent feeling they had a "safety net". Respondents reporting the least engagement felt little or no wellbeing benefit, with one respondent stating the recovery service was "rubbish" and made them feel worse. Another respondent reported having no feelings but believed this was due to medication. Table 5 demonstrate a breakdown of reported feelings.

Table 5.



Two respondents reported being able to better manage family relationships, which for one person the relationship had been severely severed whilst for another person it meant disconnecting from family members who have had a detrimental effect on their wellbeing.

Services most beneficial

Participants were asked which services they found most beneficial and the majority of respondents said: Benefits advice (particularly housing), Reinstate and the workshops/groups, which consists of a number of different activities. It is important to note that not all respondents have accessed all services offered, which is why only the most attended are highlighted.

Advice services to assist with benefits and housing were reported to be most beneficial for eight respondents, with one person stating it was "outstanding". Comments generally related to:

> *"wouldn't have been able to get through Christmas"*
>
> *"extra benefits mean I'm able to manage better"*
>
> *"would be on the street if not for them (Mind)"*
>
> *"one of best services ever used".*

Seven respondents found the employment hub and Reinstate most beneficial, however two were confused and did not realise Reinstate was part of the Recovery Service, four had volunteered for local charities (although one reported a negative experience) and two expressed an interest in becoming volunteers for MIND, with one participant already completing peer mentoring training.

Barriers to accessing services

This study highlights a number of barriers as to why people who are referred to Recovery services, may not engage, voluntarily or otherwise. The reasons for disengagement relates to:

- Participant did not perceive themselves as needing the service
- Participant not in the right frame of mind to engage
- Health issues and housing concerns preventing people from engaging
- Participants stated they were not contacted by the Recovery service but were confused as to whom they had engaged with
- Services overlap with other groups/services they are attending
- Services not suitable for individual
- Participants had to move areas due to housing issues

Some of these barriers are a natural part of the recovery process and recognises that people are at various stages in their recovery. It is not clear from this study to what extent clients who are referred into the Recovery services are followed up/evaluated in the event that they do not access services, as this may provide an insight into future need of services.

6. Discussion

This results of this study indicate that for respondents, who regularly engage with the Recovery Service, wellbeing and quality of life appears to have generally improved and they are mostly happy with the service provided. This is supported by research, which suggest that prompt access to services and effective advice is recognised as having a positive impact on mental health, as people who access welfare advice, experience lower levels of anxiety, improved housing and relationships, as well as better general health (Mind, 2016). Alternatively, those respondents who had limited contact or had problems accessing the Recovery Service, reported having less positive perceptions of the Recovery Service. However, negative experiences tended to be expressed because the Recovery Service was not what they felt they wanted or needed at that particular time in their recovery or could not provide realistic or immediate solutions to problems such as providing employment or housing.

The results further demonstrate that the majority of respondents, who regularly accessed the Recovery Service and were not still under the care of Oxleas, had not needed to access secondary care at the time of this study. This was the case for 63% of the respondents, who stated that engagement with the Recovery Service was perceived to be "totally" responsible for preventing the need for intervention from secondary health services. Importantly, no respondents who had accessed the Recovery Service stated they had been re-referred to secondary health services. It may subsequently be suggested that engagement with the Recovery Service may be a positive factor, preventing the need for secondary care. This is has local implications, as the average cost of an inpatient stay is £330 **per day** nationally, whereas the **average annual** cost to the NHS for adults experiencing anxiety or depression was £880 in 2012/2013 (Mind, 2016), considering the higher than national average admissions to hospital in the London Borough of Bexley for mental health conditions (North East Public health Observatory, 2013). Providing community based care is further recognised by the Kings Fund (2014), who state that access to community based care is pivotal in keeping patients out of hospital and secondary care.

The study did not take into account the wider determinants of health such as chronic health conditions, disability, bereavement, unemployment or housing problems which were reported by respondents to be major influences and confounding factors on their mental health and wellbeing, and effected ability to interact with the Recovery Service. It is well documented that people with chronic physical health problems may have an increased likelihood of experiencing mental health problems (London Borough of Bexley (LBB), 2014). In addition, it is further recognised that stigma and fear of discrimination can worsen someone's mental health problem, which may subsequently impact on a person's ability to

engage with services, thus impede the recovery process. These factors therefore, may or may not be moderated by engagement with the Recovery Service. Also respondents are at different stages in their recovery and have different determinants affecting their lives which for the purpose of this snapshot study cannot be explored.

The Recovery Service appears to have improved wellbeing and quality of life for the majority of respondents in this study who accessed the service. This is demonstrated by the wide range of descriptive words respondents used to describe positive feelings. They reported wellbeing and quality of life had improved because engaging with the Recovery Service had resulted in:-

- Connectedness: they could share experiences and talk with others in similar situations making them feel less alone
- Learning: they were learning to cope and learning new skills.
- They took notice: one respondent had become more aware of how they were seen by others and moderated their behaviour.
- Increased activity: one respondent reported that they would get up and go out rather than stay in bed, which they had learnt would make them feel better.
- Giving: several respondents enjoyed volunteering which gave them confidence and made them feel valued and normal, one reported wanting to give back and volunteer for Mind.

These are all recognised to have a positive effect on wellbeing and are linked to basic human needs, which research suggests may help moderate mental health problems such as depression and anxiety (Aked et al, 2008).

7. Conclusion

This study demonstrates that respondents who regularly engage with the Recovery Service reported a positive effect on wellbeing and quality of life. The “life support” that respondents access clearly has a positive impact on resilience, confidence and optimism. This subsequently help individuals to stay in control and to cope with everyday life situations. The study further highlights the vulnerability of people with mental health conditions, and how a person’s individual recovery has an impact on their experiences and ability to access services. Crucially, the study demonstrates that engaging with the Recovery Service may to a large extent prevents the need for secondary care, which carries financial benefits to public expenditure.

8. Recommendations

1. Commissioners should explore the option of self-referrals into the Recovery service, in addition to current pathways (Oxleas, IAPT and the London Borough of Bexley) so that more residents can benefit from the array of services on offer.
2. Commissioners and provider should consider exploring the financial benefit and impact on a local level, as a result of service users engaging with the Recovery Service and subsequently not requiring expensive secondary care.
3. It would be beneficial to undertake research which explores the impact of welfare benefit changes on mental health so that the evidence can link into national studies currently being undertaken in this area.
4. It is vital that there continues to be investment in preventative service provision to ensure services are in place to meet the needs of the local population

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