

Richmond Wellbeing Service - Executive Summary

What we did

In March to May 2018, Healthwatch Richmond gathered people's views and experiences of using the Richmond Wellbeing Service (RWS) as part of our borough-wide review of adult mental health care. The RWS provides psychological therapies (formally known as IAPT services) in the form of group workshops or individual therapy for mild to moderate mental health conditions.

Current patients were engaged through focus groups and one to one semi-structured interviews. We also ran an online survey to collect the experiences of past patients and people who may not have been able to access the service.

The report highlights areas of good practice as well as recommendations for service improvement in areas such as access and communication. This report will be shared with commissioners and local service providers to ensure good practice is shared and to help drive improvements in mental health care and provision.

Who responded

We spoke to 110 people through this project, including 54 people who were currently receiving treatment or had recently (within the last 2 years) experienced treatment or referral. We received 52 responses to our online survey.

We also interviewed 4 members of staff from a range of disciplines to gain insight into their experience of working in the Richmond Wellbeing Service and where they felt the main challenges lie in providing good patient care.

What people told us about the Richmond Wellbeing Service

How well do assessments meet patients' needs?

The vast majority of patients we spoke to felt the assessment questions were sufficiently thorough to identify their needs. For patients who could not previously vocalise their issues with much clarity, the assessment questions were able to pick up some underlying traits and played a significant role in patients making the realisation that they needed help in this area.

There was evidence of some polarisation in patient preferences for how initial assessments are conducted. Some patients felt a telephone assessment presented a barrier to communicating their needs and would feel more comfortable talking face to face whereas others found talking about intimate issues over the phone made the process less daunting. Overall, the strength of feeling from this group of patient experiences suggests a continuing need for flexibility from the RWS in this area. Some patients, particularly those with social anxiety and depression talked about not always getting the right care after assessment.

Progression in the Richmond Wellbeing Service

The RWS operates through a stepped care model where patients move through low intensity to high intensity interventions, which teaches skills in behavioural and cognitive changes respectively, in order to help patients sustainably self-care. If utilised correctly, it should allow patients to move between appropriate treatment pathways depending on clinical need. However, this model of care does not seem to be communicated effectively where patients reported being told little information beyond the name of the course, date and venue.

This created challenges for patients who felt they were not recovering during their first intervention, where the initial lack of disclosure about other forms or levels of support led to added pressure. Similarly, the availability of further aftercare support was flagged as a significant concern by some patients approaching the end of their course. Other patients would have appreciated more information about the number and duration of sessions earlier for logistical reasons such as arranging childcare or time off work.

Overall, we found the range of issues stemming from limited upfront information to impact a significant number of patients. This may demonstrate that a systematic change in the timing of information provision is needed to reduce potential stress and enable patients to plan their therapy better alongside other commitments.

Quality of therapy

There was a strong consensus amongst patients that the content included in the high intensity and Overcoming Worry (low intensity) groups was relevant and presented well. Survey responses from a range of therapy groups show that 76.7% of patients felt the sessions were paced correctly and 83.3% thought enough time was given to reflect on previous learning.

Appropriate group dynamics within seminars emerged strongly as a key determinant in patients' engagement with therapy and how beneficial they found the programme. It was evident that where seminar groups had bonded well, this had reduced feelings of social isolation amongst patients and created optimum conditions to share experiences of practising new therapy techniques, which for 15 patients we spoke to, significantly aided their recovery. This sentiment was prevalent across all therapy groups.

Differences in group size may partially explain how patients attending low intensity workshops reported less satisfaction with their level of engagement. Low intensity groups are designed to accommodate up to 20 people to optimise service capacity but this can in turn restrict opportunities for sharing experiences with some patients referring to the workshops as lectures rather than group seminars.

Additionally, in marked contrast to experiences of low intensity seminars, patients attending high intensity seminars spoke of being able to easily speak with the therapist in private after sessions, a provision which was effective in alleviating private concerns and lent a strong personal touch to their care under the Richmond Wellbeing Service.

Help with long term physical health conditions

The Richmond Wellbeing Service also offers condition-specific workshops for people with long term conditions including cardiac and respiratory conditions, medically unexplained symptoms and diabetes. Eight patients described the course as having a transformative effect on the lives and highlighted the importance of having a course that is specific to the concerns that come from living with a long term condition. Four patients had previously attended a low intensity course and found the content to be too generic.

There was a clear sense of regret amongst this group of patients that they had not heard of the RWS sooner. Previously all intervention had been entirely focused on medical care, which did not address the considerable psychological symptoms that can accompany a long term condition. Overall, the patients we spoke to and survey responses both highlighted the continuing need for holistic care from GPs and other physical healthcare professionals in order to signpost patients appropriately. Patient feedback also indicated that better and more sustained promotion is needed in hospitals or outpatient settings to raise awareness of the RWS' condition-specific courses.

Patient Disengagement

The lead clinicians at the Richmond Wellbeing Service highlighted patient withdrawal as one of the foremost concerns for the team. Referral statistics from 2016-17 show that of the 5,360 people referred, 30% did not enter treatment and of those who did, 51% did not complete the full course. The section below summarises feedback we received that is suggestive of being a causal factor in a person's decision to withdraw from the service.

Assessment

The patients we spoke to highlighted the assessment process as being crucial to their experience as this is when *"you need the most help"* and lays the groundwork for trust to be developed with the service and its staff.

Dissatisfaction arose when patients experienced delays of over 2 weeks for their assessment or when they perceived the approach and communication by their assessor as lacking empathy or compassion.

Overall, these patients said they were really happy with the care provided once they had started therapy but the assessment process was at first quite discouraging. It is therefore possible that experiences such as these may have deterred other patients from engaging with the service initially.

Getting the right care

Patient feedback suggests that triaging to the right form or level of support is a crucial step in a person's ability to engage with therapy and utilise the principles taught. Undiagnosed social anxiety at assessment may have led to inappropriate triaging to group seminars for some people. Detailed narratives from six patients with anxiety demonstrate a group setting is not conducive to sharing experiences or being able to concentrate on the material taught due to underlying anxiety from being in a seminar environment. This also appeared to extend to people who suffer from low-level anxiety that was secondary to their main complaint.

Some people using the RWS for help with depression indicate that triaging to low intensity or high intensity interventions may need to be revised where people's previous exposure to cognitive behaviour therapy, even in the form of self-help books may render the material in low intensity groups too familiar to be effective or helpful in moving forward.

Outcome

Overall, the Richmond Wellbeing Service provides a high quality package of care which are in line with NICE recommendations for IAPT services. The issues that local residents may encounter are mainly related to assessment, access, clarity over the service that is available, and being triaged to the right level and type of treatment for their needs.

East London Foundation Trust thanked Healthwatch Richmond for the work undertaken in compiling this report and have already started taking steps in response to the service recommendations put forward. Healthwatch Richmond particularly welcomes:

- Refresher skills training for staff in identifying social anxiety to improve triaging to the right form of support and develop skills to help anxious patients engage in courses and seminars
- Improvement in staff capacity to offer face to face assessments where this is the patient's choice
- Revised assessment questions to increase recognition of people's previous exposure to psychological therapies and optimise triaging to the appropriate level of support
- Improved communication over the stepped care model where a description is included in patients' welcome letter and introductory lecture slides during the first seminar
- The introduction of condition-specific letters detailing the diagnosis and recommended treatment, including the duration and content of courses.

A list of our recommendations and the Trust's action plan can be found in our full report.