Snapshot 4

People’s experiences of primary mental health services in Wales
Three years on
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About Gofal

Gofal is a leading Welsh mental health and wellbeing charity which provides a wide range of services to people with mental health problems, supporting their independence, recovery, health and wellbeing. We also lobby to improve mental health policy, practice and legislation, as well as campaigning to increase public understanding of mental health and wellbeing.

Our vision:

Good mental health and wellbeing for all.

Our mission:

To have a positive and lasting impact in all that we do.

• Working together to provide services that we can be proud of.
• Ensuring that the voice of people using our services has a real and meaningful influence on our work.
• Demonstrating outstanding practice in relation to staff mental health and wellbeing, learning and development.
• Challenging the way we all think about, talk about and respond to mental health and wellbeing in all areas of our lives.
• Using our profile, influence and voice to improve legislation, policy and practice.
• Increasing the range and reach of our services through collaboration and targeted and sustainable business growth.
• Spending our money where it will have the maximum impact.

Our aspirations:

• Work with integrity and dignity.
• Inspire and support people to exceed their expectations.
• Develop a culture that is embracing and respectful of difference.
• Communicate honestly and openly.
• Be an organisation that is ambitious, creative and determined.
• Create environments that are collaborative, supportive and empowering.
• Be respected for our knowledge and expertise.
Foreword

Three years ago we published our first report about people’s experiences of primary mental health services in Wales. Based on a survey conducted during the autumn of 2012, it provided us with valuable baseline data before the Mental Health (Wales) Measure 2010 came into force.

Since then we have conducted three more annual surveys, asking people to share their views and experiences of the understanding and empathy demonstrated by primary care professionals; the range of treatment and support options offered to them; waiting times; and the impact that services have had on their mental health and wellbeing.

The first three surveys and reports were funded by the Welsh Government as part of its work to evaluate the impact of the Measure. Following the end of the Welsh Government funding, five of Wales’ health boards stepped in to ensure the continuation of this work. We are extremely grateful to Abertawe Bro Morgannwg University Health Board, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf University Health Board and Hywel Dda University Health Board for their support in funding and promoting this year’s survey.

We would also like to thank the thousands of people who have shared their views and experiences of primary mental health services. Without you, these reports and subsequent developments would not have been possible.

Over the past three years our data and recommendations have been discussed by mental health practitioners, managers and health board members, informing and supplementing their internal evaluation work. On the whole, they have welcomed the additional data and independent scrutiny of their services and spoken of the value that this work brings to their understanding of the patient experience.

Our reports have also influenced the Welsh Government’s Duty to Review, the National Assembly Health and Social Care Committee’s post-legislative scrutiny, and numerous National Assembly debates. This work has received extensive media coverage, helping us to increase awareness and understanding of the challenges facing people with mental health problems, primary care staff and local primary mental health services in Wales.

While our research highlights some improvements since implementation, we remain concerned about the lack of progress in other areas. Our message to decision makers in the Welsh Government, National Assembly, health boards and local authorities is this: Do not regard the implementation of the Measure as ‘job done’. There may have been some improvements in the range of treatment and support options offered to patients and a reduction in waiting times, but there is still much more to do to improve patient experiences and outcomes.

The Welsh Government, the National Assembly, health boards and local authorities must, in our view, continue to scrutinise delivery and evaluate these services against the aims and objectives of the Measure. Outcomes must be collected for people using this service and health boards must ensure that there is appropriate oversight and management of Part 1 services across their geographic area.

This report identifies a number of issues raised by patients across Wales and we hope that this contributes to the further development and improvement of services.

Ewan Hilton
Chief Executive

Katie Dalton
Policy and Public Affairs Manager
Introduction

At the end of 2015 we conducted our fourth snapshot survey of people’s experiences of primary mental health services in Wales. This followed three similar surveys which took place in September 2012 (just before the implementation of Part One of the Mental Health (Wales) Measure), the autumn of 2013 and the autumn of 2014. The purpose of these surveys is to monitor any changes in people’s experiences since the Measure came into force, as well as to highlight good practice and support health boards to improve and develop services.

The Mental Health (Wales) Measure

The Mental Health (Wales) Measure is a piece of legislation made by the National Assembly for Wales, which makes changes and improvements to the assessment and treatment of people with mental health problems. The Measure received Royal Assent in December 2010 and was implemented in different stages throughout 2012. It has four main parts:

- Part 1: Local Primary Care Mental Health Support Services
- Part 2: Care Coordination and Care and Treatment Planning
- Part 3: Assessment of people who have previously used secondary mental health services
- Part 4: Independent Mental Health Advocacy

Part 1 of the Mental Health (Wales) Measure aims to improve access to mental health services within primary care settings; improve outcomes for individuals accessing these services; and facilitate appropriate and timely referrals to secondary mental health services. It also requires local mental health partners (health boards and local authorities) to agree joint written schemes for each health board region in Wales. These schemes set out what services are to be provided, how they are to be provided, by whom, and where, to meet the legal requirements of Part One of the Measure. These services are known as Local Primary Mental Health Support Services (LPMHSS).

The National Service Model for Local Primary Mental Health Support Services outlines the key objectives for these services.

2.12 The overall objectives of local primary mental health support services are to:

a) increase the availability and uptake of mental health services at the primary care level, in order to improve outcomes for individuals of all ages and to increase effectiveness and efficiency in accessing secondary care, where this is indicated;

b) provide for people of all ages across Wales, effective primary mental health support services that are accessible and close to those who require them. These services should be appropriate, acceptable and outcome-focussed, with an emphasis on promotion of an individual’s well-being, recovery and resilience;

c) work with and develop close relationships with GPs and practice staff, and to provide support, consultation, advice on clinical management, education, training, and liaison in order to develop capacity for, and approaches to, managing mental health problems in primary care.
Survey content and methodology

The survey focused on some of the issues commonly raised by the people we support, as well as areas that the Measure is intended to address. As a result, we asked people about their experiences of staff attitudes, access to advice, treatment and support, and the overall impact of primary mental health services on their mental health and wellbeing. This report aims to provide a snapshot of patient experiences to complement other work, such as health board data collection, Wales Mental Health in Primary Care Network surveys of GPs’ views and the Welsh Government’s formal review of the Measure.

The survey was available electronically in both English and Welsh through the website Survey Monkey and was promoted through a number of local, regional and national networks of voluntary organisations and support providers, as well as on social networking websites such as Twitter and Facebook. Gofal also contacted trade unions and a number of large employers (such as local authorities and health boards) and asked them to promote the survey to their employees. We purposefully promoted the survey to a wide range of organisations beyond the mental health sector, in recognition that primary mental health services are relevant to the broader population.

829 people responded to the survey

Health board area

Age

Employment status

Gender

Sexual orientation
We have made the following recommendations based on the survey data and comments left by over 800 respondents. We have also reflected on our data from previous surveys, the Welsh Government’s Duty to Review report, the WaMH in PC survey of primary care practitioners’ views and our ongoing conversations with government officials and health professionals.

### Understanding and empathy

- Health boards and primary care practices should take a whole practice approach to improving understanding and empathy towards people with mental health problems.
- Health boards should continue their engagement with Time to Change Wales and encourage GP surgeries to engage with the campaign to end mental health stigma and discrimination, involving people with lived experience of mental health in training where appropriate.
- Health boards should collect data on patient satisfaction, including whether people felt that they were treated with dignity, respect and empathy.
- Welsh Government should ensure that health boards are delivering the intended advice and support for GPs and other primary care practitioners under Part 1 of Measure.
- Health boards should collect data on GP confidence and skills in relation to mental health in order to identify skills gaps and address training and support needs.
- Welsh Government should maintain a specific mental health element within the Direct Enhanced Service for primary care.

### Advice, treatment and support

- Health boards and local authorities should continue to develop Tier 0 services.
- Welsh Government and health boards should do more to promote and encourage the use of Books Prescription Wales and exercise referral schemes alongside other forms of support.
- Welsh Government and health boards should continue to focus on improving access to evidence-based psychological therapies in English and Welsh throughout Wales.
- Health boards and local authorities, through their LPMHSS schemes, should continue to improve information for GPs and primary care practitioners about the range of treatment and support services available to patients in the statutory and third sectors.
- Health boards should ensure that GPs and primary care practitioners have the enough information and support to enable them to provide the best possible advice for patients about the most appropriate treatment or support service.

### Psychological therapies

- Welsh Government and health boards should deliver the Duty to Review recommendation of collecting waiting times for psychological therapies - including specific data for one-to-one psychological therapies.
- Welsh Government and health boards should prioritise work on Matrics Cymru / Wales Psychological Therapies Plan for Adult Mental Health to improve the provision of evidence-based psychological therapies in English and Welsh throughout Wales.
- Health boards should strategically organise working practice and training in order to make best use of the psychological skills available across the workforce and ensure specialist staff have the capacity to provide psychological therapies to people with specialist or severe mental health problems.
- Health boards should ensure that GPs and primary care practitioners have the enough information and support to enable them to provide the best possible advice for patients about the most appropriate form of psychological therapy.
Overall access

- Welsh Government should take forward work on the Duty to Review recommendation to improve the interface between primary and secondary care.
- Health boards and local authorities should extend out-of-hours provision.
- Health boards should ensure that people with co-morbid conditions have access to high quality advice, treatment and support for their mental health, physical health and/or learning disabilities as necessary.
- Health boards should ensure that Welsh speakers and people with protected characteristics have equitable access to primary mental health services by measuring patient satisfaction and outcomes for these groups.

Impact on mental health and wellbeing

- Welsh Government should maintain and where possible increase investment in LPMHSS.
- Welsh Government should continue to focus on improving delivery and outcomes in relation to Part 1 of the Measure.
- Assembly Members to continue to scrutinise performance of LPMHSS, particularly in relation to patient satisfaction and outcomes.
- Health Boards and local authorities should ensure joined up, strategic oversight of LPMHSS delivery and outcomes across the health board footprint.
- Welsh Government should ensure implementation of the Duty to Review recommendation to measure outcomes for people who receive a LPMHSS therapeutic intervention.

Key performance measures

In our response to the Welsh Government consultation about the Together for Mental Health delivery plan for 2016-19 we suggested that the following key performance measures should be collected across all mental health services in Wales:

- Patient / service user and carer experience
- Dignity, respect and empathy
- Outcomes through the lens of the patient
- Clinical and recovery focused outcomes
- Waiting times
- Practitioner confidence and skills

We also stated that it should be possible for these performance measures to be broken down into different equality and diversity strands. We believe that the collection and publication of these measures would provide a comprehensive assessment of service effectiveness and help health boards to identify good practice, areas for improvement and staff development and training needs.
Understanding and empathy

People tell us that it can be extremely difficult to discuss their mental health problems - and going to talk to health professionals can be very stressful. Some people suffer in silence for months or years before taking this step and it is crucial that they are met with understanding and empathy. The first contact that people have with their GP, practice nurse or receptionist can have a huge impact on their experience of services and whether they engage with them in the future.

General practitioners and primary care practitioners have a fundamental and vital role in caring for people with mental health problems. The GP is often the first point of contact for people with mental health concerns and the mental health care which they provide in local settings helps to normalise mental health issues.

National Service Model for Local Primary Mental Health Support Services

Our survey respondents were asked to rate the levels of understanding and empathy demonstrated by the different health care professionals they came into contact with. The chart below shows the results for GPs, receptionists, practice nurses, primary mental health workers and counsellors or therapists. GPs and counsellors we regarded as the most understanding and empathetic, with receptionists regarded as the least understanding and empathetic. It is concerning that the level of understanding and empathy demonstrated by primary mental health workers - who work specifically in mental health - appears to be lower than for GPs and counsellors.

![Chart showing understanding and empathy demonstrated by primary care staff](chart.jpg)

We believe that it is everyone’s responsibility to show appropriate levels of understanding and empathy. The GP and counsellor may be responsible for delivering treatment and support, but the attitude of other staff can make determine whether some chooses to disclose their mental health problem or whether they return to the surgery for help in the future. Early intervention is crucial for recovery and we must make sure that people feel comfortable and confident to seek help as soon as they become unwell.
Has it improved since the Measure was implemented?

Our data indicates that the level of understanding and empathy demonstrated by GPs has not changed dramatically since implementation of Part 1 the Mental Health (Wales) Measure in October 2012. However, the proportion of people reporting that their GP was ‘extremely’ or ‘very’ understanding and empathetic has increased from 54% in 2012 to 63% in 2015.

Although the proportion of people regarding their GP as ‘slightly’ or ‘not at all’ understanding and empathetic is lower than in previous surveys, 19% of respondents placed their GP in these categories. This may be a minority, but it equates to nearly one in five people and therefore needs addressing.

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<tr>
<th>Understanding and empathy: GPs</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Extremely understanding and empathetic</td>
<td>23.1%</td>
<td>24.4%</td>
<td>24.6%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Very understanding and empathetic</td>
<td>30.7%</td>
<td>33.5%</td>
<td>28.6%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Moderately understanding and empathetic</td>
<td>22.5%</td>
<td>20.1%</td>
<td>21.1%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Slightly understanding and empathetic</td>
<td>15.4%</td>
<td>15.3%</td>
<td>15.1%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Not very understanding and empathetic</td>
<td>8.4%</td>
<td>6.6%</td>
<td>10.7%</td>
<td>9.5%</td>
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No. of respondents

<table>
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<tr>
<th>2012</th>
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<th>2014</th>
<th>2015</th>
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<tr>
<td>858</td>
<td>725</td>
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A view from the professionals

In 2014, WaMH in PC (a special interest group the Royal College of General Practitioners in Wales) conducted a survey of primary care practitioners. 70% of respondents said that mental health is either ‘Difficult’ or ‘Very Difficult to manage at primary care level. 60% said that workload pressures, increased complexity and other practice-related issues had a detrimental effect on their well-being.

One of the five key priorities of Part One of the Mental Health (Wales) Measure is to provide information and support to GPs and other primary care practitioners. WaMH in PC have argued that this has not been prioritised by health boards, whose focus has been on delivering assessments and treatment in order to meet waiting time targets. They have called for a ‘re-balancing of priorities within the LPMHSS teams, to ensure that support for the primary care workforce is delivered’ and that ‘Health Boards become more proactive in protecting the health and wellbeing of primary care practitioners’.

Both our survey and the work undertaken by WaMH in PC indicate that many primary care practitioners would welcome and benefit from more information, training and support about mental health. We believe that it is in the best interests of both patients and professionals that GPs and other staff have the skills and confidence to provide good quality support to people with mental health problems.
What impact does understanding and empathy have on people’s mental health and wellbeing?

People often tell us that the level of understanding and empathy demonstrated by health professionals has a huge impact on their overall experience of services. The comments left by many of our survey respondents support this assertion but also highlight the variability in attitudes and levels of knowledge among primary care practitioners.

People who had an understanding and empathetic GP have commented about how much they valued these attributes. Some commented on the importance of GPs having an understanding of mental health problems and others said that feeling listened to and respected was crucial to their experience. Some commented that a negative attitude has made them feel invalidated, as though they were a burden and that they left feeling worse than before. Others said that it made them reluctant to return and seek help in the future, which could lead to their mental health deteriorating and the need for more acute care.

In addition to the anecdotal evidence, we used the survey data to compare the outcomes of people who said they had an ‘extremely’ or ‘very’ understanding and empathetic GP with those who said their GP was ‘slightly’ or ‘not at all’ understanding and empathetic. The graph below shows that survey respondents with a more understanding and empathetic GP reported better outcomes in relation to their mental health and wellbeing.

Although many factors contribute to people’s outcomes, it is clear that understanding and empathy is an important factor.

Recommendations

- Health boards and primary care practices should take a whole practice approach to improving understanding and empathy towards people with mental health problems.
- Health boards should continue their engagement with Time to Change Wales and encourage GP surgeries to engage with the campaign to end mental health stigma and discrimination, involving people with lived experience of mental health in training where appropriate.
- Health boards should collect data on patient satisfaction, including whether people felt that they were treated with dignity, respect and empathy.
- Welsh Government should ensure that health boards are delivering the intended advice and support for GPs and other primary care practitioners under Part 1 of Measure.
- Health boards should collect data on GP confidence and skills in relation to mental health in order to identify skills gaps and address training and support needs.
- Welsh Government should maintain a specific mental health element within the Direct Enhanced Service for primary care.
I am 17, suffering severe anxiety accompanied by panic attacks. My GP was hugely patronising and told me that everyone experiences anxieties in college, and sent me away without any valid advice or support.

More awareness and support from GPs would help, it's not easy admitting that you feel like this to anyone.

GPs vary massively. I have encountered a few who are fantastic, very empathetic and helpful. Largely though they don’t appear to have sufficient training in mental health.

I said to the GP that I was feeling depressed at my financial situation and was told: ‘It’s life get on with it and stop complaining’.

Doctor was very understanding but receptionist sometimes asked too many questions.

Hit and miss with GPs - some very understanding. Others not so much.

In my experience, many GPs have the same misconceptions and prejudices as the general public toward mental illness.

Pharmacist very helpful and understanding when discussing side effects of prescription.

My usual doctor is well informed. I saw a doctor who didn’t know me and it was horrific.

My GP is fantastic and always has a kind understanding ear.

I felt threatened.

No-one seems to care.

He was extremely cold in his approach and he told me that there was nothing he could do to help. Since then I have been afraid to go to a GP for any problem, physical or psychological.

I am lucky to have such an understanding and empathic GP.

I am put off seeking help for physical ailments because of attitudes to mental health.

(My GP) was empathetic, understanding and I really felt listened to. This really helped and made me feel able to talk about how I was feeling, which I hadn’t done with anyone before.

The doctors and nurses have been wonderful!

My problems were brushed off as ‘January blues’ and my concerns ignored. I felt very invalidated and as if I was wasting time.
Advice, treatment and support

A common concern raised by people who have previously approached primary care for treatment and support is that they have only been offered medication. Although medication can be an important form of treatment for many people, one of the aspirations of the Mental Health (Wales) Measure was to improve access and broaden the range of treatment and support services available to people with mild to moderate mental health problems. The legislation and subsequent guidance identified five key components of Local Primary Mental Health Support Services in Wales.

Section 5 of the Measure requires that five components be delivered as part of local primary mental health support services. These are:

a) comprehensive mental health assessments for individuals who have first been seen by a GP, and for whom the GP considers a more detailed assessment is required, or who are referred through secondary mental health services (where the local joint scheme provides that individuals in receipt of secondary mental health services are eligible);

b) short-term interventions (i.e. treatment), either individually or through group work, if the initial assessment has identified this as appropriate. Such interventions may include counselling, a range of psychological interventions including cognitive behavioural therapy, solution-focused therapy, family work, online support, stress management, bibliotherapy and education;

c) onward referral and the co-ordination of next steps with secondary mental health services, where this is felt to be appropriate for an individual;

d) provision of support and advice to GPs and other primary care providers (such as practice nurses) to enable them to safely manage and care for people with mental health problems;

e) provision of information and advice to individuals and their carers about interventions and care, including the options available to them, as well as ‘signposting’ to other sources of support (such as support provided by third sector organisations), and helping them to access these services.

We believe that people seeking help for their mental health should be offered a range of appropriate, evidence-based options and receive information and advice to help them make the best possible decision about their treatment. We also believe that choice and control is really important for people who may be feeling that they have very little control over their illness at the time of seeking help.

Our survey asked people what type of advice, treatment and support they were offered when they visited their GP or used Local Primary Mental Health Support Services. We included a range of options including advice and information, befriending, books on prescription, physical activity, prescription medication, psychological therapies and referral or signposting to other services.

The results show that the largest proportion of respondents (79%) were offered prescription medication. The proportion of people who felt that they have been offered advice and information was 77%. 21.5% were offered Cognitive Behavioural Therapy, while 32% were offered another form of psychological therapy. 36% were offered a further mental health assessment. 26% were referred to another service and 17% were signposted to another service. Just 12% were offered physical exercise, 10% were offered books on prescription and 3% were offered befriending.
Has it improved since the Measure was implemented?

The table and graph below show the proportion of survey respondents who were offered a variety of treatments from 2012 to 2015. Since 2012 the proportion of people offered each form of treatment appears to have increased, however there has been a slight dip in 2015. This may not be significant but demonstrates why it is important to continue monitoring performance.

The proportion of people who felt that they were offered advice and information has increased by the greatest amount - from just 35% in 2012 to 77% in 2015. Other forms of treatment and support have also increased, but at a slower rate. Unfortunately, this increase has not been great enough to equal the proportion of people who have been offered prescription medication.
The survey data and the comments left by many respondents indicate that too many people are still being offered medication only, rather than other forms of treatment and support. Although we welcome the work that health boards have undertaken to broaden their provision, we believe that more needs to be done to ensure that patients have access to a range of appropriate treatments and support.

We remain concerned that in some cases, patients are not being offered talking therapies because there is a lack of provision in a particular area or the waiting lists are too long. This has been indicated in some of the comments left in our survey and also in some conversations with health professionals.

We also believe that more could be done to promote Books Prescription Wales, utilise exercise referrals and encourage people to engage in physical activity (where appropriate) when they are waiting to access services with long waiting lists.

Some health care professionals have raised concerns about the expectations that some patients have when they approach primary care for treatment and support. Some have commented that people want to access one-to-one psychological therapies when this may not be the most appropriate form of treatment. However, if practitioners provide patients with the right information and advice, they should be able to come to an agreement about the right form of treatment and/or support.

Overall, the survey data shows that progress is being made, but it also demonstrates that the Welsh Government and health boards need to continue to improve the range of advice, treatment and support options available to people accessing primary mental health services in Wales.

**Recommendations**

- Health boards and local authorities should continue to develop Tier 0 services.
- Welsh Government and health boards should do more to promote and encourage the use of Books Prescription Wales and exercise referral schemes alongside other forms of support.
- Welsh Government and health boards should continue to focus on improving access to evidence-based psychological therapies in English and Welsh throughout Wales.
- Health boards and local authorities, through their LPMHSS schemes, should continue to improve information for GPs and primary care practitioners about the range of treatment and support services available to patients in the statutory and third sectors.
- Health boards should ensure that GPs and primary care practitioners have the enough information and support to enable them to provide the best possible advice for patients about the most appropriate treatment or support service.
There is no suitable treatment available! I have agoraphobia and all they can offer me is medication and a mindfulness course about one hour from my home, so I can’t go anyway.

The experiences I have had with Primary Mental Health in Wales is that there is no help but medication, which also is no help.

GPs just seem to want to put you on anti depressants.

I was directed to online self help course which helped enormously. I had already found a counsellor and was using mindfulness so did not require further referrals. I felt very supported throughout this acute very unpleasant episode.

I would have liked to be offered some sort of counselling rather than just medication. When I asked for counselling I got told it would take to long and was given further medication.

Had already been through CBT a couple of years previously, so this time the GP could only offer increased medication and time off work.

It wasn’t that services weren’t offered: they were, but after discussing them with the GP we agreed that they weren’t right for me.

GPs will offer medication, but if you state you would rather try other options they become impatient with you.

It takes too long to be seen by anyone, they are oversubscribed. I need to speak to someone. a befriending service would be great.

GPs just seem to want to put you on anti depressants.

They did not offer any help other than to ask if I wanted a prescription (which I didn’t) I paid privately for counselling. It helped me a lot.

Counselling seems all but unavailable in my area.

It wasnt that services weren’t offered: they were, but after discussing them with the GP we agreed that they weren’t right for me.

GP’s just seem to want to put you on anti depressants.

It would have been nice to be offered a physical activity / counseling before antidepressants.

We discussed the possibility of counselling and also the techniques I already use to control my anxiety. He offered advice on me trying to be more active and on finding time for myself.

It would be beneficial to have a wider range of therapies available. I had tried CBT and didn’t find it helpful for me, and when I asked for alternative therapies I was told there wasn’t anything else that could be offered.

Very disappointed by the first GP I saw, they prescribed me anti-depressants without asking me any basic info, telling me what they were and literally just threw my prescription at me saying “do you want them or not?”. I was made to feel that I was wasting her time and she had far better things to do than waste time listening to me. When I then took the prescription to the chemist I was told that they cause a reaction with my bi-polar meds and couldn’t take them anyway. Thankfully after a few weeks I felt brave enough to make an appointment with a different GP who couldn’t have been more understanding and helpful. I’ve been given an assessment by my CMHT and now I’m waiting to see what help I can be offered.

I feel very supported throughout this acute very unpleasant episode.
One of the main aims of Part 1 of the Mental Health (Wales) Measure was to improve access to mental health support services at a primary care level. Waiting times for talking therapies in particular had become a concern for patients and professionals, and many hoped that this legislation would start to address this issue. Implementation of the Measure was backed up by annual funding of £3.5 million from the Welsh Government for local health boards to deliver Local Primary Mental Health Services. Health boards were tasked with developing LPMHSS schemes in conjunction with their respective local authorities and trying to ensure that provision would meet the needs of their local populations.

Questions on waiting times have featured in each of our four surveys to help us try to gauge the impact of implementation on this issue. The chart below shows the results of our most recent survey, highlighting the waiting times associated with each form of treatment and support.

Worryingly, the results show that people are still waiting considerable lengths of time to access particular forms of treatment or support. The longest waiting times appear to be for CBT and other talking therapies. Over 50% of people reported that they waited over two months for CBT and 43% waited over two months for other talking therapies. 25% waited over six months for CBT and 23% waited over six months for other talking therapies.

Unsurprisingly, the shortest waiting times are books on prescription, with 80% accessing this within 2 weeks. Although books on prescription may not help everyone, options with shorter waiting times can be helpful additions for people who have to wait a few weeks or months to access another service. Over 50% of people who were signposted to other services managed to access it within 2 weeks, demonstrating the value of primary care practitioners being aware of local community and voluntary services. However, it is important that third sector services are seen to compliment statutory mental health services rather than as a substitute.
Has it improved since the Measure was implemented?

Our survey data indicates that waiting times have steadily improved since implementation of Part 1 of the Measure in October 2012.

Our first survey in 2012 showed that 35% of the treatment and support services were accessed within four weeks. In 2015 this increased to nearly 55%.

However, the data indicates that some people are still waiting too long to access treatment and support services in Wales. Legislation cannot be expected to eradicate lengthy waiting times overnight, but the survey data and comments from respondents illustrate the need for a continued focus on this issue.

Welsh Government statistics

Many health professionals have commented that the number of people accessing LPMHSS has exceeded expectations and remains high. The Duty to Review report states that there were 49,939 referrals to the LPMHSS between April 2014 and March 2015. As public understanding improves and the stigma surrounding mental health reduces, it is likely that people will feel increasingly comfortable to approach their primary care service for mental health treatment and support. It is therefore essential that the Welsh Government and health boards monitor demand and ensure that funding and provision meets this need now and in the future.

Since implementation of Part 1 of the Mental Health (Wales) Measure, the Welsh Government has required health boards to collect waiting time data for therapeutic interventions. The following table shows the data that was published in the recent Duty to Review report.

<table>
<thead>
<tr>
<th>Welsh Government / health board data: Waiting times for therapeutic intervention following LPMHSS assessment</th>
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<tbody>
<tr>
<td>Q1 13/14</td>
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<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>≥ 57 days</td>
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<td>≤ 56 days</td>
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This data shows a high percentage of people receiving the intervention within 56 days - over 80% compared with just under 70% in our survey. However, it is important to note the difference between the two sets of data. Our data is a snapshot of just over 800 people’s experiences and consists of waiting time data for each intervention, regardless of how many the person was offered and accessed. The health board data could represent the start of the first intervention and could therefore be masking lengthier waiting times for particular treatments. Our conversations with patients and health professionals indicate that people are still waiting a long time to access one-to-one psychological therapies, but that the general nature of the current data collection is inadvertently masking this.
What impact do waiting times have on people’s mental health and wellbeing?

We know that waiting a long period of time for treatment and support can be frustrating and many people have told us that this has a negative impact on their mental health and recovery. However, rather than relying on anecdotes we have cross-referenced the survey data to illustrate the impact on people’s outcomes depending on how long they had to wait for treatment and support.

We have broken down the responses to the question ‘Did the services you accessed through primary care lead to improved mental health and wellbeing?’ and plotted them on the graph below to show what proportion of people answered ‘yes’ or ‘mostly’ within each waiting time category.

The graph includes data from the past four surveys and shows that patient outcomes follow a downward trend the longer that people have to wait to access treatment or support. There are some anomalies - such as the 2015 data for 4-6 months - but the red line shows the average across the four years, which equates to over 2,700 individual responses. The red line shows that less than 50% of people selected ‘yes’ or ‘mostly’ once they had to wait over a month.

This data supports the Welsh Government’s recently reduced target for the vast majority of people to access treatment and support within four weeks of referral. However, as outlined above, we would like to see separate data collection for one-to-one psychological therapies to ensure that lengthy waiting times are not being inadvertently masked by shorter waiting times for other types of interventions.
A focus on psychological therapies

A common concern raised by respondents to our surveys is poor access to psychological therapies. Lots of people mentioned their frustrations with lengthy waiting times and several people reported that they were not offered psychological therapies because the waiting list was so long. Some commented that they had paid for private therapy due to the lack of NHS provision but recognised that many people would not be able to afford this.

Review of psychological therapies in Wales

The Welsh Government commissioned a review of the provision of, and access to, psychological therapy services in Wales. In 2013, a report was published, stating that:

Mental Health services are providing a range of psychological therapies across all of the treatment tiers; and in the main, therapy approaches are in line with NICE guidelines and Policy Implementation Guidance. However, there are differences in the availability and relative quality of, and access to, service and treatment delivery. This is evident both at a regional level, service level and practitioner level. GPs are considered as pivotal to the success of the Mental Health Measure. However, given the constraints on services working within existing resources with many already at capacity, consideration has to be given to the possibility that GP referrals could overwhelm primary care.

Welsh Government response

The Matrics Cymru - adapted from the Scottish Matrix - is a professional guidance document setting universal standards and evidence tables for the delivery of psychological therapies in Wales. The Wales Psychological Therapies Plan for Adult Mental Health is a costed proposal to increase access and quality in a prudent NHS commissioned by the Welsh Government. The Welsh Government has also announced additional investment of £3.8million to improve access to psychological therapies.

National Assembly post-legislative scrutiny

The National Assembly Health and Social Care Committee undertook post-legislative scrutiny of the Mental Health (Wales) Measure and welcomed ‘the progress that has been made in implementing Part 1 of the Measure, and the improvements to the accessibility of primary mental health services for adults’. However, the committee also said that it was ‘concerned that the increased demand means that there may not be sufficient capacity within primary mental health services, particularly for psychological therapies’. The committee welcomed the additional funding for psychological therapies and staff training but called for details about time scales, resourcing and evaluation.

A view from primary care professionals

In 2014, WaMH in PC surveyed GPs and other primary mental health professionals about their experiences of delivering primary mental health care. 85% named timely access to psychological therapies as one of the top three barriers to the successful delivery of primary care mental health services. WaMH in PC raised concerns that services have prioritised processing assessments in order to meet the Welsh Government’s 28 day target. They called for an increase in the workforce capable of delivering psychological therapies and for health boards to ensure that access to psychological therapies is a priority in the strategic development of local primary mental health services across Wales.
Mental Health (Wales) Measure - Duty to Review

Section 48 of the Mental Health (Wales) Measure 2010 placed a duty on the Welsh Ministers to review specific sections of the legislation. As part of the Duty to Review, a task and finish group was set up to consider specific issues relating to Part 1 of the Measure. Concerns were expressed by a variety of members about the length of waiting times for one-to-one psychological interventions. Concerns were also raised about the current data collection methods, which require waiting times for all therapeutic interventions collected together. Gofal advocated for waiting times for one-to-one psychological therapies to be collected separately so that the Welsh Government and health boards can identify the scale of the problem and address unmet need. The final Duty to Review report was published in December 2015 and made a specific recommendation that health boards should routinely capture data in relation to the LPMHSS waiting times for psychological interventions.

Other issues raised in the survey

While the majority of comments about psychological therapies were in relation to waiting times, people also made remarks about the format and number of therapy sessions that were offered to them. Some people said that they were referred to group sessions but would have preferred one-to-one psychological therapy. This has been raised in previous surveys, indicating that it is an ongoing problem for people using primary mental health support services in Wales. In order to address this issue, we believe that health boards need to answer the following questions:

- Are people being directed to group therapy because one-to-one therapy is not available in that area or waiting times are too long?
- Is group therapy the most appropriate intervention, but people are not receiving the right information and explanation for this decision?

We suspect that both of these questions are relevant to services in Wales and that health boards can do more to address these issues and improve the patient experience.

A number of comments were also made about the number of psychological therapy sessions allocated to each person. Some felt that they needed more sessions and that some flexibility would have been beneficial. Again, this is an issue that has been raised in previous surveys and needs to be addressed. It may be that increasing the number of sessions would improve people’s experiences or that health care professionals need to be clearer about the aims, outcomes and time scales associated with particular forms of therapy.

Recommendations

- Welsh Government and health boards should deliver the Duty to Review recommendation of collecting waiting times for psychological therapies - including specific data for one-to-one psychological therapies.
- Welsh Government and health boards should prioritise work on Matrics Cymru / Wales Psychological Therapies Plan for Adult Mental Health to improve the provision of evidence-based psychological therapies in English and Welsh throughout Wales.
- Health boards should strategically organise working practice and training in order to make best use of the psychological skills available across the workforce and ensure specialist staff have the capacity to provide psychological therapies to people with specialist or severe mental health problems.
- Health boards should ensure that GPs and primary care practitioners have the enough information and support to enable them to provide the best possible advice for patients about the most appropriate form of psychological therapy.
I was called by someone and advised to attend a stress management course. However, what I feel I need is extensive 1-2-1 talking therapy which just doesn’t seem to be available.

Was persuaded by primary care mental health worker to attend an unsuitable group talking therapy session, simply because it happened to be available at the time, and experienced considerable stress as a result.

Waiting time to see counsellor was months, needed appointment sooner.

I also enquired about counselling and was told the waiting list was really long so there was no point.

I personally have been on the waiting list for CBT to help with my eating disorder for 2 years.

CBT wait lists can be as long as 3 years. It can often feel like being pushed around to different services who either don’t care or can’t actually help.

I was offered counselling on the NHS but the waiting list was 3/4 months. I opted for private counselling instead which took me one week to access. I don’t think mental health should be made private - mental health illness should be treated exactly the same as physical illnesses that would normally be treated on the NHS.

I have paid for counselling due to waiting times being so long.

Had to pay for CBT was advised NHS waiting list too long.

The waiting lists are too long for access to NHS counselling... It was discussed with me but up to 6 months waiting list made it seem a waste of time.

6 counselling sessions is not enough - takes much longer to feel comfortable talking to a stranger.

I was only offered medication. When I asked for counselling I was told there would be a long wait and not to bother.

I pay privately for counselling because the waiting list is too long.

Waiting times and capacity are not helping people who need support.

They said no as the waiting list was too long. I wasn’t even offered to be placed on the list.

I feel that I needed more support after my counselling finished but I will just have to help myself.

Generally, the waiting times are unacceptable so I accessed private support via my employer.

Was told there was a 7 month wait for counselling. Still waiting and that is too long to wait.

I pay privately for counselling because the waiting list is too long.

I was offered counselling on the NHS but the waiting list was 3/4 months. I opted for private counselling instead which took me one week to access. I don’t think mental health should be made private - mental health illness should be treated exactly the same as physical illnesses that would normally be treated on the NHS.

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Overall access

In each of our four annual surveys we have asked respondents whether, in their view, they managed to access the advice, treatment and/or support services they needed. While one of the previous questions shows us what proportion of people were offered particular types of treatment, this question tells us whether people felt that those options were the right ones for them.

As illustrated in the graph opposite, the results have not changed over the past four years, with approximately 50% of respondents answering ‘yes’ or ‘mostly’ and approximately 25% answering ‘no’. While a service is unlikely to meet the needs of every person who uses it, we would expect implementation of the Measure to have delivered some improvements.

Previous surveys have identified issues with booking GP appointments, continuity/seeing the same practitioner, location of support, language barriers, lack of out-of-hours support for people in employment, and issues relating to CAMHS. We have looked at the comments left by over 300 respondents to this year’s survey and the following themes have arisen:

Qualifying criteria and service interface

A number of people commented on their inability to access services because their mental health was deemed too severe or not severe enough. This led to people being caught between primary and secondary care services or feeling that they had to reach crisis point before they could access the support they needed. Others said that there was no specialist support available for their particular mental health condition. This issue was also identified in the Duty to Review report and resulted in the following recommendation:

A working group is convened to consider:

- what further guidance about the interface between primary and secondary care is needed and to develop that guidance for wider consideration and consultation.

Mental Health (Wales) Measure Duty to Review final report

Out of hours provision

52% of survey respondents were in full time employment and several people commented that they had been unable to access treatment and support because it was only available during traditional work hours. There were a number of requests for greater provision of out of hours services in the evening and at weekends. LPMHSS can play an important part in early intervention and can help people with mild to moderate mental health problems to remain in employment. It is in the interests of both individuals and the economy for working people to be able to access these services before they become too ill to work.
Co-morbid conditions

Some respondents with co-occurring physical health problems or learning disabilities made comments about their difficulty in accessing mental health support services. Some were offered inappropriate services and others felt that their mental health was treated less seriously than their physical health.

Welsh language

As in previous surveys, some people commented about the lack of access to mental health services in the Welsh language. Mental health problems can be difficult enough to discuss in someone’s first language and Welsh speakers should not be forced to access services in English.

As outlined above, some of the issues raised by survey respondents relate to equality of access and experience for people with protected characteristics and those who speak Welsh as a first language. The Duty to Review highlighted the importance of adhering to the Equality Act and Welsh Language Standards in the provision, design and review of local primary mental health support services in Wales.

Compliance with the Equality Act and the Welsh Language Standards are central to the provision of any services and these must be a primary consideration in both the design and review of services under the Measure.

Mental Health (Wales) Measure Duty to Review final report

The Duty to Review report also makes a recommendation that health boards should report on how the information provided to patients explaining the role and purpose of the LPMHSS and how to access the service meets the requirements of the Welsh Language Standards and the Equality Act. However, it is also essential that health boards address any barriers that are preventing people with protected characteristics, who have a dual diagnosis, or who speak Welsh as a first language from accessing timely and appropriate treatment and support.

Recommendations

- Welsh Government should take forward work on the Duty to Review recommendation to improve the interface between primary and secondary care.
- Health boards and local authorities should extend out-of-hours provision.
- Health boards should ensure that people with co-morbid conditions have access to high quality advice, treatment and support for their mental health, physical health and/or learning disabilities as necessary.
- Health boards should ensure that Welsh speakers and people with protected characteristics have equitable access to primary mental health services by measuring patient satisfaction and outcomes for these groups.
My daughter was deemed ‘not bad enough’ for CAMHS. The counsellor at GP surgery will not take adolescent referrals. We were not offered any other support, and I believe she is worse as a result.

Despite my desperation, I was told they could offer me no help. Wrong kind of mental health problem.

I have waited over 3 1/2 years for care after three years of my GP referring me to the CMHT and being rejected by them until after numerous admissions to hospital and a complete mental breakdown.

I've been bounced between services. All in all I've been waiting almost two years since first presenting to my GP and I've been back to see my GP about it several times!!!

Very difficult to get the help I need. Waiting lists are too long. The workers do not explain my “treatment plan” properly. Almost impossible to get anything in Welsh.

I have currently been trying for 3 weeks to obtain a GP appointment. You have to phone on the day and by the time you get through you try to book an advanced appointment you are told that they are also all gone.

I found that I could not have the mental health support I needed through the NHS. I was not considered ‘ill enough’. or enough of a danger to myself/others to warrant more support. I was in so much pain and distress, and the fact that I wasn’t ‘bad enough’ was awful.... .....made me feel even more isolated and afraid.”

GP counselling is inadequate for major depression but the CMHT discharged me as my illness isn’t deemed serious enough. I cannot afford private therapy. It is very disheartening and I feel there is no help out there for me.

Mental health services need to join up with learning difficulty services.

I feel that people only wanted to help me when they thought I was going to do something serious, whereas if something had been done sooner it wouldn’t have got to that stage.

The courses and personal contact were all during office hours Monday to Friday. As I am in full time employment, taking up the opportunity to have CBT would mean missing at least 4 hours of work every week for 8 weeks, which is just not possible. Managing full time employment with a serious mental health condition is challenging enough without trying to make up 16 hours of flexi a month.

Due to physical illness my GP wanted me to have counselling at home. The NHS don’t provide this service although the mental health team agreed with the assessed need.

Please understand that if you are agoraphobic you cannot access these counselling on your own. I’ve been offered lots of these sessions but can’t get there.

I was told they could offer me no help. Wrong kind of mental health problem.

I have waited over 3 1/2 years for care after three years of my GP referring me to the CMHT and being rejected by them until after numerous admissions to hospital and a complete mental breakdown.

I've been bounced between services. All in all I've been waiting almost two years since first presenting to my GP and I've been back to see my GP about it several times!!!

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Impact on mental health and wellbeing

In each of our surveys we asked people whether the services they accessed led to improved mental health and wellbeing. Unfortunately, the survey data we collected has not shown any improvement since implementation of the Mental Health (Wales) Measure 2010. This is extremely concerning and demonstrates the importance of collecting outcome data alongside waiting time data.

The comments left by many respondents indicate that the following factors that appear to have a negative impact on their experience and outcomes:

- Negative attitudes of primary care staff
- Lack of choice of treatment and support
- Lengthy waiting times
- Access issues such as location, out of hours.

The data seems to indicate that when these issues are resolved, people tend to have better outcomes. (See analysis on pages 10 and 18). Our survey data seems to indicate that these areas are improving, but we believe that this needs to happen at a much greater pace in order to deliver improvements in outcomes. At the time of data collection, the Measure had been operational for three years. While we recognise that legislation takes time to be translated into practice, and the first few years will be a learning curve, improvements in outcomes are required to deliver the aims and objectives of the legislation.

Section 48 of the Mental Health (Wales) Measure 2010 places a duty on the Welsh Ministers to review specific sections of the legislation. The final Duty to Review report was published in December 2015 and made a specific recommendation in relation to collecting outcomes:

All health boards to report from 2016 upon the following in their annual reports on the local delivery of Together for Mental Health:

- outcome measures for those that have received a LPMHSS therapeutic intervention

Mental Health (Wales) Measure Duty to Review final report

We strongly recommend that outcome data is collected across the service in a consistent manner so that patients, professionals, health boards and local authorities can identify which services are delivering good and poor outcomes - and the Welsh Government can assess the impact of their legislation and investment.
**Recommendations**

- Welsh Government should maintain and where possible increase investment in LPMHSS.
- Welsh Government should continue to focus on improving delivery and outcomes in relation to Part 1 of the Measure.
- Assembly Members to continue to scrutinise performance of LPMHSS, particularly in relation to patient satisfaction and outcomes.
- Health Boards and local authorities should ensure joined up, strategic oversight of LPMHSS delivery and outcomes across the health board footprint.
- Welsh Government should ensure implementation of the Duty to Review recommendation to measure outcomes for people who receive a LPMHSS therapeutic intervention.

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I lost my job because of it. I am currently waiting for the court to give an eviction order because I got behind with my rent after being off sick with my mental health and my benefits being late.

I’m unable to get a job or function properly in social situations and foresee the rest of my life as something that’s not really worth the effort. If I’d been given the correct treatment over the years my quality of life could have been so different.

By the time the course is due to start it will be nine months after I first asked for help. Not good enough. Now housebound and my husband has had to quit work to look after our son.

I left the surgery feeling like I should commit suicide. Since then I have been afraid to go to a GP for any problem. physical or psychological.

The lack of support has had a negative impact on my wellbeing.

Waiting so long for counselling is ridiculous and has an adverse effect on people.

The understanding, feeling like I had a choice of treatment options and relatively short waiting times for counselling meant I could better manage my mental health.

I had post natal depression so it was a case of choosing anti depressant tablets in order to get better quickly to form a bond with my baby. Thank goodness they worked and I enjoyed being a mother for the first time after I began feeling better.

I was fully listened to by my doctor and had the appropriate treatment. I feel much better by now.

GP not very understanding or empathetic. Only offered medication which didn’t work and am still suffering with anxiety.
A number of people who responded to our survey shared detailed accounts of their experiences of using primary mental health services in Wales.

“As someone with severe OCD and anorexia I have a lot of difficulty in leaving the house, being around others. I get triggered by many many things (I had a very bad experience in November and haven’t left the house since). Staff aren’t trained to know what is appropriate to say to someone with anorexia, I am tube fed but still I have been asked for diet tips, or been told that my face is fuller than last month etc. My OCD means I cannot sit down so I have to stand in the waiting room, there is nowhere quiet for me to go and wait and so I feel extremely embarrassed, the noise is very difficult to handle be it other patients, staff talking, phones ringing, people querying problems at the desk. It is extremely overwhelming and I often get paralysed by mental rituals that mean I can’t move, this has lead to staff pointing me out, calling me the nutcase, or the fruit and nut and whispering about the fact I have been sectioned in the past. I only left the house once a month to attend blood tests and monitoring as per my care plan for anorexia but I no longer can even do that, yet nobody has arranged to come to me as it’s all in my head, not a proper illness. It’s made so much harder as I am the daughter of a GP and a nurse, and I feel so ashamed that my parents have to be associated with me as I can’t control my rituals enough to hide them when I’m so distressed. I have only seen my nurse in the last year as the GPs just used to tell me I was behind their area of expertise, that they were frustrated as nothing had worked, and points out that there isn’t anything anyone can do anyway so I felt a burden and no longer see anyone, even if I feel unwell. One GP told me after I had been discharged from section that it would just have been easier if I had been detained permanently as then nobody would have to deal with me, even though I rarely ever saw them and have never asked for anything out of shame, embarrassment and fear.”

“I was under care of psychiatrist, returned to GP care. Saw GP who referred me back to psychiatrist. Heard nothing for 8 months. Kept calling psych said no record of referral. Saw GP again and checked referral, he said he had done it. When I phoned psych again was told they had referral, but GP had referred me to the wrong level (either 1 or 2 can’t remember) when I asked if that meant the referral had now been transferred to the right level I was told no, I would have to go back to GP and ask him to refer me again, but this time to the right service. All the onus is on me at all times to keep on top of where referrals are, chase why they haven’t happened and now have to wait four weeks for a routine appointment to see GP to ask him to refer me to the right service!!! In the meantime, my mental health goes up and down and up and down, when I feel bad I don’t often feel like going to the GP. I tend to go when health so bad for so long it scares me and I know I need help. Can’t wait four weeks for routine appointment. Also, see a different GP every time, each one of whom has a different idea of what is wrong with me and treats me accordingly.”
"I live in Ogmore by Sea and the closest services I was offered were in Cardiff. My GP is in Bridgend and I experienced a delay as there was some confusion over where I should be referred (health board areas vs local authority based primary mental health team areas). The telephone assessment was dispiriting and caused more harm, dealing with a very depressed person over the phone and offering them nothing more than leaflets and books was really very depressing! When the leaflets arrived a mindfulness course was mentioned however there was a long wait for this and then it transpired that it was being run once and I needed to call at 9am on a particular day and if I was fortunate I would secure a place on a first come first served basis. Fortunately after 20 minutes of redialling I was successful and the course was of some help however it also had twice the number of attendees originally planned which reduced the opportunity for discussion. Other than seeing my GP there has been no follow up. While the introduction of more challenging targets is welcomed. I’m concerned that they may drive a further reduction in quality. Particularly with mental health the patient experience is very important, the quality of interactions are crucial. If people do not feel supported when they are very vulnerable it can contribute to feelings of despair. I now feel that drugs are no longer helpful however other options are not offered and when I’ve asked I’ve been told the wait for talking therapy is long and I’d only be offered a few sessions. In summary I think the services are very poor."

"Experiences of GPs mixed - the main doctor I have seen has been brilliant, and has phoned me at home on a number of evenings. However, other doctor I saw just wanted to give me a repeat prescription as quickly as possible and get rid of me. Torfaen has a ‘triage’ type service, where relatively quickly you have an initial assessment and a couple of sessions before recommendations for best way forward, which for me was counselling. Very long weight between this and counselling appointment. Seemed quite a bitty approach. Counselling has started to help, but worried that the 6 session allocation won’t be enough. Book prescription was immediate, but even though I have read many thousands of books in my life, my mental health meant reading a self-help book was impossible/pointless. NERS is a helpful scheme, but was inconvenient, as sessions during typical working hours and on weekends (I am a single working mother). Also, seemed to be more aimed at older people - a lot of gentle exercise, promotional materials mainly featured over 70s. NERS missing an opportunity to link to healthy eating and tie this in with the leisure centre food provision."

"The GP I saw did offer services other than medication but after discussing the options with him we both agreed that medication was the best option at the moment. He was really lovely, really understanding of why the anxiety is a particular problem for me at the moment and we discussed the possibility of counselling and also the techniques I already use to control my anxiety. He offered advice on me trying to be more active and on finding time for myself. Having previously had less positive experiences of seeing my GP over mental health issues, I was pleasantly surprised."
“My GP was excellent. He listened and understood. We discussed stress and anxiety and he helped me understand that I was suffering in these regards. My workplace occupational health service was equally helpful and supportive and I have come out the other end feeling much better. What was most helpful was being assisted to understand what was wrong with me and working up outcomes to relieve my stressors. My GP actually rang me to check on my welfare which is unheard of in my previous experience that of anyone else I know and offered me appointments at my convenience.”

“I am fully aware of my symptoms and am able to manage them without GP care/support. A few years ago I would not have been and the lack of care, attention, understanding and ongoing support provided by most GPs is alarming. Luckily, when I needed extreme help, I had an excellent GP in Fairwater, Cardiff who provided extensive support and onward referrals to other support systems. I have not been offered anything other than medication for the last 9 years. Had I received the low level of care and support when at my lowest, I do not believe I would be alive and completing this survey. Much better understanding, support and intervention is needed from all healthcare professionals.”

“I recently experienced panic attacks and severe anxiety following a particularly stressful period in work and cannot fault the support I received from my GP - he was amazing! He referred me to the local community mental health team for group stress therapy and I was able to attend that same week as it was an open access drop-in. Within three days of my initial appointment with my GP I felt completely different and believe that this initial great service help catch and cure me before any longer terms affects or damage were caused. I can now recognise and manage harmful stress and have changed my approach to certain things which I can honestly say will probably keep me from ever experiencing such horrible and scary feelings. One positive outcome of my short ‘illness’ is I now have much more of any appreciation of what feeling mentally unwell feels. Luckily I only missed three days of work and had we had a HR blog or similar I would have happily shared my experience to let people know that everyone can be affected, no matter who you are.”

“My GP took the time to listen to me. I was very clear that I did not want meds, a sicknote or a referral but was having a hard time with stress which was making me tearful and feeling depressed. The GP listened and agreed that a sick note would not help me. He gave me very practical advice such as speaking to my employer and asking them to find me a temporary secondment to give me the time to distress. He also suggested talking to them about why I was stressed and have me the confidence to approach them about the issues that had put me under pressure. He also said that if all else failed come back and we’d regroup! ... It all worked out ok for me and I’m grateful for his advice and support at a time when I needed a sensible and empowering approach.”
"I experienced a nervous breakdown upon the birth of my son. The pregnancy was unplanned, I took a career break from my employment and I bought a house with my partner which was rushed and consequently required substantial building work and was located in the wrong area. I was referred through a GP to Psychiatric services and was put on anti psychotic drugs which I have recently come off through my GP after taking for 4 years. The side affects of taking these medication such as drowsiness, memory loss and the impact on my functionality was dismissed by my psychiatrist. These drugs have impacted on my career progression and my general self esteem. Taking sedative medication should have been a short term fix and it would had been better for the psychiatrist to have put me on a different medication and to have referred me to a mental health improvement programme. Although I was allocated a Vocational Rehabilitation Consultant, due to issues at work with my line manager. It is apparent to me that there is still little collaboration between psychiatry and mental health support programmes. My experience of one to one counselling in the public and private sectors has been very poor and the most useful programme I have attended has been a group based overcoming depression course delivered by Cardiff council. The empathy experienced in a group of like minded people is far more useful than listening to a councillor which unfortunately feels like a waste of time. I am now not taking any medication and am cultivating my social networks, exercise (group based with like minded people is the most powerful), healthy eating and a suitable job."

“Very disappointed by the first GP I saw, they prescribed me anti-depressants without asking me any basic info, telling me what they were and literally just threw my prescription at me saying “do you want them or not?”. I was made to feel that I was wasting her time and she had far better things to do than waste time listening to me. When I then took the prescription to the chemist I was told that they cause a reaction with my bi-polar meds and couldn’t take them anyway. Thankfully after a few weeks I felt brave enough to make an appointment with a different GP who couldn’t have been more understanding and helpful. I've been given an assessment by my CMHT and now I’m waiting to see what help I can be offered, and I’m on anti-depressants that are safe to take with my Depakote.”

“I was referred to PMHSS as suffer from anxiety and depression and have previously used CMHTs before being discharged for being ‘too well’. The PMHSS offered me to attend group sessions locally. I said I wasn’t comfortable discussing my mental health in a group and it made me feel more anxious. This is partly as I work for the third sector in Cardiff and Vale and didn’t want to bump into service users I know in the group setting. In response they said that was perhaps part of my anxiety problem, rather than acknowledging that some people don’t like to discuss things publicly as a genuine reason. It seems like running group sessions is more about cost savings and is not focusing on what service users might actually like to help them. As a result the PMHSS didn’t make much difference to me. They recommended a book to read at the local library but I don’t find self-help books useful and prefer to talk with people face to face. I think PMHSS might be useful for some people who are new to mental health and have little knowledge or experience of it. But I felt like there was a gap in terms of services provided for someone who is too well for a CMHT but needs more than the PMHSS can offer.”
“My GP has generally been pretty good. However it took about 6 months to get a referral to the primary mental health team for my bipolar spectrum mood disorder. My experiences there were absolutely terrible. This was at the XX Centre in Cardiff.

My initial appointment (which took about 6 months to come through) was double-booked with another client by the receptionists at the XX, leaving me with just 20 minutes with the psychiatrist, who was visibly impatient and not at all empathetic. Further, the psychiatrist prescribed me with an anti-psychotic, despite having seen me for such a short time, having not conducted a full assessment and me having never had a psychotic episode in my life. As I’m sure you know, anti-psychotics have significant and dangerous side effects, so I was reluctant to take them.

Instead I called the XX a few days later and requested a second opinion from a different psychiatrist, and also to complain about them double booking me. During this conversation they told me that they had not in fact double-booked me, and accused me of calling the centre a week before the appointment to cancel. This was a downright lie on their part. I couldn’t quite believe they were accusing a mental health service user of lying (although of course, I felt that I was in a pretty vulnerable position here as the ‘mental health service user’ who implicitly could be lying, forgetful, ‘crazy’, and so on). Imagine if I were schizophrenic and paranoid, and the very people who are supposed to help are falsely accusing me of lying?! Luckily I’m quite a strident person with knowledge of my rights, so I requested to speak to the centre manager and made a formal complaint. He apologised profusely.

I was offered another appointment with a different psychiatrist, who I saw in May 2015. He was very very good. He recommended that I taper off my anti-depressants over the course of the summer, with the intention of me being off them by our next appointment in September 2015 in order to more accurately assess my mood disorder. I started to taper the meds gradually; however, once I got to 10mg (a reduction from 40mg), my depression took a huge turn for the worse; I was unable to get out of bed, let alone work or carry on with my normal activities, and I was self-harming a lot. I spoke to my GP, who advised ringing the XX for advice. I did this. I was unable to speak to my psychiatrist, and the practice nurse was quite cold, asking: ‘Did you try to kill yourself, or just cut yourself’, and other such sympathetic questions...! I didn’t receive any advice and was told I wouldn’t be able to speak to the psychiatrist before my appointment.

I ended up putting myself back up to my previous dose of anti-depressants because I simply couldn’t function at that level of depression. I thought I’d just have to wait until my September appointment with the psychiatrist to discuss it with him and see if any other course of action could be taken apart from coming off my meds. However, my appointment with him was cancelled (on the day that it was due) by phone. The receptionist who called me (again from the XX) told me an alternative appointment would be sent out. This was in September; it’s now November 5th and I still haven’t heard anything.”
Useful links and further information

**Gofal research:**
People’s experiences of primary mental health services in Wales
www.gofal.org.uk/primary-mental-health-services

**Welsh Government:**
Mental Health (Wales) Measure 2010 - Duty to Review final report
gov.wales/topics/health/nhswna/mental-health-services/measure/?lang=en

**National Assembly for Wales Health and Social Care Committee:**
Post-legislative scrutiny of the Mental Health (Wales) Measure 2010
bit.ly/NAfWscrutinyMHM

**WaMH in PC report:**
Experiences of delivering primary mental health care in Wales

**Welsh Government review:**
Access to, and implementation of, psychological therapy treatments in Wales
gov.wales/topics/health/publications/health/reports/therapy/?lang=en