healthwatch Worcestershire

Patient Experience of Accessing Community Mental Health Services for Support with Low Level Mental Health Issues

Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT
Telephone 01386 550264
info@healthwatchworcestershire.co.uk
www.healthwatchworcestershire.co.uk

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Executive Summary

1. Background Information

Healthwatch Worcestershire undertook this project to explore **patient experiences of accessing Community Mental Health Services for low-level mental health needs**. This work followed several key NHS policy drivers:

- The NHS Long Term Plan (2019)
- NHS Position Statement on Community Mental Health (2019)
- Neighbourhood Mental Health Transformation Programme
- Fit for the Future – Government's 10-Year Health Plan for England (2025)

Locally, the **Operational Policy for the Neighbourhood Mental Health Service in Herefordshire and Worcestershire** built on these documents. It moved to a model where patients would **not be discharged**, and able to access Mental Health services on a needs basis.

Transformation has now been implemented across Worcestershire, yet both patients and GPs report **long waiting times.**

Our research focused on patients referred or signposted between **April and September 2024** by GPs to Talking Therapies or other NHS-funded community and Voluntary and Community Sector Enterprise (VCSE) services.

This report is based on **134 responses from patients across most districts in Worcestershire** [NB The Bromsgrove Primary Care Network chose not to participate in the evaluation]

We are aware that at least 846 GP referrals and self-referrals were made by GP Practices taking part in this project during the service evaluation period.

Respondents were predominantly female (**67%**) and aged 18–64 (**83%**), with smaller numbers of older adults (**17%**). The majority identified as White British (**90%**), with small proportions from other ethnic backgrounds. This demographic profile reflects the main users of low-level mental health services in the county and provides valuable insights into their experiences of referral, waiting times, care planning, communication, service quality, and re-entry after treatment.

2. Key Findings

- **GP referrals: 70%** found it **easy** to get a referral, but only **31%** felt **involved in decisions**. Many patients felt GPs did not listen enough or explain available options.
- **Waiting times:** Many patients waited far longer than national NHS standards for Herefordshire and Worcestershire NHS Talking Therapies Service (Talking Therapies) and VCSE services.

Some Talking Therapy patients report waiting over a year for treatment to begin. **Long delays** left patients feeling **forgotten** and **unsupported**. Patients consistently said that while they accept some waiting is inevitable, they need **regular communication, honest updates on likely timescales, reassurance that help is coming, and meaningful interim support**. This includes access to online self-help materials, reading resources, community groups, and clear guidance on how to manage their mental health while waiting. Patients also emphasised the importance of **knowing that someone cares and is keeping track of their progress**, to prevent feelings of isolation or abandonment.

- **Care planning:** Only about **a third** felt involved in planning their care. Carer involvement was also low.
- **Information about services: Less than half** of patients received written information about the service they were referred to. Patients want **clear, accessible information** to understand what to expect and how services will support them.
- **Service experience:** Only **31%** of Talking Therapies patients and **24%** of VCSE patients **felt valued and respected all the time**. Around **half** felt their needs were **not fully met**.

  In line with ensuring a culture of compassion is embedded across all services provided by Herefordshire and Worcestershire Health and Care Trust, it is expected that the aspiration will be that **all** patients should feel **valued, respected, and supported**.
- **Re-entry to services:** Patients reported **difficulty** in accessing support again after treatment, suggesting the intended "no discharge" transformation model is not yet achieved.
- **System-wide concerns:** Social Prescribing appears underused in relation to opportunities to refer to suitable VCSE provision. **Satisfaction levels are low** across services, and **long waits** remain a critical issue.

3. Recommendations

With a view to improving services for patients and their carers we have made 21 recommendations as to how Adult Community Mental Health services could be improved in the following areas. Full recommendations can be seen in the body of the report.

We have made recommendations to **General Practice**, **Herefordshire and Worcestershire Health and Care Trust** those **Voluntary and Community Sector Enterprises** that are funded to deliver NHS services in relation to:

- **GP Referral Process**
- **Waiting Times for Support**

- **Care Planning**
- **Communication and Information**
- **In-Service Patient Experience**

Recommendations have been made **to Herefordshire and Worcestershire Health and Care Trust** in relation to:

- **Post-Service Experience / Re-entry**

To **Herefordshire and Worcestershire Integrated Care Board** we have made recommendations relating to:

- **Service Improvement**

4. Acknowledgements

Healthwatch Worcestershire acknowledges the efforts of the Service Lead for Talking Therapies, who has worked collaboratively with Healthwatch, meeting regularly to review patient feedback and strives to embed a compassionate culture. The service continuously evaluates its provision and is actively addressing workforce shortages that affect delivery both locally and nationally. It is also recognised that while Herefordshire and Worcestershire NHS Talking Therapies is not currently meeting all NHS national waiting time standards for starting treatment, this reflects rising demand and resource constraints rather than a lack of commitment.

We would like to note that this work would not have been possible without the support of GP Practices that participated and the Service Lead for Herefordshire and Worcestershire NHS Talking Therapies.

We are especially grateful for the expertise and invaluable support of our volunteers who made a significant contribution to this work.

1. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) gathers feedback about publicly funded health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

2. WHY THIS WORK

Transformation work began in 2019 in parts of North Worcestershire with pilot funding. The implementation of the new delivery model is now complete across the whole county and has had time to embed.

Healthwatch Worcestershire were keen to explore the experiences of patients and their carers currently receiving support from Community Mental Health Services across Worcestershire.

The Neighbourhood Mental Health Transformation Programme (1) was initiated by the NHS Long Term Plan (2) which challenged the service to develop a "*new community-based offer that will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self- harm and coexisting substance use... and proactive work to address racial disparities.*"

The Plan goes on to call for local areas "*to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.*"

The challenge is perhaps most clearly stated in the NHS position statement(3) which calls for a "*flexible, responsive and personalised approach*"

It is noted that the Government published **Fit for the Future** – its new 10-year health plan for England in July 2025 (4). This new plan continues the Government's commitment to the Integration of mental health services into multidisciplinary teams, supporting holistic and preventative care, with an aim to improve access, responsiveness, and outcomes for adults with mental health needs.

The **Operational Policy for the Neighbourhood Mental Health Service in Herefordshire and Worcestershire** identifies that the Transformation Project has:

- '*triggered a move towards developing inclusive teams working with an active/inactive as opposed to referral/discharge-based care pathway structure, which means that people receiving care are always open to their Neighbourhood Mental Health Teams - they are never discharged – rather, they are either actively engaged with the team or not; in the same way that*

everyone is open to a GP and may be either seeing them to address a particular health concern or not.

*This approach to delivering mental health care is viewed as consistent with the established Recovery Model that has been introduced locally over recent years. The model has a focus on working **with** people to help them recover rather than a 'working for' or 'doing to' approach to health care. The framework sets out the following 6 aims for the new services:*

1. Promote mental and physical health and prevent ill health.

2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that:

- *builds on strengths and supports choice; and*
- *is underpinned by a single care plan accessible to all involved in the person's care.*

3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.

4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.

5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.

6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

3. WHAT WE DID AND WHO WE HEARD FROM

3.1 What We Did

During the scoping phase of this project, we engaged with a range of key stakeholders to build a comprehensive understanding of Community Mental Health Services in Worcestershire following the Transformation Project.

Stakeholders included Lead Commissioners, Senior Mental Health Clinicians, General Practitioners (GPs), and representatives from Voluntary and

Community Sector (VCS) organisations delivering NHS-funded support for individuals experiencing low-level mental health issues. These conversations were instrumental in shaping the direction and focus of this work.

We identified a complex system that some clinicians find difficult to navigate. Neighbourhood Mental Health Teams are in place across the County, however, linkage with Primary Care Networks varies.

Neighbourhood Mental Health Teams provide support for anyone aged 17 ½ and above whose needs exceed the threshold for Worcestershire NHS Talking Therapies.

When talking with GPs it was clear that most patients present initially with *low level* mental health issues and are signposted or referred to Talking Therapies. This service has long waiting times of up to 18 months and has been working to an improvement plan to address this.

In the absence of a Service Specification for Worcestershire's Community Mental Health Services, Worcestershire's Talking Therapies service follows the NICE approved guidance of the NHS Talking Therapies Manual v7.1.

Healthwatch Worcestershire decided it would be useful to start at the entry point for most patients and focus on understanding patient experience of access to Community Mental Health Services via a GP referral for support with *low level* mental health issues.

For our project and in the absence of a clinical definition of **'low level' mental health** we defined 'low level' to mean the following:

- **A person who has sought support from their GP (in accordance with the current pathway) to help them manage their mental wellbeing through social prescribing pathways and/or**
- **A person who needs GP support and access to psychological therapies and/or short-term medication and can manage their own mental health with this support.**

3.2 The Service Offer in Worcestershire

Patients first point of entry to NHS funded support for low level mental health issues is via their GP. GPs may decide to make a referral or signpost patients to Talking Therapies or to a local Voluntary Community Sector Enterprise (VCSE) that is commissioned to provide a service. VCSE services include:

- Social Prescribing
- Mental Health Link Workers – 1:1 support and group work
- Mental Health Link Workers for Carers

Local Primary Care Networks also commission VCSE organisations to provide alternatives to Talking Therapies, these include:

- Counselling services
- Mood Masters

- Wellbeing Coaching
- Group work supporting self-help and peer support

3.3 HWW's Approach

We contacted **6 Primary Care Networks** (PCNs) across each District of Worcestershire and spoke with 9 GPs leading on Mental Health in their GP Practice. We shared information about our work and the aims of the project and asked if they would be willing to take part. GPs identified all patients they referred to Talking Therapies or one of the services above between **1st April and 30th September 2024.** We were keen to engage with patients who would have experienced the service and be able to feedback on the whole process from referral to completion of treatment.

Patients were identified from GP Practice data using the referral template and clinical condition identifiers.

5 of the 6 PCNs agreed to take part which resulted in patient feedback from across the County except for the Bromsgrove PCN which opted not to take part.

Participating GP Practices sent a text message on our behalf to their identified patients, inviting them to take part in our survey or an interview.

In addition, we were keen to identify all patients from these GP Practices who had self-referred to Talking Therapies during the same period. The Service Lead for Talking Therapies generously ran searches and identified patients who had self-referred. These patients were also contacted by Talking Therapies on our behalf and invited to take part.

We cleansed the data to remove all respondents who only answered Q1 which confirmed their willingness to take part in the project.

Most respondents were patients of the Talking Therapies service, so we extracted the Talking Therapy responses from the GP survey and merged them with the Talking Therapies survey respondents to analyse responses collectively.

We have reported on patient experience of the GP referral process from all viable respondents (**86** respondents) and then we extracted the patients referred to Talking Therapies and have **48** viable responses remaining. These patients were referred by their GP to other services providing NHS funded Community Mental Health Services, we will report on their experience following the GP referral process later in the report.

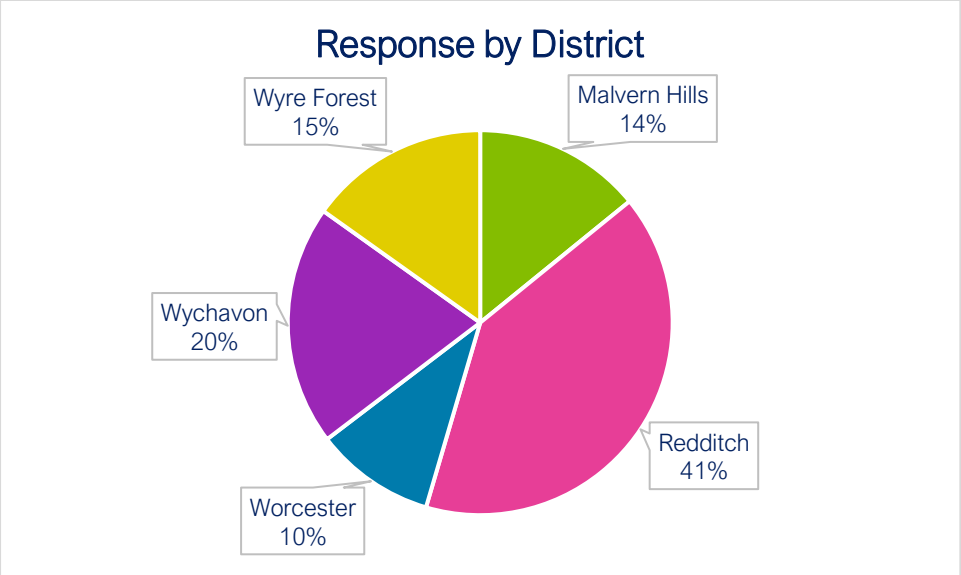
In the interest of accessibility, we have tried to present data in the simplest form and percentages have been rounded to the nearest whole number.

3.4 Who We Heard From

81 respondents provided information about their gender. **67%** identified as Female; **32%** as Male and **1%** as Other.

109 respondents provided information about their age. **83%** were aged between 18 and 64 and **17%** were 65 – 85+.

105 respondents indicated which district they live as demonstrated in the graph below. There are no responses from patients in Bromsgrove as Bromsgrove PCN chose not to take part in the project.



Number of respondents 105

108 respondents provided information about their ethnicity. **90%** were British, **4%** White Other, **4%** Any other mixed, **1%** African, **1%** Caribbean

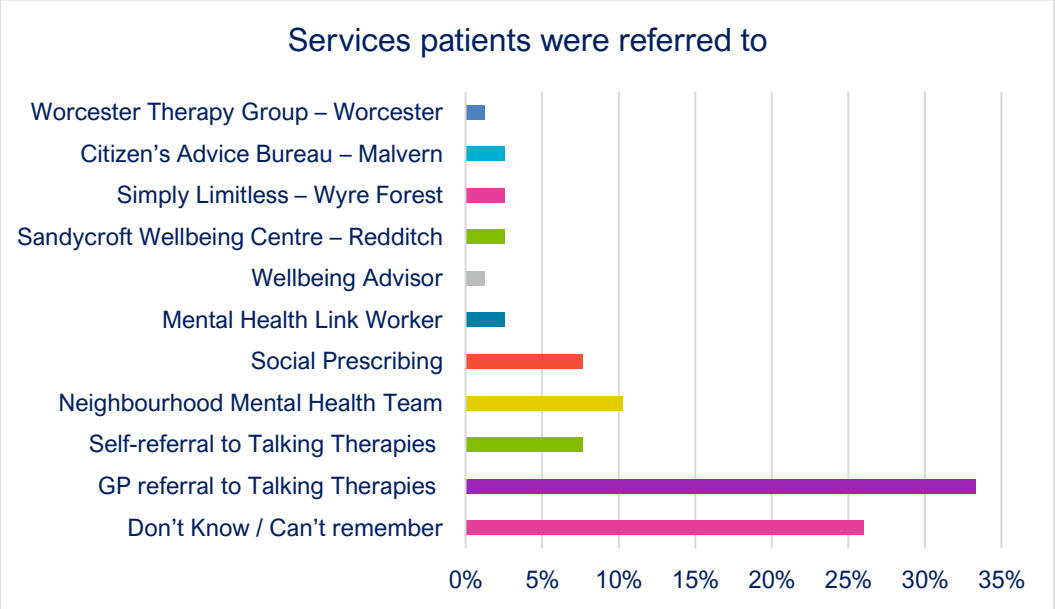
4.WHAT WE FOUND OUT

4.1 The GP Referral Process

We have analysed **all GP survey** respondents for this section; patients referred or signposted to Talking Therapies were extracted after the questions relating to their experience of the GP referral process.

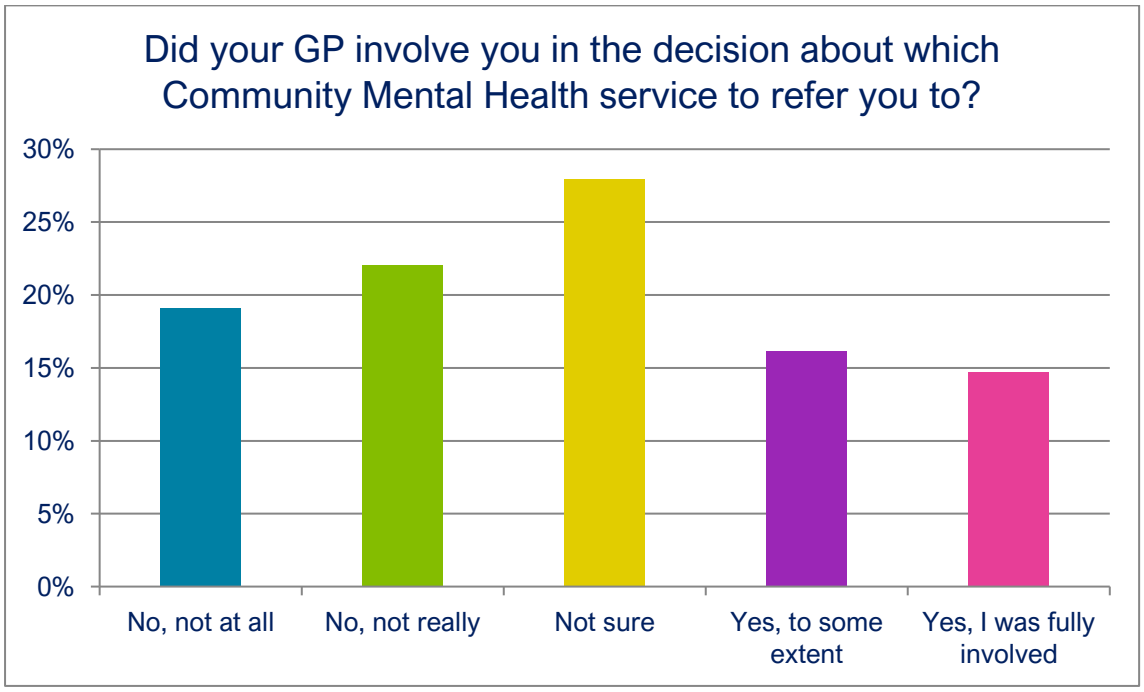
In the GP survey we asked everyone how easy it had been to get a referral for mental health support via their GP and **85** people responded. **70%** of respondents said it had been relatively easy or very easy to get a referral. **30%** did not remember or did not know where they had been referred to which suggests patients need clear information about the service they are being referred to.

GPs can refer to a range of NHS funded services as outlined earlier, these include therapeutic and wellbeing support, the following chart shows where patients were referred to.



Number of respondents 78

4.1.1 Patient Involvement



Number of respondents 68

31% of patients felt their GP involved them in the decision about which service to refer them to, however, almost **69%** were either **unsure** if they had been involved or **felt they hadn't been involved**.

Better involvement of patients in the decision-making process will aide patient ownership of their care and may have an impact on subsequent experience of treatment/support and recovery outcomes.

4.1.2 Information and Communication

We asked patients what could **make it easier** to access mental health services through your GP. The clear message was that patients want to feel they are **being listened to**:

> "That GPs actually listen instead of trying to palm patients off with higher doses of anti-depressants and a phone number for when they plan to commit suicide" Patient respondent

> "It would be better if the GP really listened to the other party" Patient respondent

Some patients felt they would like **information about services** to help them make an informed choice if they had options. This is an important factor in enabling someone to take ownership of their recovery. Closer links with Social Prescribers would be helpful in giving patients access to a wider range of wellbeing options through local community groups.

> "Understanding the options so you can look into them yourself, hearing experiences from other people" Patient respondent

There was also a clear theme about **availability of the service** they were being referred to. Seven respondents commented on the time it took to get into the service they had been referred to.

> "Have them available when the GP refers, I've had nothing as they are too full!" Patient respondent

> "GP is good it's the waiting time to get an appointment post referral, been waiting 2 years." Patient respondent

We heard concern from both GPs and patients about access to Community Mental Health services. **More information** could be given at the referral stage about local community services and the Herefordshire and Worcestershire Wellbeing and Recovery College to help patients who are joining potentially lengthy waiting lists.

4.1.3 Waiting Times

Most respondents to the GP survey had either been referred or signposted by their GP to Talking Therapies. We have therefore extracted the Talking Therapies responses from the GP survey from this section onwards and merged them with the responses from the Talking Therapies survey to provide an overview of patient experience of the Talking Therapy Service.

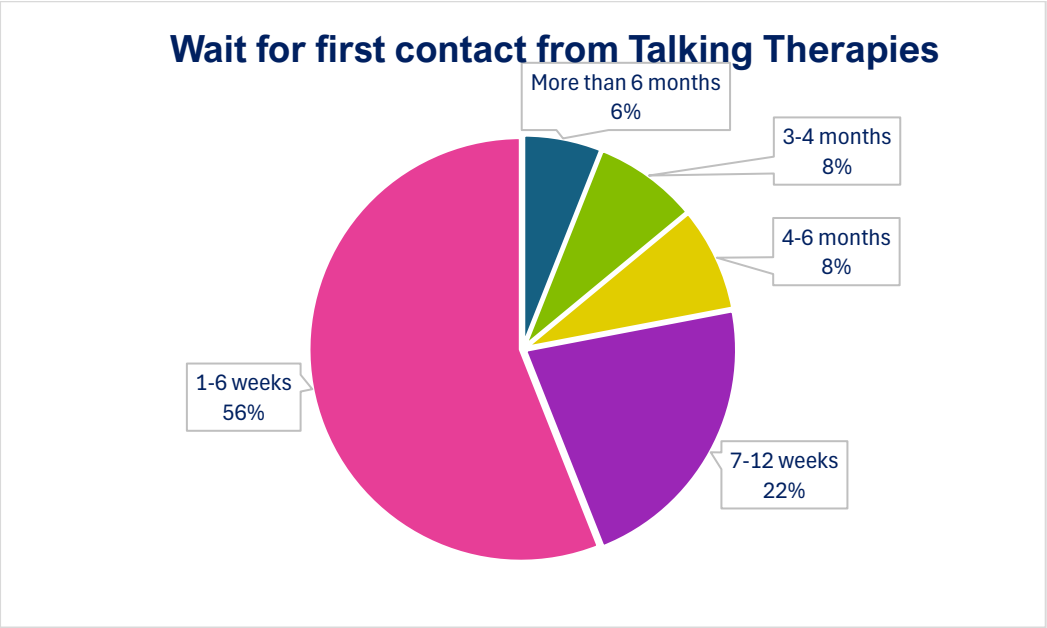
The remaining responses from the GP survey of patients who were referred elsewhere will be explained later in the report.

4.2 Talking Therapies Service

Worcestershire's Talking Therapies service works to the NHS Talking Therapies for anxiety and depression Manual that states:

*"The national waiting time standard for the NHS Talking Therapies programme refers to the period of time between the date that an initial referral was received and the first session (which is primarily assessment). Of the referrals that have a course of treatment (two or more clinical sessions), **75%** should have their first session within **six** weeks, and **95%** within **18** weeks. This minimum standard has been established because there is good evidence that patients are more likely to benefit from a course of treatment if it is delivered promptly."*

4.2.1 How long were patients waiting for first contact?



No of respondents 78

The Key Performance Indicator is that **all patients** should be contacted for assessment within **6 weeks** of their connection with the service. The chart above shows that **56%** of respondents were contacted within this time frame.

There may be several reasons why **44%** of respondents waited longer than 6 weeks for their initial assessment. One factor worth considering is the appropriateness of referrals, are GPs fully utilising the Social Prescribing service to connect people to local community services?

No of respondents 78

According to the National Framework **90%** of patients should receive their **second** appointment within **90** days of the first appointment. The chart shows that **55%** of patients were seen within the target time with **31%** waiting longer than six months.

4.2.2 What would make waiting easier?

A small number of respondents indicated they were happy with their waiting times and had received appointments quickly.

For those who had longer waiting times **two key themes** emerged relating to communication and support:

- **Communication** - patients expressed a desire for contact whilst waiting:

'Any kind of communication so you know you haven't been forgotten about'. Patient respondent

'More updates. Not just waiting not knowing when, if ever, you will be contacted with an appointment date' Patient respondent

Patients were keen to have updates on time scales and position on the waiting list:

'More communication, I was told I would be seen by January, it's now April……I've been waiting for 11 months and only one email isn't good enough'. Patient respondent

'Being told updates on how long the wait is or check in calls'

'A clear timeline of when you'll get seen, changing timescales have not helped' Patient respondents

- **Support**

Another key theme was the need for **more support** whilst waiting. Patients expressed a desire for the following:

- Access to online resources offering self-help
- Reading materials
- Signposting to other support e.g. community groups and activities
- Advice whilst waiting

Some patients wanted **reassurance** that help was available:

'Knowing they could help, having reassurance you will be listened to'

One patient needed to know someone cared:

'..do doctors actually care if I killed myself or not….'

Consideration for how to improve communication will reassure patients that the service knows they are waiting. There is a clear opportunity to help patients to help themselves during this waiting time and crucially help patients feel valued.

4.2.3 Care Planning

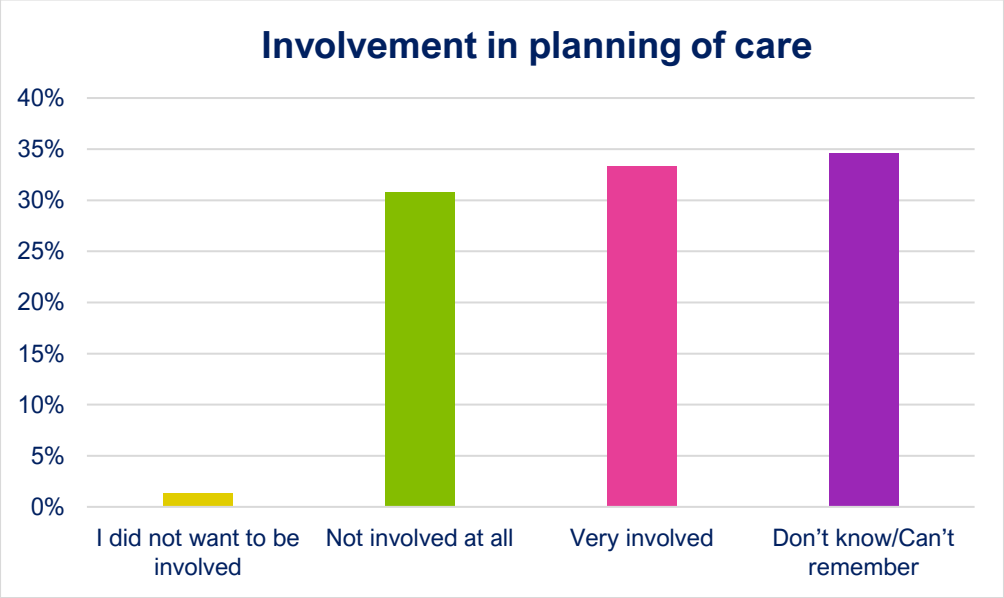
The second aim of the Recovery Model referred to earlier, advocates for:

'……. *a collaborative approach that:*
- *builds on strengths and supports choice; and*
- *is underpinned by a single care plan accessible to all involved in the person's care.'*

We understand that all patients referred to Talking Therapies should be given a choice about whether they receive their therapy sessions in person or online, we found that **about half** of respondents confirmed that choice was offered.

The cohort of patients involved in this project had some choice about how they received their therapy sessions. It is acknowledged that the range of options have improved since.

We asked patients **how involved** they were in the **planning of their care**, and **34%** were happy with their involvement (including **1%** who didn't want to be involved). **66%** either didn't remember or didn't feel involved at all.



Number of respondents 78

A similar picture exists in relation to **involvement of carers** in the patients care planning, with only **30%** of respondents saying their carer had been either very or somewhat involved.

It is evident that greater collaboration is required to involve patients in choice and care planning.

4.2.4 Communication

Most patients self-refer to Talking Therapies either by telephone or website enquiry. Talking Therapies report **6%** of referrals come via a GP, however, the service understands that many self-referrals are a result of the GP either signposting to the service or providing the patient with information about it.

We asked patients how **easy it was to access** the correspondence from Talking Therapies following their initial enquiry to the service. **76%** of respondents said they were able to access the reply from the service by text/telephone/email or letter.

It is important to note that **23%** of respondents reported difficulty with accessing the correspondence from Talking Therapies. Given the importance of supporting patients to access the service, it would be useful to explore this in relation to patients who fail to respond to the initial enquiry appointment.

NHS Health Education England report that **43%** of adults aged 16-65 **struggle with text-based** health information and that increases to **61%** if the information also includes numbers.

It is therefore **very positive** that **87%** of our survey respondents said they could **understand** the information provided in the correspondence received from Talking Therapies. However, **13%** reported difficulty with understanding the information and to ensure all patients understand the information it may be

useful to provide an Easy Read version and explore patient needs in relation the Accessible Information Standard.

Given the **'Opt-In'** approach of Talking Therapies that requires patients to either book an appointment online or be available for a telephone call at a certain time/date, it is imperative that **all** patients understand the information and actions required. Patients experiencing low literacy levels are likely to experience health inequalities because of hidden barriers to services.

This is further exacerbated when experiencing anxiety and depression if patients are finding it difficult to engage with day-to-day communication.

Written information about the service

We found **51%** of respondents had been given a **leaflet or printed information** about Talking Therapies. Information is available on their website but for those who do not have digital access the provision of printed information is important.

Patients are asked to sign an Individual Patient Agreement at the start of their therapy which contains a brief overview of the service, however, printed information about the actual mode of therapy they will receive is not provided.

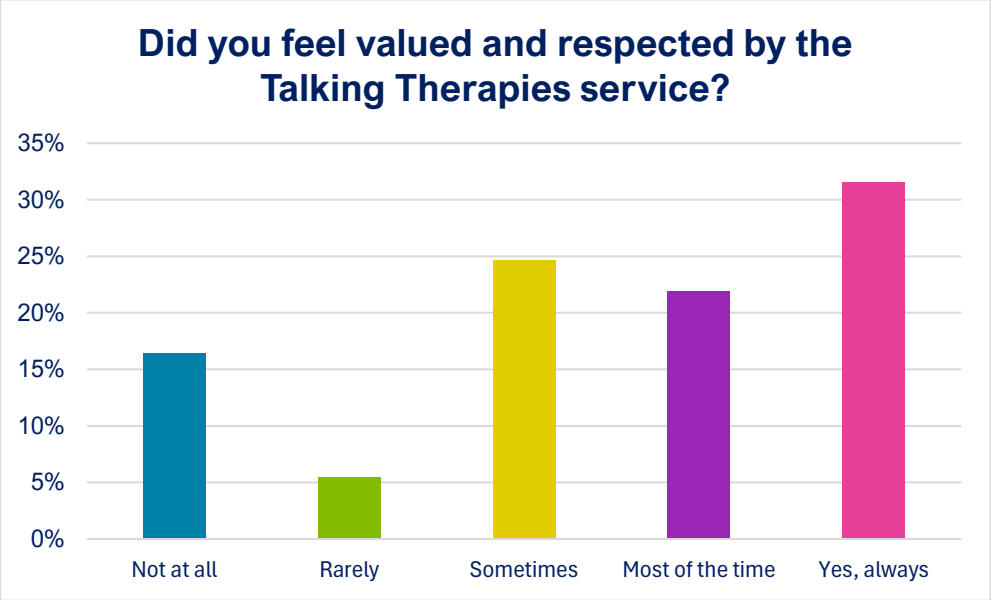
Clear information about the service offer is important as it helps patients understand what they can expect from the service and therefore measure how well it is/has met their needs.

For those who received information about Talking Therapies **(n=40)** the majority reported that they understood or had some understanding of what they could expect from the service. **13%** said they had little or no understanding at all.

4.2.5 Experience of the Service

Herefordshire and Worcestershire Health and Care Trust have a key priority of embedding a compassionate culture across their organisation. Whilst the quality of patient experience is something Healthwatch focuses on in all our engagement activity, we were particularly interested in exploring this via our survey.

The following chart shows how valued and respected patients felt by the Talking Therapies service.



No of respondents 73

It is expected that the aspiration for the service is that **100%** of patients feel valued and respected. A compassionate culture along with a quest for continuous improvement is evident when meeting with the service lead. It is hoped that changes being implemented will begin to reflect in more patients feeling valued all the time.

Satisfaction levels

Just over half - **52%** of respondents felt the service **met their needs** well or somewhat, and **48%** felt it didn't meet their needs at all. It would be useful to explore the latter figure to understand what patient expectations were, what had influenced their response, and if indeed Talking Therapies was the most appropriate service for them.

In relation to the **quality** of support provided, **69%** pf patients indicated the quality ranged from neutral to very good and **30%** felt it was poor. Examples provided are as follows:

> 'The counsellor gave very superficial advice and help, even after bringing this up – nothing changed'

Another patient said:

> 'Staff should listen. Was not taken on after initial assessment due to my autism. Told only that that was my problem – not anxiety. I have always had autism; I haven't always had anxiety and depression!'

Healthwatch Worcestershire has held quarterly meetings with the Service Lead for Talking Therapies over the last year and more frequently during the scoping of this project. We are aware that continual service evaluation takes place to try and ensure patients have a positive experience. It is noted that workforce issues exist at a local and national level and steps are being taken to address this locally.

It is noted that whilst targets for **treatment waiting times** identified in NHS National Guidance for Talking Therapies are not being met in Worcestershire, in the absence of further investment it is difficult to see how patient experience can improve in regard to waiting times for treatment.

We asked patients if they had **suggestions to help improve** the service. A few said they would like more sessions or for their sessions to be longer.

Improving the waiting experience was a factor for some patients:

> 'Don't give time frames that can't be met and give more communication/support if timelines are not met'

Another patient said:

> 'Get back in touch with me rather than forgetting me, as soon as I said I wasn't thinking of killing myself you wasn't interested in helping me anymore'

Concern was expressed about the criteria for discharge and suggestion was made for the inclusion of a warning system:

> 'I forgot about the timescale and was not given a warning – just told I wasn't engaging. I have ADHD and at the time was on medication for Mental Health and working full time…. people forget, it doesn't mean you don't want help'

Flexibility of how to receive therapy sessions was a request of one patient:

> '…… at the time I was receiving the therapy I could hardly leave my house and asked to have my appointments by phone call or online…. They told me this wasn't an option, so I ended up leaving because I couldn't continue.'

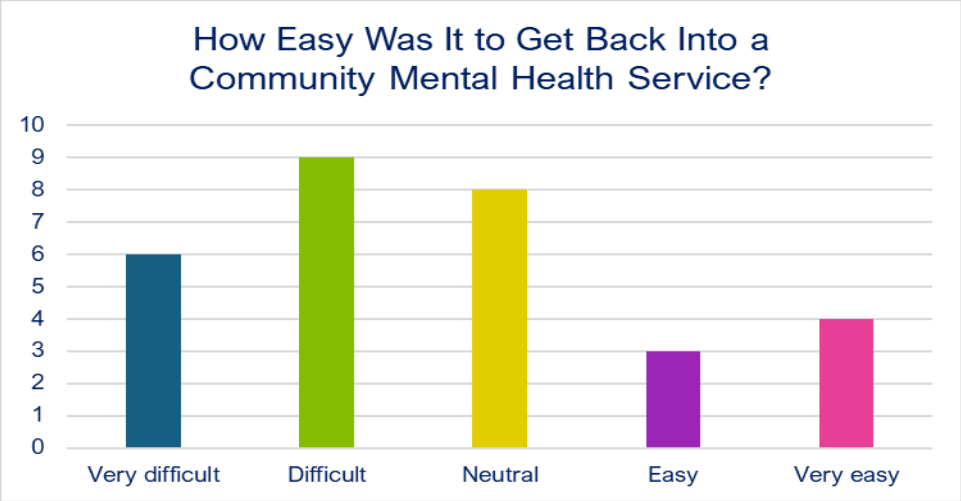
4.2.6 Post Service Experience

As explained at the beginning of this report, we chose a **specific cohort** of patients who engaged with Talking Therapies in a six-month period in 2024. This helped to ensure that we heard from patients who had time to experience referral, assessment, therapy and completion.

We also wanted to find out how easy it was for patients to **re-enter services** if they had needed to, whilst recognising there may not be many within the time frame we have focussed on.

One of the aims of transforming Community Mental Health services was to remove the notion of discharging patients from services, instead it is intended that patients should be able to move through services in relation to how well they are. When someone recovers, they can move to lower-level support/no support and if they become unwell they should be able to move back into support at the level required, with ease.

30 respondents to this question had needed to seek **more support** and this table shows not all have found it an easy process to move back into services.



Number of respondents 30

It is of interest that **30** respondents had felt the need to seek more support so soon after their treatment/support had completed. This seems to correlate with the reported numbers who felt the service had not met their needs

We asked what would make it **easier** to access support again. The top suggestion was for **clarity on where to go** and a **contact number**. The second ranking suggestion related to the need for **clear information on waiting times**.

4.3 GP Referral to other Community Mental Health Services

After we had extracted the patients from this survey who had been referred or signposted to Talking Therapies by their GP, we were left with **48** viable responses, however, it is noted that some chose not to answer some questions. It is also noted that these patients were referred to a **range of NHS funded VCSE provisions** across the county or the **Neighbourhood Mental Health Team**. The number of respondents referred to each of these provisions is very low and in single figures and therefore it is not possible to draw meaningful conclusions or offer comparisons about any of the provisions listed. The limited information available about referrals to other services may be related to the practice of referring patients to Social Prescribers and therefore data not being captured on the GP system.

However, we can make **general comparisons** between the experience of patients referred to a VCSE provision or the Neighbourhood Mental Health Team and those referred/signposted to Talking Therapies.

It is evident that GPs are referring/signposting **more** patients to Talking Therapies than the VCSE option in their localities. We don't know the reason for this, but it is worth considering how well utilised the Social Prescribing service is? Is it possible that more patients would benefit from developing coping strategies and peer support groups in the first instance and might this reduce the pressure on waiting lists for Talking Therapies?

4.3.1 Waiting Times

Patients **had similar waiting times** for VCSE services to those referred/signposted to Talking Therapies. With **62%** receiving their first contact within 6 weeks whilst **25%** waited longer than 6 months. Only **43%** started their support sessions within the following 6 weeks and **28%** waited longer than 6 months.

4.3.2 Care Planning

Again, parallels can be drawn with **patient involvement in care planning**. All respondents to the GP survey wanted to be involved in planning of their care with **32%** saying they were very involved, **22%** couldn't remember if they were and **46%** saying they were not involved at all.

Given that **all** respondents to this question would have **liked to be involved**, and that patient centred care is an important aim of the Recovery Model, all providers should consider how they can include all patients in the discussion about how to treat them. This is likely to lead to increased patient ownership of their own recovery and better engagement with services.

Respondents also indicated they wanted **greater involvement of a family member/carer** in their care planning with only **one third** saying they had been involved to some extent. Given the vital role carers have in supporting someone experiencing mental ill health, it is important for service providers to include them in the planning process where possible.

4.3.3 Communication

Communication between VCSE providers and patients also mirrors the findings of Talking Therapy patients**. Most respondents could understand** the letters/emails/texts sent by providers, however, there are still **32%** who find it difficult to follow the instructions. In terms of reducing health inequalities, it is important for providers to consider how they can meet the information needs of **all** patients.

Information

Only **42.5%** of respondents were given **written information** about the service they were attending. Again, whilst most who received information could understand it, **25%** had difficulty understanding it. Written information is important in helping patients understand what they can expect from the service and to know what to do if they wish to compliment or make a complaint. Providers should consider creating an Easy Read version of their information and identify what format is required by patients.

Written information should also be shared with those providing support in the caring role.

4.3.4 Experience of the Service

How **valued and respected** patients feel by the service they use will correlate to their experience of the support provided and recovery outcomes. We found that **56%** felt valued and respected for some, most or all the time and **33.5%** experienced this rarely or not at all.

Satisfaction levels in terms of quality and effectiveness of support are similar across all service provision included in the scope of this project –whilst **55%** of respondents saying the service met their needs only **34%** felt the quality of service was good or very good. This does suggest a system wide issue in relation to meeting patient needs and could have a correlation with patient involvement levels.

Patient suggestions for how Community Mental Health services can improve, include **better access to services** in a timelier manner. One patient stated:

> 'It would help to have more structure to helping and maintaining my mental health instead of just chats and referrals made for different assessments with extremely long waiting lists'

Some patients had a **positive experience** and said they had found it helpful and supportive. One patient said:

> 'The GPs, Crisis Team and Early Intervention Psychosis team have been amazing and very supportive.'

The themes emerging from this question highlighted a need to focus on the following:

- Service availability
- Quality of support provided
- Consistency of staff providing sessions

5. CONCLUSIONS

5.1 GP referral system

This system seems to be working well for most patients seeking support for low level mental health issues in relation to their ability to get a referral into Adult Community Mental Health services.

However, service availability is a major concern with some patients experiencing long waits, suggesting a lack of capacity in services referred to. A minority of patients reported waiting more than a year, thus highlighting a need for improved service planning and resourcing. Overall:

- **Patient involvement in GP referral decisions is limited**

Only **31%** of patients felt involved in decisions about their referral.
Lack of involvement may negatively affect engagement, satisfaction, and recovery outcomes.

- **Communication and listening require improvement**

Some patients reported feeling unheard by GPs, with some expressing frustration at being offered medication rather than meaningful dialogue or choice.
Better listening and shared decision-making could improve trust and care experiences.

- **Information and choice may improve treatment outcomes**

Patients want clear, accessible information from GPs about available services to help them make informed choices.
This supports ownership of care and may improve patient engagement with treatment and subsequent recovery outcomes.

- **Social Prescribing is potentially underutilised**

There is potential to improve referral appropriateness and access to community support through stronger links with Social Prescribers.
This could help alleviate pressure on clinical services and offer more holistic support options.

5.2 Talking Therapies

The combined delays in both **initial and follow-up appointments** suggest that current resources may not be sufficient to meet demand, particularly if referral volumes are increasing.
These findings highlight the importance of improving triage systems, referral appropriateness, and better utilisation of available services such as Social Prescribing to ensure timely access and continuity of care.

What would make waiting easier?

Patients had the following suggestions:

- **Communication** – patients waiting for therapy to start expressed a desire for contact to reassure them they are still on the list
- **Updates** on expected time scales
- **Support** – information about how to self-help whilst waiting
- **Reassurance** that help is available and that the service cares.

Improved communication and support during the waiting period is crucial in helping patients feel valued and respected and may have a beneficial impact on subsequent engagement with therapy and satisfaction levels.

- **Care Planning**

A key aim of the Recovery Model is to **involve patients and carers** in the planning of their care. It is evident that more needs to be done with only **34%** of respondents saying they were satisfied with their level of involvement and only **30%** of respondents saying they were happy with the level of involvement of their carers.

- **Communication**

It is positive that most of the respondents report being able to **access and understand** the letters/emails/texts they receive from Talking Therapies.

However, there is still a minority of patients finding it difficult. This minority are at risk of experiencing greater health inequalities if literacy levels are low or if they have accessibility needs.

- **Information about the Service**

As stated earlier in the report, **clear information** about the service offer is important as it helps patients understand what they can expect from the service and therefore measure how well it is/has met their needs. Only **51%** of patients had received written information about the therapy they were receiving.

- **Experience of the Service**

The embedding of a **compassionate culture** is a key priority for Herefordshire and Worcestershire Health and Care Trust and a key indicator of how well this is being achieved will be how people feel whilst using its services.

Only **31%** of respondents report feeling valued and respected all the time.

It is expected that the service will aspire for **100%** of patients to feel valued and respected all the time

- **Satisfaction levels**

Several factors are likely to influence satisfaction levels of patients. With **48%** of respondents stating the service **did not meet their needs** at all and further exploration is required to understand what can be done to address this.

It is known that shorter waiting times, improved communication, better involvement in care planning and ensuring patients feel valued and respected, will all have a positive effect.

It is positive that almost **70%** of respondents felt the **quality of support was either acceptable, good or very good**. However, it is expected that the service will be interested in exploring factors shared by some patients in terms of knowledge levels of staff.

- **Post service experience**

One of the key aims of the Transformation Project was to enable patients to move through services in relation to how well they are. Rather than patients being discharged it was intended that patients could step down when recovering and step back up seamlessly should the need arise.

Given the cohort of patients we were engaging with for this project, it was not expected that many patients would have experience of trying to re-enter services. However, **30** respondents had felt they needed support after finishing with Talking Therapies.

It is noted that only **7** of had found it easy or very easy to access support again. This is a strong indication that more needs to be done to achieve the aim of a seamless transition between services as required.

5.3 GP Survey Respondents

GPs are more likely to refer patients to Talking Therapies than VCSE services, possibly due to familiarity or perceived clinical effectiveness. Increasing awareness and integration of Social Prescribing could offer earlier, community-based support and reduce pressure on Talking Therapies.

- **Waiting Times**

Some patients face long waits across both Talking Therapies and VCSE services. It is worth exploring the capacity of the VCSE provision as it would be expected that they might be easier to access given the aim is to provide support as an early intervention.

As suggested above, it is worth considering if Social Prescribers are being fully utilised to help explore interim support options like peer groups or self-management resources.

- **Care Planning**

It evident that more needs to be done by GPs to include patients in the decision-making process about referral options.

Respondents indicated they want more involvement in the planning of their care when they link in with VCSE services. Whilst numbers are relatively small – it suggests more needs to be done across Primary Care and Community Mental Health Services to improve this.

- **Communication**

Most patients report being able to understand the communication received from the VCSE service they connected with. However, **32%** had trouble. It is important to understand how their needs can be met to avoid creating or exacerbating health inequalities.

- **Information**

Less than half of respondents had been given written information about the service they were with. As stated earlier in relation to Talking Therapies, it is important that patients understand what they can expect from a service via clear written information in a format that is accessible to them.

- **Experience of Service**

Only **24%** of respondents felt valued and respected **all** the time. Only **18%** of respondents feel the service **fully** met their needs. These figures suggest a system wide issue with satisfaction levels across NHS funded services for people with low level Mental Health issues.

6.RECOMMENDATIONS

We have made the following **21** recommendations to **General Practice, Herefordshire and Worcestershire Health and Care Trust**, those **Voluntary and Community Sector Enterprises** that are funded to deliver NHS services and **Herefordshire and Worcestershire NHS Integrated Care Board** as to how community mental health service for support with low level mental health issues should be improved for patients in Worcestershire.

6.1 General Practices' Referral Process [GP]

GPs should:

1. Seek to involve patients in decision making about the choice of services available to them
2. Demonstrate active listening
3. Explore the best fit for patients and consider alternative VCSE provision/community offer where appropriate
4. Provide printed information where possible about the service they are referring to

6.2 Waiting Times for Support

Talking Therapies and VCSE services should:

5. Work with Primary Care Networks to establish what an appropriate referral for their respective service is
6. Contact patients waiting longer than the required time and provide regular updates on expected waiting times
7. Provide patients with information about self-help techniques whilst waiting
8. Provide information about local community services and peer support groups they may wish to contact whilst waiting.

6.3 Care Planning

GPs, Talking Therapies and VCSE services should:

9. Involve **all** patients in the planning of their care
10. Increase the involvement of **Carers** care planning.

6.4 Communication and Information

Talking Therapies and VCSE services should:

11. Ensure communication preferences are identified for each patient
12. Ensure information about their service is provided to all patients
13. Ensure information is provided in an accessible format for each patient.

6.5 In Service Patient Experience

Talking Therapies and VCSE services should:

14. Seek to ensure patients know what to expect from their service by providing written information in an accessible format
15. Seek to ensure **all** patients feel valued and respected
16. Seek to capture feedback from patients who disengage before their treatment/support is completed

6.6 Post Service Experience/Re-entry

Herefordshire and Worcestershire Health and Care Trust should:

17. Consider how to improve ease of return to Mental Health services in relation to the aims of the Transformation Plan

6.7 Service Improvement

Herefordshire and Worcestershire NHS Integrated Care Board should:

18. Provide clarity for patients, carers and clinicians and put in place a service specification or a co-produced Service Level Agreement for Adult Community Mental Health services in easily accessible formats
19. Consider procuring a suitably resourced Wellbeing and Recovery College to incorporate NHS funded low level Mental Health support for patients in Worcestershire
20. Consider how to maximise the potential of the Social Prescribing service in Worcestershire
21. Consider the merits of a different pathway for this low level of mental/emotional need that directs patients away from Primary Care in the first instance. It would be assumed that any alternative model of triage has access to GP, Talking Therapies and the Mental Health Crisis Support Team where necessary

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