Mental Health

Prevalence and Provision in Haverhill

June 2023

CONTENTS

Introduction

From Saffron Carter, Community Organiser at REACH Community Projects

REACH Community Projects (REACH) based in Haverhill, is an independent charity that helps families and individuals who are suffering from or struggling with the effects of financial crisis or hardship. This includes debt advice, benefit help, housing, emergency food and utility assistance and more.

We were founded by River of Life Community Church in 2005 initially as a debt advice centre. We went on to launch further projects under the name of REACH Community Projects and opened our foodbank in partnership with the Trussell Trust in 2008, and became an independent charity on 1st April 2017.

In early 2020, REACH participated in a pilot Local Organising and Mobilising Project in partnership with our foodbank network partner The Trussel Trust. I joined the team in 2022, as Community Organiser to facilitate and lead this project.

The aims of this project are to;

1. Identify key contributors of financial crisis and hardship within Haverhill to get an in-depth understanding on the key issues that lead to hardship locally
2. Gain a wider understanding of actions we can take locally to alleviate these issues and work towards meaningful change alongside our clients
3. Reduce the need for such emergency food provision and crisis support

There are many reasons why individuals and families need to access our service and they are often part of a complex interaction of contextual factors and different circumstances. Through various research methods, such as interviews and conversations with stakeholders including clients, referral partners, REACH staff and volunteers, we identified that one of the biggest contributors to financial crisis and hardship within Haverhill is not only the prevalence of poor mental health but the barriers to accessing mental health provision and gaps that exist.

For many clients that contact REACH, mental health problems provide a cause and effect of their circumstance, poor mental health can often lead to their financial hardship and experiencing financial hardship causes poor mental health, as illustrated by the image below.

[1]

[1] https://www.moneyandmentalhealth.org/money-and-mental-health-facts/

> "Mental health is the biggest cause of debt"
>
> **Outreach advisor at REACH Community Projects**

Methodology: *undertaken by Saffron Carter*

Research method	Timeframe
Interviews with stakeholders: To identify key reasons why individuals need support from REACH/ emergency food provision	May 2022 - December 2022
1-2-1 conversations with clients To understand why clients needed support from REACH/ emergency food provision.	May 2022 -December 2022
Surveys with volunteers and staff at REACH To identify the biggest issues facing our clients and contributing to their financial hardship.	September 2022
Surveys with clients regarding their experiences of mental health services in Haverhill To identify gaps and barriers in provision here.	February 2023 – April 2023
Data analysis & wider research into mental health in England and across Suffolk	April 2023

In February this year, I set up the Haverhill Mental Health Action Group, to gain further insight into mental health provision in Haverhill and undertake actions identified in this report. This group includes representatives from Cambridge Pringle Group (supported housing organisation), Community Action Suffolk (Community development working, Haverhill South), Little Hub of Hope and Open Mind, Meaningful Support, who both are voluntary organisations providing mental health support in Haverhill. Collectively we have in-depth experience of supporting individuals who are experiencing financial hardship and/or poor mental health and understand the gaps in provision and barriers to people accessing them.

The aims of this group are:

- Identify gaps in mental health provision in Haverhill and propose priorities for action
- Identify barriers that prevent individuals from getting support with their mental health and propose ways to overcome such barriers
- Provide local intelligence of issues surrounding mental health provision to inform statutory services
- Help identify new ways of supporting with mental health both in the community and to inform statutory services
- Support any co-production activities and/or mental health services alongside Health care providers in Suffolk and West Suffolk, Healthwatch Suffolk and The Norfolk and Suffolk Foundation Trust (NSFT)
- Share evidence and good practise about community based, early intervention mental health support

Our key priorities are:

- Work collaboratively between our organisations in Haverhill to achieve our aims
- Advocate for improved mental health services in Haverhill, especially for moderate-high level needs
- Improve local mental health crisis support
- Increase the effectiveness of communication between statutory organisations and the community
- Improve public transport from Haverhill to Bury St Edmunds (BSE)
- Increase provision for specific mental health support for example; children and young people, perinatal support
- Ultimately prevent poor mental health and mental health crisis in Haverhill

The group discussions have informed this report and its parameters is to provide a primary insight into gaps in provision. This has led to recommendations for how we can collectively improve services here and extend the support available which is delivered by the community.

The prevalence of poor Mental Health across England, Suffolk and Haverhill

Over recent years the prevalence of poor mental health (MH) illness within our communities has been increasing, exacerbated not only by the pandemic but the more recent cost of living crisis. We must act now to respond to the rising challenges that face our local community, and understand how we can best support people.

Recent research by the Office for National Statistics, which took place last autumn as the cost of living crisis persisted, showed the number of people suffering with mental health illness has accelerated dramatically. In the period from 29 September 2022 to 23 October 2022 **16% of adults experienced "moderate to severe depressive symptoms" which is 10% higher than pre pandemic levels**. Furthermore, their research also found that 24% of those who found it difficult to pay their energy bills experienced moderate to severe depressive symptoms. [2]

In the annual **Trussell Trust State of Hunger Report, 2021 data stated that the prevalence of poor mental health in people referred to foodbanks increased from 51% in early 2020 to 72% in mid-2020.** This can be seen in the table below, and is approximately a 20% increase from 2018.[3]

Table 3-8 Health problems (%)

	Late 2018	Early 2020	Mid-2020
Poor mental health (including stress, depression or anxiety)	55	51	72

Research completed by Money and Mental Health Institute found that **46% of individuals with problem debt also have a mental health problem**. Furthermore, in their most recent survey **86% of 5,500 respondents who had experienced mental health problems said that their financial situation had exacerbated them**.[4]

The prevalence of poor mental health within Suffolk is stark**, it is estimated that in Suffolk, 1 in 7 people (106,000 out of 761,250[5])** residents had experienced a mental health condition in 2020. Furthermore, 7,235 people registered with a Suffolk GP had GP registered diagnosis of severe mental illness in 2020/21.[6] This represents nearly 10% of the population.

Using the Office for Health Improvement and Disparities data dated 2021/22, of those who completed the survey **26.6% of respondents in Suffolk self-reported a high anxiety score** compared to 22.6% across England. [7]

---

[2]https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/articles/costoflivinganddepressioninadultsgreatbritain/29septemberto23october2022

[3] https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/05/State-of-Hunger-2021-Report-Final.pdf

[4] https://www.moneyandmentalhealth.org/money-and-mental-health-facts/

[5] https://www.healthysuffolk.org.uk/jsna/state-of-suffolk-report/sos19-who-we-are#:~:text=In%202020%2C%20approximately%20761%2C250%20people,proportion%20of%20working%20age%20people

[6] https://www.healthysuffolk.org.uk/jsna/state-of-suffolk-report/sos19-ill-mental-health

[7] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1/gid/1938132922/pat/6/ati/402/are/E10000029/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

In a recent survey conducted by Suffolk Mind as part of a Public Health and Emotional Needs project, between July 2022 and March 2023, research found that **only 37% of respondants found that they are meeting their needs overall**, with some of the biggest barriers including physical/ mental health, with the cost of living crisis and an individuals financial situation also affecting this. [8]

At REACH, between February and April this year (2023) we surveyed individuals who called us seeking support. Of 43 clients who consented to taking part in the survey, 38 individuals, <u>88.4%,</u> said they had suffered with poor mental health within the last three to six months.

Overall, we are seeing an increase in mental health prevalence at REACH with the majority of clients who call for support having experienced mental health illness within the last 3-6 months.

The presence of poor mental health, increases the complexity of supporting an individual as this needs to be the primary focus before working with them to improve their financial situation.

In order to support our aims of reducing financial hardship, having the appropriate wider support, namely for mental health would be very beneficial to our clients. This would better help to improve their situation and ensure our support is effective in alleviating their financial hardship while they get the best support for their mental health.

Comment from Henry Wilson MBE, Chief Executive Officer, REACH Community Projects

"When I first started working as a debt advisor in the community in 2005, as you can imagine, there were many people struggling with anxiety because of their situation. But now, and exacerbated by the pandemic, financial hardship is so much more complicated than it was 20 years ago. My colleagues, who are dealing with local people struggling with a financial crisis will often have to unravel a whole raft of anxieties before they can address what they are there for!

According to the data that Saffron has collected (see page 5), 1 in 7 people are struggling with mental health in Suffolk. This is huge and must be having a massive impact on business, on the GP surgeries, the Police etc., and sadly the resources needed to deal with this seem to be shrinking.

It was Benjamin Franklin who coined the phrase in 1733 that **<u>an ounce of prevention is better than a pound of cure</u>**. It appears from the report that more needs to be done in terms of preventing people getting to the crisis point in the first place. Surely, there needs to be a re-think on how we approach what appears to be a modern-day 'epidemic'."

---

[8] https://www.suffolkmind.org.uk/wp-content/uploads/2023/04/Wellbeing-Report-Haverhill-2023_Suffolk-Mind_Suffolk-County-Council.pdf

Mental health provision in Haverhill

As the prevalence of mental health illness is increasing, we need to ensure we have adequate provision to support individuals locally. Through research at REACH and collective insight from organisations attending the Mental Health Action Group and whom support individuals with MH illness, we have identified the following gaps in provision locally These have been split into specific issues.

Furthermore, in order to gain a wide range of views from our clients and individual experiences of mental health services in Haverhill, REACH have completed 23 qualitative surveys from February to April, insight received from these have also been included.

1. **Barriers to accessing Mental Health Support**

One of the key issues we have identified is the **waiting time** involved in accessing support. A Freedom of Information (FOI) Request made by Suffolk News identified that between April 1 2022 to October 31 2022, 4,693 patients have waited for an average time of 57.5 days (eight weeks) in the county. The longest wait times of all the major towns during the year 2021/22 were faced by residents in Haverhill where a 53 day average was recorded[9].

There are different pathways for individuals accessing support in Haverhill. At Unity Health, patients are encouraged to complete an e-consult which guarantees patients a response within 24 hours, 48 hours maximum. Patients who fill out an e-consult citing mental health will be given a score and triaged depending on their answers and referred to the most relevant support. At Haverhill Family Practise, they also use the e-consult platform (guaranteeing 24-48 hour response), clients who call will also be triaged with some being seen by a doctor and may be prescribed medication along with signposting to Suffolk Wellbeing and others may be referred directly to the Haverhill Mental Health Community Team. This team operates across both surgeries and there is an approximate 2 week wait to be contacted by a mental health practitioner by phone. If a case is deemed to be more urgent these wait times could be reduced. If a patient is referred onwards to support from Suffolk Wellbeing the wait time is approximately between 6-8 weeks. This means the overall wait for a patient needing further support could be **up to 10 weeks**.

In addition to a social prescriber who sits within the Mental Health Community team, is employed by the Primary Care Network and takes referrals from GPs for patients, there is a social prescriber who operates within the community and takes referrals from charities like REACH, district nurses and social workers. They support clients who could benefit for some wrap around support, they can refer patients to low-moderate level community support for example Open Mind. This is a vital role to ensure individuals can access support quickly and begin their journey of recovery and also a resource we can use as organisations for support with clients experiencing poor mental health.

For those with more severe mental health illness, there is a gap in moderate to high-level community provision while they wait for statutory support, with community organisations feeling like a 'holding bay' – it is not the responsibility of the community to provide such service. This has a detrimental impact on clients who need the support urgently.

> **Client survey responses: Waiting times and medication versus counselling**
>
> The majority of clients who were surveyed cited that long waiting times were one of the most significant issues when seeking support for their mental health. One client we spoke to, chose to access private mental health support as they were so desperate for support. This still leads to great hardship and limited money for other essentials in their lives and could result in needing emergency food provision or financial crisis support. One client had even registered with a different GP practise and was able to get support quicker, this highlights the desperation clients feel to get support and inconsistencies of services in different areas.

---

[9] https://www.suffolknews.co.uk/haverhill/news/revealed-how-long-people-wait-for-mental-health-therapy-in-9287698/

Many clients explained how they were primarily offered medication for their mental health rather than being referred to counselling which is what they would have preferred. This resulted in individuals not choosing this and unaware of where else they could receive support.

When asking clients for recommendations there was a real appetite for in-person support to be a priority, with easier access to services, through a variety of pathways not just a clinical one.

Most therapies for mental health are based in BSE, this provides significant geographical barriers to individuals who need support due to location restrictions. These barriers include; unreliable and limited (bus) public transport to BSE, the high cost of this or petrol, having to rely on family or friends for transport. Furthermore, for many individuals experiencing mental health, they may not have the right 'headspace' or confidence to travel to BSE via public transport to receive support. While some support is available over the phone or online, it needs to be recognised that not all clients will be able to receive support in this way, either through not having the technology or being able to use it. The 2019 consumer digital index, highlighted that 22% of the population do not have the digital skills needed in everyday life[10] with 26% of young people not having access to a laptop or similar device[11]. The digital divide produces large barriers for individuals trying to access on-line support.

Client survey responses: Geographical barriers

Through our surveys, clients we spoke to described how they were only offered support which was based in BSE but could not afford bus/ taxi to get there so had to decline support as there was no alternative or were not made aware of any alternative support.

2. <u>**Lack of mental health crisis support in Haverhill**</u>

In recent months, across the organisations who have contributed to this report, we are seeing an increasing number of individuals who are experiencing a mental health crisis. A limited localised mental health crisis service and support is the one of the largest gaps in provision within the town. This puts <u>**intense**</u> pressure on individuals volunteering at local organisations, (for example Open Mind), and members of staff at REACH who are not trained or mandated to provide mental health crisis support.

We have had recent instances of clients experiencing crisis or needing higher level mental health support, but have felt limited in terms of our resources to be able to support individuals. We have felt let down by services which exist to provide such support, this is evidenced by the case study below.

Case study: Open Mind, Meaningful Support

At Open Mind we saw an existing client who we have supported through an appalling catalogue of issues which have left them clinically vulnerable. For the first time they were evidently psychotic, severely paranoid, excitable and emotionally aggressive. Completely unrecognisable.
The individual needed crisis intervention but there was no one we could realistically refer them to. Thankfully we did not consider them to be in immediate danger to them or their children so we managed to avoid calling 999. They would not have consented to us calling 111 option 2 nor to us calling Integrated Delivery Team. What we needed was a crisis line number where we could speak directly to a MH professional (without the consent of our client).
Our client finally said that the MH team were coming out to see them tomorrow, they asked them to come 4 weeks ago. I sincerely hope they don't cancel. We believe they will be sectioned tomorrow although they will fight them for sure. It is so very sad. If they had come to see them 4 weeks ago, I truly believe they wouldn't have become nearly so unwell. The client was sectioned and spent 3 weeks in Wedgewood House, BSE, their medication changed and was sent home 3 weeks later. They were offered no further support and when the client asked for more support their medication was changed but offered no further support.

---

[10] https://healthwatchsuffolk.co.uk/news/digital-exclusion-from-health-and-care-can-you-help-us-to-reach-people-for-their-views/
[11] https://digitalpovertyalliance.org/

3. Trouble accessing services even if known to them

This issue is closely linked to a lack of crisis support locally and can also be evidenced by the case study above. There is a barrier for individuals who have previously received treatment for their mental health, not being able to re-access mental health services. This is extremely worrying, as this also increases pressure on the community to support individuals who need high-level support and could contribute to their mental health deteriorating.

> **Client survey responses: Barriers to accessing services**
>
> A couple of clients we spoke to had been prescribed medication by the GP and referred for further support but did not hear anything back and neither have pursued this. Many clients had explained how they were prescribed medication for their MH but had not received a review for their medication for a number of months & even years. Another client explained how they had not received a follow up call since being discharged from services.

4. Mental health awareness in the community

There is a gap in mental health awareness within the community. Providing education within schools/ workshops in the community about types of mental health illness and how to recognise the common symptoms means the community is best equipped to supporting individuals before their mental health deteriorates. As with physical illness, the earlier it is detected the easier it is to remedy. This has been raised as a high priority amongst the organisations in the Mental Health Action Group. We are already undertaking some of this work within the community, producing a poster detailing weekly wellbeing support available. The community would benefit from some mental health awareness education delivered/ commissioned by NHS, this is expanded in the recommendation section.

5. Poor mental health and the impact of sanctions

There have been occasions when individuals have missed their DWP appointments as a result of mental illness, and have been sanctioned as a result. Guidelines for the DWP indicates that "If you are asked to attend an appointment but do not attend and do not have a good reason why, your Universal Credit payments will be affected"[12] . Sanctioning means that an individual's income could be reduced by 20% [13] which can lead to financial hardship or even crisis.

The Spring Budget this year, the government announced that benefit sanctions would be ramped up with work coaches having even more discretion to use sanctions, a key mechanism to get individuals back into work. However information from an internal report found that the risk of sanctioning forced people into low paid, insecure working, and left people in financial hardship.[14] The risk of creating the vicious cycle shown in Figure One is obvious.

> **Evidence:**
>
> Through our evidence gathering and specifically when speaking to supported housing organisations in Haverhill, they described how individuals living there, who are suffering from anxiety and depression have been sanctioned as they have not felt well enough to attend appointments at the DWP. They subsequently fell into financial hardship and a as a result needed to access an emergency food parcel.

---

[12] https://www.understandinguniversalcredit.gov.uk/already-claimed/sanctions/

[13] https://www.nidirect.gov.uk/articles/benefit-sanctions#:~:text=If%20you're%20sanctioned%2C%20your,of%20your%20Income%20Support%20claim.&text=There%20are%20steps%20you%20can%20take%20to%20avoid%20a%20sanction

[14] https://www.theguardian.com/society/2023/apr/06/benefit-sanctions-slow-peoples-progress-into-work-says-report-therese-coffey-suppressed

While this is an issue in Haverhill, we recognise that this is of national concern and will require further research and higher-level actions to alleviate this.

Recommendations

In response to the issues identified above, the recommendations of REACH and The Haverhill Mental Health Action Group are listed below with actions of how we can alleviate these issues.`

Issues	Recommendations	Actions
Barriers to accessing support	• Reduce waiting times for support	• Further investment into mental health services to reduce waiting times for support
	• Increased local knowledge regarding different support available and where this can be accessed	• Statutory and Voluntary organisations to work together produce a referral pathway detailing where they interact and at what point within a clients journey. Enabling clients to access support for effectively and enabling professionals to refer more effectively • Active promotion from statutory providers about voluntary organisations that provide mental health support locally within Haverhill (i.e. GP referrals to organisations like Open Mind/ Little Hub of Hope)
	• Focus on in-person support including a drop-in service for individuals experiencing moderate-high level illness – from Statutory providers or support for community organisations to do this *This would also help to reduce waiting times for support.*	• Work with Access Community Trust (and relevant partners) to achieve funding and develop a STEAM Café in Haverhill • In the meantime, continue to utilise the STEAM café in Bury St Edmunds
	● More funding for statutory mental health therapies to take place within Haverhill – there are plans for the health centre to re-open, which would provide space for this	● Explore the opportunities to bring services into Haverhill – funding and location for this
	• Recognise digital exclusion and ensure multiple options of support are available for individuals who may not be able to access online resources.	• Ensure that support offered is the most suitable for the individual and that they can best access the support available
	● Provide bursaries for individuals who feel comfortable to travel to BSE to cover costs of public transport – if experiencing financial hardship.	• Explore funding opportunities for this and practicalities
Lack of mental health crisis support in Haverhill	● Extend the local support for crisis provision ● Provision of crisis support for charity and volunteer sector workers facing clients with MH issues	● Work with relevant commissioner / NHS group to discuss this ● Continue to utilise the STEAM café in Bury St Edmunds and work with Access Community Trust (and relevant partners) to develop a STEAM Café in Haverhill
	● Create a referral pathway document/ procedure which can be used by organisations and charities supporting individuals in addition to the wider	● Identify opportunities locally to further develop these materials

	community, which can be used we are concerned about someone in Mental Health Crisis and ensure they receive adequate support	
	● Explore, in partnership with Suffolk Constabulary and Norfolk and Suffolk Foundation Trust, option to employ another MH first responder. This is explored in the following BBC article: https://www.bbc.co.uk/news/uk-england-cambridgeshire-64603087	● Representatives from Norfolk Suffolk Foundation Trust to meet with Suffolk Constabulary to discuss opportunities for extending this provision
Trouble accessing services even if known to them	● Review the discharge process and types of follow up support	● Clarify the discharge procedure/ share this to community mental health groups to increase understanding of where the process can be found and what support is available here ● Ensure once organisations have put in a referral this is appropriately escalated and the client is supported
Increasing mental health awareness within the community	● Procure and deliver mental health awareness training in Haverhill: for the VCSE sector, schools and wider community and increase resilience within the town	● Explore funding opportunities for this ● Outsource/ commission organisations to provide mental health awareness training in schools and community groups
Poor mental health and the impact of sanctions	● Achieve clarity on the sanction policy and the effect of sanctioning on mental health and financial hardship	● Conduct further research into this and how widespread this is within Haverhill ● Meet with DWP work coaches to discuss this

Conclusion

It is evident that there is a relationship between mental health illness and financial crisis. Suffering with poor mental health not only lowers one's resilience to coping with crisis, but can also lead to financial hardship in the long term. Therefore, it is becoming increasingly important to ensure Haverhill has more effective mental health services and is accurately responding to the need.

At REACH, we are becoming increasingly concerned that we cannot effectively fulfil our mission of alleviating the financial hardship our clients are experiencing, as their mental health is so poor.

As a collective, the Mental Health Action Group, have discussed many actions we can begin undertaking within the community to support individuals who are experiencing mental health issues. This includes:

- Firstly, strengthening partnerships and collaboration between organisations to continue to provide wrap around support to individuals. For example, Open Mind have been attending REACH hubs to provide support to our clients and signpost clients to their service and REACH have a volunteer who attends Open Mind to signpost clients to REACH if they are experiencing financial hardship.
- Secondly, promoting the support which is available to individuals who need support with their poor mental health in the community.

However, this is not a panacea for all mental health issues. What is desperately needed is, more local services available and increased moderate-high level provision and crisis provision within the town, to achieve a reduction in waiting times for individuals seeking support.

In the most recent Care Quality Commission (CQC) report on Norfolk & Suffolk Foundation Trust recommends, the CQC state: *"The trust must continue its work, in partnership with other stakeholders, to look at models of service for adult community mental health services to meet the needs of the local population in a timely manner. (Regulation 17(1))"*[15] . We support this recommendation and would like to further strengthen and reinforce our relationship with statutory providers to ensure a holistic and complete journey of support for anyone experiencing mental health illness.

Together we can ensure everyone in Haverhill knows where to get help in a timely manner, ensure they get efficient support and so prevent mental health issues from hitting crisis level and contributing to financial hardship.

---

[15] https://api.cqc.org.uk/public/v1/reports/5f675540-78fd-4b94-8e6f-0998613087bf?20230224080359

Contributors

Contributions of insight and evidence from members of REAH and the Haverhill Mental Health Action Group:

<u>Author:</u> Saffron Carter, Community Organiser, REACH Community Projects

Henry Wilson MBE – CEO Reach Community Projects
Kelleigh Jansen – Volunteer with REACH Community Projects
Outreach team at REACH Community Projects
Helen Cullup – Community Development Worker, Community Action Suffolk
Anthony Cullup – CEO Cambridge Pringle Group & Chair of the Haverhill Mens Shed
Jenna Keenan – Little Hub of Hope
Charmain Slade – Team Leader, Open Mind
Jodie Claydon – Open Mind
Zoe Whitehead – Social Prescriber, Suffolk & North East Essex ICB

With thanks to,
The Cangle Foyer, The Riverside Group
The Limes, Sanctuary Housing
Haverhill Police
Haverhill Family Practise and Unity Health

Contact details

Saffron Carter
saffron.carter@reachhaverhill.org.uk