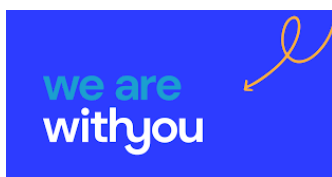


In Collaboration with



healthwatch
North Somerset

Access to Mental Health Support for People in Recovery for Substance Misuse



November 2020



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About Healthwatch North Somerset

Healthwatch North Somerset's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services.

We give people an opportunity to have a say about their care, including those who are not usually heard. We ensure that their views are taken to the people who make decisions about services. We also share feedback with Healthwatch England and the Care Quality Commission (CQC) to ensure that your community's voice is heard at a national level too.

We are also here to provide information about services in the North Somerset area, and signpost people to find specialist help. We work closely with other local community groups and organisations to make sure that we support people to make informed choices and decisions about their care and make public all reports of our work with patients, families and carers.

Our Vision is Simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

Our Purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our Approach

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations
- Networking with Patient Participation Groups who have their ear to the ground

Access to Mental Health Support for People in Recovery for Substance Misuse

Introduction

Disability is defined both physically and mentally, and in England mental health conditions are the biggest contributor to the total number of people living with disability. The North Somerset incidence of mental health is higher than national figures, in particular for rates of depression, suicide, severe mental illness, post-traumatic stress disorder (PTSD), dementia, eating disorder and even common mental health problems. ¹

Among those who struggle with mental health, are people with cooccurring substance use problems. In 2019, individuals with substance misuse and their families approached Healthwatch to tell us their experience. Their feedback suggested it was difficult for them to access the right help or to “navigate” from one service to another due to the complexity of their needs. Our Prioritisation Panel agreed in 2020 to look at local mental health issues using patient feedback as the basis for our projects.

Local authorities and clinical commissioning groups (CCG) are responsible for planning and funding alcohol and drug treatment, and prevention services². In North Somerset, since April 2020 the national charity We are WithYou (WithYou), formerly known as Addaction, has been commissioned to deliver specialist drug and alcohol intervention and support services for people who are experiencing drug and or alcohol issues, their families, friends and carers. Their funding per year dropped by £189,000 compared to their previous contact. The WithYou service provides one-to-one and group psycho-social therapies, pharmacological treatment, physical and mental health support, harm reduction, life skills, and family support. They have a part-time Psychologist, and their support extends to those who are at risks of, for example, relapse, increase in offending, abusive relationship, and pregnancy.

Whilst the WithYou service can provide some mental health related interventions, it remains a specialist drug and alcohol treatment service. All WithYou key workers are trained to work with clients with low-level mental health issues. Where WithYou clients have mental health problems that cannot be managed by WithYou in-house provision, a referral will be made to the local specialist mental health services, which are provided by Avon and Wiltshire Mental Health Partnership (AWP).

According to WithYou, they have increasingly been seeing clients with complex to severe mental health issues, which are referred to Community Mental Health services. WithYou says that these clients are rarely offered treatment interventions.

This survey explores the views and experiences of residents in North Somerset with cooccurring substance misuse and mental health problems in accessing and receiving support from public services.

Aims of the Survey

The study aims to:

- Explore service users' experiences of accessing, receiving or being excluded from support from health and social care services.
- Identify from services users' feedback the range of health and social care needs of people with cooccurring mental health and substance use issues in North Somerset
- Identify examples of good practice based on services users' experiences.

Executive Summary

Our survey was completed by 30 people with or recovering from substance misuse problems. Of those, 50 % were female and 43% male and 57% were between 18 and 44 years old. [See demographics](#). Most participants in this study had suffered mental ill health for over 15 years, some cited mental health problems since childhood, yet their experience of services over many years is disjointed. Participants described how services have continued to work separately, leaving services users “bouncing” between them. Throughout the survey, participants asked for a holistic and comprehensive jointed support for their needs, including thorough mental health assessments and support, and help to be able to access housing and employment opportunities, as it would make a huge difference to their mental health and substance misuse recovery.

Those with long-term mental health problems said that they were unable to receive a comprehensive assessment by the health professionals for their mental health condition that could support them to work through their recovery from their addiction. This assessment, according to the participants, should explore adverse childhood experiences (ACEs) and be trauma informed as these might be related to their addictions. Their responses point to a limited understanding among the health and social care services of the multiplicity of needs in this group.

Our findings suggest that this population do not meet criteria for access to specialist or secondary mental health care. Their symptoms are considered outside the scope of services within Primary Care which are aimed at managing common mental health problems³ and are not covered by the limited community mental health services. At the same time, they often do not meet the criteria for specialist/secondary mental health care.

The incidence of relapse among the participants is considered high. Almost 76% said that they have relapsed and that their main trigger for it is related to unsolved mental health issues. They felt that immediate help and ongoing support rather than long waits would prevent relapse.

This survey has uncovered a narrative of discrimination and stigma from health professionals. 74% of the participants said that they have been treated differently by the health and care services because of their substance misuse problems. Wider determinants of their mental health are likely to be their status as unemployed, their housing in temporary accommodation, and their limited social networks for support in a crisis.

We heard examples of good practice and positive experiences from the support provided by WithYou. Participants mentioned that their key workers were understanding, and they listened to them, and the services they provided were friendly and empowering. Several participants also indicated that the group therapies were especially supportive and helpful.

Background

According to the Advisory Council on the Misuse of Drugs (ACMD), substance misuse applies to the consumption of alcohol or drug “as a condition that may cause an individual to experience social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption, and/or dependence”⁴.

In North Somerset, according to latest local data, in 2016/17 and 2017/18 there were almost three thousand people with substance use problems, including alcohol, opiate or crack dependence. In 2018/19, and 2019/20 nearly fourteen hundred people were receiving support for their drug and/or alcohol issues from Addaction/WithYou.

Evidence suggests that mental health problems can sometimes lead to alcohol or drug use, meaning that mental health issues may precede the use or dependence on chemical substances⁴. In England, around 70% of drug and 86% of alcohol users attending community treatment have mental health problems⁴. Evidence also shows that people experiencing these problems have a heightened risk of other health problems and early deaths^{5,6}. Despite these findings, people with cooccurring alcohol/drug and mental health conditions claim that they are not able to access the support they need from health, mental health and social services.

A report by the charity DrugScope⁶ states that one of the problems of not meeting the needs of people with dual diagnosis may be because public services are designed to deal with one problem at a time, and to support people with single severe conditions. Subsequently, according to the report, the problems people with cooccurring alcohol/drug and mental health conditions face are usually exacerbated which can lead to a downward spiral of mental illness, and drug and alcohol problems. In addition, they often face other multiple problems such as homelessness, unemployment, accommodation, financial difficulties, difficult or damaging relationships, lack of effective social and support systems, and issues relating to criminal activities⁵.

Methods

From June 2020 Healthwatch North Somerset began working with We are WithYou to develop a survey that reflected the concerns of people with cooccurring mental health and substance use problems . We adopted an Asset Based Community Development approach to engaging with stakeholders and developing our project. We started by consulting with clients linked to the We are WithYou service and were helped by their Community Engagement Coordinator. Two clients and one volunteer with lived experience joined our project's steering group online.

Prior to the production of the survey, four online focus groups were conducted. These were attended by clients with lived experiences, professionals and staff from Healthwatch, who formed the project steering group. The aim was to identify the main issues that were affecting those with mental health and substance misuse.

Through these focus group a list of themes was drawn out: assessment and diagnosis, health and social care professionals, treatment, ongoing care and support / wider determinants of recovery, and support needed. The steering group then developed questions for a survey.

The survey was distributed to a range of organisations like *We are WithYou* and others who see clients who were unlikely to be engaged with any support service or unlikely to take part in a survey. These included *Somewhere To Go* which provides food and shelter for the homeless and disadvantaged people in Weston-super-Mare; and *North Somerset Community Learning Service* that support clients attending computer classes.

Following the completion of the survey, the steering group met again in two online meetings to discuss the findings and the recommendations and approve the final version of this report.

In total, 30 people took part in the survey, 16 people with support from *We are WithYou*, 12 from the classes delivered by *Community Learning*, and two at *Somewhere to Go*. The findings were based on the survey responses and focus group discussions with people with lived-experience.

Summary of our Findings

Assessment and Diagnosis

In total, 30 people experiencing problems with mental health issues and substance misuse answered the survey. Of those, 86% said that they considered themselves to be in recovery, with 60% being for three months or more.

Most of the participants said that they were managing their dependency, or not using alcohol or drugs, and 80% considered themselves as experiencing a mental health condition, with the great majority of those (72%) saying that they have had this condition for more than 15 years. [Click to See graphs 1 & 2](#)

A mental health diagnosis was made by a GP in 60% of the participants' cases and 53% said that they received support after diagnosis, while 36% said that they had not received any support for their mental health problems and 11% of the participants did not answer this question. However, from those who received support, 64% said that the support came from the alcohol and drug treatment services provided by the third sector, including We are WithYou, Turning Point, AA, and others based in North Somerset or surrounded areas. 23% of the participants said that they were engaged with Community Mental Health teams.

The majority of participants indicated that health professionals do not assess or diagnose their mental health problems. One of the participants verbally expressed their frustration during a focus group discussion:

“Well one thing is they won’t do a mental health diagnosis until you stop drinking, but you are drinking because you have such bad mental health, so that’s a real problem - that childhood trauma will drive you toward addiction, it can be a workaholic or an alcoholic, whatever, but you use that addiction to cope and yet they will not diagnose you at that stage.”

The same sentiment was expressed by some participants in the survey:

“I’m really unhappy to be honest. I’ve suffered hard for many years because I had mental illness, but I’ve never been taken seriously by anyone (referring to health professionals).”

“GP’s definitely stereotype, put me under drug misuse and seem to feel they don’t need to assess my mental health. I get really annoyed and frustrated.”

Some participants also suggested that they are being required to achieve abstinence before mental health treatment can be provided. However, without this support, the relationship between the person’s substance use and mental ill health can be reinforced⁶.

“Waiting lists very long also could not access (mental health support) cos of addiction.”

“GP denied treatment due to addiction”.

During the focus group discussions, a common theme was the relationship between addiction, mental health and trauma especially during childhood. For this client, help to understand his childhood experiences also helped recovery from drinking, indicating that if the right assessment approach is taken it is possible to address the cause of their addiction:

“After 9 years of being pushed from pillar to post by the NHS I had basically given up and I was drinking to try to ease the symptoms... I had reached a point where I was continuously considering suicide. When the last help I did have from the NHS was taken away I very soon had a meltdown and cut my wrists. This drove me to seek help from Addaction few years ago. They were brilliant and soon I was seeing a Psychiatrist who in 1 session diagnosed my problems. He explained that severe childhood trauma can interfere with the operation of the Amygdala causing a perpetual flight or fight response... for years I had been told it was in my head, just meditate more, I had tried everything. The medication to suppress the adrenaline has meant I don't need to drink anymore, and the follow up treatment with the psychotherapist helped me to get to grips with my childhood. It is a real shame that no one in the NHS could help me with this... Years of my life wasted, and this has left me with a lot of rebuilding to do”.

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on the mental health and emotional wellbeing of young people. These include experiences of neglect, abuse or violence within the family, being forced to take on adult responsibilities or living in households where people are misusing substances⁷. Studies of ACEs in England found that those adults who had experienced four or more adversities in their childhood, were two times more likely to binge drink, and eleven times more likely to have gone on to use crack, cocaine or heroin⁸. According to We Are WithYou, nearly two thirds (61%) of their service users who have completed the ACE questionnaire have 4 or more ACEs, compared to 12 % nationally.

In our survey, when asked whether health professionals considered past experiences during their assessment or treatment, 50% said yes, but the majority of those was referring to the assessment done by WithYou. 42% said no, and 8% said they did not know.

[Click to see graph 3](#)

“Just like it had been ignored and not taken into account and have just been getting treatment via anti depressions which I was told to stop taking as still drinking.”

“It was difficult at first to talk about it (ACEs), but when listened I realised how this affected my addictions”.

“This was crucial to getting to the route of the problem.”

“I think it is helpful to review childhood as this shapes you as a person.”

More than 70% of the people said that they have had mental health problems for at least 15 years, and from those more than 40% said that they have had a mental health problem since their childhood. According the WithYou, they have integrated trauma-informed

care into their service provision acknowledging the influence of trauma and ACEs on addiction. WithYou North Somerset is the UK lead within their national organisation in applying this approach. Whilst WithYou provides this type of intervention, they are resourced to support only those with low mental health issues.

Treatment and Ongoing Support

The majority that completed the survey, 82%, said that they have sought help for their mental health problems, even without having a diagnosis. Nearly 63% said that it was difficult or very difficult to access any mental health services. [See graph 4](#)

For many individuals with substance misuse problems, the only mental health support was through their GP and/or from We are WithYou. Among those who sought help from GP surgeries for their mental health problems and/or recovery, 80% reported a negative experience. The main complaints were related to their GPs not being able to listen to their concerns, length of waiting time, and access issues:

“GP receptionists are a problem, you cannot get past them, I have had to discuss my struggle with them in order to get to a GP, I have felt very uncomfortable.”

“This year I have been able to actually get a GP but I need access. It’s totally confusing, you can ring, you can’t ring, use the app, app doesn’t work, use a different app, don’t use the app, ring, do it online ...you queue on the phone and wait and when it connects ..?? it cuts you off.”

“Feel like they just want to give you tablets to cover the problem. Not keen to go to the doctor.”

“My GP has always looked at my drug use and feels that it is the main cause of everything. It’s been really hard.”

Around 20% said that they have had positive experiences when contacting their GP.

“Very positive especially when engaged honestly with GP.”

“Good, he (GP) does talk to me if I can call the surgery.”

Some reports⁵⁹ point out that existing public service provision tend to be based on a single issue such as addiction, rather than on complex issues face by those with mental health and substance misuse including their mental and physical health problems, accommodation, benefits, training and legal difficulties. Pathways for help can be unclear and clients often “bounce around” services repeating their concerns repeatedly to get support. In our survey, 78% of the participants said that they had told health and care professionals about their problems ‘many’ or ‘countless’ times.

“I was passed to different services and never continued with any of them.”

“Nothing was really done about it apart from attending regular groups.”

“Since 2008 asked for help many times and get signposted but no real help.”

“Got nowhere.”

“It’s just luck if you get a team that are well co-ordinated and on the same

page ..there are too many different systems .”

“Passed from one agency to another. Not offered counselling as on substitute medication for drugs.”

“During Covid desperate for help almost died felt had to be at this point before intervention.”

“Tried Coast no response. Hospital told me to stop drinking.”

We are WithYou provides mental health support alongside substance misuse treatment. However, they do not have the resources and capacity to deal with the complexity of needs in this group, including severe mental health cases, support for those who no longer have a substance misuse problem, their problems with housing and employment or benefits. In our survey, we found 38% received ongoing support from WithYou since they had been in recovery or abstinent and 26% from different other services such as VitaMinds, AA, supported accommodation, rehabilitation centres and private counselling.

“WeareWithyou has been very understanding and supportive.”

“Only dealing with WithYou. They've always been there when I need them. Also have a good family support system.”

“I've been an addict for a lot of years now, and Addaction/WithYou have always been here but my mental health issues have not been looked at.”

“Support work in supported accommodation aftercare support from treatment centre Good from AA.”

“I have had counselling with someone from VitaMinds and it has helped me a lot.”

However, 36% said that they had not received any support since they have been in recovery or abstinent from their substance use.

“All I've had from doctors is to take antidepressant, and for my suffering with anxiety and paranoia I get given (...) to sort this! It doesn't help.”

“None”. (x9)

Wider Determinants of Recovery

In our survey, 76% relapsed during their process of recovering from their addiction. When asked what they thought might have been the triggers, most for them (74%) stated that it was related to their unsolved mental health issues. Additional triggers were lack of housing and the environment (centre of town).

“Many things but mostly my mind held me back.”

“Mental health is a trigger and then (I) use alcohol.”

“Trauma unresolved issues and pain, which caused me using and not being able to cope.”

“Anger and resentment.”

“I get clean and then the visions and thoughts come. What is worse is when I hit someone and don’t know that I do it.”

“Mental health and struggling to deal with feelings.”

“Family. Relationships, boredom, being an addict, housing.”

When asked what type of support they needed when they were in crisis, 35% of the participants said that they needed someone who they could talk to, be listen to and understood, while 26% said that they needed good friends and family members around. The others listed housing, social workers, and medical support.

It is well understood that housing makes an important contribution to maintain mental health and sustain recovery from mental ill health and substance misuse. There is also a broad evidence that employment improves health and wellbeing in addition to meeting economic and financial needs⁵.

When asked about their wellbeing and what factors they thought could improve their health, 37% of the participants listed access to housing and 27% employment support. From those who completed the survey, none had a paid job; only 14% lived in a privately owned house, 19% were in rented sector, while the majority, 67%, lived in temporary accommodation. [See graph 5](#) In both focus group discussions and survey responses, housing stability and employment were highlighted as some of the main factors that affected their wellbeing:

“I am stuck in this dry-house system, the tenancy is insecure, I have no rights and cannot find anywhere else to live, I could be thrown out at any time. It’s hard to live like that, it makes me angry and anxious.”

“I have never had anywhere to call home, nowhere that I felt safe.”

“Struggle with housing - stay with family so I’m not considered priority. This is a big stress. Housing would help me cut down alcohol.”

“Employment, as can’t complete a day’s work due to mental health.”

“Volunteering has helped, it’s given me a sense of purpose. You really need to feel that security that all agencies are working together.”

“I wish that fellowship and volunteering was more available.”

Another problem faced by people with or recovering from addiction is the stigma and blame they say they experience. Participants in the focus group explained:

“You must live with the stigma and the repercussions of that. If you drink then that’s it, you feel stigmatised from then on and it feels vindictive. You need support once you are better.”

“Terrible stigma exists, the change in how people treat you once they know you have and addiction is huge.”

When asked if they felt that they have been treated differently by the health and care services because of their substance misuse problems, 74% said yes. [See graph 6](#)

“Whilst giving birth I felt judged and mistreated by healthcare professionals.”

“They say can’t help if you’re taking drugs or drinking.”

“As soon as I say I am using crack or heroin then I told that’s my problem.”

“Was attending hospital and a nurse said that I would die soon due to my alcohol consumption, which I overheard. This really embarrassed me. Lack of understanding and empathy.”

“Felt they gave up on me.”

In contrast, the participants felt supported by the wider community. Around 72% of the responses indicated receiving some type of support from a wider network of services or from other tenants, neighbours or friends.

“I moved into a supported housing at the beginning of the year and other tenants in my block of flats have been very supportive and helped me acquire furniture and often stop and hold conversations with me when they see me.”

“Supported Housing and help from tenants in housing block.”

“We are WithYou very good and also Nelson Trust on a practical level.”

“Only by AA meetings which I access myself.”

“There is no help apart from WithYou.”

“Have used AA and community support.”

Community Mental Health Services

Only 7 people (23%) who responded to the survey said that they were engaged with the Community Mental Health services, and 2 people said that they have been referred to their services. When asked how well they thought the Mental Health team understood both substance misuse and mental health, all the 7 participants said that they felt this service did not understand co-occurring problems.

“I feel mainly they don’t. I drink to block out my mental health but it’s like a sledgehammer to mental health team, so I do still understand that mental health team can’t with dual diagnosis. But it doesn’t make it easier.”

“They do not understand addiction.”

“Dual diagnosis not supported by mental health.”

When asked how well they felt they were understood by the Mental Health team, 2 participants said somewhat well, 4 said not so well, and 1 said not well at all. From those, when asked how well they felt they were listened to by the Mental Health team, 3 said somewhat well, 2 not so well and 2 not well at all. [See graphs 7](#)

Two participants said that they had received support from VitaMinds, the local NHS talking therapies, but they felt that though it helped them, the therapies were not long enough to deal with their long-term mental health problems.

How Services Could be Improved

In both, the discussions during the focus group and some responses of the survey, when asked, participants said that they would like more support services available and the services needed to be integrated together and focused on the individual's needs.

“Services need to be joined up. People need to be treated like people, individuals are complex and need to be heard.”

“The services need to be more connected.”

“More time for looking at problem.”

“More services available in crisis.”

When asked how services could improve several participants mentioned that there is a need for a more comprehensive initial mental health assessments, which is trauma informed and incorporates ACEs (Adverse Childhood Experiences), is non-judgemental and more personal.

“The initial assessment is really important, more things should be flagged up at that point, the adverse childhood experiences - if they had done that initially then my problem could have been helped much sooner. And showing anger usually means you are asked to leave, whereas they should see that anger as potentially an issue, a sign, not just as a reason to ask you to leave. I had to do my own medication research.”

“They need to stop just relying on forms that tell them nothing.”

“They need to look at revising those initial assessments and educating GP's around that.”

“The services need to be more open minded, non-judgemental and more confidential.”

“They shouldn't just ignore early cries for help- and they need to note that background and the childhood trauma”.

A number of participants indicated that the services provided by WithYou are effective, suggesting that these type of services should be more available.

“More services from WithYou available, especially when in crisis.”

“Dual diagnosis is very complicated I know but Addaction(WithYou) treats you like an individual, its trauma influenced, and they see that whole story, and your Mental Health and dependency as a trauma response.”

“Addaction (WithYou) services a life saver. GP will not refer (to mental health services) as I have addiction. I feel this needs to be changed.”

Recommendations for change

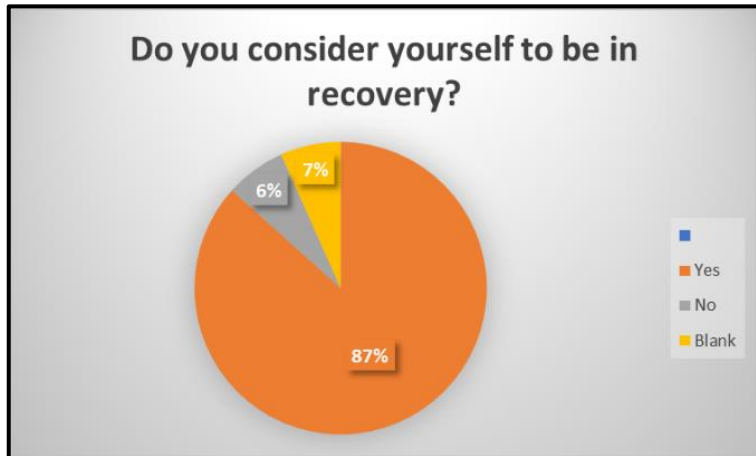
We believe the following recommendations to be achievable, affordable and evidence based.

1. North Somerset partners should develop, agree, and implement a Dual Diagnosis strategy to address the inequality faced by people with concurrent mental health and substance misuse problems.
2. Ensure that local substance misuse services receive sufficient funds to expand their provision for any individual in North Somerset with substance misuse and low-level mental health problems, to focus on person-centred and informed treatment.
3. Ensure access to NHS commissioned adult mental health services for any individual with dual diagnosis in order to prevent exclusion and offer non-judgmental care based on their needs.
4. Services should provide joined-up (integrated) local support including NHS, voluntary sector, social care services and specialist care providers to provide a support pathway for people with concurrent mental health and substance misuse problems to be able to access housing and employment opportunities.
5. Strengthen the workforce focus on skills, understanding and trauma informed practices to address ACEs and long-term mental health conditions among the health services.
6. Ensure health and social care professionals workforce training around discrimination and stigma to create a culture of empathy around drug & alcohol dependency.

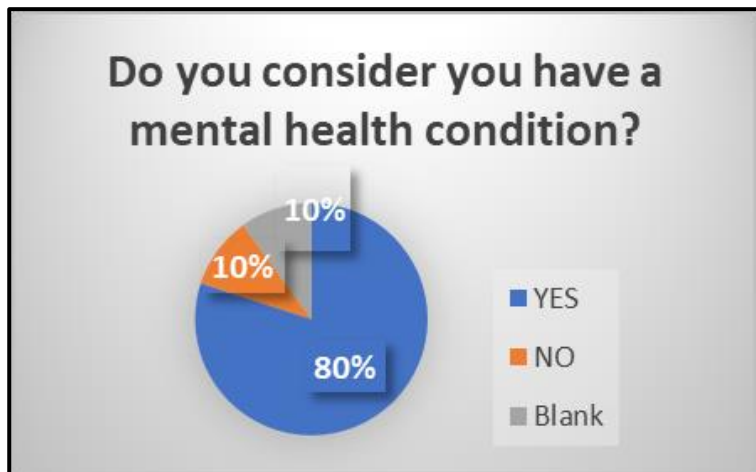
Graphs

[Click to go back to the findings](#)

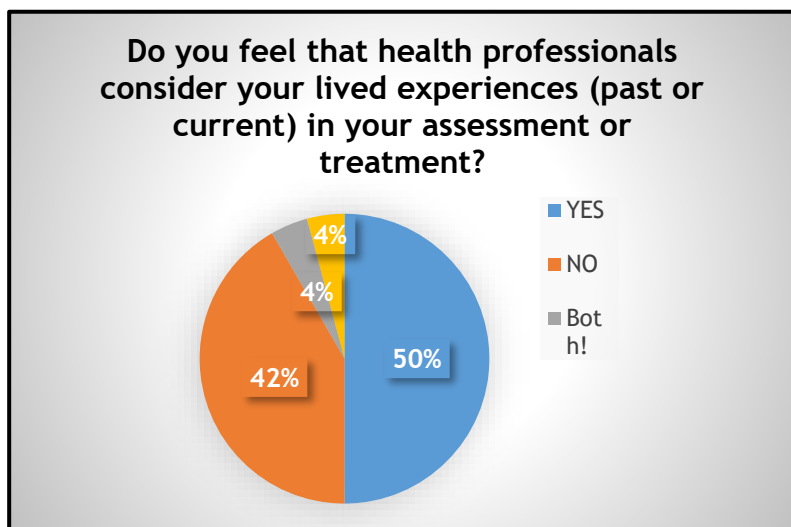
Graph 1



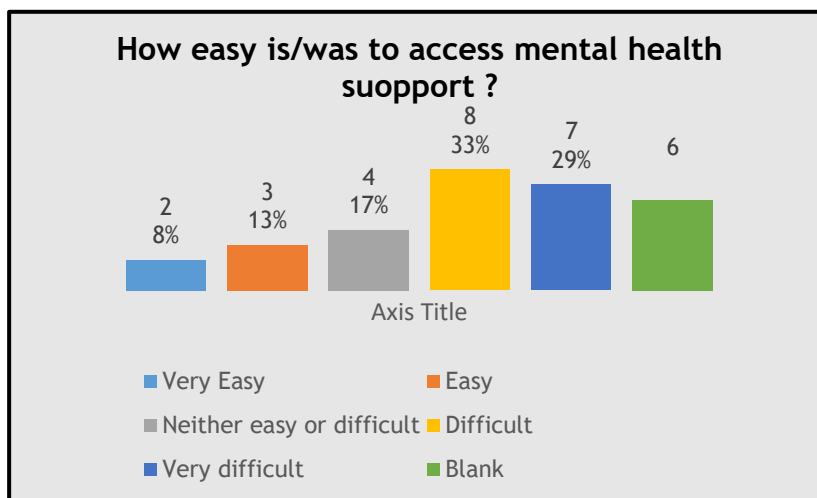
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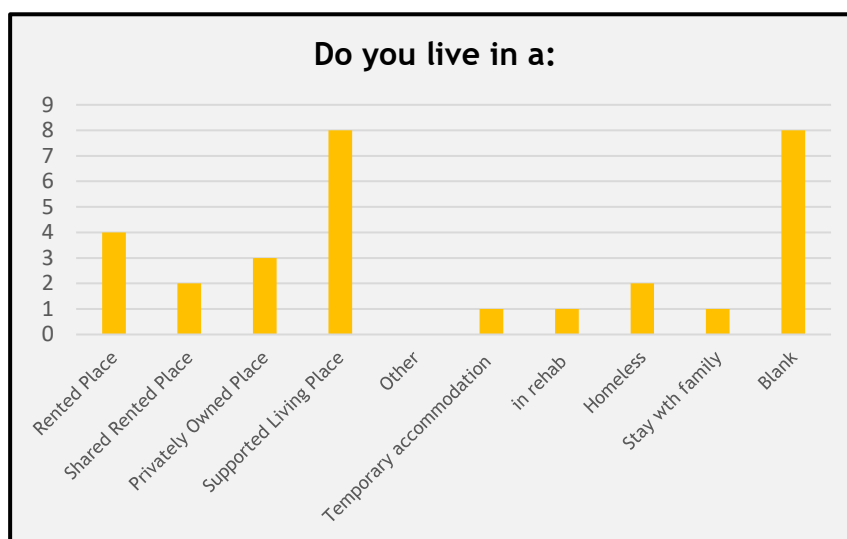
Graph 3



Graph 4



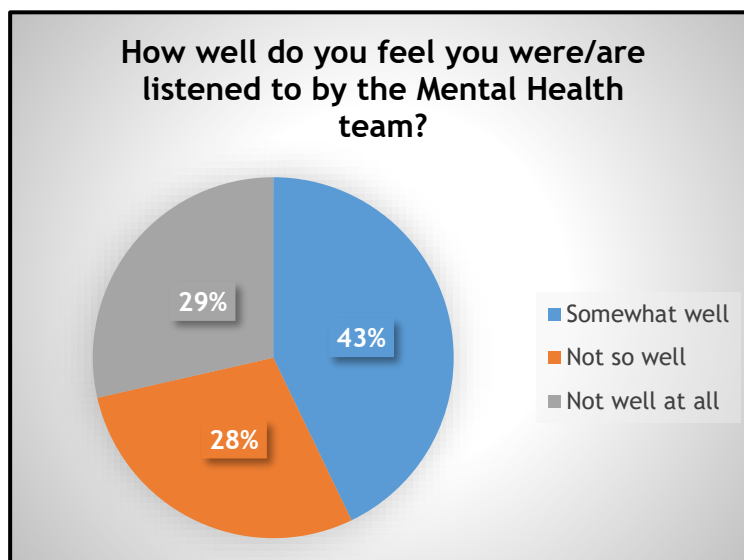
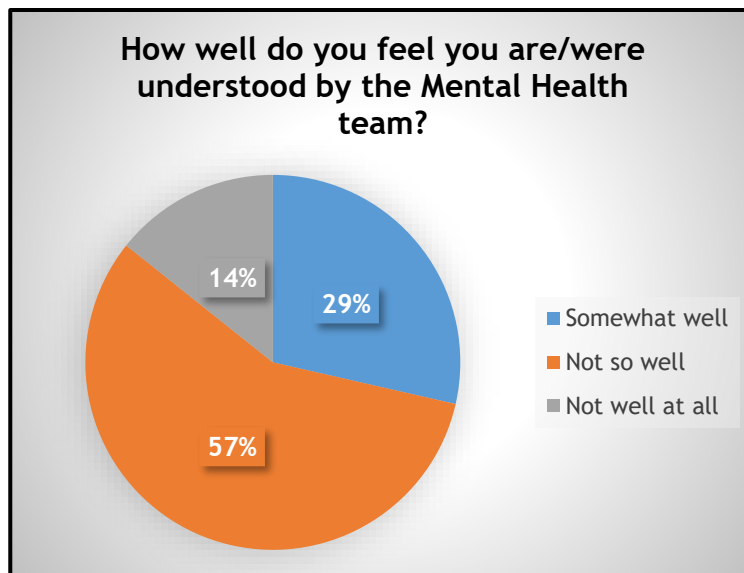
Graph 5



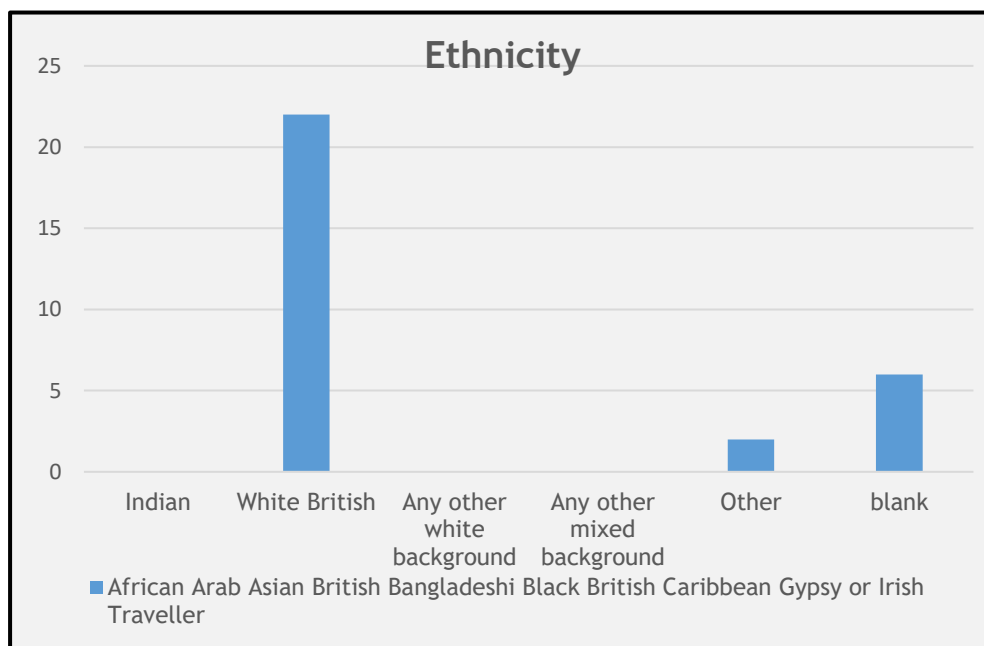
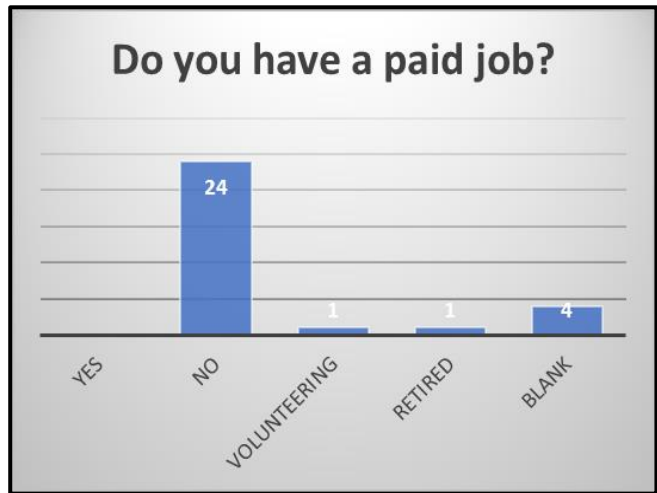
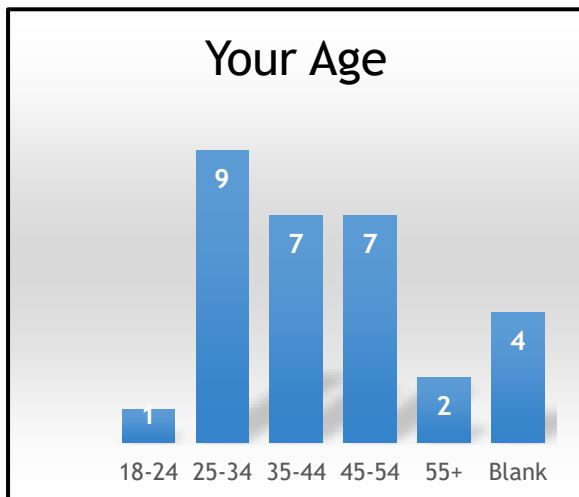
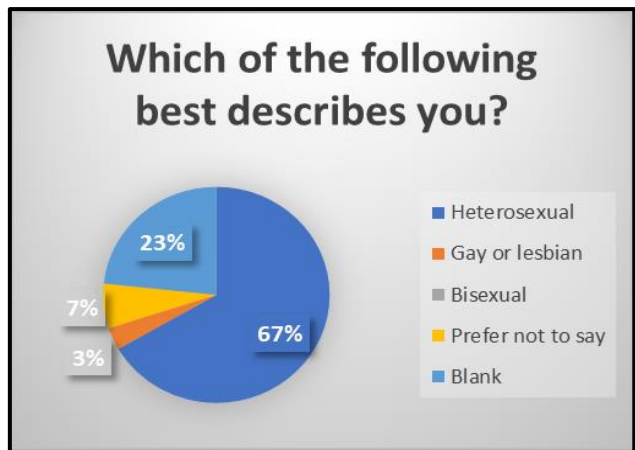
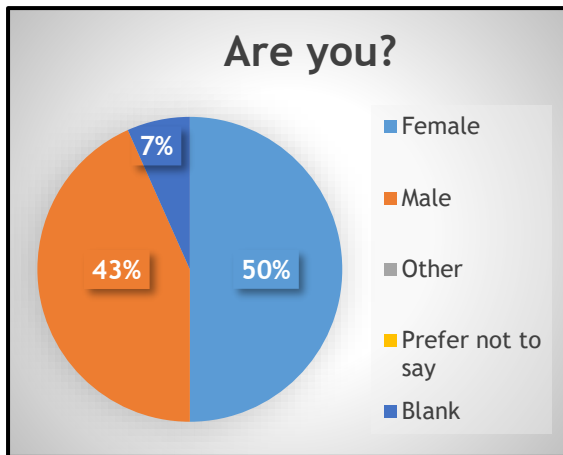
Graph 6



Graphs 7



Demographics



Testimonies from participants of the focus group with lived experience of mental health and substance misuse

Participant 1

I am a volunteer with “We are WithYou” and have also volunteered in other roles in both Weston-super-Mare and in Bristol. I also have a lived experience of services going back years. It is important and vital that my voice, our voices are heard. We are more than a statistic on handover/ spread sheet in some office. It was with pleasure I engaged with the focus group. As a man in recovery from homelessness, mental health and addiction my experience is that we are not listened to. We do not have the competence to be valued as a voice in what may/will save our lives.

This survey is of paramount importance, mental health is with us today with a ferocity, impacting across ages and class during a paralysing pandemic. I believe it is a start, an important indication. The indicators are there, highlighting what had become apparent in the focus group. Only 6 of those who participated had not relapsed, making the great majority having that experience of a soul-destroying experience. Those who do relapse in the recovery community (unless lucky) ultimately end up sleeping rough on the streets, pulling on all the services, (hospitals, day centres etc). Housing is an obvious parameter too, making the holistic approach, a cross service inclusive network so important. That does not currently happen. I have lived that experience.

There was a common theme between us, offering our experience, of being somehow fighting against stigma for years and people who deem themselves more important, because they're not understanding. That was my experience what is seen is a using, loud, brash addict. However, it is simply someone trying to reach out. The survey states this out perfectly, I would suggest this survey is a microcosm of a broad reach in community. There were many who didn't engage due to their own preconceptions of services, which I myself identify with and understand. In summary what was highlighted in the focus group, was seconded by those engaging in this survey. I would suggest it is taken with the utmost sincerity and importance.

Participant 2

I wish I could say that I was surprised at the findings of the Mental Health Report but my own experience of the NHS together with my involvement as a volunteer for We are WithYou has left me with no doubt that as a society we badly let down people who need our help, both with mental health problems and addiction. Too many people fall through the cracks.

The Survey clearly showed that in a majority of cases people with addiction to drugs or alcohol had mental health problems and that it was incredibly hard if not impossible to access mental health services. This lack of help when it is required will very often lead to a downward spiral making it harder to stay off whichever substance is involved, an unbearably vicious circle!

My experience together with the report's findings have led me to believe that in a lot of cases addiction to substances is a symptom of more serious underlying problems. In my own instance when I first went to the NHS, I didn't drink much more than a bottle of wine every couple of weeks. Many years of being “pushed round the system” as one

health worker described it, saw my health getting worse and worse but still, I wasn't allowed to see anyone who might have helped. Eventually I was forced to drink to help control the symptoms. When a last attempt to get me to see someone who might help failed and then even the support I had locally left, I had a meltdown. The next day I went to Addaction, now WithYou, and very quickly I saw a Psychiatrist who within one session diagnosed my problem: Severe Childhood Trauma causing lasting damage to the brain. He prescribed medication to suppress the Adrenaline going round my system and I no longer needed to drink. The NHS didn't understand what was wrong with me or maybe more troubling, didn't care. WithYou helped me find my feet again. The report suggests to me that there are many people who need urgent help with what are quite often very complex problems. If we are the compassionate society we like to think we are, then they should get it.

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Appendix 2:

Reponses from commissioners and providers of services

From We are WithYou

We recognise that for people with co-occurring substance misuse and mental health issues there can sometimes be challenges in accessing the help, treatment and support that they and their families need. As identified in this report there is a clear link between Adverse Childhood Experiences and mental health and substance misuse issues in later life. We fully support the recommendations in this report and look forward to working with colleagues in our partner agencies to improve the outcomes for people presenting with co-occurring issues.

Gill Flanagan

Service Manager

From NS Public Health

Thank you, to Healthwatch for undertaking this valuable service user engagement project. Your report has highlighted how important and valued the We are with you Service is to its clients. We also accept there are areas that require improvement particularly in relation to mental health support for those with substance misuse issues. We are committed to working with our partners in the Clinical Commissioning Group and local mental health services to improve service user experiences.

Matt Lenny

Director of Public Health North Somerset Council

From North Somerset Council

North Somerset Council is forming a cross agency mental health task and finish group, which will report to the Health and Wellbeing Board. Given the recent findings in your report one of the areas it will focus on is Mental Health Support for People with substance misuse. We look forward to working with Healthwatch in the future.

Jo Walker

Chief Executive North Somerset Council

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