



SELDOM HEARD VOICES

FINAL REPORT

Abstract

This report draws on research conducted by community groups working with refugee and forced migrant communities, and Gypsy, Roma and Traveller communities, to explore experiences of accessing NHS mental health services and emotional wellbeing support.

Presented by Norfolk Community Foundation

A Norfolk and Waveney Integrated Care System partnership project, led by Norfolk And Waveney Integrated Care Board and Norfolk and Suffolk NHS Foundation Trust, facilitated by the Norfolk Community Foundation and delivered by Community Partners.



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Introduction

Norfolk and Waveney Integrated Care Board (as Norfolk and Waveney Clinical Commissioning Group) commissioned this research, as part of our mental health transformation programme health equalities ambition in 2021. Through the work we asked Norfolk Community Foundation to help better understand the experience of seldom heard communities accessing health services.

The ICB is extremely grateful to all participating organisations for their commitment to this project, and for bringing their specialist engagement knowledge to work with communities who are underserved by a range of agencies and organisations, including health and social care providers. We hope that the learning and recommendations summarised in the report, help to promote improved access to experience of - and outcomes from - health care services across our system. Please read, act on, and disseminate this report widely.

“Most people find it difficult to talk about mental health. We are grateful to our service users for sharing their experiences of and their views on mental health with us. We are hopeful that we can use the learning from the pilot to make their voices heard and improve access to mental health support in Norfolk”. - Béatrice, Elizabeth, Manuel and Rasha from The Bridge Plus+

“GYROS were very keen to be involved in this research so the voices of our clients, so often unheard, are able to share their needs and their experiences so improvements in Mental Health and wellbeing services can be made and greater understanding achieved”. - Louise from GYROS

“We were delighted to be involved in this project as it gave our participants a voice and a platform to highlight their experiences”. – Gee from New Routes Integration

At Norfolk Community Foundation, we are always looking for new insights to improve our ability to provide meaningful funding programmes and support to local charities and voluntary groups. We want to see these groups continue to grow, providing essential care, support and opportunity for the most vulnerable in our communities. We hope that this research will provide valuable insights into the experiences to refugee, forced migrant and traveller communities, and that this will help to inform not only NHS practices, but our own as well. – Stefanie Pearson, Norfolk Community Foundation

Project Overview

Norfolk and Waveney Integrated Care Service (N&W ICS) want to better understand how people use mental health and emotional wellbeing services - and importantly when and where they choose to do so, and what barriers they may experience, in trying to do so.

The purpose of the project is to get health and care organisations and communities to work in partnership to make sure health services reflect community needs. The scope of this project focuses on 2 groups that have rarely been reached out to:

- to refugee and forced migrant communities, and;
- Gypsy, Roma and Traveller communities.

The project aims to:

- Collect feedback from voluntary, community and social enterprise (VCSE) groups;
- Gain a better understanding of how mental health support is viewed, and;
- Understand how best to deliver effective and accessible support for these groups.

Norfolk and Waveney Health and Care Partnership chose Norfolk Community Foundation to coordinate the delivery of the project with community groups and to deliver funding and support associated with this. The Foundation was able to connect with 4 groups to deliver the project.

Summary

The 4 groups provided detailed feedback about their experiences of accessing mental health services. The key takeaways from the research are:

- General Practitioners (GPs) are viewed as instrumental in providing access to mental health services;
- Few people from migrant and traveller communities are aware of NHS mental health services, and further awareness of how the NHS operates is very limited;
- Language presents a significant barrier to accessing mental health services, and services more generally;
- Services are perceived as confusing and over-complicated, and;
- Conversations around mental health within their communities are becoming more commonplace, and people are becoming more accepting, but improvements could be made.

Although great care was taken to focus on mental health provision during discussions and surveys, comments and observations were inevitably made that relate to healthcare provision as a whole.

Overview of Participants

The Bridge Plus+

The Bridge Plus+ is a local charity led by people with lived experience of migration. The Bridge Plus+ works with people from ethnic minority and/or migrant backgrounds from over 25 different nationalities. They provide information, advice, advocacy support on a wide range of issues, including welfare benefits and housing. They also organise community lunches. They aim to relieve and prevent hardship within the communities they work with and promote race equality. Around half of their service users are from a refugee background.

GYROS (Great Yarmouth Refugee Outreach & Support)

GYROS supports migrants and culturally and linguistically diverse (CALD) communities in the East of England. In Norfolk, they work primarily in Thetford and Yarmouth. They provide information, advice, guidance and advocacy on immigration, housing, rights, employment, education, and health. They have assisted in (local) research alongside partners before, including Healthwatch Norfolk and the Norfolk Community Relations and Equality Board and with wider partners including the UK Health Security Agency, Cambridge University, ESRC funded 'UK in a Changing Europe' & Barnardo's.

New Routes Integration

New Routes Integration operate in Norwich and work primarily with migrants, asylum seekers and refugees, and their families to support their wellbeing and ambitions. They provide a broad range of services, from advocacy and language support to exercise classes and financial management, all to promote integration into the Norwich community.

One Voice 4 Travellers (OV4T)

One Voice 4 Travellers Limited is a community-based charity that works across East Anglia. They are highly versatile and adapt to emerging needs among transient and settled Gypsy and Traveller communities. They undertake advocacy, support and community development in a sustainable, cooperative way, which develops positive outcomes for the Gypsy and Traveller community and the settled community and other service providers. They train 'community information champions', who can provide their communities with information on services that they may find helpful or useful (e.g. health information champions).

Norfolk Community Foundation (NCF)

The Foundation is an independent local charity, providing funding and support to Norfolk's voluntary, community and social enterprise (VCSE) organisations. The role of NCF in this project was to:

- Identify and connect with community partners who could deliver the project aims;
- Distribute funding to selected community partners, and;
- Collect, consolidate and report on feedback from community partners.

Norfolk and Waveney Integrated Care SYSTEM (N&W ICS)

We are a partnership of local health and care organisations working together with local authority and the voluntary sector to improve the lives of people living in Norfolk and Waveney. The system includes local GP practices, hospitals, community care, social services, mental health teams, local councils and more. Together we provide services to over 1 million people.

As a system we have three goals:

1. To make sure that people can live as healthy a life as possible. This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.
2. To make sure that you only have to tell your story once. Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
3. To make Norfolk and Waveney the best place to work in health and care. Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Methodologies

The Norfolk and Waveney Health and Care Partnership asked for each group to conduct approximately 30 interviews with their clients and produce a report. Written feedback was asked to be given that was as close to what the interviewees said as possible. Interview training was made available for groups. Groups provided regular feedback as the project progressed and produced reports, which have been consolidated into this final report.

Community partners collaborated to form a broad 'script' to ensure that the necessary areas were covered but were able to interview clients in the way (or ways) they saw as most appropriate.

The Bridge Plus+

The Bridge Plus+ spoke with 24 respondents. They used a mixture of approaches including face-to-face interviews, telephone interviews and surveys (online and paper).

GYROS

GYROS conducted the most extensive collection of feedback, collecting almost 300 online surveys, engaging over 50 people face-to-face through multiple focus groups, and follow-up individual interviews with select individuals. They also conducted two focus groups with their frontline staff to gather their experiences. Their research also incorporated some EU Nationals, alongside forced migrant and Roma communities.

GYROS' methodology also revealed striking variations between face-to-face interviews and surveys. Their clients tended to report more negative experiences during face-to-face meetings when compared to online surveys. They state that there is a "fear of expressing opinions in written form" as "there could be some follow up that may influence their access to healthcare in the future", while others do not want to "seem to be complaining about the services they receive here". This underlines the significance of face-to-face interviews and focus groups.

New Routes Integration

New Routes Integration interviewed 18 participants face-to-face, with each interview taking approximately one hour.

One Voice 4 Travelers (OV4T)

OV4T used a mixture of individual interviews and focus groups, conducted either face-to-face, via telephone or by video call. They spoke with 37 of their clients.

Analysis

Groups worked independently whilst researching, but all groups reported on the following 4 issues:

- Stigma around mental health;
- General Practitioners (GPs);
- Navigating the NHS, and;
- Accessibility.

These 4 trends reflect attitudes towards mental health services and support across Norfolk and Waveney among refugee and forced migrant communities, and Gypsy, Roma and Traveller communities. Discussions also revealed the barriers to accessing support faced by these communities, and ways they thought the service could be more effective.

The stigma around mental health - A “Western illness”?

Most groups reported stigma around mental health within the communities they work with.

“It’s something that is not a culture we are used to, not part of our regime or our lives” -New Routes Integration

Several New Routes Integration’ clients said that “they do not discuss these things in their culture”. Groups also reported that clients feared others in their community negatively stereotyping them for accessing mental health services. For example, clients from The Bridge Plus+ said that if they spoke about their mental health with their community, they would be seen as “crazy”, their problems would be ridiculed by others, or they would be seen as weak.

The idea that experiencing mental health issues was a sign of ‘weakness’ was also identified by OV4T, but with an explicitly gendered view. In their report, they state that “mental health support and help are not seen as necessary for men; they need to be strong and in control”. They found women are more likely to seek support with mental health, provided they had a trusted pre-existing relationship with a healthcare practitioner or support service.



New Routes Integration

Most groups agree that there is some association between physical health and mental wellbeing, though it is often vague. Physical health is generally prioritised over mental wellbeing and is seen as a more pressing concern by most. The evidence seems to suggest that support for mental wellbeing is only sought when a crisis point is reached and people are physically unable to cope (see case studies).

While these stigmas exist, those who accessed mental health support services revealed they were 'relieved' that they were not alone. Although GYROS reported that some clients see mental health as a "Western illness", they stated that their clients thought people were more willing to discuss these topics than they were 10 years ago.

General Practitioners (GPs) - The first port-of-call, or a last resort?

Most groups identify GPs as central to accessing NHS services, including mental health services. When groups asked their clients about what services are available through the NHS, most clients were unable to identify anything beyond their GP and A&E. Most are unaware of the Wellbeing/IAPT services, Crisis or the First Response Service. If they were aware of other services, they are unsure of how to access them. The Bridge Plus+ state that while 75% of clients correctly identified the GP service as relevant for mental health support, only 42% identified the Wellbeing service as such.

"The GP has been the best place to support my mental health". – New Routes Integration client

New Routes Integration state that GPs are relied upon almost entirely for their client's mental health and wellbeing. Despite this, groups report some confusion among clients about what GPs are for and how they operate. GYROS reported that some do not understand that they need to be registered at a GP practice even when they are not ill, and that links between GPs and other services (e.g. hospitals or mental health) are not understood properly by clients.

Experiences with GPs are extremely mixed, with groups reporting a broad range of positive and negative experiences. Positive experiences included:

- GPs communicating effectively (with or without an interpreter);
- GP being perceived as listening and being sympathetic, and;
- GPs making referrals to other services.

Some clients praised their GP for listening to their concerns carefully and making the right call (whether this was a referral or medication).

"I feel listened to and supported. They [my GP] referred me to a mental health service and that helped"- The Bridge Plus+ client

More negative experiences tended to focus on:

- GPs not understanding the client's problem;
- GPs giving out medications or referrals without making sure clients understood why, and;
- When clients did not feel listened to.

Case Study

"People have not understood what he needs. He is being advised to take sleeping tablets and this is not what he needs. He is not having problems sleeping. He is anxious about his status. He is anxious about going to the police station. Therefore, he is happy that he is being listened to, but the problem has not gone away." – New Routes Integration

Clients of groups

sometimes delay going for help until crisis point as they fear they will be "dismissed" or "ruled out" by the GP in the appointment, and they then fear they will be unable to access further help. They also emphasise that the threshold for accessing services seems to be quite high (i.e. at the point of total crisis). Some clients feel pressured to exaggerate their symptoms as they believe they will be ignored.

While most groups report that GPs tend to be the first port of call when accessing healthcare (both physical and mental), One Voice 4 Travellers (OV4T) reported that their clients were much more likely to go to A&E, Walk-in Centres, and out of hours treatment, or turn to self-help, over-the-counter medication, online searches and ask family for help than to visit a GP – which was often seen as a last resort by interviewees.

Case Study

Ana came to the UK last year. In her home country she was a professional having studied as a postgraduate. In the UK the only work she could find was in a chicken factory. Long shift patterns, physical work and long commute to the factory from Great Yarmouth often paying someone cash for a 'seat' in a crowded private car.

Six months after starting work in the factory Ana had her first 'breakdown'.

When asked how easy it was to access mental health services Ana told us it was 'Hard. Very Hard.'

'I knew I needed help, so I called the GP. I was so scared'. The GP Receptionist told Ana to calm down. Ana explained that she was afraid what was happening to her. She was told that someone would call her in 20mins. A man did call and talked with Ana and concluded the call by prescribing drugs which she could collect from the pharmacy in town the next day. Ana took the tablets for one week then stopped, found a new job and she thought everything was going to be OK.

Two months later, after her first Christmas away in the UK (which Ana found hard being away from family for the first time) Ana and her family caught COVID. They were ill but the isolation Ana found overbearing. Her husband was unable to start a new job because he has tested positive, causing money

worries. Ana realised she had hit crisis. 'It was horrible. We were all so unwell. It was so isolating. We had no one. Everything fell apart'. She contacted her GP who signposted her to Wellbeing Services.

The Wellbeing Service was all online. Ana found the only way to get support was to join a group and ask questions. She said that there are a lot of people in this group, she doesn't know who they are. If you ask questions someone picks up these questions in the chat and from there someone gets in touch with you. Ana told them she couldn't leave the house, she couldn't put a step outside her door. Ana told us that if you want to get support you have to insist 'I kept saying 'Help Me'. I was begging. If you don't then they leave you and maybe, maybe, they will call you in 3 months.' Ana described this as having to swing your way around the barriers and indifference within the Wellbeing Service.

'I had some knowledge of Mental Health and I knew I needed help. I understood what was happening to me and I knew I needed help and a diagnosis. I was really scared. I knew something was wrong. I had little English, but I did not give up. I cried, I begged. But I know I knew how to ask. Yes, it is hard. Yes, I cry a lot. Yes, I have a lot of issues, but I know I can get help here'.

Since calling her GP in January and getting a referral into Wellbeing Services Ana has had an appointment at the Northgate Hospital (referral took 5 months). She is now very positive about the support she has received from Northgate and at the JPH.

OV4T suggest that this is because of the clash between how GP services operate and how Travellers, Gypsies and Roma live. Clients who lived in settled accommodation (as opposed to those living roadside) had a better understanding of healthcare services. Those who did see a GP would often travel to see a GP they were familiar with, rather than see the closest one. Several reasons are listed, but it ultimately comes down to trust and understanding.

See, my doctor, my old mother was with his father when she had us, and then his son took over and we all stayed with him, because he know us and talk to us, so we understand what he is talking about. He is in Essex and us in Norfolk, I know it's a long way, but worth it because we trust him. Even my old man goes to him because he understands. -OV4T client

A&E was instead seen as the most straightforward way to access specialists or receive medication within these groups.

Navigating the NHS - How does healthcare work?

Understanding how the UK's health care system works is essential to access health care. - GYROS

All groups voiced that almost all of their clients have a poor understanding of how the system works and that this puts them at a disadvantage when seeking help. There is a general impression that the process for accessing services is too complicated, and that services themselves are too complicated once they have

access to them. OV4T noted that among both nomadic and settled communities they work with, there is little knowledge of why registering with a local GP is advantageous, that you can request a female GP, or that A&E departments can access patients' notes no matter where treatment is sought.

One group (The Bridge Plus+) referenced the 'fight' that their users feel is necessary when accessing NHS services. One client described how they had to "chase" a mental health worker for appointments, which left them feeling down.

There was a feeling among some groups that the language used to describe services (and professionals) was confusing. There is a lot of jargon. GYROS reported that among their clients there is little understanding of what 'wellbeing' is. For some, being referred into a service called 'Wellbeing' for what they see as a chronic and frightening mental health condition was inappropriate. Many reported clients are unable to understand the terms being used when referring into services. For example, if a client was referred to group therapy, they often could not choose the appropriate group as they understood what was wrong with them but didn't know what to pick from the available options (Anxiety, etc.). The job titles of professionals were also noted as being confusing.

"Everyone who had accessed mental health services had gone through their GP at a point of crisis. They were then offered prescription drugs (to collect at pharmacy) and referred into Wellbeing Services. From this point most had no idea what was happening and didn't successfully engage." -GYROS

GYROS clients voiced that they felt drugs were often too readily prescribed – sometimes without being seen in person. Often, clients were not sure what the drugs were for. They also felt they were left with the drugs for too long before a check-up was made. Furthermore, when given a formal diagnosis, clients were often unsure of what to do and what this meant in reality.

Accessibility - What are the barriers?

'At home life is a race to survive. Here life is not a race. I see I can get what I need here, it's more about knowing how to access it'- GYROS Client

Unsurprisingly, language was identified as a barrier by groups working with refugees and forced migrants (The Bridge Plus+ New Routes Integration and GYROS). As with GPs, observations on interpretation and translation services offered by the healthcare system are incredibly diverse, ranging from high praise to complete condemnation. There is only one mention across the reports of difficulty accessing interpretation/translation in the first instance, but reports broadly show that problems tend to arise after this point of initial contact.

"I went once with a friend [to interpret] and now I get asked to do it all the time. They don't want to pay" – GYROS client

GYROS raised the point that Portuguese interpreters are often not appropriate for their clients, as they will book a Brazilian speaker who cannot communicate with the client at all. They also criticised the quality of interpretation, especially when it came to conveying specific information around

symptoms. Their clients also highlighted problems with translation when accessing the wellbeing service. Clients find it difficult to access this support unless they have a friend who is willing and able to translate for them, as it is all in English and ongoing engagement is required. Additionally, GYROS notes that it is sometimes inappropriate for family and friends to act as translators for what is seen as a very personal problem. The implied risk is that people will be dishonest when discussing their mental health needs to protect their relationships with their friend/family member who is interpreting. They also point out that some of their clients are not literate, even in their native language.

Case Study

'I have a friend who is in the smoking cessation service. She doesn't speak English so she couldn't access it without me. I talk to her so that when they call, I can give them an update on her progress and get the patches and prescriptions released. She wouldn't be able to access this service without me'. -GYROS user



GYROS

You cannot access anything without English. -GYROS Client

Among those who can speak English, cultural differences still presented a barrier due to a perceived lack of understanding from healthcare professionals. OV4T states this leads to travellers choosing GPs they feel are knowledgeable about their way of life and whom they view as sympathetic. GYROS, who work with migrants from a wide range of backgrounds, report that some of their clients feel

they do not have the “same right to access services in the UK which British citizens have” due to the hostility they face in their day-to-day lives, but also perceive this in some healthcare settings. One client of The Bridge Plus+ said: “Too many of us have been let down by these services that are supposed to be equal, fair and impartial”.

They are very friendly at the JPH – because I can speak English. They are smiling, polite, welcoming. But then I see a Roma family who come in and they get nowhere because they can’t speak English. – GYROS Client

Another commonality is a fear of approaching services. OV4T note that many fear that if their clients “admit they have mental health needs”, social services will take their children into care. They state that the racism, discrimination and violence experienced by their clients gives them “mistrust of mainstream society and the support services they offer”. GYROS note that clients are often afraid to speak up about problems they experience due to a fear that care will be withdrawn or they will be prejudiced against if further care is required in future. Communications with services also prove to be a barrier, with GYROS identifying the use of the phone as a particular challenge, as their clients do not trust people who phone because of “where they [the client] come from”.

There were also more practical barriers. Working patterns were identified as an issue when accessing services, as most operate ‘9 to 5’. Working patterns within NHS services limit the client’s ability to attend appointments or make use of facilitated wellbeing or similar services. Similarly, phoning GP surgeries or services to request appointments was also identified as a barrier to accessing care, especially when expectations of people phoning in at certain times (e.g. 8 am) were concerned.

In a similar vein to this, Gypsies, Travellers and Roma face difficulties accessing ongoing services for long-term conditions due to nomadic lifestyles.

Digital barriers were also referenced. While some of this was directed at not having access to devices or being unsure of how to use computers/phones generally, accessibility issues previously presented (having to have someone translate, not being sure of jargon, etc) were simply replicated when it came to digital provision. New Routes Integration noted the frequent use of technology to access medical information for self-diagnosis and research, however, as did OV4T.

Examples of Good Practice

Groups gave limited examples of good practice. This is not to say that all clients only have negative experiences when using or accessing services, but rather that praise is often delivered alongside some valid criticisms.

GPs are often praised for their sympathy and understanding, as seen in the above analysis. Interactions with frontline staff are highly important, and when clients

feel like they are being taken seriously and are dealt with promptly by someone who understands them, they feel more reassured. Efforts made at this first point of contact are often appreciated.

Language barriers are an immediate stumbling block, so any measures taken to mitigate this is praised.

Some people told us that when they call their GP for an appointment they just say 'Portuguese' and the call is put through to a Portuguese speaker. – GYROS

Online wellbeing services were reported as being beneficial by GYROS clients. GYROS stated: "An important factor seemed to be that people felt 'they were not alone'. For those able to access the online wellbeing it was a huge relief to know that they are not alone."

Recommendations

All groups came up with ideas of how services could be improved for their users around the 4 key themes identified in the Analysis:

- Stigma around mental health;
- General Practitioners (GPs);
- Navigating the NHS, and;
- Accessibility.

Tackling stigma

Key learning:

- Things are improving, but it's hard to know how to help.

Groups generally did not make recommendations about tackling the stigma around mental health within their communities. OV4T explicitly references that men are especially hard to reach due to gender expectations, but was unable to offer any solutions. There is a general impression among groups that things are improving and that people are more open to discussions around mental health.

Talking to GPs

Key learnings:

- Accessing a GPs is the gateway to further assistance, and;
- GPs need to be conscious of the client's feelings and circumstances.

GPs are regarded as a key entry point, and the clients' experience when accessing GP is hugely important.

There were few reports of GPs (or other primary care workers) making clients feel discriminated against, but GYROS suggests that conscious and unconscious bias training would be

welcomed. Feeling listened to and appropriate treatment is also desired. Clients often only go to seek help when in absolute crisis. A 'right help at the right time' approach could be considered.

Furthermore, GYROS highlight that GPs are not always aware of low literacy – even in a client's native language – can be a barrier, so more awareness of general illiteracy would be welcomed.

Case Study

"I stopped going to my GP unless I feel that I have reached an all-time low and I desperately need help. My GP doesn't listen, I feel like I'm another patient and they need to see X amount of patients in that day. They don't listen, they just write me a prescription to get me out of the door". -The Bridge Plus+ client

Accessibility: the language barrier

Key learnings:

- Fear of possible discrimination makes people hesitant to access support;
- Interpreters must be provided consistently, and;
- Friends and family should not be expected to translate.

Experiences of discrimination are common in the day-to-day lives of the groups in this project. If they perceive these experiences in healthcare settings, trust in services can be eroded. People in these communities lead precarious lives because of their status in society. They must be able to approach services without fear of being 'turned over' to the authorities.

Access to good quality interpretation and translation services was identified by two groups as lacking. It has been indicated that interpreters are not being provided when accessing ongoing services, rendering them pointless; if a client cannot understand what is being said in an online wellbeing group there is little use in their attendance. Providing interpreters for ongoing therapies is therefore essential.

Among healthcare providers, it was felt that there is an expectation that friends and family will be happy to help translate. This is seen as very unprofessional and unhelpful by clients, who expect to have a translator.

Interpreters may also benefit from training on how to better relay clients' medical problems to practitioners.

Navigating the NHS

Key learnings:

- Printed materials in target languages are needed,
- VCSE organisations are well-placed as community connectors, and;
- The names of roles and services need to reflect what those roles and services are.

It was universally agreed by groups that their clients had little understanding of what services existed, what they were for, and how they could be accessed. Several groups call for printed materials in a variety of languages to be made available. These leaflets should relate to the services offered by GPs and the NHS more broadly, and New Routes Integration clients also suggested other places, such as hotels where asylum seekers arrive or community venues. New Routes Integration referenced clients' desires for more printed information in target languages about services they currently accessing or could access. OV4T also identified printed material as being useful for nomadic communities who have no specific regional connection and could use this information as a self-help tool to familiarise themselves with what to expect when seeking different types of healthcare.

Most groups highlighted their own involvement in helping clients access NHS services and their role in supporting wellbeing for low-level and emerging mental health-related problems. The Bridge Plus+, GYROS and New Routes Integration all drew attention to their trusted relationship with clients, and their ability and desire to act in a 'community connector' type role.

“[The Bridge Plus+] find solutions when you think there is no solution”- The Bridge Plus+ client

Job titles and the names of services were also seen as a barrier because they lack clarity. Simplification of this was recommended by GYROS.

Other recommendations

Key learnings:

- Digital solutions simply replicate the problems of face-to-face services,
- More flexibility is needed when accessing care, and;
- Systems for accessing care require streamlining.

There was little consensus on whether digital technologies could make positive improvements to services. Even though many from these communities can and do access health-related resources online, reports give the general impression that technology simply replicates the barriers already faced in the physical world of healthcare. Even if issues can be addressed, not everyone in these communities can readily access the technology required to participate in online

activities. One client at New Routes Integration praised the way health information was delivered during covid: "They could email or text us information like they did with Covid. There are many times I could have used help but didn't know about help. I think it would overcome the shame if these services approached people instead of the other way around."



New Routes Integration

Other practical recommendations were made. The flexibility of services, especially around times for booking and attending appointments, was seen as necessary – especially when contacting GP surgeries.

Systems for accessing and participating in services were also seen as over-complicated, so some streamlining or simplification of systems may be beneficial.

Case Study

"I have severe mental health problems/illness so I have got a lot of experience talking to health care staff about my issues. I speak to my GP and I have a mental health nurse. Yes it helps and I have treatment. What is not so good is: staff are not always good at communicating, it doesn't go deep enough, it feels rushed. The mental health nursing team is short staffed therefore they are too busy and don't have enough time for patients. For example, I had no contact for 5 months this year, but otherwise my Mental Health nurse is good. Other services like the Samaritans - they listen well but can't really help in other ways. The system [mental health services] is too complicated". - The Bridge Plus+

Notes

These surveys were conducted during and shortly after prolonged periods of lockdown, so some reflections where non-in-person services are referenced may require further investigation.

Feedback from groups demonstrates that discussions around accessing mental health and wellbeing services often drifted into discussing the health services more broadly, so these learnings could be applied more broadly.



New Routes Integration



Together, Norfolk shines brighter

Find out more or get in touch

-  www.norfolkfoundation.com
-  01603 623958
-  Shinebrighter@norfolkfoundation.com
-  5th Floor St James Mill, Whitefriars, Norwich, NR3 1TN



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