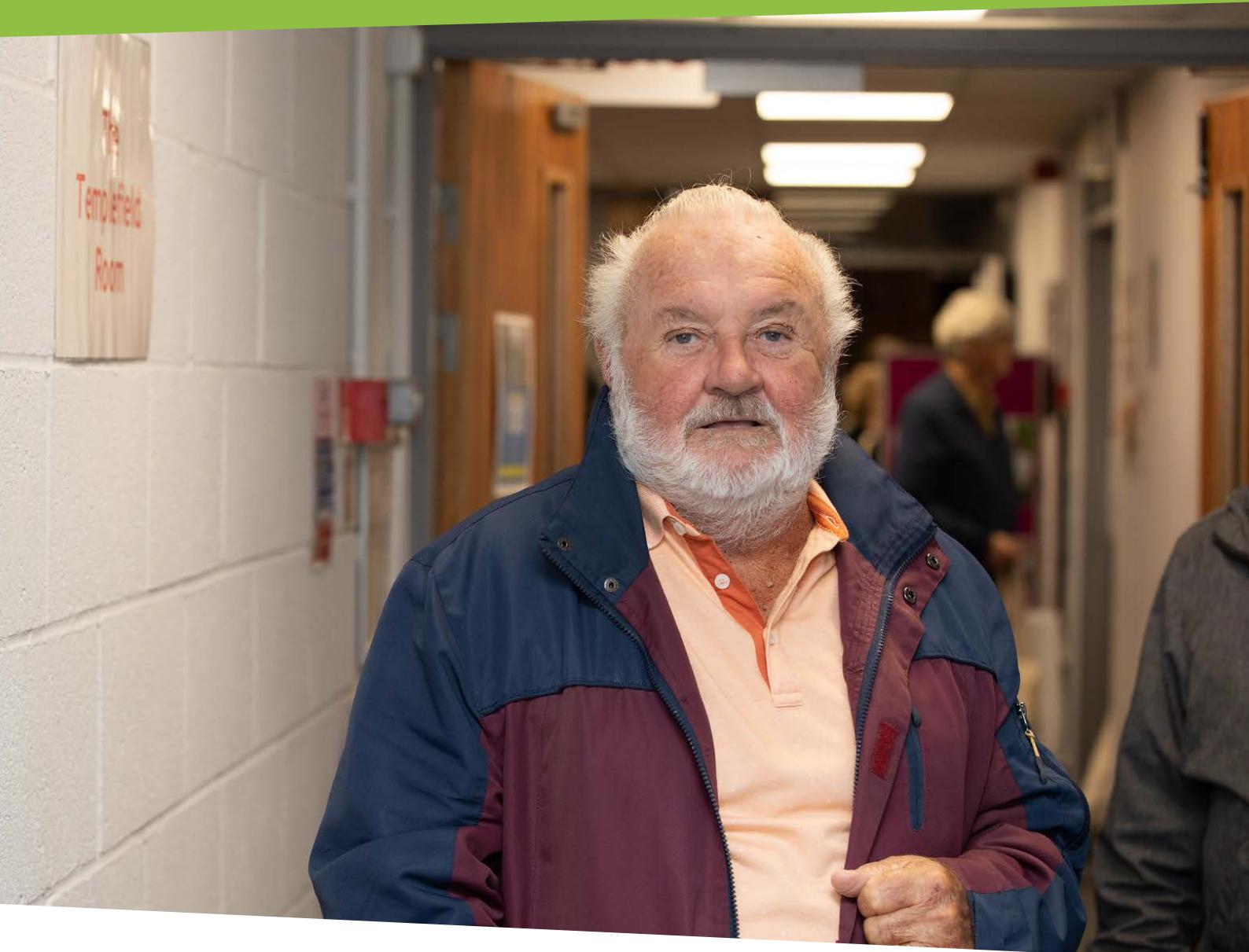




# Impact report: Improving NHS Community mental health services in Birmingham

October 2024



# Executive summary

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has improved access and re-entry to community mental health services, giving patients greater control over their care, following Healthwatch Birmingham's 2024 report *Experiences of NHS Community mental health services in South and East Birmingham*.

BSMHFT has made improvements so that people with mental illnesses or concerns should be able to:

- access services when they need and move through the system more easily.
- get the help they need when they see someone from the community mental health team.
- know who is responsible for their care and who to contact when experiencing a mental health crisis.
- receive support while waiting for assessments or their first appointment.
- have a care plan for personalised care.

## Key outcomes

- Active recruitment to the Community Mental Health Team (CMHT)/Neighbourhood Mental Health Team (NMHT) has reduced the vacancy rate to 16% resulting in a reduction of 14% in the numbers waiting for CMHT assessment between February and August 2024.
- 10% reduction in individuals waiting over 10 weeks for NMHT.
- Decrease in individuals waiting longer than 40 weeks for talking therapy from 341 in August 2023 to 0 as of July 2024.
- Waits for first contact have been reduced from 13 weeks in June to 9 weeks in August.
- Developed guidance for clinicians to better manage cancellations of appointments ensuring that there is a review of cases by clinicians before and after cancellations.
- Increased the collection and analysis of feedback from FFTs and PALS contacts which are informing practice. 59 FFT responses received by April 2024 – 80% are positive and 12% negative.
- Introduced meet and greet staff to welcome service users to community hubs and help identify any issues they might have.
- Introduced DIALOG+ a collaborative and needs led care planning tool. Also focuses on 11 key areas of day to day living such as employment, housing, and relationships. Monthly audits of care plans are being carried to monitor standard and quality.
- Since February 2024 the number of DIALOG+ plans for service users on a Care Programme Approach (CPA) has increased from 358 to 886 and from 113 to 236 for those on Care Support.
- Introduced health passports and buzz cards to improve service user access to information about their care and key points of contact including emergency contacts.
- Introduced Support Time Recovery workers into CMHTs who work closely with our service users and VCFSEs to support in accessing and signposting to support for a range of social needs that can impact on mental health.
- 76.6% of BSMHFT staff have undertaken the Oliver McGowan training<sup>1</sup> after it was made mandatory early 2024. 68% of those trained are from Birmingham Healthy Minds and 74.6% from Older Adult Community Services.

<sup>1</sup> Mandatory training for all health and social care staff working with people with a learning disability and autism.



## Introduction

The 2024 Healthwatch Birmingham report [Experiences of NHS Community mental health services in South and East Birmingham](#) highlighted the challenges and barriers people face when accessing NHS community mental health services, based on feedback from nearly 100 people who had used or attempted to access these services.

The report revealed varied experiences of NHS community mental health, with some positive feedback regarding awareness of available services and support. However, the report identified issues around:

- Quality of service: 49% rated NHS community mental health services as poor or very poor
- Waiting times: 22% waited 3–6 months for a first appointment following referral.
- Over-reliance on prescription medication: 57% received prescription medication compared to only 19% that received talking therapy.
- Consistency of care: 46% could not contact the service to get the help they needed.
- Care planning and review: 59% did not have a care plan.

While just over half the people who shared their experiences said they were treated with kindness, dignity and respect by community mental health services, they also told us about the improvements they would like to the care they received. These included:

- Improved access to appointments and reduced waiting times for treatment.
- Reviews after treatment and re-referrals for people if more support is needed.
- Personalised care and support following a discussion with people about their needs.
- Good care plans.
- An offer of more than just medication.

## Progress and outcomes

In response to our report findings, BSMHFT provided Healthwatch Birmingham with an action plan outlining how the Trust would tackle the issues identified. Planned improvements included:

- Collaborative care planning ensuring that all discussions will be done jointly with service users to address their needs.
- Meet and Greet staff to support service users when they attend community hubs for their appointments.
- Clear guidance for managing appointment cancellations, so individuals are contacted to be told why their appointment has been cancelled and when their rescheduled appointment will occur.
- BSMHFT has improved community services by focusing on offering more patients a course of treatment, defined as two or more treatment contacts. The Trust has developed a suite of reports to monitor progress and identify missed opportunities for more than one contact of treatment. Regular data dives are being conducted to identify residual issues and address them promptly. Additionally, a rolling staff recruitment program means that BSMHFT is on course to being fully staffed.

The Trust's full report on improvements can be found in the Appendix and changes are summarised below.

### Improved quality of access (e.g. waiting times, quantity of sessions, mode of access and support while waiting)

- Fortnightly internal review meetings of waiting times are taking place. Further monitoring has been established through the inclusion of the Neighbourhood Mental Health Teams (NMHT) who are capturing access data at the front door.
- Enhancing access by recruiting to the Community Mental Health Teams (CMHT) and NMHTs. This has resulted in a reduction in the vacancy rate which currently stands at only 16% vacancy in NMHTs across various clinical roles. Adverts are out for recruitment to further reduce this.
  - This has resulted in a reduction of 14% in total numbers awaiting CMHT assessments between February and August 2024.
  - There has been a 10% reduction in those waiting over 10 weeks for NMHT assessments.

### Improved access to talking therapies

- Access to Birmingham Healthy Minds (BHM) is advertised widely through the Trust, BHM social media, GP bulletin, electronic flyers and leaflets to GP practices, leaflets to colleges (on SCCB Moodle) and universities.
- CMHTs are working to improve first contact waiting times, with the current wait reducing from 13 weeks in June to 9 weeks in August.
- The BHM offer has also been incorporated into the Psychological Service Index, which will be digitalised for GPs and service users.
- This has had a positive impact on waits for talking therapy with a steady decrease in individuals waiting longer than 40 weeks. In August 2023 there were 341 individuals who had been waiting for over 40 weeks for CBT. As of July 2024, no one has been waiting longer than 40 weeks for CBT.
- Initial appointments are now offered within 3-4 weeks of referral.

## Quality of appointment (e.g. being disbelieved, feeling rushed, and cancelled appointments)

- Feedback from the report was shared with CMHT clinicians for reflection. The Trust is encouraging service users to complete FFTs and contact PALS. Information of FFTs and PALS is analysed and used to inform practice.
- Introduced meet and greet staff to welcome service users to community hubs and help identify any issues they might have.
  - Impact - since 01/04/2024, Birmingham Healthy Minds has received 59 FFT responses, with 80% of these being positive and 12% negative. We review the feedback on a weekly basis in order to continually improve our service.
- Guidance for clinicians has been developed to better manage cancellations of appointments ensuring that there is a review of cases by clinicians before and after cancellations.

## Quality of treatment (e.g. overreliance on prescription medication and strategies or activities offered)

- The introduction of DIALOG+, has ensured that care planning is collaborative, and needs led. This includes agreeing strategies for accessing community assets and other therapies that may help service users.
- DIALOG+ adopts a solution focused approach that incorporates the Recovery Model (focuses on 11 areas of day to day living such as employment and relationships). Conversations around the care plan are now carried out between service users and clinicians, especially around their areas of need.
- Monthly audits of care plans are carried out to monitor standards and quality. Clinical Supervision discussions take place for all care plans that fall below expected standards. Training for medical staff on DIALOG+ is also being undertaken.
- A DIALOG+ copy of the care plan is shared with service users outlining discussions and summary of any reviews carried out.
  - Since February 2024 the number of DIALOG+ plans for service users under a Care Programme Approach (CPA) has increased from 358 to 886 and from 113 to 236 for those under Care Support.
- The Trust is supporting staff at BSMHFT to undertake the Oliver McGowan training which will be implemented over the next two years. Level 1 training is for all staff, level 2 is directed towards clinical staff and level 3 is for individuals who are working closely with service users with a Learning Disability and Autism (LDA) diagnosis.
  - This training was introduced as Mandatory earlier this year and the current compliance across the Trust with this training is 76.6%
  - Talking Therapies - Currently 112 out of 164 BHM staff have completed the Oliver McGowan L1 e-learning training.
  - 74.6% of staff from Older Adult Community Services have completed the training.

## **Consistency and continuity of care (e.g. relationship continuity, knowing who to contact and access to Community Psychiatric Nurses)**

- All service users at first contact are given contact details of their allocated team and duty. Information about points of contact and duty numbers are put in a letter which is given out to service users. This includes who to contact during and out of hours.
- Service users are given copies of their DIALOG+ care plans which clearly identify who will be supporting with their needs and how to access services.
- Introduction of health passport/Buzz card information will also have emergency or important information for service users.

## **Care planning and review (numbers of people having a care plan and how well it captures people's needs)**

- Shared findings from Healthwatch Birmingham's study with clinicians around the need for personalised care and we are ensuring that this is key when delivering care to patients.
- The introduction of quality audits and DIALOG+ care planning will ensure that discussions are done jointly with service users and their views inform treatment/care.

## **Support with health and wellbeing (e.g. physical health, money, work, housing, relationships, trauma, abuse and addiction)**

- Introduced Support Time Recovery (STR) workers into our CMHTs. The STR workers work closely with our service users and VCFSEs to support in accessing and signposting to support for a range of social needs that can impact on mental health.
- Working with a variety of Voluntary Community Faith and Social Enterprise (VCFSE) organisations to provide a varied offer to service users including support with housing, benefits and a range of social needs.
  - Running coffee mornings with Age UK offer psycho-educational sessions in an informal setting.
  - Partnered with Saathi House to offer workshops on mental awareness to women from a Bangladeshi background.
  - BHM has embedded employment advisors into its service to support service users to retain, return or gain employment.
- Service users offered support with employment by workers from Shaw Trust who are embedded within CMHTs.
- Reduce inequality and improve access to services by working with Local Neighbourhood Integrator teams who work with groups that are difficult to engage.
- Piloting Physical Health Connectors to support SMI service users with access to physical health support.

## Next steps

The changes BSMHFT has implemented should have a positive impact on patient outcomes and increase satisfaction with community mental health services. However, the experiences we continue to hear from service users are variable indicating that these improvements will take time to embed. Healthwatch Birmingham will continue to monitor the implementation of these changes. We believe when these improvements become embedded in the Trust's processes, patients will experience treatment and care that is patient focused and takes into account their needs and wider issues that might impact mental health such as physical health, finances, housing, and relationships. Most importantly, service users will remain more connected with their communities through various activities including employment support.

We will continue to listen to the experiences of Birmingham residents on the challenges they face when accessing NHS Community mental health services. We will continue to share this feedback with service providers to inform interventions and service improvement.

### You can share your experiences by:

- Visiting our online [Feedback Centre](#)
- Calling Healthwatch Birmingham on 0800 652 5278
- Emailing: [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)

## About us

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham and Healthwatch Solihull listen to and gather public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting services, our online Feedback Centres and through our community engagement activity led by staff and volunteers.

Read more about the work of [Healthwatch Birmingham](#).

## Appendix 1: BSMHFT full response

Birmingham and Solihull Mental Health NHS Foundation Trust provides a comprehensive health care service to those people living in Birmingham and Solihull who are experiencing mental health problems.

Our Trust was established as Birmingham and Solihull Mental Health NHS Foundation Trust on 1 July 2008. Prior to us becoming a foundation trust our organisation had been created on 1 April 2003 through the merger of the former North and South Birmingham Mental Health NHS Trusts, which included mental health services for Solihull.

We serve a culturally and socially diverse population of over a million, spread over 172 square miles, have an annual budget of in excess of £230million and a dedicated workforce of more than 4000 staff – making us one of the largest and most complex mental health Foundation trusts in the Country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

Our Adult Community Mental health services provide assessment, specialist support, treatment, and care planning for service users (aged 25+ in Birmingham and 16+ in Solihull) with functional mental health problems such as depression, personality Disorder and a range of psychotic mental illness such as bipolar disorder & Schizophrenia.

**Our older adult mental health services are predominantly for people aged 65** and care for people in the community with a range of mental health conditions, older peoples' community mental health teams (CMHTs) are a key component within a whole systems approach to providing high quality services to older people with mental health problems. Services are provided for two groups of older adults:

- Service users with a functional mental illness such as depression and psychotic illness, where their needs are best met with older people's specialist services,
- service users with dementia, including Alzheimer's, vascular dementia, and Lewy body disease.

The main function of both Adult & Older Adult CMHT is to provide a specialist integrated, whole systems, person centred, assessment, treatment, care planning, and ongoing management and information service, to service users and their carers living in their own home

or other community settings. The service's will work closely with the GPs and the Neighbourhood metal health teams other professionals to ensure robust holistic, recovery based care plan.

Across our services we strive to provide high quality care through:

- Comprehensive and co-ordinated community mental health services and effective treatments based on the best available evidence.
- A service which is safe for everyone
- Equality of access and experience for all actual and potential service users
- Care oriented to strengths and abilities while attending to difficulties and disabilities.
- Helping service users remain connected with their local communities.
- Providing purposeful, stimulating, and appropriate mental and physical activities.
- Integrated care pathway services where all the component services are co-ordinated
- Having in place robust evaluation and governance systems
- Supporting continued service improvement
- Multidisciplinary & multi-agency person centred holistic approach.

**Birmingham Healthy Minds is an NHS primary care psychological therapies service primarily for people with depression and anxiety symptoms.** To access this service people must be aged 16 or over and registered with a Birmingham GP. Talking therapies provide help for several common mental health problems such as depression & anxiety, stress, obsessive compulsive disorder, health anxiety and post-traumatic stress disorder Talking Therapies Provide a range of therapies and interventions including:

- Employment Support in Talking therapies
- Cognitive behavioural therapy (CBT)
- Trauma focused CBT
- Eye Movement Desensitization and Reprocessing (EMDR)
- Mindfulness group
- Compassion Focused Therapy (CFT)
- Interpersonal Psychotherapy
- Couples therapy (for depression)

NHS England have recently changed the key performance targets for NHS Talking Therapies Services, like Birmingham Healthy Minds. One of the changes is for services to focus on offering and delivering more patients a course of treatment. A course of treatment is defined as 2+ treatment contacts. Within BHM we have been working with current and new staff, raising awareness of the new target, as well as promoting the range of treatments that can be offered to patients and ensuring we are utilising capacity within the service so as not to increase waits. We have developed a new suite of reports that enable us to monitor progress and where opportunities are being missed for more than one contact, as well as regular deep dives into the data to ensure we fully understand any residual issues and address them promptly. We have embarked on a rolling programme of staff recruitment that is coming to fruition, and we are now on course to be fully staffed.

In addition to the number of courses of treatments offered, NHS England have added key performance targets for recovery. Recovery is measured by scores on the Patient Health Questionnaire (PHQ9) and Generalised Anxiety Disorder (GAD7) Measure, as well as some Anxiety Disorder Specific Measures. Patients are asked to complete relevant measures at every session and a person is said to be recovered if they score above the cutoff on at least one measure at their initial appointment and below the cutoff on two measures post treatment. Additional recovery calculations have been added to identify those patients whose scores on the measure decrease by a significant amount, but don't come below the cut-off and those whose scores decrease by a significant amount and come below the cut-off, giving services more information about how well patients are doing in treatment.

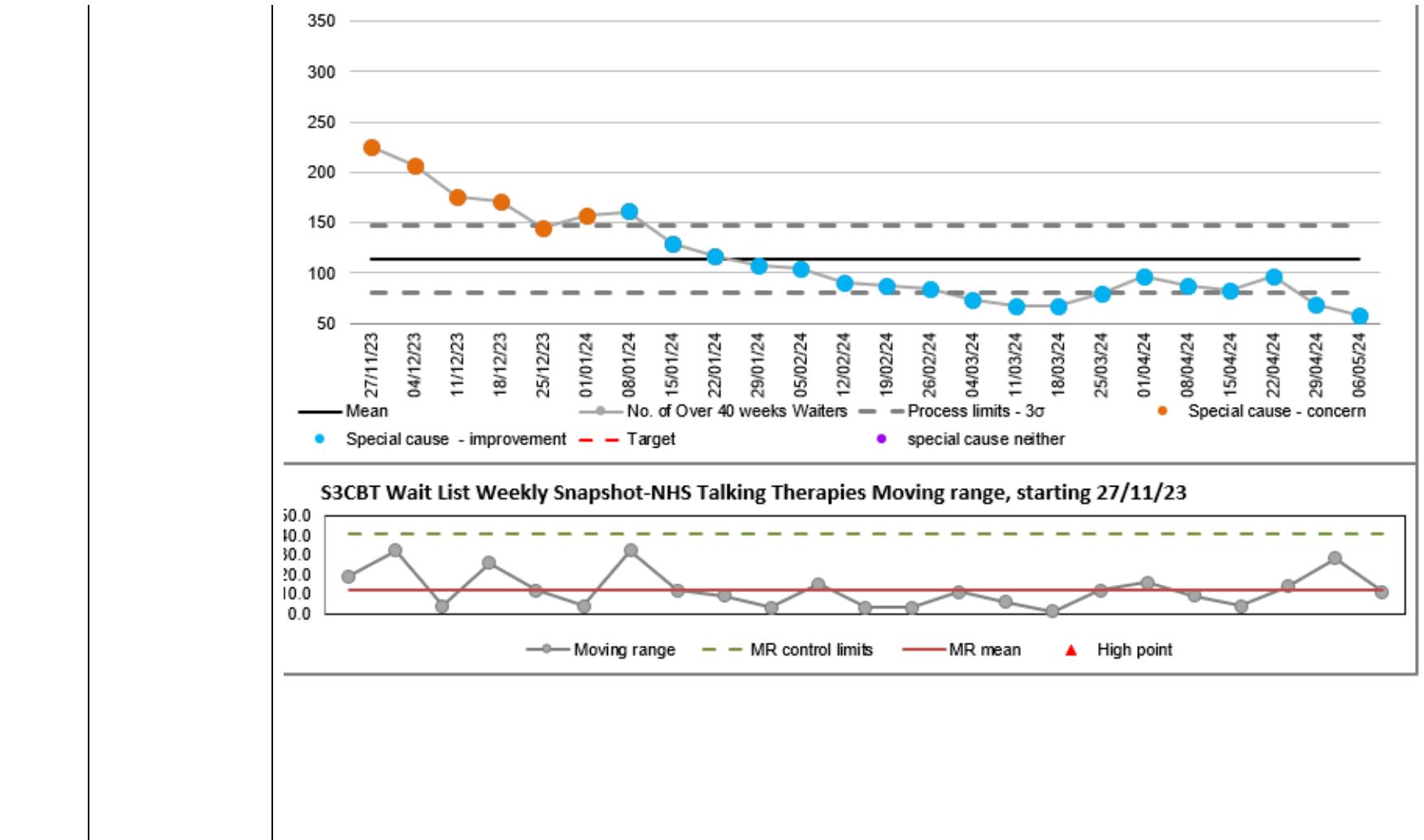
In increasing the number of courses of treatments offered, we have increased the number of patients whose scores are entered into the service's recovery figure. This has had the effect of reducing recovery in the service by 2 percentage points from the target. We are therefore working to understand how we can improve this score and have conducted a deep dive to this end. We have put on a series of presentations to inform staff about the findings from the deep dive and staff can access their individual recovery rates and these are also monitored to ensure that any issues, or gaps in training are identified and addressed promptly.

<b>Concern identified</b>	<b>Key question (s) from Healthwatch Birmingham to Birmingham and Solihull</b>	<b>Response and actions received from Birmingham and Solihull Mental Health NHS Foundation Trust</b>

<p><b>Mental Health NHS Foundation Trust</b></p>	
<p><b>How will the experiences shared in this report be used by the Trust to improve NHS community mental health services across Birmingham, with regards to:</b></p>	
<p>Quality of access (e.g., waiting times, quantity of sessions, mode of access, and lack of support while waiting for appointments ).</p>	<p>What action (s) will the trust take to ensure that the quality of access has improved and how will the trust demonstrate that change has taken place? (e.g., what will be put in place to assess the appropriateness</p> <p><b>CMHT Adult &amp; Older Adult (dementia &amp; Frailty) &amp; Talking Therapies</b></p> <p>Waiting times differ across the three services surveyed. To improve access to adult &amp; older adult CMHTs a programme of work has been underway over the past 2.5 years with investment from government being utilised to develop Neighbourhood Mental Health Teams (NMHT) who are the first point of access to CMHT. Over the past 12 months since these teams have gone live, they have seen over 20'000 people, the majority being seen within 1-4 weeks.</p> <p>To ensure that we are managing our waits and service users are not waiting longer than they should, the senior leadership team meet fortnightly to review each teams waiting lists and follow up on actions from this meeting to ensure we are being as efficient as is possible with our appointment slots.</p> <p><b><u>Adult CMHT August Update:</u></b></p> <p><b>We continue to review the waiting times across all areas of the pathway (Community Mental Health Wellbeing Service), this internal review meeting takes place every fortnight. In addition to this monitoring, we have introduced further monitoring through the Neighbourhood Mental Health Teams to track access right at the front door.</b></p> <p><b>We have included the current waiting time data (accurate as on 14/8/24) for CMHTs- There has been a reduction of 14% in total numbers waiting assessment between 06-Feb and 12-Aug. There has been a reduction of 10% reduction in those waiting over 10 weeks for NMHTs - There has been a 5% in total numbers waiting assessment between 06-Feb and 12-Aug.</b></p> <p><b>We have further invested in these teams in the last financial year to provide further resource for these 18+ teams, in the NMHT we currently have a vacancy rate of 16% across a range of clinical roles, recruitment is ongoing with posts out to advert.</b></p>

		<p><b>Talking Therapies</b>, we advertise access to Birmingham Healthy Minds service in a variety of different methods, to ensure it is an inclusive offer to all. We advertise through the Trust and BHM social media, GP bulletin, electronic flyers and leaflets to GP practices, leaflets to colleges (on SCCB Moodle) and universities. We have also inputted into the Psychological Service Index that is about to be digitalised and will be accessed by GPs for services to refer on to, as well as service users.</p>																																																																																																																																																																															
	<p>s of mode<sup>1</sup> of access or how many patients have received support whilst they are waiting for appointments?)</p>	<p>Initial appointments are offered within 3-4 weeks. Waits for therapy are variable depending on what intervention is required. The wait for Low intensity is within the national waiting time for access to treatment. High intensity also comes within the national waiting time apart from CBT interventions which is above 18 weeks. Further actions to address the CBT waits are in place since July 2023 and is showing to have a positive impact on the wait time.</p> <p><b>S3CBT Wait List Weekly Snapshot-NHS Talking Therapies starting 19/06/23</b></p> <table border="1"> <caption>Estimated data for S3CBT Wait List Weekly Snapshot</caption> <thead> <tr> <th>Date</th> <th>Mean</th> <th>Process limits - 3σ</th> <th>No. of Over 40 weeks Waiters</th> <th>Special cause - improvement</th> <th>Special cause - concern</th> <th>Special cause neither</th> </tr> </thead> <tbody> <tr><td>19/06/23</td><td>280</td><td>280</td><td>275</td><td></td><td></td><td></td></tr> <tr><td>26/06/23</td><td>280</td><td>280</td><td>280</td><td></td><td></td><td></td></tr> <tr><td>03/07/23</td><td>280</td><td>280</td><td>280</td><td></td><td></td><td></td></tr> <tr><td>10/07/23</td><td>280</td><td>280</td><td>290</td><td></td><td></td><td></td></tr> <tr><td>17/07/23</td><td>280</td><td>280</td><td>285</td><td></td><td></td><td></td></tr> <tr><td>24/07/23</td><td>280</td><td>280</td><td>290</td><td></td><td></td><td></td></tr> <tr><td>31/07/23</td><td>280</td><td>280</td><td>295</td><td></td><td></td><td></td></tr> <tr><td>07/08/23</td><td>280</td><td>280</td><td>300</td><td></td><td></td><td></td></tr> <tr><td>14/08/23</td><td>280</td><td>280</td><td>300</td><td></td><td></td><td></td></tr> <tr><td>21/08/23</td><td>280</td><td>280</td><td>330</td><td></td><td></td><td></td></tr> <tr><td>28/08/23</td><td>280</td><td>280</td><td>335</td><td></td><td></td><td></td></tr> <tr><td>04/09/23</td><td>280</td><td>280</td><td>335</td><td></td><td></td><td></td></tr> <tr><td>11/09/23</td><td>280</td><td>280</td><td>330</td><td></td><td></td><td></td></tr> <tr><td>18/09/23</td><td>280</td><td>280</td><td>330</td><td></td><td></td><td></td></tr> <tr><td>25/09/23</td><td>280</td><td>280</td><td>325</td><td></td><td></td><td></td></tr> <tr><td>02/10/23</td><td>280</td><td>280</td><td>280</td><td></td><td></td><td></td></tr> <tr><td>09/10/23</td><td>280</td><td>280</td><td>275</td><td></td><td></td><td></td></tr> <tr><td>16/10/23</td><td>280</td><td>280</td><td>270</td><td></td><td></td><td></td></tr> <tr><td>23/10/23</td><td>280</td><td>280</td><td>265</td><td></td><td></td><td></td></tr> <tr><td>30/10/23</td><td>280</td><td>280</td><td>270</td><td></td><td></td><td></td></tr> <tr><td>06/11/23</td><td>280</td><td>280</td><td>275</td><td></td><td></td><td></td></tr> <tr><td>13/11/23</td><td>280</td><td>280</td><td>265</td><td></td><td></td><td></td></tr> <tr><td>20/11/23</td><td>280</td><td>280</td><td>260</td><td></td><td></td><td></td></tr> <tr><td>27/11/23</td><td>280</td><td>280</td><td>255</td><td></td><td></td><td></td></tr> </tbody> </table>	Date	Mean	Process limits - 3σ	No. of Over 40 weeks Waiters	Special cause - improvement	Special cause - concern	Special cause neither	19/06/23	280	280	275				26/06/23	280	280	280				03/07/23	280	280	280				10/07/23	280	280	290				17/07/23	280	280	285				24/07/23	280	280	290				31/07/23	280	280	295				07/08/23	280	280	300				14/08/23	280	280	300				21/08/23	280	280	330				28/08/23	280	280	335				04/09/23	280	280	335				11/09/23	280	280	330				18/09/23	280	280	330				25/09/23	280	280	325				02/10/23	280	280	280				09/10/23	280	280	275				16/10/23	280	280	270				23/10/23	280	280	265				30/10/23	280	280	270				06/11/23	280	280	275				13/11/23	280	280	265				20/11/23	280	280	260				27/11/23	280	280	255			
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<sup>1</sup> e.g., telephone, face-to-face etc



		<p><b><u>Older Adult CMHT August Update:</u></b></p> <p>Current waiting times for first contact within the CMHT is 9weeks which is a reduction from 13 weeks in June. Work has taken place to look at specific teams where waiting times were particularly high to understand if this is a reporting issue or a team capacity issue. This work is continuing to show a positive impact.</p>
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<p>Quality of appointment (e.g., being disbelieved, feeling rushed, and cancelled appointments ).</p>	<p>What action will be taken, or strategies will be adopted to support patients and staff in order to improve their experience?</p>	<p><b>Adult &amp; Older Adult CMHT</b></p> <p>Service user experience and quality is paramount to BSMHFT. We encourage the completion of our Friends and Family Test and would encourage service users to liaise with PALS. Feedback supports us to address issues and improve services. We will ensure that we share the feedback in this report with CMHT clinicians so they can reflect on any time that they may have made service users feel rushed or disbelieved. We will continue to analyse feedback from patients to check that they are satisfied.</p> <p>We have introduced Meet and Greet staff to welcome service users to our community hubs. They will support service users when they attend for their appointments, and any issues identified can be addressed immediately.</p> <p>Clear guidance has also been developed for managing cancellations of appointments to ensure that before appointments are cancelled, these cases are reviewed by clinician and contact made with individual advising of rationale and when their rescheduled appointment will occur.</p> <p>We also ensure that all service users who attend appointments will receive copy of their care plan, and this will include discussions and summary of the review which occurred for their personal records.</p> <p><b><u>Adult CMHT August Update:</u></b></p> <p><b>In addition to the above continuing, we are now in the process of implementing DIALOG+ which is a patient centric care plan which focusses on the service user needs and adopts a solution focus approach incorporating the Recovery model. The plan focuses on 11 areas of day to day living i.e. Employment, Relationships etc. Service users are being taken through the plan and rather than being led by the clinicians it is based on a conversation with the service users about their areas of need. The plan is multidisciplinary in its approach and aims to bring all key partners together.</b></p> <p><b>We have attached some case studies which reflect how this is working in practice</b></p>
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		<p>The Friends and Family Test data below shows an individual example from the 4 teams which make up Birmingham Healthy Minds, South, West, East and North of positive feedback received.</p> <div style="display: flex; align-items: center;"> <div style="text-align: center;">  <b>Friends and Family Test (FFT)</b> </div> <div style="margin: 0 20px;">    </div> <div style="text-align: right;">  </div> </div>						
Team	Division	Overall, how was your experience of our service?	Please can you tell us why you gave your answer?	Please tell us about anything that we could have done better	When you have spoken with us did you feel that we have listened/you have been heard?	All communication to be published		
Bham Healthy Minds South	Primary Care	Very Good	I received all the help I required.	N/A		Yes		
Bham Healthy Minds West	Primary Care	Very Good	I spoke to one of your practitioners today to assess the most appropriate treatment plan for me. We discussed all my issues openly and frankly and they made me very much at ease whilst discussing personal issues. I am confident that the plan agreed upon is right	I don't think anything could have been better.	The practitioner was most attentive to the comments I was making and fed back to me the salient points.	Yes		
Bham Healthy Minds BEN	Primary Care	Good	They were very helpful in identifying what was wrong with me and how to help me move forward.	Nothing so far		Yes		
Bham Healthy Minds North	Primary Care	Very Good	The therapist was very understanding and patient listening to me	Everything was satisfactory	I felt safe being able to talk to a professional. It was very much needed	Yes		

<p><b>Talking Therapies</b> encourage the completion of the Friends and Family Test (FFT) and support service users to liaise with Customer Relation Team should they wish to make a formal complaint regarding the service.</p>					
<p><b>BHM from 01/04/2024 to date</b></p>					
Team	Division - Trust Wide	Total	Positive	Negative	Other
BHM North	Primary Care	13	62%	31%	8%
BHM South	Primary Care	25	100%	0%	0%
BHM West	Primary Care	16	75%	13%	13%
BHM East	Primary Care	5	40%	20%	40%
<b>BHM</b>	<b>Total</b>	<b>59</b>	<b>80%</b>	<b>12%</b>	<b>8%</b>

The data above shows that since 01/04/2024, Birmingham Healthy Minds have received 59 FFT responses, with 80% of these being positive and 12% negative. We review the feedback on a weekly basis in order to continually improve our service.

	<p><b>Percentage of those assessed completing assessment PEQ</b></p> <table border="1"> <thead> <tr> <th>CCG/Walkin Clinics</th> <th>Entering Treatment Month</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>BSOL</td> <td></td> <td>2%</td> <td>3%</td> <td>3%</td> <td>3%</td> </tr> <tr> <td>Total</td> <td></td> <td>2%</td> <td>3%</td> <td>3%</td> <td>3%</td> </tr> </tbody> </table> <p><b>Assessment Satisfaction</b></p> <table border="1"> <thead> <tr> <th>PEQ Assessment Results</th> <th>Response</th> <th>Completely Satisfied</th> <th>Mostly Satisfied</th> <th>Neither Satisfied nor Dissatisfied</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CCG/Walkin Clinics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BSOL</td> <td></td> <td>61</td> <td>23</td> <td>15</td> <td>99</td> </tr> <tr> <td>Total</td> <td></td> <td>61</td> <td>23</td> <td>15</td> <td>99</td> </tr> </tbody> </table> <p><b>1. Were you given information about options for choosing a treatment that is appropriate for your problems?</b></p> <table border="1"> <thead> <tr> <th>PEQ Assessment Results</th> <th>Response</th> <th>Yes</th> <th>No</th> <th>NULL</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CCG/Walkin Clinics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BSOL</td> <td></td> <td>92</td> <td>7</td> <td>0</td> <td>99</td> </tr> <tr> <td>Total</td> <td></td> <td>92</td> <td>7</td> <td>0</td> <td>99</td> </tr> </tbody> </table> <p><b>2. Do you prefer any of the treatments among the options available?</b></p> <table border="1"> <thead> <tr> <th>PEQ Assessment Results</th> <th>Response</th> <th>Yes</th> <th>No</th> <th>NULL</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CCG/Walkin Clinics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BSOL</td> <td></td> <td>80</td> <td>19</td> <td>0</td> <td>99</td> </tr> <tr> <td>Total</td> <td></td> <td>80</td> <td>19</td> <td>0</td> <td>99</td> </tr> </tbody> </table> <p><b>3. 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		<p>Moreover, initial service letters sent to patients regarding their assessment appointment will contain the expected duration time of the appointment so that patients are made aware prior to attendance. Ongoing therapy letters will also contain duration of appointments. We work person centred to find out the preference of the individuals' method of contact, which may also include, telephone or email.</p> <p>We are committed to minimising trust cancellations. In the case of assessment appointment and in the event of the staff member being unable to do the appointment we endeavour to reallocate the appointment to another staff member at the same time and day to avoid disruption to the patient.</p> <p>Trust cancellations are at times unavoidable due to unplanned absence of a staff member who was scheduled to do a treatment appointment. When this occurs, the patient is immediately contacted by administrative staff to apologise and inform them of this and to assure them that they will be rebooked as soon as their therapist becomes available. In the event of prolonged staff absence, the patient will be offered the options of either waiting for the therapist to return or to be reallocated to another therapist.</p> <p><b><u>Older Adult CMHT August Update:</u></b></p> <p><b>We continue to monitor the recent staff vacancy issues within Solihull and the impact of appointment cancellations. South OA CMHT have commenced a QI project to reduce the DNA rates within the OPC and physical health clinics as this is impacting on appointment availability.</b></p>
Quality of treatment (e.g., overreliance on prescription medication, and strategies or activities offered).	How will the trust improve the number of patients who receive support that is personalised, and user led with clarity on the support they will receive? How	<p><b>Adult &amp; Older Adult CMHT</b></p> <p>With the introduction of DIALOG+ collaborative, needs led, care planning tool, we are ensuring that all discussion will be done jointly with the service users will address their needs. This will include strategies for access community assets and other therapies that may help</p> <p>We audit our care plans on a monthly basis to monitor the standard and quality of the care plans. This process also ensures that the care plans are completed in collaboration with the service users and that service users receive copies of their DIALOG+ care plan.</p> <p>If there are care plans that fall below the expected quality standard the Team Manager/Clinical Lead will support the staff to ensure that interventions for the service user are being undertaken</p>

	will you know that this has been achieved?	<p>From the feedback/results received through the Friends and Family Test, service user surveys, feedback from PAL's and the patient experience team we will continue to improve our services</p> <p><b><u>Adult CMHT August Update:</u></b></p> <p><b>Above activity continues along with the DIALOG+ roll out</b></p> <p><b>We have attached the latest data regarding the number completed, in summary: The total number of DIALOG+ plans for those patients under for CPA has increased from 358 to 886 since Feb 24</b></p> <p><b>The progress has been less significant with Care Support with an increase from 113 to 236, however we are starting to incorporate the use of DIALOG into our outpatient clinics. We are currently training our Medical Colleagues to use this approach</b></p> <p>In <b>Talking therapies</b>, a decision is reached, about the intended intervention, with the patient.</p> <p><b><u>Older Adult CMHT August Update:</u></b></p> <p><b>Solihull OA CMHT Occupational therapy team are facilitating a Recovery through activity group.</b></p> <p><b>'A program to explore the value of activity for wellbeing'</b> It promotes discussion and the practise of lifestyle choices that can better your occupational and health needs. The 2<sup>nd</sup> cycle of the course is about to commence and are compiling feedback from services users for an impact report.</p> <p>We continue to host the Older Adult wellbeing events in conjunction with International Older people's day. The next event will be based in the East of Birmingham the aim of the event is to promote positive mental health and wellbeing services and activities to the over 65's with the local area.</p>
Consistency and continuity of care (e.g., relationship continuity, knowing who to contact, and access to	What action will you take to increase the number of patients who have consistent and continuity of care? (e.g., are	<p><b>CMHT Adult, Older Adult &amp; Talking Therapies</b></p> <p>All three services have clear and well-advertised points of contact and duty numbers should service users need to get in touch. CMHT now offer an extended duty service until 9pm each day including weekends and bank holidays.</p> <p>We will however work with our communications leads to explore any further ways in which we can advertise our services.</p>

<p>Community Psychiatrist Nurses).</p> <p>How will you improve the number of patients with access to Community Psychiatrist Nurses?</p>	<p>aware of their main point of contact, individuals responsible for their care etc)</p>	<p>All service users at first contact should be given contact details of the team and access to the duty system. We will address this with our adult CMHT's and ensure that this information is clearly put in a letter which can be given out to service users. This will include who to contact during and out of hours.</p> <p>Following assessment, if it is indicated that allocation of a community Psychiatric Nurse is required then we ensure a prompt allocation.</p> <p>Service users will be given copies of their DIALOG+ care plans which will clearly identify who will be supporting with their needs and how to access services. Within CMHT we operate a multidisciplinary care approach therefore patients are offered support to meet their required needs by most appropriate clinician with the appropriate skill set to deliver interventions.</p> <p><b><u>Adult CMHT August Update:</u></b></p> <p><b>The above activity continues, we have included a copy of the letters that are sent out by the NMHT's and CMHTs (the letter attached is for a test patient and not an actual patient) and information about additional resources and support</b></p> <p><b>Talking Therapies</b> do not have a duty service however in our correspondence we ensure that patients are aware of how to contact out of hours service if in crisis. Our telephone and online communications are also given.</p> <p> AppointmentLetter. pdf</p> <p><b><u>Older Adult CMHT August Update</u></b></p> <p><b>Attached is a copy of an initial draft of a health passport/Buzz card information to be used across the older adult division but wider discussions are to be held with social care and UHB regarding a BSol wide health passport/buzz card to be a recognised document across health and social care with emergency/important information on for services to be aware of.</b></p>
<p>Care planning and review (numbers of</p>	<p>How will the Trust increase the number of</p>	<p><b>CMHT Adult &amp; Older Adult (dementia &amp; Frailty) &amp; Talking Therapies</b></p>

<p>people having a care plan and how well it captures people's needs).</p>	<p>individuals with care plans, developed with the individual, and measure and report this.</p>	<p>We believe that care is personalised to the needs of the individual involved however we have fed the comments from the Health Watch survey to clinicians in the three services surveyed so they can reflect on the feedback and be mindful of ensuring personalised care in all cases going forward.</p> <p>As stated above our programme of quality audits will support us in the monitoring of this and enable to identify where improvements may need to be made. With the introduction of DIALOG+ care planning, we are ensuring that all discussion will be done jointly with the service users will address their needs.</p> <p><b><u>Adult CMHT August Update:</u></b></p> <p><b>In addition to the above work continuing, we are also now in the process of implementing DIALOG+ which is a patient centric care plan which focusses on the service user needs and adopts a solution focus approach incorporating the Recovery model. The plan focuses on 11 areas of day to day living i.e. Employment, Relationships etc. Service users are being taken through the plan and rather than being led by the clinicians it is based on a conversation with the service users about their areas of need. The plan is multidisciplinary in its approach and aims to bring all key partners together.</b></p> <p><b>Talking Therapies</b> As a primary care NHS Talking Therapies Service, delivering solely psychological interventions for common mental health problems, we don't write care plans in the way secondary mental health services do. Following assessment and collaborative decision making with the patient, we write them a letter (that is copied to the GP), outlining the treatment that has been offered to them, along with other information. These are not formal 'care plans' and so have not been audited as such.</p>
<p>Support with health and wellbeing (e.g., support with physical health, money, work, housing, relationships, trauma,</p>	<p>How will the Trust improve and measure the numbers of individuals receiving support around health and wellbeing (e.g., support with</p>	<p><b>Adult &amp; Older Adult CMHT</b></p> <p>we have introduced Support Time Recovery workers into our CMHT's. The STR workers work closely with our service users and VCSE's to support in accessing and signposting to support for a range of social needs that can impact on mental health.</p> <p>Within our NMHT function we have access to a variety of VCFSE organisations who can offer support to service users. Service user cases are discussed jointly in our Multi Agency team meetings where we have access to all partner agencies to ensure appropriate care is offered to service users. This includes support with housing, benefits and a range of social needs. We have excellent links with the Shaw Trust who have workers embedded within our CMHT's who offer support with employments.</p>

abuse, and addiction).	finances, housing etc.)	<p>We also work in close partnership with our Local neighbourhood integrator teams to explore and reach out to the more difficult to engage groups of population in order to reduce health inequalities and improve access to services for these groups.</p> <p><b>Adult CMHT August Update:</b>  <b>We are currently piloting Physical Health Connector roles to support SMI service users with access to Physical Health support, working alongside GPs connectors are reaching out to Service Users to encourage engagement in annual Physical Health checks.</b>  <b>We have attached some feedback from service users</b></p> <p><b>Talking Therapies</b></p> <p>In collaboration with Age UK, Birmingham Healthy Minds have initiated a series of coffee mornings at venues across the city, providing a welcoming space for older adults to participate in psycho-educational sessions in an informal setting, accompanied by a comforting cup of tea or coffee. These sessions aim to address prevalent mental health concerns such as depression, anxiety, and worry.</p> <p>BHM are also working in partnership with Saathi House to provide a series of workshops on mental health awareness for women primarily from a Bangladeshi background. Sessions will be conducted in Urdu and Mirpuri. This will be an on-going offer to Saathi House, who are working alongside BHM to reduce stigma of mental health in this community and enable service users to access support where needed.</p> <p>BHM also have embedded within the service employment advisers who manage a caseload of clients who are referred internally by therapists. The role of the employment advisor is to support clients to retain, to return to, or to gain employment, supporting them with establishing employment goals and producing personalised action plans. Monthly information report is collected by the employment advisers and submitted to the Work and Health Unit (WHU). Please see quarter 1 data below.</p>
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<b>Guidance: Employment Advisers in IAPT Management Information (MI) Monthly Report (Version 4)</b>							
Please submit this template by the 15th to the Work and Health Unit (WHU) EA in IAPT shared mailbox:					EMPLOYMENTADVISORS.IAPT1@DWP.GOV.UK		
Month and Year	EA in IAPT Site	IAPT Provider Name	Number of people who start employment support in the month	Number of Employment Support sessions delivered in the month			
Apr-24	Birmingham Healthy Minds	Birmingham and Solihull Mental Health Foundation Trust	50	681			
May-24	Birmingham Healthy Minds	Birmingham and Solihull Mental Health Foundation Trust	83	831			
Jun-24	Birmingham Healthy Minds	Birmingham and Solihull Mental Health Foundation Trust	89	891			
Jul-24	Birmingham Healthy Minds	Birmingham and Solihull Mental Health Foundation Trust	65	863			
<p><b>Older Adult CMHT August Update:</b>  A 12-month project for an older adult connector role has been piloted since Oct 2023 working in partnership with Age concern. This role will help us map and assess existing services, evaluate their effectiveness, improve coordination, assess accessibility and align offerings with the needs of older people. The pilot's findings will inform future funding decisions and guide similar initiatives within the Community Mental Health Transformation Programme.  The Older Adults Connector pilot will be the link between the Community Mental Health Service and Voluntary, Community, Faith and Social Enterprise Alliance organisations.  Full reports and feedback are due to be published in October 2024.</p>							
<p><b>In your response, please tell us the actions you will take to address the improvements people said they would like to see in NHS community mental health services (if not responded to above)</b></p>							
Improve access to appointments and reduce waiting times for treatment.	<ul style="list-style-type: none"> <li>• Fortnightly deep dive waiting list meetings to review those waiting and capacity.</li> <li>• Continue to recruit to NMHT to ensure greater access across the BSOL footprint</li> </ul>						
Offer people reviews after treatment and re-refer people if more support is needed.	<ul style="list-style-type: none"> <li>• Make patients aware of how to reaccess mental health support through their GP services whenever needed.</li> </ul>						
Ensure that care and support is personalised following a	<ul style="list-style-type: none"> <li>• introduction of DIALOG+ care planning as described above will ensure that all discussion will be collaborative working with service users to identify and address their needs.</li> </ul>						

discussion with people about their needs.	
Produce good care plans and follow them.	<ul style="list-style-type: none"> <li>• Care plans are monitored through a program of quality audits by our Matrons as described above. We will monitor quality and themes via our clinical governance committees.</li> </ul>
Offer more than just medication.	<ul style="list-style-type: none"> <li>• A range of roles including Support Time Recovery workers, care navigators, health and wellbeing practitioners have been introduced in CMHT &amp; NMHT to ensure a wide range of therapies are offered.</li> </ul>
Offer compassionate care and support.	<ul style="list-style-type: none"> <li>• Ensure we monitor complaints or concerns raised and offer feedback to staff</li> <li>• Monitor our friends and family tests results (which overwhelmingly show we <b>ARE</b> offering compassionate care).</li> </ul>
CMHT should work more closely with the voluntary sector.	<ul style="list-style-type: none"> <li>• Continue our close working with VCSE partners. We currently work in collaboration with MIND Shae trust and a wide range of other smaller VCSE partners.</li> </ul>
Give people a point of contact.	<ul style="list-style-type: none"> <li>• Ensure all letters are clear in who the main point of contact is for service users</li> </ul>
Improved understanding of mental health by healthcare professionals, including GPs and a better understanding of Autism.	<ul style="list-style-type: none"> <li>• The Trust is supporting staff at BSMHFT to undertake the Oliver McGowan training which will be rolled out over the next 2yrs. Level 1 training is for all staff, level 2 is directed towards clinical staff and level 3 is for individuals who are working closely with service users with an LDA diagnosis.</li> </ul> <p>This training was introduced as Mandatory earlier this year and the current compliance across the Trust with this training is 76.6%</p> <p><b>Talking Therapies</b> - Currently 112 out of 164 BHM staff have completed the Oliver McGowan L1 e-learning training. Staff training is monitored through 1:1 regular management supervision/ The trust training RAG rating spreadsheet. Managers are therefore able to discuss outstanding training with each staff member. The trust is awaiting for Learning and Development to add Level 2 Oliver McGowan onto the trust traffic light system.</p> <p><b>Older Adult Community Services 74.6% of staff have completed the training.</b></p>

## Appendix 2: Care plan compliance

**Table 3: CPA Care Plan Compliance**

CareLevelCode	CPA	Row Labels	Caseload	Any Care Plan	Any CP (%)	Dialog	Dialog (%)
CMHT Adult Longbridge	180	171	95.00%	86	47.78%		
CMHT Adult Lyndon	111	101	90.99%	38	34.23%		
CMHT Adult Newington	62	59	95.16%	11	17.74%		
CMHT Adult Warstock Lane	129	120	93.02%	29	22.48%		
CMHT Adult Yewcroft	144	129	89.58%	29	20.14%		
CMHT Adult Zinnia	206	194	94.17%	36	17.48%		
Chapman Road	329	314	95.44%	36	10.94%		
Northcroft	285	264	92.63%	64	22.46%		
Osborne House	309	296	95.79%	29	9.39%		
<b>Grand Total</b>	<b>1755</b>	<b>1648</b>	<b>93.90%</b>	<b>358</b>	<b>20.40%</b>		

**Table 4: Care Support Care Plan Compliance**

CareLevelCode	CS	Row Labels	Caseload	Any Care Plan	Any CP (%)	Dialog	Dialog (%)
CMHT Adult Longbridge	1800	1546	85.89%	16	0.89%		
CMHT Adult Lyndon	2318	1626	70.15%	31	1.34%		
CMHT Adult Newington	1455	1349	52.71%	4	0.27%		
CMHT Adult Warstock Lane	1049	783	74.64%	6	0.57%		
CMHT Adult Yewcroft	976	805	82.48%	7	0.72%		
CMHT Adult Zinnia	1906	1641	86.10%	12	0.63%		
Chapman Road	2889	2549	88.23%	19	0.66%		
Northcroft	3668	3268	89.09%	11	0.30%		
Osborne House	3084	2550	82.68%	7	0.23%		
<b>Grand Total</b>	<b>19145</b>	<b>16117</b>	<b>84.18%</b>	<b>113</b>	<b>0.59%</b>		

For the second time point (Aug 2024) -

**Table 3: CPA Care Plan Compliance**

CareLevelCode	CPA	Row Labels	Caseload	Any Care Plan	Any CP (%)	Dialog	Dialog (%)
CMHT Adult Yewcroft	145	144	99.31%	76	52.41%		
CMHT Adult Newington	69	68	98.55%	43	62.32%		
Chapman Road	339	327	96.46%	161	47.49%		
CMHT Adult Lyndon	109	105	96.33%	63	57.80%		
Northcroft	291	276	94.85%	151	51.89%		
CMHT Adult Warstock Lane	114	108	94.74%	64	56.14%		
Osborne House	293	275	93.86%	145	49.49%		
CMHT Adult Longbridge	188	174	92.55%	94	50.00%		
CMHT Adult Zinnia	198	178	89.90%	89	44.95%		
<b>Grand Total</b>	<b>1746</b>	<b>1655</b>	<b>94.79%</b>	<b>886</b>	<b>50.74%</b>		

**Table 4: Care Support Care Plan Compliance**

CareLevelCode	CS	Row Labels	Caseload	Any Care Plan	Any CP (%)	Dialog	Dialog (%)
CMHT Adult Yewcroft	928	892	96.12%	15	1.62%		
Chapman Road	2692	2464	91.53%	32	1.19%		
CMHT Adult Newington	1512	1372	90.74%	18	1.19%		
CMHT Adult Warstock Lane	1045	924	88.42%	26	2.49%		
CMHT Adult Longbridge	1888	1660	87.92%	25	1.32%		
CMHT Adult Zinnia	1981	1736	87.63%	21	1.06%		
Northcroft	3405	2979	87.49%	18	0.53%		
Osborne House	3167	2623	82.82%	23	0.73%		
CMHT Adult Lyndon	2288	1763	77.05%	58	2.53%		
<b>Grand Total</b>	<b>18906</b>	<b>16413</b>	<b>86.81%</b>	<b>236</b>	<b>1.25%</b>		

## Appendix 3: Dialog + entry

### NMHT (Community Connector) Dialog+ Case Study

#### Background

- Female
- Late 30s

#### Referral reason

##### Low mood

##### Anxiety

##### Loneliness

#### Support included

##### 6 Face to Face Sessions

##### Signposting/ Referrals

##### Emotional Support

##### Anxiety Management

##### Breathing Techniques

#### What happened?

**PRESENTATION :** Struggling with anxiety and low mood due to being new into the country. SU cares for her autistic son who is not currently in school

SU needed help with self -care and being able to look after herself, and cope with her mental health struggles

**BARRIERS:** Social anxiety, not being familiar with the country/area, struggle to find time for herself as she is always caring for her son. Unsure about support groups in the area and does not have any friends/ family for support, apart from her husband. Experiences low motivation but is eager to engage in a positive routine and meet new people.

**PLAN:** Initially saw SU when shadowing clinician. Introduced myself, and explained to her how I can support her with social aspects of her life. Used dialogue+ template on first session to see which areas SU needed support with. Focus was community engagement, motivation, and self -care. SU explained support groups need to be manageable with her son, as he requires 24/7 care. Looked at creative support in local area to increase interaction and allow SU to engage with new people. SU happy for referral and started attending sessions. Also, attended creative support showcase alongside me to meet new people, organisations and take part in arts and crafts with her son. Emphasised supporting and empowering SU by meeting her at events and support groups so she felt more comfortable.

SU also eager to get into part -time employment or attend a course to gain a qualification/skill once her son starts school at the end of 2023. Given details of recovery college open day which SU felt confident to attend, after going through anxiety management and breathing techniques e.g., box breathing together during telephone appointments. SU found a course which she will be starting in early November and is looking forward to this. By implementing support groups such as Creative Support, attending sessions with SU, and going through breathing/anxiety, she feels more confident to attend groups in the local community and speak to new people. SU is feeling more content with now being in the country, as she is more familiar with organisations to go too, and groups she can also attend.

#### Outcomes



SU now engaging within the community, attends regular creative support sessions

SU gained confidence to attend recovery college open day by herself, and has now found a course which she will be starting in November

Worked on breathing techniques with SU so she can complete box breathing when she feels anxious in situations to help manage anxiety.

SU felt more uplifted and empowered through support from myself, by having regular appointments and attending support groups with her.

SU now confident to attend groups regularly by herself now she can access tools regarding breathing exercises and grounding.



Birmingham and Solihull  
Community Mental Health  
and Wellbeing Service

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