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Mental Health: The Headlines



1 in 4 adults experience at least one mental health problem in any given year¹



In 2020 the number of people in Central Bedfordshire with a mental illness is projected to be 29,365 = approx 18% of residents³



In Bedfordshire it is estimated that around 10% of people with mental illness access treatment or support²



Just over half of mental health service users felt that they were involved as much as they wanted to be in decisions about their care⁴



¹NHS - Five Year Forward View

²JSNA - Central Bedfordshire: mental health

³JSNA - Central Bedfordshire: mental health

⁴JSNA - Nice Guidance and Current Practice report May 2017: mental health



Introduction

Good mental health is key to everyone's wellbeing. The fact that 1 in 4 adults experience at least one mental health problem in any given year suggests that it is a prevalent and enduring issue.

Mental illness in adults is categorised by common disorders, such as; generalised anxiety, depression and phobia, through to post-traumatic stress disorder and the category of severe mental health problems including; psychotic conditions, bipolar, self-harm and suicide.



Nationally the financial investment in Mental Health services has seen a steady decline over recent years, inevitably this has led to commissioners rationalising funding to crisis services, with less of a focus on prevention.

From information and feedback gathered from local residents it would appear that service users in Central Bedfordshire have experienced a reduction in low level support services over the last five years, with some organisations reducing their offer of services considerably. In addition, we have seen a decline in patient engagement activity by

the lead mental health provider, East London Foundation Trust (ELFT), across Central Bedfordshire. This has led to concerns being raised by service users, carers, their friends and family and other service providers.

Healthwatch Central Bedfordshire (HWCB) hears regularly from people with mental health issues. Their feedback and experiences have prompted HWCB to prioritise work in this area and further strengthen the evidence from a local perspective.

HWCB is a member of the Bedfordshire Recovery Partnership Board and we also frequently meet with ELFT colleagues, to discuss issues and concerns raised with us, and to seek better outcomes for service users and their carers when accessing mental health services. HWCB previously advised ELFT about our concerns, highlighted above, and it was agreed that HWCB would facilitate an engagement project with service users across Central Bedfordshire to gather additional feedback on their experiences of mental health services and support.

The project evolved to include all areas of support, informal as well as statutory to build a picture of the network that people utilise when they are experiencing mental ill-health.





What we did

HWCB aimed to reach out to people across the geographical area in a variety of local settings.

In order to ensure this was possible, initial preparation work was undertaken with services and groups that already provided activities and met on a regular basis.

Key aims:

- To gather the views and experiences of adults who have, or have had, mental health issues;
- To evaluate the quality of that support and the impact poor services can have;
- To understand what people find helpful to maintain good mental health;
- To make recommendations to commissioners and service providers based on the findings;
- To publish the report and share with key stakeholders including those that participated in the project;
- To feedback to the groups involved, including any response from service providers.

The groups that were already established had a mix of services users, with a full range of issues related to common mental disorders.

Over seventy individuals, from across Central Bedfordshire participated in the focus groups. There were no exclusions; if we visited the group all attendees were invited to join in the discussion.

Some group members opted not to participate; these people are not included in the project. At least one person had not previously or currently had any interaction with mental health services, however they were able to contribute to the wider discussion about help and support.

Each group session began with a short introductory exercise followed by an explanation of the activity and a request that the group consider the following:

- ❗ **Respect** - allow each participant to contribute, listen, give time to others;
- ❗ **Responsibility** - look after yourself, take a break if needed, no pressure to 'tell all';
- ❗ **Current** - acknowledge that all experiences are important to people, but for this project feedback needs to be current, or at least within the last two years.

HWCB also offered:

- ❗ **Independence** - no affiliation to any service provider;
- ❗ **Expectation** - the work is to gather information and evidence for a report. Individuals can request time outside of the group to discuss issues they may need additional support with.

Who took part:

Over 70 people



11 Groups



38 males
34 females



What people said and what that tells us

I am not my mental illness

“Don’t define me by my tablets, my diagnosis, I am an individual, a person, treat me as such. I am not my mental illness.”

The work of public campaigns has raised awareness and continues to break down the stigma of mental health, but there is clearly still a long way to go.

Many people still felt that mental illness was reflected negatively by the public and even in some cases by those people employed in mental health services.

There was a strong belief that the medical model - medication, treatment, crisis management and discharge, was the focus for the NHS.

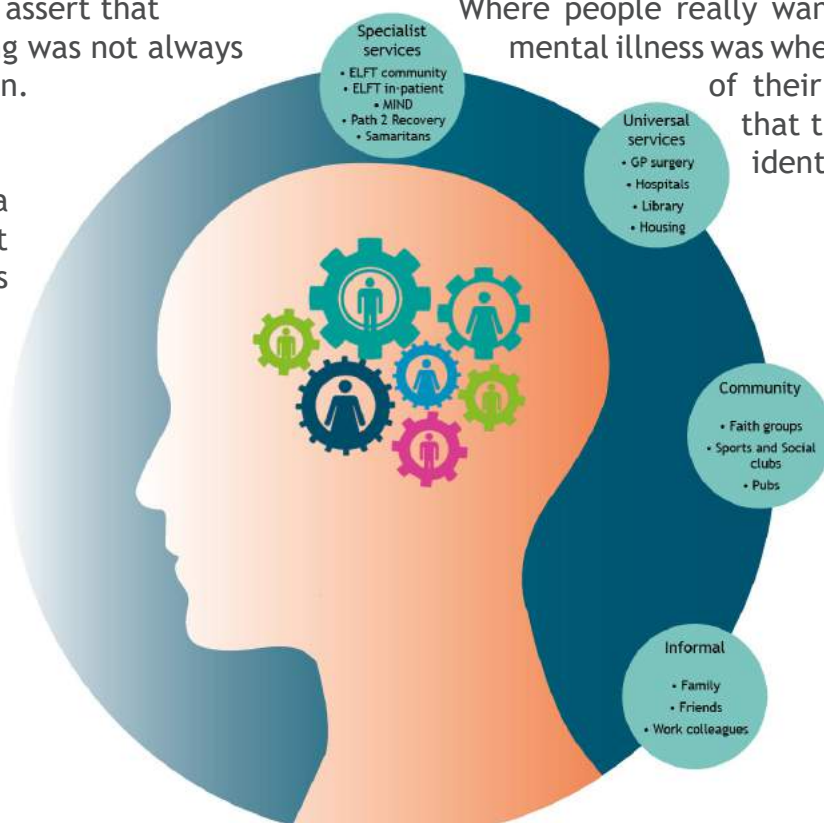
People were keen to assert that maintaining wellbeing was not always just about medication.

Prevention and long-term wellness were a high priority for most focus group members and there were real concerns that lack of funding for mental health services was having a significantly negative effect.

The recently published NHS long term plan sets out specific aims to increase funding to mental health services, with a clear focus on; early intervention, local community-based support and more therapy for depression and anxiety.

People gave many examples of where they felt interactions with health and social care focussed primarily on their mental health and in some cases to the detriment of their overall wellbeing. These experiences were mainly with pain management and diagnosis of conditions that presented with ambiguous symptoms.

Where people really wanted to set aside their mental illness was when managing other parts of their life. They were clear that they did not want to be identified by their diagnosis.



Services - what was valued, what was challenging

Specialist- East London NHS Foundation Trust

It was clear from conversations with all groups that the 'offer' for people with mental health difficulties provided by ELFT was unclear. Many people remain unsure of what help was available to them.

People also raised concerns about the disparity that they feel between area provision. Some people were very concerned that what is offered in Bedford Borough, was not always available in Central Bedfordshire, an example given was:

"There are a lot more courses in Bedford with the Recovery College than over here, I can't drive, I can't go far without help."

There is widespread concern regarding waiting times for services in ELFT. One person who had left in-patient services was advised of a three month wait for a psychiatrist appointment. They were subsequently allocated an appointment over four months after their discharge. None of the focus group members understood or had clear messages about waiting times across services. This increased anxiety; particularly with the risk of rumours circulating about longer waiting times and unrealistic expectations.

There was mixed feedback from those still engaged with ELFT services, some had care plans, many did not, or were not aware that they did. At least eight people felt they needed a Care Co-ordinator but did not have one. Other people felt that they were eligible for a Community Psychiatric nurse, but this had not been provided.

Service users expressed a clear need for clarity over when a Care Co-ordinator and/or care plan should be in place. It is evident that not all those engaged with services will need these provisions. However, what is the decision-making criteria? Is there an eligibility threshold? More importantly, how clear is this for services users and their carers? The confusion shown by those we engaged with would suggest a considerable lack of transparency.

Service users gave consistent messages that engaging with individual members of ELFT staff was challenging.

A number of people said that time with staff was often limited:

"You feel like you're intruding at times."

This meant that appointments felt rushed. One person had been told by their Care-Co-ordinator:

"I have 30 other people to see."

Unfortunately comments like these give little or no reassurance to people during their contact time with professionals - no one denies that services can be busy.

People talked about times where they had cancelled or asked to rearrange meetings due to feeling unable to attend. It was concerning to hear that people also had experience of staff cancelling. Whilst there are inevitable situations where changes need to be made, people did have experience of appointments being cancelled - *"very last minute"* and in some cases of staff not turning up at all. This meant people had less confidence in the service as a whole - *"They let you down."*

A significant number of people had interactions with staff, particularly over the phone that they felt were *"condescending"* or *"lack compassion"*, sometimes *"quite honestly downright rude."*

These dismissive responses reinforce negative feelings and can mean that people are reluctant to call again.

There was clearly a theme of high staff turnover from all of the focus group feedback on ELFT services.



“They don’t stay very long, maybe a couple of years and they go. They can’t give you consistency as they keep leaving.”

People undergoing long term treatment with the service really felt the impact of this, particularly during times of ill health. Lack of continuity was not limited to support staff, this was also experienced at consultant level.

“I’ve had meetings where they don’t even know my medication.”

When people did not have a regular ‘key worker’, or a member of ELFT staff that they were in regular contact with they said they would go either to the duty co-ordinator of the appropriate Community Mental Health Team - CMHT, or their GP. In crisis some had gone straight to A&E.

Many people had accessed courses at the Recovery College, although they had not understood that this was a service provided by ELFT. Feedback was very good, however there was a distinct feeling that less was on offer in Central Bedfordshire than in other areas. HWCB understands that ELFT has recently increased the number of courses available in Central Bedfordshire. However, on a very basic level the prospectus information shows:

District/area	Sept-Dec 2018	Jan-Apr 2019
Bedford	70	70
Central Bedfordshire	48	56
Luton	17	13
All area totals	145	139

Recovery College prospectus information - number of courses on offer

This information does not communicate to people the reasons why there are less courses in some areas than others. This could be due to funding, venue location, facilities, resources etc. Many people explained that they would like to understand the reasons why more courses appear in one area rather than another, to help show that it is not about lack of equality in service delivery.

The services based in the community were highly criticised by both users of services and their carers. Concerns related to integrated working.

“There is a gap, between when someone is in hospital and what happens with ... it just doesn’t seem joined up.”

Staff attitudes and lack of compassion were a concern, as well as issues with some buildings; Meadow Lodge was noted as having very small consulting rooms that were seen as ‘claustrophobic’.



Recovery College



In-patient services

Various focus group members had experience of in-patient services delivered by ELFT. There was mixed feedback about the quality of care received.

“They were really nice (staff) on the Onyx Ward.”

Some people had felt very unwell during their stay and stated that some staff were less empathetic than others.

All of the carers, that had family or friends stay either voluntarily or though ‘Section’, felt that they were not respected by staff or included when decisions were being made.

“In the units, they want them out, because if there is somebody, anybody at home, they will just send them home.”

One carer was very concerned that discharge was rushed and the team had not considered the impact of the patients behaviours on the carer and family members. When coming home some carers were left without key information.

“I had to ask what the diagnosis was, no one even discussed it with me. How can I care for someone when I don’t know what is wrong.”

There was a very strong feeling from carers that in-patient services had little or no interest in supporting carers.

“If I wasn’t the person I was I could end up with my own mental health problems. My mental wellbeing is just as important.”

There will always be considerations of confidentiality when dealing with patients and families, however this should never be a barrier to supporting carers.

Routine and boundaries can be important to people with some conditions such as Bi-Polar Disorder, anxiety and depression.

One person had reflected that being in hospital could disrupt important things such as medication.

“Because there are a lot of people on the ward, they can’t give you your meds when you would usually have them at home. I was having them much later.”

The NHS has a no-smoking policy on any service grounds, this is a universal policy that affects all staff and patients who use the NHS.

Nationally figures published in 2015/16, estimated between 33% and 42% of people with a mental health problem smoke; these numbers are unlikely to have reduced significantly.

The lack of smoking facilities for one person was a very real issue. They admitted that the restriction had led to them “kicking off”, being unwell and anxious which magnified their need to smoke and they went onto say:

“I know I’m not the only one. Surely, they should provide something, anything.”

One carer raised a very specific issue concerning staff behaviour on an inpatient ward. All staff were observed at the weekend eating ‘takeout’ food on the ward and leaving patients and carers without support and supervision, which could have posed a risk. On another occasion staff were again eating ‘takeout’ food, this time in the communal areas.

HWCB understands that staff clearly need to have breaks, however during mealtimes, serious consideration needs to be given to the patients and carers. Break times need to be staggered to ensure appropriate staffing ratios are adhered to, and the prohibitive cost of ‘takeout’ food (for those on low incomes), and the medical condition of some patients (those with eating disorders), should be taken into consideration.

Out of hours services

Approximately a third of participants had used ELFT services out of regular office hours. There was some concern that the services did not meet people's needs.

"I called them just last month, it was just after 12am. They said a social worker would call me back, they never did."

There was a perception that not getting a call back/support was something that happened to many others in similar situations.

There was a lack of confidence in the Crisis Team support.

"They are appalling, they've never helped in a crisis."

At least three people gave examples of the team directing them to A&E without any attempt to assess the situation or offer support.



ELFT - when it goes well

Some focus group members had experienced good quality care and support from ELFT. There was praise for individual staff, and carers felt that there were *"pockets of good practice."*

One person valued their Care-Co-ordinator and felt that they were given the time to talk through the issues that were important to them.

Another member of the focus group had received support from the ELFT Crisis Team over a six-week period. The care came at a much needed time and they were incredibly grateful, saying

"staff were good", however unfortunately despite this they felt there was no real continuity of care.

"There were lots of different people over the time of the visits, lots of different faces."

Many people involved in the focus groups had accessed courses through the Recovery College. All gave good feedback about their involvement. They were pleased to have both vocational and creative opportunities offered.

Multiple specialist services

Some people had a dual diagnosis, in particular; learning disabilities and mental health. There was difficulty for some in understanding who would help with certain conditions.

“I have learning disabilities, but I’ve been told it’s only moderate and EFLT can’t help me with my anxiety. Who can?”

Clear information should be provided on what is available and if there are eligibility issues it is imperative that signposting is provided.

There were some people who were also struggling with addiction, to either prescription medication, alcohol or illegal substances. There are a range of organisations that can provide support with substance misuse. In Bedfordshire, one of these is Path2Recovery. However, it was clear that some people had difficulty accessing the Path2Recovery service.

On referral to the service, some people were then told to go back to the Community Mental Health Team (CMHT). The CMHT would then tell them to go to Path2Recovery. This was very confusing for people and meant support was delayed. One person was still waiting to find a service they could use. At least two people, however, had found the service very helpful with one saying:

“I feel they helped me get my craving under control, I know I couldn’t do that alone.”

It is important that people do not find themselves between services, without any support. It is very difficult for people who have an issue to be told that you cannot get help and to then be left without any information.

People are still experiencing services working in isolation with little cross-referring, or consideration of the most appropriate service.



To be given time and to be listened to

To understand what is available and who will help

To know what true waiting times are

Support for carers

Share workloads/personal issues

To be told excuses, to be passed between organisations

To be told incorrect information and rumours

To be ignored

Information and advice

There is a wealth of information both online and in leaflet form for mental health conditions.

Some people felt that health professionals ‘pushed’ them to conduct their own research and find their own support. For people with mental health issues, this activity was sometimes challenging, particularly in times of poor wellbeing.

Many people had found the information and signposting from Central Bedfordshire Council helpful.

People viewed their local Library as an excellent source of information, as well as a place to read, learn and talk to others. Service users provided a range of positive feedback about staff in libraries, who were considered to be friendly and helpful.



Getting around

Transport was very important to people, not only to attend appointments and access services, but to stay connected with their community. If services were not provided centrally, or at least local to public transport routes, this could make access challenging for those without their own vehicle.

People relied on their knowledge of local routes, timetables and tariffs, which could sometimes change depending on providers and areas.

Many participants were concerned that some services were restricted; rural areas had limited services after 6pm or on Sundays.

Bus passes and subsidised travel were valued, particularly given that most people were on a low income.



General health and wellbeing

One person had a particularly good experience with multiple healthcare systems, including psychiatry and consultants, working together to achieve a positive outcome. This was important when managing the efficacy of medications, whilst minimising any side effects.

All of those taking part in discussions were registered with a GP surgery. Some people were also registered with a dentist. Access to NHS dentistry was not highlighted as an issue by anyone taking part. One individual had been able to have dental treatment carried out at a hospital; this had been particularly helpful as sedation was needed to help with anxiety. They were happy with the treatment and aftercare they had received. The use of reminder texts for GP and dentist appointments were welcomed by all.

There was positive feedback about individual members of staff in GP surgeries, GPs and other healthcare staff, such as mental health nurses, were praised.

Many people had difficulty getting appointments with their GP surgery; where people had built up a relationship with one particular Doctor they were reluctant to see other healthcare professionals.

A small number of people had experienced treatment and care at the Luton and Dunstable Hospital for general health needs. One person was very happy:

“All staff were absolutely fantastic.”

Another was reassured by the support they received. One person felt that their mental health had *“got in the way”* of a timely diagnosis. They felt that the staff had looked at their medication and history before considering their current symptoms. They were eventually treated for the condition they suspected they had when first arriving at the hospital.



Money management

There was a considerable amount of people who had difficulty with budget management. Many were out of regular work, and securing and maintaining their benefits was a real concern.

The policies and processes employed by the Department for Work and Pensions (DWP), were incredibly challenging for people with mental health issues. Where people had attempted to speak to the DWP themselves, they were often concerned about long waiting times on the phone and lack of response:

“You just get a machine.”

The DWP require some people to attend Work Capability Assessments to secure their benefits. These can be very stressful for anyone undergoing the process. An article published in March 2019 in ‘I News’ highlighted that nine out of ten people say the prospect of a DWP benefits assessment makes their mental health worse.⁵

At least ten people who took part in the focus group discussions explained the issues they had with Work Capability Assessments. One person had assessments cancelled with short notice; 10 minutes prior to the time for one appointment, and another when they were sitting waiting for their appointment at the centre.

Another person had experienced an assessment where they believed the assessor had recorded incorrect information. All of which can add to people’s anxiety and mistrust with the system.

It was the understanding of some people at one particular focus group that you could request an assessment with a qualified mental health professional from the DWP, but it was not clear how widely this was known and how available this was.

It is important to ensure that any processes people need to go through to secure their rightful benefits are equitable, transparent and non-judgemental. Focus group members felt that the DWP had a long way to go to ensure this for people with mental health issues.

People had positive experiences of the Citizens Advice Bureau (CAB) in Leighton Buzzard, where they were able to get debt advice. However, one person stated that another branch had been less helpful, with a focus on training their own staff instead of the needs of the individual.



⁵I News (<https://inews.co.uk/news/dwp-benefits-universal-credit-assessment-mental-health/>) - accessed April 2019

Police and emergency services

Some people had met the police during some difficult times in their mental ill-health. One person gave very detailed feedback about their encounter, the key issue for them being that police had focussed their attention on getting information from others and not taken the time to speak to them directly.

It is important to consider the safety of any situation; however, individuals should never be excluded; this can be disempowering and cause distress in already difficult circumstances.

Call handlers from the 111 service were considered supportive and understanding and had provided sound advice when used at times of crisis.

Ambulance staff were praised by some people, who felt that they were helped to manage their condition, during emergency situations.



Equal access

To be heard

Information and advice at the right time and in a format, we can understand





Community and voluntary services

Voluntary sector provision

Some of the focus groups took place at Mind who facilitate Minds Matter groups. For those engaged in regular contact it could have been difficult to provide a thoroughly balanced view on satisfaction, however people were encouraged to give feedback and were able to do this without Mind staff being present at the time.

Feedback about the Minds Matter groups overall was very positive.

“They are absolutely brilliant.”

There was some acknowledgement that the services provided had changed over the years and less was on offer now. Those groups that were running were valued, with the stability of membership and regularity of meetings seen as positive.

There are many local and national organisations that provide valued and supportive interactions for focus group members. These included:

- Reclaim Life
- The Samaritans
- Minds2Gether
- Carers in Bedfordshire
- NOAH
- Local faith groups

People used support services that were not primarily for mental ill health. More than two people had used The Silver Line, to call in times of loneliness.

“I call them regularly, 10-15 minutes of chat when I get in at the end of the day, it is social for me.”

One person had been in contact with Sight Concern *“I’m very happy, they help you with whatever you need.”*

Working and volunteering



Volunteer and employment support projects had been accessed by some people, with varying degrees of success. There was valued support, which had involved help with CVs, and preparation and arranging interviews with ‘mental health friendly’ local businesses.

People expressed concern and worry about getting back into work after periods of ill health. Issues such as; current references and gaps in work history were all barriers that people had to consider when making any applications.

Some people had experienced success with the services offered and had been encouraged to take up volunteering roles, another had been

supported to carry on with training to increase their job opportunities. However, others did have some difficulties, one said:

“They were great initially, but there were no real results. I didn’t feel capable of doing more without help and this wasn’t offered.”

People were very positive about the affect work and volunteering had on their wellbeing. One person, who started volunteering for one hour, very quickly progressed to three days a week.

“It’s been a great help me.”

People felt it helped them make connections within their local community.



Local

All of those taking part felt that community settings such as the local pub, cafés and places of worship were generally welcoming, and no one had experienced direct discrimination when enjoying socialising in these places.

One person revealed that at their church:

“When I hadn’t been for a long time no one asked me how I was.”

Although this was difficult, they went on to say,

“I really go for myself, for my faith, not necessarily the people.”

For those with family that lived elsewhere, including other countries, the opportunity to link using technology was very important.

Many used video calling on their phones or tablets.

“Distance doesn’t seem as bad if you can see people and talk to them.”

Some people felt that computers and modern communications developed fast and were very keen to keep up to date with devices and courses that could help them connect.





What more can be done?

During the period of this project individuals were signposted to appropriate services, to access care and support, for example:

- Pohwer Advocacy
- Disability Resource Centre
- Carers in Bedfordshire
- The Recovery College

In addition, HWCB worked to support individual patients and carers who had issues with the service they were receiving.

This involved speaking directly with service providers, primarily ELFT. It is important not to identify individuals, however the themes raised with ELFT were:

- In-patient care
- Carers concerns
- Lack of response from CMHT
- Waiting times
- Staff attitudes

Support/activity outside of the regular 9-5 opening hours

People clearly valued the support groups and being involved in social activity, as well as structured courses such as those offered by The Recovery College.

It was clear that evenings and weekends - where there is traditionally less on offer from services, were the most difficult times for the majority of people.

What is the offer

A high percentage of people taking part in the focus groups wanted to be pro-active and seek out support that would help them in their recovery. People need to understand what support networks are available to them, at the earliest stage possible.

“How do I know what to ask for when I don’t know what’s wrong with me or what I need”.

Funding

Although many participants said they had heard about increased funding into mental health services, there was little confidence that current investment was making any difference

“Weekends are dead for me.”

Another group member said:

“From 5pm to bedtime it’s the pits.”

There are some options; helplines and friendship groups, however people felt much more was needed outside of ‘office hours’.

Increasing the offer

People asked for more courses across the Central Bedfordshire area from the Recovery College and other sources.

All of the participants wanted more focussed support on prevention, early support and holistic care. Talking therapies and support to maintain wellbeing were highly sought, and reducing waiting times for these interventions was a high priority.

to frontline delivery. Consequently, there was some scepticism about future funding and the likelihood of a positive impact for those engaged with specialist services.



What next

With nearly eighty people contributing to this project, sharing their stories and raising important issues, there have been clear and consistent messages about improving the lives of those living with mental health issues:

- Communication should be consistent, with transparent decision making for users and carers.
- Genuine service user involvement:
 - On an organisational level - inclusion in commissioning and service development. Participation in evaluation of programmes of care and support.
 - On an individual level - co-production of care plans, support to participate in activities to improve services.
- Clear care pathways that are effectively communicated to those receiving support.
- Honesty and clarity with waiting times, timeframes of support and next steps.
- Signposting - for appropriate/universal services, to empower people to self-care and build their resilience.

In addition to these recommendations HWCB is committed to helping improve services and support to those with mental ill health.

Practically we will be delivering the following:

- Developing webpages to provide a guide to mental health services, including links to support networks, key organisations and wellbeing;
- Continue to gather feedback and insight from people about their mental health experiences to influence service design and delivery and help to improve the quality of care and treatment provided;
- Continue to work with key partner organisations and statutory organisations to drive change and improve service provision and support.



Acknowledgements

This project was facilitated with the support of the following organisations:



A huge thank you to the participants who shared their personal experiences, which helped inform this report.



appendices

Appendix A - References

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appendices

Appendix B - Glossary of services

Disability Resource Centre - An independent organisation based in Dunstable, working across Bedfordshire. They provide information, advice and support to disabled people and their carers.

[ELFT, East London NHS Foundation Trust](#) - The provider commissioned to deliver mental health services in Bedfordshire.

[Friends by Choice](#) - A service, ran by Meaningful Education, in Houghton Regis to help and support to individuals who are experiencing mental health & well-being challenges, that are most socially isolated and vulnerable.

[MIND](#) - A national organisation that provides advice and support to empower people experiencing mental health problems and campaigns for change. **Silverline** - A free confidential helpline providing information, friendship and advice to older people, open 24 hours a day 365 days a year.

[Minds2Gether](#) - A user-led peer support group, primarily for those with mental health issues, but inclusive to all.

[NOAH Enterprise](#) - New Opportunities and Horizons - working across Bedfordshire offering hope and support to people struggling against homelessness and exclusion. The service runs a number of Café Connect sessions in Central Bedfordshire.

[Path2Recovery](#) - A service that provides support, advice and treatment for adults whose lives are affected by drugs and alcohol.

[Pohwer](#) - An organisation providing support and advocacy to vulnerable people in Central Bedfordshire to have their voice heard and understand their rights.

[Reclaim Life](#) - A charity based in Leighton Buzzard, promoting emotional wellbeing through life coaching sessions.

[The Samaritans](#) - A charity that provides support to those who are struggling to cope, in distress or at risk of suicide through a UK helpline.

[Sandringham Hub](#) - Local volunteer run café, supporting people with learning disabilities into employment. The Hub is also used by community groups as a meeting space.

About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide crosssection of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

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