

Mental Health Services: Unmet Need in Southwark

A report on user feedback to identify unmet needs in
community adult mental health services



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Executive Summary

This report draws on user feedback to identify areas of unmet need in community adult mental health services and make recommendations on how to address them. It responds to the growing need for mental health care provision due to deteriorations in mental health during the COVID-19 pandemic and the broader prioritisation of mental health both within the NHS' and Healthwatch Southwark's agenda.

Our research involved conducting a survey that was coproduced with the Healthwatch Southwark Mental Health Working Group, a small working group of local residents with experiences of mental health services. The survey asked about people's experiences of a range of SLaM services across several domains of care where we could identify unmet need: including access, waiting, suitability, impact, and staff. We received 81 responses including from 71 service users and 10 carers and these people had generally not already been part of existing patient involvement activities.

Overall, across experiences of these five domains of care, we saw a pattern of extremes with people reflecting on either very good or very poor experiences. We received mostly positive feedback around experiences of Improving Access to Psychological Therapies (IAPT) services in terms of access, waiting, suitability, impact, and staff. However, more specialist or secondary care services such as the Integrated Psychological Therapy Team (IPTT), Community Mental Health Team (CMHT), Assessment & Liaison (A&L), Eating Disorder and Personality Disorder services were rated more negatively. The key areas of unmet need within adult community-based services included issues with referral and assessment processes, lack of information about the services available and the processes and waiting times for them and unmet service provision and barriers to access for people with experience of autism, attention deficit hyperactivity disorder (ADHD), personality disorder, eating disorders and serious mental illness.

Notably, we also identified areas of 'met need' which included opportunities for patient and public involvement, holistic approached to care, kind and supportive staff, an accessible and impactful Improving Access to Psychological Therapies (IAPT) service and Dialectical Behaviour Therapy (DBT) and and Cognitive Analytical Therapy (CAT) services with a real positive impact.

Based on these findings, our recommendations for SLaM include improving the accessibility and flexibility of services, enabling more communication, transparency, and accountability with patients, reducing waiting times, increasing service user and carer representation in decision making, prioritising staff continuity and developing clearer pathways and a proper step-down care service that includes assessment following treatment and discharge.

Introduction

Mental health services are needed now more than ever and in new ways that work for the community. The whole population's mental health has suffered due to COVID-19 and therefore mental health care provision is only becoming more important.

There is also an increased focus on community-based, preventative, and holistic mental health care as the [NHS Long Term Plan](#) progresses, and [Integrated Care Systems](#) develop. We will only get this right by including service user and carer experiences, from the outset and as services transform.

This project aims to develop a broad picture of the community services provided by Southwark's local mental health trust, [South London & Maudsley NHS Foundation Trust \(SLaM\)](#), to identify key themes and areas of unmet need. It will also help us to build up a repository of local people's experiences of mental health services to inform future, targeted work.

Unmet need = when someone has a mental health problem but does not or cannot receive care, or when the care received is insufficient or inadequate.

Why We Did This Project

Healthwatch Southwark is the local champion for health and social care. We share the experiences of local people with decision-makers in order to improve services. Mental health is a priority for us in 2021/22. Healthwatch Southwark's annual priorities are determined by acquiring feedback from our members and the community, identifying key themes by reviewing intelligence from community feedback and signposting information, guidance from our Advisory Board (governing body that advises on our priorities based on local needs) and input from local stakeholders such as community organisations, NHS trusts and local health and social care decision making bodies.

This project builds on previous work that we have undertaken surrounding mental health. For example, we identified talking therapies and community mental health services as a key theme in a previous project on Mental Health Crisis in 2017/18. Within this project, the people we spoke to focused more on the services they accessed before they went into crisis, and how these affected their experience - for example, some people said that feeling that their diagnosis was incorrect contributed to their crisis.

This project is also timely. Currently, the [National Community Mental Health Transformation Programme](#) is offering funding to local areas to reshape their community mental health services in line with the [NHS Long Term Plan](#) - in which the approach is more integrated, focused on the 'whole person', and provided close to home. SLaM is transforming its community mental health services in line with this programme, and we hope that this project (and future projects) can inform this alongside their existing engagement with patients and the public.

Methodology

The project was co-designed with the Healthwatch Southwark Mental Health Working Group, a small working group of local residents who all had some experience of mental health services. They helped decide the focus, aims, and methods used in the project by sharing their experiences, commenting on our plans, and piloting the survey. We also engaged with stakeholders at SLaM by sharing the project plan and survey at its early stages, and they supported us to engage patients in the survey.

The specific aims of this project were:

- To identify areas of unmet need in SLaM's adult mental health care provision in Southwark, and
- To make recommendations on how to address these unmet needs.

We carried out a short survey with adults in Southwark to gather their experiences of a range of SLaM services, and any experiences of not being able to access services for whatever reason. The survey asked a mix of closed questions (such as asking people to rank how much they agreed with a statement) and open questions to allow people to share more detail about their experience and why they chose certain answers. We created different versions of the survey for both service users (see Appendix 1) and carers (see Appendix 2).

The questions covered several domains of care where we could identify unmet need: including access, waiting, suitability, impact, and staff. We also asked people about their perspective of SLaM as a whole organisation or system to inform our conclusions and recommendations, as this was identified as an important finding by the Healthwatch Southwark Mental Health Working Group.

The survey was launched on 7 July 2021 and closed on 31 August 2021 with 81 responses. Our aim was to hear from people who may not already be part of existing patient involvement activities, or who do not usually give feedback. We engaged with people through:

- Hosting 5 stalls in public spaces across Southwark,
- Sharing regularly on social media, including in Southwark-based Facebook groups,
- Emailing and phoning our Members who have an interest in mental health, and
- Sharing the survey with other organisations in Southwark.

We analysed the survey quantitatively, looking for patterns in the number of people who responded to each question, and qualitatively, looking for common or important themes in people's written answers. We have used quotes and stories provided by our respondents throughout to illustrate these themes, reflecting our purpose as a patient voice organisation.

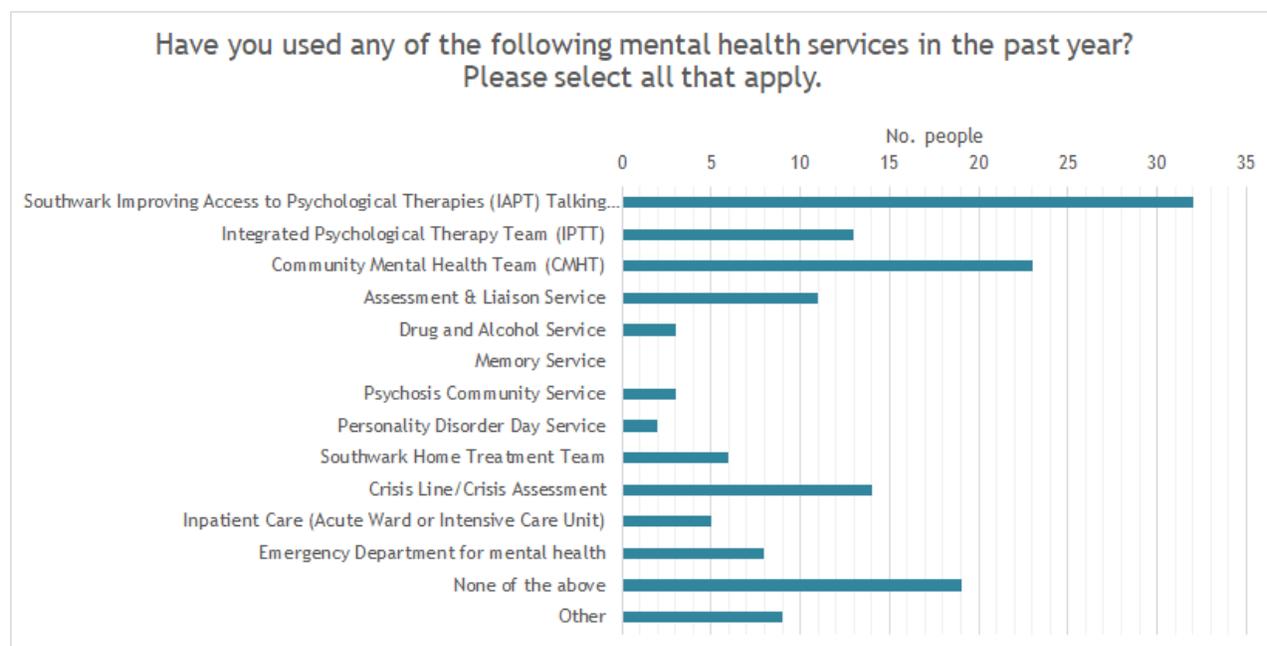
The findings presented in this report are solely based on participants’ responses to the survey and what they identified as important to them. While we hope our findings are insightful and reflect wider issues in Southwark, they are limited and do not reflect the experience of all service users and carers. We received feedback from fewer Black African, Black Caribbean, Asian and Latin American individuals (see Appendix 3 for full demography). To overcome this, we plan to address the representation of different communities through targeted engagement.

Findings

We heard from 71 service users (88%) and 10 carers (12%).

We asked people which SLaM community-based services they had used in the past year. The most used services were Southwark Improving Access to Psychological Therapies (known as IAPT or Talking Therapies) and Community Mental Health Teams (CMHT), followed by Crisis services, the Integrated Psychological Therapy Team (IPTT), and Assessment & Liaison (A&L) services (see Appendix 4 for a short summary of each service). 19 people had not accessed any of these services but had the opportunity to share their experience on barriers to access in a later question.

Other services people mentioned included a Treatment Resistant Team, Eating Disorder Outpatient services, and the Psychosexual Service.

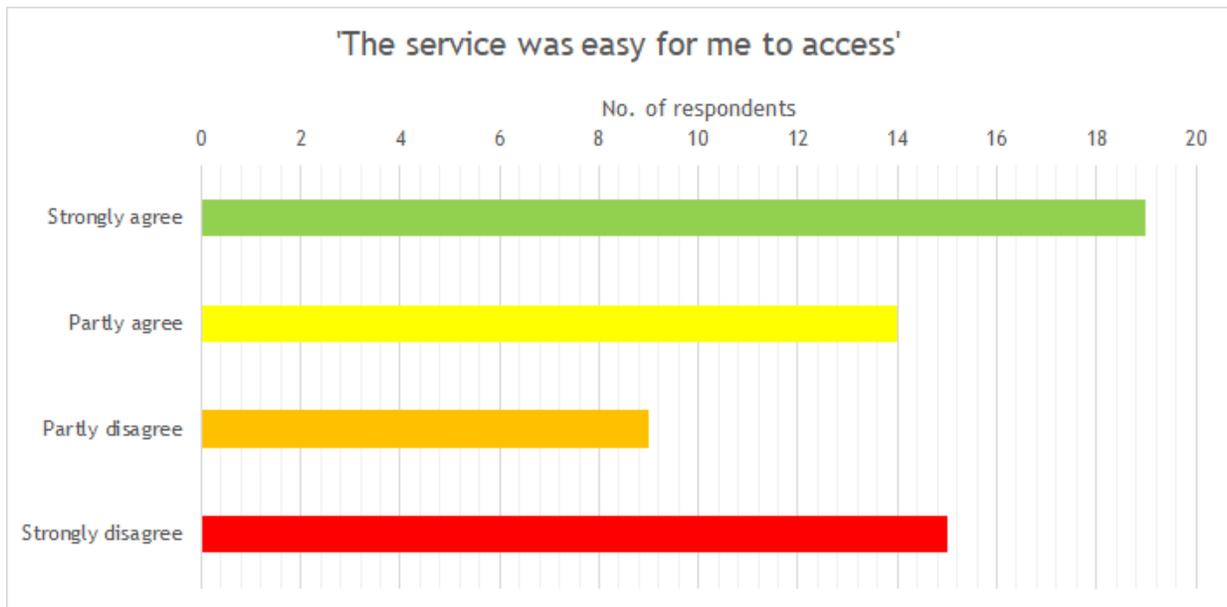


Access

People shared 57 separate experiences about access. In response to the statement ‘the service was easy for me to access’, ‘strongly agree’ was the most common answer at 33% whilst 25% responded that they partly agree. We found that strongly and partly

agree responses were mostly about Improving Access to Psychological Therapies (IAPT) and Crisis services.

On the other hand, 26% of respondents strongly disagreed that services were easy to access, and 16% partly disagreed. These responses were more common for Integrated Psychological Therapy Team (IPTT) and Community Mental Health Teams (CMHT) services. This makes sense given the different routes into these services for example, people can self-refer to Improving Access to Psychological Therapies (IAPT) services, but they cannot self-refer to Integrated Psychological Therapy Team (IPTT) or Community Mental Health Teams (CMHT) services.



The key themes of a positive experience of access were:

- Having an **appointment quickly** following referral,
- Being **signposted** to other services (The Listening Place was praised by multiple people),
- **Regular contact** from the service, which made people feel supported. We have explored this in more detail in the 'Waiting' section (please refer to page 9).

“When I came to the top of the waiting list, the initial appointment to see the [Eye Movement Desensitisation and Reprocessing] therapist was made very quickly, which I appreciated.” - Improving Access to Psychological Therapies (IAPT)

“It was easy to access and the referral team were very understanding. Earlier access to treatment would have been helpful.” - Improving Access to Psychological Therapies (IAPT)

“There was quite a long wait but I was signposted to other services to support me whilst I waited, for example, ‘the listening place’ where I was seen quite quickly.” - Dialectical Behaviour Therapy (DBT)

A few people mentioned their initial access being good, but felt the care ended very abruptly and there was no follow-up after discharge, especially from Home Treatment Teams (HTT).

“Home treatment team were excellent, being seen every day, reviewing medication. Felt supported. Ended in the middle of treatment, felt very abrupt and never saw them again.” - Home Treatment Team (HTT)

The key themes of a poor experience of access included:

- **Long waiting times**, especially for Integrated Psychological Therapy Team (IPTT) services and therapies like Dialectical Behavioural Therapy (DBT). This issue is already known to SLaM through their own work with patients.
- **High staff turnover**. This was especially important to people with long-term or more complex needs. Some people had to repeat their story to different staff and teams, which was distressing.
- Issues with the referral process.
- **Being ‘bounced’ between** different teams or services. This image was used by several respondents and is something we have heard before in feedback from mental health service users specifically. It suggests an experience of futility and being out of control of your own care.

“You only get to see the same person for 6 months. Every 6 months (if I am picked up), I need to go through the whole of the experience over again. Saying it out loud makes it so much worse. It makes me concentrate on how bad things are. This has happened now 4 times.” - Community Mental Health Teams (CMHT)

“I have been under SLAM for over 10 years but I have not had regular, consistent care. Promises are made, hoops are jumped, but nothing seems to progress. The Psychiatrist is difficult to get hold of. I have 2-4 meetings a year with no help or support in between. I get bounced between GP and SLAM.” - Integrated Psychological Therapy Team (IPTT)

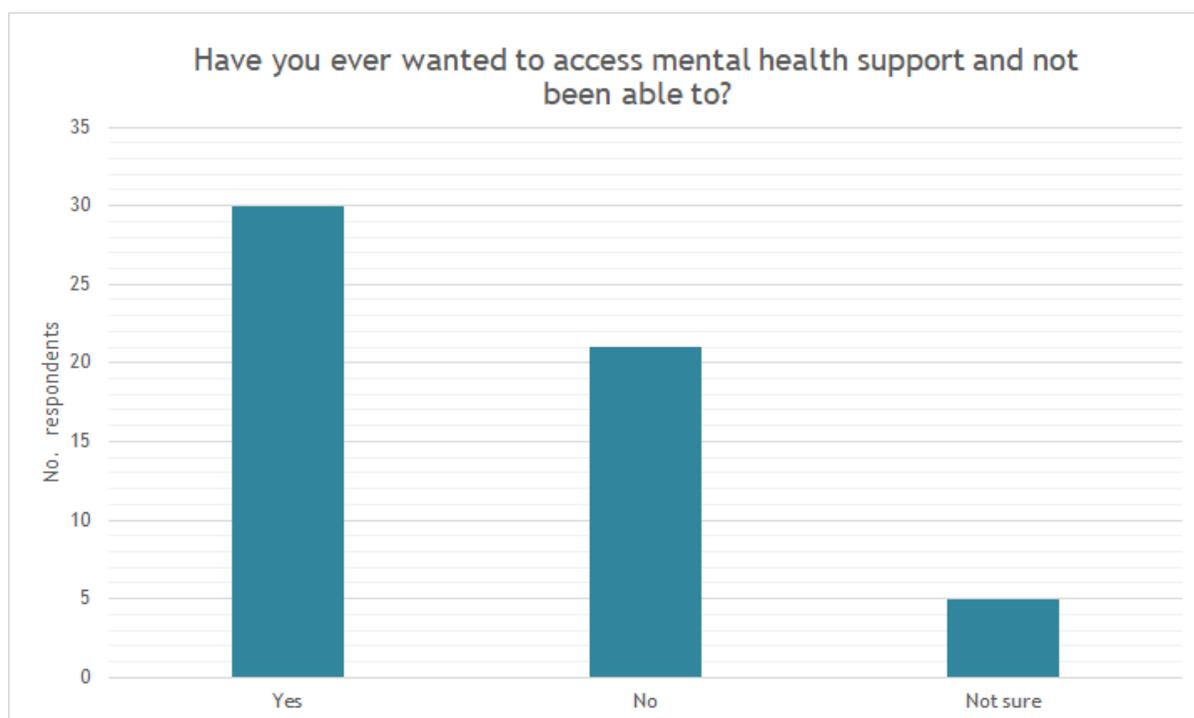
“It was like a revolving door to get people in and out (back to the GP) as soon as possible. There was no explanation of the structure of the service. I didn’t get past assessment and liaison.” - Assessment & Liaison

We also noticed commonalities between the experiences of respondents with autism, attention deficit hyperactivity disorder (ADHD), personality disorder, or eating disorder. All respondents who mentioned one or more of these conditions disagreed that access was easy. They also shared experiences of being refused referrals and being told to seek private care more than other respondents.

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“They refused to offer me any treatment, told me to go private for an autism assessment. I got an autism diagnosis and then they continued to deny me treatment on the basis that I had autism, even though I suffered from OCD and an eating disorder that were not to do with my autism. They discharged me via text and then refused my further referrals from the GP.” - Community Mental Health Teams (CMHT)

We also asked people about times when they hadn’t been able to access mental health support. Many respondents had experienced not being able to access the mental health support they wanted. Around a third of those who answered that they had not been able to access the mental health support they wanted had not accessed any SLaM community mental health services in the past year.



The most common reasons given for not being able to access support were issues with the referral process: being refused referral or referrals being ‘passed around’. We noticed a common theme of people trying to access Improving Access to Psychological Therapies (IAPT) services but not being able to as the service wasn’t appropriate for their needs - either because their mental health was too bad, or not bad enough. However, it was felt to have a negative impact when this wasn’t explained, and people weren’t referred to or signposted to a different service.

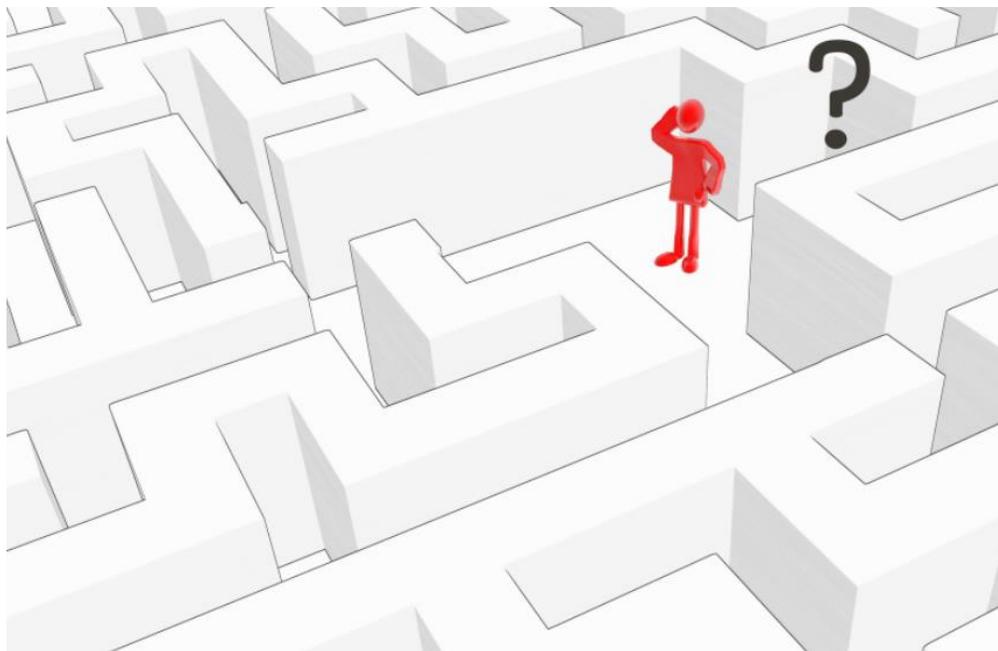
“I had a 45-minute initial assessment by phone and was told my mental condition was not bad enough to have counselling in person. I don’t think there was enough explanation about why I was not eligible for in-person counseling.” - Improving Access to Psychological Therapies (IAPT)

“My weight was not low enough and my referral kept getting passed around with no outcome.” - Eating Disorder Services

Again, we noticed a common theme in the responses to this question of referrals being refused for people with autism, attention deficit hyperactivity disorder (ADHD), personality disorder and eating disorder.

“CMHT refused my referrals, and the consultant said, ‘shall we just accept it and leave you to it’ in regard to my eating disorder.” - and Community Mental Health Teams (CMHT)

“[Assessment & Liaison Team] rejected the referral without seeing me because they insisted that I was having emotional difficulties (I believe they frequently reject people who are diagnosed with (or aspects of) personality disorders. Talking Therapies left me on a wait list that was so long that I ended up having a breakdown and then I wasn’t eligible for the real meat of the service anymore because I was too severe.” - Assessment & Liaison



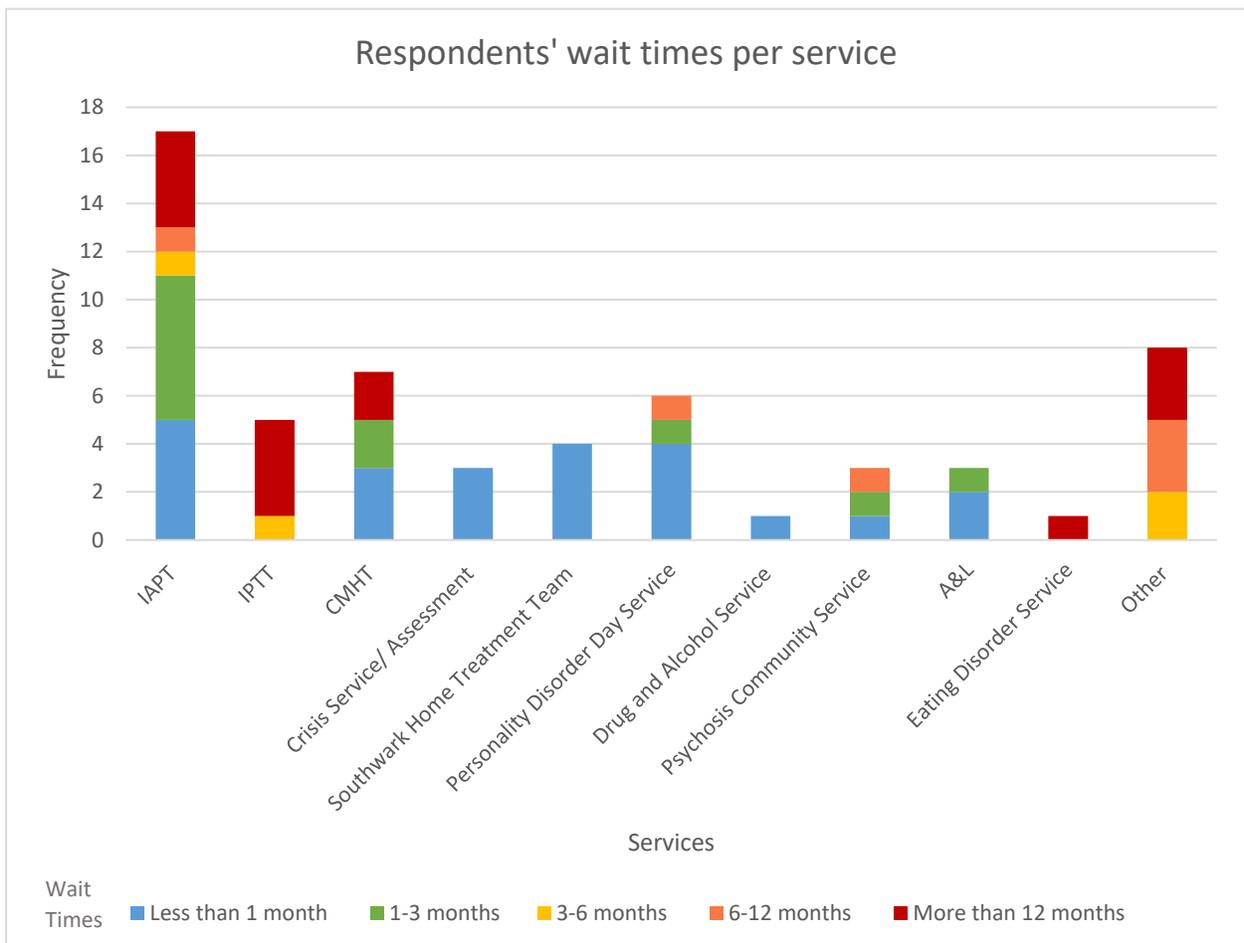
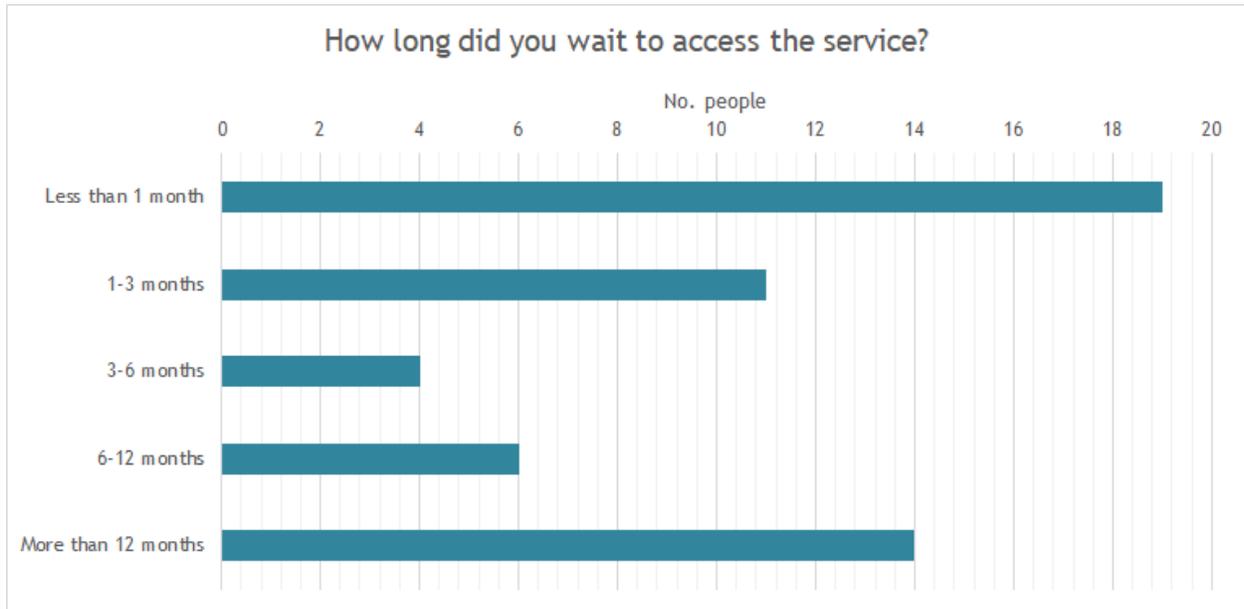
Waiting

Our respondents most often experienced waiting times at the extreme ends of the spectrum. For example, 35% of respondents experienced wait times of less than a month, whilst 26% experienced wait times of more than 12 months.

“The waiting list was so long and I was in real distress. I understand that this is due to funding but it was hard for me to have to wait so long (7 months) to be seen by an EMDR therapist.” - Improving Access to Psychological Therapies (IAPT)

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“They had a holding group beforehand which was good as it didn’t feel like I was waiting in no mans land.” - Personality Disorder Service



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It is difficult to make comparisons between respondents' wait times per service due to the unequal sample of service users from each service. However, this graph offers an indication of the trends in wait times per service.

The service with reports of the lowest wait times was Improving Access to Psychological Therapies (IAPT), accounting for 32% of services with wait times of less than 1 month and 1-3 months. Improving Access to Psychological Therapies (IAPT) however also represented the most used service, increasing its likelihood of wait time responses overall. This was followed by Community Mental Health Teams (CMHT) and Personality Disorder Day services which both accounted for 15% of services with wait times of 0-3 months and Southwark Home Treatment Team (HTT) at 12%. The services with the highest wait times included Other services (including child and adolescent mental health services, occupational health and wellbeing companies, psychosexual services and support teams from other boroughs outside of Southwark), representing 30% of wait times of 6-12 months and more than 12 months. This was followed by Improving Access to Psychological Therapies (IAPT), at 25% and Integrated Psychological Therapy Team (IPTT) at 20%.

People said that they could have managed their wait better with:

- Regular check ins,
- Honest information about waiting times to manage their expectations,
- Information about how assessment and referral process worked, and
- Signposting to other services and resources, such as community organisations and relevant books (one person said that short summaries of the books would have been more helpful).

“Understanding the potential outcomes of the assessment would be helpful. I thought it meant I'd be referred to services but this was not the case.” - Improving Access to Psychological Therapies (IAPT)

“I would like more frequent contact, actual co-ordination of my treatment and to be told how everything works, rather than the other way around!” - Community Mental Health Teams (CMHT)

“A more realistic time-frame (as in “it'll be, realistically, over a year's wait”) is required.” - Integrated Psychological Therapy Team (IPTT)

Several people had positive experiences while they were waiting, which were almost all related to being regularly contacted by staff, especially within Improving Access to Psychological Therapies (IAPT) services. This was seen as an act of compassion that helped people feel like they were remembered by the service.

“They actually called periodically to check in. They were very kind.” - Improving Access to Psychological Therapies (IAPT)

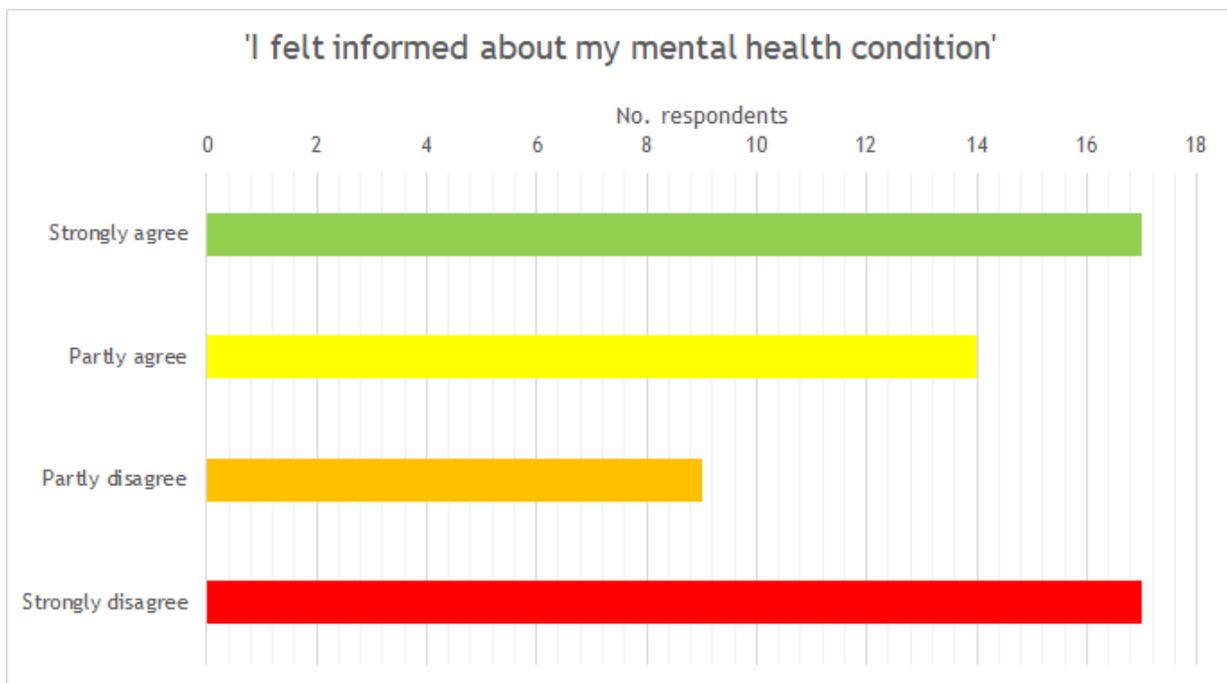
“I did have 'holding' calls with a Psychological Wellbeing Practitioner every 2 months or so while I was waiting to get to the top of the waiting list. These were helpful for me as it let me know that I had not been forgotten. The practitioner also signposted me or emailed me various resources about PTSD which were really helpful while I was waiting.” - Improving Access to Psychological Therapies (IAPT)

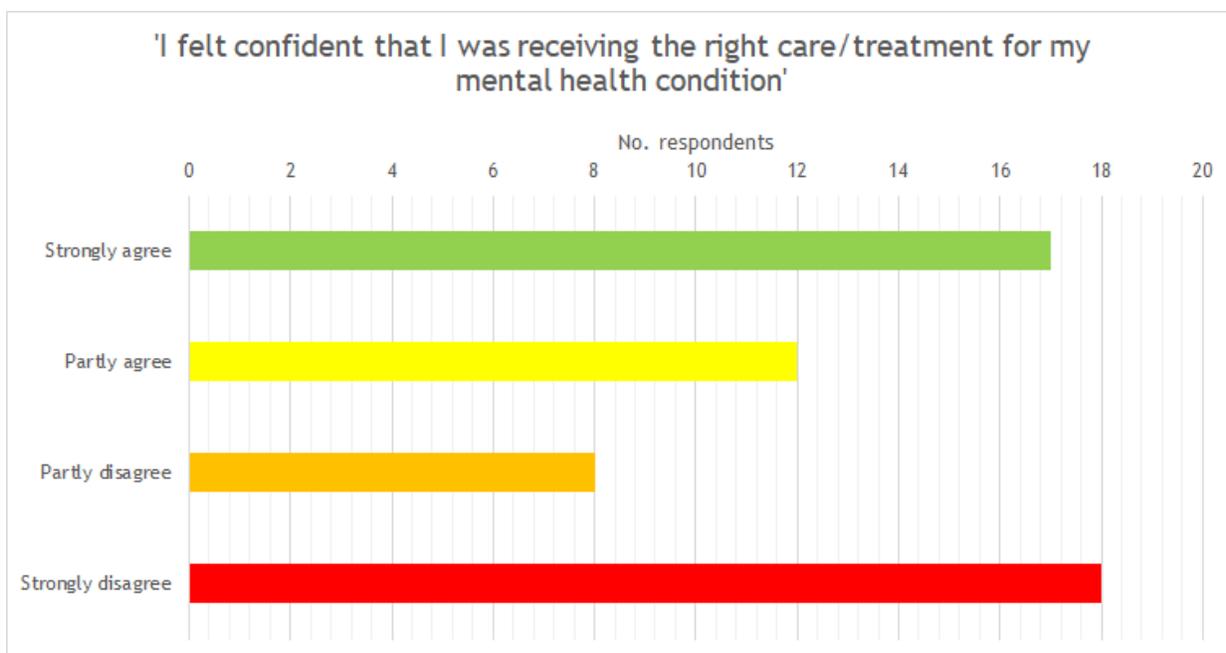
“I had a contact who contacted me every three months. This made me feel like I hadn't been forgotten.” - Improving Access to Psychological Therapies (IAPT)

Suitability

We looked at how suitable respondents felt the care they received was for their mental health. Suitability has two key related components: understanding and feeling informed about your own mental health condition; and feeling confident that your care or treatment is right for this condition.

A similar number of respondents agreed, versus disagreed, that they felt informed about their condition and the care or treatment they received was right for them. Strongly agree and strongly disagree were the two most common categories.





Key features that made services feel more suitable to our respondents were:

- **Flexibility** and tailoring to individual needs, and
- **Listening** to patients to find out what these needs are.

Respondents were most positive about the suitability of Improving Access to Psychological Therapies (IAPT) services, with 29% of strongly agree responses to both questions being about IAPT.

“The care suggested was the right option for me as I needed help with several connected issues. The assessor listened to me when I said one form of care has not worked before and she found a better alternative.” - Improving Access to Psychological Therapies (IAPT)

“I am still using the [Eye Movement Desensitisation and Reprocessing] service weekly (it has been 3 months now) and the EMDR therapist definitely tailors the approach to my needs. I was finding things too tough at one point so she re-focused the work and that has made a big difference.” - Improving Access to Psychological Therapies (IAPT)

“It fitted well. I was suffering from stress (work related), and it offered a series of tools to try to help address this.” - Improving Access to Psychological Therapies (IAPT)

One person also spoke highly of Dialectical Behavioral Therapy (DBT) they received through SLaM.

“I thought that the DBT programme and later the Prolonged exposure treatment suited my needs perfectly.” - Dialectical Behaviour Therapy (DBT)



Others mentioned that Improving Access to Psychological Therapies (IAPT) felt a suitable initial option, but they felt that it didn't address everything, and they were likely to have further needs.

“I feel that there are probably still some underlying things I need help with, but the IAPT care really helped me to turn things around when times were dark” - Improving Access to Psychological Therapies (IAPT)

*“It did help, though it is something that is ongoing and I will need to stay focused.”
- Improving Access to Psychological Therapies (IAPT)*

It could be a cause for concern if there is a cohort that completes a course of treatment with Improving Access to Psychological Therapies (IAPT) but feels they need further care, as other experiences indicate challenges with onward referrals and accessing support long-term.

“They very quickly forwarded my case on once I became too severe for their needs. They followed up and discovered my [Southwark Assessment & Liaison] team referral had been lost. Without that kind of oversight I could have got lost in the system. But the non-provision of support for that period obviously didn't do anything for my needs. In fact, it contributed to a general feeling of not being able to get help from anywhere.” - Improving Access to Psychological Therapies (IAPT)

Following on from the poor experiences of access for people with certain conditions, we also saw a disparity in how suitable respondents felt services were for conditions such as autism, attention deficit hyperactivity disorder (ADHD), and personality disorder.

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“The CMHT was manned primarily for people with psychosis or [Bipolar Disorder] and had little (if any) expertise in dealing with [Personality Disorders].” - Community Mental Health Teams (CMHT)

“The service was very inappropriate. I was taking one step forward and two steps back all the time. A Southwark Community Officer recommended me an assessment for Autism or Aspergers 2 years ago and they were discussing this amongst themselves and the referral never happened.” - Community Mental Health Teams (CMHT)

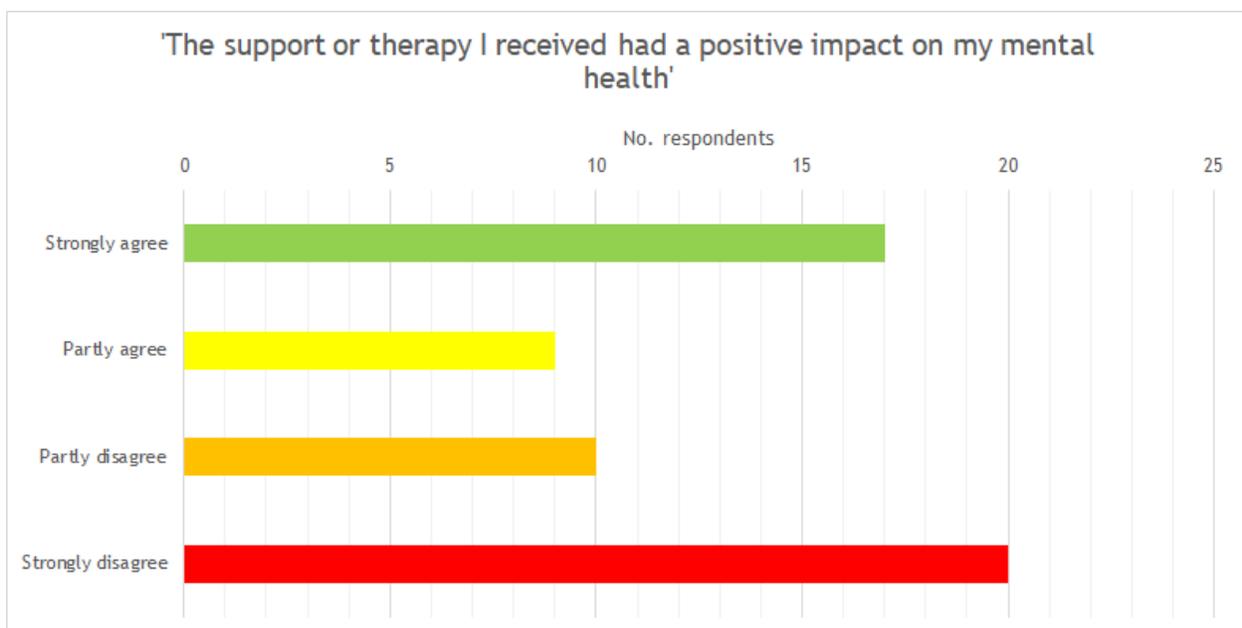
“They refused to provide me with any care. Instead, I was advised to use methods and treatments that my GP made clear I had already tried without success. These were advocated for multiple times, in spite of the fact they had not helped. They did not provide information about all the available treatment options [for ADHD] or why they were declining to provide them.” - Assessment & Liaison

The lack of suitability of services for some people’s specific needs contributed to feelings of ‘not fitting the system’. For example, a carer of someone with experience of autism and borderline personality disorder (BPD) commented:

“[There is a] lack of continuous care. She is not a quick fix and therefore she doesn’t fit the system. Being seen on such a sparse number of times a year is little to no help and she is just going into a deeper spiral believing no one will help her. She has been failed by the system.” - Integrated Psychological Therapy Team (IPTT)

Impact

Slightly more people disagreed than agreed that the support they received from mental health services had a positive impact.



The majority of positive comments (29% of strongly agree comments) were about the Improving Access to Psychological Therapies (IAPT) service, which is a short-term service for mild and moderate mental health conditions, such as depression, anxiety and stress.

“I can now see things from a different perspective, slow down, and not get burnt out. It’s been positive... I am taking it one day at a time.” - Improving Access to Psychological Therapies (IAPT)

“I have been able to continue working and have been able to make some gradual improvements in my personal life and gain a deeper understanding of mental health issues. I have begun to recognise my triggers and symptoms better and have some tools to help me cope.” - Improving Access to Psychological Therapies (IAPT)

“I am no longer experiencing such severe symptoms of PTSD, I am able to concentrate at work and enjoy my social life again.” - Improving Access to Psychological Therapies (IAPT)

We also received positive comments about the lasting impact of Dialectical Behavioural Therapy (DBT) and Cognitive Analytical Therapy (CAT):

“I managed to get sober with the support of the treatment team and stop self-harming by the end of it. My suicidal urges also reduced significantly and I was given tools to manage my emotions. The interpersonal effectiveness module also really helped me to become more assertive in my job and built up my confidence and self esteem to manage conflict effectively.” - Dialectical Behaviour Therapy (DBT)

“It was helpful in resolving my particularly strong emotional distress. I no longer have emotional disturbances in the same way (4 years on). I think it really worked in that regard. After multiple attempts at short term therapy the long term was really useful.” - Integrated Psychological Therapy Team (IPTT)

“My current treatment has turned my life around, I feel more capable and resilient.” - Cognitive Analytical Therapy (CAT)

Overall, the key positive impacts felt by our respondents were:

- Resolving or **reducing severe emotional distress**, including suicidal thoughts,
- Feeling more able to **work and socialise**, and
- Having **‘tools’** to take forward for their specific condition or situation.

On the other hand, those who disagreed that the care they received had a positive impact on their mental health told us:

- They felt they’d been **discharged** from the service before they were ready, and without follow-up,
- That the care felt **surface-level** or “conveyor belt-esque”, and

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- That **struggling to access** the care had been the experience that negatively impacted their mental health - feeling like they'd been "left alone" or denied care.

Again, we heard about more complex situations, with more negative impacts, from people with experience of attention deficit hyperactivity disorder (ADHD), autism, or personality disorder (PD).

*"I have now been referred [outside SLaM for ADHD care], because of administrative issues accessing that service. I will not see a professional for support before May 2022. I am still struggling with the problems I had. I continue to receive no support for this. This means using the people around me as a crutch, but these people have their own lives and jobs and other things to do. I have problems at work (forgetting things, losing things). I pay rent late and, I forget bills. I struggle with deadlines at university. I continue to forget to follow things up with the GP surgery. I forget to brush my teeth and to take medication. This has effects on all aspects of my life." -
Assessment & Liaison*

I went in and out of CMHT several times over 3 years - and every time I was discharged...Over those 3 years I deteriorated and lost my job and had to go on welfare. I still have not recovered. I felt dismissed, misunderstood and hopeless as I couldn't understand what was going on with me. I now know it was all because of my underlying [personality disorder (PD)] - that was causing my anxiety and depression. The really worrying aspect was I was told by the psychiatrist in Assessment and Liaison that lithium was the last resort as I had tried lots of other anti-depressants...the PD service said that medication is not the right treatment for PD! At this point I said no and demanded proper therapy and that's when I had 9 months of CAT. However, the psychiatrist that assessed me for that forgot to put me in her handover notes, so I was never referred. 3 months later I hadn't heard anything so I chased and Integrated Psychological Therapy Team (IPTT) said they had no record of a referral and that I would go to the bottom of the list. So I had to put in a complaint to get that sorted." - Community Mental Health Teams (CMHT) / Assessment & Liaison/ Integrated Psychological Therapy Team (IPTT)

Staff

Staff was the aspect of care rated most positively by respondents.

"The Receptionist was a literal godsend - when I was seriously miserable and barely able to talk, the reception staff were unbelievably kind and thoughtful. I couldn't praise them enough. The person who assessed me initially really explained the process - this was a massive change to usual." - Integrated Psychological Therapy Team (IPTT)

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“My assessor was patient and encouraging and I felt she really wanted to do the best for me. My counsellor has been excellent and I have greatly valued her support through difficult times.” - Improving Access to Psychological Therapies (IAPT)

“The therapist is very warm and approachable, and also involves me in every aspect of the treatment plan, adjusting as we go along.” - Improving Access to Psychological Therapies (IAPT)



People who agreed that staff were helpful and supportive referenced:

- **Approachable and friendly staff,**
- **Feeling listened to and involved** in the decision-making process,
- **Staff being patient, understanding, and empathetic,**
- **Being given clear, helpful information** during treatment.

People who disagreed that the staff were helpful and supportive had common experiences of:

- **A lack of response** to their referrals or requests,
- **Feeling judged** or like they were being treated with a **lack of compassion, for example one respondent had a distressing experience of sharing their trauma during an assessment,**
- **Making a complaint** or trying to give feedback, and
- **Perceiving the staff as overworked or under pressure.**

"[Some staff] clearly have a prejudice against me because I have made a couple of complaints so they try to limit my contact with them and they try to fob me off sometimes" - Community Drug and Alcohol Service

"I found the therapist judgmental and not culturally sensitive." - Eating Disorder Services

"[The] staff repeatedly interrogated me as to why I had not told the police I was assaulted, even though I responded each time that I didn't feel comfortable telling them or feel they would provide a useful response. The assessor didn't look at me (they stared at a computer typing results in) while asking me deeply personal questions about trauma. They didn't sit with me afterwards when I was distressed to wind down, they just said "we're done" and asked me to leave when I was still very upset." - Assessment & Liaison

Carers in particular experienced challenges with the administrative process of communicating with staff, and with staff turnover - which also came up in the 'Access' section (please refer to page 5).

"It is a protracted and convoluted system to access the psychiatrist. I have to email admin, admin emails the psychiatrist, admin emails me to tell me they have emailed the psychiatrist, the psychiatrist emails admin, and admin emails me. Ridiculous." - Integrated Psychological Therapy Team (IPTT)

"Over the last 4 years my loved one has been under the care of 6 CPN. This has had an impact on my loved one in terms of building a trusting relationship." - Community Mental Health Teams (CMHT)

Summary of Findings

Across experiences of access, waiting, suitability, impact, and staff we saw a pattern of extremes: 'strongly agree' and 'strongly disagree' were the most common responses and were consistently chosen by almost equal numbers of people.

We also saw a pattern in the types of services associated with each extreme. Generally, Improving Access to Psychological Therapies (IAPT) had more positive comments about access, waiting, suitability, impact, and staff. On the other hand, more specialist or secondary care services such as the Integrated Psychological Therapy Team (IPTT), Community Mental Health Team (CMHT), Assessment & Liaison (A&L), Eating Disorder and Personality Disorder services were rated more negatively. Importantly, there is a positive context to this finding, as these are the services most affected by SLaM's Community Transformation programme. This means there is a timely action plan for targeted work towards improving these services.

Based on the findings from this survey and the common themes we saw across different experiences, services, and aspects of care, we have concluded the **key areas of unmet need** within adult community-based services at SLaM are:

- Issues with **referral and assessment processes**, including referrals being refused without apparent reason, referrals being passed around, or not actioned in a timely manner.
- **Lack of information** given to people about the types of services available, the structures and assessment processes for these services, and waiting times.
- **Unmet service provision** and increased barriers to access for people with experience of autism, attention deficit hyperactivity disorder (ADHD), personality disorder, eating disorders and serious mental illness.

As seen in our findings, there are also many **positive experiences and examples of 'met need'** including:

- Good opportunities for patient and public involvement.
- A holistic approach to care within several teams and services.
- Kind and supportive staff across services.
- An accessible and impactful Improving Access to Psychological Therapies (IAPT) service for many people.
- Despite long waiting times, Dialectical Behavioural Therapy (DBT) and Cognitive Analytical Therapy (CAT) services that have a positive impact.

Recommendations

Healthwatch Southwark would like to make the following recommendations, which are based on respondents' feedback about the improvements they would like SLaM to implement and our own analysis of the findings.

Accessibility

- More accessible services that work flexibly for patients, for example flexible treatment periods.
- Shorter waiting lists for treatment and more information about waiting times.
- Clearer pathways to treatment.
- Improved access to mental health services for people with experience of autism, attention deficit hyperactivity disorder (ADHD), personality disorder, eating disorders and serious mental illness.

Quality of Treatment

- More transparency and accountability with patients - for example, making decision-making a shared process, not behind closed doors.
- Mandatory service user and carer representation on the Board of Trustees and representatives to be embedded within operational management.

Patient Experience

- Better communication with patients, including explanations of their mental health, honesty when services are unable to help due to lack of staff or resources, and updates during waits.
- More information provided to prospective service users about what the services offer and what they don't to manage expectations of users.
- Signposting to other services and resources, such as community organisations and relevant books or book summaries.
- Better joined-up care to address the needs of individuals with severe mental illness and complex needs.
- More staff, who stay on for longer.
- The acknowledgment of the stigma surrounding borderline personality disorder in services and assurance that it will not influence the care offered.

Review and Assessment

- Better assessments of mental health that listen to the patient and take their experiences into account during assessment and before diagnosis.
- A proper 'step down' care service for those who have recently been discharged.
- Reassessments following treatment to ensure that patient needs have been met and to address any further or ongoing needs.

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- Improved access to onward referrals following the completion of Improving Access to Psychological Therapies (IAPT) and the availability of more long-term support options.
- More ongoing group therapies for recovery and continued mental health support with depression and anxiety.
- Oversight of the progress of people in the system - and escalation when progress halts or goes wrong.

We are hopeful that some of these recommendations have already been considered in SLaM's service plans, and that those that have not can be incorporated.

Next Steps

This is an interim report that is part of an ongoing project on mental health which represents a key priority area for us in 2021/22. Our next steps involve:

- Engaging with stakeholders and partners to see how we can support them to fulfil the recommendations,
- Developing targeted work informed by the key findings of this report to ensure that it has ongoing impact,
- Presenting our findings to local stakeholders, partners, and the steering group to get them involved in the next steps and facilitate coproduction, and
- Engaging with seldom heard groups including children and young people, disabled people, people of different ethnicities, refugees, and asylum seekers.

Acknowledgements

We would like to thank the Healthwatch Southwark Mental Health Working Group, working group, Advisory Group, and volunteers for their hard work and support for this project. We would also like to thank our partners at SLaM for their support. Finally, a big thank you to all the local people who shared their experience with us.

If you have any questions about the report, follow up on any of the issues raised or would like to share your experiences of community mental health services in Southwark, please contact Megan Isherwood (Healthwatch Southwark Research & Projects Officer) at megan.isherwood@healthwatchsouthwark.org

Appendices

Appendix 1- Service Users Questionnaire

Mental Health Services: Unmet Need in Southwark (Service Users Questionnaire)

The aim of this survey is to learn more about the areas of unmet need in mental health services provided by South London & Maudsley (SLaM) to adults in Southwark. For example, when someone cannot receive the care they need, or the care is insufficient or inadequate. Find out more about the survey on our website by typing bit.ly/HWSmentalhealth into your web browser.

We will use the information you provide to make recommendations to the local mental health provider (South London & Maudsley NHS Trust) for improvements. This survey is anonymous.

Section 1: Service(s) Accessed

1. Have you used any of the following SLaM mental health services in the past year? (Please tick all that apply)

- Southwark Improving Access to Psychological Therapies (IAPT) Talking Therapies
- Integrated Psychological Therapy Team (IPTT)
- Community Mental Health Team (CMHT)
- Assessment & Liaison Service
- Drug and Alcohol Service
- Memory Service
- Psychosis Community Service
- Personality Disorder Day Service
- Southwark Home Treatment Team
- Crisis Line/Crisis Assessment
- Inpatient Care (Acute Ward or Intensive Care Unit)
- Emergency Department for mental health

- Other (please specify)

If you have not accessed any of these services, please skip to Section 3 Question 7 (Page 5).

2. Do you also care for someone that has used any of these services, as well as using them yourself?

- Yes (if yes, please also complete our Carers questionnaire by asking a member of staff for a copy)
- No

Section 2: Service Feedback

Please select the service you have used the most or used most recently. To provide feedback about more services, please go to the extra questions from Page 10.

3. What is the name of the service?

.....

4. How long did you wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

5. Please rate how much you agree with the following statements by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for me to access.				
I felt informed about my mental health condition.				
I felt confident that I was receiving the right care/treatment for my mental health needs.				
The support or therapy I received had a positive impact on my mental health (e.g., reduced my symptoms, helped me get a job).				
The staff at the service were helpful and supportive.				

6. Please tell us more about why you selected these responses.

a. Tell us more about your experience of accessing the service:

b. What would have been helpful whilst waiting to access the service? For example, communication from the service, information, other support:
c. Tell us more about how appropriate you felt the care was for your needs:
d. Tell us more about the impact of the care on your life:
e. Tell us more about your experience of the staff at the service:

Section 3: Barriers to Access

7. Have you ever been unable to access mental health support that you've wanted or felt you needed?

- Yes
- No
- Not sure

8. If you answered **yes**, please tell us the name(s) of the service(s):

.....

9. Please tell us more about why you couldn't access the service(s).

Section 4: Mental Health Provider Feedback

10. Tell us about any other issues you think there are with the mental health provider (SLaM) in Southwark - not just your specific service.

11. What improvements would you like to see?

12. Is there anything else the mental health provider (SLaM) has done that has helped you?

Section 5: Equality & Diversity Monitoring

We are asking the following equalities questions to ensure that we are engaging with and hearing from a diverse range of people that reflects Southwark communities. If you would prefer not to answer, please select 'Prefer not to say'.

1. Age

- <18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

2. Gender/gender identity

- Female
- Male
- Non-binary
- Other
- Prefer not to say

3. Sexuality

- Straight/heterosexual
- Lesbian
- Gay
- Bisexual
- Other
- Prefer not to say

4. Ethnicity/ethnic background

- Arab/Arab British
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Black/Black British - African
- Black/Black British - Caribbean
- Black - other
- White British/English/Scottish/Welsh/Northern Irish
- White Irish
- White European

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- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian - other
- Kurdish/Kurdish British
- Turkish/Turkish British
- Latin American
- Mixed - Asian and White
- Mixed - Black African and White
- Mixed - Black Caribbean and White
- Mixed - other
- White Traveller/ Irish Traveller/ Gypsy
- Other
- Prefer not to say

5. Religion/spiritual beliefs

- No religion
- Christian
- Jewish
- Muslim
- Hindu
- Sikh
- Buddhist
- Other
- Prefer not to say

6. Do you consider yourself to have a disability?

- Yes
- Prefer not to say
- No
- Don't know

7. Do you have any unpaid caring responsibilities?

- Yes
- Prefer not to say
- No
- Don't know

If you would like to sign up as a Healthwatch Southwark Member or hear about the outcome of this project, please speak to a member of staff.

Section 2 (cont.): Feedback about services

Please choose the services that you have used most recently or use most frequently.

13. What is the name of service 2?

.....

14. How long did you wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

15. Please rate how much you agree with the following statements by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for me to access.				
I felt informed about my mental health condition.				
I felt confident that I was receiving the right care/treatment for my mental health needs.				
The support or therapy I received had a positive impact on my mental health (e.g., reduced my symptoms, helped me get a job).				
The staff at the service were helpful and supportive.				

16. Please tell us more about why you selected these responses.

a. Tell us more about your experience of accessing the service:	
b. What would have been helpful whilst waiting to access the service? For example, communication from the service, information, other support.	

<p>c. Tell us more about how appropriate you felt the care was for your needs:</p>
<p>d. Tell us more about the impact of the care on your life:</p>
<p>e. Tell us more about your experience of the staff at the service:</p>

17. What is the name of service 3?

.....

18. How long did you wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

19. Please rate how much you agree with the following statements by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for me to access.				
I felt informed about my mental health condition.				
I felt confident that I was receiving the right care/treatment for my mental health needs.				

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The support or therapy I received had a positive impact on my mental health (e.g., reduced my symptoms, helped me get a job).				
The staff at the service were helpful and supportive.				

20. Please tell us more about why you selected these responses.

a. Tell us more about your experience of accessing the service:
b. What would have been helpful whilst waiting to access the service? For example, communication from the service, information, other support.
c. Tell us more about how appropriate you felt the care was for your needs:
d. Tell us more about the impact of the care on your life:
e. Tell us more about your experience of the staff at the service:

Appendix 2 - Carers Questionnaire

Mental Health Services: Unmet Need in Southwark (Carers questionnaire)

The aim of this survey is to learn more about the areas of unmet need in mental health services provided by South London & Maudsley (SLaM) to adults in Southwark. For example, when someone cannot receive the care they need, or the care is insufficient or inadequate. Find out more about the survey on our website: We will use the information you provide to make recommendations to the local mental health provider (South London & Maudsley NHS Trust) for improvements. This survey is anonymous.

Section 1: Service(s) Accessed

1. Has the person you care for used any of the following SLaM mental health services in the past year? (Please tick all that apply)

- Southwark Improving Access to Psychological Therapies (IAPT) Talking Therapies
- Integrated Psychological Therapy Team (IPTT)
- Community Mental Health Team (CMHT)
- Assessment & Liaison Service
- Drug and Alcohol Service
- Memory Service
- Psychosis Community Service
- Personality Disorder Day Service
- Southwark Home Treatment Team
- Crisis Line/Crisis Assessment
- Inpatient Care (Acute Ward or Intensive Care Unit)
- Emergency Department for mental health (based at KCH)

- Other (please specify)

If they have not accessed any of these services, please skip to Section 3 (pg. 5).

2. Have you also accessed any of these services for yourself?
- Yes (if yes, please also complete our Service Users questionnaire)
 - No

Section 2: Service Feedback

Please select the service the person you care for has used the most or used most recently. To provide feedback about other services, please go to the end of the questionnaire.

1. Please write name of service 1

2. How long did the person you care for wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

3. Please rate how much you agree with the following statements about the person you care for by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for the person I care for to access.				
We felt informed about their mental health condition.				
I felt confident that they were receiving the right care/ treatment for their mental health needs.				
The support or therapy they received had a positive impact on their mental health (e.g., reduced their symptoms, helped them get a job).				
The staff at the service were helpful and supportive.				

4. Please tell us more about why you chose that answer.

Tell us more about their experience of accessing the service:

What would have been helpful whilst they were waiting to access the service? For example, communication from the service, information, other support.

Tell us more about how appropriate you felt the care was for their needs:

Tell us more about the impact of the care on their life:

Tell us more about your experience of the staff at the service:

Section 3: Barriers to Access

1. Has the person you care for ever been unable to access mental health support that they've wanted or felt they needed?
 - Yes
 - No
 - Not sure

2. If you answered **yes**, please tell us the name(s) of the service(s):

.....

3. Why weren't they able to access this service(s)?

Section 4: Mental Health Provider Feedback

1. Tell us about any other issues you think there are with the mental health provider (SLaM) in Southwark - not just the specific services the person you care for has used.
2. What improvements would you like to see?
3. Is there anything else the mental health provider (SLaM) has done that has helped you or the person you care for?

Section 5: Equality & Diversity Monitoring

Please answer about yourself, not the person you care for.

We are asking the following equalities questions to ensure that we are engaging with and hearing from a diverse range of people that reflects Southwark communities. If you would prefer not to answer, please select 'Prefer not to say'.

1. Age

- <18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

2. Gender/gender identity

- Female
- Male
- Non-binary
- Other
- Prefer not to say

3. Sexuality

- Straight/heterosexual
- Lesbian
- Gay
- Bisexual
- Other
- Prefer not to say

4. Ethnicity/ethnic background

- Arab/Arab British
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Black/Black British - African
- Black/Black British - Caribbean
- Black - other
- White British/English/Scottish/Welsh/Northern Irish
- White Irish
- White European

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- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian - other
- Kurdish/Kurdish British
- Turkish/Turkish British
- Latin American
- Mixed - Asian and White
- Mixed - Black African and White
- Mixed - Black Caribbean and White
- Mixed - other
- White Traveller/ Irish Traveller/ Gypsy
- Other
- Prefer not to say

5. Religion/spiritual beliefs

- No religion
- Christian
- Jewish
- Muslim
- Hindu
- Sikh
- Buddhist
- Other
- Prefer not to say

6. Do you consider yourself to have a disability?

- Yes
- Prefer not to say
- No
- Don't know

7. Do you have any unpaid caring responsibilities?

- Yes
- Prefer not to say
- No
- Don't know

If you would like to sign up as a Healthwatch Southwark Member or hear about the outcome of this project, please speak to a member of staff.

Section 2 (cont.): Feedback about other services

5. Please write name of service 2

6. How long did you wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

7. Please rate how much you agree with the following statements by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for me to access.				
I felt informed about my mental health condition.				
I felt confident that I was receiving the right care/treatment for my mental health needs.				
The support or therapy I received had a positive impact on my mental health (e.g., reduced my symptoms, helped me get a job).				
The staff at the service were helpful and supportive.				

8. Please tell us more about why you chose that answer.

Tell us more about your experience of accessing the service:
What would have been helpful whilst waiting to access the service? For example, communication from the service, information, other support.
Tell us more about how appropriate you felt the care was for your needs:

Tell us more about the impact of the care on your life:
Tell us more about your experience of the staff at the service:

9. Please write name of service 3

10. How long did you wait to access the service?

- <1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 12+ months

11. Please rate how much you agree with the following statements by ticking the box.

	Strongly agree	Partly agree	Partly disagree	Strongly disagree
The service was easy for me to access.				
I felt informed about my mental health condition.				
I felt confident that I was receiving the right care/treatment for my mental health needs.				
The support or therapy I received had a positive impact on my mental health (e.g., reduced my symptoms, helped me get a job).				
The staff at the service were helpful and supportive.				

12. Please tell us more about why you chose that answer.

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Tell us more about your experience of accessing the service:
What would have been helpful whilst waiting to access the service? For example, communication from the service, information, other support.
Tell us more about how appropriate you felt the care was for your needs:
Tell us more about the impact of the care on your life:
Tell us more about your experience of the staff at the service:

Appendix 3 - Demography

Category	% of total respondents	No. respondents
Age group		
<18	0%	0
18-24	1%	1
25-34	11%	9
35-44	14%	11
45-54	14%	11
55-64	19%	15
65-74	6%	5
75+	1%	1
No response	35%	28
Gender identity		
Female	46%	37
Male	20%	16
No response	35%	28

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Ethnicity		
Asian - other	1%	1
Black/Black British - African	7%	6
Black/Black British - Caribbean	6%	5
Latin American	4%	3
Mixed - Asian and White	1%	1
Mixed - Black African and White	2%	2
Mixed - other	2%	2
White British/ English/Scottish/ Welsh/Northern Irish	33%	27
White European	2%	2
White Irish	2%	2
Prefer not to say	1%	1
No response	36%	29
Religion		
Christian	22%	18
Muslim	1%	1
No religion	31%	25
Other	4%	3
Prefer not to say	5%	4
No response	37%	30
Sexual orientation		
Straight/heterosexual	44%	36
Bisexual	2%	2
Gay	6%	5
Lesbian	2%	2
Prefer not to say	7%	6
No response	37%	30
Disability		
Yes	28%	23
No	30%	24
Don't know	4%	3
Prefer not to say	4%	3
No response	35%	28
Unpaid carer		
Yes	16%	13
No	43%	35
Don't know	2%	2
Prefer not to say	4%	3
No response	35%	28

Appendix 4- Summary of Services

Improving Access to Psychological Therapies (known as IAPT or Talking Therapies) -

A service providing a variety of evidence-based treatment options including specialist online groups and workshops, cognitive behavioural therapy (CBT) guided self-help, online CBT and workshops for common (and milder) mental health conditions, depression, anxiety, stress, insomnia and post-traumatic stress disorder (PTSD), bibliotherapy and evidence-based computerised CBT. A range of tailored interventions are also available for people with long-term physical health conditions including guided self-help, a compass programme of online CBT, specialist CBT interventions and couple-based interventions. You can self-refer yourself if you are registered with a Southwark GP and are 16 years or older. People can usually access one of the above interventions within 1-6 weeks of their assessment appointment.

Integrated Psychological Therapy Team (IPTT)- This is a specialist psychological therapy service (secondary care) that provides assessment, care and treatment including talking therapies for people aged 18-65 who have a severe mental illness and live in the London borough of Southwark. Referrals are accepted by mental health professionals from Improving Access to Psychological Therapies (IAPT) and Community Mental Health Teams (CMHT). The service offers a range of individual and group psychological therapies within the six areas of CBT, family and couple therapy, perinatal psychotherapy, psychodynamic psychotherapy: individual and group, cognitive analytic therapy (CAT) and trauma focused therapy.

Community Mental Health Teams (CMHT) - CMHT see children and young people up to the age of 18, who are experiencing a range of emotional and behavioural difficulties, and their families. They provide early intervention services in GP surgeries, health centres and school and other specialist community services. They can support you in periods of crisis and personal stress, helping to reduce the likelihood of admission to hospital and avoid or delay the need for permanent residential or nursing care. Children and young people up to the age of 18 can be self referred by themselves or a parent or referred through their GP, health visitor, school nurse, social services department or voluntary organisation. If you are over 65, referrals to CMHT can only come from health care professionals, such as GPs, hospital doctors, social workers and district nurses. Once referred, the CMHT will contact you, or your carer, to arrange a convenient appointment - usually within two weeks of receiving a referral.

Assessment & Liaison (A&L)- Offers inpatient and outpatient mental illness assessment by psychiatrists to people, aged 18-65. They also provide psychiatric assessments within Emergency Departments (ED) to determine if people need mental health care and treatment at hospital. It aims to ensure that mental illness expertise is available to people who require assessment, care, and treatment.

Drug and Alcohol Service- SLaM provides addictions outpatient services for people across the UK. It delivers drug, alcohol, and smoking cessation services in the community through GP surgeries, outpatient teams and specialist support clinics.

Memory Service- The Southwark and Lambeth Integrated Memory Service (SLIMS) offers comprehensive assessment, treatment, and support options to anyone over the age of 18 with mild to moderate memory problems likely to indicate dementia. Its multidisciplinary team works in collaboration with the Alzheimer's Society. It offers a comprehensive assessment package based on the principles of recovery and are committed to supporting carers of people with dementia. Following assessment, SLIMS coordinate individualised care planning. This may include prescribing medication if appropriate, post diagnostic support and signposting, problem solving strategies, and individual or group therapy which is offered for both clients and carers. It can also organise for continuous follow up through our dementia advisors.

Psychosis Community Service- Provides care for adults, aged 18-65, who have a psychotic illness. This involves distorted perceptions of reality - thinking, feeling, hearing, and seeing - often with symptoms of hallucinations and delusions. The Psychosis Community Service is available to people who live in Southwark and already receive treatment for mental illness from one of our other therapy services. People eligible for the service must be on the Care Programme Approach (CPA). The CPA is for patients who need to see several people or organisations for their mental health care and treatment.

Personality Disorder Day Service- This services offers specialist day treatment for people with personality disorders.

Southwark Home Treatment Team- This service offers a way to support people at home rather than in hospital. Home Treatment teams are comprised of specialist mental health professionals who can respond to acute mental health problems by providing intensive home-based therapies and support as a safe alternative to admission as an inpatient.

Crisis Line/ Crisis Assessment- Offers a range of different crisis support services tailored to individual needs.

Inpatient Care - Provides care to patients admitted to the acute ward or Intensive Care Unit with ongoing needs.

Emergency department for mental health- Provides emergency, unscheduled care to patients with acute mental health needs.

Eating Disorder Services- This service treats a range of eating disorders alongside co-morbidities from first presentation to severe and intractable, including those patients who are diagnosed late in the development of the condition. It offers assessment, treatment, and management of people with anorexia nervosa, bulimia nervosa, and

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mixed eating disorder symptoms (eating disorder not otherwise specified / other specified feeding or eating disorder) in an outpatient and day care service providing a range of evidence-based care packages tailored to the needs of patients and their carers. It is also able to send self-help resources to individuals with binge eating disorder and avoidant restrictive food intake disorder.