# Equally Well UK

## Top tips for engaging people in health services

Equally Well UK has worked for two years to improve physical health support for people with a mental illness. With support from our host organisation Centre for Mental Health and partner Rethink Mental Illness, here we share some top tips we've learned so far for building effective ways of engaging people and communities with health services.

### 1. Coproduction works

Everything we do at Equally Well UK is produced jointly by experts by experience and experts by profession. We've found that **co-designed services** are better able to **reach people** and **meet their needs**. Through coproduction, services can learn what helps people to engage with them and what hinders people from doing so, what makes them 'safe' and friendly, and what might create barriers or anxieties.

"...my son is very self-conscious and highly sensitive and doesn't like to acknowledge his health problems, so he felt very uncomfortable being among elderly people and felt people were laughing at him (which I'm sure nobody was) for having a flu jab." (carer)

Coproduction means working in an **equal partnership** with **experts by experience** in the design, development and sometimes delivery of services. This can include peer support, where people with experience of a service are employed to support others.

**Sheffield Clinical Commissioning Group** partnered with experts by experience during the pandemic to update its annual health check service for people with severe mental illness from 2021. It held a workshop with service users and carers to design a service specification for the health check, sought feedback from people using secondary care services in the city on its health questionnaire and invitation letter, and carried out a survey in order to implement the new service.

We know that peer-led services **enhance** and **complement** professionally led support. Where this happens, it's important that people are offered payment reflecting the **value of their time, experience and expertise**. It is also important that people are able to see the impact of their time and expertise, for example the resulting report or new service.

### 2. Words matter

Using **everyday language** can **improve engagement**. It can make a service more **welcoming** and **approachable**. Medical jargon, acronyms and formality can engender fear and distrust. Language that appears to 'blame' people for their problems or stigmatise mental illness can also put people off seeking help. **Culturally appropriate language** is also important. **Working in partnership** with user-led and community organisations to find the right words for a letter or leaflet can make all the difference in making a service relevant, welcoming and safe.

"It's just that in this society you feel out of control when you're overweight, it feels like, they make you feel like you're a monster [...] I'm never gonna be that skinny person but that's alright, but you're making me feel negative and that negativity plays on you and then you just go like this [puts hand in the biscuit tin] – I have to feel better but you know you shouldn't do it but you reach for something to eat." (service user)

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## 3. Use multi-media approaches

There's **no one way** to reach everyone. Reaching out means working through different channels. This might mean using phone calls and text messages as well as letters. It can mean giving a phone or text number or email address for someone to contact if they want to find out more. And if you write to someone to invite them to an appointment, **avoid using brown envelopes** which can provoke anxiety. Making use of social media and community websites, radio stations and newspapers can spread a message further still.

**Cambridgeshire and Peterborough Clinical Commissioning Group** is piloting a model in which a local GP federation employs specialist health care assistants to carry out physical health checks for people with a severe mental illness (SMI). They contact people on their local GP SMI register by phone to make appointments. They send reminders by text and follow up those who don't attend to offer another appointment and provide support to attend / offer reasonable adjustments as required. They also offer home visits in some circumstances. They receive training and supervision from the local NHS mental health trust. The CCG has worked with a local user-led organisation to co-produce practical advice for staff to communicate effectively and adapt ways of working to the needs of people with a mental illness.

## 4. Trusted community organisations

No one, and no community, is 'hard to reach'. But many communities find statutory public services unhelpful or threatening. Trusted community organisations can help to **bridge the gaps**. This might include user-led organisations, faith groups and mutual aid societies, working with specific groups of people or at a very local level.

**City and Hackney Clinical Commissioning Group** offers people with severe mental illness access to a Digital Recovery Platform, through which they can set personal goals, record their own health and physical activity, write a personal log, and access psychological support and a library of wellbeing resources. The patient owns the data on the platform, which means it can be shared across a wide range of organisations involved in the person's support.

The platform also includes access to personal health budgets, which offer people financial support to achieve their personal goal. Personal health budgets can also be used to provide people with digital access and so far 222 personal health budgets have been used for this purpose. Access from racialised communities to personal health budgets is good and 36% of those using personal health budgets are from African or Caribbean heritage communities. These communities represent 22% of the local population.

## 5. Trauma-informed approaches

Previous experiences of trauma, violence and abuse can make everyday contacts with health services more difficult. This can include physical health checks, cancer screening, dentistry and vaccinations. Being gender- and trauma-informed can help to make services **safer** and **better adapted** to people's needs. This might include having someone to accompany a person for their appointment.

**The University of Surrey** have compiled a resource to support 'mental health friendly health checks'. The resource includes examples of trauma-informed approaches from across the country, for example, to enable women who have a mental illness or who have experienced traumas including sexual violence to attend cervical cancer screenings.

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## 6. Support staff to 'own' it

Making 'every contact count' means that people working in health and care services (especially within mental health) need the knowledge and confidence to talk about physical health when there is a sensitive and appropriate opportunity. This means **supporting staff wellbeing** as well as giving them the tools and training to engage effectively and carry positive messages into their daily interactions with people using their services.

## 7. Make it safe and accessible

**Safety** and **accessibility** are vital, and never more so than now. Locating health checks and vaccinations in places that are close to home or easy to get to can encourage people to attend and help them to avoid expensive and potentially unsafe travel. Being clear about how buildings are being made **Covid-safe** may also encourage people to attend in person where there is no alternative to this.

### About

This resource is supported by NHSE England and Improvement with input from the Equally Well Expert by Experience and Clinical Group.

Equally Well seeks to promote and support collaborative action to improve physical health among people with a mental illness. It is hosted in the UK by Centre for Mental Health in partnership with Rethink Mental Illness, advised by a Clinical Group and Expert by Experience Group and with a growing membership nationwide. Everything we do is informed by people with extensive lived and professional experience.