



# GP and mental health services in Haringey

## Feedback from women in diverse communities

# GP and mental health services in Haringey

## Who we worked with and what we focused on

- Healthwatch Haringey worked with two grassroots community organisations to find out what women thought about NHS services.
- Roj Women's Association - Turkish and Kurdish women, and
- Middle Eastern Women and Society organisation (MEWSO) - Middle Eastern, North African and Asian women.
- Together we chose to focus on GP services and mental health
- We explored women's experiences of healthcare with a view to improving services.



# How we worked together

## Focus groups and interviews



- We held eight focus groups between November 2021 and March 2022.
- We held two interviews with the Roj Women Peer Coordinator for Older Persons who works with more isolated women.
- The Roj Women focus groups were in person and held at the Selby Centre and the Kurdish Community Centre.
- The MEWSo focus groups were online and held on Zoom.
- Interpreters were used at all the focus groups to ensure they were accessible to all.

# Roj Women - What older women say about GP services

## GP services and older Turkish and Kurdish women

- The COVID-19 pandemic has badly affected the health of older Turkish and Kurdish women in Haringey and their ability to get the right healthcare.
- Isolation has increased and mental health has declined.
- Access to their GP has become more difficult: It is more difficult to get an appointment; the interpreting service is not good enough; communication with the GP during a phone appointment is a challenge; some women don't understand the referral process.
- The language barrier also discourages women from accessing 111 or emergency services.
- Digital exclusion is common and is linked to the language barrier.

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“Sometimes a GP will send a link by text, and say you need to fill out those questions and then we will contact you back.

How does an older person who doesn't understand English, manage to fill out that form? Only one client that I know of has managed to do that.”

Roj Women Peer Coordinator for Older Persons

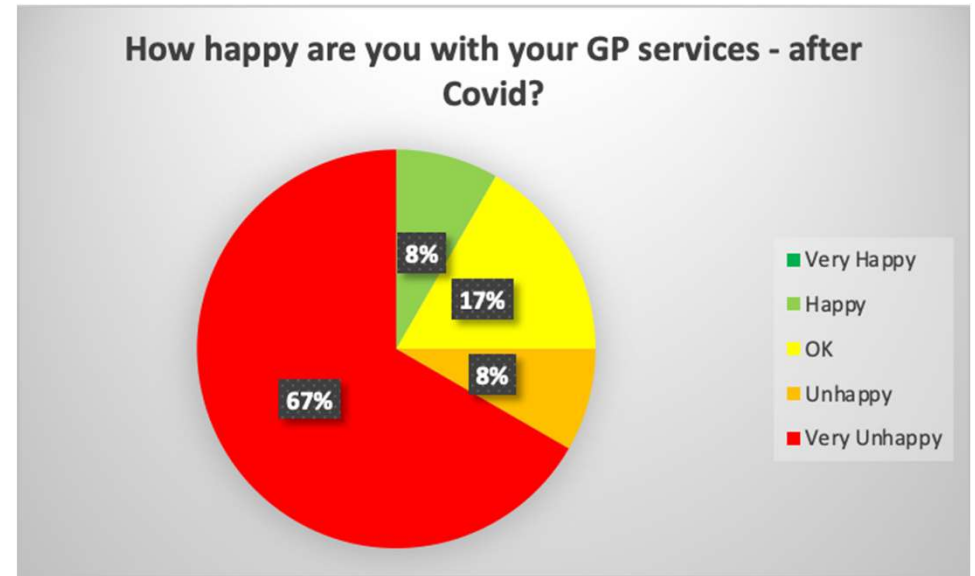
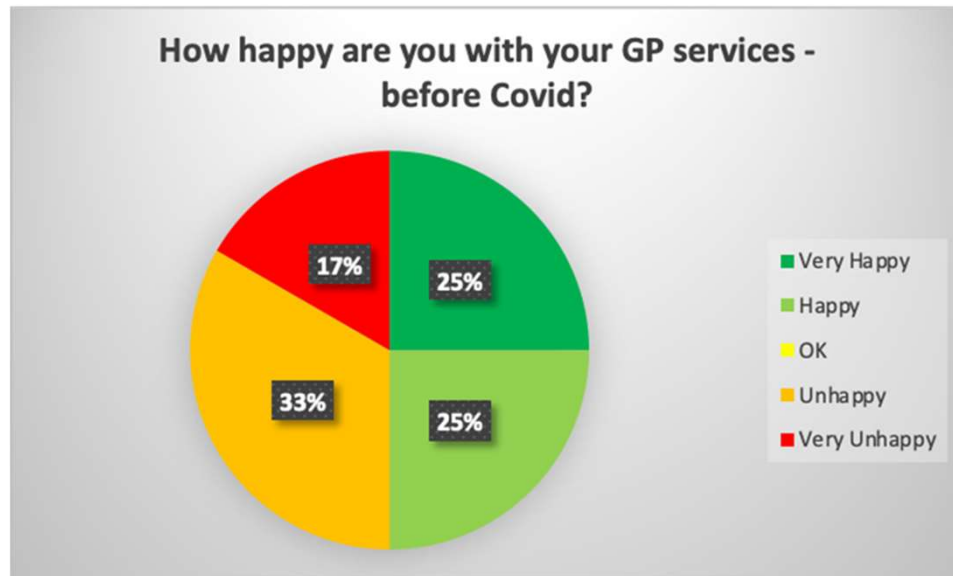


# Roj Women - What women told us about GP services

## Focus group feedback on GP services

- There was a lot of dissatisfaction around GP services to start with, and the level of unhappiness increased dramatically once the COVID pandemic began.
- The biggest problem is the inability to get an appointment because you can't get through to the practice on the phone.
- Women felt they were being discriminated against if they could not speak English well, or if English was a second language.
- Women could only get phone appointments but they preferred face-to-face appointments, as it was harder to explain and make yourself understood when you cannot use body language.

# How happy are you with your GP services?



There was a lot of dissatisfaction around GP services to start with, and the level of unhappiness increased dramatically once the Covid pandemic began

- Before Covid, there was a 50/50 split between whether the women were happy or unhappy with their GP service.
- Two thirds of the women (8 out of 12 women) are very unhappy with their GP services now. Only one woman said she was happy with her GP service now.

# MEWSo- What women told us about GP services

## Focus group feedback on GP services

- Women reported that the practice sometimes didn't pick up the phone, or there were long queues, waiting for the call to be answered.
- Telephone appointments are too short, often lasting 2-3 minutes.
- Women feel there is too much pressure on doctors, and they're forced to speak fast, but this means people with English as a second language find it difficult to understand them.
- Referrals to specialists or other healthcare services are taking too long.
- Women say GP practices invite interpreters who speak a similar but different language or dialect as the patient. Interpreters and the doctor cannot understand the patient correctly when this happens.
- Satisfaction with GP services has reduced dramatically after the start of the Covid-19 pandemic.
- Almost half the focus participants (5 out of 11) were very happy or happy with their GP services before Covid. Now the majority of the focus group participants (7 out of 11) were very unhappy or unhappy with their GP services.





**“I’ve been dealing with a pain for two years, and I went there [GP practice.] They didn’t have an interpreter, and they discharged me. I couldn’t see the doctor.”**

MEWSo focus group participant



# Key recommendations – GP services

## Some of our recommendations for improved GP services for women from diverse communities

- Unconscious bias (anti-racism) training for receptionists, practice staff and GPs to avoid discriminatory attitudes and practices towards those with English as a second language
- Polite friendly helpful receptionists who have completed customer service training, so they are supporting and helping people, not acting as a barrier preventing people from seeing a GP
- Reinstate face to face appointments
- Provide good quality interpreting services for all who need them
- Be mindful of digital exclusion and provide alternatives for those who have no access to the internet or do not know how to use it

# Roj Women - What women told us about mental health services

## Focus group feedback on mental health services

- Women's mental health and wellbeing have generally improved since the lockdown period.
- The women had done many things for themselves, and as a group, to help manage their own mental health and wellbeing and to help get them through this difficult time.
- They said that GPs had very little time to listen and would often just prescribe anti-depressants. They wanted more time for the GP to listen to their issues, to be taken seriously, and to be given a range of options in terms of treatments.
- Women wanted better access to counselling, talking therapies and physical activities.
- The women did not know where to go, or how to access, mental health support apart from through their GP.

# MEWSo - What women told us about mental health services

## Focus group feedback on mental health services

- The COVID-19 pandemic has had a severe negative impact on mental health and wellbeing for women in this community
- Women felt there was a clear benefit from activities around group physical exercise and community socialising.
- The difficulty in getting through to GPs has also affected women's ability to access mental health support.
- Women preferred to be offered talking therapies or counselling instead of medication.
- Where talking therapies were offered, these were insufficient and women regarded this support as 'temporary'.
- There was some awareness of the mental health support available in the voluntary sector, such as MIND, but most women did not mention any alternative to the GP as a first port of call.

A large, stylized pink number '6' in the top left corner.

“...member in the Carers First, who always give us support, after the pandemic little by little we did walk and talk ... it’s good to get together and communicate with each other.”

MEWSo focus group participant

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# Key recommendations – Mental health services

## Some of our recommendations for improved mental health and wellbeing services for women from diverse communities

- GPs should explore a range of treatment options with patients, not just anti-depressant medication. This should include counselling, talking therapies, physical exercise, and social/group activities
- Free physical activity sessions should be funded to make them accessible to all, or vouchers, discounts, leisure passes etc. should be provided to make these services accessible to all who need them to support with their mental health
- Free Community Centre activities should be provided as a means of supporting people's mental health as they combat isolation and loneliness, bring people together, and build networks and friendships. Making these available for free, with no charge at the point of use, would make these services accessible to all

# Key recommendations – Mental health services (continued)

## Some of our recommendations for improved mental health and wellbeing services for women from diverse communities

- Mental health support services, and how to access them, should be promoted and publicised, through grassroots and community networks. These women should be made aware of mental health support services like MIND in Haringey, local phone helplines and local crisis lines, and local grassroots and community groups
- GPs should refer women with mental health issues to social prescribers, as they have more time to listen to the patient, and to develop a holistic care plan, based around the needs and preferences of the patient

# For more information

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