Further written evidence submitted by Rural Mental Health Matters (MH0039)

I am just writing to follow up in response to a few points raised re public transport, by committee member Sheryll Murray MP for South East Cornwall. Also to clarify the main points that I raised, and called for to be looked at, as part of the inquiry. Can they please go on record, and be passed to all members of the committee?

On the subject of the government funded community transport, the minibuses that Sheryll referred to, I have found out the following.

The service in Dorset is run by Nordcat, details here:

https://www.dorsetcouncil.gov.uk/travel/public-transport/community-transport/dorset-community-transport-directory/-/ddl_display/ddl/484825/484114/maximized

As you can see there is quite a problem with this service as it doesn't seem to accommodate or acknowledge fluctuating mental and physical health needs. Nor does it fully address rural inequality, or poverty because of the following:

1. Users have to pay £5 upfront costs – which can mean a lot out of someone's budget, if for example they have £30 a week for food. Even though this is a 'one off' charge for the year.
2. The service needs to be booked 24 hours in advance – therefore how can someone with a fluctuating condition know in advance how they are going to be 24 hours time?
3. This is only available Monday to Friday within certain hours, I believe 9am until 4pm. So if someone from the rural North or West of Dorset wanted to attend The Retreat (mental Health support service) for example, in Bournemouth or Dorchester (the only 2 in the county) to see someone in person about their mental health, they would be restricted in a time window and unable to attend at weekends.
4. The service is not very well publicised, as I explained to the committee I wasn't aware it was available countywide. Lots of people who raised the issue of public transport in rural areas, and engaged with Rural Mental Health Matters (RMHM) via the pilot of our lottery funded mental health and wellbeing outreach project Socially Connecting Shaftesbury, did not mention they had any knowledge of this service.

This scheme, to some extent does help, but it is not fully inclusive and flexible enough to accommodate the needs of people who are living with mental and physical illnesses, whose conditions may well be fluctuating (for example waking up having a 'good day' and wanting to go out shopping or visit a public recreation/attraction or friends, is no use if the day before was a 'bad day' and visa versa, because you have to pre book this service 24 hours in advance). The service is not available evenings and weekends, so it drastically reduces someone's ability to participate in any kind of a social life (hobbies, activities, visiting friends) during evenings and weekends. Leaving them feeling even more isolated in rural and remote communities.

Also, I wanted to sum up my main points made during my evidence session:

Improved access *– via public transport/community transport and addressing wider accessibility needs, including disability access (including non wheelchair users). I used the example of disabled access toilets, where sinks are knee height, so would cause an*

increase in pain for people with chronic spinal and other physical disabilities. Thus exacerbating their condition.

***Parity of esteem in all support/services for mental health and physical health in rural communities** – For example inpatient beds, early intervention, outreach 'hubs', social prescribers, closer to where people live. Currently these are predominantly in urban areas and people are expected 'to get to' a central place.*

***Accountability** - for organisations, both statutory and VCSE sector to be legally obligated to deliver on what they are funded to do, for example if they are funded to deliver a service county wide, ensure they do not just focus on delivering in urban areas. Also for accountability to ensure there is equity in access re mental health support for rural areas, and that organisations are legally obligated to provide evidence they have a rurally inclusive service from planning to delivery stages.*

***Support for organisations**, statutory and non statutory, to help them to achieve rural inclusiveness, and ensure they 'rural proof' their support/services **via a national body**. **Rural Mental Health Matters (RMHM)** could be that national body if fully funded, as we are a Dorset based national Social Enterprise. No other organisation is doing the work RMHM is doing to address inequality in rural mental health. Included in this, incentives could be offered to companies, to be awarded recognition, similar to a gold standard. MP's suggested financial incentives via Govt too.*

***Mental Health Awareness training**, 'upskilling' for people living in the rural community, thus reducing stigma through an understanding of mental health issues. This needs to be free to the public especially taking into account the cost of living crisis. So again, needs to be fully funded, nationally to ensure equity.*

***Mental Health First Aid training** in the workplace to be in legislation, as it is for First Aid. And support/services to be fully integrated, physical and mental health, training for all staff working in health. At a subsequent meeting with Sir Norman Lamb, facilitated by The Centre for Mental Health, we discussed the potential of a central Govt incentive to employers in reward for this, to offset the extra costs of this training, such as lower business rates or similar.*

Also, I'd like the committee to please note that Rural Mental Health Matters is also working with a number of other national organisations, such as Pfizer and Cancer Research UK to look at rural mental health and cancer, to include barriers to access, gaps in support, challenges and stigma for those living in rural and remote communities.

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