

healthwatch
Lancashire

Access to mental health services

June 2017



A Healthwatch Lancashire report summarising feedback from people in Lancashire in relation to how they access mental health services and the issues they face.

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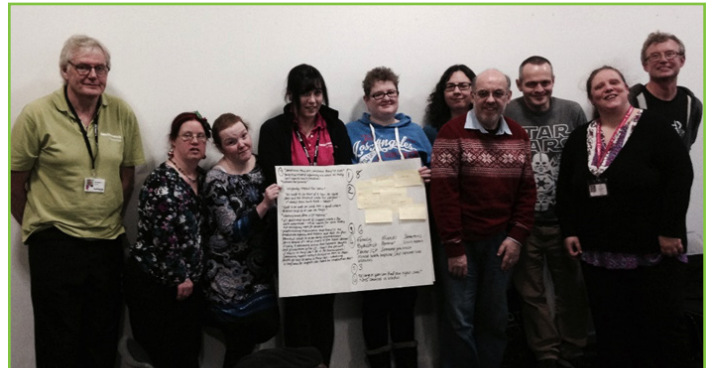
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Introduction

Healthwatch Lancashire is committed to listening to patients and members of the public in Lancashire and making sure their views and experiences are heard by those who run, plan, regulate and commission health and social care services.

From looking at key statistics on both a local and national level, Healthwatch Lancashire identified a need to conduct a project around mental health:



Beth Tildesley (Project Officer) and Tim Snashall (Volunteer) with the Shaping the Future self-advocacy Group for Lancaster/Morecambe.

National:

- Mixed anxiety and depression is the most common mental disorder in Britain, with 7.8% of people meeting the criteria for diagnosis.
- Between 4-10% of people in England will experience depression in their lifetime.
- Evidence suggests that 12.7% of all sickness absence days in the UK can be attributed to mental health conditions.
- In 2013, 6,188 suicides were recorded in the UK. Of these, 75% were male and 25% were female.
- One person in 15 has made a suicide attempt at some point in their life (as of 2014).
- Depression affects around 22% of men and 28% of women aged 65 years and over, yet it is estimated that 85% of older people with depression receive no help at all from the NHS.
- It has been estimated that the total cost of dementia in the UK is £26.3 billion, with an average cost of £32,250 per person.
- 20% of adolescents may experience a mental health problem in any given year.
- 50% of mental health problems are established by age 14, and 75% by age 24.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem, yet 20% of children and adolescents who experience mental health problems have no had appropriate interventions at a sufficiently early age.

Information from www.mentalhealth.org.uk - obtained November 2016

Local:

- 103,000 of Lancashire's 16-74 year olds (including 14 districts) are predicted to have a mixed anxiety and depressive disorder, giving an estimated prevalence of 9.5% compared to England's rate of 9.1% (2016).
- There are 125,455 adult patients on the depression registers, accounting for 10.3% of 18+ registered population, significantly above the England average (8.3%).
- In Lancashire's 14 districts, the incidence of 18+ depression is 1.6% higher than the England average of 1.2%.
- Between the period 2013 to 2015, 461 people died with the original underlying cause of death being suicide (341 males and 120 females).
- In the 2014/15 period, the average emergency hospital admission for intentional self-harm (for all ages) was 237.2 per 100,000 compared to the England rate of 191.4 per 100,000.
- An estimated 15,025 of Lancashire's 5-16 year olds have mental health disorders; highest proportion in NHS East Lancashire and lowest in NHS West Lancashire.

Information from www.lancashire.gov.uk - obtained January 2017

Healthwatch Lancashire intelligence:

In December 2016, Healthwatch Lancashire published our report ‘Listening to those who are homeless and living in deprivation in Lancashire’*.

One of the findings from this project was that 31% of the 99 people who took part said their mental health was poor. Therefore, Healthwatch Lancashire identified a need to explore this further.

The aim of this project was to speak to several groups of people from a variety of age groups and backgrounds. These discussions aimed to identify the level of mental health literacy (defined by The British Journal of Psychiatry as the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”) across several groups of people. This included; their knowledge of available services and support, barriers to accessing these and ideas for how to improve accessibility.

In its initial planning stages, the aim was to gather more specific information relating to mental health issues for certain groups of people, however, based on intelligence from the previous project* we felt it more appropriate to gain a broader picture of the public’s view on mental health. This will then help Healthwatch Lancashire to inform any future projects, dependent on any emerging themes and trends.

The objective of this project is that the intelligence gathered will feed into and inform the Healthier Lancashire and South Cumbria mental health work stream over the next five years, as well as other mental health services and wider services. The project will also highlight topics that will inform future Healthwatch Lancashire projects.

Acknowledgements

Healthwatch Lancashire would like to thank all people that took part in the online survey and participated in engagement activities, not only for their feedback with regards to mental health but also with regards to Healthwatch Lancashire’s conduct, as this will support us to improve for future projects. We would also like to thank all staff and volunteers working at the groups we visited for supporting our visits, particularly within the more vulnerable communities, as this has allowed us to reach out to those whose voices are often seldom heard. Healthwatch Lancashire would also like to thank their own volunteers who helped to carry out the engagement activities, as well as our colleagues at Healthwatch Blackpool.

Methodology

It is often those closest to the process who are best placed to give useful feedback on the way services work and how they can be improved.

As patients and relatives are the ones who experience the process or service first hand, they have a unique, highly relevant perspective. Patient and relatives input into designing services can be invaluable as sometimes seeing services from their point of view opens up real opportunities for improvement.

Preparation:

Healthwatch Lancashire approached a range of mental health service providers (such as Lancashire Care Foundation Trust and Lancashire Mind) to ensure that Healthwatch Lancashire had sufficient information and materials to support and signpost the people we engaged with.

Timing:

The engagement for this project ran from November 2016 to February 2017.

Implementation:

Healthwatch Lancashire undertook Care Circle and Pop Up engagement activities. Consent was gained to take photographs from the groups we visited.

Our Care Circle activities were adapted to best address differing audiences, such as younger people, in order to be as creative and engaging as possible, running more like a facilitated session that included flip chart paper exercises.

Healthwatch Lancashire undertook 26 Care Circles and 9 Pop Up engagement activities during this period.

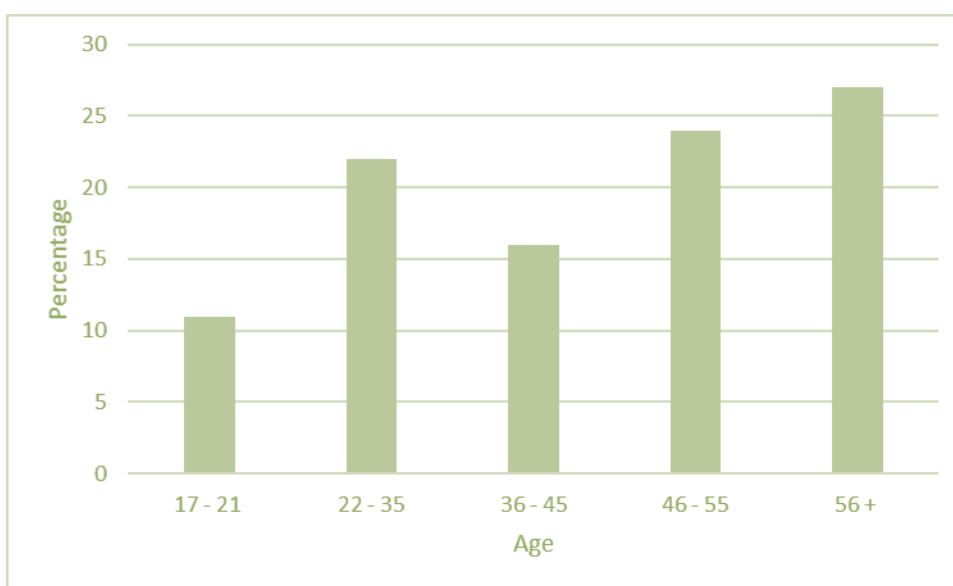
A list of where the engagement activities took place can be found on pages 5-6.

Demographics

The online questionnaire and Care Circles took place during November, December 2016, January and February 2017.

219 people shared their views by completing the questionnaire, both online and face to face. Care Circle group discussions had also taken place with some groups where the sessions run was more interactive, the feedback for the sessions were captured on a flip chart and the results are on pages 58 and 59.

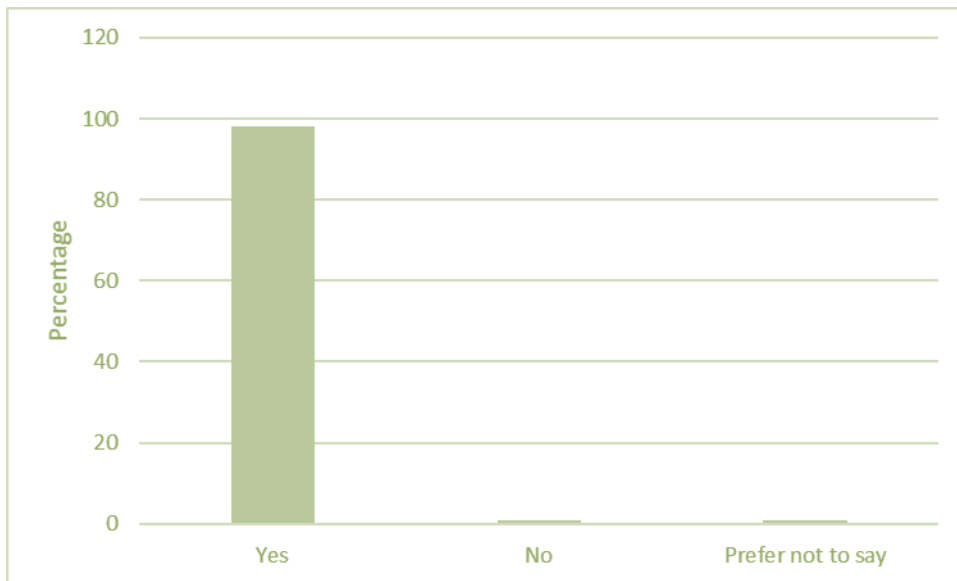
1. What is your age?



2. How do you define your gender?



3. Is your gender the same as the one listed on your original birth certificate?



Where we visited

Lancaster and Morecambe:

- Caritas Group, Lancaster
- Out in the Bay Coffee Afternoon, Lancaster
- Lancaster District Homeless Association Centre, Lancaster
- The Olive Branch, Lancaster
- The Well, Morecambe
- Prince's Trust, Morecambe
- Dignity in Care Event, Morecambe
- Lancaster Library, Lancaster

Fylde and Wyre:

- Alzheimer's Group, Cleaveleys
- Patient Carer Forum, Poulton-le-Fylde
- Fylde 50+ Group, St Anne's
- Lytham Let Live Friendship Group, Lytham
- Alzheimer's Society, Lytham
- Wyre iBus, Knott End
- The Zone (Youth Drop In), Kirkham

West Lancashire:

- West Lancashire Mental Wellbeing Network Event, Skelmersdale
- Skelmersdale Library, Skelmersdale

South Ribble and Chorley:

- POUT Young People's Group, Leyland

East Lancashire:

- Domestic Violence Awareness Event, Barnoldswick
- Medequib Promotion Event, Accrington
- Burnley Youth Centre NEET Group, Burnley
- Safe Space, Nelson
- Safe Space, Rossendale
- Caritas Group, Accrington
- Caritas Group, Colne

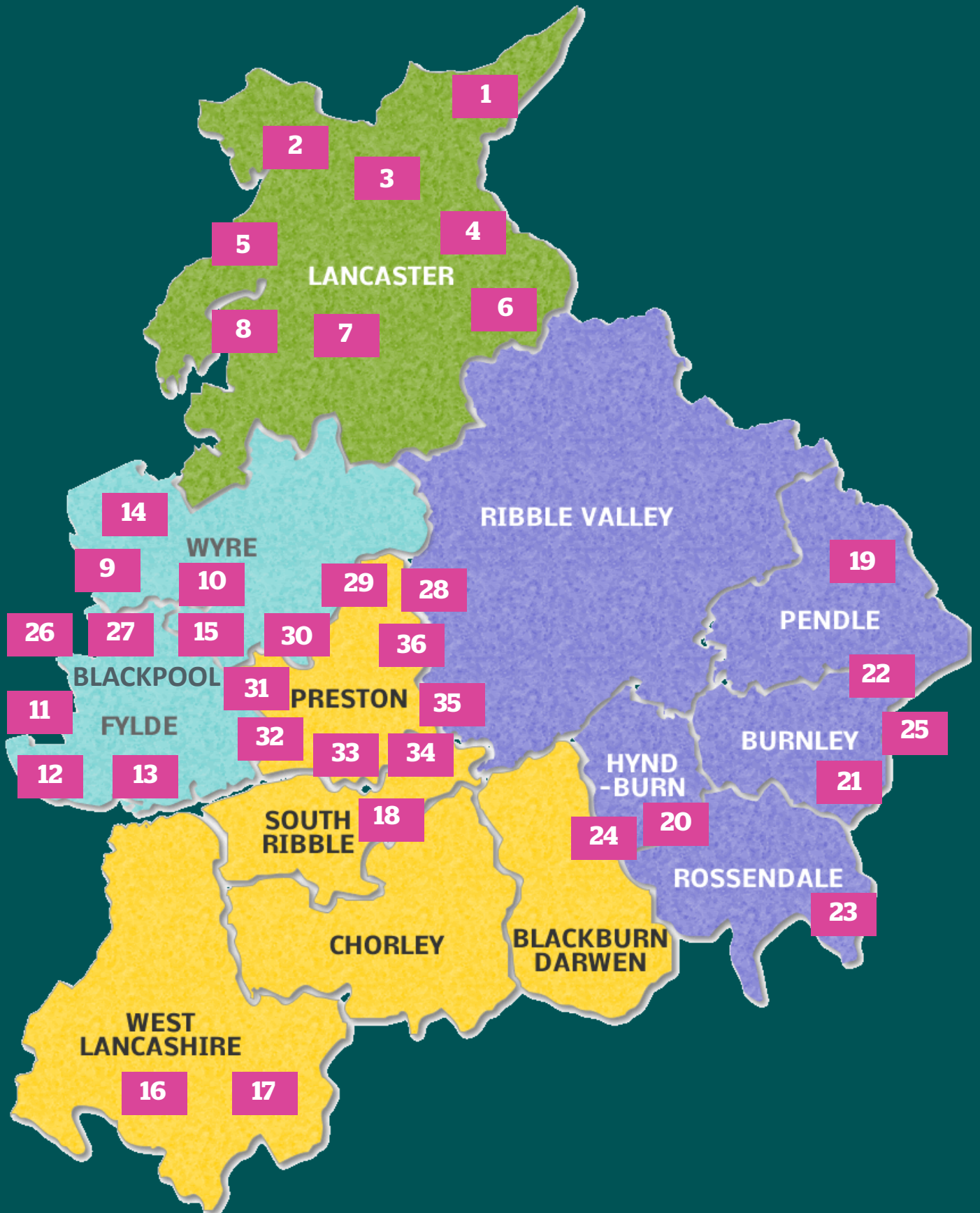
Blackpool:

- Prince's Trust, Blackpool

Greater Preston:

- Myerscough College, Preston
- Learning Disability Partnership Board, Preston
- Headway Patients Drop In, Preston
- Headway Carers Group, Preston
- Depression Alliance Self Help Group, Preston
- Ideas Lancashire Group, Preston
- CFS/ME Support Group, Preston
- Spire (Preston) Ltd., Preston
- Older and Out Social Group, Preston

Where we visited



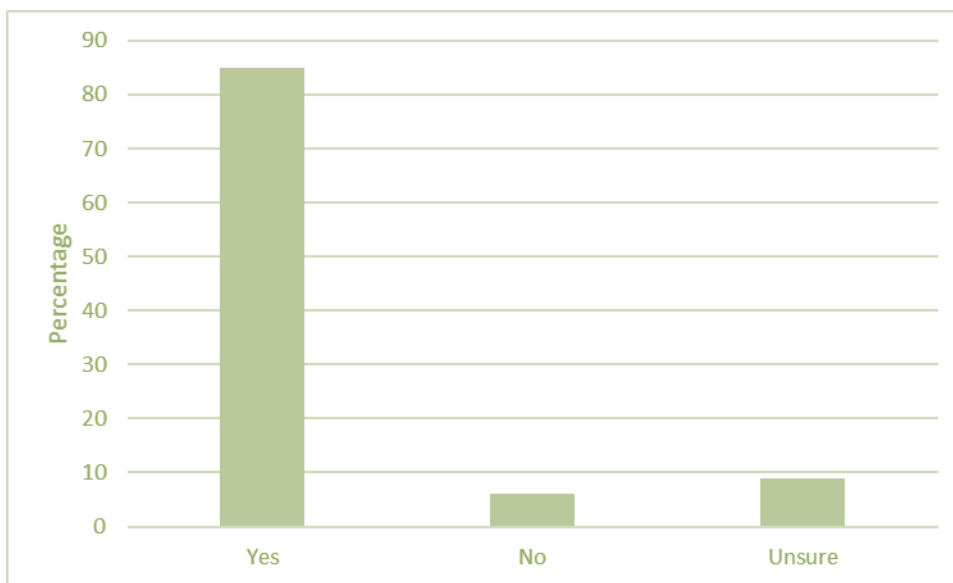
Summary

- **85%** of people we spoke to said they have a good understanding of what mental health is. **45%** of the comments received about understanding were negative (i.e. 'crazy', 'suicidal', 'suffering', 'illness' etc.)
- **83%** of people we spoke to said they had been affected by mental ill health, **56%** of those who chose to share their experience said they had been affected personally.
- **56%** of people we spoke to said they had been affected by self-harm, the age group reported this the most was 36-45 year olds.
- The majority of people we spoke to said that it is important that people are encouraged to talk about mental ill health. **49%** of those who chose to comment said this is because it can help an individual with mental health issues.
- The majority of people we spoke to said they would turn to their GP if they were experiencing mental ill health. Only **3%** of those who chose to comment mentioned funded mental health services such as the Community Mental Health Team or CAMHS (Children and Adolescents Mental Health Services).
- **62%** of people we spoke to said the information on mental health and services is not accessible and helpful. **24%** of those who chose to comment said the information is out there, but it does not meet their needs.
- Almost **70%** of the people we spoke to said it would be helpful to have more online/app services to support with mental health.
- **56%** of people we spoke to said it is easier for some people/groups to get support with mental ill health, with **27%** of those who chose to comment saying it's a 'postcode lottery'.
- When asked, 'How do you cope when you're feeling stressed or unhappy?', the majority of people we spoke to said they talk to someone.
- **17%** of those who chose to comment told us that their mental health is being affected by employment, either current or lack of.
- When asked 'What changes would you like to see regarding mental health by the year 2020?', **22%** of people said they would like more support in general and easier access to services. A further **7%** specified that they would like more local community support.

Results

4. Would you say you have a good understanding of what ‘mental health’ is?

“Everyone has ‘mental health’ and this can be thought of in terms of: how we feel about ourselves and the people around us, our ability to make and keep friends and relationships and our ability to learn from others and to develop psychologically and emotionally.” (www.rethink.org)



85% of the people we spoke to said they had a good understanding of what ‘mental health’ is, whilst 9% said they were unsure.

The age group who felt they had the best understanding of ‘mental health’ was 22-35 year olds (91% said ‘yes’) compared to 12-21 year olds (72% said ‘yes’). 75% of males said they had a good understanding of ‘mental health’ compared to 93% of females.

Of those who chose to comment on their understanding of mental health:

- **45%** said something negative (i.e. ‘crazy’, ‘suicidal’, ‘suffering’, ‘illness’).
- **45%** said something positive (i.e. ‘important’, ‘good wellbeing’, ‘learning’).
- **10%** gave a neutral response.

(A full list of comments shared can be found in Appendix 1.2 on page 28)

“It can cover a whole range of things, difficult to know what it means. I have spent a lot of time trying to find out what is wrong with me.”

“I think that as you go through life, at some point you look back and realise that at some point in the past you may well have suffered from mental health problems.”

Example Care Circle (facilitated session including flip chart paper exercise)

Date: Tuesday 31st January 2017

Name of group: The Princes Trust, Blackpool Team, South Shore Fire Station, St Annes Road, Blackpool, FY4 3AP

Number of attendees for session: 9



We asked:

What is the first thing that comes into your mind when you hear the words 'mental health'?

"Crazy, schizophrenia, split personality, padded rooms, hug jacket, PTSD."

Please tell us why/why you may not find the internet a helpful tool with regards to mental health support?

"Blog sites do not help."

"It where depressed people go to wallow together rather than seeking help."

"Giving people with mental health problems a platform to share their experiences."

Please tell us what changes you would like to see around mental health by the year 2020?

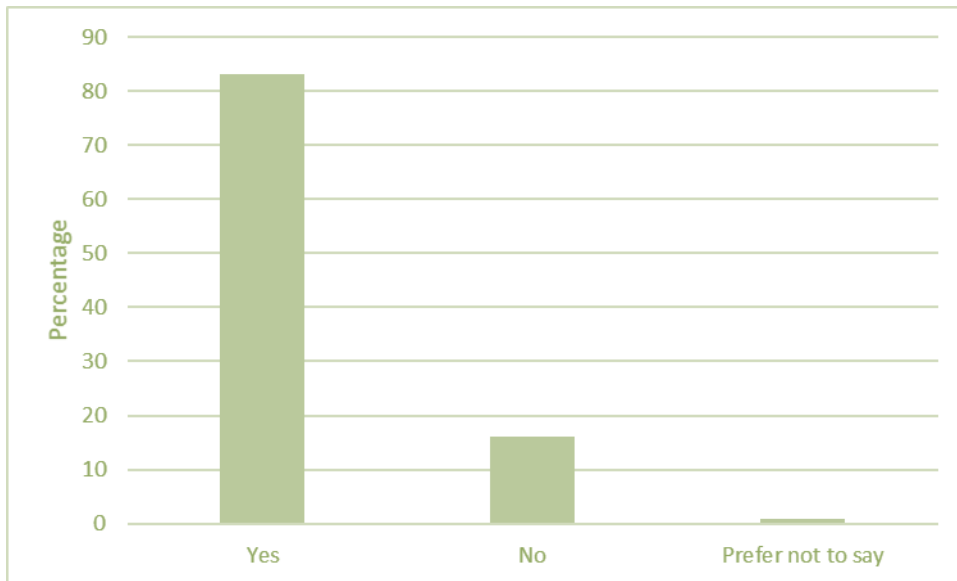
"Information - advert jingles to learn helpful numbers."

"Adverts on buses."

(Information collected on the flip chart can be found in appendix 2.4 on page 58)

5. Have you ever been affected by mental ill health?

(Through personal experience yourself or with someone you know, experience of services/organisations, work experience etc.)



The majority of the people we spoke to (83%) said that they had been affected by mental ill health.

Of those who chose to comment:

- **59%** said they had been affected personally.
- **18%** know a friend who has been affected.
- **17%** know a family member who has been affected.
- **6%** made other comments.

Of those who chose to specify how they had been affected:

- **48%** mentioned depression.
- **24%** mentioned anxiety.
- **20%** mentioned psychosis.
- **8%** mentioned stress.

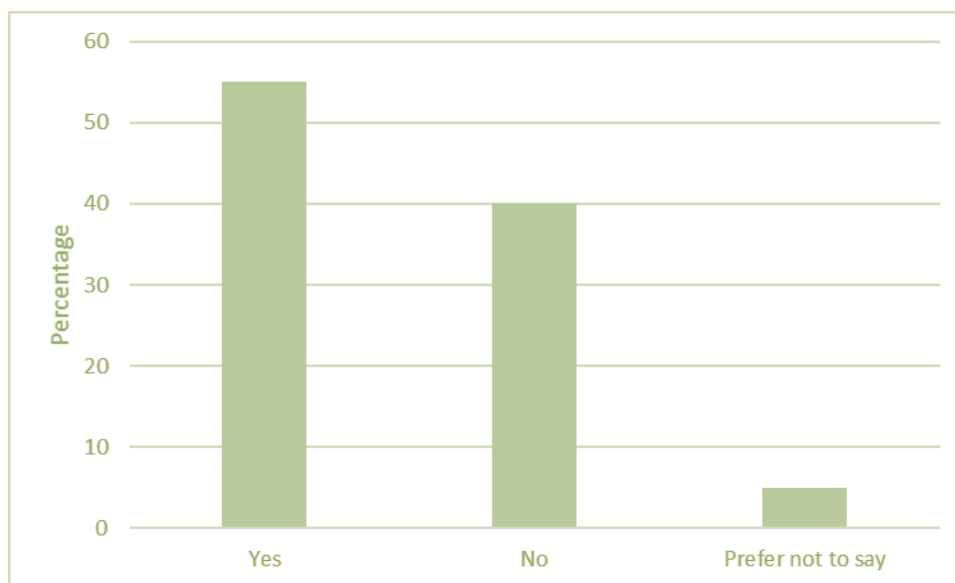
(A full list of comments shared can be found in Appendix 1.3 on page 29)

“Mental health is a very complex issue and I have been very badly let down, it is not working for me.”

“I have suffered with anxiety and depression, and even had suicidal thoughts in the past.”

6. Have you ever been affected by issues around self-harm?

(Through personal experience yourself or with someone you know, experience of services/organisations, work experience etc.)



55% of the people said they have been affected by issues around self-harm whilst 40% said no.

The age group who are the ‘most affected’ was 36-45 year olds (66%) compared to people aged 56+ years who are the ‘least affected’, although 43% of this age group said they had been affected. 60% of females have been affected by self-harm issues compared to 47% of males.

Of those who chose to comment:

- **38%** said they had been affected personally.
- **25%** know a friend who has been affected.
- **25%** know a family member who has been affected.
- **12%** have supported someone in a professional capacity i.e. teacher/student

(A full list of comments shared can be found in Appendix 1.4 on page 30)

“My brother committed suicide.”

“My step dad gassed himself in his car, my mum had a breakdown and left me a suicide note. I have planned to kill myself twice, one of which I carried through but was unsuccessful.”

Example Care Circle (facilitated session including flip chart paper exercise)

Date: Monday 27th February 2017

Name of group: The Princes Trust, Morecambe Team, Morecambe Community Fire Station, Westgate, Morecambe, LA4 4TA

Number of attendees for session: 9



We asked:

What is the first thing that comes into your mind when you hear the words 'mental health'?

"Lots of different things."

"Mental stability."

Would you know what to do if you/someone you know was having mental health issues?

Please tell us what you think you would do/who you would go to for support-

"Minds Matters."

"Counsellors."

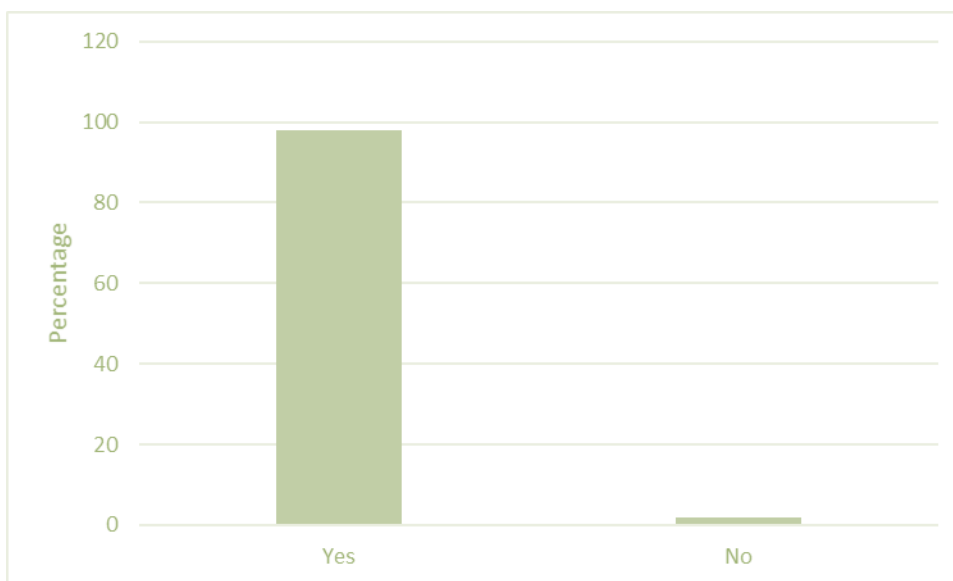
Is there anything that might stop you from getting support for yourself/someone you know?

"Fear of being sectioned."

"Some people don't know they're stressed so they don't do anything about it."

(Information collected on the flip chart can be found in appendix 2.5 on page 59)

7. Do you think it is important that people are encouraged to talk about mental ill health?



The majority of people said that it is important that people are encouraged to talk about mental ill health.

Of those who chose to comment:

- **49%** said ‘yes’, because it can help an individual with mental ill health issues.
- **26%** said ‘yes’, because it helps to break the stigma around mental ill health.
- **19%** said ‘yes’, because it helps to promote mental health awareness and encourage changes to services.
- **4%** said it depends who you speak to.
- **2%** made other comments.

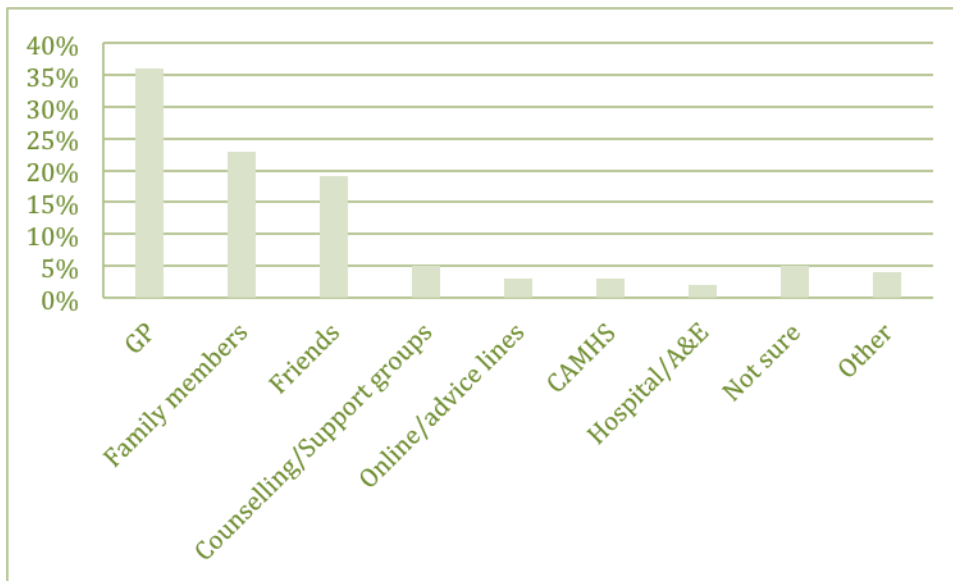
(A full list of comments shared can be found in Appendix 1.5 on page 31)

“Keeping your illness hidden can only make matters worse. Once others realise they are not alone in their suffering it will help them to seek help.”

“For too long it has been a hidden illness, you have to talk about it.”

8. Who would you turn to if you/someone you know were experiencing mental ill health?

(friend/family, services, school, work, doctors etc.)



Of those who chose to comment:

- **36%** mentioned the GP.
- **23%** mentioned family members.
- **19%** mentioned friends.
- **5%** mentioned counselling or support groups.
- **5%** said they didn't know or said they wouldn't speak to anyone.
- **4%** made other comments (i.e. 'police', 'pastor', 'Women's Centre', 'local CCG').
- **3%** mentioned online services/advice lines.
- **ONLY 3%** mentioned the Community Mental Health Team or CAMHS.
- **2%** mentioned the hospital/A&E department.

(A full list of comments shared can be found in Appendix 1.6 on page 34)

"From experience, which ever professionals you approach no help follows."

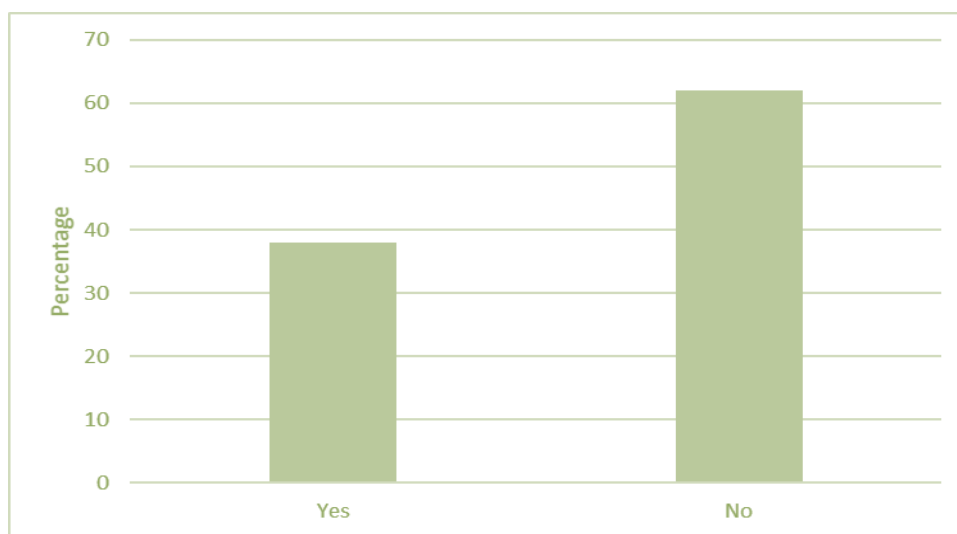
"I would not bother going to anyone anymore, I do not see the point."

"Friend, family or doctor."

"My GP, I have a very good understanding doctor, I am lucky in that respect. Though it is hard getting an appointment with her."

9. Do you think information around mental health and services is accessible and helpful?

(Do you know where to get information, is it easy to understand, would you recommend it?)



62% of the people said that information around mental health and services is not accessible and helpful, 38% said yes.

The age group that finds information the ‘most helpful’ was 12-21 year olds (74% said ‘yes’) and the age group that finds information the ‘least helpful’ was 46-55 year olds (only 25% said ‘yes’). There is only a minimal difference between males and females finding information helpful.

Of those who chose to comment:

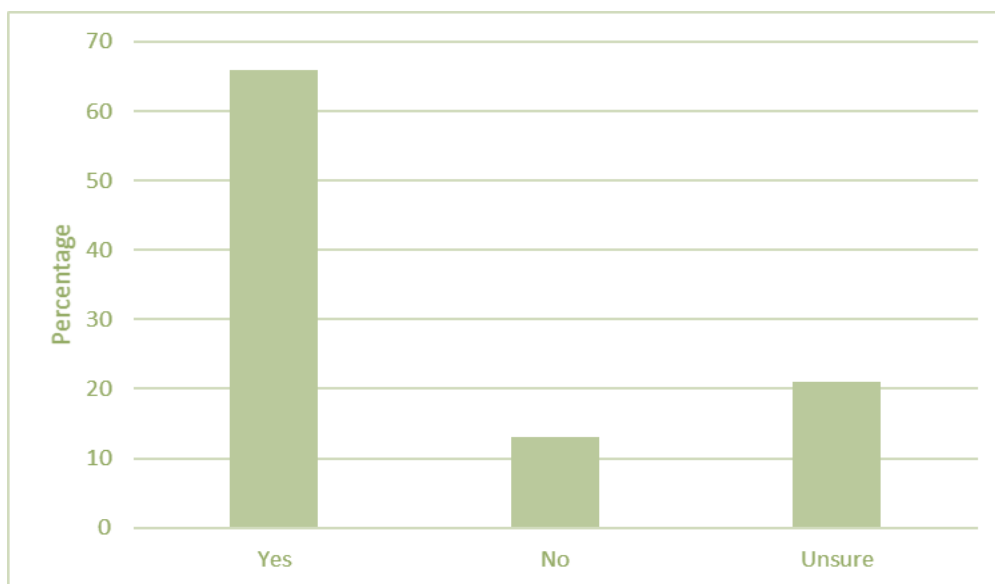
- **24%** said that there is information available but that it isn’t good enough i.e. the content isn’t helpful/it’s not easy to understand.
- **13%** said there is very little information available.
- **13%** made neutral/other comments.
- **12%** said there is information available but it is hard to get hold of.
- **11%** said they were happy with the information available.
- **9%** said they wouldn’t know where to look for information.
- **9%** said they only get information from websites.
- **7%** said they only get information from the GP.
- **2%** said they only get information from advice lines.

(A full list of comments shared can be found in Appendix 1.7 on page 36)

“It is not as accessible as it could be. Some people do not know who or where to turn to. There needs to be better signposting.”

“I waited seven months to be assessed to access psychological treatment.”

10. Do you think it would be helpful to have more online/app services to support with mental health?



Almost 70% of people said that it would be helpful to have more online/app services to support with mental health, whilst 21% said they were unsure.

The age group that would find it ‘most helpful’ to have more online services is 22-35 year olds (79% said ‘yes’) compared to 58% of people aged 56+ years who said they would find this helpful. 70% of females think more online services would be helpful compared to 62% of males.

Of those who chose to comment:

- **29%** said **NO** because they would prefer face to face support.
- **28%** said **NO** because most people don’t have access to/don’t know how to use a computer/the internet.
- **15%** said **YES** because it would be easier to use.
- **7%** said **NO** because there is enough out there already.
- **7%** said **YES** because it would be good for the younger generation.
- **7%** said **YES** because the internet is a useful tool.
- **7%** said **YES** because it will help those who are too isolated/fearful to access face to face support.

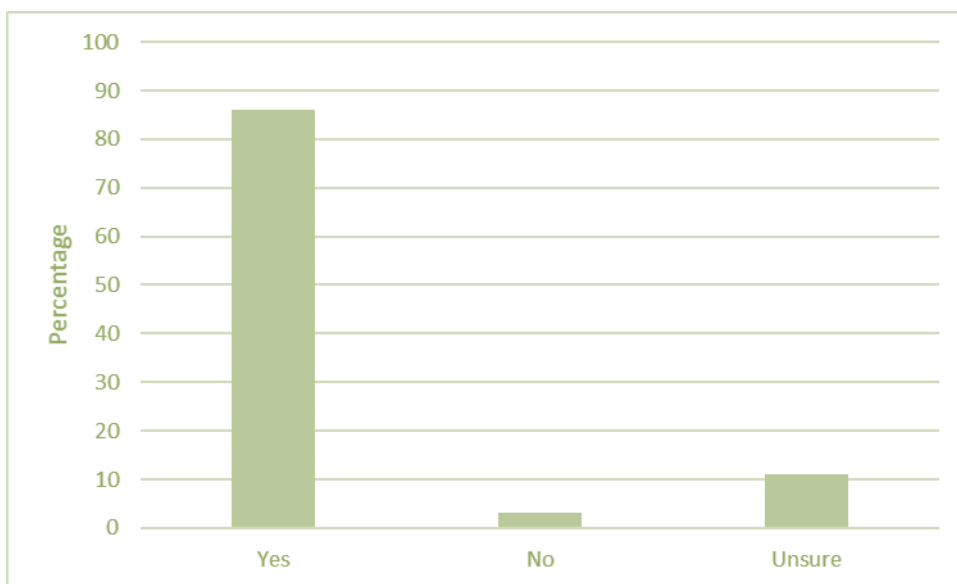
(A full list of comments shared can be found in Appendix 1.8 on page 40)

“Once the mental health need is established I firmly believe it needs human contact and support.”

“Online support is proven to be of benefit, but, it should not be used as a replacement for personal interaction with a doctor, therapist or counsellor.”

11. Do you think there is a stigma attached to mental ill health?

“People with mental health problems say that the social stigma attached to mental ill health and the discrimination they experience can make their difficulties worse and make it harder to recover. Many people believe that people with mental ill health are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming other people.” (www.mentalhealth.org.uk)



Almost 90% of people said they think there is stigma attached to mental ill health, whilst 11% said they were unsure.

The age group who feel ‘most strongly’ that there is stigma is 22-45 year olds (91% said ‘yes’). The age group who feel ‘least strongly’ about stigma is 12-21 year olds, although over half (56%) answered ‘yes’. The majority of both males and females (over 80%) feel there is a stigma.

Of those who chose to share why:

- **37%** said the stigma is due to negative assumptions such as shame, fear, weakness, or embarrassment.
- **22%** said they felt the stigma isn’t as prevalent as it has been in the past, but that it is still there.
- **21%** said the stigma is due to mental ill health being a ‘hidden illness’, as it is not seen in the same way as physical health.
- **13%** said there is stigma and more education is needed around mental ill health.
- **7%** said the stigma is due to media portrayals of mental ill health.

(A full list of comments shared can be found in Appendix 1.9 on page 43)

“Nobody knows how your brain works, people should have better understanding.”

“People do not understand what they cannot see.”

Example Care Circle (facilitated session including flip chart paper exercise)

Date: Tuesday 20th December 2016

Name of group: Shaping the Future Self-Advocacy Group for Lancaster/Morecambe

Number of attendees for session: 8



What is the first thing that comes into your mind when you hear the words 'mental health'?

"Depression, sadness, stress and self-esteem."

Please tell us what you think you would do/who you would go to for support:

"Samaritans, someone you trust."

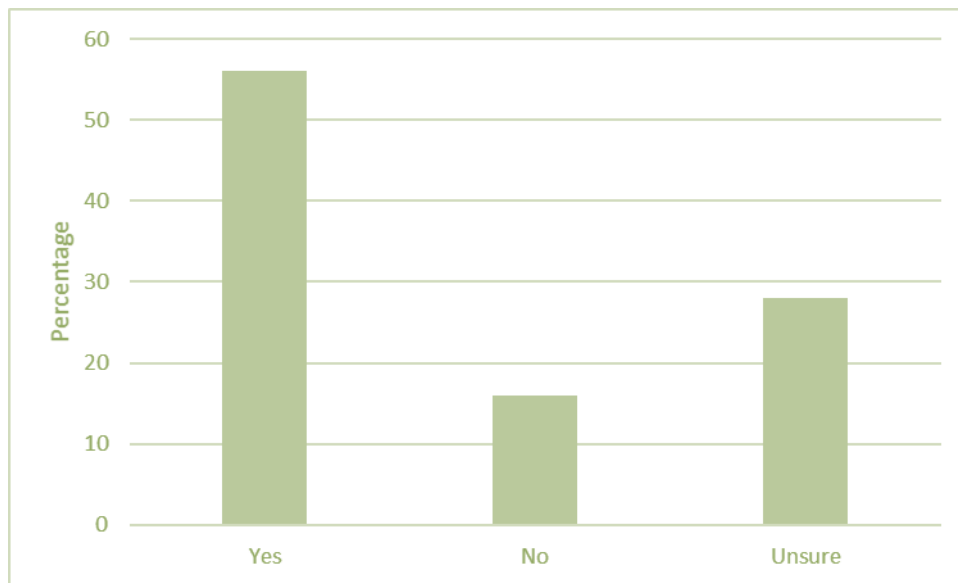
Please tell us what changes you would like to see around mental health by the year 2020?

"Everybody to be treated the same."

"Mental health needs to be more of a topic to talk about and not brushed under the carpet, it has always been hush hush and taboo."

(Information collected on the flip chart can be found in appendix 2.6 on page 60)

12. Do you think it's easier for some people/groups to get support with mental health than others?



56% of people said that it is easier for some people/groups to get support with mental health than others, whilst 28% said they were unsure and 16% said no.

The age group who feel the 'strongest' about this is 46-55 year olds (60% said 'yes') compared to just 40% of 36-45 year olds. There is little distinction between males and females on this issue.

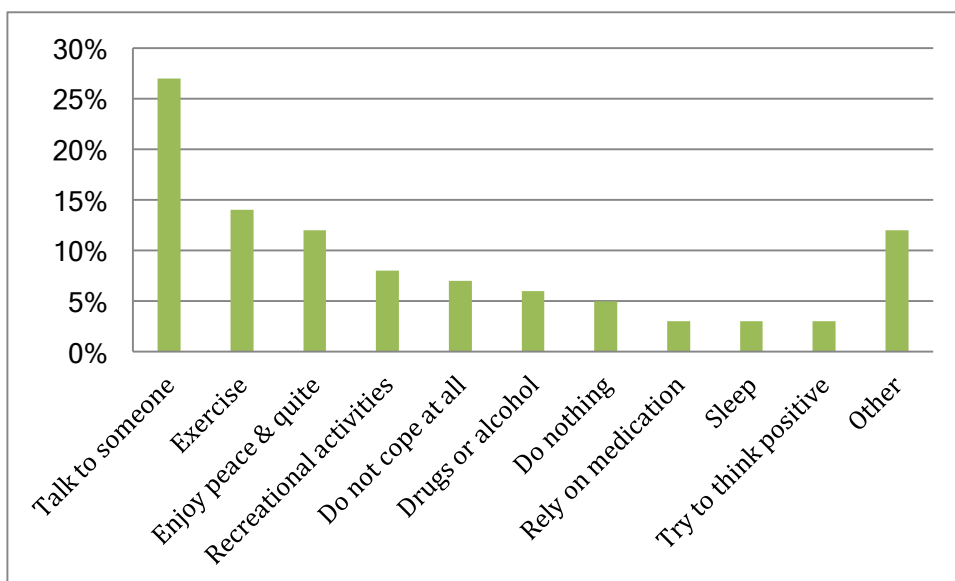
Of those who chose to comment:

- **27%** said it depends where you live, a 'postcode lottery'.
- **13%** said it's easier for those who have more knowledge of what services are available.
- **11%** said it's easier for those who can afford private treatment.
- **11%** said it's easier for those with good support networks (e.g. family/friends).
- **11%** said it's easier for groups who are not isolated (as opposed to groups who are e.g. Traveller community, the elderly, those suffering with mental ill health who don't feel able to reach out).
- **10%** said it's easier for vulnerable groups such as homeless/alcoholics, however a further **8%** said it's harder for this group.
- **3%** said it's easier for young people to access support, however a further **3%** said it's harder for young people.
- **3%** said it's easier for those with access to a phone and a computer.

(A full list of comments shared can be found in Appendix 2.0 on page 46)

"PTSD is nearly impossible to get professional help for unless you are a veteran, but many people suffer from it for a wide variety of reasons."

13. How do you cope when you're feeling stressed or unhappy?



Of those who chose to comment:

- **27%** said they talk to someone.
- **14%** said they enjoy exercise.
- **12%** said they enjoy the peace and quiet (including meditation and prayer).
- **12%** made other comments.
- **8%** said they do recreational activities (listen to music/watch TV/play games/read books).
- **7%** said they do not cope at all (cry/self-harm/lock themselves away).
- **6%** said turn to drugs or alcohol.
- **5%** said they do nothing, they 'just get on with it'.
- **3%** said they rely on medication.
- **3%** said they sleep.
- **3%** said they 'try to think positively'.

(A full list of comments shared can be found in Appendix 2.1 on page 49)

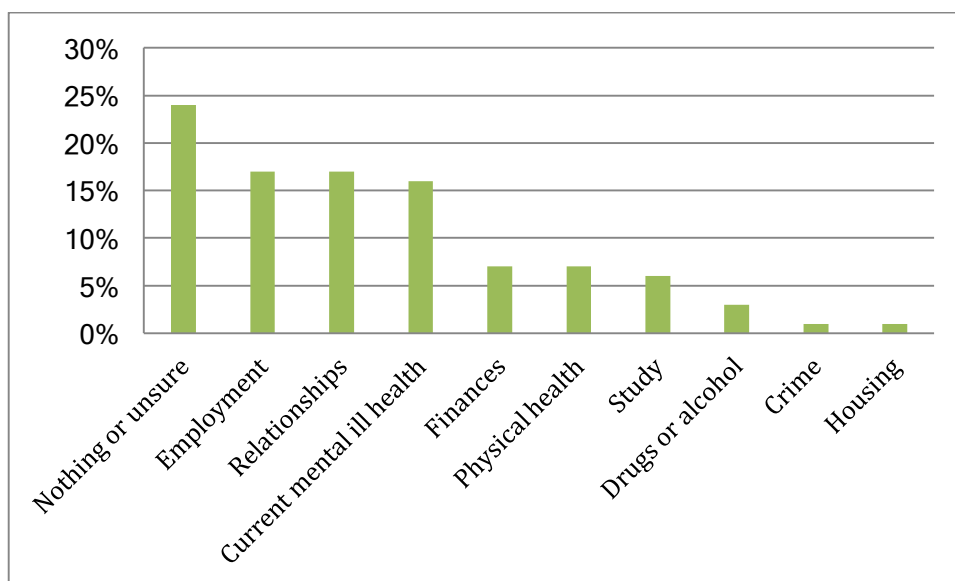
"I talk to friends, listen to music, stay in a quiet room, if that fails then ring the helpline."

"I berate myself for not being strong like other men."

"I stay indoors with the curtains closed and pray for early death."

14. Is there anything currently having a negative impact on your mental health?

(e.g. study, family, relationships, employment, crime, alcohol, or drugs)



Of those who chose to comment:

- **24%** said nothing or unsure.
- **17%** said employment (current or lack of).
- **17%** said relationships (family, friendships and romantic).
- **16%** said current mental ill health (whether personal or supporting someone).
- **7%** said finances.
- **7%** said physical health.
- **6%** said study.
- **3%** said drugs or alcohol.
- **1%** said crime.
- **1%** said housing.

(A full list of comments shared can be found in Appendix 2.2 on page 52)

“My own mental health is getting worse because there is not enough support for my husband. I get support from the carers service which is good and makes a big difference.”

“Family, employment, debt and housing issues.”

“Being lonely (widowed).”

“I am unemployed, struggling to get PIP, and loneliness on the romance side.”

Example Care Circle (facilitated session that included flip chart paper exercise)

Date: Wednesday 11th January 2017

Name of group: POUT (young people's group), Leyland

Number of attendees for session: 6



What is the first thing that comes into your mind when you hear the words 'mental health'?

"Something that affects a massive amount of people."

"CAMHS."

"Usually something negative."

Do you think people with mental health issues are treated differently?

"Feeling that somethings not right but you cannot see it like physical health so do not want to bother people."

"People don't know what to do when they see someone who acts differently, it is ignorance."

(Information collected on the flip chart can be found in appendix 2.7 on page 61)

15. What changes would you like to see regarding mental health by the year 2020?

Of those who chose to comment:

- **22%** said they would like more support in general and easier access to services. A further 7% specified that they would like more local community support.
- **16%** said they would like more funding and investment into increasing services and staff.
- **11%** said they would like to see more public awareness, acceptance and understanding of mental health. A further 10% said they would like to see the stigma around mental ill health broken.
- **9%** said they would like a quicker referral process and reduced waiting times for services.
- **6%** said they would like more choice of treatment options.
- **6%** said they would like current staff to have more education and training on mental health issues.
- **4%** said they would like more support for children and young people.
- **3%** said they don't know or nothing.
- **3%** made other comments.

(A full list of comments shared can be found in Appendix 2.3 on page 54)

“Funny, please, its 2016 and there is nothing available now. Forget 2020. We need the services now.”

“A greater public awareness of just how common mental illness is and more support for mental health on the NHS. People should not wait months to see a counsellor.”

“Getting accepted by the society if you have an illness.”

“Being treated the same as physical health.”

Conclusion

What have we found out?

In conducting this report, Healthwatch Lancashire has gathered intelligence from the public; those who have or are suffering with mental ill health, those who are not yet or are already connected with mental health services, those who have family and friends who have experienced mental ill health and from people in a wide range of age groups and geographical areas, each of which comes with their own differing needs and opinions.

The aim of this project was to gather public perspective on mental health overall. The findings show that residents of Lancashire feel that they have a good understanding of the term 'mental health', although this understanding largely centres around 'illness' as opposed to 'wellbeing'.

We have also found that many people have been affected by mental ill health or self-harm, both directly and indirectly, further confirming that the topic of mental health is very relevant for and important to the people of Lancashire.

One of the most note-worthy questions we asked was regarding changes to services by the year 2020. Many people shared their feedback on how they feel services could be improved and how they would like them to look. This included; easier access to services, increase in services and staffing levels, more public awareness and understanding of mental health, more choice of treatment, better informed staff and extra support for children and young people.

Some of the suggestions made include:

“Easy supportive access, more understanding and capacity for mental health workers, acute care available when needed, society openness, understanding and hopefully reduction in suicide rates.”

“A change in the way you access help, for example, a lot of people get anxious about speaking on the phone but have to go through a phone interview to access it. This has stopped people continuing with it.”

“More talking therapy groups and activity groups at a local (neighbourhood) level.”

“Why not have a special GP walk in centre especially for people with mental health issues?”

“More funding for all age groups and realistic waiting times.”

“The stopping of the policy of sending patients to hospitals miles away to different parts of the UK. This a barbaric practice which harms the patient and their family and friends.”

“Better liaison between Crisis Teams and mental health wards in local hospitals would help to improve services.”

“Adequate funding and anybody involved in commissioning to have experience AND training of mental health issues.”

“A more open and consistent approach with speedy referrals and active treatment in a short time frame. Not leaving desperate people waiting months to see someone.”

We hope that this report will demonstrate the importance of the public and service user voice in influencing change, as service users have highlighted particular issues and improvements they would like to see which will be useful for providers and commissioners to utilise in the designing and improvement of these services.

What have we learnt?

“This project has developed enormously since its beginnings. Where we had originally set out to target very specific subjects within mental health, we have utilised our intelligence to bring it back to basics. Throughout the ‘Homeless and Deprivation’ (December 2016) project it became apparent that the public had conflicting views on what mental health meant to them and what they thought of the available information and services, and so we identified a need to ask the bigger questions.*

I feel that this project has been extremely successful in reaching a number of communities in a variety of ways. We have been creative in our approach and endeavoured to make this project as interactive as possible, which was particularly evident during the facilitated Care Circles where the conversations truly soared. Some of the experiences shared were difficult to hear, however, this has only confirmed that mental health is an important topic to the people of Lancashire.

If we were to do the project again, I feel it would be helpful to have more involvement from key stakeholders in mental health services in terms of providing resources. Where we have been out into the community and facilitated those sensitive conversations, we have always ensured we were equipped with enough information to signpost people appropriately, however, I think there can never be too much information available and we would always welcome the support of any fellow organisations with respect to this.

Overall, I am extremely grateful to everyone who chose to take part in this project, as they have highlighted some key issues on the subject of mental health.”

Beth Tildesley (Project Officer, Healthwatch Lancashire)

*<http://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/Homeless-dep-v.1.3-3.pdf>

How will we use this?

- This report will be sent to key providers of mental health services as well as local Clinical Commissioning Groups and NHS England.
- This report will also be shared with Healthwatch England and the STP (Sustainability and Transformation Plan) work stream lead for mental health in Lancashire.
- Due to a number of people citing employment as a factor in their mental health status, Healthwatch Lancashire will be looking into undertaking a workforce engagement project to further investigate the health and social care needs of those in work.
- Healthwatch Lancashire will be further developing and trialling new engagement methods and tools in future projects in order to continue reaching the public and seldom heard communities.
- Healthwatch Lancashire will further consider the findings from the mental health project to inform more specific projects in future.

Responses

Healthwatch Lancashire sent this report to:

- Mental Health lead for Healthier Lancashire and South Cumbria Change Programme
- Greater Preston/Chorley and South Ribble Clinical Commissioning Groups
- Mersey Care Foundation Trust
- Lancashire Care Foundation Trust
- NHS England

At the date of publication, no responses had been received.

APPENDICES

Appendix 1.2

Would you say you have a good understanding of what 'mental health' is?

Comments with negative connotations:

"It can cover a whole range of things, it's difficult to know what it means. I have spent a lot of time trying to find out what is wrong with me."

"While I have been lucky with regards to my mental health, a couple of people in my life have suffered."

"When I hear the words 'mental health' I think of people going mental."

"I think about people having suicidal thoughts."

"People might be having problems with their families who say, 'You'll be fine, you'll get over it'."

"I do not like the word 'mental' - it has been used in a derogatory manner in the past and this sticks."

"I have a strong insight into my own mental health, my brother in law committed suicide."

"I think that as you go through life, at some point you look back and realise that at some point in the past you may well have suffered from mental health problems."

"I have suffered from clinical depression for 20 years."

"Both my parents have suffered with it, I have too, so I believe I have a good understanding."

Neutral comments:

"I am aware of the signs I think."

"I would define it as how individuals perceive life and how this can be affected in many ways, dependant on or situation."

"Not many people do."

"Mental health is as important as physical health."

"I used to be a representative of PULSE (Lancashire wide young people's participation group on health and wellbeing issues)."

"I learnt from my mum because as she is the community mental health nurse."

"I worked as a PA to a psychiatrist before I retired."

Comments with positive connotations:

"I think mental health is very much about wellbeing."

"There is always more to learn."

Appendix 1.3

Have you ever been affected by mental ill health?

Comments from those who have been affected personally:

"Post-natal depression."

"Depression/anxiety."

"I had depression, anxiety and psychosis. I have also been sectioned."

"[My mental ill health] occurred whilst in hospital."

"I suffered from severe depression in the past. I'm currently on medication but hoping to come off it soon. I am now an alcoholic."

"Drug induced psychosis."

"I have been diagnosed with psychosis."

"I have been sectioned due to my illness."

"I have suffered from depression and have seen others suffer from delusions and paranoia. I got help from the college."

"Yes, I know how it feels, I have depression."

"I have suffered with anxiety and depression, and even had suicidal thoughts in the past."

"Personally, and my mother and two brothers struggle with anxiety and stress."

"Depression"

"I have anxiety."

"I suffered from stress at work."

"I have had mental health problems for over 40 years, including many stays in psychiatric hospitals and taken just about every psychiatric drug you can think of. This includes Lithium, which I am taking now even though is damaging my kidneys."

"Mental health is a very complex issue and I have been very badly let down, it is not working for me."

"I have had chronic depression."

"When I suffered a bereavement."

Comments from those who know friends/family who have been affected:

"Through my mother's illness."

"A member of my family suffers from anxiety."

"My friend suffers from depression."

"My father in law is not well at this present moment."

"Me and my family member."

"With myself and children."

"From personal experience, two of my daughters have mental health issues and one of them is currently pregnant."

"Myself, my brother is not well, my father and few of my work colleagues."

Other comments:

"No comment"

Appendix 1.4

Have you ever been affected by issues around self-harm?

Comments from those who have been affected personally:

"It has crossed my mind."

"I tried to kill myself due to my problems."

"I tried to take my own life."

"I'm still with CAMHS [Children and Adolescents Mental Health Service] for issues around self-harm."

"The advice provided by professionals was useless, demeaning and I felt completely disillusioned. There wasn't any help or advice apart from to go to A&E, which was not the right solution."

"I harm myself."

"Personal experience, I have low self-worth and would berate myself for every fault or flaw, mostly mental self-torture but on rare occasions I would physically hurt myself."

"I have self-harmed on a small number of occasions, causing pain to myself in order to relieve stress."

"I have self-harmed due to being sexually abused."

"I count drinking and bulimia as forms of self-harm which have affected me."

"I have planned to kill myself twice, one of which I carried through but was unsuccessful."

Comments from those who know friends/family who have been affected:

"My friend"

"I have friends who have done it and still do it."

"One of my family members self-harmed."

"My daughter, she suffered from anorexia and self-harmed."

"I know a few people who have self-harmed due to mental ill health."

"Some girls in my old school self-harmed."

"Both friends and clients."

"My brother committed suicide."

"My daughter self-harms, she has borderline personality disorder."

"Through work and friends."

"Close friends have self-harmed, one of my best friends cut her wrist open."

"My step dad gassed himself in his car, my mum had a breakdown and left me a suicide note."

Other comments:

"I have supported young people dealing with physical self-harm and family members self-harming in the form of self-medicating with drugs or alcohol."

"I supported a student who self-harmed."

"I lecture in mental health and counselling at the University Centre at Blackburn College. A number of my students have harmed or continue to do so."

Appendix 1.5

Do you think it is important that people are encouraged to talk about mental ill health?

Comments from those who think it helps people with mental ill health:

"It's a way of facing your illness."

"Yes, too many people are scared to talk."

"I found talking always helps,"

"It would make you feel better to get it off your chest."

"Professionals can greatly improve a person's mental health."

"It could really help you."

"So they understand what it's about and help them sort it."

"It helped me when I was stressed."

"Talking about it helps."

"Because it's important for someone to tell staff or family."

"It is nothing to be ashamed of to talk to someone, it helps."

"Yes, it's very important, giving time to elderly friends to open up and talk about their feelings and problems."

"Yes, absolutely, silence does not help anybody."

"If you can talk to people that you trust, then that could help you deal with issues."

"I feel it helps the person themselves and makes other people more aware of mental health issues."

"Mental health is a part of everyone's life. People need to be able to talk freely and comfortably about their mental health."

"It is very important, it can make a world of difference."

"It helps prevent or deal with issues."

"It is important for people to talk and say how they feel, particularly men.

Often, they do not know or are aware they have a mental health issue."

"Yes, since I have had somebody to talk to I have had a better understanding and learnt to cope."

"It is really important as it could save your life."

"You have to talk about it, you cannot keep it hidden."

"It helps people open up, which helps them cope and receive the right support."

"Yes, because if they are worried or have any issues about their illness they can go to someone and talk to and get some stuff off their minds about their illness."

"It helps some people, but people need to feel free to talk only if they want to."

"The more people know about it, the more we can help and understand those who are struggling."

"It promotes better awareness and enables those with poor mental health to have a platform to gain help."

"Definitely. Before the condition escalates. What simply started out as depression with my partner reached desperation point, with me having to call the police for help. We were taken to hospital and it all got too much. My husband tried to leave and turned aggressive and was pinned to the floor by security, by his feet and was strapped, he was given an injection to calm him down. This makes me feel awful, for me and my son to witness all this. I feel

sick to the stomach that I do not know if I have done the right thing. This could have been prevented if the help was provided quicker.”

“A problem shared is a problem halved.”

“For too long it has been a hidden illness, you have to talk about it.”

“It is very important for sufferers to talk with mental health professionals when they are feeling anxious and have low moods.”

“Bottling it up or being in denial leads to other health issues and affects your everyday life. It can lead to problems with alcohol, drugs, gambling, anger and more abuse.”

“To keep it in and not talking about it makes it worse.”

“If a person can talk about his/her problems then it is more likely that the appropriate help will be offered.”

“It enables people to try to access help.”

“I believe the more people talk about mental health issues the more lives can be saved. Those suffering with an illness may feel they are not alone or see they are not the only people feeling that way and realise life is something worth living for.”

“The negative thoughts build up and become a reality. It is important to talk, but also important to know that someone supports you and can give practical advice when your world crashes down.”

“Keeping your illness hidden can only make matters worse. Once others realise they are not alone in their suffering it will help them to seek help.”

Comments from those who think it breaks the stigma:

“I believe one of the biggest silent obstacles of mental health is that people believe their own mental health issues are somehow ‘unearned’, that they have no reason to really be feeling how they do, and that others will simply trivialise or patronise them when they say how they feel. The more people who are honest and open about their mental health issues will help cultivate a society where it is commonplace for the right reasons and people do not need to reach a desperate frame of mind before they finally admit to their uses.”

“Talking breaks the taboo, the more it is spoken about the better.”

“The more it is spoken about the less stigma surrounds mental health and its treatment.”

“People tend to shy away from this which makes suffering from mental health issues difficult for someone to talk about.”

“Raising awareness and asking for help is good.”

“It’s stigmatised still, it needs to be talked about more.”

“To normalise the experience and reduce stigma.”

“Talking improves understanding and empathy. Talking makes people aware of mental health and that it’s not something to be ashamed of.”

“There still is a negative stigma, because of this people are reluctant to talk about it.”

“Opening up makes it feel alright, acceptable and more understanding of others.”

“Yes, because it’s so misunderstood. I have paranoid schizophrenia (as well as depression, GAD, chronic insomnia, and an eating disorder) and I’m so fed up of people thinking it’s a ‘split personality’. However, it is not the peoples fault for thinking that, this is because it is not discussed enough, people are not educated

about mental health conditions. The media also plays a huge part in miscommunicating reliable information about mental health conditions. I also think too many criminals have their crimes 'justified' or blamed on having a mental health condition."

"It gets the issue recognised and hopefully dealt with, before it escalates. It also makes mental health more acceptable and normal in society."

"People are ashamed of having mental health but in hindsight everyone has it in some way. People need to be encouraged to speak about the way they are feeling. I think this needs to be started at an early age for this to be beneficial for all."

"Awareness around mental health is increasing and the more this is discussed the more the stigma will be broken down."

"There shouldn't be a stigma about it, you will be surprised how many people have a mental health issue and no-one tells anyone, if more people spoke about it they may be able to help each other through shared experiences."

Comments from those who said it depends who you speak to:

"It depends on who you talk to."

"Bottling up your feelings and emotions creates more problems so it is good to talk, depending on who or which service you contact."

Comments from those who think it encourages change:

"Talking is the only way to get a change."

Other comments:

"The younger generation definitely need more information about who to contact if they want to talk about their health."

"For self-awareness, empathy and support."

"We want people to understand what mental health is. More information to be available and in easy to read format. We all need to talk about mental health."

"Most definitely, if they feel comfortable to do so."

"More thought needs to be given on how to deal appropriately with teenagers 17+."

"It can be good to talk but can also irritate the person with the issue if talking does not provide comfort or guidance."

"I don't know."

"It is vital, we need more support groups and services that people know about. To access support is a nightmare! It is complicated, you receive different messages from different health professionals/ agencies."

"I believe the sudden surge in focus on 'stigma' threatens to overshadow growing problems within the NHS in which mentally ill people are consistently failed as there is simply not enough help available, either due to lack of specialist staff or lack of funding. It is very well to encourage people to talk about their mental health, but that is only the beginning. To be then faced with a seemingly insurmountable wall - months or even years of waiting for treatment - can actually dramatically worsen a person's mental health as they feel convinced in what they feared all along: that nobody truly cares enough to help."

Appendix 1.6

Who would you turn to if you/someone you know were experiencing mental ill health?

GP/other health professionals:

"First port of call would be the GP."

"Try and see if I can get a specialist."

"Crisis line."

"The NHS."

"Ideally your GP, but it depends how good they are at understanding you."

"A&E."

"Doctor, that's where I went when I had my issues."

"I found it hard to get through to my husband's GP practice when needed to."

"Mental Health Team to see a Community Psychiatric Nurse with a view to arranging a consultation with a Consultant Psychiatrist to diagnose any mental illness. If this does not happen then go to A&E and demand to see a Psychiatrist, and not to be 'fobbed off' with usual excuses. It is possible that your life is in danger."

"They tend to turn to me! I offer mental health first aid, and then refer them to agencies appropriate for their needs."

"Clinical Commissioning Group."

"Health visitor."

"Carers link."

"Blackburn with Darwen Carers team."

"My GP, I have a very good understanding doctor, I am lucky in that respect, though it is hard getting an appointment with her."

"Counselling."

Teachers or other educational/support staff:

"School."

"Staff."

"Staff in college."

Support groups/helplines:

"Volunteer group, Horizon, LGB&T (Lesbian, Gay, Bi-sexual and Trans) group."

"Health and wellbeing support groups."

"Support from Shelter, I am so ill, I am at a stage where I am not bothered anymore and might end up doing something silly."

"Mental health charities."

"Advice lines."

"Appropriate third sector organisations."

"A support circle."

"The Well in Morecambe."

"Signpost to mental health services (e.g. Minds Matter)."

Friends/family:

"My partner"

"Family, my girlfriend."

"My stepmother, grandma and my partner."

"I turned to my friends but they laughed at me."

"Very close friends only."

"I have a good group of friends, and college support network who I rely on."

"Depends, family first and school if it's a child."

Online:

"Online services."

"I would look for help on the internet and would want to be as anonymous as possible."

Combination/other:

"Friend, family or doctor."

"Encompass."

"CAB."

"Young Peoples Services and friends."

"Consultants, hospital or Salvation Army."

"Pastors."

"Social worker or carer. I live in college campus so we have support workers and college counsellor."

"Teachers or CAMHS."

"I would speak to my support worker and get help."

"Police."

"Anybody who could potentially help me to get the right professional help."

"Faith and friends."

"Women's Centre."

"Booze"

Unsure/nobody:

"Not sure."

"Not sure, maybe see the GP."

"It comes down to who has time to listen to you."

"I am not sure who I would turn to."

"If I knew anybody then I would."

"I would not bother going to anyone anymore, I do not see the point."

"From experience, which ever professionals you approach no help follows."

"I do not have any faith in the NHS for mental health support."

"Self-help & books."

"Unsure."

Appendix 1.7

Do you think information around mental health and services is accessible and helpful?

Yes, from GPs/other professionals:

"I might get information at the GP practice."

"If people want to learn then it is there."

"There are posters around college which is useful."

"I know I can go to the doctors or information clinics."

"I have suffered with depression and anxiety since I was young. At the time, I didn't know I had it. After self-harming at 15 years old I saw a GP and was referred to a very unfriendly counsellor. I never went back after that initial appointment and no one checked up on me to see why I did not come back. It was not until I was 28 after having my second child and having a severe bout of depression that my husband made me go back to the GP and seek help. This time my GP was brilliant and immediately put me on anti-depressants and didn't push me into counselling as she could see how it upset me when I was younger. I eventually sought counselling from a Christian charity called 'Cedar Counselling' in Ambleside. It was the best thing I ever did and it changed my life."

"GPs are always the first port of call and they refer you to the relevant service."

"I regularly refer clients to crisis team/mental health support. However, there are a lot of barriers. Sometimes they insist on self-referral which clients find intimidating. Other times the workers are abrupt and refuse to discuss cases and when cases are taken on there is often a long wait, it could take up to two months plus."

Yes, from online/phone lines:

"There are websites, surveys and phone lines (e.g. Samaritans)."

"I have seen leaflets and visited some websites."

"I get information from NHS/Google websites and from my carer."

"It's available online. It is not easy to get one to one support and there is a long wait for counselling."

"If I needed to get help, I would search online."

"I can only get information from the internet, sometimes from my doctor but I don't want to be 'fobbed off' with pills."

"I'm a nurse and pretty savvy online, so I would look it up."

"I found help on the internet."

"Unless you have computer access it is difficult to know where to turn. The GP can offer a prescription, but when that doesn't help what do you do?"

Yes, from support groups:

"Our church (Buckshaw Village Church) and the NHS are supporting a new emotional health and wellbeing group called 'All of Us' which I think is a wonderful and much needed community initiative."

"More often than not it is fairly easy to obtain information. This can be through many of the charities that support mental ill health, difficulties appear when further information/knowledge becomes difficult to get."

"Carers link is very good and accessible. N compass less so, they have a bad reputation and are not fit for purpose."

“Organisations such as Mind are becoming more known to people and the work they do.”

No, information is very limited or there is nothing available:

“Not too many leaflets with information in GP practices.”

“I am not sure, I’ve never noticed.”

“I have struggled with the Department of Work and Pensions, to this date I have been for six assessments and have had to fight for my benefits.”

“Sadly, GPs are not always good.”

“Nothing is easy to get hold of.”

“I went to see my GP regarding my mental health issues, my GP gave me a number and asked me to ring them. I am not a confident person and cannot ring anybody, my GP could have done this for me.”

“I think it is helpful but the question is what is available?”

“Not sure. I am just glad someone is here in the library today to listen to me [Healthwatch Lancashire] as I feel there is not much available.”

“I do not know where to start.”

“I believe help in professional sense is both hard to access and not helpful enough.”

“I feel information about mental health has greatly improved but still not easily accessible to those people who need it most.”

“It may possibly be, but in comparison to information about acute services it is well out shined.”

“There is little or no information available to the public.”

“It’s lacking.”

“I am not sure young people know where to go.”

“I don’t think so, it depends on what people are looking for though.”

“It depends where you live and how good your GP is.”

“I have no idea where to find information.”

“Yes, I do, however, I know a lot of people who don’t.”

“There is limited information around. It’s hard to gain access to services, especially those that require self-referral.”

“How do I get help that is personalised?”

“When it comes to mental health, I have never seen adverts on television, or never heard anything on radio, or never read anything in a magazine. Other conditions have adverts for support.”

“It is a minefield out there. You need to know what questions to ask and who to ask.”

“There is not enough information or services available.”

“I have been depressed for two years due to domestic abuse and having a termination of a pregnancy. When you see a specialist they’re just like, ‘aww I’m sorry to hear that, here have some pills and get over it’.”

“Many GPs are ill-advised on mental health services and are unsure where to point mentally ill patient. On more than one occasion I have had to do my own research beforehand and then tell my own GP what they should be doing because they have no idea.”

“My GP says that there is a long waiting list to see a counsellor, I have no idea what to do now and I know it takes ages for CAMHS to get in touch.”

“Lancashire Care NHS Trust information is not vast and services are not interlinked, if you’re from Blackpool and move to Wyre then there is too much of a battle to receive proper help.”

Information is there but there needs to be more/it needs to be better:

“The information is not colourful or interactive.”

“How do you get information for the visually handicapped? What formats are currently available, as I do not know?”

“It is not as accessible as it could be. Some people do not know who or where to turn to. There needs to be better signposting.”

“I do not think information is as advertised as it should be. It needs to be more accessible.”

“Need more information in easy read.”

“‘Lancashire Mind’ has the same name as the mental health charity ‘Mind’. I spent two weeks trying to contact the services only to find out I had been emailing and calling the charity service.”

“The NHS website is clear but there needs to be more ways to find out about it and talk about it - especially since no two people may experience mental ill health in the same way. Also, there needs to be more information around early signs, some people might only start seeking information when it's already gotten worse.”

“I spent hours trying to find useful information and to gain access to professionals. The help we received was useless and in fact made the situation worse. The professionals were not competent and telling you to go to A&E when in crisis is not the solution.”

“There should be one point of contact.”

“It is not easy to access services even when you know which service is required.”

“Mental health services in my area are useless.”

“My GP was not very helpful in helping me to access help. I am lucky that I found help myself to deal with my problems but not everyone is able to do that.”

“You try to get referred to a counsellor and it is an uphill struggle. You are waiting forever, by which time it could be too late. Not enough resources, not enough counsellors and a lot of barriers to cross and for people.”

“I know how to access it, but my experience is that the majority of people do not have a clue.”

“Yes, but it’s patchy, people with mental health issues may find the process of finding information to stressful.”

“There is plenty of information out there but access to services is difficult and takes a long time to find it.”

“It needs to be clearer and marketed more effectively.”

“Too fragmented to access help.”

“Passed from pillar to post when you ring any team involved. It seems the teams will do anything possible not to take cases on- is this due to overworked?”

“Information from certain doctors is good. Information is out there but unless you go looking for it you will not find it.”

“There’s not enough information out there. It isn’t as accessible as information for a physical condition.”

“I think there’s too much generalisation.”

“Lots of agencies other than NHS are helping but not given the sufficient funding to maintain the service.”

Other comments:

“The social care model seems to have turned into a cost cutting exercise. Do people have a choice as to whether they live independently in the community?”

“Having gone through doctors, doctors’ advisory groups and taking anti depressants, it has become clear the out-dated NHS is falling behind regarding mental health, especially in males and even more so when it is deep rooted and other issues become involved, for example drugs, drink and having suicidal thoughts.”

“Finding information is easy, getting the help is the problem.”

“Different parts of NHS organisations do not know what each other are doing.”

“The problem is not giving information about mental health but what happens when you think you are mentally ill and how to go through the process of diagnosis. This can take months (or years) It is a convoluted process with delays at every stage in providing a diagnosis.”

“Some mental health illnesses are seen as an invisible illness.”

“There’s still a lot of shame attached to the idea of mental illness. The Government do not want to recognise that it’s a health issue that needs addressing. In Lancashire, we lost the Bridge and counselling services, and I believe some mental health units may have closed.”

“The current services do not take into account those who are either physically or mentally unable to leave their home.”

“I waited seven months to be assessed to access psychological treatment.”

“When dealing with someone with mental health you don’t have the time or energy to find help.”

“It hard to access services but I think people are starting to talk about mental health more which helps.”

“Myself and my husband have worked within mental health so we would know where to gain information.”

“Multiple agencies are all working to different agendas and there is poor liaison.”

“All I know is that it takes a long time for diagnosis and to get the right support. My mother has COPD and associated illnesses, the doctor says she depressed, however, my mother says she is not.”

“My brother signed himself into a hospital on a weekend as he wanted to kill himself as he suffers with severe depression. He said the ward was awful and he has never been more scared in his life. He did not sleep and just stayed awake on the edge of the bed with the curtains drawn all night. He was terrified.”

“Having said ‘yes’, I have good skills at research and I am articulate. I am sure many others would struggle with access particularly when they actually need the help.”

Appendix 1.8

Do you think it would be helpful to have more online/app services to support with mental health?

No, we prefer face to face support:

"I prefer to have face to face contact."

"Face to face is best, online is no help to me."

"Person to person interaction is more effective."

"Not as a substitute for face to face support, but as an addition would be good."

"We're obsessed with things being online. People with mental health issues need a live human being, face-to-face to talk to."

"It must be made very clear how to obtain help as quickly as possible, for example starting with the GP and then taking the appropriate next step."

The majority of people I work with don't have access to internet or a phone. Also, an app isn't the same as talking to a human."

"Probably not, people want definitive answers and you can only get them from direct consultation with a doctor."

"Once the mental health need is established I firmly believe it needs human contact and support."

"People need face to face support from people who want to support and are qualified to help, sadly this has not been my experience."

"Online support is proven to be of benefit, but it should not be used as a replacement for personal interaction with a doctor, therapist or counsellor."

"While there are cases where apps could help, there are lots of levels to a person's problems - what you might think is the problem is actually a symptom of a deeper issue. So, personally from my own experience it's better to get professional guidance who can then point you in the right direction."

No, people don't know how/don't have access to it:

"Not everybody has access to the internet, that might be difficult."

"I cannot afford the internet so I struggle."

"I would have no idea how to use the internet."

"It is ok if you use smartphone or a computer."

"Unsure as some people do not have access to the internet."

"People who are homeless or have a drug problem don't have computers or fancy phones to access services."

"Many people with health issues do not access to I.T equipment or smart phones."

"Older people may not use computer to access the services."

"Many people with mental health issues are not computer literate."

Yes, it would be easier to use:

"If people are going through bad times it might be easier to look it up."

"Easy to click and navigate an application."

No, there is enough out there already:

“No, because there is loads already. It’s face to face or free phone numbers which are needed more.”

Yes, it would be good for younger generation:

“It is good for the younger generation.”

“A lot of younger people communicate in this way now.”

“Young people are internet savvy and are likely to access online services. Also, it can help at first to have to speak to someone else about how you feel.”

“Mental health was never discussed at school and I felt completely alone in my turmoil and even struggled to discuss it with my parents. I think children as young as primary school age should be free to discuss their worries and feelings in a safe environment.”

Yes, the internet is a useful tool:

“Google is good.”

“As long as you look at the right websites it is ok.”

“The sooner we start speaking openly about our feelings the better. Apps and websites certainly help you to feel you are not on your own in your struggles.”

Yes, it will help those who are too isolated/fearful for face to face support:

Other:

“As long it is accessible and easy for young and older adults.”

“The internet makes it easier for those who can’t talk or have low confidence.”

Suggestions:

“Most depression keeps you indoors and feeling isolated so apps that offer advice and where to turn to would be a great help.”

“Anything which promotes the services and offers some kind of quick support is good.”

“Perhaps an online helpline with someone to talk to for advice if phoning is difficult or uncomfortable for someone.”

“It would help if there was an app to log good days and bad days.”

“More apps with a social media focus would be good.”

“Online assessments could be useful.”

“I don’t know if there were many website for those suffering with mental health problems when I was younger, but had there been or if I had been aware of them this would have definitely helped in my teenage years.”

“Dr Google’ is a bit of a minefield of information to try and process on your own. A trustworthy NHS website giving you all the relevant information, advice and suggestions backed up by research information on treatments/studies, etc. would best serve those affected by it.”

“The ‘silver cloud programme’ should be freely available.”

“An app could the lead to making more enquiries to get help.”

“The best help would be to provide online access to people who could then find/provide more detailed information and would refer people with mental health issues to a professional health care worker.”

“Skype/video calling for those that struggle to go out or have physical disabilities alongside mental health issues would be good.”

"I think online is just one avenue to use. You need to do a full stakeholder mapping and see how people currently access services (not just health but other services), find out the most appropriate way for each group and market accordingly. The NHS/mental health services would benefit greatly from observing other successful agencies, organisation and groups that currently exist."

"Face time sessions via Skype would be good."

"There are already online support groups and while chosen correctly they can provide a lot of support they can also be dangerous places. Having an 'approved' list of online help could be beneficial."

"My experience of dealing with someone aged 17 to 19 who doesn't want to talk or accept mental ill health wouldn't be helped by online or app services. Much more thought is required to engage with this age group who are limited by their life experience and yet having to face up to adulthood."

Other:

"My son has tried a few times and he has not benefited."

"As long as the information is accurate and up to date with contact numbers then it's fine."

"Depends whether they are kept up-to-date and actually work when you access them."

"Many older people struggle."

"Depends on age."

"I think speaking directly to someone, even online is always far more helpful and assuring than simply reading articles."

"Local mental health services are stretched to the limit and not fit for purpose. Even with crisis care, you will see a different person each visit. I would prefer to suffer alone and quietly than be referred again."

"It does not give me an answer I am looking for and I need a diagnosis for my illness."

Appendix 1.9

Do you think there is a stigma attached to mental ill health?

Stigma is due to negative assumptions such as shame, fear, weakness, or embarrassment:

“People assume that mentally ill people will just lash out at them and get frightened.”

“I completely agree as mental health is looked down upon as if it is wrong to suffer from it. However, it is not self-inflicted and if people are discriminated against, it will give them less hope to get support.”

“I think people are afraid, they don't know how to respond.”

“I think people see it as a weakness.”

“When you think about people with mental illnesses you automatically think of an 'outcast'.”

“For me the social standards stop most men from talking about it as it seems to make them look weak.”

“Many people have no knowledge of mental health so listen to inaccurate information and make incorrect assumptions which then leads to prejudices forming.”

“Because it cannot be understood by those who haven't experienced it, it makes it hard to comprehend. Someone who is depressed may be seen as lazy or uncaring. Even the person who is depressed may think they are behaving unreasonably and ought to try harder.”

“People think we are weak, or exaggerate how difficult it is. They think that depression is feeling a little sad and/or flat. When it's unbearably, mind cripplingly painful. You can't eat, can't sleep, can't get out of bed and can't get to work. They think that anxiety is choosing to worry about something when often there's no feeling of worried over anything in particular at all. It's often random and for no reason. They think OCD (CDO) is just worrying about order, or germs. They don't see how you have to shower twice back to back. They don't see how you have to pack and unpack your suitcase 12 times during the night. They don't see how you have to drive to work and back three times each morning before you start work because everything has to be done in threes. They don't see that you can only eat round food. They don't realise how it snowballs and ruins your life. They often think we are lazy or after a free ride.”

“The general population do not know how to interact with someone with mental health issues and often think it is anti-social behaviour.”

“It is not always recognised as an illness, there seems to be a lack of understanding and stigma, fear and lack of support.”

“Many people, including places of work, have negative views about mental illness and make you feel worse.”

“People see those with mental health issues as “damaged”. A lot of people don't understand the reasons behind mental health issues and find it hard to empathise.”

“I believe a lot of people genuinely fear for their employment prospects when it comes to mental health diagnoses, so they prefer to keep quiet.”

“People judge you negatively. They avoid being with you, you end up becoming more isolated.”

“Mental health issues are not as visible as physical issues and are often perceived as a weakness. “Pull yourself together” is not useful on most occasions.”

“Adults may fear being held back from promotion at work if they reveal mental health issues such as depression. School children can face teasing and bullying if they are known to be visiting the school counsellor or CAMHS.”

Stigma isn't as prevalent as it has been in the past, but it is still there:

“Not as before but still there.”

“In some cases, yes, however I feel it is becoming much better understood by the majority of people.”

“Even today when mental health is talked about more openly than ever before the stigma is still there. We have recently changed our group description from mental health wellbeing to emotional health wellbeing as we discussed the stigma around the word mental and how it made people uncomfortable and how others saw them as being 'crazy' or 'mad'.”

“I think that people are more aware of mental health problems than ever before, particularly depression. I believe most people are sympathetic to sufferers. However, I think that employers would favour employing someone who didn't have such a medical condition over someone who is a sufferer just to avoid any uncertainty.”

“I do think public perception is changing especially amongst younger people. A lot of people are affected these days and there is more understanding now.”

“I think there's a lot more understanding and knowledge around mental health now, and perhaps we still think there is a stigma because people are still not as open about it.”

“Despite there being a better understanding of mental health, traditional stigmas and stereotypes are still very prominent. Continued education and people feeling more openly discussing their mental health will help break down these stigmas.”

“Societies views are changing slowly. Celebrities like Stephen Fry have helped more people to speak honestly and openly about mental health.”

Stigma is due to mental ill health being a 'hidden illness', as it cannot be seen in the same way as physical health:

“It is different to physical, more education is required.”

“Because mental health is not seen like a broken leg, people don't have the understanding.”

“If you break your arm you put it in a cast. If you are a diabetic you take your insulin, but people dismiss/deride things they cannot see. Some people act as if depression is the same as having a bad day.”

“People do not understand what they cannot see.”

“As in my case you have to battle to be taken seriously even though I am fairly intelligent. I think some adults have a disdain for people that have a hidden disability.”

There is stigma and more education is needed around mental ill health:

“Certainly has been more of an avoidance, you tend to stick with your own kind.”

“People do not know enough.”

“There are stereotypes and bullying.”

“I have had it all my life.”

“Terrible stigma.”

“Nobody knows how your brain works, people should have better understanding.”

“I think people who do not have any issues struggle to understand.”

“Stigma around mental health is higher in men I feel.”

“I've got a learning disability and we're treated differently, we just want what everyone else wants. We ought to treat people with mental health problems the same as people with learning disabilities - accept them for who they are.”

“Mental health needs to be talked about. The police need educating on it, I was arrested once when I was poorly.”

“Most people don't realise how debilitating mental illness is and think you should snap out of it.”

“It is down to ignorance, lack of knowledge and fear of unknown or change.”

“There is definitely a stigma attached, not just from the public but also from the professional services.”

“Maybe for some people but some mental health issues are hard for others to identify which means some people are not understood.”

“Society does not understand mental illness”.

“Mental illness is generally seen as a homogenous condition rather than the wide variety of different issues which present.”

“This is particularly true with the older generation.”

“People do not want to talk about their mental health and will keep to themselves for a long time. This stigma needs to be broken down.”

“People who have never suffered with it or dealt with it believe it's a personal choice to be like that.”

Stigma is due to media portrayals of mental ill health:

“Unfortunately, the press seems to demonise mental ill health. For those who either have had or care for someone with this type of problem it is relatively easy to discuss the issues surrounding the matter. However, it is not easy to discuss the issue with others who either think it is a joke or suppresses the need to help those who suffer from mental ill health.”

“People still don't seem to understand that anyone can be affected by mental health, that it seems to be a certain kind of person and that people with mental health issues are dangerous and unpredictable. More education needs to be delivered around this instead of all the scary stories delivered by the media.”

Other:

“The medical model provided an element of security, the social model may contribute to stigmatisation.”

Appendix 2.0

Do you think it's easier for some people/groups to get support with mental health than others?

Yes, it depends on where you live:

"It is postcode lottery."

"It really depends where you live."

"It depends where you're from, I am from Morecambe and I had to travel to Preston for help for my mental health issue."

"It depends on local authority funding."

"It can depend on where you live and your class in society."

"People that are already users of some services in the area - Inspire, Homestart, Wish, Women's Centre - are more easily referred to mental health services because their symptoms are regularly picked up early on."

"It depends on waiting lists in your area."

"Usually, mental health services tend to be based in one geographical location locally. It can be very difficult for some people to go to a new town or part of town if they are experiencing mental health problems and so they are less likely to access the support than those who are familiar with the area."

"Some groups find services more acceptable than others. Also, while service provision exists across the county it varies in accessibility to some extent."

Yes, it depends if you know what's out there:

"The more intelligent you are, you will know where to look and how to get the help."

"People with poor memories don't get help i.e. my grandma has dementia. Also, pupils in special needs schools get help but not as much as mainstream schools."

"I think it's easier for people who are aware of the support available locally or who are educated about mental health. There is definitely a gap for young people aged 16-17. I feel too many people with severe problems are turned away due to non-engagement but this is the severity of their condition."

"It's difficult if people are isolated, lonely and depressed."

"Some people are more aware of the help available."

"It is easier for those familiar with using 'the system' and have sufficient confidence to recognise that mental health issues should not be viewed in a pejorative way."

"I think if you are lucky to be in a support group of some kind they can help guide you in the right direction, however, there are no specific groups for people with mental health problems."

"It depends on a number of factors. Some groups have access to resources to signpost them to the relevant support and who may even be able to intercede on their behalf. This may be through work, college or school."

"A lot depends who is caring for the person, often someone alone with issues would not know where to turn."

Yes, it depends how much money you have:

“Both rich and poor people can suffer from mental health, the difference is the rich people can go and get support while the poor have to rely on the NHS.”

“A lot depends on finances.”

“People who go online or have the money to pay for treatment can get better help and support.”

“There’s not enough available on the NHS, they need to help the most vulnerable. If you have money, then you can buy the service.”

Yes, it depends if you’re vulnerable:

“You’ve got to have a telephone and a computer. The Traveller community and elderly people do struggle and feel isolated.”

“The older generation who struggle to join groups will struggle.”

“Vulnerable adults, homeless, drug/alcohol dependants, elderly, ethnic minorities may be unsure or unable to access help.”

“If you’ve got a close family then they’re more likely to talk about it and get help and support.”

“People who are less able to talk might struggle to get help.”

“It seems people out of work or without a job get access quicker.”

“I have no experience so I wouldn’t really know, however, I guess that it would be more difficult for ethnic minorities to access mental health support because this group suffers wide discrimination. I can’t imagine accessing mental health services to be any different.”

“Unless you are a person who is homeless.”

“Yes, definitely, substance misuse clients do struggle to access this service”

“ASD is disregarded.”

“Support for young people is very difficult to get due to high thresholds and limitations fitting support around school/transport issues.”

“The awful people that are drunk and addicted to drugs get all the help instantly.”

“Alcoholics and other addicts are not always treated seriously when social services etc. see it as ‘lifestyle’.”

“I think males are less likely to ask for help. Also, people with lower levels of literacy, education and internet access may have more difficulty in finding out what services are available.”

“Homeless people and drug addicts do not always get the sympathy, there is a view it is self-inflicted and that they should get help from the NHS.”

Yes, it depends if how poorly you are:

“My son’s girlfriend has bipolar and the help given is useless, we had to ring for help for two days before they got back to us, useless.”

“At aged 17 I was told my family member was an ‘adult’ when in fact he isn’t an adult until he turns 18. Due to this he fell between CAHMS and Adult services.”

“Those who are not ill enough yet and are still able to ask for help can get very limited counselling. Once you become severely mentally impaired there is no help.”

“Due to a lack of funding and understanding (by some commissioners) there is a lack of capacity leading to prioritisation according to risk - unfortunately the benchmark which people need to reach to receive the support is now so high that increasing numbers of people ‘go under the radar’ and never access the support.”

“PTSD is nearly impossible to get professional help for unless you are a veteran, but many people suffer from it for a wide variety of reasons.”

Yes (other comments):

“I only speak from personal experience, getting the help for me has been unbearable and slow. I feel totally stressed out and feel I am as much a victim and feel I need help as well.”

“Some of us have to fight for support which is wrong.”

“The expertise of a GP in mental health issues also has a significant bearing on access to support, whether the GP is willing to consider the wider needs of the patient involving many organisations or takes a medical view and writes a prescription/shoves them on a waiting list for NHS funded CBT/sends them to hospital.”

“Motivation is a massive issue as to whether people access these groups and whether the support groups hold meaning for that person - not everyone is into ‘knit and natter’ but funding and resources limit what is offered.”

“I think it’s hard for anyone to access support and treatment.”

“You have to be a round peg to fit in a round hole even in mental health services.”

No:

“I think there is plenty of support for young adults.”

“I think the support is there if you know where to go.”

“It is ok to ask for help at college if required.”

“Help is not available for mental health issues.”

Unsure:

“I don’t cope, I get angry and just want to end my life (have suicidal thoughts).”

“I think the Mental Health services are so incredibly over stretched that even the most desperate of people are struggling to access them.”

“I don’t know if it’s easier or not.”

“We are all defined by our experiences and so, that will automatically vary how freely someone is able to open up to another.”

“Some people might find it harder.”

Appendix 2.1

How do you cope when you're feeling stressed or unhappy?

Talk to someone:

"I talk to partner and my family."

"Ring a friend."

"I speak to my boyfriend and I listen to music."

"I try to talk but find it difficult to express my feelings."

"Keep myself busy and I try and talk about my problems."

"Try and talk to someone."

"I used to drink to deal with my issue, now I try and speak with a key worker."

"I talk with my sister."

"I would tell a tutor or talk to my friends."

"I talk to people and anchor a state (remember happier times)."

"I seek help from my support staff, family and friends. I would also take some time out and try and relax."

"Having people to chat helps."

"I tend to work things out myself, however, I have also spoken to my friends or my GP."

"I have a good cry, will talk to my family, have a good rant and get it out of my system."

"Sometimes I talk to my mum or partner."

"I will phone a friend, go for a walk in the countryside, write a letter or email to a friend."

"I whistle a happy tune and talk to family."

Exercise:

"Play sports to keep myself busy."

"Go for long walks, meet people and chat."

"Take my dog out, go walking."

"I do exercise and do something I am interested in or read a book to keep myself busy."

"I go for a walk in the garden."

"I try and do some exercise."

"I go for a bike ride."

Peace and quiet:

"Try to find a peaceful place and meditate."

"I lock myself in my room and pray."

"I use calming techniques."

"Put on some nice slow music, shut my eyes and relax."

"Take myself away, isolate myself."

"I will sit quietly on my own and tell myself tomorrow will be better day."

"Sometimes I tuck myself away from other people and wait until I feel better."

Recreational activities:

- "I have a hot bath and try to have an easy night."*
- "Listening to music and breathing exercises help me."*
- "I think of places to visit to lift my spirits and take my guide dog with me."*
- "Go for a meal and do some gardening."*
- "Meet with support groups."*
- "I go for a long drive."*
- "I relax myself by playing on my Xbox or watching TV and go walking."*
- "I try and do an activity that makes me happy."*
- "I read books, play games and socialise."*
- "Listen to a very therapeutic song."*
- "I try and read or watch a film."*
- "I listen to music, I will try watch something that makes me laugh, talk to friends and family."*

I don't cope at all:

- "Cry."*
- "I get angry and cry and I also cry when I am stressed."*
- "I just pray for day to end and new day to start, but it never happens."*
- "I just bottle everything up."*
- "Every day can be a struggle, so I'm not sure."*
- "I am very poorly, I have no real coping strategies."*
- "I lock myself in my house."*
- "Sometimes I struggle, as there is no proper help and this needs to be addressed."*
- "I self-harm."*
- "I feel very alone and isolated caring for my daughter."*
- "I feel helpless and alone."*
- "I eat, I also have a punch bag which helps."*
- "I self-harm, I have also had two suicide attempts in the past."*
- "I self-harm."*
- "I berate myself for not being strong like other men."*
- "I stay indoors with the curtains closed and pray for early death."*

Drugs or alcohol:

- "Take drugs and alcohol."*
- "I smoke and play games to unwind."*
- "Talk, if that fails then have alcohol."*
- "Drugs and alcohol."*
- "I eat and drink more."*
- "Coffee with Baileys mixed helps me."*

Nothing/'just get on with it':

- "Take deep breath and get on with it."*
- "Take a deep breath and carry on as I have no choice as I have children to look after."*

Medication:

- "I rely on medication."*
- "Take my antidepressants."*

Sleep:

"Try to have a nap or go to the gym."

"I go to sleep or count to 10."

"I have a glass of wine and go to bed. Usually feel better by morning when my unconscious brain has processed whatever is bothering me."

"I just go to bed."

Try to think positively:

"I try to think positive and be happy."

"Take my mind to the worst-case scenario and try to work backwards & put things into perspective."

"I focus on positives in my life and try to do things that I enjoy."

Other/comboination:

"I talk to friends, listen to music, stay in a quiet room, if that fails then ring the helpline"

"I get someone to pray for me."

"Use a stress ball."

"Talking helps me, rely on medication and I also go jogging."

"To admit first that you have an issue (an illness), accepting and going to your GP."

"I use different coping strategies."

"I am now a patron of Andy's man club and am heavily involved with males coping with mental health. Having had over 9 years of being basically given drugs, bad advice, unrealistic doctors' appointments, I had no choice but to educate and develop my understanding of mental health."

"I am now at a point in my life (after counselling and long term medication) where I know what I need to do when I feel depression coming on and not beat myself up for feeling this way."

"Sometimes time on my own is needed but also know that too much alone time can make my moods worse which is why it's important to have a supportive group of friends who are there if you need them."

"I am blessed with the ability to seek help and to make sure I get it but I do not have any long term mental health issues. My son has severe mental health issues and gets no help because he cannot attend therapy."

"I do something which gives me a sense of purpose and makes me feel needed, useful, and valued."

"Be around my animals."

"I go back to my note book and check I'm doing my routines to keep well. Most important for me is sleeping well and eat well."

"I am pretty resilient emotionally, but that is because I have a supportive network of people around me and I am willing to be open if I am experiencing periods of stress."

"I have learned coping mechanisms - CBT Mindfulness Exercise."

"Stress is part of life but I have my family to support me so I have never felt like my mental health has been affected."

"I eat and sleep, then I visit the doctors for anti-depressants."

"I vent my anger."

Appendix 2.2

Is there anything currently having a negative impact on your mental health?

Employment:

"I don't currently work and the thought of having to go back to work and deal with depression, anxiety, safety of my home, family and friends does scare me."

Relationships:

"Splitting up with my girlfriend."

"Family issues, I have a strict dad who is very set in his ways and doesn't realise the rest of the family has health problems."

"My family member remains very anxious and unwilling to engage in work or dealing with issues. Although their social life has improved, anxiety about what others (strangers) think remains high."

"My husband's mental health issues and it affects the whole family."

"Yes, my sons dire condition and need, my husband's ongoing depression and pending early retirement which means we are all in need."

"Caring for my mother who has just been diagnosed with dementia."

"Yes, my mother has dementia and my son has a severe mental illness. On occasions, it can get you down."

"My mother who is 84 has severe mobility issues and dementia. I find this very stressful but have a support network in place."

"My dad thinks I'm lazy and my mum wants me dead."

"My dad has Alzheimer's and my younger brother took his own life 8months ago."

Current mental ill health:

"OCD and anxiety."

"My health."

"Stress."

"Being lonely, (widowed)."

"Waiting times to get a service to respond."

"My son's poor health."

"My friend died a few weeks ago, and I am still feeling a bit down."

"Bereavement - loss of father."

"I have recently been diagnosed with PTSD, severe depression and panic disorder."

"Children's mental health issues."

"My own mental health is getting worse because there is not enough support for my husband. I get support from the carers service which is good and makes a big difference."

"Lack of mental health support for a loved one."

"Postnatal depression."

"Being constantly compared to others and not feeling good enough about myself."

Finances:

"Paying debts off after finishing university."

Physical health:

“My knee, I feel like ending my life.”

“My physical health, I have spinal cord damage.”

“My illness.”

“Ongoing health conditions.”

Study:

“Studies at college.”

“Study (currently doing my degree. I also have numerous chronic pain conditions and arthritis. Also, dealing with family grieve.”

“There’s not enough to do when you live at college.”

“Getting stressed from assignments.”

Drugs or alcohol:

“Alcohol and drugs.”

“My addiction to alcohol.”

“Alcohol.”

Combination:

“Family, employment, debt and housing issues.”

“I am unemployed, struggling in getting PIP, and loneliness on the romance side.”

“Difficulty in getting any co-ordination between consultants, psychiatrists, community psychiatric nurses, support workers, GPs and their staff, pharmacists and prescriptions.”

Appendix 2.3

What changes would you like to see regarding mental health by the year 2020?

More support:

“More support from PALS.”

“More mental health nurses would be good and well trained in all aspects.”

“More care in the community and more nurse led mental health support.”

“More carers for those who have no family, more befriending services and more general support in general.”

“More services for the elderly.”

“More ways for people to seek help anonymously.”

“Being treated the same as physical health.”

“I would like there to be somebody you can talk to in your hour of need.”

“More information and access to services, more advertisements with phone numbers.”

“Getting more support from the staff at college and a mental illness group for people who are struggling with mental health problems.”

“Try and help parents have a better understanding of what mental health is.”

“More information about where to get instant help. Maybe have more drop-in centres.”

“Easy supportive access, more understanding and capacity for mental health workers, acute care available when needed, society openness, understanding and hopefully reduction in suicide rates.”

“A change in the way you access help, for example, a lot of people get anxious about speaking on the phone but have to go through a phone interview to access it. This has stopped people continuing with it.”

“There should be more coping mechanisms in place.”

“More talking therapy groups and activity groups at a local (neighbourhood) level.”

“Maybe have more linked-up care, at present there does not seem to be any.”

“Have free counselling services as no one can afford these ridiculous amounts they want to charge you for talking to someone.”

“Counselling more widely available.”

“Counselling should be far more widely available, other therapies apart from drugs should be able to be explored. Talking isn't for everyone and some find help with like-minded people so a place where people can go.”

“Easier access for substance misuse clients and a dual diagnosis worker to be in place.”

“I would like to see counselling services to be made more available to someone as the current waiting times are at 12 weeks.”

“Health passports being made available for everyone.”

Funding/investment into services and staff:

“More spending on the right services, more voice for the public, more training.”

“Make more beds available.”

“There should be more help available at short notice where teams readily available at hospitals.”

“There needs more help in the whole medical work of mental health.”

“Why not have a special GP walk in centre especially for people with mental health issues.”

“More inpatient facilities for the care of mental health patients so that relatives do not have to travel to visit loved ones.”

“Mental health services need to be given parity with acute services according to proportionality.”

“Services readily available.”

“Better funding, easier access and choice of treatment.”

“Money, more NHS funding would be good.”

“Improvement of services, rethink of how to deal with those who find it difficult to engage with services.”

“More funding, more support groups, more open discussions and support in schools both primary and secondary.”

“More funding for all age groups and realistic waiting times.”

“More psychiatric in-patient beds.”

“The stopping of the policy of sending patients to hospitals miles away to different parts of the UK. This a barbaric practice which harms the patient and their family and friends.”

“Better liaison between Crisis Teams and mental health wards in local hospitals would help to improve services.”

“Have dual diagnosis workers (drugs & alcohol).”

“Therapy at home, long term therapy, acceptance that 12 weeks of CBT or talking in a dull room will not make a mentally ill person better.”

“Adequate funding and anybody involved in commissioning to have experience AND training of mental health issues.”

“Help should be initiated by medical profession and be ongoing, again with the medics having a lead role.”

“To have more professionals including psychiatrists in the mental health teams.”

“This is rather a difficult question! Without enough money, the changes cannot be properly made. Firstly, there must be enough beds for patients to access, Secondly, more funding must be found to employ, educate doctors and nurses, thirdly, education can assist with changing people’s attitude to those unfortunate enough to suffer from mental ill health.”

“A large investment in mental health services, especially perinatal mental health. To see active groups within the community that combine all sorts of people.”

“More effective partnership working.”

“I would like more mental health beds to be available as individuals with mental health issues in custody are being detained for longer than they need to be due to lack of beds.”

“More steps in-between being diagnosed and being admitted to mental health institution in which people don't have to think they have to turn up at A&E and say they are going to kill themselves and get admitted to a facility in order to get help.”

“May be have more provision and centres? My brother killed himself because of lack of support and beds.”

Public awareness and acceptance:

“Getting accepted by the society if you have an illness.”

“Stop the bullying, more education being made available.”

“Less stigma and people able to talk more openly.”

“Wider recognition of the issue and better pathways to services.”

“More acceptance that it's okay for people to say that they have problems. NHS needs to step up on mental health.”

“Everyone to be educated in mental health and no discrimination for those who talk about it.”

“I really hope that by 2020 the stigma surrounding mental health will have vanished.”

“Mental health to be seen the same as physical health, that the stigma/preconceptions around mental health disappear.”

“A greater public awareness of just how common mental illness is and more support for mental health on the NHS. People should not wait months to see a counsellor.”

“There should be more publicity about mental health and better services in prison.”

Quicker referrals/reduced waiting times:

“I would like to see referrals being processed quickly.”

“A more open and consistent approach with speedy referrals and active treatment in a short time frame. Not leaving desperate people waiting months to see someone.”

“Widespread provision of evidence-based therapy with shorter waiting lists and parity with physical health in terms of profile and funding.”

“Faster help needed without a doubt and easy access to a helpline. My husband hit rock bottom today after police were called and he was taken away to hospital. I had been begging for weeks that he needed help and what I and my son witnessed today was heart-breaking, more urgent help is needed.”

“I'd like there to be better ways of treating children and adults with mental health issues in A&E. I've recently been in a situation with my son and we were left for hours in a waiting room after he self-harmed. He sat crying and clearly distressed but nobody seemed bothered.”

“More accessible services that are easy to access with no long waiting times.”

More choice:

“More options with regards to services, more face to face support (particularly for those with substance misuse issues). More education and mental health incorporated into PSHE sessions.”

More training and education:

“More help needed for GP's and nurses.”

“Better understanding from GP's and early referral.”

“There should be less knee jerk prescribing.”

“Doctors prescribing antidepressants like sweets which are seriously addictive needs to change.”

“Education with future generation.”

“Easier access to counsellors and better understanding for doctors when problems first arise.”

More for children/young people:

“More services for younger children.”

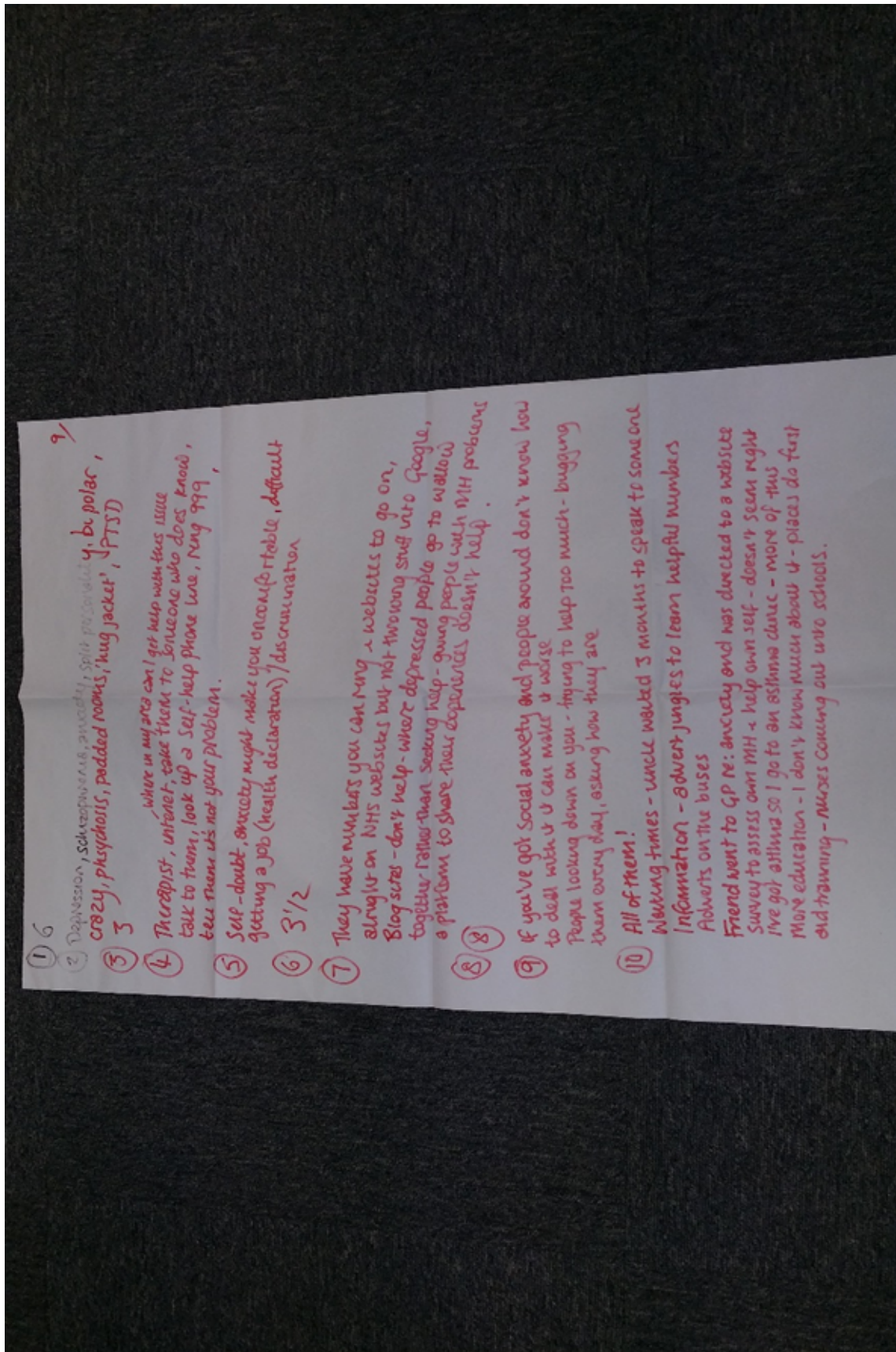
“More support for young people and more access to services quickly.”

“To see young adults in school being taught how to live, think and communicate.”

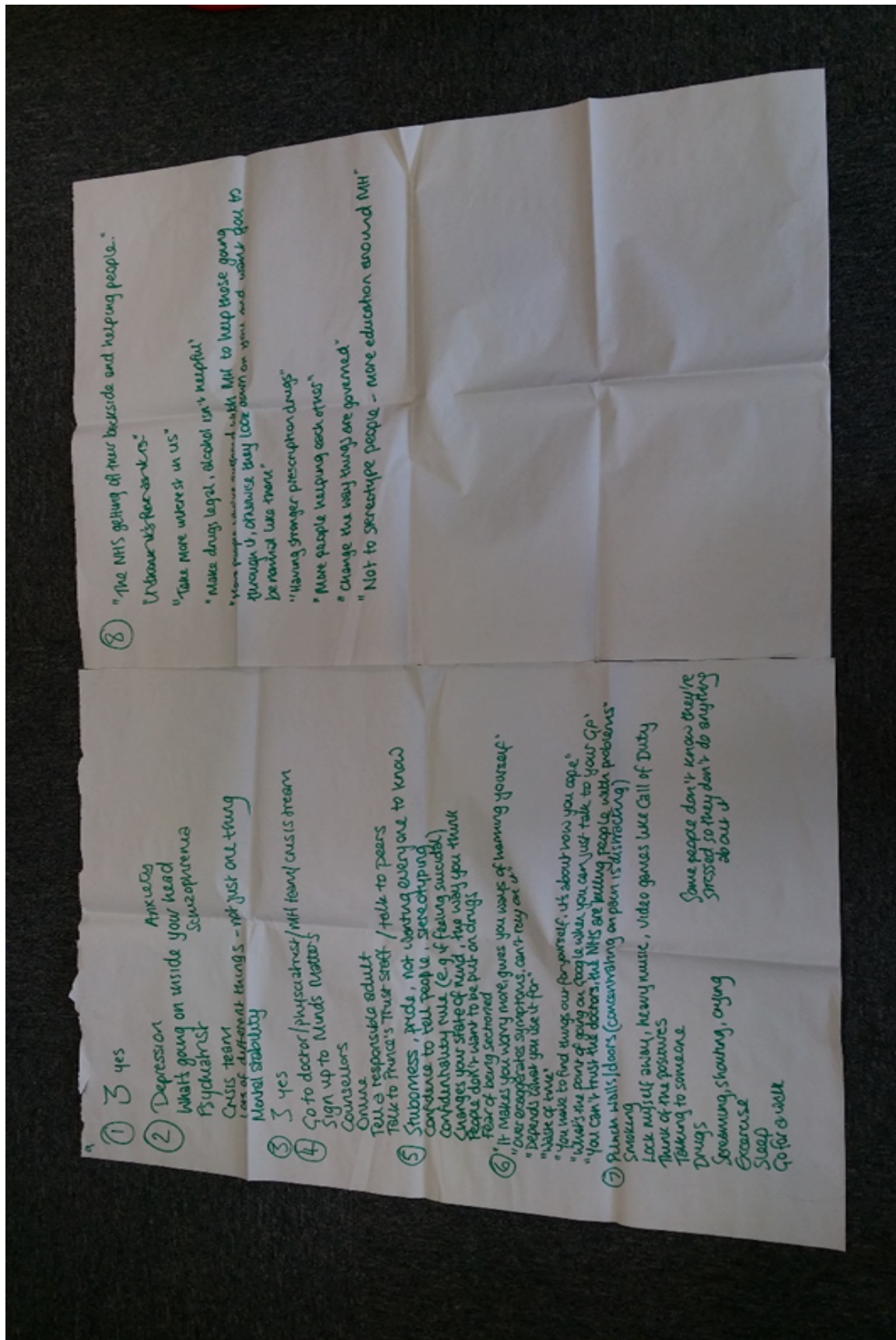
Other:

“Funny, please, its 2016 and there is nothing available now, Forget 2020. We need the services now.”

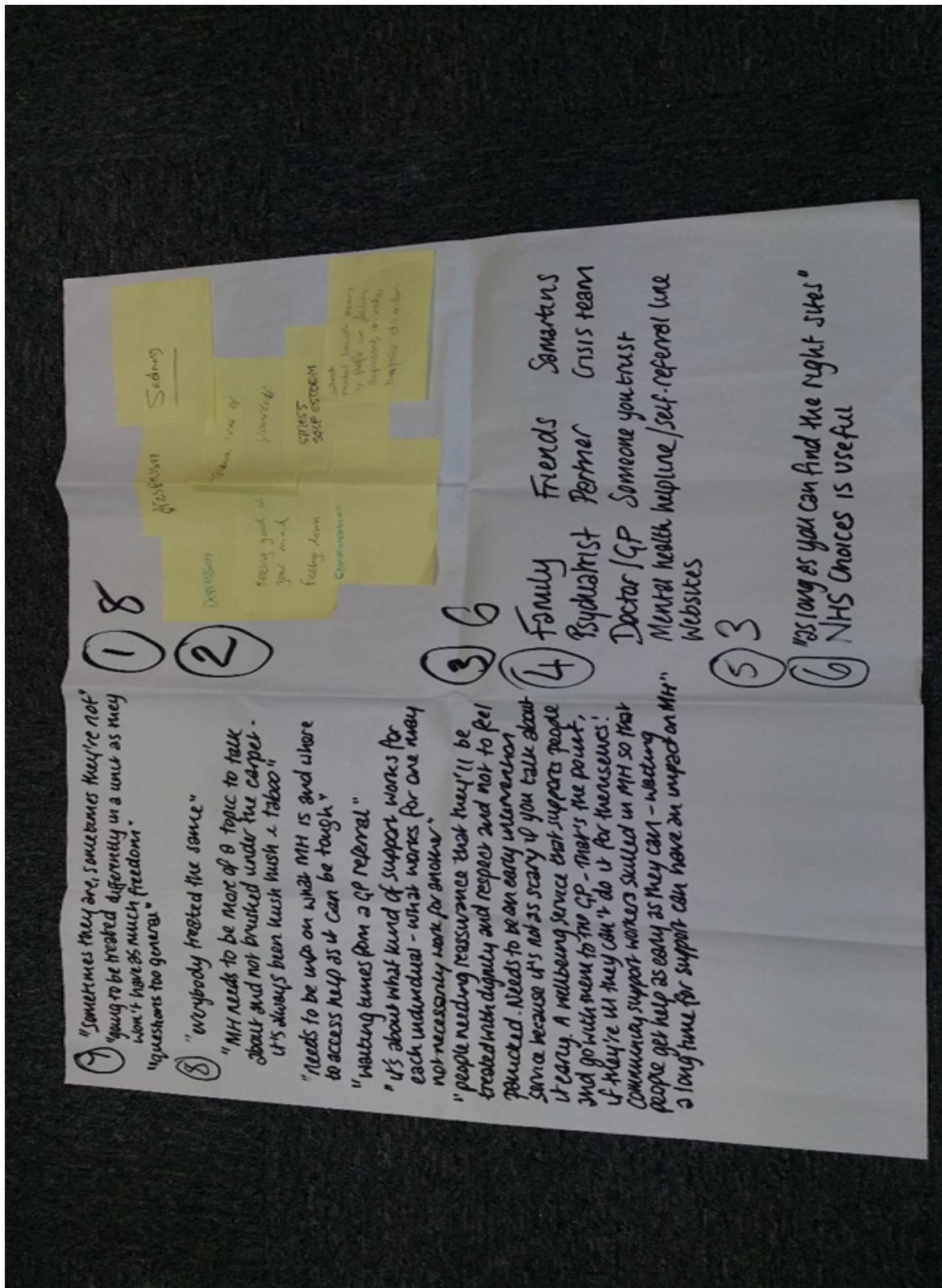
Appendix 2.4



Appendix 2.5



Appendix 2.6



Appendix 2.7

