The Mental Health Journey:

Stories from users of Mental Health services in Sheffield
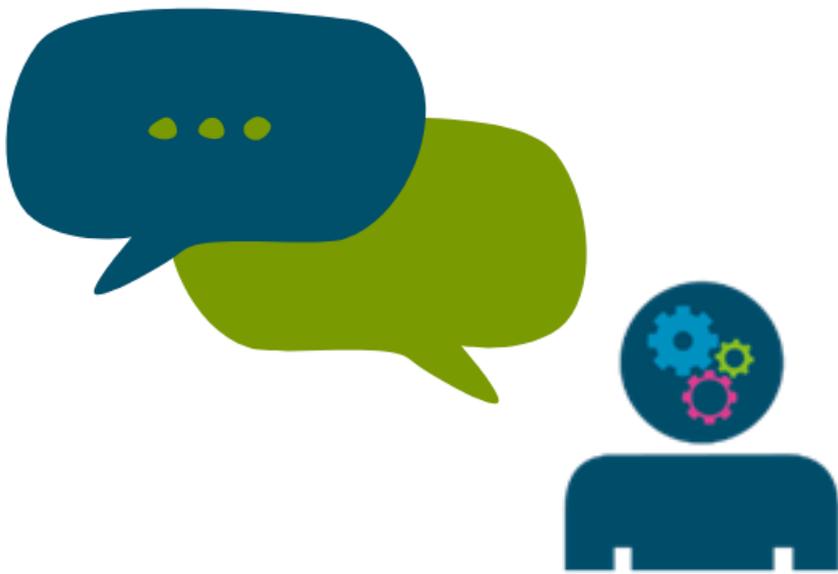
Summary

Background: People have shared with us poor experiences of mental health services in Sheffield. At the start of 2020, we heard from lots of people that they would like Healthwatch Sheffield to focus on these services.

What we did: We worked with Sheffield Flourish to gather 9 stories of people who used different mental health services during their journey through the system. In this report we also used information from a previous project, where we worked with Ben's Centre – a service which supports homeless people.

What we found:

- Professionals across the system aren't always good at identifying poor mental health

- People wait a long time to be seen and it is difficult to get seen in times of crisis

- There are issues with the communication between GPs and other services

- Different treatments work for different people but choice is sometimes not offered or available

- Services aren't delivered with sensitivity to different cultures and to individuals with particular needs.

Recommendations:

We have made specific recommendations in the following areas:

- Staff training
- Communication between services
- Joined up working
- Respite provision
- Choice and involvement
- Continuity of care
- Sensitivity around diverse communities and life circumstances
- Covid-19 service changes
- Out-of-hours and outreach support
- Housing and homelessness

For full details of the recommendations see page 18.

Background

Why have we written this report?

We would like to understand people's journeys across the health and care system when they are experiencing mental illness.

We know that there are a lot of different places people go to get support for their mental health, but sometimes these different services don't work in a joined up way. These services might include GPs, urgent and emergency services (e.g. 111, A&E), specialist mental health teams, substance misuse services, community groups and charities. For some people, family and friends might be their main support. We wanted to understand people's experience as a whole journey, rather than interactions with these individual services.

What else is happening in the City?

Sheffield Health and Social Care (SHSC) NHS Foundation Trust was rated inadequate by the Care Quality Commission (CQC) in an inspection in January – February 2020. The Trust is currently working on their 'Back to Good' plans to address this.

There are other significant programmes of change happening in mental health services, including on the All Age Crisis Care pathway, Primary Care Transformation Project, and a review of the Community Mental Health Teams. All of these programmes have done work to hear from people about their experiences; we hope that the stories that have been captured here, together with the analysis in the report, can add to that insight by taking an overview and focussing on the whole journey, rather than each individual step along the way.
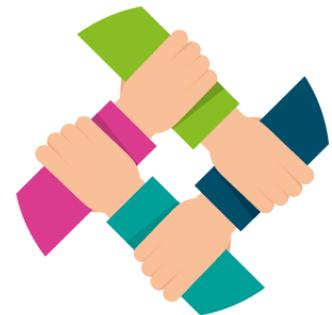
In particular, we wanted to know what works, what doesn't work and what needs to change. We are producing this report to share with people who run services so that it can help them do things differently and improve in line with people's experiences.

What we heard before this project…

Mental health is a priority for us because we have been hearing negative experiences from people with Mental Health support in Sheffield:

- In early 2020, we asked people about <u>what our key priorities should be</u>.
  Mental Health was the most widely-discussed issue in the answers people gave. Here is what we heard:

    o Long waiting times and people struggling at times of crisis

    o Generally, those who spoke to us saw mental health services as ineffective

    o People felt that there needs to be more tailored provision for people with a range of different needs and life circumstances, including children and young people, people from ethnic minorities, women, and elderly people

    o Mental Health is impacted by wider social issues like poverty and stigma

    o People felt that patients should be better informed about their mental health treatment and that the community as a whole should be better informed about changes to services.

- Around the same time, we explored the <u>experiences of carers</u> when they access GP services. Only 18% of respondents were asked by their GP about their mental wellbeing (e.g. feeling stressed or depressed).

- In the summer of 2020, we did a survey about people's experiences of Health and Social Care services during the Covid-19 pandemic. 42% of those who responded to the question, felt that their mental health has been slightly worse during the pandemic. People reported issues with loneliness, isolation, lack of sleep and anxiety.

- Since the beginning of the Covid-19 pandemic, we have also been hearing about Mental Health through our enquiry line:

    o People in need of mental health crisis care told us they are unsure of what support is available to them

    o People have told us about cancelled appointments with no alternative support being offered

    o Others who have not accessed mental health services before told us they felt lost trying to navigate the system during the pandemic

    o Many people shared concerns about the long term impact of isolation on their mental health

What we did for this report

In August and September 2020, we worked with Sheffield Flourish to gather 9 stories from people who were happy to talk to us about the Mental Health journey they have been on.

We gave participants a High Street voucher in recognition of their time.

Hearing people's stories helped us understand their journey. This report outlines the themes we learned about Mental Health support in Sheffield. The full stories are on our website, on the same page as this report.

We worked with the people in the stories to make sure they are comfortable with what they shared with us. Some people changed their names to protect their anonymity. Some people also chose to share additional details that they felt were important including age, gender, ethnicity or cultural background.

These are the people we spoke to in their own words:

Hannah, 30

I became depressed in my early teens when I was looking after my mum who was suffering from mental health difficulties.

M., 31, Male, White

I started having depression and anxiety when I was 13 or 14. I spent some time in youth rehabilitation services. Because of family circumstances I picked up the drink from a young age and became addicted to alcohol. It affected my mental health badly.

Kelly, 25, Black, came to Sheffield in 2006 from Zimbabwe

…I thought it was just grief and the past but this time I realised it was different. It was quite overwhelming. I was overthinking and overanalysing constantly.

Fatima, 45, Black Somali

As a child I was in foster care. At the age of 16 I got depressed and at my late 20th, I had my first psychotic episode. I was paranoid.

Billy, 15

It started a couple of years ago when I was 13 years old. When I went back to school I felt I wasn't really prepared for it, I was in year 9 and I didn't keep up with the pressure and preparation for GCSE.

Sarah (Billy's mum)

The condition, Emetaphobia, manifested itself in a restaurant when after our meal Billy went to the toilet and began to have his first panic attack.

Leigh, 29

I have had mental health issues probably since my early teens but it went undiagnosed for quite a while and then I was diagnosed with borderline

personality disorder about 4 years ago. I am also in the middle of an official diagnosis for Autism.

Anonymous, 20, Black, male (We refer to him as D.)

I started having mental health difficulties about 3 years ago when I started uni and was exposed to adult life, pressure, and stress. At the beginning it was like manageable stress and general anxiety but gradually it became like being paranoid, it was like, what's the word, like a kind of 'underlied', a kind of background anxiety, and I realised it wasn't normal.

Ursula Myrie, 47, Black

Until the age of 33 I was told I was a mad black woman and that I was possessed by demons but after the diagnosis, I realised that I was neither mad nor possessed by demons and I knew I needed help. But the problem was the solution offered to me by predominantly white mental health services with a one size fits all approach to mental health did not work for me.

Following her experience with Mental Health Services, Ursula set up Adira:

I have recognised 2 things here:
1-We have a problem in the black community, in that we don't think mental health issues exists, which it clearly does;
2- the statutory services that are meant to support us are not fit for purpose. They are not culturally sensitive. Culturally appropriate or culturally competent.
That's why I decided to set up Adira and I think of it as a bridge organisation between people in the African-Caribbean community with mental health difficulties, and the predominately white mental health services.

Alex, 28, Male, from Eastern Europe

With regards to my struggles with mental health, these have come in the forms of isolation and a crippling sense of not belonging; being too different and being rejected quite a lot.

What else have we included?

In August 2019, we worked with Ben's Centre to speak to 12 clients experiencing homelessness, alcohol and substance misuse about their experiences with support services.

We have included some of what they shared with us about living in complex situations or with complex needs. This feedback gives us an insight into how different services need to be joined up in order to be accessible in particular ways.

Ben's Centre clients received a thank you bag of in recognition of their time.

What we found

Getting the right support and responsiveness of professionals
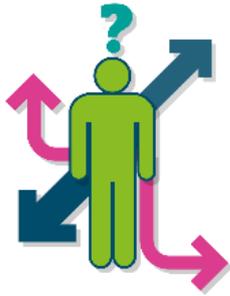
People explained that it was difficult to get the right support. Sometimes professionals across the health system did not respond appropriately when people were struggling with poor mental health.

Professionals misunderstanding the issue. Some people explained how their issue was not identified by professionals. In her teens, Hannah's anxiety was misunderstood as a "behaviour issue". It took Ursula a long time before she got a diagnosis for Borderline Personality Disorder.

> Billy said:
> We went to doctors I was misdiagnosed with tonsillitis, I was put on penicillin for a few days and I felt really ill. It was awful. I went to another doctor and they said it's anxiety and if you go back to school let them know.

Being left without support and not meeting the right criteria. Some people could not access the support they needed because they didn't meet the eligibility criteria or because their support needs were not recognised.

> Hannah only got the right support when she ticked a box on a form:
> It's a big scary thing to tick the suicide box, to tell someone else about that feeling isn't easy. But I had to tick that box to get help and I think I shouldn't have to tick that box to get help…

> Leigh explained that there is a gap in support before reaching a crisis point:
> So it's either doing the self-soothing box or going to A&E. In-between there is a grey area and a lot of people with mental health issues are in that grey area for a long time. We need help at that stage— in that grey middle area— because we don't want to get to the point of harming ourselves. It's like you are ok and can manage, or you are in complete crisis and have to go to A&E. There is no acknowledgement for that pre-crisis area.

> Ursula shared this experience from her work at Adira:
> I was mad at Sheffield Health and Social Care because, for example, they say IAPT [Improving Access to Psychological Therapies] do this, IAPT do that but there are so many young black males coming to me and say they contacted

IAPT but they were sent back to their doctor and again sent back to IAPT. This is the problem, they don't make services culturally appropriate, or culturally competent.

Being listened to and understood by professionals was important for people's journeys. At the same time when staff wasn't supportive this had a negative impact on people's experiences:

Some Ben's Centre clients told us that it is useful to be supported by people who understand their circumstances (e.g. understanding alcohol, being from the same area, etc.). In particular, some people had a very good relationship with their GP. One person said:

I couldn't wish for a better GP. I see the GP and we get on, they're understanding, and you get appointments. She knows me and helps because she's known me from 9 years old.

Hannah explained how it was difficult to get support for her mother who also had mental illness:

They were nearly convinced that my mum was ok. I insisted they should take my mum to hospital. They reluctantly accepted but didn't even help my mum to walk to the ambulance so I had to help her.

Support from different services

People used different services to access mental health support. Sometimes traditional services weren't helpful but people found mental health support from other organisations.

Waiting to be seen. People were left waiting a long time without the right support.

Leigh explained that getting an Autism diagnosis could take a long time and getting a diagnosis could be especially challenging for women. She said:

You have to wait for a year for an official Autism diagnosis. I am now under Sheffield Adult Autism and I was in the middle of official diagnosis but it's on hold because of coronavirus. I have no idea when I get my next appointment.

Billy had to wait for a long time for a referral to Children and Adolescent Mental Health Services (CAMHS). He said:
Finally, I was referred to CAMHS emergency list but it was a 7 months waiting list which we didn't know at the time. During this time I was really struggling and refused medications because they made me sick.

One Ben's Centre client found the START service (Sheffield Treatment and Recovery Team) useful because it was a drop-in service and they were able to see a psychiatrist a few days after.

Poor communication between GPs and other services. Sometimes GPs did not have information about the Mental Health Support people used. Hannah's GP didn't know about her therapy treatment or her hospital admissions.

Sarah (Billy's mum) explained that it was challenging to get a referral to CAMHS:
We decided to take Bill to A&E to speed up the CAMHS referral but the doctor said there was nothing he could do except write to our GP. He discharged Bill and wrote the letter; we later found out that the original referral by our GP had never been made.

One Ben's centre client told us it is useful to have services under one roof because there is "no mix up with appointments".

Medication, choice of treatment and follow-up. People experienced various issues with medication. Medication was prescribed without appropriate discussion of other treatment options. Sometimes there was no follow-up to check that medication was effective. Some people were concerned about getting addicted to medication.

Medication prescribed by the GP did not help Hannah and no alternative treatment was offered:
At the age of 18 I became very sick with depression for a long period. I just lied down on bed and didn't really eat anything, didn't engage with anything. I saw my GP every time and they sent me off with antidepressants and left me to it. It didn't go much further than that at that time.

Kelly and Alex were concerned that they may get addicted to medication. Kelly said:
So I went to my GP and the first thing they gave me was antidepressants and I took them for a while but then I stopped as I didn't want to get addicted to it.

Ben's Centre clients shared different experiences with medication. Some found medication helpful, others did not find them effective. One client wanted a detox treatment but could not access this. Another person said:

I take none at the minute. They do steady the waters but you need a 2-pronged attack, you need to address problems by talking too.

Improving Access to Psychological Therapies (IAPT), counselling and psychotherapy.

There were different reasons why therapy didn't work for people. Billy didn't find therapy helpful in the long term. Kelly felt that therapy needs to feel like a more genuine social interaction. Hannah got Cognitive Behavioural Therapy (CBT) but felt like "they didn't take me seriously and it was just the tick box exercise".

For M. psychotherapy was too intrusive:

I was offered CBT but it didn't work for me. They jumped into my past and childhood which was traumatic like family death and stuff like that. It was too much for me to deal with.

D. was offered an online programme but did not find this useful:

I prefer a traditional kind of one to one therapy, to talk to someone that could help me realise what's going on and what is the root of my anxiety. When I realised it's not what I was expecting I left it [Silver Cloud].

Ben's Centre clients also had mixed experiences with therapy, whereby it was useful for some but not for others. One person didn't find counselling helpful because "I start off enthusiastic and then it fizzles out".

Community mental health team during crisis.

Leigh and Hannah both explained it was difficult to get support from this service.

Leigh said:

Some of the worst experiences I had was with community mental health team (out of hours team). I rang them several times and it wasn't a good experience. Every time you are given the same advice and the training they have been given is the only thing they can offer. When you call them you have passed the point of having a cup of tea in the bath! I don't want to say it was dehumanising but infantilising because I was like if I'm calling you I have tried all my things that might have been helpful.

Leigh also felt that this team has an important role in avoiding hospital admissions:

Out of hour services need to be more proactive like ok we arrange for someone to ring you up and sign post you and provide help before we reach to the point of to end in A&E. It wasn't a great experience. I have decided to avoid them because of that experience.

Mental Health, Drug and Alcohol support. We asked Ben's Centre clients to describe a service that would work for them. We asked them "If you could start from scratch to create mental health and drug or alcohol services that would work for you what would it look like?" Below is a summary of their feedback:

What?

- Talking/counselling
- Space to have a private conversation
- Asking people (don't "force me into a corner")
- Phoning someone to come out
- Having other people around
- Not too many appointments (e.g. once a week, not every day)
- Doing activities (e.g. cooking, arts, trips, walks, drama)
- Help with debts
- Help with prescriptions
- Raise awareness about mental health
- Being able to get support discreetly (e.g. getting off work)

Who?

- People from the same area
- People with similar experiences
- Non-judgemental attitude
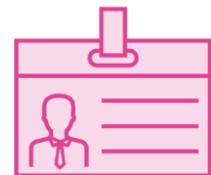
Where?

- Having services to come out to people (e.g. at home)
- Being able to go away
- In town or local
- Support with bus fare

When?

- Long working hours (8am-8pm and weekends)
- Afternoon appointments (difficult to get up in the morning)
- Morning appointments (while sober)
- Night time support by phone
- Evening classes

Issues with different inpatient services (hospitals). In her journey, Fatima had stayed in different hospitals. She described the issues she had with different inpatient services

Being informed. Fatima said:

> In 2007, I was admitted to Stanage and Maple acute wards. I was given short term medication, felt better, but they didn't diagnose my mental illness. I was sent home with some medication, and a few months home treatment. During that time I moved home. My social worker said I should be happy. I wasn't.

> They never warned me that I needed to take medication for the rest of my life. The side effect of coming out of medication, the withdrawal, made me suicidal. Before treatment I was paranoid but never suicidal.

Respite: Fatima also noted that provision for respite beds has been decreasing:

> In 2010 there were respite beds available but now in Sheffield people in crisis can't get respite beds. There are fewer and fewer beds and people have to go to other cities which is devastating.

> She also explained that "Now to get respite you need a SDS [Self-directed Support] package. 10 years ago you didn't".

Private hospitals. Fatima felt that private hospitals didn't look after the physical wellbeing of their patients:

> I got a lot of weight and lost my confidence. It affected my self-esteem and mental health. Private hospitals are happy to have calm, sleepy, patients, and they please them food-wise. There are cakes, donuts, and chocolates available all the time!

> Fatima also felt that hospital stays were prolonged unnecessarily:
> Another problem with private hospitals is they want to keep the patients for a long time because of money. They don't want patients to leave. There are some forgotten people in hospitals who are kept for years and years because of receiving money from the NHS.

Support at school was described as ineffective. Billy and Hannah were not happy with how their school supported them. For example,

> Billy recalled:
> I kind of managed to go back to school but any minor thing could be a step back for me. Eventually I was kind of settled in the paragon (a room for kids with special needs). They set individual targets for me and my dad used to come and sit with me.

> The next term they started to put pressure on me, telling me you can go to the lessons, do this and that, and do more targets. Some people there had

no clue what was going on just put pressure on me. One night I had a panic attack after a long time. I went to school the next day and it was very stressful. I felt sick and had more panic attacks as soon as I entered the paragon...It got worse and worse to the point I couldn't go back to school

Support groups were seen as valuable but there were issues with provision.

Leigh found support-group provision was too short and not local:
I was put in a borderline personality support group and it was good but too short. Something as life changing as borderline diagnosis can't be dealt with by attending only 4 or 5 weeks one hour session. So apart from the initial psychiatric diagnosis there wasn't that much peer support. There are online support groups but they are not Sheffield specific and when you finish with that group you are offered other groups which are not massive support for people with borderline disorder.

One Ben's Centre client had previously used the Alcoholics Anonymous (AA) but said they wouldn't use them again because "there's too much of a clique".

Alternative routes to finding support

Some people found Mental Health support through alternative routes but this was not always affordable. Leigh found Mental Health support through pain services. Billy was signposted to hypnotherapy by his dentist. Alex and Hannah accessed counselling through University. Alex also got support from the Samaritans.

However, the cost of alternative support made it difficult to access.

D. said:
It was a couple of months ago that I decided to seek professional help and the services I was looking for was one to one therapy; I wanted to sit down with somebody and talk about my problems. But it wasn't free, I had to pay for it and I couldn't afford £50 per hour. So, I did a self referral through NHS website but it has a long waiting time.

M. found support in the community:
Medication for alcohol really helped me to stop drinking and also involving with Brunsmeer football team (supported by Sheffield Flourish) was really helpful for my mental health. They were there for me even during the pandemic when all other services stopped working. They regularly phoned me and asked how I was which was very helpful.

Understanding communities and individuals

People explained that services were not sensitive to their cultural and specific needs. At the same time, they experienced stigma and prejudice which negatively impacted their mental health.

Mixed experiences with hospitals. Although some hospitals may accommodate for people's culture during their stay, there seemed to be issues with providing culturally-sensitive treatment.

When Fatima stayed at a private hospital there were provisions for her faith: There was halal food for Muslims and prayer rooms available. We could celebrate religious festivals and even had an Imam at the ward.

When Ursula was sectioned, her behaviour was misunderstood: I have been sectioned multiple times over the years and every time I was sectioned it was the same issue, I was seen as more angry and more violent than the other non black people on the ward. Where the white people's behaviour on the ward was passed off as passion and anxiety, I was labelled as angry, threatening, and aggressive. But I was anxious as they were anxious. My anxiety was presented different to them because they didn't understand my history, my culture, my faith, my beliefs, or my trauma. So they over-medicated me to keep me quiet and not ask for the help I needed.

Group support and Autism. Leigh shared her experience of accessing Short Term Educational Programme (STEP) group which was not accommodating for Autism: I say it in the nicest possible way that I did challenge them because it was more geared toward neurotypical people with very basic needs—don't want to say basic because people go through things differently—but maybe less complex needs. I understand it is a broad one size fits all but I wish there was more knowledge and options in those groups.

Therapy was not provided in a culturally-sensitive way. D. wanted a therapist he could relate to: I haven't seen a therapist yet but if I could access a black therapist, it would probably be more relatable as they could understand my problems. If you are female and, for example, have experienced sexual abuse you would want to see a female therapist that would understand you better, you would be more comfortable to share your experience. My anxiety around racism and discrimination would be more understandable for people of colour. You can be more open and express that specific sort of anxiety that you face on a daily basis.

Adira: Supporting black people with their mental health

After she had a lot of negative experiences, Ursula set up Adira which she described as "a survivor-led mental health and wellbeing service that supports black people with mental health issues".

She explained:

Black people with mental health difficulties come to us first and the reason they come to us first is because we understand what's going on. For example, if someone comes here and tells me 'someone has put juju on me', I am not gonna be like 'what is juju?' If they go to a white person as soon as they ask what's juju, the conversation is over because if you don't know what's juju how are you going to understand me. If I tell you my pastor has said I'm possessed by demons, unless you understand my faith, my religion, my culture, my beliefs, you can't understand and help my mental health. They come to us for a help which is culturally appropriate, culturally sensitive, and culturally competent for them.

Kelly shared a positive experience with Adira:

I remember one day I went to Ursula's house and she spoke to me like no one ever spoke to me, she genuinely understood me and listened to me like a mother figure, acting more than my mum. We were both crying. After our conversation I went home feeling very light and I loved to go back to her house and talk to her again but I couldn't because she wasn't my mum and I didn't want to burden her with my problems.

Stigma in the family and community.
Some people's Mental Health journey was especially challenging. On one hand they could not access appropriate support through different services. On the other hand, they faced stigma in their own family and community.

Alex explained how it was difficult to open up about mental health to his family:

I have tried talking to friends and family as well but that sometimes creates more problems. My parents are from a different generation and they hold completely different views of life. I had a lot of arguments with them about my problems because they're very conservative. I disagree with almost everything that they say. For example, if I talk about my struggles in life with my dad, he will simply tell me to man up and deal with it which is not particularly helpful of course.

D. also felt it was difficult to talk about his mental health:

I don't talk about my mental health to my family and community, it's something you don't talk about. My community don't talk about traumas and think if they do they will be told off or get into trouble or something bad would happen to them and that might be the roots of many issues including mental health. Also in some religious families mental health is seen like more demoniacal and something not from God.

Prejudice and mental health. Some people faced prejudice in society and this had a negative effect on their mental health.

> Kelly experienced prejudice when applying for a job:
> I applied for a job at a cafe which was Chinese and Korean and I was aware the majority of people there are Asian but I thought I would try it. The interview went very well because I ticked all the boxes but they didn't give me the job and I thought why? I realised because I was black and there was no other black people there.

> D. explained that prejudice in society makes his anxiety worse:
> You get targeted by shop securities, night club securities, and everywhere you go. It's something that white people don't have to be worried about or even think about. It's something you can't even talk about and have to hold at the back of your head. It makes my anxiety worse and if I tell other non-black people they wouldn't understand and think I am weird.

> Alex said:
> At one point after Brexit, I was living in a shared house where I experienced xenophobic hatred and I had to move out as result. Although one of my current flatmates is a 'Leaver', we have actually become close friends as we have a lot in common besides our contrasting political views.

Poor community engagement. Ursula described some problems with how organisations have engaged with her community.

> She explained:
> Let's go back to 20 years ago when the government started to acknowledge we were overpopulating mental health hospitals. They sent white middle-class men with suits and briefcases into the black community to say ok you've got a problem and this is how we gonna fix it with the one size fits all approach. First we [community] looked at them and said we don't believe in mental health, if you know us you would know that, and secondly who the hell are you? We haven't seen you before in our communities and thirdly your approach is wrong, coming here with a suit and looking very middle-class in the most deprived communities, open your briefcase and bring out some leaflets and tell us how you are going to fix our mental health.

Service location. For Ben's Centre clients it was important where the service is. It is challenging to access services that are difficult to get to. Interviewees also suggested that it would be helpful if services come out to people.

Coping before and during the Covid-19 pandemic
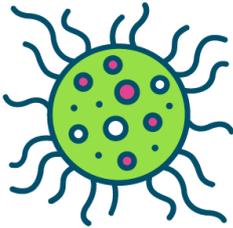
Some people, like Alex, Hannah and D, couldn't access support and were left coping on their own. The Covid-19 pandemic made coping more difficult.

Alex said:

The pandemic has deprived me of all the wonderful opportunities to socialize with other fellow musicians. I have lost a lot of momentum and felt suicidal in March and April. I guess, at the end of the day, you just have to accept that life is unfair and work hard to improve yourself every day.

The professional who was working with Hannah left and because of the Covid-19 pandemic there was no proper handover:

She [professional] told me she was leaving and gave a long notice and suggested she hand my case over to the new person and we have a meeting with 3 of us so I wouldn't have to tell everything all over again to the new person because it's so draining. But it didn't happen because of the covid.

Recommendations

- **Staff training** - Staff throughout the system would benefit from receiving training on mental health awareness.

- **Communication between services** is important – this includes communication between GPs and other services. There should be a nominated person (in the GP surgery and/or in the other service) who is responsible for ensuring issues in communication are being followed-up .

- **Joined up working** – developing more joined up working for services accessed by homeless people, including co-location of services to make access easier.

- **Respite provision** – more provision should be commissioned with clearer pathways to access developed.

- **Choice and involvement** - individuals should always be consulted about their care and treatment and should be offered choice.

- **Continuity** – services should offer consistency of worker where possible.

- **Sensitivity around diverse communities and life circumstances** – needs to be better developed within services. This could be achieved by:

  o Engaging with relevant community organisations
  o Enrolling staff on awareness training sessions

- **Covid-19** - Where people's treatment has been changed or stopped during the pandemic, appropriate alternatives need to be agreed with them. Where people feel they have not been given appropriate options it should be clear how they can raise a concern about this.

- **Out-of-hours and outreach support** needs to be strengthened for people experiencing homelessness, drug and alcohol misuse.

- **Housing and homelessness** – practical support such as help with letters and forms is a critical part of keeping people well and sufficient provision needs to be in place for this.

- **Environment** - Services for homeless people need to include private places for confidential conversations, and should be friendly spaces where people can feel comfortable.

- **Making information accessible** – providing information in non-digital forms (leaflets and cards) is still important for some people, including homeless people, whose access to digital technology may be limited.

Acknowledgements

We would like to thank all the people who shared their experiences. We are also thankful to Sheffield Flourish and Ben's Centre for their support.

Healthwatch Sheffield

Healthwatch Sheffield helps adults, children and young people influence and improve how services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. If you have an experience of health or care services that you would like to share with us, or would like to get involved in our work, please get in touch:

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Sheffield Flourish

Sheffield Flourish is a mental health charity rooted in Sheffield and owned by the community. Flourish aims to involve people who live with mental health difficulties and distress in everything they do because they value the skills, knowledge and insight of Sheffield's communities. They help people to share their mental health stories, and run the Sheffield Mental Health Guide, an online directory where you can search for support services in Sheffield.

Sheffieldflourish.co.uk
Address: Upper Floor, 4 Windrush Way, Sheffield, S3 8JU
Telephone: 0114 273 7009
Email: info@sheffieldflourish.co.uk

Ben's centre

Ben's Centre is a Sheffield based registered charity that supports clients with substance misuse issues. we offer a full day centre service as well as a street outreach service and visiting tenancy support sessions.

Benscentre.org
Address: 22 Wilkinson Street, Sheffield, S10 2GB
Telephone: 01142799961
Email: benscentre@hotmail.co.uk

If you need urgent help call 999, or Samaritans on 116 123