

**Accessing Support and Information
for Mental Health and Emotional
Wellbeing**

Report compiled
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Summary

Healthwatch Doncaster undertook this project in order to explore how individuals chose to or were able to access support for their mental and emotional wellbeing during the Pandemic. In order to gather this information we devised an online survey to gather feedback from the public around support they had been offered, for example in person or by other means and how they had found that experience. We will share the findings of the report with key stakeholders as an independent overview and service user perspective, in order to inform and influence future service delivery.

Introduction

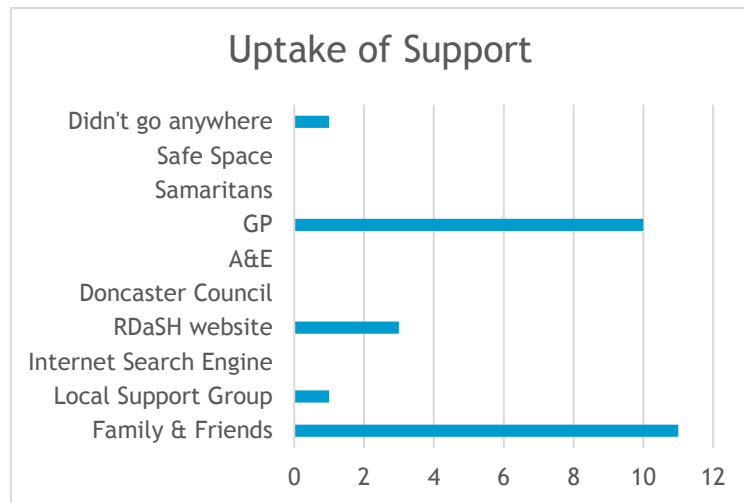
During the Covid-19 Pandemic many health and care services had to make adjustments to their delivery models in order to provide services in line with restrictions and safety guidance. Healthwatch Doncaster being aware of this were keen to explore how this had impacted on services focusing on mental and emotional wellbeing. In particular what methods were being employed by providers and how these were being received by the recipients of the services.

Method and Findings

The effects of the Pandemic had an impact on our ability to engage with individuals to gather data. However we were able to do this via an online survey which we publicised widely using our existing networks, social media platforms and our website. We did have limited opportunities to engage with the public directly at community events, we didn't feel it appropriate to conduct the survey in this environment, due to lack of privacy but did promote it.

The total number of completed surveys was 109 with 70 people telling us that they had experienced emotional or mental health difficulties over the past 12 months, with 22 respondents telling us that they had accessed support for this. Interestingly, a number of those that said they did not seek support went on to tell us, in the survey narrative that they had called upon support from friends and family during this time. We conclude from this that respondents did not view this more informal support as an actual met need in the same way they would from an agency or organisation.

The chart below shows the responses to the question *where did you seek support for your mental and emotional health?*



Encouragingly over 80% of respondents (18) that answered the question *did you get all the information and support you needed?* said that they had with 4 telling us they didn't feel this was the case.

19 people told us in what form they received support for their mental wellbeing, a range of approaches were employed in order to provide this during the Pandemic. The figures tell us that some recipients of services accessed support in more than one form.

Method	Number
Face-to-face	4
Telephone	13
Zoom video call	2
WhatsApp video call	1
Online via website	5

We asked the people who told us that they did not access support the reasons for this. The responses fell into the following categories:

- 31 people told us that they didn't feel they needed to access support, because they felt able to manage the situation themselves.
- 4 people told us they didn't feel it was serious enough to warrant seeking help.
- 7 people had coped alone and 3 had employed self-help techniques to achieve this.
- 4 people felt they needed support but didn't know where to go to get help
- 3 people found prescribed medication helped them through a difficult time
- 5 people told us that they relied on family and friends, who supported them by being available to talk to
- 1 person told us that they had not consulted their GP as *'the GP just wants to put you on tablets and the waiting times to see a counsellor are too long'*

- 1 person told us that they had sought help for a family member who has autism and dyspraxia and although they had approached their GP the GP was unable to book a suitable appointment
- 1 person told us that the mental health issues they experience can be attributed to the amount of physical pain they experience due to a health issue and therefore they do not seek help for this
- 1 person responded *'too much apathy'*

We were interested in how respondents felt that access to the services could be improved and this is what people told us:

'IAPT are the gatekeepers for further help'

'There needs to be more support groups set up. I think there is still a stigma attached with mental health. No one knows what to say to a person who has a mental health issue such as anxiety'

'There needs to be other methods of getting access, not everyone has access to the internet'

'Educate school age children, employers and families'

'Find the problems, work around them make medication a last resort'

'Texting is a better option for hard of hearing, emails take time to get an answer'

What was good about your experience?

Despite the challenges faced in delivering mental and emotional wellbeing services during a Pandemic a number of participants responded to this question. The main themes to emerge from this were that people were glad that they had been able to get the support that they needed. For some this was *'a safe space to talk issues through'* with a practitioner that really listened. The consistent support from the team supporting them was an important factor for another respondent.

One respondent told us *'That I can control the problem without drugs or alcohol, but when the dark cloud comes things do take over and there is a change, I do have a contact number'*. It was encouraging to see that crisis support was available and known to this respondent.

What could have been better?

14 people responded to this question, all responses were neutral with 4 telling us that they would have preferred face-to-face contact with someone.

Conclusions

Services had to adapt quickly in response to the challenges presented by the Pandemic. The findings of the report tell us that these alternative methods of service delivery did go some way to ensuring that individuals seeking support for their mental and emotional wellbeing received that support. As expected some people did tell us that they would have preferred face-to-face support but did receive a suitable alternative to this given the circumstances.

Overall feedback on services was neutral to good, with some suggestions for improving access to information and support made by respondents.

Next Steps and Recommendations

We will be making this report available to commissioners, providers, other key stakeholders and publishing on our website. Based on our findings we would recommend the following:

The results of the survey helped to identify an area for consideration by providers and commissioners. It was apparent that many individuals are unaware of the range of services and tools available to support their mental and emotional wellbeing. Many of which have been developed to be delivered in a Covid safe way.

Therefore an up to date central resource giving information of all alternatives including local support groups would be a useful for both GP's and individuals. This could be divided into sub sections for self and professional referral. If professionals are unaware of what is available they cannot make referrals and likewise individuals may be unaware that there are services that they can self-refer to. We feel that greater awareness by professionals and the public would help ensure people get the right support at the right time for their mental and emotional wellbeing.

One respondent suggested that an enquiry about mental health may be useful for inclusion in the annual health check, which may be worth consideration if this is not currently the case.

The survey responses tell us that some individuals find it difficult to access information and support for various reasons. For example if they do not have access to the internet or if they have a hearing impairment. Whilst every effort has been made to continue to provide services during the Pandemic and the majority of our survey respondents are happy with the support they received it may be worth considering these issues when planning services going forward.

Acknowledgments

Healthwatch Doncaster would like to thank everyone who took the time to complete the survey and everyone who helped us promote it.

Appendix

Demographic Data

The following information is based on the demographic data provided by respondents of the survey

- 72 respondents identified as female, 18 as male and 1 as non-binary
- 73 people stated that they did not have a disability with 18 saying they did

Age Range	No.	Age Range	No.
0-17	4	46-55	22
18-25	4	56-65	14
26-35	7	66-75	16
36-45	21	75+	3

	No.
Asian/Asian British - Pakistani	1
Mixed Race - White/Asian	1
White British	87
White Other	3