Your healthwatch Leeds

Community Mental Health Transformation

What matters to people in inner west and south Leeds

October to December 2023

Contents

Executive Summary

Getting mental health support is often personal in a way that is rarely the case for our other interactions with health services. Our mental health relates to who we are and, as one of our project participants put it, how we feel safe in ourselves and in the world. In that sense, setting up mental health services presents a unique challenge: they need to respond to people's experiences in all their huge variety.

This report aims to provide some ideas as to how the Community Mental Health Transformation programme can do this during its Phase 2 rollout in Leeds. It focuses on the four Local Care Partnership (LCP) areas targeted by Phase 2 – Armley; Beeston and Middleton (Inner South); Bramley, Wortley and Middleton; and Woodsley and Holt Park – as well as providing some introductory information in its Appendices about four communities identified by the Community Mental Health Transformation programme as needful of further study at this point.

The report sets out some recommendations (see page 30), grouped into five themes and based on key findings (see page 24) from across the LCP areas. We would, however, encourage you to view these recommendations in light of the findings from each area. We welcome the Community Mental Health Transformation programme's hyper-local approach to mental health and mental health services, and we believe this report is further proof of its value.

This report wouldn't have been possible without the support of Leeds residents, so we would like to thank them sincerely for sharing their views with us. We are grateful to them for telling us what can at times be deeply personal and painful stories. We are sure they will inspire as much determination to find radical new solutions for mental health care in our readers as they did in us.

About Healthwatch Leeds

Healthwatch Leeds is a non-profit organisation based in the Old Fire Station in Gipton, Leeds. We work across the city to make sure people's experiences shape how health and care services are commissioned, designed and delivered.

We believe that services are best when they understand people's needs in all their diversity, so we have developed a strong track record of reaching out to communities in all different ways. An important part of our work involves going out into communities to speak directly with residents who traditionally haven't had their voices heard by services to the same extent as others. Often, these will be the communities which face the greatest health inequalities. By engaging with people facing health inequalities, we can help to make sure health and care services are geared towards supporting those residents with the worst health outcomes.

Healthwatch Leeds is a founding member and chair of the People's Voices Partnership (PVP). For more information about the PVP and its principles for engagement, please visit the Healthwatch Leeds website.

About the Community Mental Health Transformation

The Community Mental Health Transformation programme is a nationwide initiative which aims to improve people's experience of community mental health services. It is being rolled out differently in each part of the country, in recognition of the fact that every locality will have different needs, demographics and so on.

In Leeds, the programme is connected with the West Yorkshire and Leeds Integrated Care boards' mental health strategies. It recognises the need to offer better and more joined-up community services for people living with serious mental illness. You can read more about Leeds' approach on the Mindwell website:

https://www.mindwell-leeds.org.uk/transforming-community-mental-health-services/

The Community Mental Health Transformation programme in Leeds has included community engagement and involvement since it began. In autumn 2021, Healthwatch Leeds ran an engagement focussing on the three Local Care Partnership areas targeted by Phase 1 of the programme. The report from this engagement is available to read via the following link:

https://healthwatchleeds.co.uk/reports-recommendations/2022/community-mental-health-transformation/

An involvement team has also been set up to support the Community Mental Health Transformation programme in Leeds on an ongoing basis.

What were we asked to do?

Following on from its Phase 1 engagement, Healthwatch Leeds was commissioned by the Community Mental Health Transformation programme to do a second piece of work before Phase 2 began.

Changes are currently being tested in the Local Care Partnership areas covered in Phase 1 to learn from and support and inform expansion into the following Phase 2 Local Care Partnership areas:

- Armley
- Beeston and Middleton (also known as Inner South)
- Bramley, Wortley and Middleton
- Woodsley and Holt Park

This means that the programme will turn its attention to these four areas with a view to designing services tailored to their needs. To achieve this aim, the programme has to hear people's views and experiences.

At Healthwatch Leeds, we needed to approach this latest engagement a little differently from our 2021 engagement, because the programme had naturally developed in the two intervening years. In 2021, the Leeds Community Mental Health Transformation model – that is, the model for how the improved services would work in practice - hadn't yet been developed in any detail, so the previous engagement was able to inform its design.

This time around, the desired model of care and support had largely been designed, so the purpose of the 2023 engagement was less about informing the model and more about giving a sense of people's experiences of mental health and mental health services locally. This ties into the Community Mental Health Transformation programme's aim of designing services that work with and for people in each LCP area of Leeds. The information we were to gather would help to inform, for example, future workplace planning and training for new workers, as well as any community-specific offers.

Our approach to the project

As with all our work at Healthwatch Leeds, our approach to this engagement was informed by our principles as an organisation and a member of the People's Voices Partnership. We wanted to ensure our work reached some of the people facing the greatest health inequalities, and we know from experience that this means using a variety of ways to connect with and listen to people.

The engagement project in short

What:
Giving adults in the four target LCP areas the opportunity to share their views about mental health, mental health services, their local area and a few key aspects of the potential Community Mental Health Transformation service model.

When:
1 – 30 November 2023

Where:
Armley,
Beeston and Middleton (Inner South),
Bramley, Wortley and Middleton,
Woodsley and Holt Park.

Who:
Our main target populations were people who have (or have had) a mental health condition, carers of people with a mental health condition, and people who fall into both these categories; additionally, we wanted most of our respondents to live in one of the four target LCP areas. The primary audience for this report is the Community Mental Health Transformation programme, but we hope it will also contribute to Leeds' collective understanding of mental health and mental health services.

Planning a multi-pronged engagement

To reach the greatest number of people in a short space of time – and residents facing health inequalities in particular – it was important we offered them a variety of opportunities to share their views.

The first aspect of our approach involved face-to-face engagement in community venues around the four LCP areas. The primary purpose of this was to give people who were less likely to engage unprompted with a survey the chance to do so. There are all kinds of reasons why a person might be less likely to engage with a survey independently. They might, for example, not have internet access and therefore be unable to engage with it online; they might have limited English skills; or they might need to be reassured that their views will be heard and respected.

We got in touch with our local third-sector partners to arrange dates to speak with their group members face-to-face. (For a list of these dates and partners, please refer to Appendix 5.) These partners were an invaluable support to the project, and we are very grateful to them for welcoming us. In many cases, we were invited to groups with a specific focus on mental health or wellbeing, but others were more social or general in nature.

These group sessions were led by a Healthwatch Leeds staff member, who was sometimes accompanied by a project volunteer. People's views were recorded on a paper copy of the survey, then inputted into a database.

The second aspect of our approach relied on social media and online communications. The survey was available to fill in online, for those who wished. A suite of social media resources was put together for the project. Twitter / X, Facebook, Instagram and LinkedIn were the key networks used to publicise the survey. Our organic (i.e.: unpaid) posts collectively reached 6,000 individuals; however, each post likely reached the same people some of the time, so the maximum number of individuals was 1,800. Additionally, we paid for a targeted Facebook advertisement aimed at people living in the four local areas. The first ran for a week and reached 12,632 people, with 103 clicking the link to the survey. 60% were women, 40% were men. The second ad ran for the final few days of the survey and reached 3,295 people, with 30 clicking on the link to the survey. 50.7% were women and 49.3% were men.

We asked our partners in organisations such as Leeds & York Partnership Foundation Trust (LYPFT), Carers Leeds, West Yorkshire Voice (run by Healthwatch West Yorkshire) and the Local Care Partnerships to publicise the survey through their newsletters and bulletins. We also used our Healthwatch Leeds newsletter to spread the word about the project, generating 62 clicks on the survey link.

We appeared on Rangoli Radio, a Leeds-based radio station catering to a largely Hindu audience, where we publicised the Community Mental Health Transformation engagement in late October.

The third aspect of our approach relied on the support of Leeds & York Partnership Foundation Trust (LYPFT) and the working age adult Community Mental Health Team. As we did for the 2021 engagement, we asked LYPFT to send a letter about the survey, a paper copy of the survey and a freepost envelope to people on the Community Mental Health Team's current caseload in the four relevant areas. LYPFT were able to facilitate this for all their working-age service users.(We unfortunately were not able to include people on the older adults' caseload, as we couldn't get approval quickly enough due to the Community Mental Health Transformation programme's older people's team working to slightly different timescales compared with the rest of the programme.) Despite some initial delays in getting the letters out to people, we were pleased to be able to contact around 800 individuals via this method. The recipients were also given options for sharing their views another way if a written survey didn't work for them. They were encouraged to contact Healthwatch Leeds by textphone, telephone or email to ask for further assistance.

Accessibility

Accessibility is a key consideration for any engagement. As such, we ensured that people were given a range of ways to share their views, encouraging them to contact us by textphone, telephone or email if they needed help or accommodations in order to take part.

When arranging face-to-face engagement sessions, we also checked whether group members had any requirements such as interpreting. A portion of the budget was set aside in case professional interpreting or translation was required.

All written material for the project used Healthwatch's accessibility guidelines to ensure it was useable by the greatest number of people.

We have also written a short summary version of this report which we can use to share with the people we spoke to. If you would like this report in any other format, please get in touch with the Healthwatch Leeds team.

Challenges

Engagement always involves challenges, and our Community Mental Health Transformation Phase 2 engagement was no different.

When we are having conversations with people, there is always a possibility that they might disclose something that we need to treat as a safeguarding concern, especially given that mental health can be a difficult and deeply personal topic. Staff and volunteers were briefed on safeguarding procedures before the engagement began so that they were up to date on what they needed to do should they have any concerns about an individual.

Similarly, we were conscious of the importance that conversations with people be trauma-informed. This meant we adapted our approach to individuals' and groups' preferences. For instance, at some community engagements, service users felt safer and more comfortable having a conversation as a group, whereas others preferred to have one-to-one chats in a private space.

This flexible approach brought its own challenges, as it required staff and volunteers to be extra-responsive to people's needs and record their experiences in a different way. However, it meant we were having safer, more trauma-informed conversations.

We were also conscious that conversations could have an impact on staff and volunteers, so follow-on support was available if required.

Finally, in an ideal world, we would have engaged with people for longer than the one-month period available. While we would recommend any future engagements extend their timescales as far as they can, we also recognise that these are often determined by a complex variety of factors.

Recording people's experiences

We recorded the information people shared with us via a survey.

The advantage of a survey is that it can be adapted to different engagement channels (online and face-to-face), giving people a variety of opportunities to take part. It also provides a convenient way of guiding conversations and organising the information we gather.

One of the challenges of the survey is that it had to be useable by four different categories of people:

- People who have (or have had) a mental health condition
- Family/unpaid carers for people with a mental health condition
- People who fall into both of the above categories
- People who fall into none of the above categories but have an interest in mental health and / or services in their local area

The wording varied depending on the category the respondent fell into, but the basic questions are outlined on page 13. Please note that the closed questions gave people a list of options to choose from for their response, while the open questions asked them to leave a comment. Respondents didn't have to answer every question, and some questions were only asked if relevant based on the person's previous answers.

The survey questions

Please tell us the name of your GP surgery.

Are you getting any support from mental health services at the moment?

- Yes → Please tell us how well your mental health support is working for you.
- No → Why aren't you getting any support at the moment?

Does where you live affect your mental health? This might be in a good way or a bad way.

- Yes → Please tell us why where you live affects your mental health.

It's important that mental health services are based close to people, in places where they feel comfortable. Please tell us any places in your local area where you feel especially comfortable and would be happy to get mental health support.

How helpful would you find a telephone line as a way of asking for mental health support?

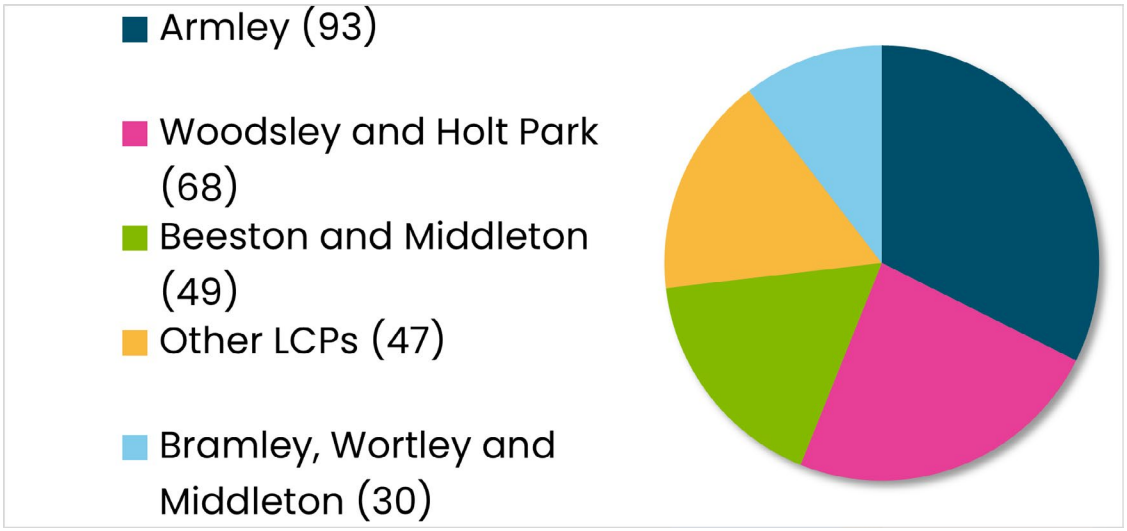
- No → Please tell us any concerns you would have about using a phone line to ask for help.

If you have experience of working at the same time as getting mental health support from services, please tell us what that has been like.

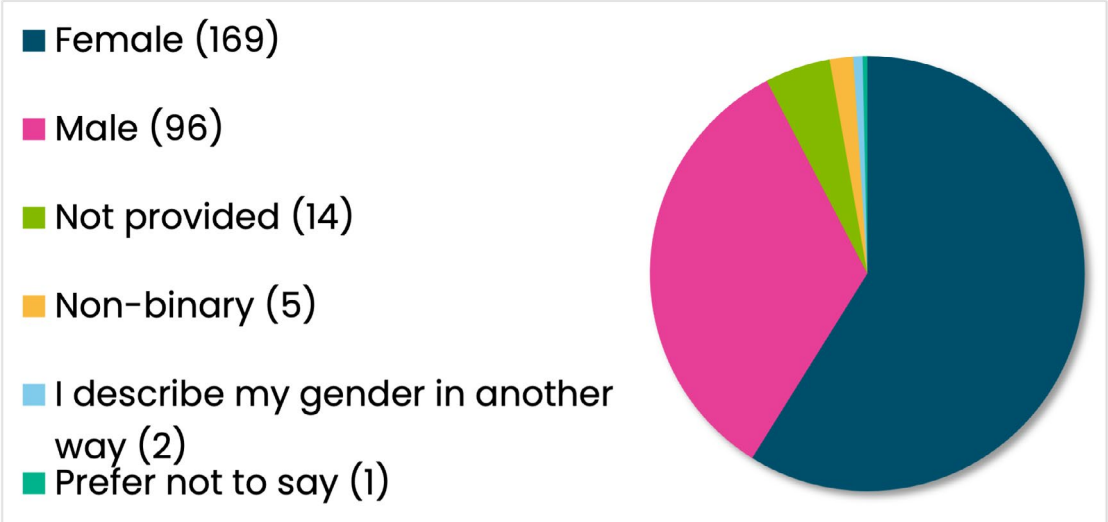
Key facts and figures about our respondents

Below, we describe the responses we collected via our survey. Please bear in mind, however, that this doesn't reflect the total number of people we spoke to. Where community groups preferred to speak to us collectively, we treated these engagements as a focus group. As a result, their answers were recorded differently. To see the responses from these focus groups, please refer to the sections on pages 34 to 145 which look at our findings by LCP.

We received 287 responses to our survey, not including focus groups.

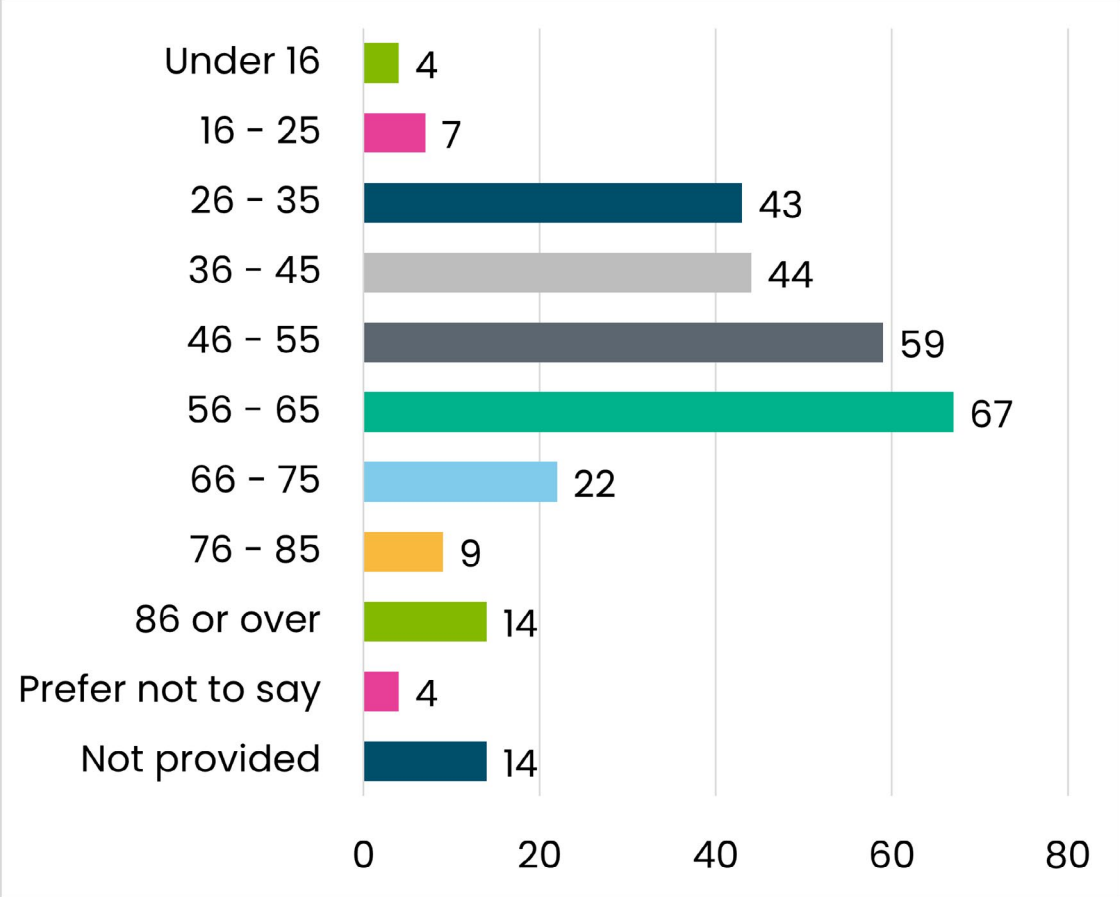


59% of our survey respondents described themselves as female, while a third were male.

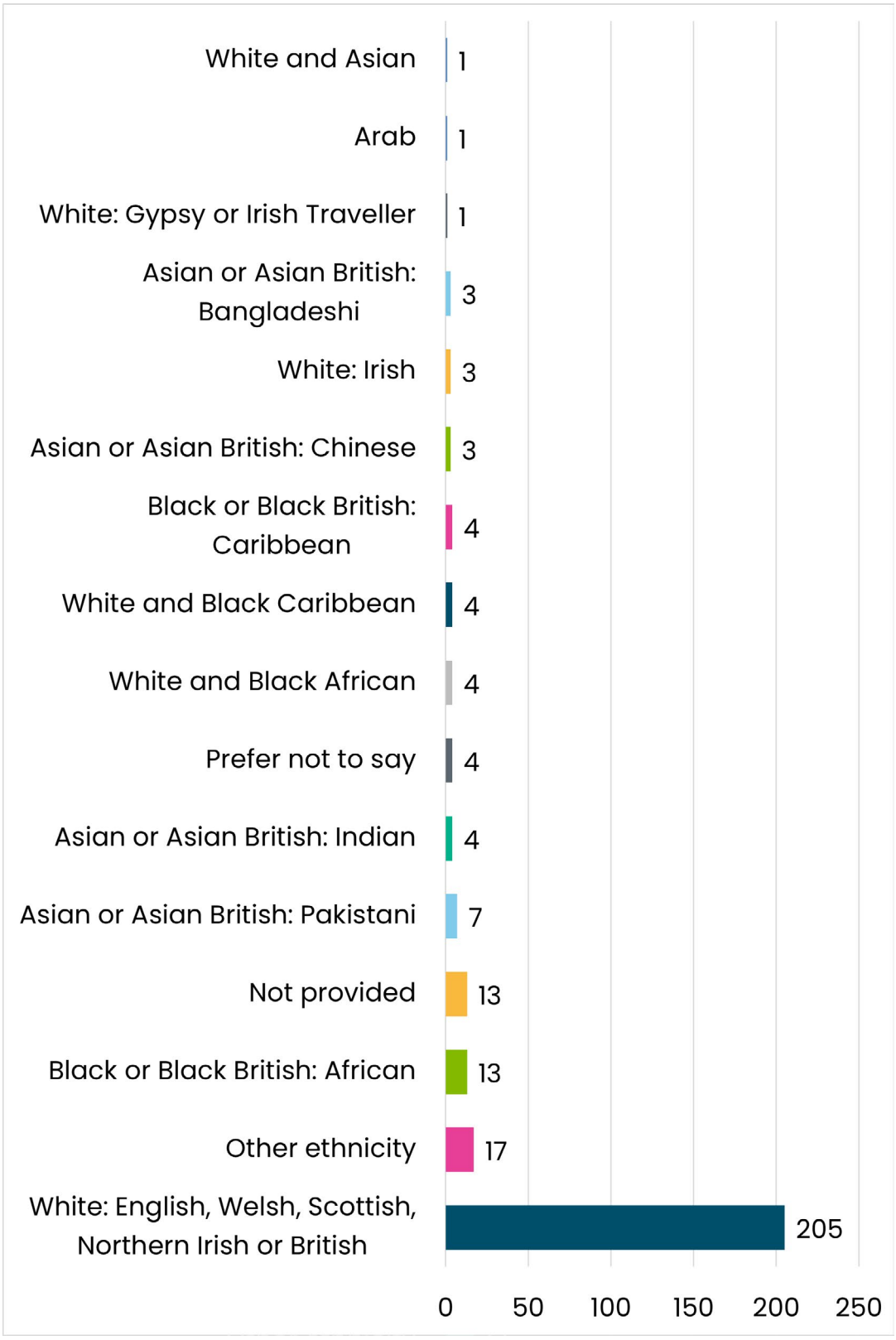


The two people who described their gender another way said they self-described as “Gay” and “Jo”.

Most of our respondents were working-age adults, but people of all ages engaged with our survey.



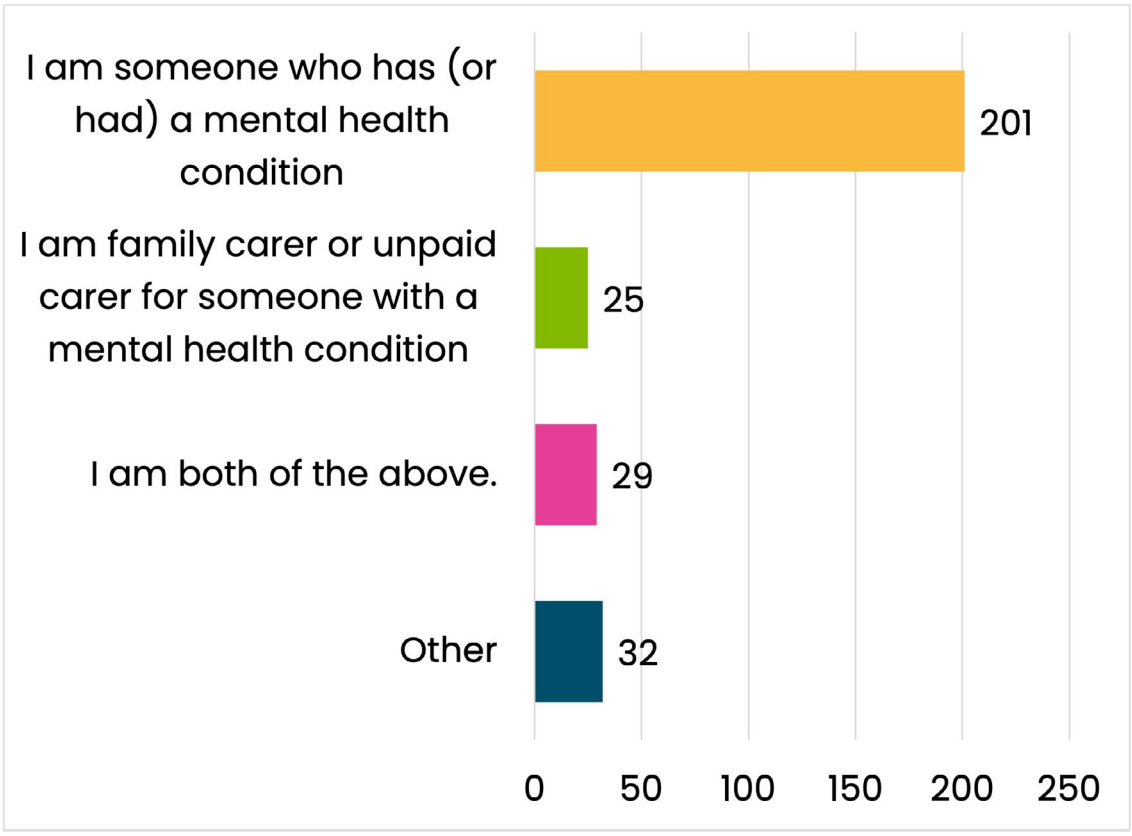
71% of our respondents described themselves as White British.



Some people described their ethnicity another way (they are represented by the label "Other ethnicity" in the graphic on page 16). They self-described as follows:

- "Asian - Nepali"
- "Philippines" / "Filippino"
- "Asian- Sri Lanka"
- "Half Greek"
- "White other background" / "White other"
- "Afghan"
- "Yemen"
- "Polish"
- "English white"
- "White EU."/ "White European"
- "White / Jewish"

Most of our respondents were people who have (or have had) a mental health condition.



A few things to note about how respondent type and demographics interlink:

- 80% of our family carer respondents were women (compared with 59% of our respondents overall). Women were also more likely than men to describe themselves as being both carers and someone living with a mental health condition (69% of the people in this category were women).

- 40% of our family carer respondents described their ethnicity as something other than White British (compared with 29% of our respondents overall). (Bear in mind, however, that our White British respondents were more likely than respondents who indicated another ethnicity to describe themselves as both carers and people with a mental health condition. 83% of our respondents who fell into this category were White British.)

- Whether they were people with a mental health condition, carers, or both, our respondents' ages tended to follow the same general trend as our data overall. However, our respondents who described themselves as "other" (i.e.: someone without a mental health condition and who isn't a carer) made up a disproportionately large segment of the 86+ age group. The majority of people who described themselves as "other" were respondents we met at engagements in community centres and similar venues.

Key learning from across the project

Below, we set out a few key points drawn from our conversations across Armley; Beeston and Middleton; Bramley, Wortley and Middleton; Woodsley and Holt Park; and other parts of Leeds. Please consider these in conjunction with the more detailed area-by-area summaries set out from page 34.

Quality of current mental health support:

- When our respondents were getting mental health support, for the most part they told us it was working well for them. In this sense, the Community Mental Health Transformation programme has a good base to work from as it improves services in Leeds.
- When people had a good experience of services, they rarely told us about why a specific type of intervention was working well for them. Instead, they were much more likely to tell us they could count on the services they got. People value consistent, reliable, ongoing mental health support.
- On the occasions when people told us about specific interventions, their answers sometimes revealed a certain ambivalence. For instance, some of those who took medication felt it was a secondary, less effective form of care compared with other interventions. Some people who had had counselling had found that they didn't appreciate being encouraged to examine their past experiences, and would have preferred support to be more focussed on the present and future. Engagement with an intervention doesn't always indicate that a person is comfortable and fully satisfied with it.

- When services felt less personal – either because contact was infrequent or they hadn't actively taken people's preferences into account – they aren't felt to be as effective.

Reasons for not getting mental health support:

- When people weren't getting support, they sometimes felt this was because services either weren't there at all, or weren't there for them and their needs. On the whole, this was due to a combination of having been discharged from services, not knowing what services exist, and having been turned down when asking for help in the past.

- At times, this sense that services aren't there can leave people feeling quite alienated. There may be work to do in terms of addressing this disaffection before we can expect people to embrace the Community Mental Health Transformation's new service set-up.

- A minority of the people we spoke to made it clear that they would never make the first step in contacting mental health services if they needed them. A sense of shame or the belief that asking for emotional help wasn't what "people like me" did were often factors in this, but so were, for example, feelings of not wanting to be a "burden" on others, or living complex or chaotic lives.

- People had different understandings of what mental health support means. For instance, some might not see a social group or substance abuse counselling as mental health-related, while others do.

The impact of where people live on their mental health:

- Most people felt that where they lived impacted on their mental health to some degree, so there is real value in understanding mental health from a very local perspective.

- Fear of crime and antisocial behaviour was a key negative factor impacting on people's mental health in all areas but one (Woodsley and Holt Park).
- Issues with neighbours, sometimes linked to being housed in overly close proximity, were also a factor in some people's mental health in most areas.
- People who told us about the above issues rarely expressed any hope of them being addressed by services, and some had already reached out for help from different agencies without success.
- Conversely, when people did feel safe, comfortable and well provided for in their local area, where they lived actively improved their wellbeing.

Comfortable places:

- In all areas barring Bramley, Wortley and Middleton, we saw a fairly even split between those respondents who preferred to get support formal NHS settings, those who preferred less traditional community-based settings, and those who suggested they would feel comfortable in both.
- When people expressed concerns about using non-traditional settings as a place for getting mental health support, they mostly wanted to be reassured that these would provide appropriate levels of privacy.

Phone lines:

- In none of our five sets of responses did more than 38% of people say they would always find a phone line a helpful way of asking for mental health support.

- Often people's aversion came from feeling phone conversations were too impersonal for them to be able to open up about their mental health. Other issues included negative past experiences of trying to get help via a phone line, and worries about confidentiality.

- Any service based around a phone line as a first point of contact would have to meet the legal requirements of the Accessible Information Standard. It should also consider how mental health-related disabilities can affect people's ability to express themselves fully and clearly.

Key learning by Local Care Partnership area

Armley

Quality of current mental health support:

- Over half of the people currently getting mental health support described it in positive or somewhat positive terms.
- When support was felt to be less effective, this was often because it was infrequent or time-limited, and/or it took a long time to access.
- People sometimes came to services with a long history of not getting the mental health support they needed.

Reasons for not getting support:

- When people weren't getting support from mental health services, they often told us they felt services either weren't there, or weren't there for them and their needs.

The impact of the area on residents' mental health:

- Over half our respondents said that living in Armley impacted on their mental health to at least some extent. For a quarter of those people, its impact was a positive one.

- Fear of crime and anti-social behaviour, often linked to drug dealing and drug use, was a strong influence on people's mental health in Armley.
- Other factors included issues with neighbours and housing that forced households into uncomfortably close proximity, as were poor quality and unsuitable housing.

Comfortable places:

- As many people told us they are comfortable in NHS-oriented venues as in less formal community spaces.

Phone lines:

- Just short of a third of respondents in Armley would never find a phone line a helpful way of asking for support. There was a strong sense that phone lines were too impersonal, which would make it harder for people to open up about a sensitive subject like mental health.

Beeston and Middleton (Inner South)

Quality of current mental health support:

- Over half those getting mental health support said it was working well for them.
- When the support wasn't working so well for people, they tended to feel that services were going through the motions, rather than listening and responding to individuals' real needs.

Reasons for not getting support:

- When people weren't getting mental health support, they most often told us this was because there wasn't a service tailored to their needs.

The impact of the area on residents' mental health:

- Over half our respondents said living in Beeston and Middleton impacted on their mental health to some degree. For just under a third, this impact was positive.
- However, just over a quarter said that anti-social behaviour and neighbour issues got them down.

Comfortable places:

- People had a real range of views about where they felt comfortable, with slightly more stating they preferred traditional NHS settings over community-based settings.

Phone lines:

- 18% of our respondents would never find a phone line a useful way of asking for mental health support, while nearly half would only find the phone useful some of the time.
- When people had concerns about using the phone, this was usually because they had a general preference for face-to-face contact or they found the phone too impersonal.

Bramley, Wortley and Middleton

Quality of current mental health support:

- Most people getting mental health support had a positive or mixed experience.
- One suggested area of improvement was communication about what individuals could expect to happen next in their care journey.

Reasons for not getting support:

- When we asked people who weren't getting support why this was, they often expressed quite negative views of services generally. Their responses suggested they thought services weren't interested in them.

The impact of the area on residents' mental health:

- 60% of our respondents said their local area impacted on their mental health to some degree.

- The most commonly cited issue was anti-social behaviour and problems with neighbours.

Comfortable places:

- People were more likely to say they felt comfortable in traditional NHS settings than less formal, community-based venues.

Phone lines:

- Nearly 40% of respondents said they would never find a phone line helpful.
- The most common concern related to people's past experiences of mental health phone lines. Because they had found these unhelpful, they thought it was likely no phone line would be a helpful way of asking for support.

Woodsley and Holt Park

Quality of current mental health support:

- Just over a third of respondents felt their current mental health support was working well for them. People most often praised services for being reliable, ongoing and regular. A further quarter had had a mixture of good and bad experiences.
- When people's experience of support hadn't been so good, this was often because it was less consistent or reliable, or because the support wasn't tailored to their needs but no other options were available.

Reasons for not getting support:

- There was a variety of reasons why people weren't getting support, but a belief that there was nothing tailored to them and their needs came up a few times.

The impact of the area on residents' mental health:

- Considerably more than half our respondents said where they lived affected their mental health to some extent but, unlike in the other areas we visited, this was often for positive reasons. Access to parks came up markedly more often, as did access to good services and things to do.
- As in other areas, neighbours and noise were raised as factors in people's mental health. For some, these were negative influences, but others praised the friendliness and peace of their surroundings.
- Safety wasn't considered a problem in the same way it was elsewhere.

Comfortable places:

- There was quite an even split between people who preferred formal NHS settings, those who favoured community settings and those who were comfortable in a range of both.

Phone lines:

- Just under a quarter of people would never find a phone line helpful.
- Respondents who didn't think a phone line would consistently work for them felt that, when people are struggling with their mental health, picking up the phone can be especially hard. Some said that face-to-face contact helps them to communicate their needs more effectively.

Other LCP areas

Quality of current mental health support:

- More people than not said that the mental health support they were getting was either of mixed quality or not helpful.

Reasons for not getting support:

- When people weren't getting mental health support, this was most often because there was nothing available that suited their needs, or because there was nowhere further for them to go after they had been discharged from a service.

The impact of local areas on residents' mental health:

- Most respondents living in areas other than our four LCPs told us that local services impacted on their mental health. For the most part, people praised the provision available to them.

- Crime, anti-social behaviour and safety was the second most common factor about local areas which impacted on people's mental health.

Comfortable places:

- The majority of people in other LCP areas talked about either community venues they like, or a mixture of community venues and traditional NHS venues.

Phone lines:

- 17% of people said they would never find a phoneline helpful (a low figure in comparison with most other areas).

- When people did have concerns about using the phone to ask for help, this was most often because they felt it might feel too impersonal for sensitive conversations, or because they thought it wouldn't be accessible for some people with disabilities.

Recommendations

The following recommendations are based on the key findings from across the four LCP areas.

Quality of current mental health support

- Build regular contact, consistency and follow-up support into mental health provision as a way of recognising that feeling safe in a service is as much a part of a person's care and recovery as other aspects.
- In addition to planning care with individuals at the start of their journey, regularly ask for feedback about how effective their care and treatment are for them – and if they aren't, work with them to devise a more helpful plan of action.

Reasons for not getting support

- Don't use community spaces and organisations only as venues: treat them as a vital partner in making connections with community members who are unlikely to reach out for help.
- Make the service visible and approachable in community spaces. One first step towards destigmatising mental health and rooting services in communities is to give them a face by having staff come into local places, not only to deliver care but to tell people about the services available to them.
- Actively reach out to people who have had poor experiences of mental health services in the past, acknowledge what didn't work, and proactively explain why they can trust the Community Mental Health Transformation's new service set-up.

The impact of the area on residents' mental health

- Use what people love about local areas, such as parks, popular libraries and much-loved community spaces.
- Proactively ask people about their living situation and how it affects them during their care and treatment.
- Acknowledge that sometimes giving individuals access to advice about housing, crime and antisocial behaviour isn't a solution to their problem when the relevant services aren't able to meet demand (for example due to the lack of social housing stock).
- Work with other agencies on an ongoing basis to identify how individuals can be prioritised for support when their living situation affects their mental health and to identify small local areas which need extra resources to tackle crime and antisocial behaviour.

Comfortable places

- Use a variety of places in each local area, both community-based and more traditionally clinical, as venues for mental health support, and offer people as much choice as possible.
- In community-based venues, be clear about how confidentiality is maintained in the same way it would be in an NHS setting.
- Whenever possible, avoid contracts with third-sector organisations which limit the amount of support they can give to people to a set number of sessions or months, in acknowledgement of how long-term relationships between organisations and individuals contribute to people's mental health and help them to feel safe and valued in their local area.
- Work directly with third-sector organisations so that they get the support they need when they are presented with people experiencing a mental health crisis or other acute need.

Phone lines

- Assess how the proposed model will meet the Accessible Information Standard, especially in terms of its use of telephone lines. Where the Accessible Information Standard isn't met, change the model so that no one is excluded by dint of their disability or communication need.

- Recognise how vital face-to-face contact can be for people struggling with their mental health by finding innovative ways to offer in-person first points of contact. This might mean, for example, regularly deploying staff into community spaces or identifying other ways of referring people into services.

About our findings

As you read the findings from the four LCP areas, please bear in mind the following:

- Except where stated otherwise, percentages are worked out on the basis of the total number of responses for the LCP area. In a small number of cases, individual respondents chose not to answer all of the survey questions. As we have omitted the small proportion of non-responses from the graphics, their percentages will not always add up to 100.
- The wording in this report tends to refer to people's personal experience of mental health and mental health services (for example "57% of our survey respondents in Armley weren't getting mental health support when they spoke with us"). However, except where stated, we are actually referring to all respondents, including those who are family carers talking about a loved one's experience. We chose to word the report this way to make it easier to read.
- Occasionally, the wording used in the quotes might be frank and unvarnished. We always prefer to let people express themselves in their own way whenever we can.

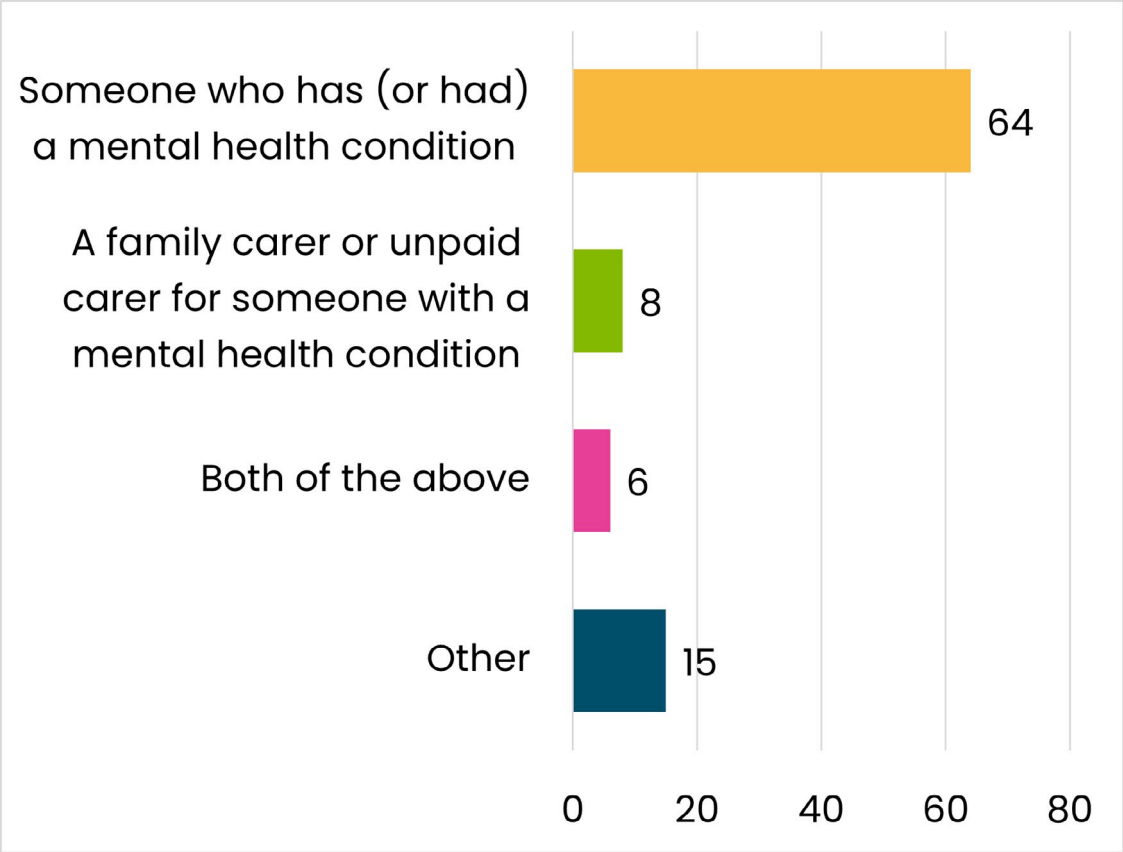
The findings from Armley

A few figures about Serious Mental Illness (SMI) in Armley

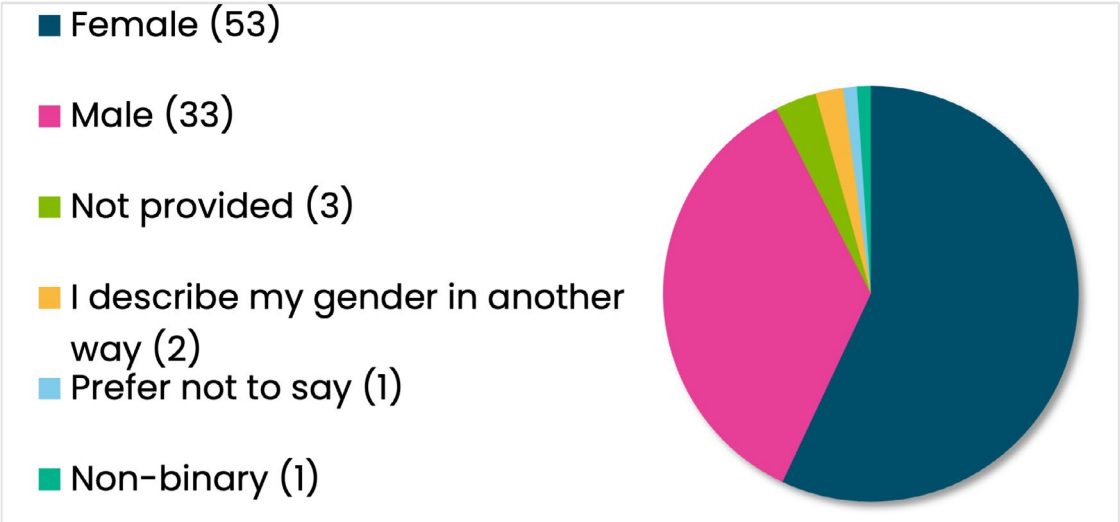
- Armley's total population: 33,651
- The number of people registered as having an SMI: 331
- The % of the local SMI population living in the most deprived decile: 62.15%
- The % of the local SMI population recorded as White British: 84.76%

We got 93 responses from people living in the Armley LCP area.

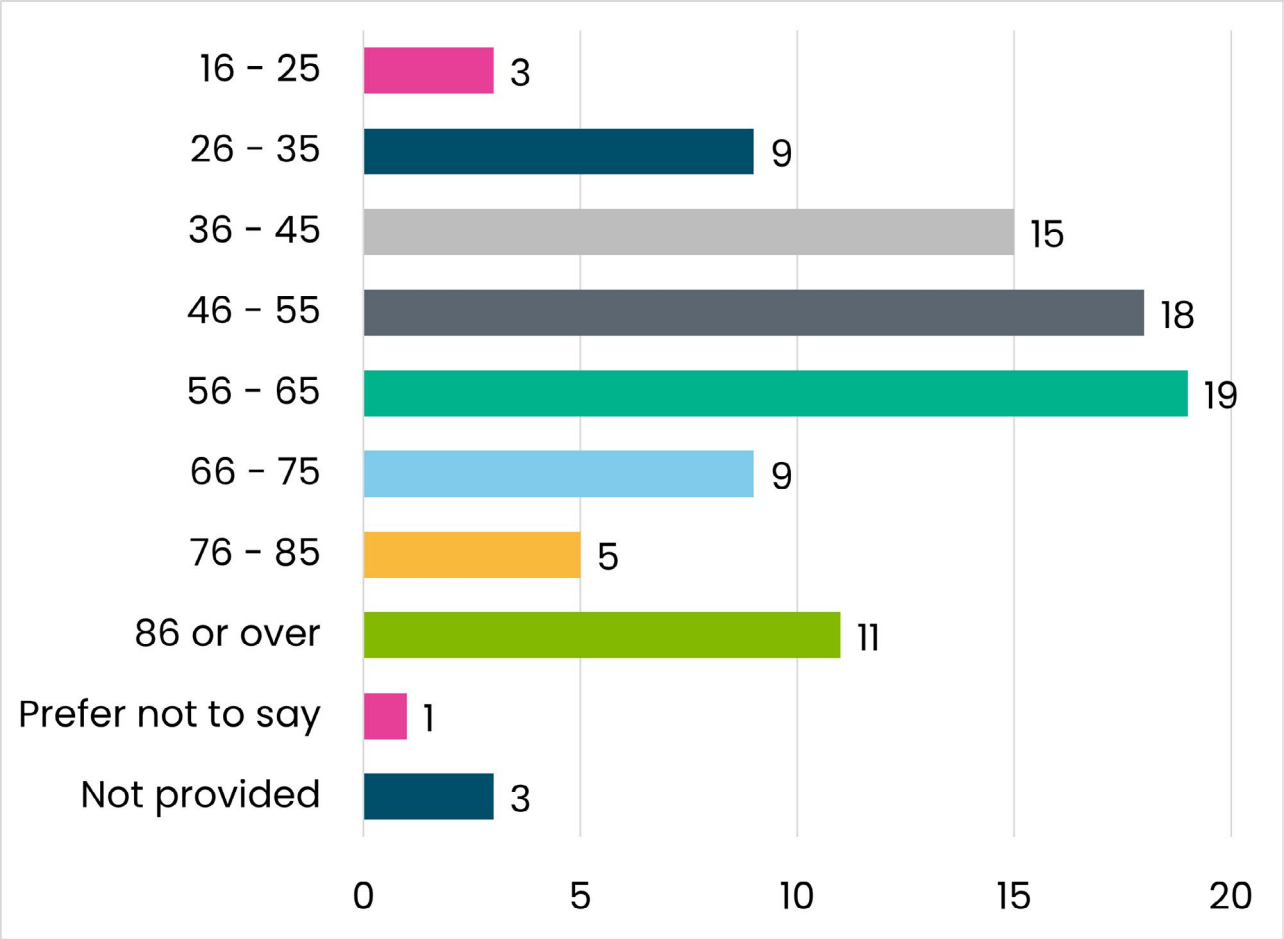
Most of our respondents were people living with a mental health condition.



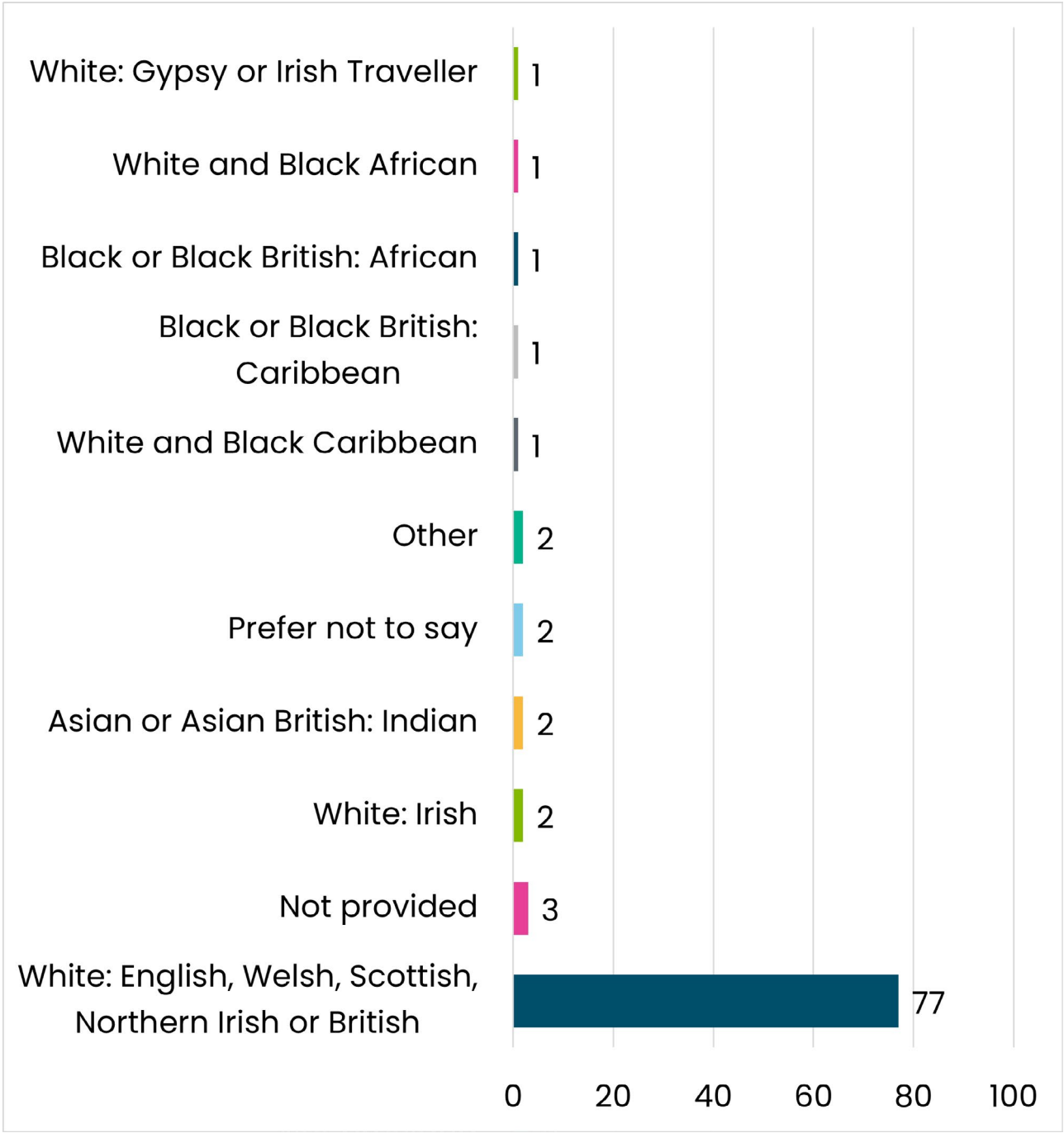
Most of our respondents in Armley were female.



Our respondents' ages were as follows.

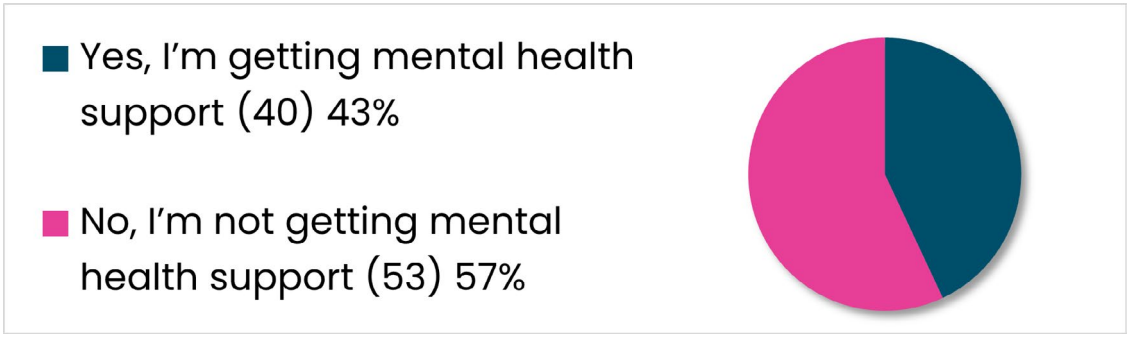


83% of our survey respondents in Armley were White British.



Are you getting any support from mental health services at the moment?

57% of our survey respondents in Armley weren't getting mental health support when they spoke with us.



Please tell us how well your mental health support is working for you

Forty people who were getting mental health support told us how well it was working for them.

Of these 40, 20 said they were finding the support helpful. Some of their comments talked about how services were reliable and checked in with them at regular intervals. Here are a few examples of their comments:

"Yes it has helped him [the person I care for] open up. He still has down days and I have been worried about him. He goes to three community groups a week. Art, men's groups in Bramley and Pudsey. When he started he would not talk."

"I generally have no issues getting the doctor's prescribed medications. The local chemist organises the tablets and the service is perfect."

"[It's going] very well with regular checkups for medication, with GPs telephone calls from CMH nurses and psychiatrists and CBT sessions."

"The hospital provides him with prescriptions and makes appointments once every 2 weeks or month to check how he feels and what changes in his general condition they can see. All help was really supportive and we appreciate it."

A further 9 people described a mixed experience, with some positives and some negatives. Sometimes people had come into contact with some services that worked very well for them and others that didn't.

"Armley Helping Hands were very good. I looked online for a number to call, for people to help my husband, but no help was given. I felt very let down. They would only come and help if he was being violent."

Sometimes the experience was mixed in the sense that the support was good, but it wasn't frequent or long-lasting enough.

"It helps but I don't see workers enough."

"Forward Leeds gives me support once a month, they've invited me to group sessions but I hate speaking in groups. They've told me I can come and listen [rather than speak] so I'll try. I don't like it when Forward Leeds tell the GP what medication I can't have though. I lost my support worker when I moved out of probation, I'd like to have one back though. My medication is vital, I couldn't come to places like warm spaces [at Christ Church, Armley] without it because of my social anxiety."

When services weren't easy to access, it was usually because of issues like having to travel long distances, long and uncertain waiting times or individuals not being able to have their needs understood due to communication issues.

"I see a psychiatrist every two months. I always see a different doctor because the doctors get moved around regularly. I would like to see the same person each time. The psychiatry sessions are good. I take medication for schizophrenia and bipolar. Due to staffing levels [my care] is being moved from St Mary's Holly House to Aire Court, which is much further way, an £11 taxi ride, so I am less likely to go the sessions."

"I've been trying to get support from my GP for my recent relapse with the anorexia, but it's not easy to get through. He's made a referral for me, but I've no idea how long it'll take. In the meantime, I've just got to go to the GP surgery to weigh myself each week. I've got a history of anorexia. I've been stressed recently because of issues with my husband, so that's meant I'm not eating. I know I need to [eat] but I don't. In the 60s and 70s my [ex-]husband was violent. The police in those days wouldn't do anything, they'd say 'we can't get involved in a marriage', the neighbours didn't want to know and there was nothing for women. Then I ended up in another marriage which was very controlling, so it's been one thing after another.

Previously they [services] didn't understand anorexia, so I ended up being an inpatient at Menston, which was horrible. They just saw it as a mental illness, which it is, but they didn't understand anything about eating disorders then."

"The care coordinator is somewhat useful; providing support in practical/life admin tasks I find difficult such as PIP claim. Currently awaiting an autism assessment so it's a case of keeping me safe until then. My care coordinator is the first Community Mental Health Transformation staff member to provide useful consistent support in 15/20 years. Previously I had been routinely dismissed due to communication problems."

A few people also told us that they were getting support from services now, but this was after years or decades of not getting what they needed.

Four people told us that the support they were getting from mental health services wasn't working for them. This tended to be for similar reasons to the ones given above, particular when contact wasn't regular enough. Here are their comments:

> **"My family don't understand what I'm going through with all my physical ailments. They expect me to babysit, but don't understand how hard it is with my mobility problems. Counselling didn't work - I got upset every time, I'm scared of losing my foot. I want to come off the anti-depressants, but I can't. I don't know if I'm coming or going most of the time. I'd love to be slim again and wear some nice clothes. I am getting support from weight loss services. I was previously in an abusive relationship, still causing friction with my [grown-up] children.**

I used to want to take my own life but I had 4 kids so I couldn't think about myself. Recently I had a lot of bereavement, two younger sisters [died] - I expected to die first. Dad's an alcoholic, which is stressful - I know it will be him one day [who dies]. It will be for me to deal with when it happens. I don't know what help is out there for me. I've got a new GP, so they'd have to read all my notes to understand what I've been through."

"It's taking too long. My first assessment isn't until December because I was called first by a young woman who suggested she cancel my referral because I couldn't accept 2 appointments she offered!"

"I don't see my care coordinator regularly and feel unsupported much of the time."

"[The support is going] not well. I get a phone call, but that is not enough because they can't see that I really need help. I would like a 1:1 with someone who would really listen to how I feel - I can't talk about that stuff on the phone. I can't open up."

The remaining 7 comments were neutral about how effective the support was (sometimes because the respondent had only started it recently).

A case study from Armley: Warm Spaces at Christ Church

We were invited to a Warm Spaces session run by Christ Church in Armley to get a sense of attendees' views on mental health services.

Warm Spaces is an initiative that started in response to the cost-of-living crisis (and associated massive rise in home energy prices) and it aims primarily to give people a warm place to be.

The Warm Spaces at Christ Church is mainly used by men who are either living with or recovering from drug and alcohol addiction. In some cases, they are ex-offenders. Hot food and drinks are provided and served by a strong roster of volunteers, and there are board games on hand too. Many attendees stick around to chat, while others call in and leave again more quickly.

One of the common themes we noted during our conversations with the attendees was the loss of valued support workers when moving out of services, such as probation or supported housing. Once that worker had gone, it didn't appear that a "next step" for further support was either offered to or taken up by the attendees.

Many attendees had moved around Leeds several times in recent years, sometimes sharing homes in quite an informal way with others with similar circumstances to their own, while others had been allotted a permanent home by the Council.

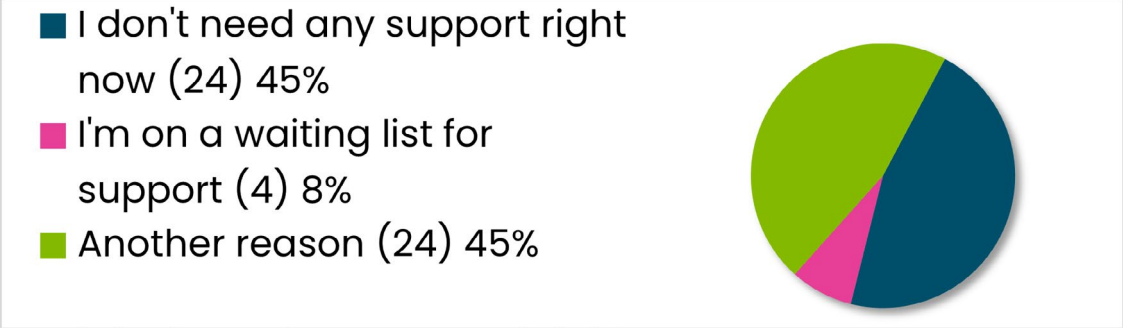
We were interested to note that, while many were getting drug and alcohol support from Forward Leeds, they didn't necessarily see that as a form of mental health support. It appeared as if they generally saw drug and alcohol use and mental health as two separate things. Similarly, there was a lot of ambivalence about medication for mental ill health, which many attendees were taking. While some people said they couldn't function without their medication, others said they were "only" on medication and saw it as a secondary, less helpful form of mental health support.

One of the strongest impressions we were left with after speaking to the Warm Spaces group was how very unlikely they would be to make the first step in contacting mental health services. Sometimes there were practical reasons for this, such as not having reliable access to a phone or difficulties getting around the area. More often, however, the issue was a reluctance to approach services generally, sometimes linked to a sense of unworthiness, shame, or not wanting to burden others with their problems.

That said, when we visited them at Warm Spaces, the attendees were almost always happy to talk to us about community mental health services and their own experiences. It seemed to us that, if mental health services want to welcome the attendees at Warm Spaces, they will need to be active in going into spaces where they feel comfortable and giving them the information they need to feel that they will get something out of the help on offer and that they won't be judged. Without this approach, services are unlikely to see service users such as the people we met.

Why aren't you getting any support at the moment?

Just under half of our respondents who weren't getting mental health support said they didn't require any at present.



Other reasons for not getting support

We asked the 24 people who had a different reason for not getting support what that was.

In 7 people's answers, there was a sense that services either weren't there at all, or weren't there for them and their specific needs.

"I'd go to my doctor, but I'm not sure they'd be able to help."

"I had counselling when I was 60 for childhood trauma but don't attend anymore. My son is an alcoholic, I care for him. He does not get counselling anymore, he has to help himself now he is over 50. I feel he gets no support due to his age."

"Nobody seems interested in supporting me."

"I was doing counselling before covid, but it got too hard to disclose so I stopped. Now life gets in the way. [We have] lots of family illness."

Three people had had help in the past, but when that ended, there didn't seem to be anywhere further for them to go.

"I was discharged due to 'failure to engage'."

Some people's responses talked about receiving medication. Three respondents' answers (as elsewhere in our findings) suggest people can have quite complex or ambivalent attitudes to medication. Some see it as a vital resource that enables them to get on with life day to day, but others see it as an insufficient response to their needs, especially if it's the only help offered. Sometimes people's answers suggested they believe medication is used by services a way of going through the motions but not actually offering genuine mental health support.

"I have anxiety, which makes me nervous of asking for help. The GP always wants to put me on medication, but I don't feel that helped."

"All they offer is medication which I take."

Three of our respondents stated that they generally prefer to self-manage their mental health, while another three said that reaching out for help was something they were very unlikely to do. For example:

"When I left the probation service, I lost my support worker, so I wasn't getting help anymore. I don't get my medication because I feel too lazy to contact my GP - it is not that they are hard to contact, I just can't be bothered. I do get methadone."

“I’m a listener, not a talker, I don’t talk about myself.”

One person felt that not being online made it impossible for them to find help.

“I don’t know how to access it, as I have no computer.”

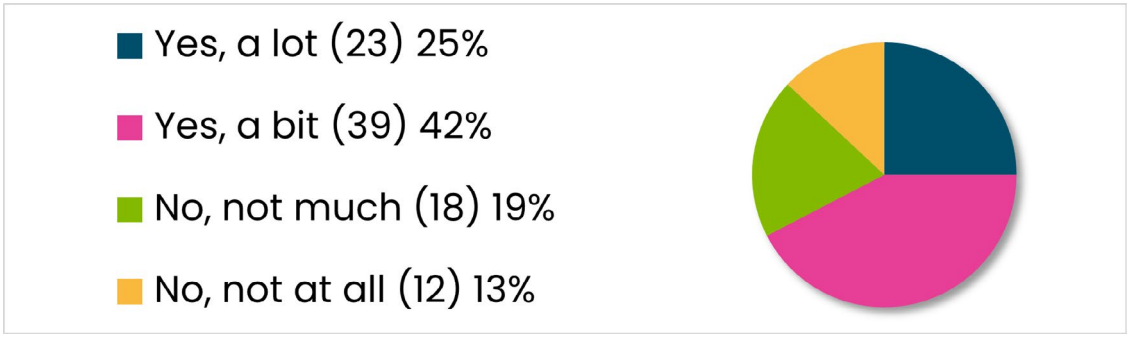
A case study from Armley: DOSTI

We visited a support group for older South Asian women based at Stocks Hill. The group is well attended – in fact, it has a waiting list – and it is run by Dosti, whose specialism is supporting Asian women. We were very pleased to meet the women, who were very friendly and welcoming.

A key theme that came out of our conversations was the way the group is commissioned. Dosti is only allowed to accept each member for six months, after which point they have to move on. This is something the group leader and the members would like to see changed, because six months isn't always long enough for people to form relationships. It also means that the mental health gains they make during their six months with the group are potentially lost when the support stops. This problem is exacerbated by the lack of specialist services in the local area, according to the attendees. They told us that there aren't any other groups catering to older South Asian women in that part of Leeds (and in fact, some drive across the city to attend, as there is nothing suitable closer to them). It's important to them that they have a group which feels culturally familiar, where it's also possible to speak in languages other than English, as some members have quite limited English skills.

Does where you live affect your mental health?

More than half of our respondents said where they lived affected their mental health to some extent.



Can you tell us why where you live affects your mental health?

Sixty-one people told us how living in Armley affected their mental health.

Seventeen people told us things they appreciated about Armley. Some people praised the community groups they went to and said they enjoyed having family close by.

"There is support in the community from library staff and pharmacy staff. Can pop into hairdressers or sewing shop also."

"I like it here because I know lots of people. I moved here 4 months ago. My new council house is really nice. I feel scared to go out, I feel that people will be looking at me, [but I know this is] a problem that's in me, not [to do with the] new area. But I really like coming here [Warm Spaces] at Christ Church."

People were also more likely to say positive things when their housing was tailored to their needs.

"[My home is] sheltered housing and it helps to have someone to talk to."

"Moved a year ago, and happier now as it is a quiet and friendly area. I live in a small quiet complex away from any issues."

"I live in a self-contained studio flat in a nice area. This has greatly improved my feelings of safety in my surroundings and makes me feel far more confident that given the right support I can get back on my feet over time."

"It is quieter now [that I have moved], a lot less violence, drug use or anti-social behaviour. I am happy with where I am, happier than I used to be."

We must note, however, that many people told us reasons why living in Armley wasn't ideal for their mental health. An important aspect of this was crime and anti-social behaviour, which people often linked to drug use and drug dealing. Some expressed a strong feeling that Armley wasn't safe, especially at night. We got 17 responses referencing such issues.

"I just hate it. I'm a young girl, on a main road, living in a flat in a dodgy area and this leaves me feeling nervous and scared."

"Some neighbours have a feud ongoing. That is stressful as I worry it will or may escalate. People are not always aware of what is available and it's up to me to do the research. A booklet would help."

"Armley is a bad area to live in - gangs, drugs - so I don't feel safe to come out at nighttime. There are motorbikes all day and night on the estate. I live with 2 kids in a flat. I feel unable to visit my GP or local leisure centre as these are too far from my home. The key is in having these close to home."

"There are drug users and alcoholics but they don't bother me due to the tablets I am on that suppress my emotions. The users and addicts are friendly."

Sometimes, people's homes forced them to live in overly close proximity to others. This can lead to problems with noise, as well as other issues. Nine people told us this was an issue for them and their mental health.

"I'm on the council waiting list for a two-bed home, I've been waiting four years. I'm in a one bed and have nowhere for a carer to sleep, when my mental health and physical health deteriorate usually one affects the other. I have a shared door and it's extremely anxiety inducing all the noise of people in and out. Also my land[lord] treats me badly, I had no heating for the first 2.5 years. because I didn't know it was law to have it. I thought it was ok if you accept it like that. And when I found out I was too scared to say anything for fear of [being] kicked out and I have no friends or family so it was terrifying. I also found out the landlord is stealing electricity from me I want to call the police but I'm too scared."

"My psychosis involves neighbours' noise at night which makes me nervous and agitated on occasions and unable to relax in my home environment."

"I've tried to move for years and had no support with this. My next-door house is a halfway house and the people that move in are awful."

"Where I live sometimes I am scared to go out because there is a lot of druggies in the flats and I get scared because there are always pressing the buzzer to try get in."

Eight people said their housing isn't suited to their needs or is simply poor quality, but they don't see much hope of being able to move.

"My current home has stairs on the front and back. I have mobility issues so I mostly end up housebound as I cannot ascend or descend stairs independently."

"I can't go out as I have physical problems too. I just feel trapped inside most of the time."

Unsuitable housing (among other factors) can lead to isolation, and 6 people talked about being lonely or bored on their own. Some older people in particular expressed a feeling that there wasn't much in the area for them (barring some community organisations, which are an important lifeline).

"Living in a flat can be very boring, especially when you are retired."

"The flat I live in does not have a community space. My family live abroad and I feel lonely. My neighbour is not well and I am worried they won't come back. I don't like to ask my granddaughter for help as she has her own family and is busy enough."

"When the weather's bad, there isn't much to do for the elderly in Armley. I knew Armley and Bramley when they were villages! Now you can't do a weekly shop without a car, bus routes aren't good. A lot of the shops have gone, especially the English ones [i.e.: the shops selling products likely to be familiar to British-born people]."

Poor bus routes can make it harder for people to access the amenities that the area has.

"In Armley at night it can feel unsafe. I don't have a car so have to walk and can feel worried. Buses are unreliable to get to places, you can feel isolated in Armley."

Seven respondents told us that there weren't enough local services to meet demand, but also that Armley residents aren't made aware of the services that do exist.

"I've lived here all my life. I keep myself to myself, it doesn't feel safe around here. It's good that New Wortley Community Centre is local because I wouldn't travel to come here. The GPs around here are pretty good, I can usually get an appointment when I need one. A big problem has been that the big chemist has shut down, so now we only have one small one in the area. It can't cope with the demand."

"Quality of mental health care depends upon your postcode in Leeds. For example: in Gledhow, a patient may access weekly support with their GP; however in Armley, a patient will be repeatedly turned away by CMHS, even when in crisis."

"My family member lives in a residential care home. It is difficult for them to be seen face to face by a GP and the physical health often impacts the mental health; there have been numerous delays in receiving treatment for physical health needs which leads to a deterioration in mental state. The home/ living environment is adequate but consistent access to a GP [is needed] to bridge the gap, assess health needs and provide holistic care, [which currently] is poor."

"People around here have found it difficult to talk about mental health. They'd need to advertise services more, if people round here are going to use it. They need to reach out, because people won't come to help."

Finally, people's comments don't tend to express much hope that things will change in Armley. This was exemplified in the following answer:

"[There are] high instances of antisocial behaviour causing anxiety and feelings of not being safe. Lack of investment by government/ council in support - financially, resources, a feeling of the area being a lost cause. Destruction of nature/wildlife - less green space to escape to and increased anxiety at the state of the world."

A case study from Armley: Cultural Café at New Wortley Community Centre

New Wortley Community Centre is a very popular local venue which hosts all kinds of activities for the local community, many of them free. We spent a bit of time in the café area chatting to people about mental health before the regular "cultural café" that happens every Friday.

One of the people we spoke to was a woman in her 40s. She told us she had emotionally unstable personality disorder and a learning disability. She has had extensive experience of both mental health services and social services and has previously had a child removed from her care, so is currently going through the courts to regain access to them. She hasn't got much trust in social services. She has a mental health social worker but doesn't call them every time she is meant to.

She has been sectioned 14 times and feels services aren't willing to help her. Her experiences included an incident when she self-discharged in the middle of the night and the hospital wouldn't call a taxi for her. She was picked up by the police as she was walking home and sectioned again. Because of negative past experiences, she refuses to engage with the crisis team, and feels that sending out an ambulance when she is in crisis only makes things worse. In her view, she has to do all the work to help herself, and professionals only talk among themselves, not to her.

She also finds it unhelpful that mental health teams try to get her to talk about her past (which has included abuse since her earliest years). She doesn't want to have to relive painful experiences.

Because of her mental health history, she is struggling to move into a new home, despite being listed as Band A by the council. She isn't able to live either on the ground floor or in a high-rise building because of the risks both options pose to her.

She loves coming to New Wortley Community Centre, which feels like a safe space for her (she notes that she is an easy target for bullying). She has been attending regularly for the past eight years. She also volunteers there, which helps with her mental health. She thinks the city needs a lot more places like the Community Centre. She notes, however, that her mental health issues tend to kick in in after 5pm, so it would be helpful if there were more groups she could attend on an evening to keep her busy.

She says there are a handful of people at New Wortley Community Centre that she now turns to when she is in a crisis.

When she's speaking with someone about her mental health, she prefers to do it face-to-face because she can tell that they're listening.

We spoke to a second woman, who also comes to the Community Centre regularly. She is 70 years old and has several physical health conditions, some of them lifelong and some of which have left her with very limited mobility. When we spoke to her, she was figuring out who she needed to contact to get some repairs done on her walker.

Despite her many health needs, she told us she can't stand ringing the doctor's surgery because she hates waiting on hold every time and will tend to put the phone down. She feels that being left on hold means the doctors "don't give a damn". She asked us why she should ring the doctors when there are people who "are more important than me", stating that she didn't want to waste anyone's time.

She told us that her son has a mental health problem but she tries not to tell anyone about it. As a result, all the care and worry about her son is on her shoulders. She has been encouraged to reach out for help, but her son doesn't realise he has a problem, which makes getting support for the two of them all the more difficult. She was offered counselling when she spoke to the doctor about the situation, but she didn't want to have to tell another person what was going on. She was disappointed not to be offered medication to help her "calm down". She described asking the doctor to keep their conversation confidential, but the doctor "kept it so confidential they didn't do anything".

She said to us that, looking back on her life, she now felt it had been "a bit of a mess". She wasn't able to work because of her disability, although she tried several times. She also experienced racism both in the workplace and elsewhere when she was younger. (She is from a Black Caribbean background.)

She has been coming to the Community Centre for about 40 years and remembers bringing her son there when he was a little boy. She likes being able to get out out, rather than sitting at home watching TV, and helping others. She has signed up to be a befriender "even though I'm old". She loves coming to the Community Centre, because she can walk here despite her mobility issues. When she's in the centre, she feels her mobility is so much better compared with when she's at home, where she is always extremely tired.

Please tell us any places in your local area where you feel especially comfortable and you would be happy to get mental health support

We got a real mixture of responses when we asked people where they felt most comfortable.

For 18 of the 85 people who answered this question, a whole range of places - from more formal, NHS-specific settings to community and leisure centres - are fine, suggesting the nature of the venue isn't necessarily too important to them.

Twenty-four named specific NHS venues, including the hospitals and Stocks Hill Day Centre. For example, in the comment below, a respondent explains why less formal venues might not be tailored to everyone's needs:

"I think it is important that services are accessible but however all these [community] venues listed are not necessarily confidential. I accessed a service in the city centre which is anonymous - I don't want to talk about sensitive things in the local leisure centre or in the local community centre - I really like using New Wortley Community Centre but I don't want other people to know or see me if I'm feeling vulnerable. Also people need help with costs of bus fares, technically you can get bus fares for NHS treatment refunded if you get free prescriptions but the providers don't know this or have the right forms."

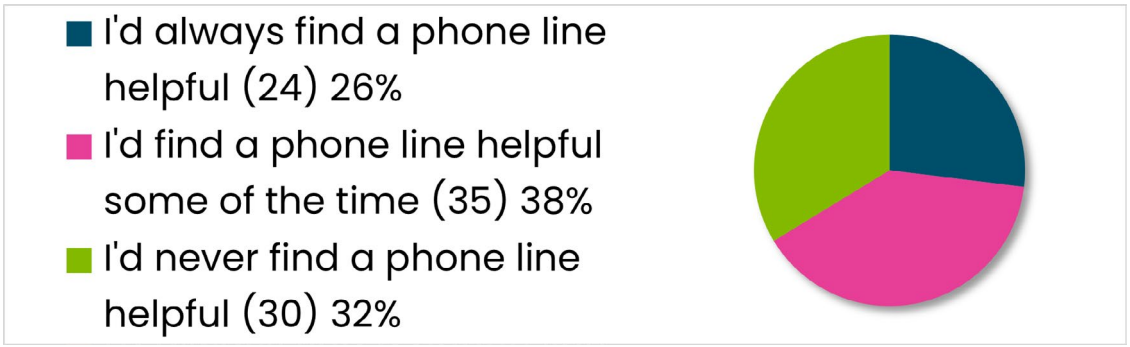
On the other hand, there were respondents who preferred the familiarity of a community centre, library or other less NHS-oriented places and thought they would feel comfortable getting support there. Twenty-six people named community venues where they felt comfortable. Parks came up in a few people's answers, but most mentioned indoor venues. Churches also featured in a handful of responses.

We also got some responses from people who said they couldn't get out of the house at all due to health issues, or that they felt it was services' duty to go to where people were (rather than the other way around).

It may be worth considering people's answers to this question in the context of the previous question around how living in Armley affects people's mental health. It was clear from that section of the survey that not everyone in Armley feels safe in the area and that this can limit their movement. Similarly, bus routes aren't always felt to be effective. Any venue should be chosen with this in mind.

How helpful would you find a telephone line as a way of asking for mental health support?

Only 26% of our respondents said they'd always find a phone line a helpful way of reaching out for support.



Please tell us any concerns you would have about using a phone line to ask for help

We asked those people who said they'd find a phone line helpful some of the time or none of the time why this was. Fifty-nine people answered our question.

Over half of these respondents (33 people) indicated they found phone contact too impersonal or that would struggle to establish the trust they need to open up about their mental health. For some, face-to-face contact is less daunting than phone contact. A few examples of their comments are given below.

"Too impersonal; hard to open up; prefer face to face, as I can see their reaction and get their attention fully."

"I find it hard to talk about how I feel on the phone."

"I do not feel confident when speaking on the phone and would just pass it to my wife rather than try to explain how I feel or answer questions."

"I want to know whom I'm speaking to regarding my mental health issues. I prefer personal contact. I want to see the person whom I'm talking to. It's my coping mechanism."

"I don't like speaking on the phone and often become non-verbal. It is easier to communicate by writing sometimes especially when it is [a] difficult topic."

Five people told us why their communication needs meant using a phone was difficult or impossible. Services are legally required by the Accessible Information Standard to meet people's disability-related communication needs.

"I am hard of hearing so not knowing how loud or otherwise the line would be is a huge worry and can make communication impossible. Not being able to lipread. Not feeling like I have a connection with the person I talk to - I find it too hard to allow myself to be vulnerable without a face-to-face conversation as it is too easy to hide how I feel."

"Poor hearing, phones not useful."

"I have autism and I find speaking over the phone an intimidating exercise."

"I'm neurodivergent and find the phone very difficult because I can't tell what someone's voice intention is. I find it impossible to trust anyone."

"We have a language barrier and sometimes it is difficult to explain [over the phone]."

Four people in Armley told us that they'd be unlikely to make the first approach to services, regardless of whether that was over the phone or face-to-face. Another said they were reliant on someone else making contact for them.

"I can't be bothered to get in touch with my doctor. Maybe it'd be better if someone rang me."

"I would never ring a phone line for help because I'd close up on myself, that's what I've always done. I wouldn't approach anyone face-to-face either. I can see for some people a phone line might be helpful though, if the weather's not good for example."

> **"I just wouldn't ring. When I've tried to get help in the past, I've found myself being passed around, they may tell you to go to someone else, so I wouldn't do it now. If there was somewhere I could walk to, I might do it but I didn't know of anywhere in Armley like that."**

> **"I am not very good at asking for help."**

Another person commented that:

> **"I feel I'm wasting everyone's time, when I get down I just want to block the world out."**

This again suggests that they would be unlikely to reach out for help when at their lowest.

It is worth bearing in mind that some of the most vulnerable people might be those who find it hardest to ask for help, and any service needs to consider the challenge of making contact with and welcoming them.

Four people felt that they wouldn't like to use a phone line because past experiences of such services hadn't been good.

Three people said that the costs of using a phone might make a phone line unusable for them or others.

Three people questioned how much training the people answering a phone line would have and whether staff would be able to help if they didn't know anything of their history, and 2 said they were concerned about confidentiality and privacy.

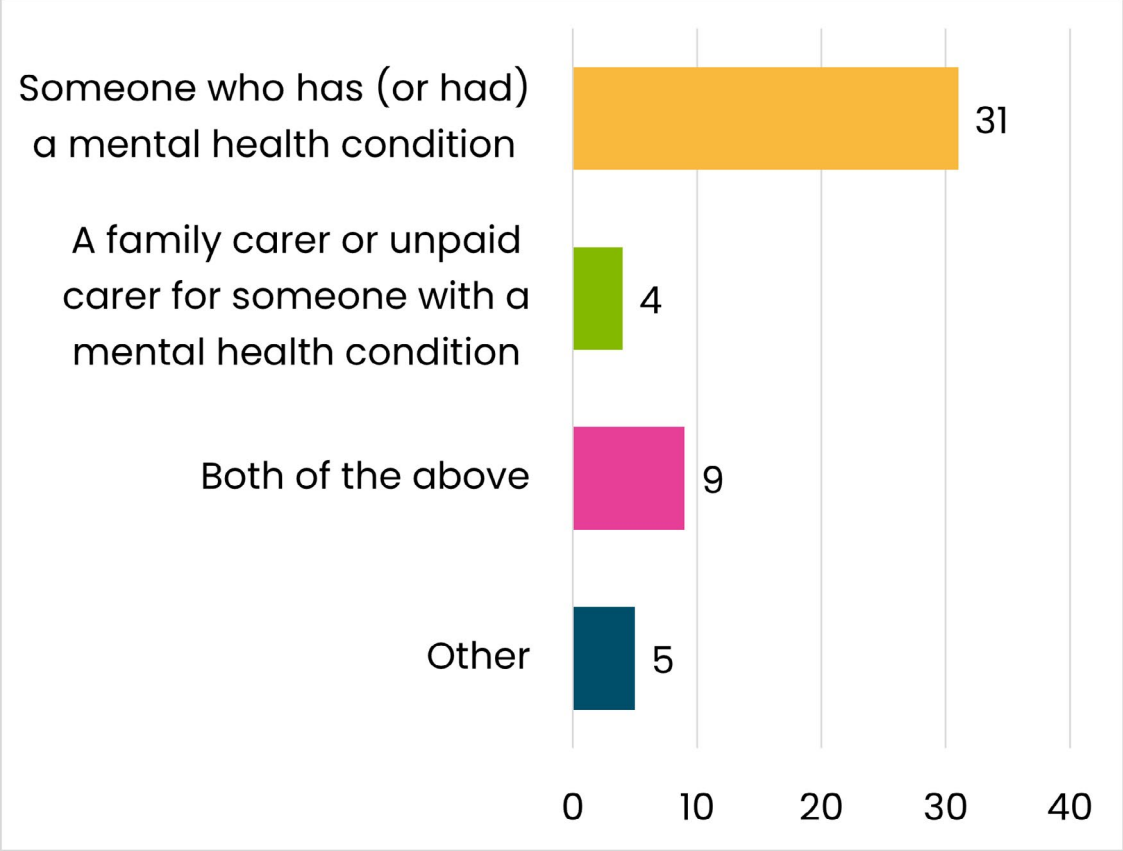
The findings from Beeston and Middleton (Inner South)

Facts and figures about Serious Mental Illness (SMI) in Beeston & Middleton

- Beeston and Middleton's total population: 79,219
- The number of people registered as having an SMI: 828
- The % of the local SMI population living in the most deprived decile: 72.31%
- The % of the local SMI population recorded as White British: 75.6%

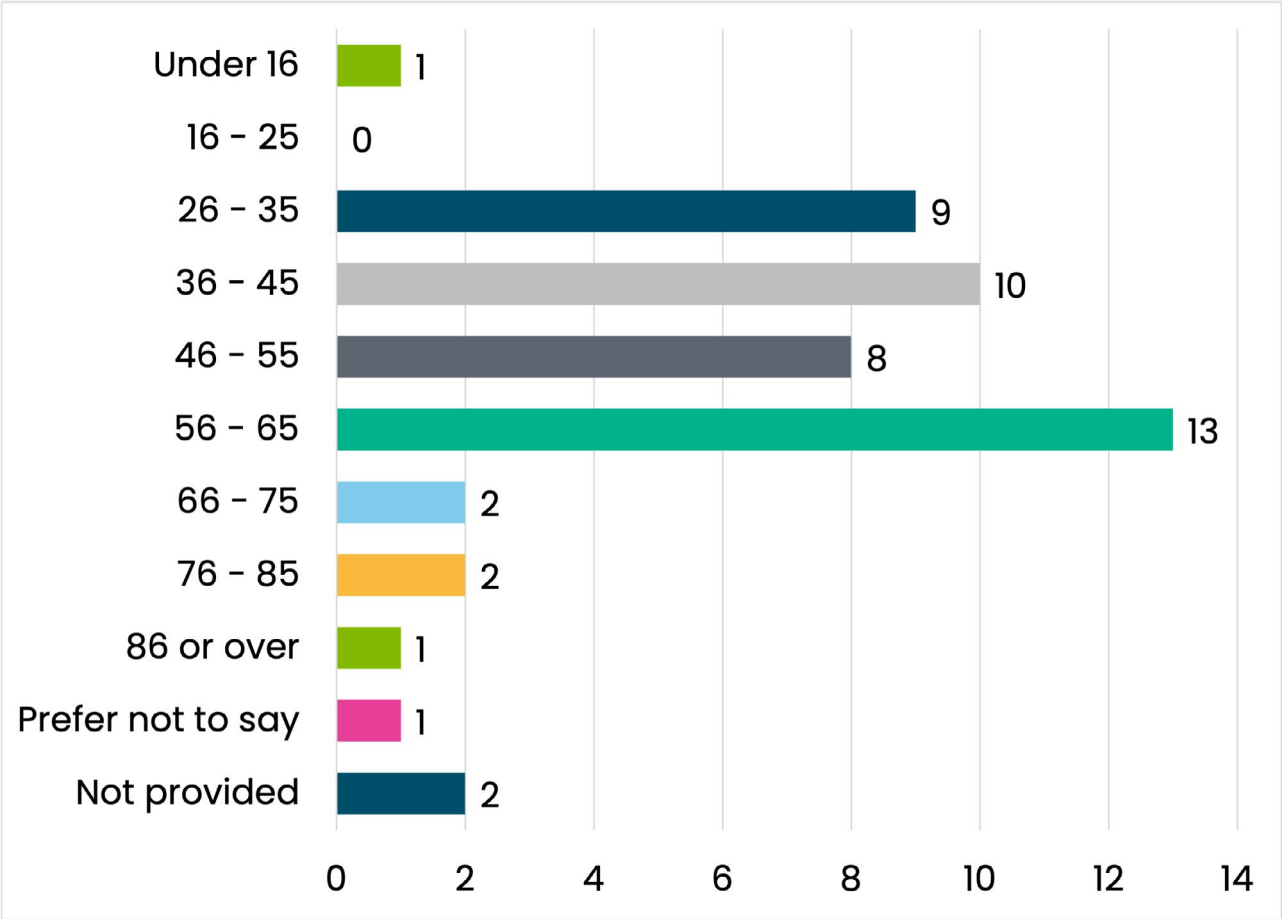
We got 49 responses from people living in Beeston and Middleton.

Most of our respondents were living with a mental health condition.

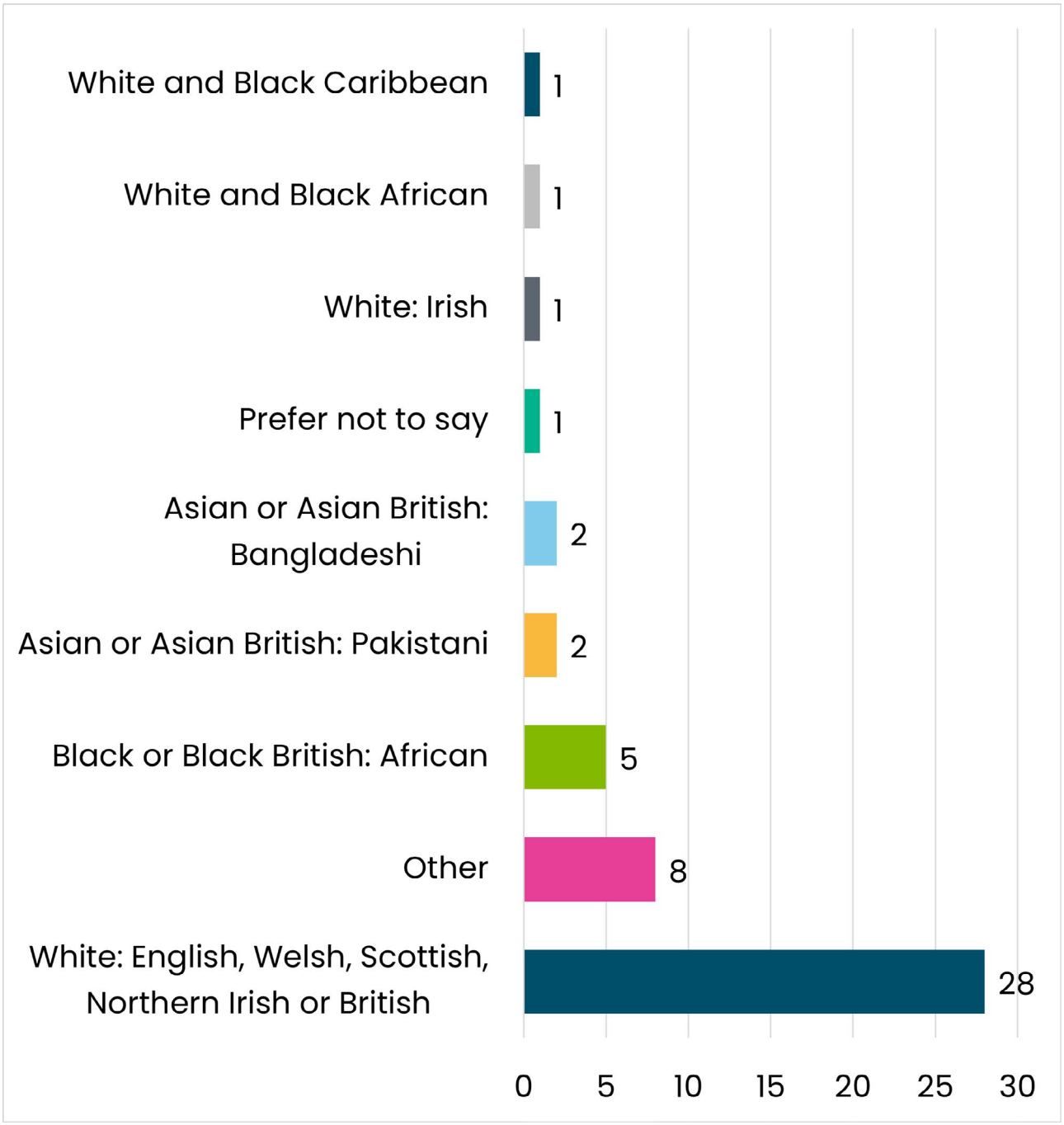


Most of our respondents in Beeston and Middleton were female.

Our respondents' ages were as follows:



While the single largest group of survey respondents in Beeston and Middleton were White British, responses in this LCP area came from a more diverse pool of respondents than in the other locations we targeted. This reflects Beeston and Middleton's population.


White and Black Caribbean
1
White and Black African
1
White: Irish
1
Prefer not to say
1
Asian or Asian British: Bangladeshi
2
Asian or Asian British: Pakistani
2
Black or Black British: African
5
Other
8
White: English, Welsh, Scottish, Northern Irish or British
28
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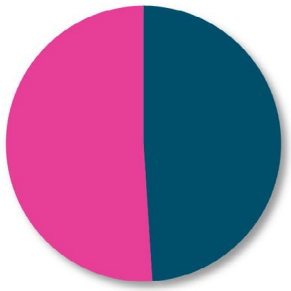
5
10
15
20
25
30

Are you getting any support from mental health services at the moment?

Just over half of our survey respondents in Beeston and Middleton weren't getting mental health support when they spoke with us.

- Yes, I'm getting mental health support (24) 49%
- No, I'm not getting mental health support (25) 51%



How well is your mental health support working for you?

We asked those respondents who were getting mental health support how well it was working for them. Over half (13 out of 24) said it was working well. For example:

"My GP referred me to counselling. The first time I said "no, I don't need that". But then it [my mental health difficulties] came back and I thought I'd better do it. The counsellor is phenomenal, she helped me see sense! We've looked at issues from my past together. I was putting too much pressure on myself, especially when my brother was diagnosed with cancer.

I'm a carer for my son who has autism and I do not get enough support, it's just I put too much pressure on myself. I think services need to be really open, because people can be stubborn and not say there's a problem, especially men. There is a lot of suicide among men, my cousin committed suicide."

A few people were pleased with the regularity and reliability of the care they get.

"Support is working well and outpatient reviews are booked as planned."

Four people had had mixed experiences of services, with some telling us about past attempts to get help which hadn't worked well for them.

"Welfare rights are good. Filling out the SMI [document] at primary mental health feels rushed. Live Well Leeds are good, they have organised courses for stress and confidence. It can be hard to navigate benefits, especially Universal Credit. Everything happens during work hours so it is hard to time things. It is isolating. You cannot see mental health struggles, so it can be hard to believe [people struggling with them]."

"When I first contacted the Crisis Team in 2021, St James' were not interested. I had to take an overdose to get help as nobody listened to me and only advised me to go for walks, sleep and bath. I ended up in the Becklin Centre, which I found to be really unhelpful (short staffed; rude - especially at night; placed me on medication that made me worse). I found and began to build up a relationship with Aire Court and they were very helpful after Becklin. I went to my own GP who told me to stop my Valevaxien [sic] as it really bad side effects and placed me on Matizepam [sic]. I'm still with Aire Court and a consultant at CMH who are looking after me.

2 years on and I've been found to have a brain tumour, which had been mentioned to Becklin but nobody listened. It was my Aire Court psychiatrist that sent me for an MRI. I now have support from CMH as well as the consultant psychiatrist at Aire Court. I have regular appointments and checkups."

"It's OK but could be better. The communication between the GP and mental health could be improved. I've been waiting for my medication to be approved by the GP and it's been almost 2 weeks. The GP [surgery] have not received the information for my care from Aire Court Community mental health centre."

"It's a little hard to tell as I've only recently been moved to Community Mental Health Transformation. Recently though, I have used/been under CNSIS team, ISS, primary and psychotherapy. To be very honest, neither CNSIS nor ISS were of any real help or support. I found both services to be lacking time, compassion and understanding. Community Mental Health Transformation also lack time and I don't find it very supportive when you can only speak to your CPN [community psychiatric nurse] at your appointments and at no other time. This is extremely difficult."

Four people said their mental health support wasn't working for them at all. A few examples are given below.

"They don't understand me or my situation. They're indifferent to me. Even make me feel like I do not have trust in them."

"After getting a prescription for antidepressants I waited 2 years to see a psychiatrist, which was 10 sessions over 10 weeks. After that I've had no support, even though I've been to the doctors a lot. Rather than getting help with the issue I believe I have (supported by the therapist and the health care assistant), my GP just has me take blood tests and gives me a prescription of some kind of supplement or similar to see if that helps."

> **"[I'm getting support] from the mental health nurse; tablets don't work. The mental health nurse only asks "how are you feeling? Are you taking your medication?" They are not writing things down. [I'm] trying to change GP practice, as they have removed me. I'm awaiting an NHS number to get support. Sick of asking for help. I have no help."**

The remaining three comments expressed a neutral view of services.

A case study from Beeston & Middleton: Brave Hearts

Brave Hearts is a group especially for women whose children have been taken into the care system. We were delighted to be invited to meet the attendees, not least because groups supporting women who have gone through this experience aren't numerous in Leeds. These women have also been generally underserved in engagement work, despite the great challenges and stigma that they face because of their experiences.

It became clear in our conversations with the group how underserved these women have been by mental health services, and how much work there is to be done to ensure they get the support they need.

The women's background involved interactions with social services that had, without exception, been highly complex and lasted years. This had left them with a profound distrust in services in general, and a sense that services actively worked against them and weren't honest and transparent. In many cases, the attendees were still in contact with social services in an effort to maintain relationships with their children, but they tended to describe this contact as being quite antagonistic. (For example, it sometimes involved going through the court system to have decisions made in their favour.)

The women said that at no point had their interactions with social services included offers of mental health support.

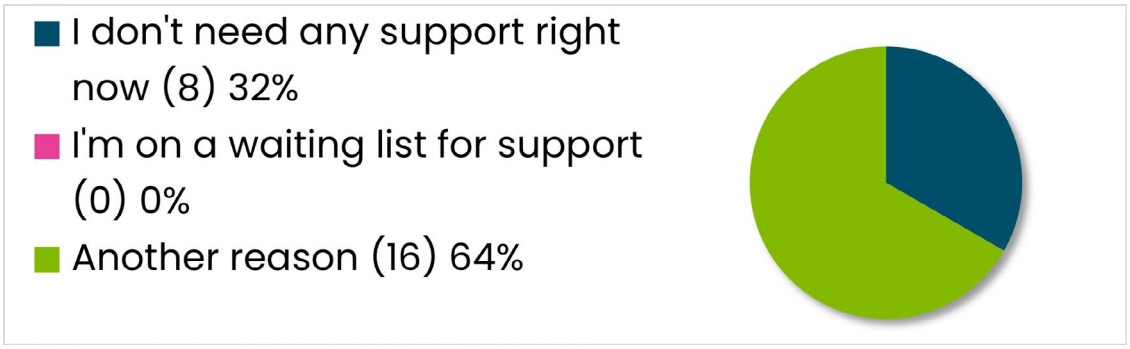
Nonetheless, some of the women had had mental health support over the years. Again, it wasn't generally felt to be helpful. For instance, one woman described finding 111 and the crisis line's approach very impersonal, to the extent that they weren't worth her while. Another had had counselling in the past but found the way the counsellor wanted her to examine her past very off-putting and unhelpful, as she didn't want to relive past traumas.

There was a general sense among the group that asking for help from services involved being passed from pillar to post, rather than connecting with a person on a more productive level. It should also be noted that some of the women were still experiencing domestic abuse, and that this remained a barrier to their being able to see their children.

We came away from our conversation in Middleton feeling that, despite the fact that these women who have lost care of their children were carrying around a great amount of sadness and anger, they had been underserved by mental health services. Much work is clearly needed to reestablish trust between the women and services, and a useful place to start might be to approach them in a way that makes clear they won't be judged and will be listened to by the people there to support them.

Why aren't you getting any support at the moment?

Just under a third of our respondents who weren't getting support said this was because they didn't require it at present.



Other reasons for not getting support

We asked the 16 people who weren't getting support why this was.

Seven people told us that either they didn't fit services or services didn't fit them. They had found themselves being referred from service to service. Here are a few examples:

"I would like support from WorkPlace Leeds but don't meet criteria at present."

"Being referred from pillar to post."

"Leeds & York Partnership MH trust couldn't offer any support for people already diagnosed as autistic but not classed as having an additional learning disability."

"They don't relate to my conditions. They just prescribe tablets - mental psychotic tablets that I don't need. I need a support worker that I can talk to."

A couple of people said they weren't aware what support might be available to them.

"I don't know about the type of supports (that me and the person whom I care for) are entitled to. No one clarified to me what kind of support we can get."

Two people also said that they felt they had a duty to carry on without relying on support, suggesting they experience a certain level of stigma around asking for help.

"I am from a generation where you don't speak about it, you deal with it on your own and then you file it. I'd never approach services for help. I had 3 bereavements in a very short space of time. I didn't go out for a year, but I just coped with it on my own."

"I do feel depressed but I deal with it. I get on with it and go out. I keep myself busy. I wouldn't go to the doctors, they'd only give me medication."

A case study from Beeston & Middleton: Be Yourself Men's group

The men's group at Middleton Family Centre is a well-attended support group aimed at men living in south Leeds. It gives the attendees a chance to talk about wellbeing and enjoy each other's company, as well as some tea and cakes. It takes place during the daytime and most of the men are in middle age.

The group is run by female workers. As part of our conversations, we asked the attendees whether they would prefer community mental health services to include more male staff and whether this would help them feel more comfortable. They said that workers' gender was less important than their being friendly and empathetic.

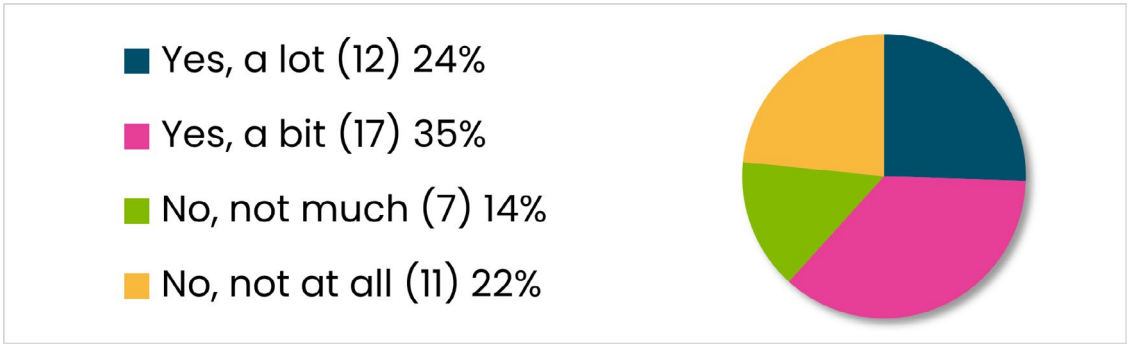
As we've found during other conversations with men, when we asked a question about mental health and mental health services, some attendees tended to respond with answers that focussed less directly on mental health services than on other, secondary factors that relate to them. These were typically poor bus services and the difficulties of navigating the benefits system.

In common with other conversations we have had with men, work and unemployment came up much more often than they did during our conversations with women. With some of the men we spoke to, adverse experiences in the workplace had a decisive impact on their mental health, and they attached quite a lot of self-esteem and sense of self to their job.

We spoke to the group collectively, rather than one-on-one. We wonder whether some of the men might have been able to contribute to our discussions more if we had been able to build up a relationship with the attendees over time.

Does where you live affect your mental health?

More than half of our respondents said where they lived affected their mental health to at least some extent.



Can you tell us why where you live affects your mental health?

Nine people told us about why Beeston and Middleton is a good place for their mental health. Here are a few examples of their comments.

"[It] helps because I live in sheltered housing and it's safe. The library is very good and the church is like a community because I know people who go to the church."

"1. I am not overcrowded where I live; 2. Where I live is being managed properly, even with my mental health problems; 3. The landlord has been very helpful in times when I needed help from them. For example, during power cuts or faults in the heating system; 4. I can move about in the house even in times when I feel dizzy or fainting sensations because of my health condition."

"I have some fantastic neighbours who gave me lots of support when I suffered from anxiety."

On the other hand, 8 people told us that anti-social behaviour and issues with neighbours were affecting their mental health. Often, they told us they didn't see any hope of these problems being solved, despite having reported them. Here are some examples:

"[In the] Beeston area I get a lot of verbal abuse from people. It messed my head up and I've had to send my child to my mum for a while to give me a break."

"[There are] drug dealers, addicts with all their activity and consequences; [it] stink[s] of chemicals in my flat; [I suffer] intimidation because I report them; [I'm] afraid to step out; it's been going for eight years minimum- nobody [is] interested. I don't feel safe, I don't have a peaceful day or night; I am afraid to go away; my son was lashed out at because of my reports; I am sick and tired; attempts to rob me; windows broken; police does nothing."

"I live with my partner. It's a small space (1 bed flat/ basement) and there's not much lighting. Living below and side by side to neighbours feels intrusive which makes me feel unsafe. We can hear a lot of noise and neighbours come into our garden to use our bins or to fly-tip into the garden. I've confronted the neighbours about this, but it's still ongoing."

Five people said there weren't enough nearby services.

"The only in-person support [is] from Leeds Autism Aim [but it] involves travelling to their hub."

"There's a lack of female-only leisure services and free counselling services for families."

"There are no nearby mental health services."

Five people told us they were living in housing that isn't suited to their needs. Here are a couple of examples:

"I'm surrounded by people who are a lot younger than me and I live on a hill, so it's not really ideal for me."

"I live in a top floor flat. I really need a garden for fresh air and exercise to relieve and improve my breathing distress."

Three people said they felt Beeston and Middleton was a neglected area. Here is an example:

> **"The area [is] getting run down. Most of the houses are rented; rubbish gets dumped everywhere; things get burnt down in the park - for example a bench was recently burnt down. This creates anxiety for local residents; [there is] a lot of fly tipping in the area, sad to see it going downhill."**

A case study from Beeston & Middleton: Be Yourself Women's Group

Like the Men's Group, the Women's Group at Middleton Family Centre is well-attended. Our Healthwatch sessional worker Janet described her observations as follows:

"Some people said they were getting support with their mental health from family and one person from their religious group. Most people felt that mental health was massively overlooked, especially for men, and also massively overlooked in terms of the mental health impact of physical health conditions. They wanted mental health support offered automatically when being diagnosed or helped with a physical health condition as they can be interlinked. They want parents to be offered mental health support when their child is diagnosed with either a physical or mental health condition.

The parent of an autistic child has only recently found out that counselling for autism is available – she felt that she should have been made aware of it at the start as it could have benefitted both her and her child.

Attendees felt that agencies only get involved when people are really at crisis point with their mental health and this is too late.

Some mental health conditions can be fluctuating, so people can feel fine one day but not the next.

One lady has two disabled children but was also the main carer for her disabled mother too. It became too much for her to cope but she was not offered any support – she had to ask for a social worker for her mother and had to describe the situation and ask for help for herself.

Accessibility of GP appointments and mental health services was reported to be a problem in the area, although a minority of attendees had much better experiences than others. There was a general sense that health services pass people from pillar to post.

One attendee spoke about the difficulties of getting mental health treatment for children, and how this can leave them getting no education. She felt that CAMHS don't take care of children of certain ages and GPs won't help.

One lady was referred to the Leeds mental health team for counselling sessions. She was only allowed to have four sessions and they had to be given over the phone, any further sessions she would have to pay for herself at a cost of £20 upwards, which she couldn't afford. After the sessions ended, there was no follow up or further help.

One person spoke of a 12-week mental health course which was supposed to run at Tenant's Hall in Middleton, however only she and one other person had turned up so the course was cancelled.

One person used to get mental health support when they were younger via Archway, however as soon as they hit 25 this support was no longer available. Several people spoke of getting more support with their mental health when they were younger than now, and that the support they had had when younger had been free.

One person said you don't get proper help until you go to A&E – you have to do something stupid to get help (implying self-harm/ suicide attempt).

One person with a mental health problem was told by Maximus [company who are supposed to help long term unemployed people overcome their barriers to get back to work] that they 'looked fine'.

Some people are unable to attend mental health support groups.

People said they wanted to be able to self-refer for mental health support, but only 3 in 12 of the people there had heard of Mindwell.

No-one had used Linking Leeds – most had never heard of it, some recognised the name but didn't know what it did.

Some people felt they would benefit from advocacy when it came to dealing with bills and so on, saying "there needs to be more help around advocacy for someone with mental health issues".

There was a really interesting discussion about parents being scared to raise mental health issues and seek help for them, as they fear that by raising them in the first place it could increase the chance of their children being taken off of them by social services. Group members said that it feels like schools and social workers etc are "all in it together". No-one reported getting any real help for themselves or their children from schools and in some cases seeking help or support from schools has backfired: one person spoke of having trouble with her own mental health previously; she had therefore made her children's school aware and asked for her children to be temporarily taken into care while she recovered. Her children were subsequently taken into care, but now that she is getting better she's been told that she can't have her children back at all, is being denied the right to see them and is not even allowed to write to them or ring them. She says "No wonder parents don't want to say anything". In turn, without the children living with her, her income has dropped and she is now struggling to pay the rent, so the situation is getting worse not better."

Please tell us any places in your local area where you feel especially comfortable and you would be happy to get mental health support

Forty-eight people living in Beeston and Middleton told us about the kinds of places in the area they liked to go and felt comfortable.

Sixteen people told us that they felt comfortable in more formal, NHS-focussed settings such as a local GP surgery or Aire Court. Here is an example of a comment we received:

> **"Library welcome[s] anyone but I prefer the GP surgery for medical advice."**

On the other hand, 13 people talked about less formal, more community-based settings, such as community centres or (less frequently) a local park, library or café. Here is an example of a comment we received:

> **"The library is a safe place until after school, when it's too loud and busy and won't then be suitable."**

Nine people named a mixture of formal and informal settings. For example:

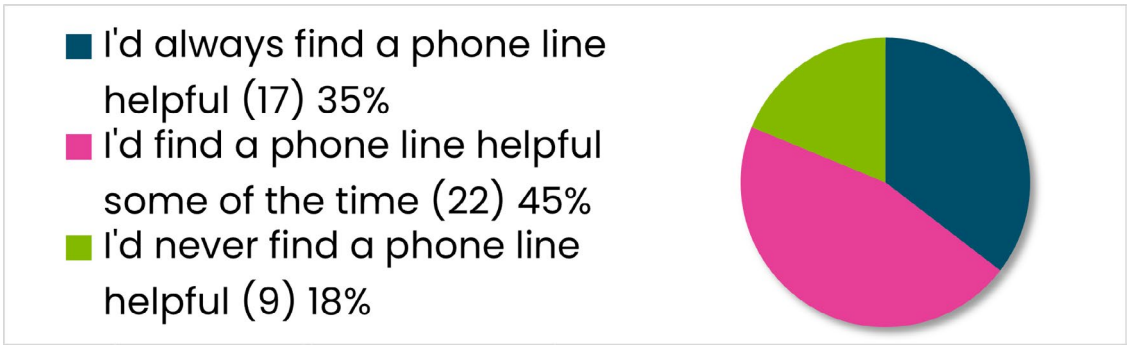
> **"It needs to be confidential in a separate room in a quiet area. I don't mind whether it is in a GP surgery or library."**

Four people told us they either got care at home or would like to.

> **"None [i.e.: there are no places where I would get support]. I am housebound, agoraphobic, selective mute, stuck in my house. I feel unsafe all around me I wish I could move."**

How helpful would you find a telephone line as a way of asking for mental health support?

More than half of our respondents said they'd find a phone line a helpful way of reaching out for support only some of the time or not at all.



Please tell us any concerns you would have about using a phone line to ask for help

We asked those 31 people who said they would find a phone line helpful some of the time or none of the time what concerns they might have.

Ten said they had a general preference for speaking to people face-to-face, rather than over the phone.

"I don't like talking on the phone, especially about my issues."

"It's easy to use the telephone line. However, for anyone who has mental health, face to face sessions need to be available when people need it."

"Have tried over the years with phone contact and never feel comfortable with it."

A further 5 people specified that they found speaking on the phone too impersonal and this would put them off. A couple of these respondents said they found the phone particularly difficult when it was a machine, as opposed to a person, on the other end of the line.

"I don't trust new numbers. Could be anyone hacking my account. They need to confirm who they are. However, a face-to-face appointment is preferable."

"A lot of people are good at hiding [when] their mental health isn't good, so for now I don't think a phone line would work as well but it might be good for some. Sometimes you just need to talk to someone."

Three people said that they had accessibility needs, so any service would have to be adapted if they were to use it.

"Like most people with both autism and ADHD (78% in recent research surveys), phone communication is a recognised accessibility barrier - both speaking and the auditory processing aspects."

"[I'm a] selective mute. I cannot speak to strangers."

"I would rely on help from my carer and need the help of a translator."

A couple of our respondents worried that they would be passed from person to person if they had to rely on a phone line.

"[I'm concerned about] speaking to a range of different people and having to repeatedly explain myself, which would all increase my level of anxiety and stress."

One person had concerns about confidentiality over the phone, while another wanted to be reassured the person answering the phone was suitably qualified.

"[I'm concerned about] privacy. Not the confidentiality of the phone line but where I am when taking the phone call for example if I am in the community or I'm on the house with my partner. There isn't a private space for me to be in."

"I feel that the person on the other end of the phone doesn't have the experience or qualifications to help me."

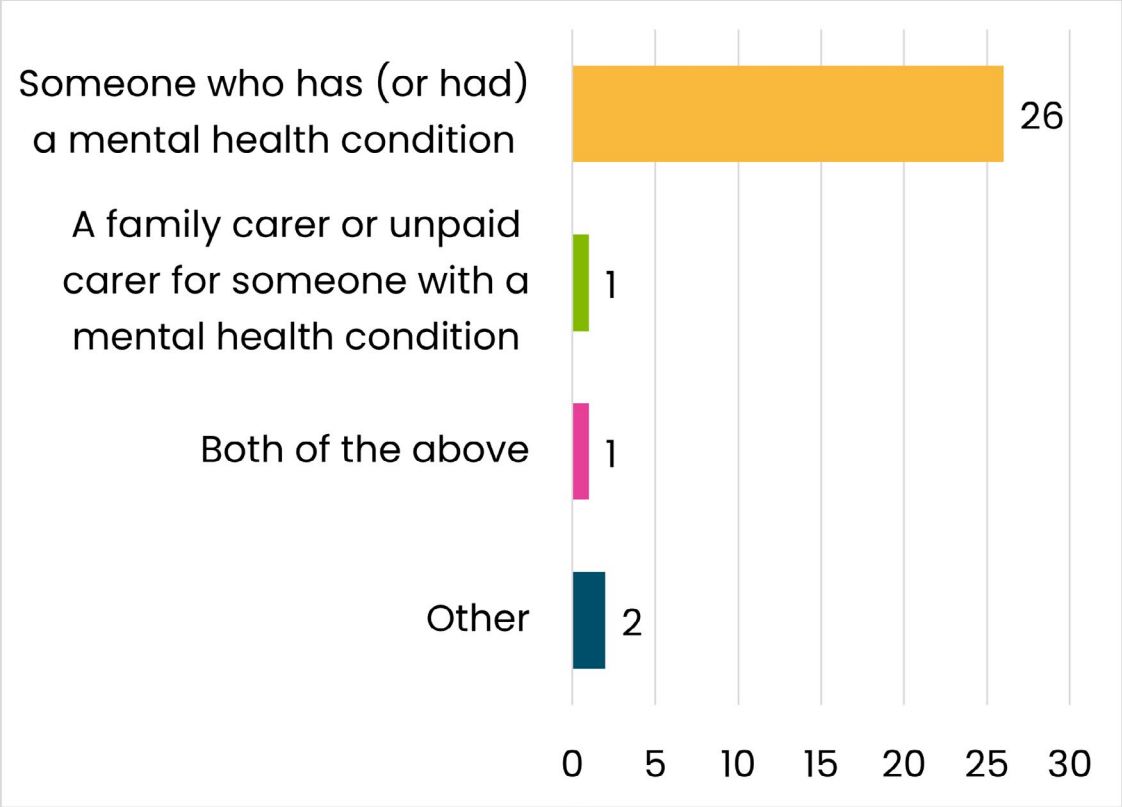
The findings from Bramley, Wortley and Middleton

Facts and figures about Serious Mental Illness (SMI) in Bramley, Wortley & Middleton

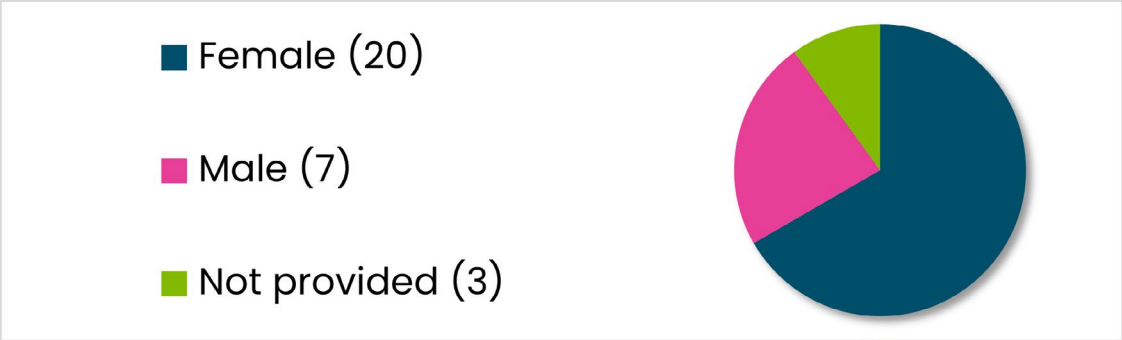
- Bramley, Wortley and Middleton's total population: 16,830
- The number of people registered as having an SMI: 205
- The % of the local SMI population living in the most deprived decile: 43.63%
- The % of the local SMI population recorded as White British: 96.92%

We received 30 responses to our survey from people in Bramley, Wortley and Middleton.

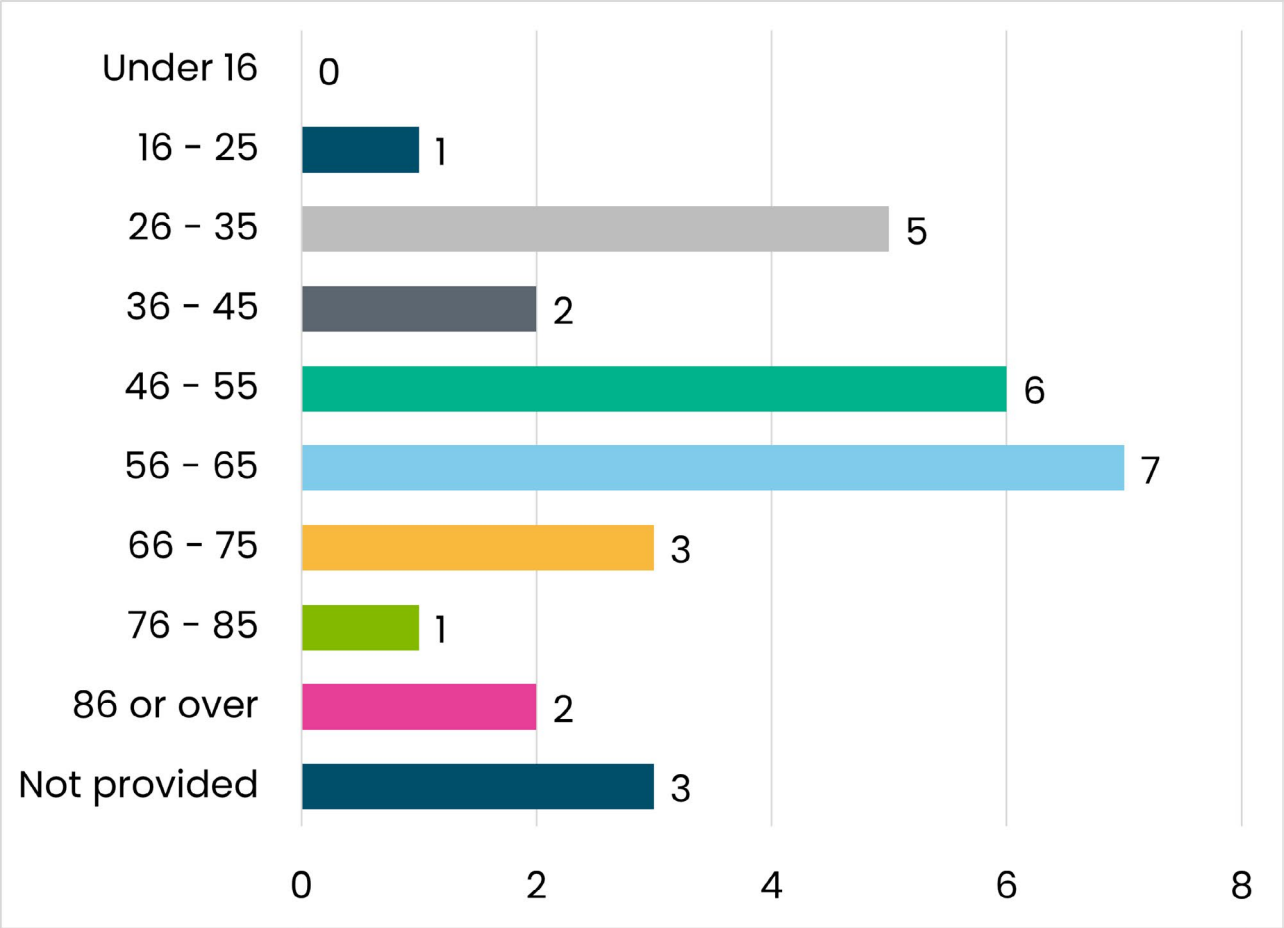
Almost all our responses were from people living with a mental health condition.



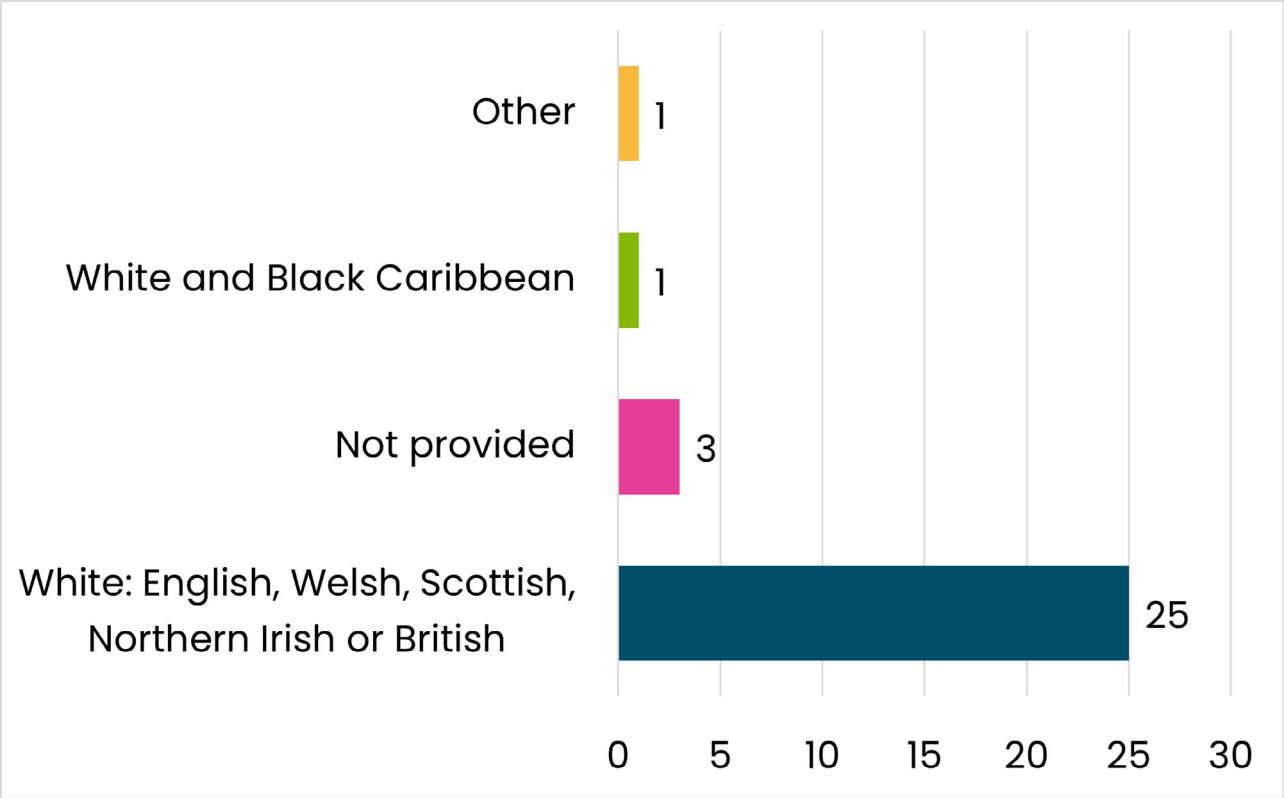
Most of our respondents in Bramley, Wortley and Middleton were female.



Our respondents' ages were as follows:

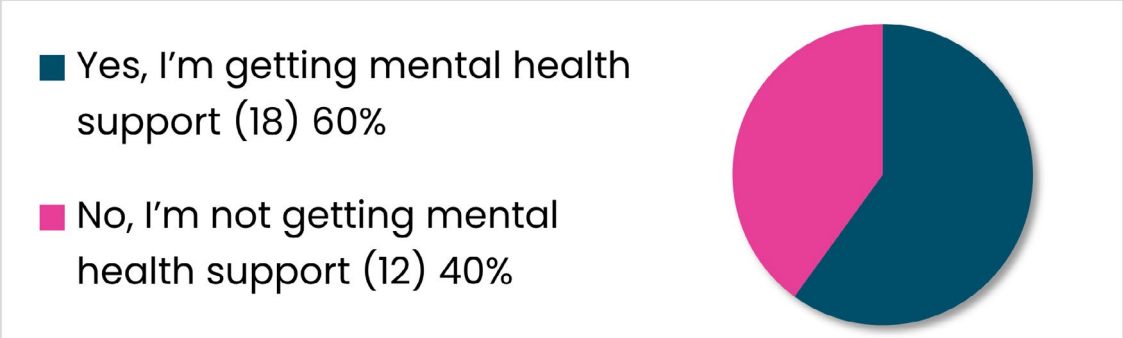


The majority of our respondents in Bramley, Wortley and Middleton described themselves as White British.



Are you getting any support from mental health services at the moment?

Most our survey respondents in Bramley, Wortley and Middleton were getting mental health support when they spoke with us.



How well is your mental health support working for you?

We asked those respondents who were getting mental health support how well it was working.

Five of the 18 said it was working well. Here is one example:

"Andy's Man Club once a week-Pudsey [is] somewhere you can talk to people about your feelings - it's helpful."

A further 5 described a more mixed experience of support. In a couple of cases, people thought clarity of communication could be improved:

"It is working quite well, communication could be better though regarding staff absences and change of circumstances."

"It was going okay but I'm not sure what is happening at the moment. I am waiting for a community support worker to get in touch with me. I was down for treatment but was told I wasn't ready for it."

One person had had good experiences with third-sector provision but not NHS provision, while another would like the support to be a little more diverse:

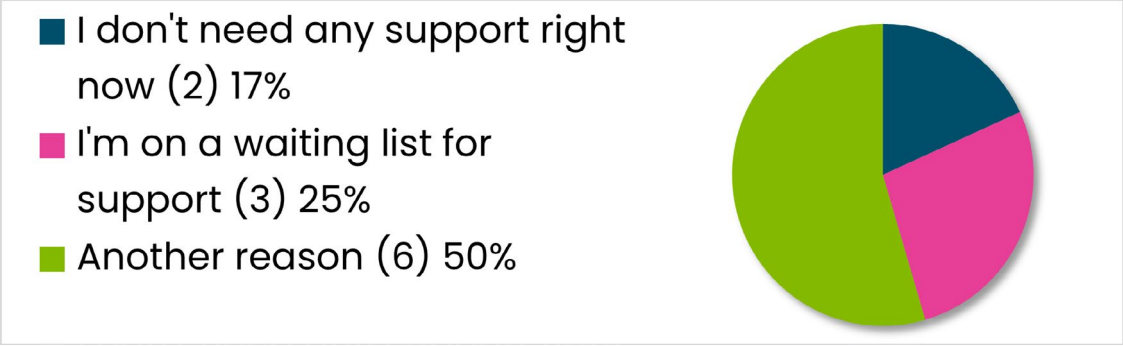
"It's alright but would be great if they could provide like perhaps a group meeting to do breathwork, perhaps singing or fencing groups to feel better"

Another would like support to be more frequent.

Two people told us the support wasn't working for them at all, but didn't provide details. The remaining respondents expressed a more neutral view of the service they got.

Why aren't you getting any support at the moment?

A quarter of our respondents said they were on a waiting list for support.



Other reasons for not getting support

Six people said there was another reason why they weren't getting support at the moment, so we asked them what that was. Here are some of their responses:

"I have never been offered any support."

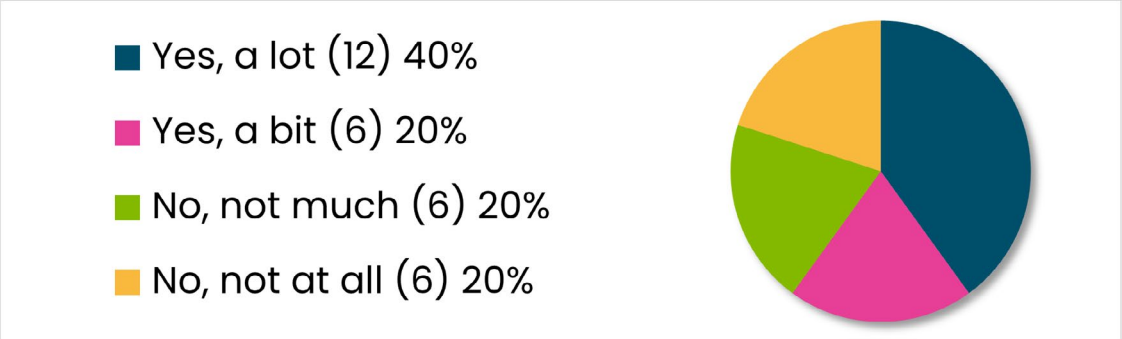
"They are refusing me the care that I need."

"The system is crap. No one helps you unless you've tried to kill yourself!"

"[The respondent] had very bad experiences with dealing with social services during process of removal of her child [from her care]. This has left her with a huge lack of trust in services. She feels that services don't 'listen proactively'. She says she 'feels like a cat that has been chasing its tail' for years, going round and round, having to repeat herself but never being listened to. She says 'I did my level best for my kids, but the system has labelled me as abandoning them'."

Does where you live affect your mental health?

More than half of our respondents said where they lived affected their mental health to some extent.



Can you tell us why where you live affects your mental health?

Fourteen people in Bramley, Wortley and Middleton told us why where they lived affected their mental health.

In 6 cases, people told us about how issues around crime and anti-social behaviour were impacting on them, while another found their area too noisy. Here are a couple of examples:

> **"Antisocial behaviour (parties etc). Police aren't doing anything. There is drug crime and the youth have no respect. Neighbours falsely accused of me things and I'm now on anti-depressants. Council not helping with the issues in the area."**

"My neighbour smoking cannabis is waking me and my [baby] in the middle of the night by making noise (shouting, knocking on the wall, shutting doors, etc). The entire property smells like an ashtray. Recently they even tried to hurt my 5-year-old, putting a sharp wooden post under my trampoline."

Three people said they generally liked their home and area, albeit in rather ambiguous terms in the following example:

"My flat is my safe space. I control who / what comes into the flat: it's my prison!!!"

Another person noted how the many suicides that had happened locally had impacted on them, while another said their home wasn't in a suitable state:

"I feel like I'm being watched 24/7 and my home is falling into disrepair which I can't afford to put right. And it's hard to keep warm with all my bills going up."

"There have been 8 suicides on the estate recently. Every time you go outside, you worry you're going to hear more bad news."

Please tell us any places in your local area where you feel especially comfortable and you would be happy to get mental health support

Twenty-seven people in Bramley, Wortley and Middleton told us what kinds of places they would potentially go to for mental health support.

Ten people named a more typically NHS-oriented place (usually a GP surgery), while 4 suggested community centres. Unlike in other areas, no one mentioned parks or libraries. Three of our respondents said they would be comfortable in both a typical NHS setting or a community-based setting.

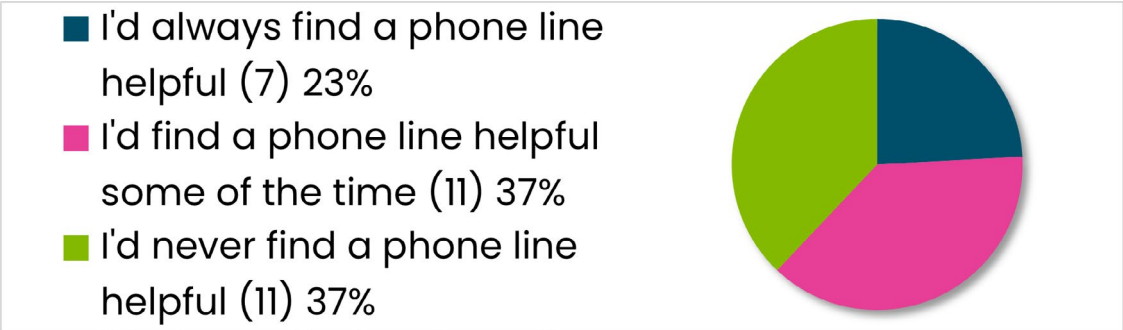
Some of our respondents made comments with other thoughts about the best places to get mental health support. Some suggested home visits would be good. Other preferences included the following:

"I struggle going to community centres to meet new people. I've never gone out due to my lack of confidence to make new friends and my depression and anxiety has made it hard to go where there's people I don't know."

"Anywhere [would be fine]. It is about the appropriate support for me rather than the location."

How helpful would you find a telephone line as a way of asking for mental health support?

Most of our respondents said they'd find a phone line a helpful way of reaching out for support only some of the time or that they wouldn't find it useful at all.



What concerns would you have about using a phone line to ask for help?

We asked our respondents who said they would find a phone line helpful some or none of the time what concerns they might have.

Five people said that past experiences of phone lines would put them off. In four cases, they specified that they had rung the crisis line.

"I have used the crisis team on the phone before and I tried to kill myself after the conversation. They don't help you. A phone helpline is also very patronising!"

"No one returns you calls when you call the crisis team number so same concerns apply."

"[The respondent] has used NHS 111 in the past when feeling suicidal, but didn't find it helpful at all. The questions asked were, for example, 'do you have a weapon?' or 'are you bleeding?'. It didn't feel like she was being treated as a human being. She doesn't want to be a 'head with a voice', she wants to be seen as a person, and she doesn't believe a phone line would help with that."

"I'm afraid to ask for help because there's no help out there. I've phoned for help with crisis team but there's no help out there, I've lost all trust in the mental health [services]."

"I have called the crisis team on more than one occasion and was let down by them so now I don't call anyone as I don't have any trust in them."

Three people said they generally preferred speaking face-to-face, with a further 2 describing how they found it harder to express themselves over the telephone. One person said they found the phone too impersonal.

"I can become non-verbal when anxious and find telephone calls difficult. However if I was in crisis I would consider calling a phone line."

"It's difficult to express your genuine feelings on the phone. You can be misinterpreted."

In a couple of people's answers, it appeared that the nature of their disability or circumstances might mean using a phone wasn't an option. For example:

> **"If I felt threatened I ring a crisis line... but I don't like taking to people on the phone because they could be someone who is watching me."**

Another respondent said they were concerned they would not get to speak to the same person twice if they were reliant on a phone line.

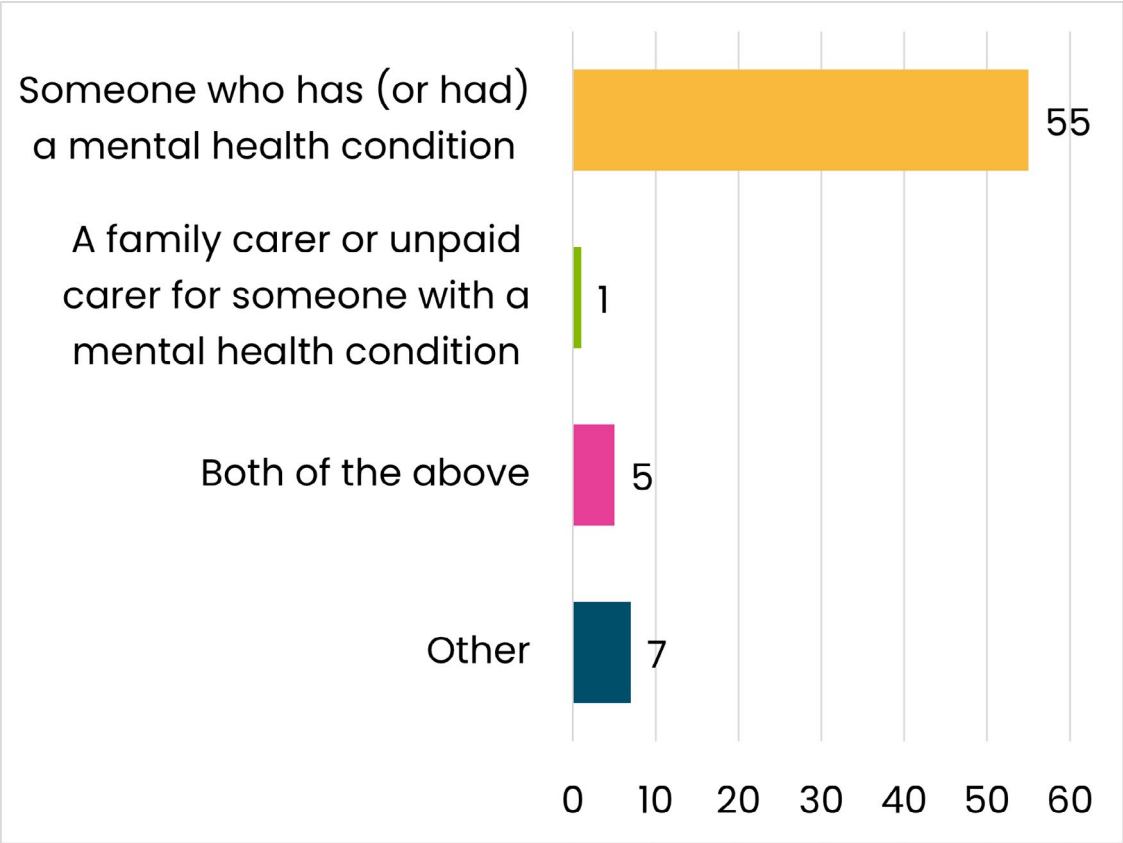
> **"My daughter would never make contact on her own, and my problem with phone lines is that you'd never speak to the same person twice."**

The findings from Woodsley and Holt Park

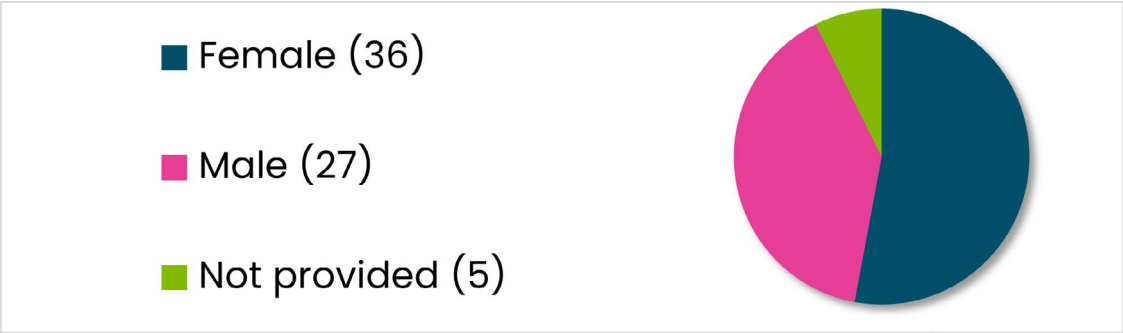
- Facts and figures about Serious Mental Illness (SMI) in Woodsley & Holt Park
- Woodsley & Holt Park's total population: 115,525
- The number of people registered as having an SMI: 1,135
- The % of the local SMI population living in the most deprived decile: 17.58%
- The % of the local SMI population recorded as White British: 78.77%

We got 68 responses from people living in Woodsley and Holt Park.

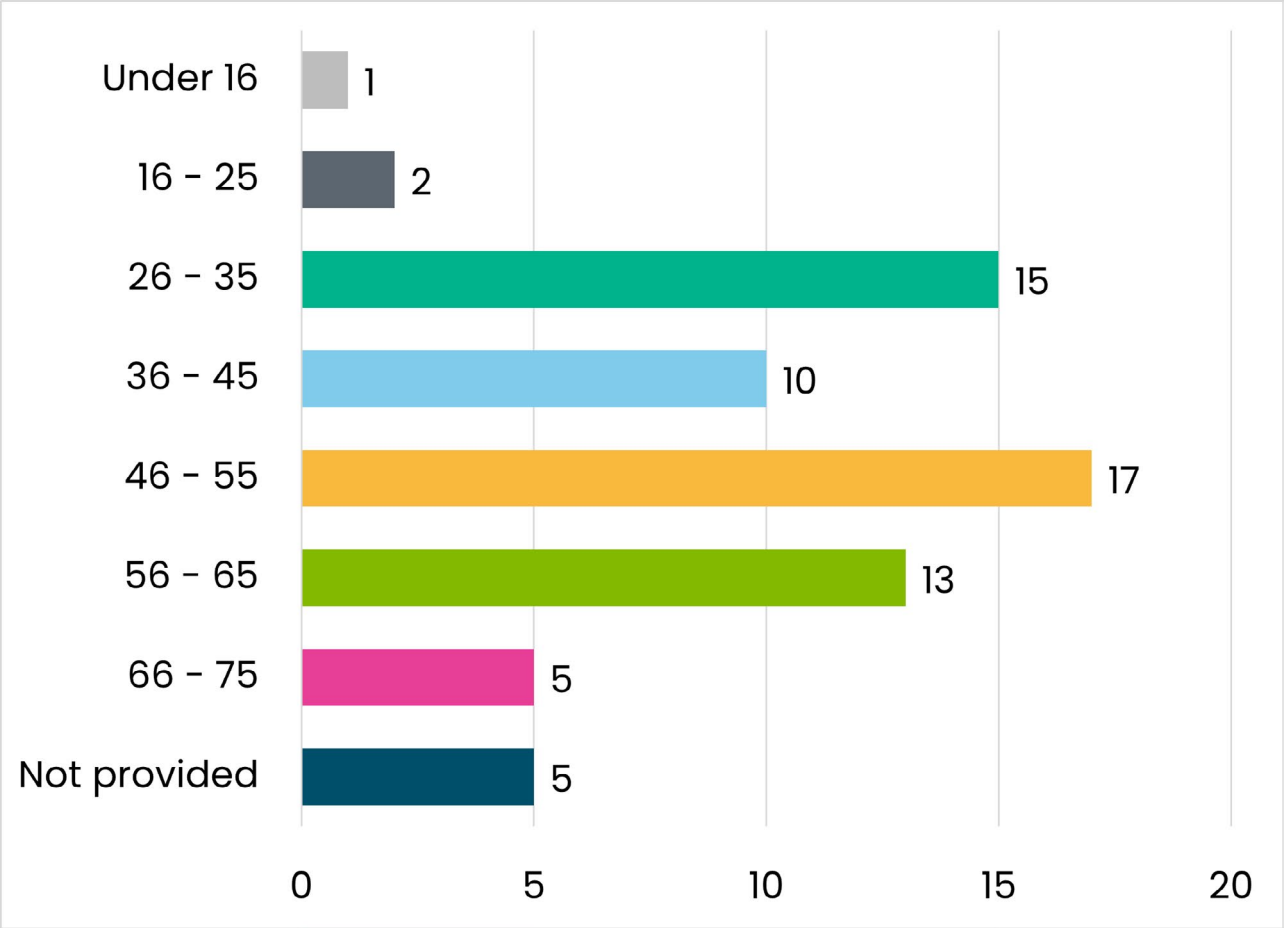
Most of our survey responses were from people living with a mental health condition.



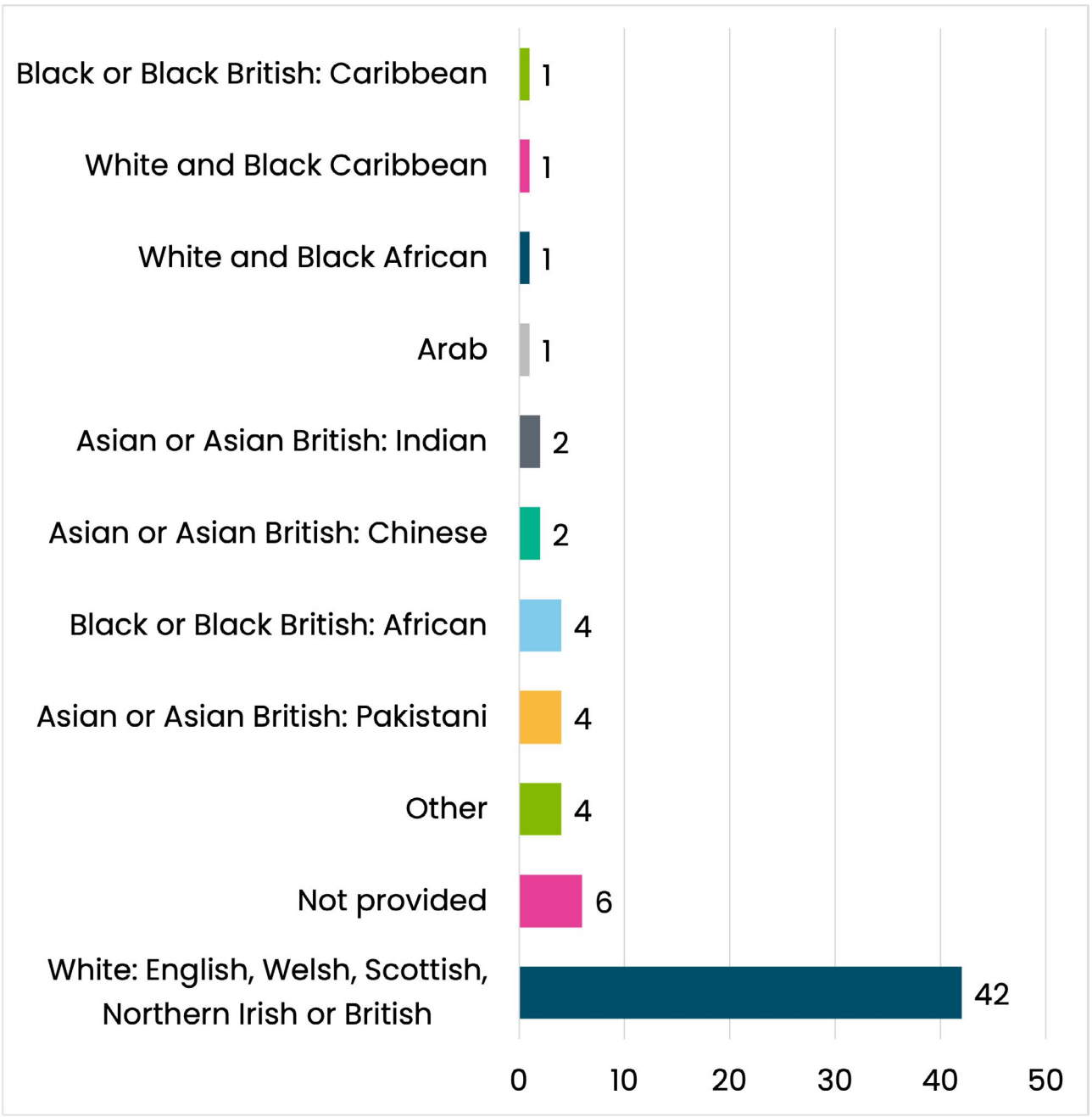
Just over half of our respondents in Woodsley and Holt Park were female.



Our respondents' ages were as follows:



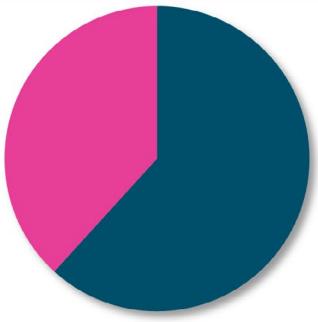
62% of our respondents in Woodsley and Holt Park described themselves as White British, making this set of responses one of our more diverse. This is in keeping with the local area's demographics.



Are you getting any support from mental health services at the moment?

Most our survey respondents in Woodsley and Holt Park were getting mental health support when they spoke with us.

- Yes, I'm getting mental health support (42) 62%
- No, I'm not getting mental health support (26) 38%



How well is the support working for you?

We asked the 42 people who are getting mental health support how well it was working for them.

Fifteen people said it was working well for them. Often people with positive experiences of mental health services told us that they saw someone regularly, and that they have help they can reliably call on. People told us about a range of NHS-based and voluntary sector services.

"It's working well. I'm currently seeing one of the doctors at St. Mary's, Chapeltown so I deal with them directly. Currently I'm down to quarterly appointments and I hope to be discharged soon. After a period of switching specialists, I've been seeing the same doctor for over 2 years which has been better than changing doctors regularly."

"I had my last mental breakdown about 20 years back. I have more or less fully recovered, with only minimum dose medication now. I am going to a once-a-week meeting group arranged by the social prescriber of my GP surgery. It's very useful to stay connected and avoid loneliness and isolation and it helps to stay active mentally."

"It's working well. I have a quarterly appointment with [a named doctor] at St Mary's house and I expect to be discharged at some point in 2024 after a good recovery and a period of stability."

"The principle is excellent. Between my Multi-Disciplinary Team Members and myself; we share a balance between home visits to suit me and clinic visits to suit my team"

"[I get] very good support and monitoring."

"When I am hearing voices I can call someone to take my mind off [it]."

"It's working well. The NHS service is working, but [Christian charity] Caring For Life is a vital part of it."

Eleven people described a mixture of positive and negative experiences of support. Often the experience was mixed in the sense that it had taken a long time to access support (but was worthwhile once it was available).

"One to one [from the Community Mental Health Transformation nurse] is good. The Hawthorne centre was good but is no longer there. The GP supports me and the meds are working. I can ring up and make an appointment any time. They read the notes before seeing me. I struggle to ring up to talk to people and am waiting for a support worker from Live Well Leeds. The Council referred me to the service but it has been over a year now and I am still on the waiting list."

"Now that I'm getting therapy/support once a week from CMH, it is working really well. It took nearly a year to get this. I was being let down by so many people. Prior to this, I was trying to work whilst battling PTSD, workplace bullying and domestic violence. It was only when the veteran organisation "Operation Courage" got involved that things started to be put in place. I am getting really good care now. However, I have lost my job. My relationship is good but still hard. I'm struggling to pay my mortgage as benefits don't nearly cover my expenses and I'm now battling the benefit service."

"[I've been going to a] a women's counselling and therapy service [WCTS] art therapy group weekly session for approximately 2 years – I waited a year on the list and the group is led by an amazing therapist who has the knowledge and skills to support us. I've been unable to access NHS service support also the mental health service at Forward Leeds as I've been told I don't have a psychosis diagnosis. My GP prescribes anti depression medication and in the past I've paid privately for counselling. The group at WCTS is very good and I will continue to attend but there is no available support for my individual issues."

In some cases, the person had had good support from one organisation but less effective support from another.

"My "cared for" DOES get support in that the psychiatrist calls every few months. I'm not sure this really helps to be honest, although it was a chance to say why haven't they responded to the DVLA for months. There is also employment support from DeLacey House which HAS been supportive and useful."

Some people suggested more consistent, reliable support would be of more help to them.

"I went to see a social prescriber and they gave an overview of what's going on, there was not as much in the area I live in so I was told about things in Armley/city centre. It was useful to talk to and find places, but I had to do all the calling and finding spaces myself. The mental health nurse is fantastic for short-term crisis intervention, I used to see them 3/4 times a week but now only every two weeks as I'm 'low priority' but [it's] not as useful and less often. I moved into a sheltered house room as I fell homeless, officers are there 24/7 to give support, it just took a long time to get a room."

"I am getting more support at the moment but I feel that things could be improved. Every time I get to know and like a psychiatrist, they leave. I feel there should be more consistency. I feel like I need a CPN because I have very severe bipolar disorder which has got worse due to the pandemic but apparently I am not eligible because I am not on the verge of a nervous breakdown. It is very good that I am getting medical psychotherapy so maybe things are improving."

"Telephone appointments with the psychiatric doctor have been helpful. More frequent and easier contact with them would be better when in need."

Nine people told us their experience of mental health services hadn't been good. In some cases, it sounded as if they had got stuck with a support option that wasn't working for them, but there were no means for them to change or adapt it.

"I suffer from schizophrenia. 4 months ago I had a relapse. I asked Leeds Community Mental Health Transformation for help but they refused. Whilst feeling unwell, I was mindful that home-based treatment has been helpful in the past so I suggested this but was refused. As a result of this I had to endure three weeks of ill mental health with no help at all - not even a phone call from the care coordinator despite [them] having been told three times about the position I was in."

"St Mary's hospital only visit me once a month to give me an injection."

"The GP sent me to hospital but they sent me back to GP. I am having private therapy now but the NHS resources are not there. I have medication from the GP."

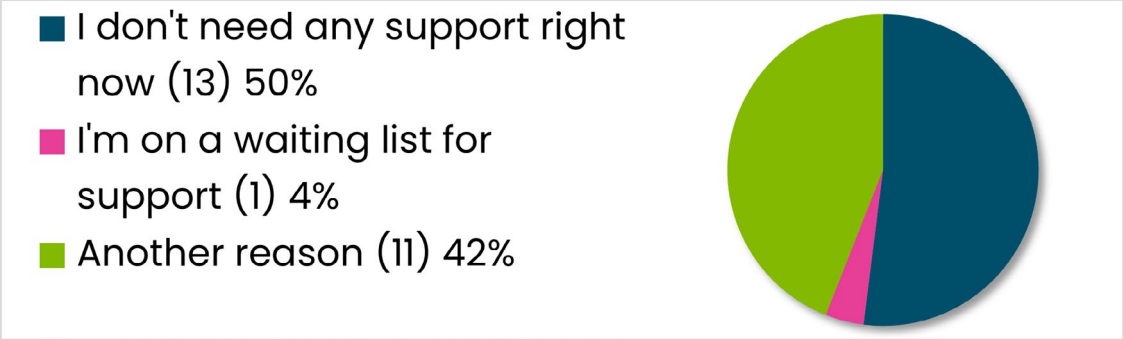
"I don't have any [support] apart from my GP. They keep offering me things I have already had and clearly have made no difference to my mental health."

Another person commented that:

"Not seeing the same doctor over a long period [is a problem] because when you get to know one doctor, they move to another practice and then you start all over again which is detrimental to our care."

Why aren't you getting any support at the moment?

Half our respondents who weren't getting support with their mental health said this was because it wasn't needed right now.



Other reasons for not getting support

We asked the 11 people who indicated they had another reason for not getting support why this was.

In some cases, it didn't appear that the services available matched their needs.

"My needs are not severe enough."

"Nothing suitable for my needs."

"There isn't any support available for me I think."

Another person felt reluctant to keep asking for help because they believed others were more in need than they were:

"I probably wouldn't call my health visitor [respondent has recently had second child] because you don't get the same person twice and they can't do the things you worry about, like weighing the baby to check his weight. I would have asked the health visitor if I needed to though. My second child was harder and I did need help. I was promised a callback when I reached out for help, but it never came. And I know that mental health services are overloaded, so I feel like other people need more help than me."

One respondent said:

"I think I'm on the waiting list [but] I don't know what's happening".

Finally, one person said that their husband's difficulties acknowledging his mental ill health meant it was very hard for the family to get support:

"My husband has alcohol addiction, possible depression and possibly early dementia, but won't raise mental health related issues with the GP – he doesn't want to accept any help, he's in denial of any mental health issues."

A case study from Woodsley & Holt Park: Women's Group at OPAL, Holt Park

We were pleased to be invited to a group facilitated by the local social prescribing team aimed at women with experience of mental health conditions, whether as family carers or individuals. It takes place at OPAL, which has a very popular community centre in Holt Park.

The following is a summary of our Healthwatch volunteer and board director Jane's notes from our conversation:

The local area:

On the whole, it's a nice area; there are pockets of Leeds 16 that have more issues, and "because you live in a nice area, they assume you don't have problems"; Holt Park is "often missed for funding".

It's important to know the first point of contact. If you have longstanding needs, you need ongoing emotional support. There's no counselling or there's long waiting lists. One person said "I'm on a long waiting list for ADHD – in the meantime, where do I get support when I'm struggling, while I'm waiting?"

You need to know what else is there, and there should be somewhere local you can go to.

There's no connection to Touchstone in the area – you have to travel but if you've no money and you're anxious to travel on public transport, it's difficult. And it means you're not connecting with people in your area.

OPAL café is a good place to go, it's comfortable and it's a neighbourhood network scheme; it's warm and friendly, you quickly feel safe.

Having to call to ask for help:

A lot of people don't like to call even if in crippling need. Also, "when you're not good it's virtually impossible to do" (i.e.: to recognise your mental health is low) "and doing anything for yourself [at that point] is really difficult". If you try to call and no one then gets back to you "then have that other thing of rejection".

Accessibility is the most important thing, to be able to communicate with a provider and then get an appointment with the right person.

Mental health lasts longer than 6 weeks! You just start to develop trust [with a professional] – you feel comfortable with that person – but your mental health [issues] continue, there's no sudden end [when the service comes to an end]. Then you have a barrier before you can try get another referral back into the service.

The social prescribing staff member notes that "When I speak with those with really complex needs, they need one to one support to gradually support them back into society and to be able to access mental health services. They need coaching and guiding."

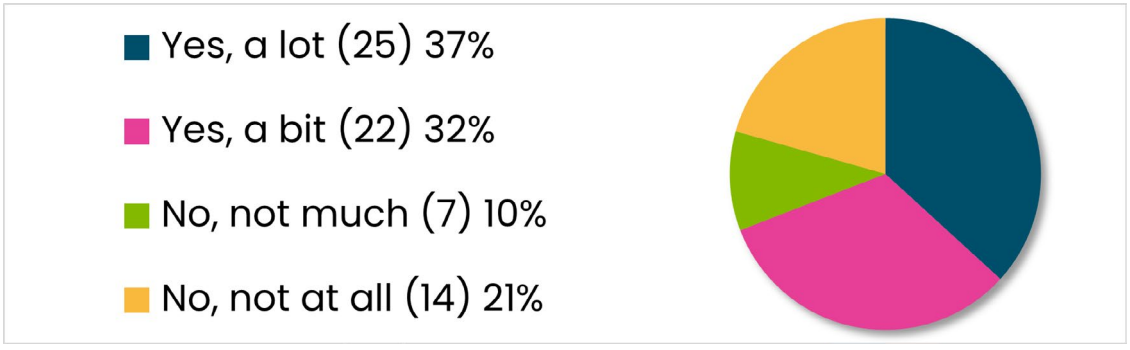
It can be hard to get out of the house, so it would be good to have one person you know contacting you regularly.

And don't forget physical and mental health are not separate – one lady became incapacitated following a fracture to her coccyx. Her mental health went really down but no one took it into consideration.

It is difficult being a carer and trying to access support for your own needs.

Does where you live affect your mental health?

Considerably more than half of our respondents said where they lived affected their mental health to a greater or lesser extent.



Can you tell us why where you live affects your mental health?

Forty-five of the 47 people who said the local area affected their mental health told us why this was.

People in Woodsley and Holt Park were more likely than people in other areas to say where they lived affected them in a good way. They were also more likely than elsewhere to talk about access to nature, and in almost all cases, they said that local parks helped them to maintain their wellbeing. Here is one example from the 9 responses we got about this topic:

"I live 5 mins walk away from a Leeds City Council park. I find walking around the park an effective de-stressor."

Twelve people talked about Woodsley and Holt Park's access to services and things to do, again with the majority saying that this was a positive aspect of the area.

"Holt Park and Ireland Wood feels much more diverse than Horsforth in terms of ethnicity and social class. Horsforth is much more middle-class. There are services [for new parents] in Horsforth that you don't get here [in Holt Park]. The library does amazing stuff, but people locally don't know about it. They need to put leaflets through people's doors."

"I am very happy with where I live. I live in a quiet area in a council flat with great amenities and bus services and it is within walking distance of town. My neighbours are friendly. My boyfriend lives nearby and is supportive."

Ten people told us about how their neighbours affected their mental health. As in other areas, some people in Woodsley and Holt Park had had problems with neighbours which had had a bad effect on their wellbeing. However, a number of respondents actually said that their neighbours were a positive part of their life. This was less often the case in other areas we surveyed.

"[I suffer with] malicious gossip due to neighbours' prejudice against mental health issues."

"Anti-social behaviour [affects my mental health] - neighbours who are drug dealers and neighbours who are involved in domestic violence and abuse - this is a dangerous trigger for me as I have been affected by this in the past."

"Holt Park is a good area, good for mental health. We support each other in the council flats. I get on with my neighbours."

Seven people talked to us about noise and the area being busy, but again not everyone described this in negative terms, with some saying that where they lived was peaceful and quiet.

Five people said having family and friends nearby and being familiar with the area was a real positive for them.

Four said that homes that were unsuitable or felt lonely affected their mental health, while a further four said they were very happy with their house.

"[Where I live has] always affected my mental health. Firstly, [there are] four flights of stairs I struggle with constantly. There are many triggers in this property as well as neighbours causing constant upset which has happened from the minute I moved here."

Three people mentioned safety in their answers about Woodsley and Holt Park, always in either positive or neutral terms.

Please tell us any places in your local area where you feel especially comfortable and you would be happy to get mental health support

Sixty-six people in Woodsley and Holt Park told us where they would feel comfortable getting mental health support. There was quite an even split between those saying that they would prefer a more traditional, NHS-oriented settings; those who would prefer somewhere less formal, such as a library or community centre; those who would be happy with either; and those who suggested somewhere else.

The majority of people who suggested more formal settings (16 in total) said a GP surgery would work for them, but there were a handful of references to hospital settings too. For example:

> **"Privacy is important, and you have to feel safe nearby - doctor's surgery [would work well]."**

Sixteen people said that suggested less formal settings. These included libraries, churches and community centres, but outdoor spaces and parks came up more often in Woodsley and Holt Park than they did in other areas. For example:

> **"I love walking in my local park: Hyde Park. The trees and scenery really relax me. I also love the coffee shops in town or in Headingley. I also feel safe in DeLacey House, Kirkstall; a big safe place for me is my church."**

"Groups are the best way / gardening / meeting people / fresh air. Hollybush would be a good venue. My retired husband is a loner, doesn't go out and won't accept he has mental health issues, he would probably benefit from joining a men's group but would have to be based around some sort of activity to have a chance of engaging him."

Seventeen people said suggested both formal and less formal settings. Here are a few of their comments:

"Anywhere where confidentiality can be guaranteed [would be suitable]. Somewhere that can't be overheard."

"Happy with any of these [places], but being local is important or on a good bus route."

"For me. with my PTSD, I need to have an exit and not be judged if I have a trigger. I need a safe place to go. I feel a lot of shame with what's going on with me so don't want to be in a place with too many people, or a lot of "normal" people. I need a place where people understand. Being outdoors is a huge plus for me. Hollybush, Kirkstall is amazing where you keep busy and feel safe as well as not being judged. Also, things need to be closer to people; too many things are on the other side of Leeds for anyone without a car."

"Being local is important or on a good bus route."

Eleven people suggested other venues. In many cases, this was the person's own home, but cafes also came up occasionally. Here is an example of one person's past experience:

"When I have been acutely unwell in the past, I have not been able to travel far for mental health support. Going for a walk was helpful or meeting at home."

A case study from Woodsley & Holt Park: ESOL class, Holt Park Library

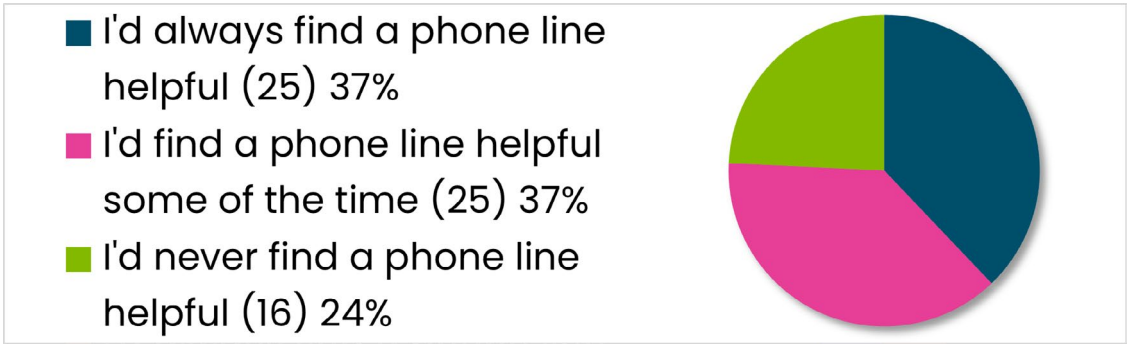
We went to an English as a Second Language class held at Holt Park Library to meet the attendees.

A couple of people from Poland shared some experiences with us. Our Healthwatch colleague Gemma shared her reflections with us:

"Both said that they would find it useful to have support groups specifically for Polish people. They also said that their family isn't nearby to help with translation, or that they don't want to depend on their children for translation as they have their own families to look after. Both of them liked their local area and the amenities such as the library, leisure centre, GP and supermarket. They wished that there were more classes and groups at the leisure centre. They found that they book up quickly or not enough people book on and so they are cancelled. Like other people in the library, they agreed that the public buildings were safe spaces that they enjoyed."

How helpful would you find a telephone line as a way of asking for mental health support?

More than half of our respondents said they'd find a phone line a helpful way of reaching out for support only some of the time or that they wouldn't find it useful at all.



What concerns would you have about using a phone line to ask for help?

We asked those respondents who said they'd find a phone line helpful only some or none of the time why that was. Thirty-nine people shared their thoughts with us.

The single biggest group described their concerns in terms of phone lines' suitability for people going through a difficult time with their mental health. They suggested that mental ill health can sometimes preclude people from being able to make phone calls. Here are a few examples:

"When I am struggling to the point where I require help, making a phone call feels very difficult."

"A phoneline may be good for some people but I find face-to-face support most comfortable. My husband would not ring for mental health support as he is in denial. I recognise that support for men is often best delivered 'shoulder to shoulder' rather than 'face to face' or over the phone, so using a phone would be his last resort – it would be better if people running groups in the community could be used to spot people with declining mental health and approach them privately to offer support or signposting."

"It may be a problem if I'm in a crisis and I cannot ring the phone line personally as a result. Phone lines are OK if you're just a bit unwell but not in a big crisis."

"Face-to-face you can read the [other person's] face. The first thing for me is face-to-face because they [people experiencing mental health difficulties] don't realise they're unwell and so won't call. First you need to accept you have mental health problems."

"We see a lot of older people in my work and it's so hard to get them to even see they have mental health needs, so they would never ring a phone line."

Ten people said that they thought the phone might be too impersonal, and that this would either make it harder for them to express themselves, or harder for the staff member on the other end of the call to take on board what they were saying. For example:

"I prefer to see someone face-to-face for body language and eye contact."

"I never find telephone lines helpful. I like to see the worker in person. It's extremely difficult to express how I feel over the phone. Doctors and nurses often get the wrong end of the stick over the phone and cannot see your distress."

Four people in Woodsley and Holt Park said that past experiences of phone lines would put them off.

"I was accused of being drunk once by a GP, whilst I was in a mental health crisis trying to get a sick note over the phone. Since then I don't want to talk to people over the phone regarding mental health."

"When I was waiting for support, in between appointments with CMH, I phoned the Crisis Team when I was unable to come down from a trigger - sometimes I had to wait 5 hours for anyone to get back to me. In that time I hurt myself. The pain in my head was so bad and I wasn't safe from my abusive partner. I think sometimes you should be given an option - text or phone. Sometimes I get so bad that I can't bring myself to phone someone."

"When I rang the Leeds West Community Mental Health Team Crisis Line in the early hours of the morning, despite it being a 24/7 number, no one picked up."

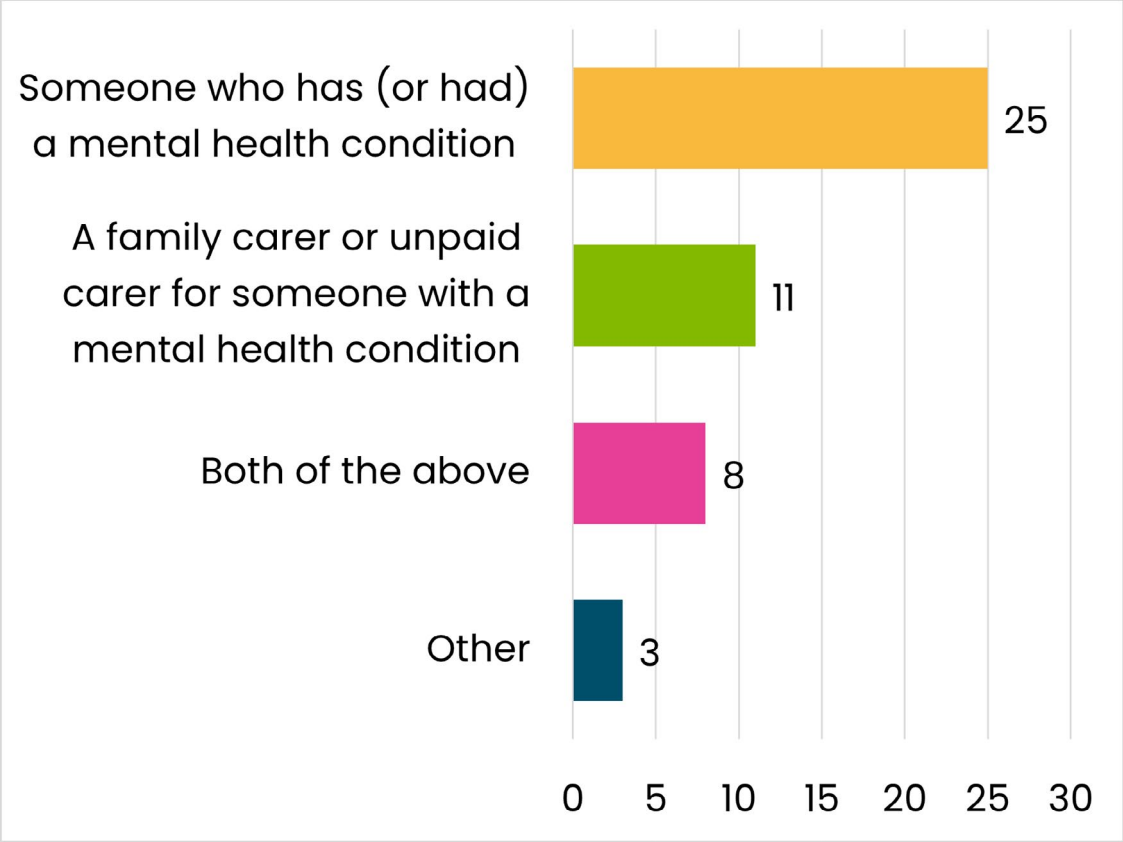
"Most of the time in my experience there's little to nothing they can do to help. They try their best, but seem under qualified."

A couple of our respondents were also worried about confidentiality when speaking over the phone.

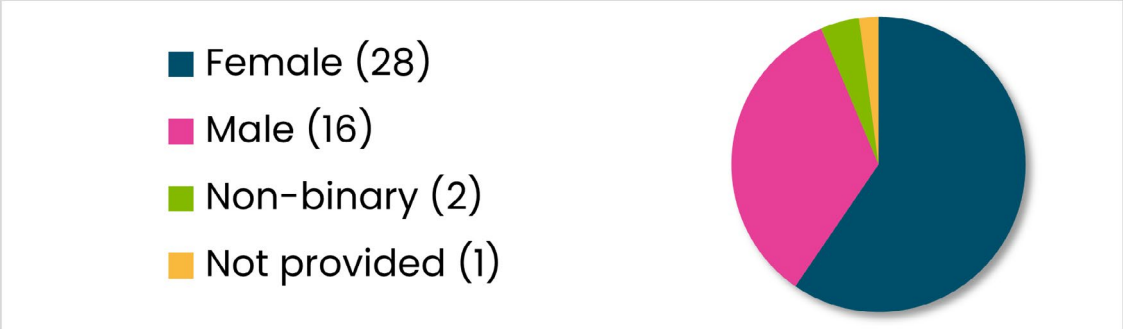
The findings from other LCP areas

We got 47 responses from people living in LCPs outside the inner west and south areas we targeted. Unlike for the other areas, the vast majority of these responses came in via online promotion of the survey, as opposed to face-to-face engagement or the mailout to the Community Mental Health service's patients.

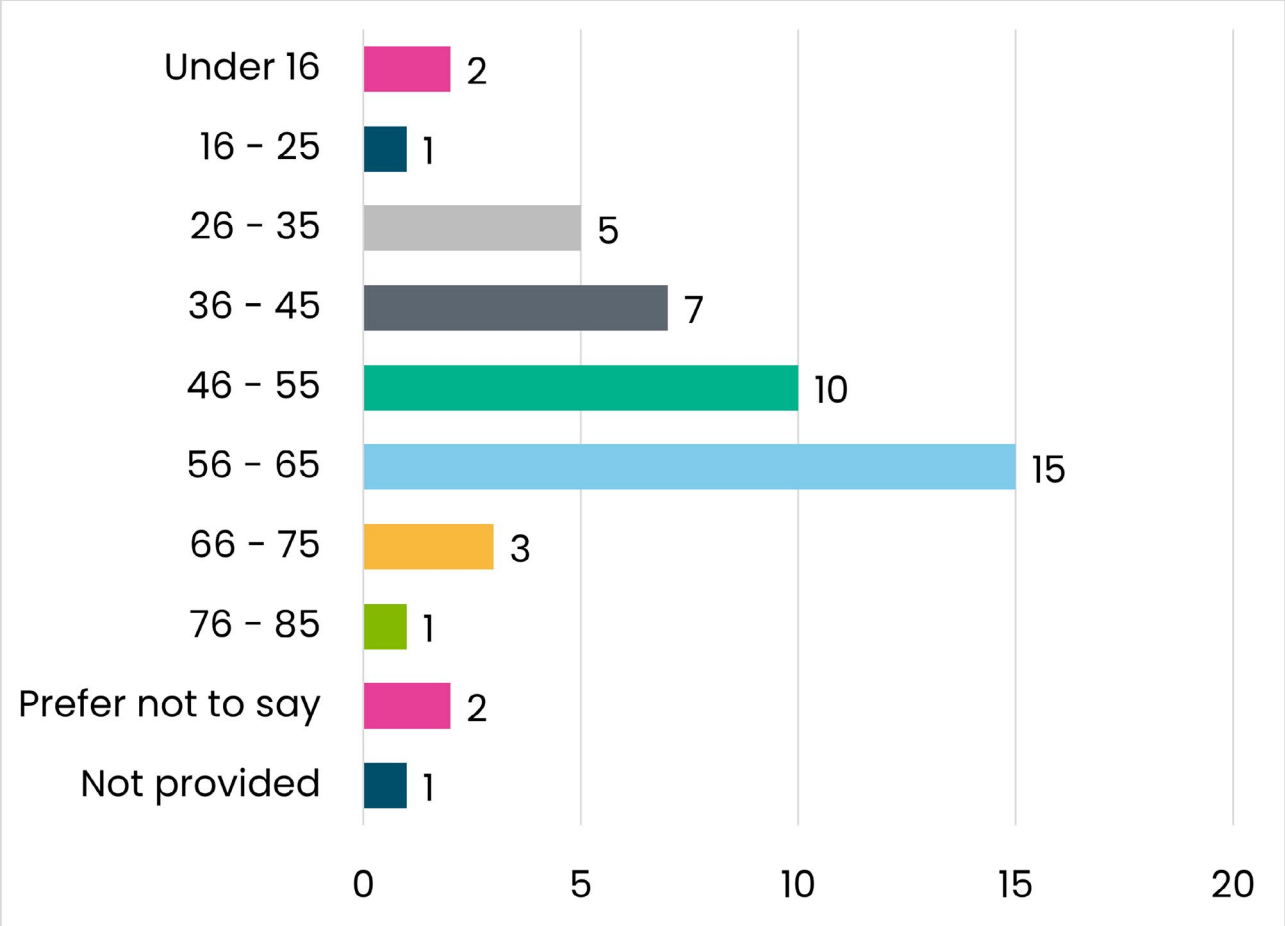
Most of the responses were from people living with a mental health condition.



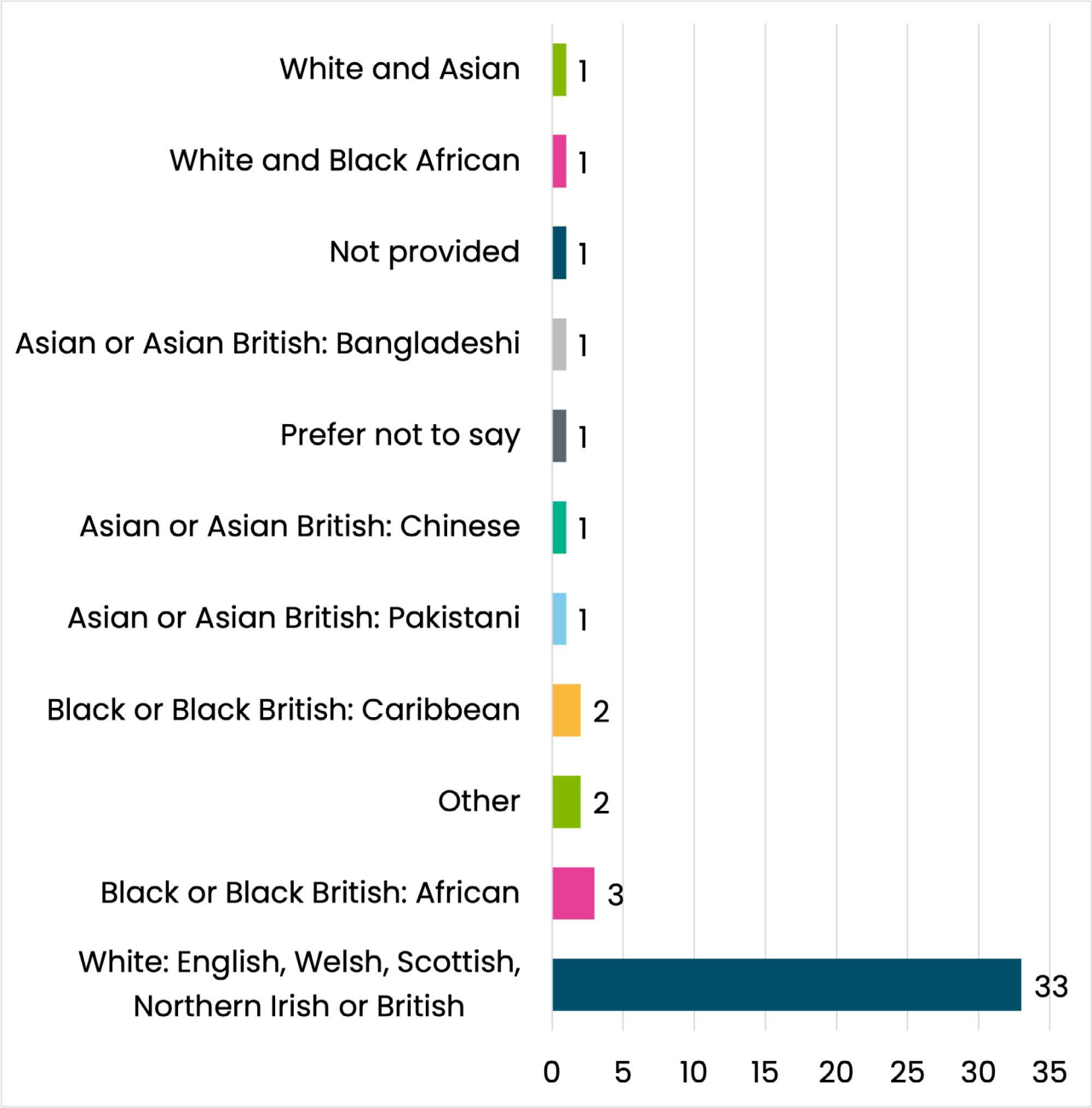
Most of our respondents were female.



Our respondents' ages were as follows.



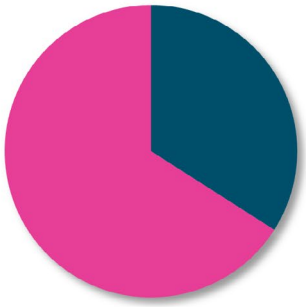
70% of our respondents described themselves as White British.



Are you getting any support from mental health services at the moment?

Most our survey respondents in other LCP areas weren't getting mental health support when they were in touch with us.

- Yes, I'm getting mental health support (16) 34%
- No, I'm not getting mental health support (31) 66%



How well is your mental health support working for you?

We asked our 16 respondents who were getting mental health support how well it was working for them.

For 6 people, the support had been mixed. Sometimes they described the support as good, the only problem being it had taken too long to access the right help. Sometimes people had had helpful mental health interventions in the past, but they were no longer available to them. Here is an example of one person's experience:

"I previously attended a 'Women Supporting Women' group at Bramley Baths, it was fantastic but only lasted 6 weeks and a follow-up but they could not commit. I would have liked to stay in touch with group members but no arrangements were made to do this. I previously had counselling via Barca Leeds rather than via GP, as via the GP a lot is online and I don't like online.

I would use a telephone line to ask for support but don't want it delivered that way. I want more counselling sessions funded, with better follow-up. I'm not sure if the GP knew about all of the services available to signpost. It can be difficult to get medications on repeat scrip and I don't have a set GP, it's frustrating having different GPs and/ or locums as it takes time to build a rapport and trust and strangers don't know my medical history. It can be difficult to get GP appointments. I have previously been sent a link from the GP surgery to make appointments and this was good. It can be difficult to get suitable GP and counselling appointments due to having to arrange childcare. Peer support groups would be useful

– I would like a local mental health peer support group especially a walking group as find walking, fresh air and exercise all help."

Five people said they found the support they were getting helpful, referencing both NHS and community-based services. Here are a few examples:

"I use Leeds West men's network and I have NHS [care] once a month in Pudsey and BARCA weekly. I like that we do trips. I enjoy them. The social side of it stops you feeling lonely. I have made friends through these networks. I also do art at Armley library once a week. The Heights project has a relaxed atmosphere, you can read, do art and so on. I also do some activities with Bramley Elderly Action: they work very hard to help people."

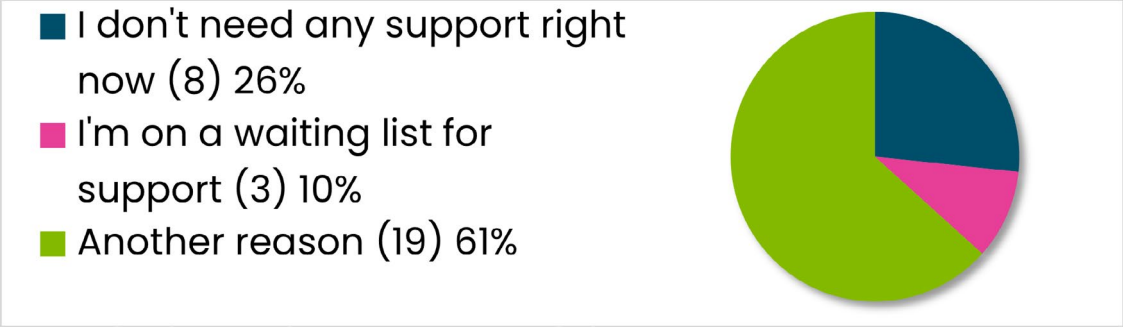
> **"MINT is an underrated support service. It is run by lived experienced people. Some know exactly how you feel, everyone supports each other. Lived experience people are the essential key to mental health. It is simply because they know how it feels. Mental health is about how you feel and view things in life. This has all helped me immensely."**

Four of our respondents said their support wasn't helpful. For example:

> **"Admin issues are getting in the way of partner's treatment - he is deaf and has autism and can't receive any help for either condition. He goes to his doctors seeking medications and counselling but she says they are having issues with getting him registered with the GP."**

Why aren't you getting any support at the moment?

A quarter of our respondents who weren't getting mental health support said this was because it wasn't needed at present.



Other reasons for not getting mental health support

We asked the 19 people who weren't getting mental health support for other reasons what these were. The single most common reason people cited was that there was no support available that was suited to their needs, with 7 stating this was the case. Here are a few examples of their comments:

"The GP does not provide specialist services relevant to my cultural or religious needs and requirements which is very important to me."

"I don't need any support right now but when I did my GP only offered me pills. My husband may be developing dementia but no-one will do anything."

"[The respondent is] only seeking informal help via third sector/ faith groups. Mental health difficulties are [due to] being lonely and due to how people treat him as he has autism [and] doesn't feel very included in his community in Yeadon."

"Last time I had help was before covid. I've asked the doctor months ago [but they say] I'm too complicated and they think it will be too long [before I can see a specialist]. I'm admitted to gain weight for anorexia, but I don't get therapy. They say "You need help for the core issue of child abuse"."

Four people told us they had been discharged from services and there didn't seem to be anywhere else for them to go. For example:

"There is nothing to support me as Live Well Leeds had discharged me in July and there is nothing else funded in our area."

A few people described other reasons why they weren't being supported. In one case, the respondent had been given the resources they needed to self-manage:

"Last time he received support [it] helped him cope in his own ways (no drugs, alcohol etc.)"

For others, however, the reasons were less positive. Here are some examples:

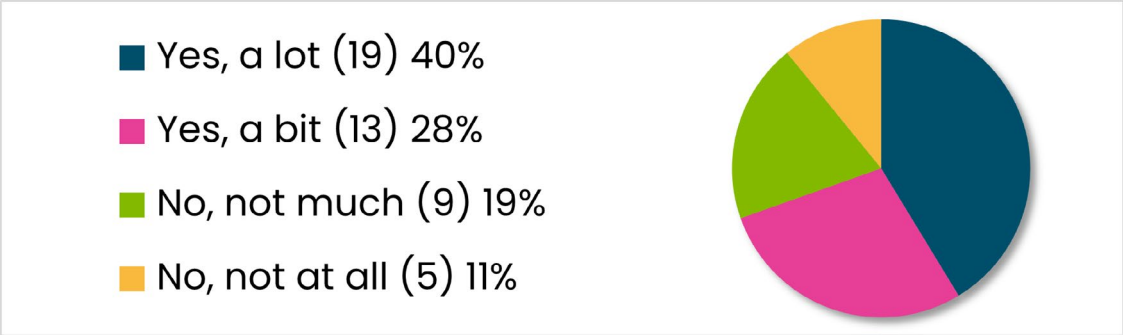
"Other complex issues [are] taking priority."

"I had to pay privately for an ADHD diagnosis, but my doctor can't take it into account, I'd need to go back into the NHS system."

"It brings everything back, I asked for counselling, they got me some support during COVID, some telephone support [but] they said go here and go there - signposting me to other services. That's not proper counselling, they are just passing on the problem to someone else."

Does where you live affect your mental health?

More than half of our respondents said where they lived affected their mental health to at least some extent.



Why does where you live affect your mental health?

We asked respondents who said where they lived affected their mental health why this was.

Nine of the 30 people who answered talked about access to services and amenities. Mostly they did so in positive terms, with good community groups coming up a few times in people's answers.

"I had to move out of the family home and move back in with my parents. I have lived in Morley for the last 12 years and am happy here and feel safe here. We are lucky to have MINT in Morley. If this wasn't on my doorstep I wouldn't attend as men are generally lazy and do what is easiest for them. We need more places like MINT across Leeds."

"[The respondent] has a car so can get to various locations but other people might not be able to. Has own house with garden so enjoys that. Has good connections in the local community. Enjoys local craft group but would like to know of other local groups. Wants low cost / free activities for parents and children. Previously attended an anxiety support group which was useful, "made me feel my own anxiety was not that bad, which is good"."

"There is good access to leisure centre and children's activities. Having a range of things to do for new mums, parents, perimenopause, older people is important."

In three cases, people said there weren't enough services locally or that the help that was available offered them a mixed experience.

"My nephew in Leeds was recently diagnosed with sudden onset psychosis, he needed an immediate inpatient bed. He was admitted to a temporary mental health bed in Leeds for 3 days but was then moved at 11pm one night to Somerset as he needed a longer-term bed and there were no available beds closer than Somerset. This prevents his partner and other family and friends visiting him, as he's so far away. He was taken there on a Thursday but not seen by a doctor or other health professional up to the following Sunday. There's not enough mental health support in Leeds."

"[The respondent] feels uncomfortable and unsafe in Yeadon in the evenings, teenagers tease and fear him when they see him. Bus routes to Armley/Horsforth/ Kirkstall are unreliable. GP used to give him a free bus pass but now doesn't so has to cycle which is hard in winter. Went to a men's group in Middleton [but it was not] autism-friendly, he felt left out, and when he told activity coordinator they just said to go to another group. Armley Christ Church Warm Space is fantastic, there are nice people, you can always have a chat, you feel less lonely and helped with mental health."

"Wetherby is a rural area. Bus services to Leeds and York are hourly and it takes 1.15 hrs to get into Leeds city centre. Meanwhile there is no funding here or anything for long-term mental health support which as I have bipolar is necessary to manage my condition without GP appointments and regular returning to intensive community mental health NHS services. Live Well Leeds spends funding on inner city areas and selective niche groups often focussing on gender identity, sexual preference, race without considering that these people have the same anxiety and depression as the majority of people with mental health.

I have had to fight to get a monthly group run by them in Wetherby but now can't go as [I've been] discharged. Nobody in my experience since 1991 with severe mental health problems such as schizophrenia and bipolar recovers. It is only by struggling to cope with stress, medication, stigma, employers I manage, but I have family support, not everyone does."

Seven people talked to us about issues with crime, safety and anti-social behaviour in their area.

"My area suffers from a lot of crime and for someone with anxiety and depression it's a struggle."

"My foster son lives in Harehills which does not help his mental health. He does not feel safe, and prefers to be at home. Feeling safe in your community is important, especially for black boys who can be targeted by gangs."

Five people spoke about how their area's green spaces were good for their mental health, while three people said noise was a problem for them.

Poor local transport came up in 3 people's answers, and a further 3 spoke about feeling lonely in their home.

"When you have a mental health condition, it's hell to live on your own, when you are imprisoned in ways to help [keep you] safe that have a negative impact on your health."

Please tell us any places in your local area where you feel especially comfortable and you would be happy to get mental health support

Forty-three people told us about the kinds of places where they might feel comfortable receiving mental health support.

Eighteen spoke about more community-based, less traditionally NHS-oriented spaces like community centres, libraries, religious centres and parks. Here are a few examples of their comments:

"The library is good and I feel fine to go in. [You] won't be labelled as being ill."

"[I'd like] somewhere without stigma. Children's centre, supermarkets - a place where someone wouldn't question you for going, not the doctors. What if friends and family see you?"

"Transport is an issue getting to "places". Use of the local church for greater community purposes with a private room would benefit the community."

"Maybe in a pub or café, somewhere public and easily accessible, so you don't have a stigma going there, somewhere non-clinical and somewhere with parking is always helpful."

Thirteen people said they would be comfortable in both community-based and more traditional NHS settings, or that they would feel comfortable going anywhere so long as it was easy to get to and the support was right. Here are a couple of examples:

"Anywhere in walking distance in school hours, as otherwise it can be difficult to arrange childcare. The local library would be a good place. Sessions need to be daytime as evening makes accessibility difficult due to the need for childcare. I would like self-directed peer support sessions set up for local people with similar mental health issues so they could meet up, rather than sessions like arts and crafts which are good but sometimes not enough.

"The venue is less important than the nature of the service offered. Group and individual help is needed. Skills of the staff are important. Confidentiality is a consideration."

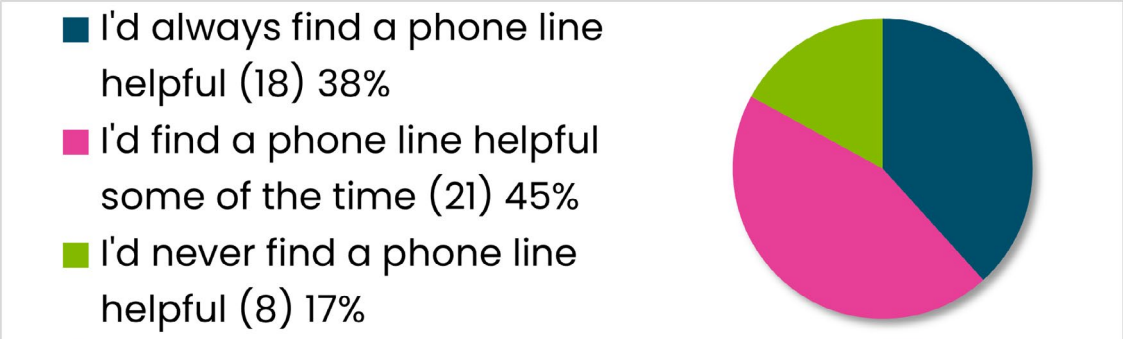
I would be interested in joining a local mental health support/walking group but don't know any (I find walking, fresh air and exercise helps but would be good to do this with people who have similar conditions so we could support each other at same time as walking and getting fresh air)."

A relatively small number – six people – spoke solely about NHS venues such as GP surgeries.

Three people said they would like services to come to their home, and another 2 said they couldn't think of anywhere they'd feel comfortable.

How helpful would you find a telephone line as a way of asking for mental health support?

Nearly half of our respondents said they'd find a phone line a helpful way of reaching out for support some of the time, while a further 17% wouldn't find it helpful at all.



What concerns would you have about using a phone line to ask for help?

We asked those respondents who said that they would find a phone line helpful some of the time or none of the time what concerns they might have. Twenty-seven shared their thoughts with us.

Six people said they worried that phone conversations were too impersonal to talk about sensitive things.

> **"It lacks a face and for me seeing a person's face eye to eye and body language is important."**

Five people raised issues about the accessibility of phone lines for people with disabilities or communication needs, with a further three saying that speaking over the phone could be especially daunting when a person was in need of mental health support.

"The person I care for is deaf so they won't be able to take calls. I work full time so I find it hard to take calls during the day."

"With autism it can be hard to explain and communicate over the phone, it makes me feel self-conscious."

"The language barrier can be an obstacle on the telephone."

"If I am really upset it means I would not dare use the phone as my paranoia would set in."

Four people commented that their past experiences of phone lines might put them off.

"Lines are rarely answered. I cannot seem to get people to understand. [It's] anxiety inducing."

"I don't like strangers knowing my number. I don't want to get cold calls because my number ends up on a system that then gets sold or something... I have really bad signal where I live even if I was ok with it so it wouldn't be accessible to me anyway. I have also found phone services to be shallow and overall unhelpful since people don't listen and can't really help your situation and just have a script."

Service provider response

"As a partnership, we are committed to involving people in the design, delivery, evaluation and ongoing improvement of adult community mental health services across Leeds. We are grateful to everyone who took the time to share their views. This report will be used to shape how we continue to design services across Leeds, how we work with communities and local services, and how we equip and empower people working across all mental health services to understand the needs of the communities with who they work.

"The insight gathered is a helpful validation of some of the work we have already done in Transformation, notably introducing new third sector roles who can support people's social needs in a variety of ways and through our Transforming Community Mental Health Grants programme, which is devolving funding to small to medium VCSE organisations to support people with complex mental health needs, work we have done on personalised care planning and a key worker role.

"This insight can also help us look at key principles around face-to-face provision and access, in different settings and there are some clear considerations that we will feed into our Estates workstream. There is more work for us to do to think about how local community features like housing, safety and open spaces can both positively and negatively impact on people's mental wellbeing. The Local Care Partnerships provide us with a fantastic structure and set of partners to engage further about how we best go about tackling those issues together."

"We will be looking to "scale up" our transformed community mental health models into this second group of Local Care Partnerships later in 2024. We will start by bringing partners from those LCPs together, hopefully in the late Spring to discuss what Community Mental Health Transformation means for them, and how the really helpful insights gathered in this report give us a solid starting point for those discussions.

"We will share this report with the LCPs included, and with our key governance groups involved in Community Mental Health Transformation. Those groups include all relevant health and care partners across Leeds, and our network of lived experience advisors (including service users/ patients and carers)."

Liz Hindmarsh, Programme Manager for Transforming Community Mental Health, Leeds and York Partnership NHS Foundation Trust

Next Steps

The report will be shared with the Community Mental Health Transformation Programme Board, the Delivery Oversight Group, the four Phase 2 LCPs, the Community Mental Health Transformation Involvement Team, the Community Mental Health Transformation Engagement and Involvement Advisory Group and all partners involved in the Transformation programme.

We will seek assurance that the messages from this report and our recommendations will be fed into their work and request information on how this will happen.

We will follow up on any actions to ensure the feedback from this report has influenced development of the new service.

The report will also be published on the Healthwatch Leeds website, publicised on social media and shared with all relevant partners. If you would like more information about the report, please contact info@healthwatchleeds.co.uk

Acknowledgements

This report would not have been possible without the generous support of our partners. We would particularly like to thank those third-sector organisations and libraries which hosted our engagements – for a full list of these, please turn to Appendix 5 – as well as others, such as BARCA, which helped us to connect with different groups in the city.

We are also grateful to staff at Leeds & York Partnership Foundation Trust who enabled us to contact people receiving support from the Community Mental Health Teams.

All of us at Healthwatch Leeds are very fortunate to be able to count on the generous support of our volunteers. Thank you to all those who helped us to speak to as many people as possible for this project – you are a truly valued part of the Healthwatch team.

Finally, we would like to thank everyone who shared their views with us about mental health and mental health services in Leeds. We are honoured be able to present your experiences and thoughts in this report.

Appendix 1: LGBTQ+ experiences

One of the communities the wider Community Mental Health Transformation Involvement programme would like to gather insight about is the LGBTQ+ community. With that in mind, we were asked to collect some initial information which might serve as a basis for any future work the Community Mental Health Transformation Involvement team takes.

Mental health in the LBGTQ+ community has been the subject of quite extensive research and engagement nationally and internationally (although we weren't able to establish how much targeted work has been done on this subject in Leeds in recent years). Much of this research has coalesced around a few key themes, including (but not limited to) the impact of homophobia and transphobia on LGBTQ+ communities' mental health, minority stress and historic negative experiences of services.

The most recent census (2021) provided the following data about LBGTQ+ communities in Leeds.

Sexual orientation (based on 658,472 responses):

Measures	Value	Percent
Straight or Heterosexual	582,244	88.4
Gay or Lesbian	12,229	1.9
Bisexual	12,656	1.9
Pansexual	1,025	0.2
Asexual	502	0.1
Queer	387	0.1
All other sexual orientations	1,165	0.2
Not answered	48,264	7.3

Gender identity (based on 658,471 responses):

Measures	Value	Percent
Gender identity the same as sex registered at birth	613,810	93.2
Gender identity different from sex registered at birth but no specific identity given	2,086	0.3
Trans woman	781	0.1
Trans man	779	0.1
Non-binary	713	0.1
All other gender identities	395	0.1
Not answered	39,907	6.1

Given that our LGBTQ+ communities in Leeds are tens of thousands of people strong, it's important to acknowledge that they will include a wide range of different experiences of mental health and mental health services. People's sexual orientation and gender identity will intersect with other aspects of who they are, including protected characteristics such as their ethnicity and religion, but also other factors not protected by law such as their economic status or where they live. Moreover, society's attitudes to LGBTQ+ people have changed over the past decades, and more legal rights and recognition have been won (notably with the Equality Act 2010 and the Marriage (Same Sex Couples) Bill 2013). Studies have shown that younger people tend to have somewhat more favourable attitudes to LGBTQ+ communities compared with older generations. We should not lose sight of the fact that older LGBTQ+ people have experienced society at a time when it was much less inclusive of them (and indeed actively repressive in some cases). This may have an impact on things such as traumatisation and their readiness to be open about their sexuality when approaching health services.

Leeds has organisations which specialise in working with LGBTQ+ communities, including the Leeds LGBTQ+ Community Consortium, which brings together various partners around the aim of reducing isolation for LGBTQ+ people who might not be able to access other provision due to age, disability and other factors. There are also many community organisations, libraries and so on which offer groups aimed at LGBTQ+ people as part of their wider offer to the public. Occasionally these groups might have a specific focus on mental health, but they may well have a wider remit such as general peer support or socialising. It may be of use to map this provision across the city and assess its geographical spread, particularly its spread away from the city centre. During our engagement in November 2023, one LGBTQ+ peer support group we were set to attend in south Leeds went on hiatus because it had struggled to find a time and a place that potential attendees could make. The community centre that hosted the group is committed to its future so it will reappear in some form, but this is indicative of some of the challenges that can come with offering support to community that is both a stigmatised minority but also very varied in terms of its membership and their access requirements.

As mentioned above, a large amount of research has been done in various places into LGBTQ+ communities' experiences of mental ill health and mental health services. Below, we briefly describe a few of the key themes from some of this research. Please bear in mind, however, that these themes don't operate independently of one another; in fact, they are each likely to combine with and contribute to the others.

A greater need for mental health support among LGBTQ+ communities

Various studies have indicated that mental ill health is more prevalent in LGBTQ+ people than the population as a whole. This was found to be the case in a review of evidence by the National Institute of Economic and Social Research (2016), as it has in various literature reviews and studies in the UK and internationally. The reasons for this greater prevalence are sometimes linked to the factors explored below.

Minority stress

The term "minority stress" is often used in literature about LGBTQ+ people's experiences around mental health. Minority stress is a theory which links the greater prevalence of mental ill health in LGBTQ+ communities to the stigmatised social status of LGBTQ+ people and all the extra stressors which come with that. These stressors might be exposure to homophobia, transphobia and so on, as well as discrimination by public services. They might be current stressors, or they might have occurred in the past but still affect the individual today. Some studies have found that LGBTQ+ people report greater numbers of adverse childhood experiences than their non-LGBTQ+ peers.

There is evidence that LGBTQ+ people are more likely to be victims of crime, and both experience and fear of hate crime remain commonplace in the community. For example, the government's National LGBT Survey (2018) recorded that 40% of respondents had experienced some form of discrimination or hate crime in the past year. The same study found that the majority of LGBTQ+ people (68%) take steps not to reveal their sexual or gender identity in public as a result of this threat. The NIESR's review (2016) also found evidence that "hate crime can have a profound effect on LGB&T people's quality of life. The fear of hate crime was recognised to create considerable anxiety and worry, which can result in poor mental health, additional stress, hyper-vigilance, self-harm and suicide. LGB people were identified to worry more about hate crime than any other minority groups. It is unclear whether this is also the case for transgender people."

It is worth bearing in mind that, in our own work in the four LCP areas studied for Phase 2 of the Community Mental Health Transformation programme, concerns about crime, safety and conflict with neighbours were among the most common things people told us about when we asked how their local area affected their mental health. One's sense of safety in and around one's home seems to be a factor in many people's mental wellbeing, and such problems may be compounded for members of LGBTQ+ communities if they have additional worries about safety related to their identity.

Discrimination in services and reduced access

Various factors have been identified to explain why LGBTQ+ people might get less access to health services, including mental health services, compared with the rest of the population. One is related to expectations and worries that they will be discriminated against by services, or at least not be able to be open about their sexual or gender identity. The review by the NIESR found that evidence suggested a minority of LGBTQ+ people were reluctant to disclose their identity to health care professionals, while 14% of respondents to Stonewall's research said that they had avoided seeking treatment because of fear of discrimination. Bear in mind that, again, this fear may be rooted in a person's own past experiences, or their awareness of how LGBTQ+ communities experienced health services in past decades (during the HIV/AIDS crisis, for example).

A second factor behind LGBTQ+ communities' reduced access to mental health services is discriminatory attitudes once treatment is underway. Stonewall reports that 13% of LGBTQ+ people have experienced unequal treatment from healthcare staff, while 23% have witnessed discriminatory comments about LGBT people by healthcare staff.

Finally, we should add that both these factors are likely to comingle with and compound all the issues related to the general population's access identified in our Community Mental Health Transformation engagement in inner west and south Leeds. For example, concerns about confidentiality came up as a problem for a few of our respondents when we asked how comfortable they would be using a phone line to ask for mental health support. It is worth considering this in light of the finding in the government's National LGBT Survey (2018) that 24% of respondents weren't open about being LGBTQ+ with any family members they shared a home with (except partners). The modes of access we give service users may affect how open they are able to be about their identity.

Intersectionality with other factors

As alluded to earlier, there may be other aspects of an LGBTQ+ individual's identity which make them more likely to experience difficulties with their mental health and/or less likely to be able to access effective support. It is well established that access to and effectiveness of mental health support can vary depending on a person's protected characteristics (and other parts of their identity) with, to give just one example, suicide being more prevalent among men than women. Moreover, a person's age, cultural background, religion and other parts of who they are may influence how their feel about their own LGBTQ+ identity, but also how open they are able to be with friends, family and the wider community. It should be acknowledged that some faith groups actively discriminate against LGBTQ+ identities, which can lead to practices such as so-called "conversion therapy". According to the UK government's National LGBT Survey (2018), 2% of respondents had undergone this harmful practice, and 5% had been offered it.

There is also evidence that neurodivergent people are more likely to display gender non-conformity, and this is something mental health practitioners may wish to take into account.

To conclude, it's clear that work has been done to understand LGBTQ+ people's experiences of mental health internationally, national and locally. To build on this knowledge base, we would suggest mapping where LGBTQ+ focussed support exists in the city to identify any geographical gaps. There might also be call for some targeted engagement work with LGBTQ+ people who have experience of mental ill health and/or accessing mental health services in Leeds, bearing in mind that progress is already being made by the Healthy Communities Together programme with the Trans community. This could help to establish whether the findings described above are replicated in Leeds, or further adjustments need to be made given our local context.

Resources:

2021 census data about the LGBTQ+ population in Leeds: https://www.nomisweb.co.uk/sources/census_2021/report?compare=E08000035#section_8

Social attitudes to LGBTQ+ people in the UK (2020): https://www.kantar.com/inspiration/society/attitudes-towards-lgbtq-in-the-uk

The Lancet Commission on the future of care and clinical research in autism (2022): https://fhi.brage.unit.no/fhi-xmlui/bitstream/handle/11250/2975811/Lancet+Commission.pdf?sequence=1

Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence: https://assets.publishing.service.gov.uk/media/5a8094c0e5274a2e87dbaa09/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf

Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys (2016): https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-016-0767-z.pdf

How does the UK feel towards the LGBTQ+ community? (2020) https://www.kantar.com/inspiration/society/attitudes-towards-lgbtq-in-the-uk

Sexual orientation and attitudes to LGBTQ+ in Britain (2023): https://www.ipsos.com/en-uk/sexual-orientation-and-attitudes-lgbtq-britain

The National LGBT Survey (2018): https://assets.publishing.service.gov.uk/media/5b3cb6b6ed915d39fd5f14df/GEO-LGBT-Survey-Report.pdf

Minority stress theory: Application, critique, and continued relevance: https://discovery.ucl.ac.uk/id/eprint/10168532/1/1-s2.0-S2352250X23000246-main.pdf

Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review (2021): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7876969/

LGBT in Britain: Health (2018): https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Appendix 2: The experiences of the in-work population

One of the communities the wider Community Mental Health Transformation Involvement programme would like to gather insight about is Leeds' in-work population. With that in mind, we were asked to collect some initial information which might serve as a basis for any future work the Community Mental Health Transformation Involvement team undertakes.

As part of our engagement in inner west and south Leeds in November 2023, we included a question about people's experiences of combining work with accessing mental health services. It's important to note that less than 10% of our survey respondents told us they had experience of working while seeking out mental health support, which may be a reflection of how difficult it can be for people living with mental health conditions to be and stay in work.

We should also point out that there appears to be relatively little research and engagement into mental health for people in work compared with focus areas detailed in our other appendices. One notable exception is Mind's Workplace Wellbeing Index 2022, which provides a very detailed and informative overview of mental wellbeing among people in employment.

Elsewhere, the research which does exist is quite often done by business and HR-oriented organisations, as opposed to organisations purely interested in people's health and wellbeing. As a result, the emphasis can sometimes be more on the cost to employers of mental ill health as opposed to the impact on individuals. Furthermore, there is even less engagement and research into mental health among the self-employed.

This relative scarcity is perhaps surprising given that the Mental Health Foundation reports that 15% of people experience mental health problems in the workplace, while Mind's Workplace Wellbeing Index 2022 indicates that 70% of people they surveyed had experienced mental ill health at some point, and 57% had experienced poor mental health while with their current employer. Similarly, a report by the organisation Mental Health at Work found that over half of small business owners had experienced some form of mental ill health in the previous 12 months. These research projects and others suggest that there is still considerable stigma around disclosing mental health difficulties in the workplace.

Given the relative scarcity of research into the mental health experiences of people in work nationally, it's not surprising that there is little (if any) work focussed on this subject in Leeds.

In 2022, 77% of the population of Leeds aged between 16 and 64 was in work, a figure which is somewhat higher for men (81%) than women (74%). Most people (79%) worked full-time, with men markedly more likely to work full-time than women (92% of men in work were full-time, compared with 64% of women in work). Men are also more likely to be self-employed (making up 17% of men in work as opposed to 6% of women in work).

The people we spoke to as part of the Community Mental Health Transformation Phase 2 engagement had very mixed experiences of working and seeking out mental health support.

A third of our respondents said they had had a good experience. Sometimes they put this down to having an understanding employer. A couple of comments also suggested that working was an important part of how that person stayed well. Here are a few examples:

"Working made my mental health better, as I was distracted. Work have been very understanding and flexible."

"I have a very good and compliant employer who operates agile and flexible working. There are a few mental health first aiders at the organisation in management and HR. I usually ask for appointments outside of my working hours wherever possible. My work is manual labour so I get quite tired during the day. There is still a lot of stigma and reluctance to talk about mental health in an all-male team."

"I was under the care of Aspire EIP Leeds previously, who were very good with arranging appointments that worked with my work schedule and my workplace were very understanding of my mental health needs."

However, it was clear that others were not so fortunate. Another third of our respondents described a negative experience of working while trying to get support for their mental health. Sometimes, people told us employers weren't mindful of their mental health needs; other times, they specified that it had been difficult getting to health appointments because of their working hours.

"It was very tricky juggling appointments with work. As a teacher I was very limited in the times I could be available."

"It's very difficult working full-time due to appointments being in office hours."

"My workplace did not understand my needs and it was a mental health charity, I was hugely impacted by bad management and bullying by a senior member of staff who still works in the parent organisation."

"I work full-time 9-5 at home as a tech engineer, it can be isolating to not leave the house. I have taken a second job in a warehouse on evenings and weekends due to the price of living as my spouse has not been able to find a job. I struggle with the GP as for daytime appointments I have to take leave. It's hard to come to more church groups as I have little spare time within my two jobs."

A few respondents also mentioned that they had given up work due to their mental health difficulties.

Some of our respondents had mixed experiences of getting mental health support or supporting a loved one while in work. This cohort often told us work were supportive, but it remained difficult to attend appointments. For example:

"[It's been] hugely stressful! My workplace is understanding however the nature of my job, poor staffing and travel commitments means it can be hard being a carer and employee."

"Work have been good [about] understanding my mental health needs. I find it hard to juggle appointments and work."

Another person said that:

"[my] appointments were OK, but could leave me raw and emotional, which makes returning to work the same day very difficult".

From these comments, it appears that there is a lot of variation in terms of how understanding employers in Leeds are of people's mental health needs – and even when they are willing to be supportive, appointments being largely in people's working hours can still be a problem.

Some of the comments also serve as a good reminder that people in work may also have caring duties at home, and of the great financial stress many people in Leeds are under at present. We should be mindful of the fact that some people will work more than one job; will have unreliable zero-hours contracts; and, in some cases, will work undocumented, making them a particularly vulnerable part of the workforce.

During our conversations with people about mental health around Leeds, we also noted that the subject of work (and unemployment) was more frequently brought up by men than women. For more information on this, please refer to Appendix 3.

In conclusion, it's clear that there is much more to do in terms of understanding the mental health experiences of people in Leeds who are in work. However, as a starting point, we should acknowledge and act on the difficulties that this population is likely to have in terms of getting to appointments during standard working hours, even if they are fortunate enough to have an understanding employer.

Resources:

Mental Health at Work: Statistics: https://www.mentalhealth.org.uk/explore-mental-health/statistics/mental-health-work-statistics

Mental Health at Work (2008): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf

Employee Views on Mental Health (2016): https://www.cipd.org/globalassets/media/comms/news/99employee-outlook_2016-focus-on-mental-health-in-the-workplace_tcm18-10549.pdf

Economy Report for Leeds: https://observatory.leeds.gov.uk/economy-and-employment/#/view-report/9e93e3faae4c449084e459fcd86e88d0/___iaFirstFeature/G3

The Mental Health of Small Business Owners and the Self-Employers: https://cdn.mentalhealthatwork.org.uk/wp-content/uploads/2023/06/04140936/The-mental-health-of-small-business-owners-and-the-self-employed.pdf

Workplace Wellbeing Index 2021/22: Index Insights: https://www.mind.org.uk/media/kogesqr4/mind-index-insights-report-2021-22.pdf

Appendix 3: Men's experiences

One of the communities the wider Community Mental Health Transformation Involvement programme would like to gather insight about is Leeds' male population. With that in mind, we were asked to collect some initial information which might serve as a basis for any future work the Community Mental Health Transformation Involvement team undertakes.

Before we say anything else, we should point out that Leeds has a thriving research scene focussing on men's health and, as a result, is considered something of a leader nationally. One factor that has contributed to this reputation is the State of Men's Health report (2016), which was funded by Leeds City Council and written by Leeds Beckett University. Another is the Men's Health Unlocked partnership network made up of third-sector organisations Barca-Leeds, Orion Partnership (Space 2, Zest) and Touchstone and facilitated by Forum Central. Men's Health Unlocked, represented by Leeds City Council, was recently invited to speak at the parliamentary Health Select Committee Inquiry into Men's Health in recognition of the expertise into men's health developed in the city over the past few years. Links have been made between Men's Health Unlocked and the Community Mental Health Transformation Involvement Team.

Leeds has several third-sector organisations which offer men-only services focussing on mental health and general wellbeing, including in the target areas for Phase 2 of the Community Mental Health Transformation programme. We visited a few of these to speak to group members and we encourage you to read the short case studies in the locality sections of this report. We noted that some of these groups were run by women staff members.

When we asked group members whether they would find it helpful to see more men working in mental health services, they told us that staff members' gender was less important to them than their being friendly and empathetic.

The State of Men's Health Report (2016) gives a very comprehensive overview of rates of mental ill health in men in Leeds at the time when it was written, and these figures largely mirror national statistics. The report notes that "fewer males were registered with a common mental health disorder compared to females, but a similar proportion were registered with a severe mental health disorder", and that men were more likely than women to be diagnosed with certain conditions, including schizophrenia, paranoia and psychosis. It also states that five times more men than women died by suicide in Leeds. (Men's Health Forum also reports than men are more likely to die by suicide nationally, but its 2017 figures indicate that just over three quarters of suicides occur in men.)

Figures from Leeds and the country as a whole indicate that men are more likely than women to experience drug and/or alcohol addiction as well as homelessness. The male prison population is also far larger than the equivalent female population. This was reflected at one of the groups we attended in Armley, where the majority of the service users were male, current or recovering drug and alcohol users and, in some cases, ex-offenders. (Armley is also home to a very large male prison.) During our conversations with the men at this group, we noted that a number of them didn't see themselves as receiving mental health support, despite the fact they were regularly in touch with drug and alcohol recovery services. It appeared that they saw mental health and substance use as quite separate.

In other conversations we had with men around the four LCP areas for Phase 2 of the Community Mental Health Transformation programme, we noted anecdotally that men were much more likely to talk around the subject of mental health, rather than addressing it more directly in a way that women tended to do. For instance, when asked about how effective they thought mental health services were, men were more likely than women to respond with answers about poor bus services, difficulties navigating the benefits system and work, as opposed to talking about their actual experiences of the mental health system.

We could theorise that some of this may be down to stigma around mental ill health in men. Several of the reports listed at the end of this appendix refer to stigma linked to gender stereotypes as being a potential factor in men's mental health experiences. They explore the idea that there is a greater expectation that men show strength by stoically "getting on with" life, rather than seeking out support, and that their stereotypical role is to be the leader and breadwinner in families. Thankfully, there is some evidence that these expectations are changing: for example, Mind's Get It Off Your Chest report (2019) indicates that men are now just as willing as women to contact their GP if they feel low and that men are three times more likely than they were in 2009 to see a therapist when they feel low. That said, the same report details how men's reasons for not seeking out support still differ from women's. Moreover, we saw in Appendix 2 on the in-work population that men in Leeds work full-time in greater numbers than women, and that scheduling appointments around work remains a challenge for many people seeking mental health support in the city.

During our engagements around inner south and west Leeds, we noticed that, on the whole, older people were less likely to tell us they had a mental health condition or knew someone who did, and that older men in particular were more likely to use euphemistic language to refer to mental health and mental health conditions than both women and younger people. They were more likely to express the view that they preferred to "get on with it", rather than approach services for help. We can speculate that some of this might be down to having grown up at a time when there was greater stigmatisation of mental ill health. We should also acknowledge that, in addition to age, all kinds of factors and characteristics will inevitably impact on men's experiences of mental health. Some of these are protected characteristics such as ethnicity and sexuality (see Mind's Get It Off Your Chest report for more on both these characteristics). Others are factors not protected by law, such as social and economic status.

As mentioned above, one of the subjects that men were more likely to bring up compared with women during our conversations about mental health was employment. Their experiences tended to follow a similar pattern: something had changed at work – their employer had been taken over by a new company, for example – and this made working conditions much more pressurised, unfair and unpleasant for them. They were eventually either made redundant or felt that they couldn't continue in the workplace and resigned. In recognition of how redundancy and unemployment can impact on men's mental health, in 2022 the Leeds Mindful Employment Network partnered with Men's Health Unlocked to create some resources to support individuals going through redundancy, as well as employers. When we had a conversation with a member of the public who had got involved in creating these resources, he described how social attitudes around being a breadwinner, but also being valued for one's skills, can impact on men's mental health and self-esteem during job losses. For example, he pointed out we all tend to ask what a person does for a living when we meet them for the first time. He also told us how, in his experience, men at the start and latter end of their working lives tended to be more comfortable saying they got made redundant. On the other hand, men in their 30s to 40s are more likely to frame redundancy in a different way during conversation, saying, for example, that there was a restructure at work and they got the opportunity to move on with a payout. He suggested that the offer of a support group alone was unlikely to attract some men, whereas presenting the advantages of attending such groups in a very statistically based or factual way might be more attractive. Another suggested step forward was greater understanding on the part of employers about how they can make the mental health impact of redundancy as minimal as possible.

In conclusion, it is heartening to see the work going into understanding men's experiences of mental health in Leeds, and we look forward to seeing how it integrates with the Community Mental Health Transformation Involvement programme over time. Engaging with men about any health-related topic, including mental health, is always a greater challenge than engaging with women, as borne out by the response numbers to this and other engagement projects. We would encourage future engagements to take a flexible approach to engaging with men in order to capture their voices in a way that suits them, and to include specific ways of reaching out to men in any project planning.

Resources:

Men's Health Unlocked programme: https://forumcentral.org.uk/mhu/

The State of Men's Health in Leeds (2016): https://forumcentral.org.uk/wp-content/uploads/2022/10/The-State-of-Men_s-Health-in-Leeds-Main-Report.pdf

Leeds Suicide Audit 2019-2021: https://observatory.leeds.gov.uk/wp-content/uploads/2023/11/Leeds-Suicide-Audit-2019-21.pdf

Get It Off Your Chest report (2019): https://www.mind.org.uk/media/6771/get-it-off-your-chest_a4_final.pdf

Men and Women Mental Health Statistics: https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics

Key Data: Mental Health and Men: https://www.menshealthforum.org.uk/key-data-mental-health

Mindful Employer Redundancy Resources: https://www.leedsmind.org.uk/mindful-employer-redundancy-resources/

Appendix 4: The experiences of people of faith

One of the communities the wider Community Mental Health Transformation Involvement programme would like to gather insight about is people of faith living in Leeds. With that in mind, we were asked to collect some initial information which might serve as a basis for any future work the Community Mental Health Transformation Involvement team undertakes.

Christianity is the most commonly held religion in Leeds by some margin, with 42% of the population giving this as their faith, although it is worth noting that a similar proportion – 40% - state that they have no religious belief. The second largest religion is Islam - followed by 7.8% of Leeds residents - then Sikhism (1.2%), Hinduism (1.1%), Judaism (0.8%) and Buddhism (0.4%).

The relationship between religious belief and mental health has been studied fairly extensively in academic research, but this isn't replicated in engagement, at least in Leeds. Engagements about mental health are more likely to touch on ethnicity or culture than religion, and perhaps the three are seen as broadly synonymous in some cases. While they are unquestionably interconnected, it is important to acknowledge that they aren't the same (for example, people of different ethnicities can share the same faith), so it is worth treating religious belief as worthy of attention in its own right.

Another reason why mental health engagement hasn't focussed on religion as much as it might could be related to the relationship between the faith, voluntary and statutory sectors. While links between all three do already exist, it might be worth assessing whether they could be more consistently integrated, so that faith organisations are included more systematically in engagement projects.

The fact that links between religion and mental health are fairly well researched reflects the importance that faith can play in some people's mental health experience and recovery. In fact, there is evidence that religious belief is associated with lower levels of depression and anxiety and higher levels of general wellbeing. This is suggested in a very recent report by the Institute for the Impact of Faith in Life (2023), for example.

On the other hand, there is also evidence that some forms of religious belief can exacerbate individuals' distress at the state of their mental health, if, for instance, feeling depressed is perceived as being sinful, as it has been in some Christian traditions (see the reference entitled Religion and Mental Health, University of Leeds, at the end of this appendix). However, we can't make any blanket statements in this regard, given the enormous complexity of individuals' relationship with their faith, which is rarely static and may change through their lifetime. We should also recognise that no religion is a monolith. Each major faith has lots of internal variation, so two people with the same broad set of beliefs might have quite different perspectives on mental health.

In terms of how mental health practitioners approach religious belief when working with patients, the picture is again complex and changes over time. Historically, some religious experiences have been mistaken for psychiatric symptoms, especially when they have differed from prevailing cultural norms. More recently, transcultural approaches to mental health treatment have been more open to incorporating patients' religious beliefs linked to their mental health into their care. For more information on this, please refer to the article listed below by the British Psychological Society.

How mental health practitioners approach people of faith came up in a conversation we had with a Community Mental Health Transformation engagement participant. She described how, as a Muslim woman from a South Asian background, she felt practitioners had tended to make assumptions about her mental health, presuming it to be less of a problem for her than it has been. For instance, she noted that professionals have tended to be very "awkward" when asking her about issues such as substance abuse or domestic abuse, as if she wasn't expected to have encountered such problems because of her identity, which in turn has made her feel "othered" and less likely to open up. For our participant, this has compounded difficulties she was facing with addressing her mental health problems because of what she describes as a commonplace attitude in South Asian Muslim communities, which is that mental health problems are something that happens to other groups of people. She described to us how she felt like she was "the only Muslim feeling this way".

Our participant said she believed that mental health practitioners have tended to see people of faith as "crazy", and how religion and mental health are often still seen as two separate things. She noted that, in fact, the two are strongly interlinked, and both are related to how a person feels safe in the world. She also pointed out that Muslims are usually people of colour and sometimes new arrivals to the country, so a heavily medicalised model that relies on medication might not address some of the wider causes of their mental ill health, such as deprivation or how safe they feel in public places. Others we spoke to during the engagement made similar points about the overlaps between some faith communities and economic deprivation.

Our participant spoke about how her religious belief was a source of great comfort to her, in that it made her confident that she was always loved and supported by God, and that the difficulties she was going through with her mental health were part of God's plan. In this engagement and others, we have heard people express similar feelings about how belief in God has helped them to come to terms with some incredibly difficult experiences. Additionally, we talked about the "locus of control" theory, which relates to the level of control an individual feels they have over their own circumstances. Our respondent suggested that it might be helpful if some people of faith could be further supported by services to feel more in control of their lives, while also still feeling that what happens to them is part of a greater plan.

The "number one" change our participant wanted to see in order that faith and mental health support become better integrated in Leeds was for mental health practitioners to come into religious spaces. She felt this would make mental health provision more accessible, especially for older generations who have little connection with public services and are more likely to experience a language barrier. She felt that, while the practitioners' own identity wasn't crucial, it can sometimes be helpful for people to hear information from people who look and sound like them. We also discussed what kind of terminology might be most accessible for people who need extra support to access mental health services. While our participant felt that there was some room for mirroring the language that individuals use about mental health, there was also a lot to be said for using more neutral, widely accepted terms in order to help destigmatise language and help people to adopt an approach in which mental health conditions are simply part of life, free from cultural baggage. It can be quite empowering for people to have neutral but specific language to describe their own experiences.

Finally, our participant said that she believed mental health practitioners should be more "forgiving" of themselves and not be frightened about asking people about their religion in case they make a mistake. She noted that, in her experience, professionals worry about being labelled as racist or Islamophobic and can be wary of tackling cultural or religious themes. However, talking about religion can help people to feel safe in a therapeutic space.

Some work is being done in Leeds to make better connections between mental health services and faith spaces, which is certainly welcome. One example comes in the 2022 Update Report to the Mentally Healthy City initiative, which states that "work with faith organisations (Sikh Gurdwara/ Temple) is an excellent example of the work undertaken by Leeds Suicide Bereavement Service and Mentally Healthy Leeds in response to two deaths by suicide - a few months apart - involving young Sikh men in Leeds and the surrounding area. The plan is to train faith leaders as mental health champions and to gather insight through focus groups to understand key triggers for poor mental health within their communities and learn more about gaps in services."

A second example is LYPFT's initiative to "work with Leeds faith leaders to break down cultural barriers" around perinatal mental health. While both these initiatives are very welcome, we wonder if further work could be undertaken that moves the focus directly towards religious community members, in addition to faith leaders. Projects that bring practitioners directly into religious spaces could also be helpful, as we heard above.

Finally, the Community Mental Health Transformation Involvement programme may be aware that work has been underway for some time at the University of Leeds to address gaps in mental health practitioners' understanding of how best to support Muslims experiencing depression. It will be interesting to see how links between the University of Leeds' work and the Community Mental Health Transformation Involvement programme can be further strengthened.

In conclusion, while it is great to see that there is a willingness to address faith within the mental health ecosystem in Leeds, it's clear that there is more work we can all do in terms of understanding people's experiences locally. We can say with confidence that religion is a topic worth addressing directly and specifically in the conversations we have with people about mental health and mental health services.

Resources:

Mental Health, Religion and Culture (2011): https://www.bps.org.uk/psychologist/mental-health-religion-and-culture

Keep the Faith: Mental Health in the UK (2023): https://iifl.org.uk/reports/keep-the-faith-mental-health-in-the-uk/

Religion and Mental Health (2016): https://religioninpublic.leeds.ac.uk/2016/08/03/religion-and-mental-health/

Leeds - A Mentally Healthy City: Update report (2022): https://democracy.leeds.gov.uk/documents/s236139/Mentally%20Healthy%20City%20Cover%20Report%20150722.pdf

Working with Leeds faith leaders to break down cultural barriers (2022): https://www.leedsandyorkpft.nhs.uk/news/blogs/working-with-leeds-faith-leaders-to-break-down-cultural-barriers/

Addressing depression in Muslim communities: https://medicinehealth.leeds.ac.uk/dir-record/research-projects/980/addressing-depression-in-muslim-communities

Population Report for Leeds (2021): https://observatory.leeds.gov.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3

Appendix 5: Our engagements

The following table details the engagements we undertook as part of the project.

Date	Time	Location	Description
19/10/2023	11am to 12:30pm	DOSTI, Stocks Hill	Social group for older South Asian women living with low-level mental health needs / isolation
25/10/2023	4pm to 6pm	Christ Church, Armley	A Warm Spaces event: providing warmth and refreshments
7/11/2023	11am to 12pm	Cragside Close Community Hall	HOPS Creative craft group
9/11/2023	1pm to 2:30pm	Middleton Family Centre	Be Yourself men's group
10/11/2023	10:30am to 12:30pm	Middleton Family Centre	Be Yourself women's group
10/11/2023	10:30 to 11:30am	New Wortley Community Centre	Cultural Café preparation session

Date	Time	Location	Description
13/11/2023	11am to 12 pm	Armley Helping Hands	Older people's friendship group & lunch (men's session)
14/11/2023	11am to 12pm	Armley Helping Hands	Older people's friendship group & lunch
15/11/2023	11am to 12pm	Armley Helping Hands	Older people's friendship group & lunch
15/11/2023	11am to 1pm	Cranmore & Raylands Community Centre	A fair focusing on men's mental health and stigma
15/11/2023	11:30am to 1:30pm	Horsforth Library	General library session
16/11/2023	10:30 to 11:30am	Holt Park Library	Story and Rhymetime
16/11/2023	12pm to 1pm	Holt Park Library	Mums & tots group
20/11/2023	1:30pm to 2:30pm	Holt Park Library	Bounce and Rhyme
20/11/2023	11am to 1pm	Broadlea Community Centre	An event for International Men's Day
21/11/2023	4:30 to 6pm	Dewsbury Road Community Hub	Women's Make & Do craft session
21/11/2023	1pm to 3pm	Holt Park Library	ESOL class
22/11/2023	10am to 11:30am	New Wortley Community Centre	Women's group

Date	Time	Location	Description
22/11/2023	2:15pm to 3pm	OPAL	Women's group
23/11/2023	10am to 12pm	Cranmore & Raylands Community Centre	Craft & Chat craft group for women
23/11/2023	1pm to 3pm	Hamara Centre	Men's chess club run by Being You Leeds
28/11/2023	10:30 to 11:30am	Beeston Library	Story & Rhyme time
28/11/2023	6:45pm	St Peter's Morley	Mint (men's support group)
29/11/2023	10:30am to 12pm	Beeston Library	Beeston Remembered
29/11/2023	1:30pm to 3:30pm	Bramley Community Hub	Creative Wednesday
[Please ask for details]	Morning	Middleton	Brave Hearts – group for women who no longer have their children in their care

Committed to quality

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

Your healthwatch Leeds

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