

# Community Mental Health Transformation Lived Experience Survey

MAY 2023

## Headline Report

# Contents

Introduction.....Page 3

How we found out what people think?.....Page 4

How many people told us what they think?.....Page 5

Who told us their ideas and opinions?.....Page 6

## Highlights of Results by Locality

- Gloucester.....Page 8

- Cheltenham.....Page14

- Forest of Dean.....Page 20

- Cotswolds.....Page 24

- Stroud.....Page 27

- Tewkesbury.....Page 30

What has this told us and what will we do next?.....Page 31

Appendices of all data for each area are available on request.

# Introduction

Inclusion Gloucestershire and the Voluntary and Community Sector Alliance wanted to hear people's thoughts and views about their experience of current mental health provision in the locality they are based.

This survey aimed to identify mental health issues or concerns in local areas, understand what services people currently access, what has been most helpful and if people have experienced any challenges in getting their needs met. It is part of the NHS funded Community Mental Health Transformation Programme which is focussed on trying to improve the way adults (aged 18+) with Serious Mental Illness access services so that support is individualised and can be accessed more quickly and easily.

This transformation programme is being delivered in partnership with NHS services, charities, housing providers and social care.

More information about community mental health transformation in Gloucestershire can be found here: [Community Mental Health Transformation \(CMHT\) > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](https://www.gloshealthandcare.nhs.uk/community-mental-health-transformation)



We would like to thank all those who gave their time to share their experience and our partners for their help in making the survey available to people!

# How we found out what people think? (Methodology)

A group of people worked together to develop a survey in a co-produced (joined up) way. This group involved staff members from Inclusion Gloucestershire with lived experience of mental illness, Gloucestershire Health and Care Trust Community Mental Health transformation team staff and the Voluntary Sector Alliance mental health coordinator.

The survey was based on the survey coproduced in the Forest of Dean through the My Networks scoping project. This project (funded by Forest Voluntary Action Forum (FVAF) and Barnwood Trust), aimed to enable the experiences of people from the Forest community to drive decisions and efforts made to develop mental health in this area.

We agreed a similar approach was needed to support the capturing of people's experience in all Gloucestershire localities so that this could inform the transformation of community mental health services.

The survey was open for 4 weeks in April 2023. The survey was available online and in paper versions. Support was available to anyone on request to have help to fill out the survey on the phone or in person.

Information about the survey was shared throughout Gloucestershire in a few ways, including:

- Social media of Inclusion Gloucestershire, MHELO (Mental Health Experience Led Opportunities) and many of our partners.
- Direct email to people known to us in Gloucestershire Health and Care trust Community Mental Health Transformation team to distribute to their partner organisations and networks.
- Direct email to partners in other voluntary sector organisations via VCSE Alliance.
- Inclusion in various Know Your Patch newsletters and bulletins across the county.

# How many people told us what they think? (Responses)

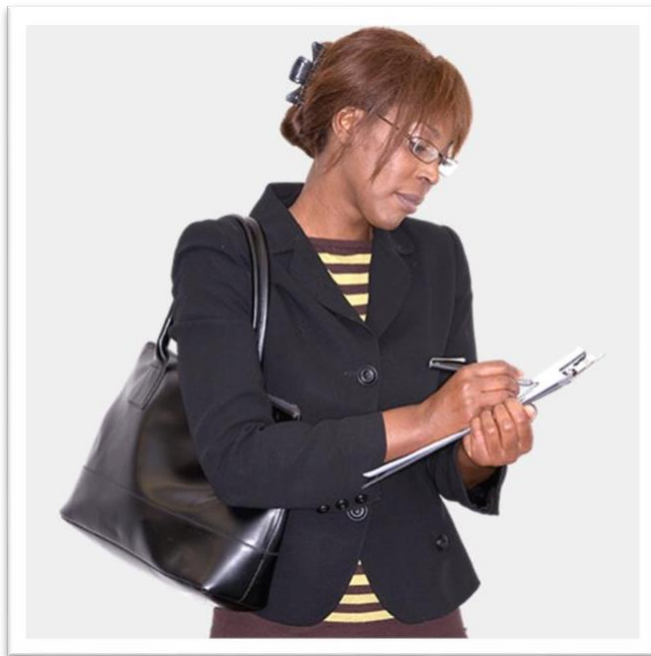
## 60 People Gave Us Their Views!

60 responses were received to the survey- all of these were online through a Google Forms Survey.

No requests for the survey in an alternative language were received.

All respondents consented to be involved so have been included in the summary of results below.

Of the 60 responses, 20 people (33.3%) gave us their name and contact details for further contact, whilst 40 (66.6%) people preferred to be anonymous.

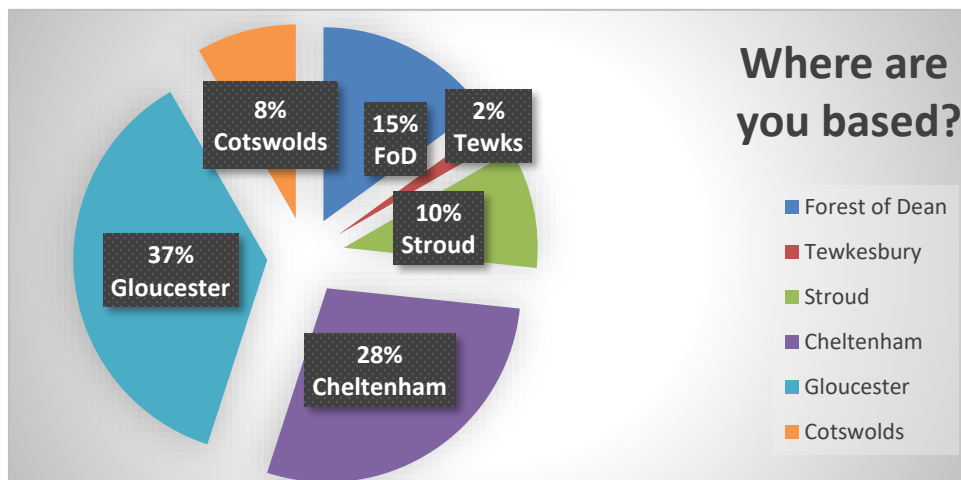


# Who told us their ideas and opinions? (Demographics)

There is more detailed information in the appendix about who gave us their ideas and opinions (all Charts and data from survey).

Here is a summary:

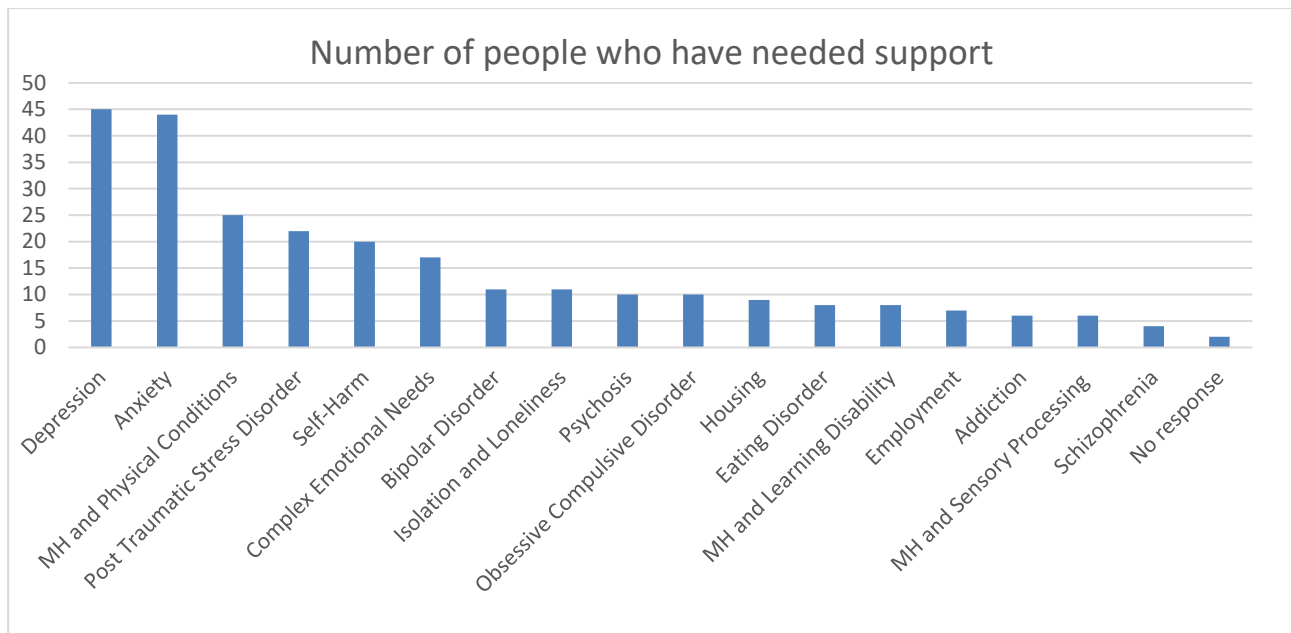
- 66.6% identified themselves as female.
- 23.3% identified themselves as male.
- 0.6% identified themselves as non-binary.
- 1.2% preferred not to say.
- The largest groups of people who gave us their ideas were aged 26-35 and 56-65. The next largest groups were aged 36-45 and 46-55, with just 6.7% of people in the 18-25 and 66-75 age group.
- 88% identified themselves as White British.
- Most people live in Gloucester or Cheltenham, but there are still many respondents who live in other areas of Gloucestershire.



## Lived experience:

We asked people to tell us about the areas they have needed support for.

- 2 people did not tell us.
- 10% of people only selected one area for support.
- 87% of people selected at least two areas for support.



- People also told us about other support they have needed including:
  - ADHD x 3
  - Emotionally Unstable Personality Disorder x 1
  - Schizoaffective Disorder x 1
  - Body Dysmorphic Disorder (BDD) x 1
  - Domestic Abuse

# Gloucester

**73%** of people who responded consider that they, or someone they care for, has a Serious Mental Illness. **27.3%** of people said they provided unpaid care or support for a family member or friend with mental health needs.

**54%** of respondents are volunteers, or professionals who regularly support people with serious mental health needs and **60%** of these respondents would like to meet with other volunteers/professionals to reflect, support each other, and share learning.

**59%** of respondents have needed support for their mental health over the last two years and identified the following organisations that they received support from:

- Mental Health Intermediate Care team
- Gloucester Recovery team
- NHS Crisis team, Community team, Mental Health Liaison team
- Op Courage – Mental Health Support for Veterans, Service Leavers and Reservists
  
- Private Therapist
- Ehlers-Danos Support UK charity
- Private Services including services for menopause, Autism diagnosis and Physical Health conditions
- Voluntary organisation
- Counselling Gloucestershire
- NHS Psychiatrist, Inpatient services, Counselling
- Young Gloucestershire
- University of Portsmouth
- Police Counselling
- Employment service

**54%** of these respondents said they had received or begun to receive the support that they needed. Some told us more about their experiences and identified good practice from both NHS and voluntary sector organisations:

*“Support was mostly medication that the GP prescribed. She was very supportive”*

*“Now that I am seeing a Consultant Psychiatrist, I feel like I am getting the support I probably need”.*



*“Have made a good recovery through mindfulness, time in nature, pain management, developing my own exercise regimen and building up at my pace. Op Courage helped me engage with services for military veterans and I’ve progressed to be an expert by experience and peer mentor”.*

*“Young Gloucestershire have supported me a lot. They've helped with so many little pieces which has made my overall mental health much better. They listen and care about what I'm saying”.*

**36.4%** of people told us they felt they didn’t get the support they needed. Some told us more about their experiences and identified challenges with the accessibility of services, consistency of support, and lack of person-centred support:

*“[The] person I care for is housebound due to mental illness, Received no help at all since 2015. [NHS service] discharged her as the person offering them help went into a different role within the trust.”*

*“NHS never supported me. No person-centred care. Made my mental health much worse due to stigma and staff not listening to me.”*

*“I feel that I would benefit from 1-1 counselling sessions. But due to financial constraints and the nature of my physical disability, it is hard to find a place that offers counselling at a rate that I can afford and as I currently have to rely on public transport, this makes it even harder. Also, the waiting lists are so long currently for local counselling sessions.”*

**68%** said travel and/or location was a barrier to accessing in person support, advice and information.

People told us more about these barriers including accessibility of public transport for those who also have a physical disability, those who experience severe anxiety using public transport and reliance on family or friends to travel to appointments:

*“Working with clients who experience severe anxiety around using public transport & do not have family/friends support for travel. Often, they will refuse to attend or feel too overwhelmed after using public transport, they would just feel exhausted and unable to meaningfully engage. Rural locations not having suitable transportation (e.g., several miles walking to a bus stop, several buses to be able to get somewhere).”*

*"I am a full-time electric wheelchair user and struggle to travel on buses alone. Also, wheelchair accessible taxis are hard to come by or book for me locally."*

*"I have no car so rely on local friends for transport."*

**45%** said access to online support, advice and information would be a challenge for them or the people they support. Reasons for this included access to technology, computer literacy, language barriers and a preference for face-to-face support.

*"Some of the people I support either would struggle to navigate due being unable to read or remember appointments."*

*"Not everyone has the internet and technology devices, and some people struggle to navigate technology, what about people who may not be able to read or have a language barrier or those with learning difficulties and disability"*

*"Low income & not able to afford devices where they can access online support. Not being computer literate. Preferring to receive face to face support & building relationships."*

### **Local Challenges:**

People told us the main challenges to accessing good community services in Gloucester were:

- Timing of access to services and progression in services
- Access to services, particularly where people have multiple or complex needs.
- Availability of services
- Services not being delivered in a personalised way.

*"Service capacity, lack of provision for those in full time employment, starting over again with referral processes, lack of inclusivity for those with additional needs and vulnerabilities."*

*"Supporting people with a dual diagnosis, supporting people with complex mental health problems who are refusing mental health support, supporting people with complex mental health problems whose poor mental health impacts their engagement and services are quick to close & do not have the capacity to creatively engage."*

*“Choosing the right support from those that are available locally and at the right time.”*

*“Very difficult to access psychiatrist assessment and follow up support. Very difficult to get support from mental health nurse.”*

*“The amount of stigma from professionals”*

*“No progress is the biggest challenge.”*

### **What people would find most valuable if it were available in their local area:**

The most popular suggestions were:

**One to One buddying (Peer mentoring or befriending) fluid and variable timeline - 95%** of people said this would be very valuable or quite valuable to them.

**Trained mental Health Worker – 91%** of people said this would be very valuable or quite valuable to them.

**Person with personal experience of mental Health recovery - 91%** of people said this would be very valuable or quite valuable to them.

**Community Advocacy – 90%** of people said this would be very valuable or quite valuable to them.

**An informal discussion group (a tea and chat for example) – 90.3%** of people said this would be very valuable or quite valuable to them although only 37% of these said this would be very valuable.

The least popular suggestions were:

**Local Information Point or Phonenumber – 72.2%** of people said this would be very valuable or quite valuable to them. **82%** of these people said this would be very valuable.

**A structured group around a theme, topic or issue – 76.2%** of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For a time limited period, limited sessions. – 78.9%** of people said this would be very valuable or quite valuable to them.

We asked people what would be valuable to support their mental health or the mental health of people they support and to highlight challenges that exist in their

community. People told us there were challenges with:

- Connectivity between services including primary and secondary care and individuals with dual diagnosis (mental health and addiction issues/ physical health and neurodivergence identified).
- High thresholds to access services and not enough focus on low level support and reduction of stigma.
- Awareness of what services are available locally to support people.

### Safe Spaces:

People told us which community groups, spaces or resources that currently exist, which respondents or those they care for have felt safe at and were supportive of positive mental health. There were a range of statutory and non-statutory services identified. Three people identified there were none in their area at the moment. The most popular responses were:

- Complex Emotional Needs Service – 2
- Independence Trust – 2
- The Cavern/ Treasure Seekers – 2
- Local Church - 2

Two people also told us adult mental health services were good but did not provide any further detail. The full list of responses are below

<b>Statutory Services</b>	<b>Voluntary and Community Sector Services</b>	<b>Other</b>
Complex Emotional Needs Service x 2	Cavern Support/ Treasure Seekers x 2	None at the moment x 3
Mental Health Services x 2	Local Church x 2	Chats with Friends and Family Private counselling
Group Trauma Course	Forest of Dean Hub	
Pullman Place Mental Health Services	Teens in Crisis	
Severn & Wye Recovery Service	Listening Post	
Self-Harm Helpline	Independence Trust	
GP	Honor Thy Woman	
Eating Disorders Service	Inclusion Gloucestershire - MHELO	
Alexandra Wellbeing House	Citizen's Advice Bureau	
Children and Young People's Mental Health Services (CAHMS)	Change, Grow, Live	
Occupational Therapist	Ehlers-Danos Support Group	
Group courses at Colliers Court	Butterfly Garden	
Podiatrist	Adult Education	
Job Club		
Physiotherapist		

We asked people what made these services feel safe. There was a common theme around the approach from people delivering the service, the setting the service was delivered in, and the involvement of those with lived experience in delivering support:

*“Non-judgmental supporting, welcoming environments, being able to relate to others with similar experienced, lived experience is key to engagement and likely to really turn around situations for many people as they will not feel so alone.”*

*“Doesn't feel like an establishment i.e. its a cafe as opposed to a hospital type scenario”*

*“The experience and expertise of peer personnel”*

People also told us they valued affordable and varied activities, consistency in sessions and one-to-one support.

# Cheltenham

**82%** of people who responded consider that they, or someone they care for, has a Serious Mental Illness.

**53%** of respondents provide support for a family member or friend with their mental health needs.

**29%** of respondents are volunteers, or professionals who regularly support people with serious mental health needs and **80%** of these respondents would like to meet with other volunteers/professionals to reflect, support each other, and share learning.

**70.5%** of respondents have needed support for their mental health over the last two years and **50%** of these respondents said they had received or begun to receive the support that they needed.

## **Examples of where people have received support from:**

- NHS Crisis Team x 4
- GP x 3, Mental Health Nurse at GP x 1
- Gloucestershire Counselling Service x 2
- Private funded therapy
- Guideposts Trust
- Recovery College (Health and Wellbeing College) x1/ Gloucestershire Recovery Team x 1
- Glos Carers Hub
- Inclusion Gloucestershire MHELO;
- Mental Health Carers Support Group x 1/ Gloucestershire Carers Hub x 1

**50%** of those who said they have needed support for their mental health over the last 2 years said they had managed to receive this support or begin to receive this support. Some told us about their experience:

*“When I rang Crisis team they listened.”*

*“The medication has helped.”*

People's responses highlighted challenges around the level of support provided and the type of support available:

*"On the whole I have received the right support however I don't feel I had enough sessions with the psychologist to recover fully from psychosis. I was not offered CBT after psychosis I was only offered drugs. It is only recently after coming into some difficulties when I was offered psychological support. The support I've received from the recovery team has been great."*

*"Counselling, Exercise, Mindfulness, other Interests have all helped with recovery and should be readily accessible."*

*"Caring for someone with severe mental illness is a very stressful experience and MH Carers need a lot of support and recognition if they are to continue with their unpaid caring responsibilities. The least that can be done is to recognise this by providing professional support and funding for their own Support Groups."*

**47%** of people told us they felt they didn't get the support they needed. Some told us more about their experiences and identified challenges with timing of access to services, thresholds for services, availability of local services and quality of the service accessed:

*"I went privately for support, waiting lists were too long."*

*"The wait times were too long and there were no other options."*

*"My mental health issues at this stage have only been accessed as I show symptoms these disorders. When I ask to be referred to someone who can diagnose me and help me manage, I get told that I can't be referred to a psychiatrist because they don't do that in this area. I'm not sure if that information is true but that's what I've been told, and multiple family members have been told over the last 10 years."*

*"...care plans are inaccurate, and discharge plans non-existent. Things look OK on paper but do not reflect reality...."*

**59%** said travel and/or location was a barrier to accessing in person support, advice and information. Some people said they could travel a reasonable distance, had access to private transport or preferred online support. Others highlighted barriers including using public transport, sharing private transport and social isolation:

*“He doesn't drive and we don't live together and we are on opposing schedules so it's difficult to make it to appointments”*

*“Public transport in the area is hit and miss, with many delays which cause significant stress for clients who are not drivers, or within walking distance of the location”*

*“Travel and Location for support, advice and information needs to be easily accessible and available and clearly explained, both online and face-to-face. All towns in Gloucestershire need to provide the support in the same way and provide Experts by Experience (Lived Experience) to encourage people to go out to find this rather than stay at home feeling isolated. If public transport is used, then people should not have to pay to go to appointments and or activities.”*

*“It was important my son return to normal routine as quickly as possible. Support locally was therefore very important for his recovery.”*

**58%** said access to online support, advice and information would not be a problem. Some people told us more about their responses:

*“I prefer online support, but my barrier is mental health professionals understanding neurodiversity.”*

*“Not everyone has access or the skills to access this support. In my experience when people are unwell, they need a face/human contact.”*

*“I can use on-line services. But this should not be taken to mean online can always substitute for in person or telephone support. E.g., Zoom calls could be appropriate as they are in person though online.”*

*“I am not that confident searching online. There're so many sites to look at but not always helpful.”*



## Local Challenges:

People told us the main challenges to accessing good community services in Cheltenham were:

- Timing of access to services – long waiting times
- Information about what services are available locally
- Accessibility of services
- Thresholds for services
- Services not being delivered in a personalised way.
- Lack of continuity in service provision

*“A major challenge is knowing what is happening, learning about mental health illness/disorder, accessing information (where to go for help) and feeling isolated without support. Waiting for appointments, treatment, understanding medication...Carers Support Groups can provide support, information, advice but are unable to help with long waiting lists for therapy which can lead to frustration, stress and hopelessness.”*

*“...although I’ve had a serious mental illness I am able to work full time with success. I feel groups are often held around times when many aren’t working e.g., during the day. I can’t always get the time out of work to attend these sessions. Also groups tend to be for those who are very sick rather than those who are getting by and coping. It would be great if there was something ambitious for those coping well but need a confidence boost.”*

*“... organisations making contact in specific ways, that don't work for the client base at times - e.g. only calling, if no response is received they close, rather than trying another contact method e.g. letter...”*

*“Services are sparse, not all people working in these services appear to fully understand their professional responsibilities...resulting in lots of frustration, an appearance of lack of respect and humanity.”*

*“Getting an official diagnosis is completely impossible, I’ve suffered with my mental health for the last 15 years and have only been offered counselling... no one has ever referred me to a psychiatrist I’ve always been told I would have to do that privately and not through the nhs. I’m from a low income household there’s no way I would ever be able to afford to see a private psychiatrist.”*

## What people would find most valuable if it were available in their local area:

The most popular suggestions were:

**Trained mental Health Worker – 99%** of people said this would be very valuable or quite valuable to them.

**Person with personal experience of mental Health recovery - 82%** of people said this would be very valuable or quite valuable to them.

**Community Advocacy – 77%** of people said this would be very valuable or quite valuable to them.

**Access to learning and training on mental health and recovery. - 76%** of people said this would be very valuable or quite valuable to them.

**Local Information Point or Phonenumber – 71%** of people said this would be very valuable or quite valuable to them. 59% of these people said this would be very valuable.

**A place to go and talk with peers – 65%** of people said this would be very valuable or quite valuable to them. 54% of these people said this would be very valuable.

The least popular suggestions were:

**One to one buddying (Peer mentoring or befriending). For a time limited period, limited sessions. – 64%** of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For an open ended and fluid or variable time period. – 64%** of people said this would be very valuable or quite valuable to them.

**An informal discussion group (tea and chat group for example) – 65%** of people said this would be very valuable or quite valuable to them.

We asked people what would be valuable to support their mental health or the mental health of people they support and to highlight challenges that exist in their community. People told us there were challenges with:

- Lack of support for and involvement of carers
- Limited awareness of what services are available locally to support people.
- Services not available in local area
- Services not delivered in a trauma-informed or person-centred way
- Limited awareness of neurodivergence

## Safe Spaces:

People told us which community groups, spaces or resources that currently exist, which people or those they care for have felt safe at and were supportive of positive mental health. There were a range of statutory and non-statutory services identified.

### **Statutory Services**

Alexandra Wellbeing House  
Severn and Wye Recovery College  
NHS Community Mental Health Team Worker  
Self-Harm Helpline  
  
Complex Emotional Needs Service

### **Voluntary and Community Sector Services**

Treasure Seekers The Cavern Support by phone  
Caring for Communities and People (CCP)  
Inclusion Gloucestershire - MHELO  
Gloucestershire Carers Hub – Mental Health Carer Support Group  
Local Church  
Cheltenham Suicide Crisis Centre

Some people told us about poor experiences of services identifying there was a lack of support for carers, for people in full time employment and that the amount and level of need for both statutory and voluntary and community sector organisations is a challenge.

We asked people what made these services feel safe. People told us about the importance of a person-centred approach, involvement of carers and peer support:

*“I can be myself and don’t have to put a front on.”*

*“All services need well trained, professional staff who understand, emphasise and care for the client and carer. If someone has a severe mental health illness/disorder they need kindness, emphasis, understanding and above all HOPE.”*

*“Engagement, a chance to reframe and restart ... after a long time working with me to know what actually helps ground me. This has made this a more positive experience when I have needed support.”*

*“It was with people that thought and felt the same way I did.”*

*“Ground rules were set early on in the session, and we were told we could contribute what we wanted whilst respecting others”*

*“Acknowledgement of our contribution as carers and their sharing of their expertise and specialist knowledge to help plan and manage collaboratively.”*

# Forest of Dean

**100%** of people who responded consider that they, or someone they care for, has a Serious Mental Illness.

**66%** of respondents provide support for a family member or friend with their mental health needs.

**44%** of respondents are volunteers, or professionals who regularly support people with serious mental health needs and **100%** of these respondents would like to meet with other volunteers/professionals to reflect, support each other, and share learning.

**55%** of respondents have needed support for their mental health over the last two years and

## **Examples of where people have received support from:**

GP	Mental Health Assessment Team
Family & Friends	Occupational Therapist
Workplace counselling	Online support
NHS	

**50%** of those who said they have needed support for their mental health over the last 2 years said they had managed to receive this support or begin to receive this support. Some told us about their experience:

*“Following a traumatic life event, I undertook private relationship counselling. Sadly, this broke down and was no longer helpful to our situation. I later accessed mental health team via NHS website. I was assessed quickly.”*

*“I have always had good support from CPN and crisis team”*

People also told us that the support they received took a long time.

**44%** of people told us they felt they didn't get the support they needed. Some told us more about their experiences and identified challenges with responsiveness and quality of the service accessed and lack of person-centred support:

*“Mental health nurse never available and when they were - very judgmental.”*

*“There is a huge lack of care and action within the teams...They refuse to share information, call back or accept referrals.*

**66%** said travel and/or location wasn't a barrier to accessing in person support, advice and information. People highlighted barriers around working and parental responsibilities, and specific geographical barriers to GP services in the Forest of Dean where they are registered in Wales.

*“I would be prepared to travel but often it will be to Gloucester, and when you work as well this can be a real barrier as your employer will only have so much patience. Most of the services are in the day.”*

*“Many of our clients struggle to make appointments that are not local.”*

*“I found it difficult to get places for myself. All my capacity was taken ensuring I got my children to the right places.”*

**55%** said access to online support, advice and information would be a problem. Some people told us more about the barriers:

*“Virtual services are cold and can be dehumanising.”*

*“Some of our clients are not IT literate or do not have access to computers.”*

*“Many Forest residents do not have internet access or access to technology- many cannot read and write.”*

### **Local Challenges:**

People told us the main challenges to accessing good community services in the Forest of Dean were:

- Timing of access to services – long waiting times
- Services not being delivered in a personalised way
- Lack of support for carers

*“Challenge for clients to reach counselling in good time. Waitlists can be well over a year.”*

*“By the time they got an appointment they were already wanting to disengage and*

*felt that no-one cared. I doubt as a teenager they would have gone to a group but it would have been very helpful to have someone to talk to and give me support at the time.”*

### **What people would find most valuable if it were available in their local area:**

The most popular suggestions were:

**Community Advocacy** – 100% of people said this would be very valuable or quite valuable to them.

**Local Information Point or Phonenumber** – 89% of people said this would be very valuable.

**Access to learning and training on mental health and recovery.** - 89% of people said this would be very valuable or quite valuable to them. 78% of these people said this would be very valuable.

**A place to go and talk with peers** – 89% of people said this would be very valuable or quite valuable to them. 78% of these people said this would be very valuable.

**Trained mental Health Worker** – 89% of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For a time limited period, limited sessions.** – 88% of people said this would be very valuable or quite valuable to them.

The least popular suggestions were:

**A structured group around a theme, topic or issue** – 66% of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For an open ended and fluid or variable time period.** – 66% of people said this would be very valuable or quite valuable to them.

**An informal discussion group (tea and chat group for example)** – 56% of people said this would be very valuable or quite valuable to them.

We asked people what would be valuable to support their mental health or the mental health of people they support and to highlight challenges that exist in their community. People told us there were challenges with:

- Lack of access to services
- Services not working in a joined up way
- Services not available for those with addiction issues
- Timeliness of services

## Safe Spaces:

People told us which community groups, spaces or resources that currently exist, which people or those they care for have felt safe at and were supportive of positive mental health. Only two services were identified by people, social prescribers and the Forest of Dean My Networks hub.

We asked people what made these services feel safe. People told us:

*“Like-minded people, common alliances, and a feeling of not being judged. Groups are not for everyone though!”*

*“Friendly People”*

*“I think what makes clients feel safe is primarily their working alliance with their counsellor. Secondly the system and administrative interaction/ assessment and set up of the physical spaces are all important.”*

# Cotswolds

**80%** of people who responded consider that they, or someone they care for, has a Serious Mental Illness.

**None** of respondents provide support for a family member or friend with their mental health needs.

**40%** of respondents are volunteers, or professionals who regularly support people with serious mental health needs and **50%** of these respondents would like to meet with other volunteers/professionals to reflect, support each other, and share learning.

**60%** of respondents have needed support for their mental health over the last two years.

## **Examples of where people have received support from:**

Let's Talk

Citizens Advice Bureau

NHS x 2

Community Organisation

Cotswold Counselling

Listening Post

Women's Refuge

Cognitive Behavioural Therapy

**33%** of those who said they have needed support for their mental health over the last 2 years said they had managed to receive this support or begin to receive this support.

Some told us about their experience:

*"I had to wait a few months as the waiting lists are long, but the help was good."*

**60%** of people told us they felt they didn't get the support they needed. Some told us more about their experiences:

*"No proper support only talking therapy and CBT which hasn't helped."*

*"I could always use more support."*

**40%** said travel and/or location was a barrier to accessing in person support, advice and information. **40%** said travel and/or location wasn't a barrier to accessing in person support, advice and information. People told us more about these barriers:



*“My anxiety would not let me travel.”*

*“We have no car, so rely on buses.”*

**60%** said access to online support, advice and information would not be a problem. People told us more about their responses:

*“I can use online support just not helped me really.”*

*“We don’t have Wi-Fi. Only have mobile for online stuff so that has a limit.”*

### **Local Challenges:**

People told us the main challenges to accessing good community services in the Cotswolds were:

- Timing of access to services – long waiting times
- Accessibility of services due to timings/ location
- Knowledge of what support is available in local area
- Limited support and knowledge of mental health from GP

*“It wasn't always easy to get the support I needed at the memorial centre based on my care worker at the time.”*

*“Knowing they’re there. Waiting lists”*

### **What people would find most valuable if it were available in their local area:**

The most popular suggestions were:

**Trained Mental Health Worker – 100%** of people said this would be very valuable.

**A structured group around a theme, topic or issue – 100%** of people said this would be very valuable.

**Person with personal experience of mental Health recovery - 100%** of people said this would be very valuable or quite valuable to them.

**Access to learning and training on mental health and recovery. - 100%** of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For an open ended and fluid or variable time period. – 100%** of people said this would be very valuable or quite valuable to them.

The least popular suggestions were:

**Local Information Point or Phonenumber – 60%** of people said this would be very valuable.

We asked people what would be valuable to support their mental health or the mental health of people they support and to highlight challenges that exist in their community. People told us there were challenges with:

- Lack of access to services
- Long waiting lists

**Safe Spaces:**

People told us which community groups, spaces or resources that currently exist, which people or those they care for have felt safe at and were supportive of positive mental health. People told us about a small number of statutory and voluntary and community sector services. Some people felt there was nothing in their area or got informal support from family and friends.

**Statutory Services**

Job Club

**Voluntary and Community Sector Services**

Listening Post  
Independence Trust  
Citizens Advice Bureau

**Other**

Chats with Friends and Family  
None in area

We asked people what made these services feel safe. People told us they valued peer support and low or no cost services:

*“Others not working and having mental health and physical issues.”*

*“Cost and professionalism that I wouldn’t afford normally.”*

*“The peer support”*

# Stroud

**83%** of people who responded consider that they, or someone they care for, has a Serious Mental Illness.

**50%** of respondents provide support for a family member or friend with their mental health needs.

**66%** of respondents are volunteers, or professionals who regularly support people with serious mental health needs and **50%** of these respondents would like to meet with other volunteers/professionals to reflect, support each other, and share learning.

**83%** of respondents have needed support for their mental health over the last two years.

**66%** of these respondents said they had received or begun to receive the support that they needed. Some told us about their experience:

*“All of my Mental Health support has been very well coordinated with all of the services working together.”*

*“Wonderful CBT practitioner and then afterwards a 3 month course in mindfulness for people with depression which was very beneficial”*

*“Received consistent interest and support from my shared lives officer.”*

**16%** of these respondents said they had received or begun to receive the support that they needed. Some told us about their experience:

*“I’ve had to access mental health support privately as I am too ill to be able to access the NHS.”*

## **Examples of where people have received support from:**

- NHS Eating Disorder Service
- Complex Emotional Needs Team
- NHS Crisis Team & Glos Recovery Team
- Let’s Talk
- Shared Lives

**66%** said travel and/or location wasn’t a barrier to accessing in person support, advice and

information. Some people identified potential barriers including:

*“The cost of public transport is increasing, it costs quite a substantial amount to go to the Eating Disorders service in Cheltenham weekly.”*

*“My neighbour needed a car with a driver to access care in town.”*

*“I can drive so it wouldn't be an issue however in person support close to home is preferable.”*

**100%** said access to online support, advice and information would not be a problem for them.

### **Local Challenges:**

People told us the main challenges to accessing good community services in the Stroud were:

- Timing of access to services – long waiting times
- Accessibility of services – limited at evenings/ weekends
- More carer support available when in crisis

*“Timescales waiting for support can be a barrier”*

*“Not many services in the evening or weekends”*

### **What people would find most valuable if it were available in their local area:**

The most popular suggestions were:

**Trained Mental Health Worker – 99%** of people said this would be very valuable or quite valuable to them.

**Community Advocacy – 83%** of people said this would be very valuable or quite valuable to them.

**One to one buddying (Peer mentoring or befriending). For an open ended and fluid or variable time period. – 83%** of people said this would be very valuable or quite valuable to them.

**Local Information Point or Phonenumber –82%** of people said this would be very valuable or quite valuable to them.

The least popular suggestions were:

**A place to go and talk with peers** – 49% of people said this would be very valuable or quite valuable.

**Access to learning and training on mental health and recovery.** - 56% of people said this would be very valuable or quite valuable to them.

We asked people what would be valuable to support their mental health or the mental health of people they support and to highlight challenges that exist in their community. People told us the following would be helpful:

- Access to social prescribers to provide holistic support for an individual.
- Long term face-to-face/ phone support.
- Support after 5pm and at weekends to fit around work commitments.
- More creative craft-based sessions.

### **Safe Spaces:**

People told us which community groups, spaces or resources that currently exist, which people or those they care for have felt safe at and were supportive of positive mental health. People told us about statutory services where they felt safe including their GP, The Complex Emotional Needs Service, Eating Disorders Service and Mental Health Services. People also told us about feeling safe at services delivered by Change, Grow, Live.

We asked people what made these services feel safe. People told us:

*“The individuals who worked with me followed NHS protocol and my information was treated confidentially. All of the Mental Health professionals had access to my notes so I did not have to keep repeating myself.”*

*“I was supported face-to-face (or by phone) by mental health professional’s long term so felt safe, supported and trusted their advice and support.”*

*“There was someone to go to.”*

# Tewkesbury

There was only one respondent from Tewkesbury locality.

They do not consider that they, or someone they care for, has a Serious Mental Illness.

They do not provide support for a family member or friend with their mental health needs.

They **are** a volunteer, or professional who regularly support people with serious mental health needs and would not like to meet with other volunteers/professionals to reflect, support each other, and share learning.

They **have** needed support for their mental health over the last two years and said they **did not** feel they had received or begun to receive the support that they needed.

*“Covid restraints have made usual access to my GP impossible and the waiting list for the charity that could help me is about 18 months long.”*

They said travel and/or location **wasn't** a barrier to accessing in person support, advice and information.

They said access to online support, advice and information would not be a problem.

## What they find most valuable if it were available in their local area

- Trained mental health volunteer professional.
- Person with personal experience of mental health recovery
- Informal discussion group
- Local Information point or phonenumber

## Safe Spaces:

They told us they had felt safe at the Gloucestershire Rape and Sexual Abuse Centre (GRASAC). They told us this was

*“Women only spaces where they understood my problems.”*

# What has this told us and what will we do next? (*Conclusions and Recommendations*)

## Who did we not reach with the research?

Some people were less likely to have been reached by or filled in the survey, including:

- Those who did not access the survey online or request a paper copy
- Those who live in Stroud, the Cotswolds and Tewkesbury Localities.
- Those who identify as male
- Those who identified themselves as transgender
- Those who don't identify themselves as heterosexual
- People for whom English is not their first language
- People who identify themselves as from ethnic groups other than White English



## **Recommendations for expanding our reach and sharing information about Community Mental Health Transformation in Gloucestershire.**

We will do this in a few different ways including:

- 1) Share this survey with the Gloucestershire Health and Care Trust Community Mental Health Transformation team.
- 2) Contact people who gave us their details, to share the report and let them know how to get involved with Community Mental Health Transformation work happening in their local area.
- 3) Work with the Community Mental Health Transformation team to make sure that we share information about Community Mental Health Transformation, and our survey findings with people that we know are under-represented in this survey.
- 4) Share this survey with other key Partners and networks.

## **Common themes to support Community Mental Health Transformation in Gloucestershire.**

### **Challenges:**

There were common challenges identified in localities identifying a need for more timely access to services, reduction in thresholds for services, improvements to support being delivered in a more personalised way and more joining up across services. All of these are key features of the new model of Community Mental Health as outlined in the NHS Long Term Plan and the NHS Mental Health Implementation Plan 2019/20 – 2023/24.



People told us about specific challenges in different areas including involvement of carers, access to services for neurodiverse people and support not being accessible for people who work and need access at evenings or weekends.

It is recommended that these are considered as part of new models of service delivery across all localities.

### **What would be Valuable:**

There were common themes in the things people told us would be most valuable in their local area. Those most popular across all areas were:

- Access to a trained Mental Health Worker (all areas)
- Community Advocacy (4 out of 6 areas)
- Local information point or phonenumber (4 out of 6 areas)
- A person with personal experience of mental health recovery (4 out of 6 areas)
- One to one buddying (peer mentoring or befriending) either for a time limited period or open ended and fluid time period (4 out of 6 areas)

It is recommended that these are built into the new model of Community Mental Health Transformation alongside more localised offers reflected in the survey findings and further engagement with people not reached through the survey.

## Safe Spaces:

There were a range of statutory, voluntary and community sector and other support (either informal via family and friends or where they have paid for services privately) that people accessed and felt safe. People told us in all localities that they felt safe in spaces or services where they could attend without stigma or fear of being judged and were treated in a personalised way. In many areas the importance of people with lived experience delivering a service was highlighted alongside the importance of being able to share experiences with peers accessing services or spaces.

It is recommended that new models of Community Mental Health account for the range of services where people have felt safe.



**@inclusionglos**



**Inclusion Gloucestershire**



**@inclusionglos**



**Inclusiongloucestershire**

Find out more about us at: [www.inclusiongloucestershire.co.uk](http://www.inclusiongloucestershire.co.uk)