How did people living with mental ill health access services during the pandemic?

Contents

Report summary

What is this report about?

Over the last few years, mental health has been discussed as a key issue nationally and locally across Bath and North East Somerset (BaNES), Swindon and Wiltshire (BSW). This project is a joint project between Healthwatch Swindon, Healthwatch Bath & North East Somerset and Healthwatch Wiltshire.

We worked with the Care Quality Commission (CQC), the independent regulator, to support the delivery of a continuous programme of engagement to hear the experiences of people accessing a named health and/or social care service while suffering with severe mental ill health.

What did we do?

The project was carried out during March 2022, and included an online survey, paper questionnaire and direct engagement sessions in BaNES and Swindon. The majority of data collected during this period provided a snapshot of people's feedback.

We also used information collected from a range of different projects during 2021 and the first quarter of 2022, from across all three areas.

The description of 'severe mental ill health' was not used throughout the data collection process as there is no clear definition of this and it was thought it may deter people from sharing their experiences. It was noted from feedback to the surveys and engagement that the thresholds for accessing care and support are high and can be a barrier to getting help. In this way, people could decide for themselves whether to participate in the survey.

It should be noted that the short timescale allowed for engagement meant that some partner organisations were unable to respond in time and Covid restrictions further impacted our engagement in patient settings in BaNES and Swindon.

The first part of this report looks at key findings and recommendations from across the BSW area, followed by a more detailed review of each of the three localities.

What were the key findings?

Key findings across BSW included:

- The most common theme was people living with mental ill health are unable to access mental health services.
- People feel that mental health services should be preventative rather than reactive.
- Access is reliant on very high thresholds for receiving care; ongoing support should be provided that is more tailored to the individual.
- Waiting lists are very long and people felt they 'get lost' in the system.
- Some people reported that they found their mental health issues made it more difficult

to access services, particularly when they were in crisis.

- The transition from children's to adult services is problematic, with a perception that you have to start again.
- Carers feel they are not being listened to and as a result their own mental health is being adversely affected, which can impact negatively on the person they are caring for.
- Care coordinators are overstretched, with a high turnover, which further impacts on unpaid carers and service users.
- Feedback about individual services or types of service was very mixed. Voluntary and community organisations providing support services had more positive feedback, while health service providers received more negative feedback. GP services received a very mixed response. Many people recognised the lack of resources and staffing as the problem rather than a lack of will or intention.

Feedback also highlighted gaps in services:

- There is a gap in mental health services for people with autism and/or learning disabilities.
- It was felt that better mental health support is needed across the area for LGBTQ+ people.
- There is a gap in children's mental health support, with long waiting lists, little or no support while waiting to be seen, home educated children falling through the gaps, and children under five not being catered for.
- People with eating disorders and those suffering from trauma/PTSD are getting limited support.
- The rural nature of Wiltshire and BaNES meant these areas had unique issues, with the bulk of the services not being available outside of the urban areas leading to isolation and a lack of access to services.

We also noted comments on the CQC's feedback process, with people finding questions off-putting, too formal and challenging to complete.

Conclusions and recommendations

The feedback we have collected clearly shows that mental health services are insufficient in meeting the needs of the populations of BaNES, Swindon and Wiltshire and our recommendations reflect this. We recommend that significant training and additional support is provided, particularly across the less well-served areas, such as children's services, eating disorders, and for people suffering from trauma.

Introduction and background

Healthwatch champions the views of the public for health and social care. We are an independent statutory body, with the power to make sure NHS leaders and other decision makers listen to feedback and improve standards of care.

This report focuses on the findings of a survey and engagement looking at the experiences of people with mental ill health in accessing health and social care services across Bath and North East Somerset, Swindon and Wiltshire (BSW) region.

Healthwatch BaNES, Healthwatch Swindon and Healthwatch Wiltshire worked with the Care Quality Commission (CQC), the independent regulator of health and social care in England, to support delivery of a continuous programme of engagement to hear the experiences of people accessing a named health and/or social care service while suffering with severe mental ill health.

Over the last few years, mental health has been discussed as a key issue nationally and locally across BSW.

The CQC's new strategy outlines its ambition to regulate services driven by people's needs and tackle inequalities in health and care.

A key aim of this strategy is to hear from those "experiencing the greatest health inequalities and most likely to face barriers in accessing care and poorer health outcomes" by encouraging them to share their experiences through trusted local intermediaries — such as Healthwatch — in a way that is accessible to them.

What did we do?

We reached out to people who experience mental ill health and organisations working within the BSW area, asking them to share their experience of health and social care throughout 2021 using a number of different engagement methods.

We developed and ran a survey for four weeks to gather feedback based on the CQC questions and shared it on our websites and social media channels. It was also shared by charities across Swindon and BaNES. We received a total of 109 responses to the survey.

In Swindon and BaNES, we engaged with statutory and third sector organisations, and with their clients and service users, by joining their events and organising additional groups.

In Wiltshire, feedback came from a variety of sources, including the Wiltshire Mental Health Open Forum, a monthly online meeting room where service users and carers can talk directly to Avon and Wiltshire Mental Health Partnership Trust (AWP), as well as community engagements between January 2021 and March 2022, such as a Wiltshire Parent Carer Council event.

Healthwatch Wiltshire worked with Wiltshire Service Users' Network (WSUN) to hear the views of 43 people with autism and 49 carers on services. In August 2021, we heard the views of 28 young people who identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender and Questioning) about the support available to them in Wiltshire. In May 2021, we published our report into the Bluebell Unit, a Place of Safety, where we asked people living with mental health illness about their experiences of accessing services and help.

We also used existing data that had been collected across BSW in 2021 including KS2's What's Going On event and a previous joint Healthwatch project, What local organisations think of mental health support.

Who did we hear from?

We heard from a range of people including service users, carers, community and voluntary organisations and health and care service providers.

The survey we ran in Swindon and BaNES received 109 responses, we also engaged through events and regular meetings with:

- 15 organisations in BaNES, including KS2, AGE UK Bath and North East Sommerset, Julian House, and Bath and North East Somerset Carers Centre.
- 10 organisations in Swindon, including Swindon and Gloucestershire Mind, Swindon Carers, Swindon SEND Family Voice and Swindon Advocacy Movement.
- 8 organisations in Wiltshire, including Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG), Wiltshire Service Users Network (WSUN), Wiltshire Parent Carer Council (WPCC), Rethink Mental Illness, Alabaré, Wiltshire MIND, Bluebell Unit Place of Safety.

A full list of organisations can be found in the Appendix.

Locality reports for BSW

What people told us in Bath & North East Somerset (BaNES)

Feedback came from our survey and from one-to-one conversations during engagement sessions we attended.

We also collected feedback from Healthwatch BaNES' community pot funded projects with KS2, a peer support group for carers of people with mental ill health, and Youth Connect South West, a charity providing a range of targeted and open access services supporting young people aged 11-25.

Key findings

- Mostly positive comments on voluntary and community sector services.
- More mixed and negative comments on health and care providers.
- Long waiting lists.
- Difficulty getting an appointment.
- Issues accessing services from rural areas.
- Lack of training and support for eating disorders.
- Lack of training and support for trauma.
- Shortage of Care Coordinators (who coordinate and navigate care and support across health and care services, particularly for the frail elderly, or people with long term conditions).

Feedback about voluntary sector services was largely positive, with these services often being seen as a "lifeline", providing a safe space either in small groups with other people who also experience mental ill health, or through one-to-one support.

> Groups have been amazing, gives me a focus — Bath Mind open opportunities, Creativity Works writing group, wellbeing walks, Carers Centre groups. If at home in four walls, it would be different.

> KS2 (carers peer support group) has been really supportive and AWP are improving the way they work with carers.

Feedback about health and care services was far more mixed. There was significant negative feedback concerning the difficulty in accessing mental health support in general, and in relation to specific services. Feedback about GP services as the first point of contact to mental health support was very mixed.

> It's soul destroying trying to get help for mental health. To ask for help is so hard and then to get pushed around services makes you feel like giving up and that you shouldn't seek help in the first place. Mental health professionals in AWP are generally really lovely people, but the system is inefficient and unhelpful.

Feedback from our survey

45 people in BaNES responded to our survey.

- 83% were female, 12% were male, 5% were non-binary.
- 93% of respondents were White British.

When we asked people about accessing support during 2021, 30 people said they had and 15 said they hadn't. For those who did access services six people had a positive experience, 17 were mixed, and 17 were negative.
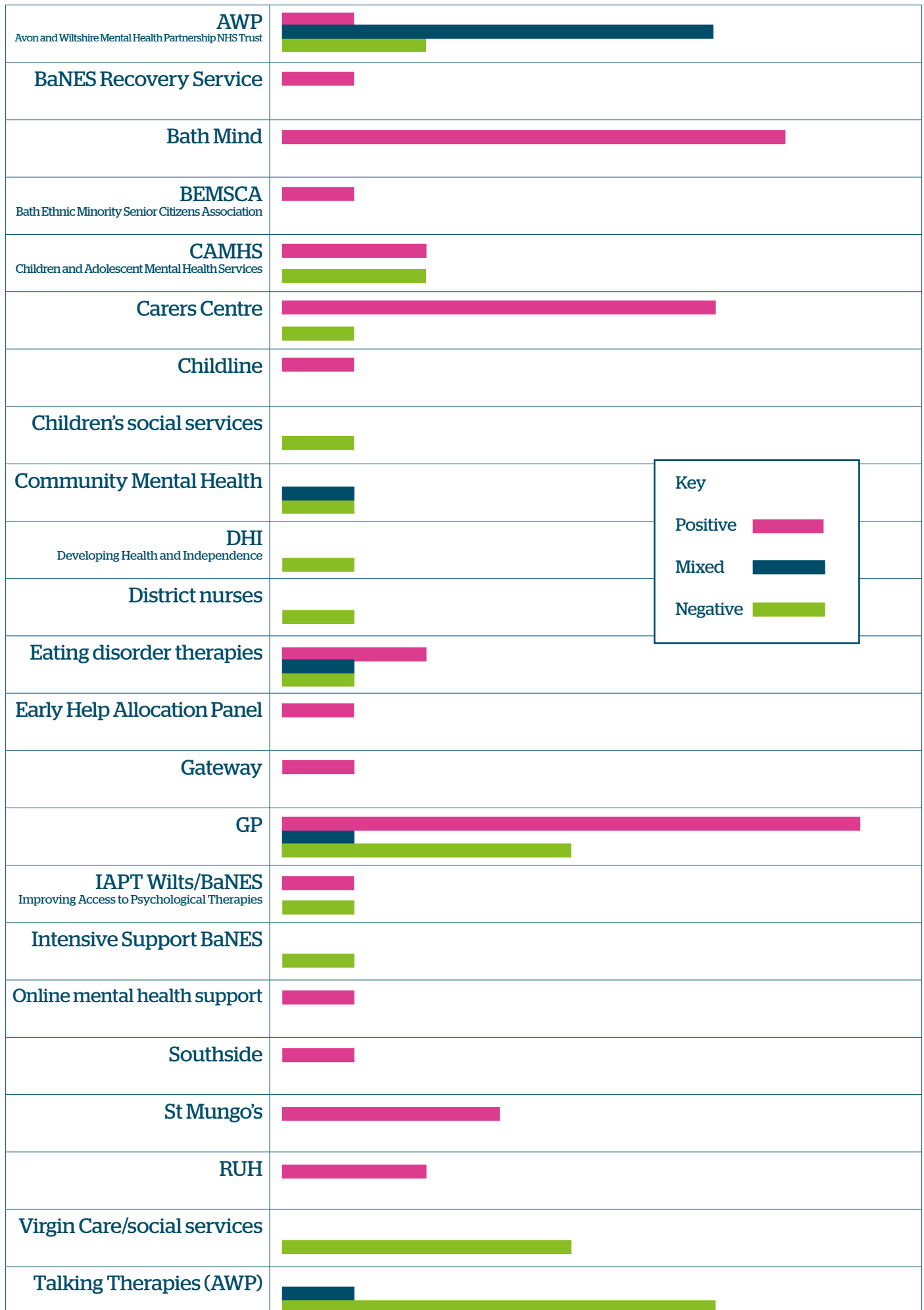
Twelve people shared their experience with the organisation they were accessing but 24 did not.
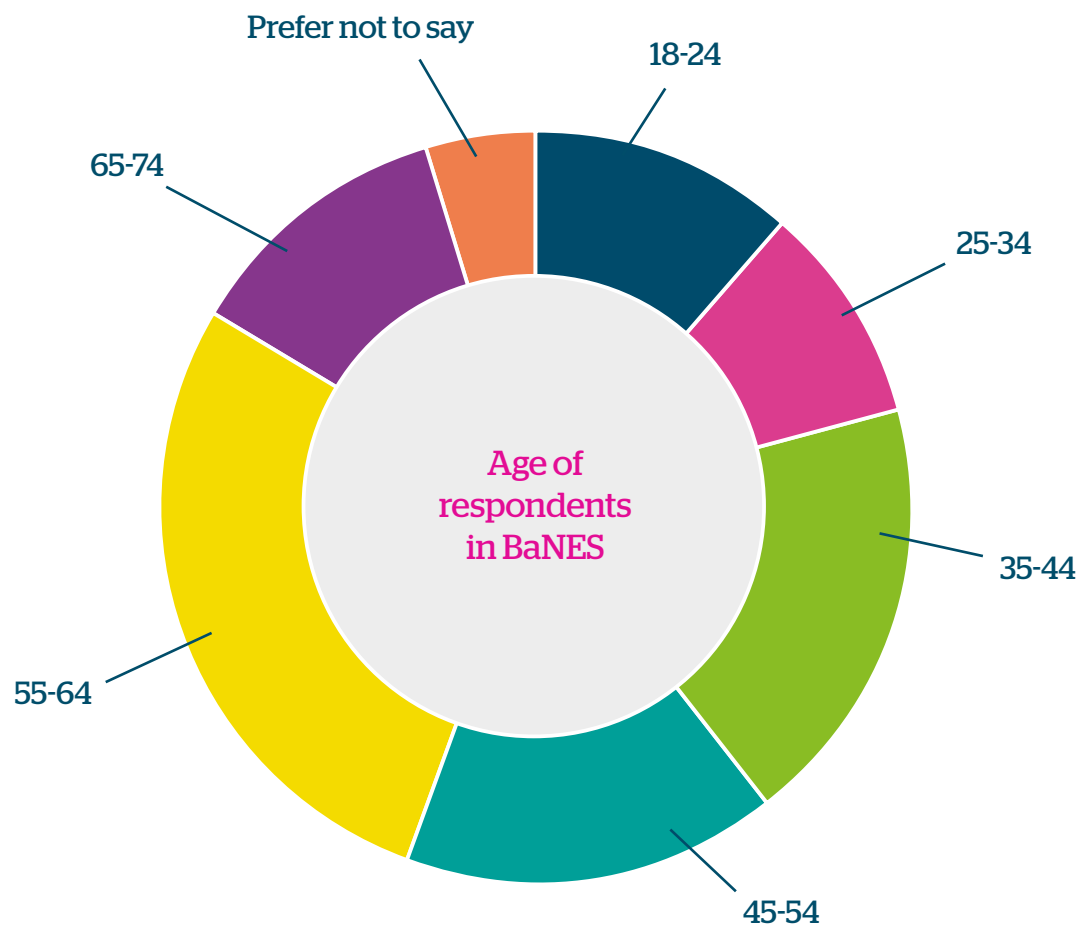
The graph on the next page illustrates the feedback received about services in BaNES, and whether the feedback was positive, negative or mixed.

Full demographics can be found in the Appendix.

Feedback on services in BaNES

Service	Feedback
AWP — Avon and Wiltshire Mental Health Partnership NHS Trust	Positive (short), Mixed (long), Negative (medium)
BaNES Recovery Service	Positive (short)
Bath Mind	Positive (long)
BEMSCA — Bath Ethnic Minority Senior Citizens Association	Positive (short)
CAMHS — Children and Adolescent Mental Health Services	Positive (medium), Negative (medium)
Carers Centre	Positive (long), Negative (short)
Childline	Positive (short)
Children's social services	Negative (short)
Community Mental Health	Mixed (short), Negative (short)
DHI — Developing Health and Independence	Negative (short)
District nurses	Negative (short)
Eating disorder therapies	Positive (medium), Mixed (short), Negative (short)
Early Help Allocation Panel	Positive (short)
Gateway	Positive (short)
GP	Positive (long), Mixed (short), Negative (medium)
IAPT Wilts/BaNES — Improving Access to Psychological Therapies	Positive (short), Negative (short)
Intensive Support BaNES	Negative (short)
Online mental health support	Positive (short)
Southside	Positive (short)
St Mungo's	Positive (medium)
RUH	Positive (medium)
Virgin Care/social services	Negative (long)
Talking Therapies (AWP)	Mixed (short), Negative (long)

Key

- Positive
- Mixed
- Negative

A number of comments were received via the survey from people who had experience of complex Post Traumatic Stress Disorder (PTSD) about the need for trauma informed care and the impact of trauma not being recognised or being dealt with in a trauma informed way.

> Virgin Care, mental health services all under-resourced and with staff who aren't adequately trained to deal with people who have complex PTSD. These services have re-traumatised me and I now I'm planning an assisted suicide at Dignitas because it is easier to get an assisted suicide on a bureaucratic level than to get help from BaNES services.

38 people responded to our question about the barriers they faced if they did not access services in 2021 and these were grouped under common themes.

The top 5 themes from the survey were:

- Long waiting lists impacting on the balance between people's ability 'to maintain positive aspects of their life over 'unhelpful coping strategies'. (7)
- The support on offer not meeting needs (gaps or lack of options in service). (5)
- Difficulty in getting in contact with services or making appointments. (5)
- Covid restrictions. (5)
- A combination of low expectations and poor previous experience with (perceived) poor attitudes of staff. (4)

Low expectations and poor attitudes

Waiting lists

Covid restrictions

Top 5 themes in BaNES

Support not meeting needs

Difficulty in getting an appointment
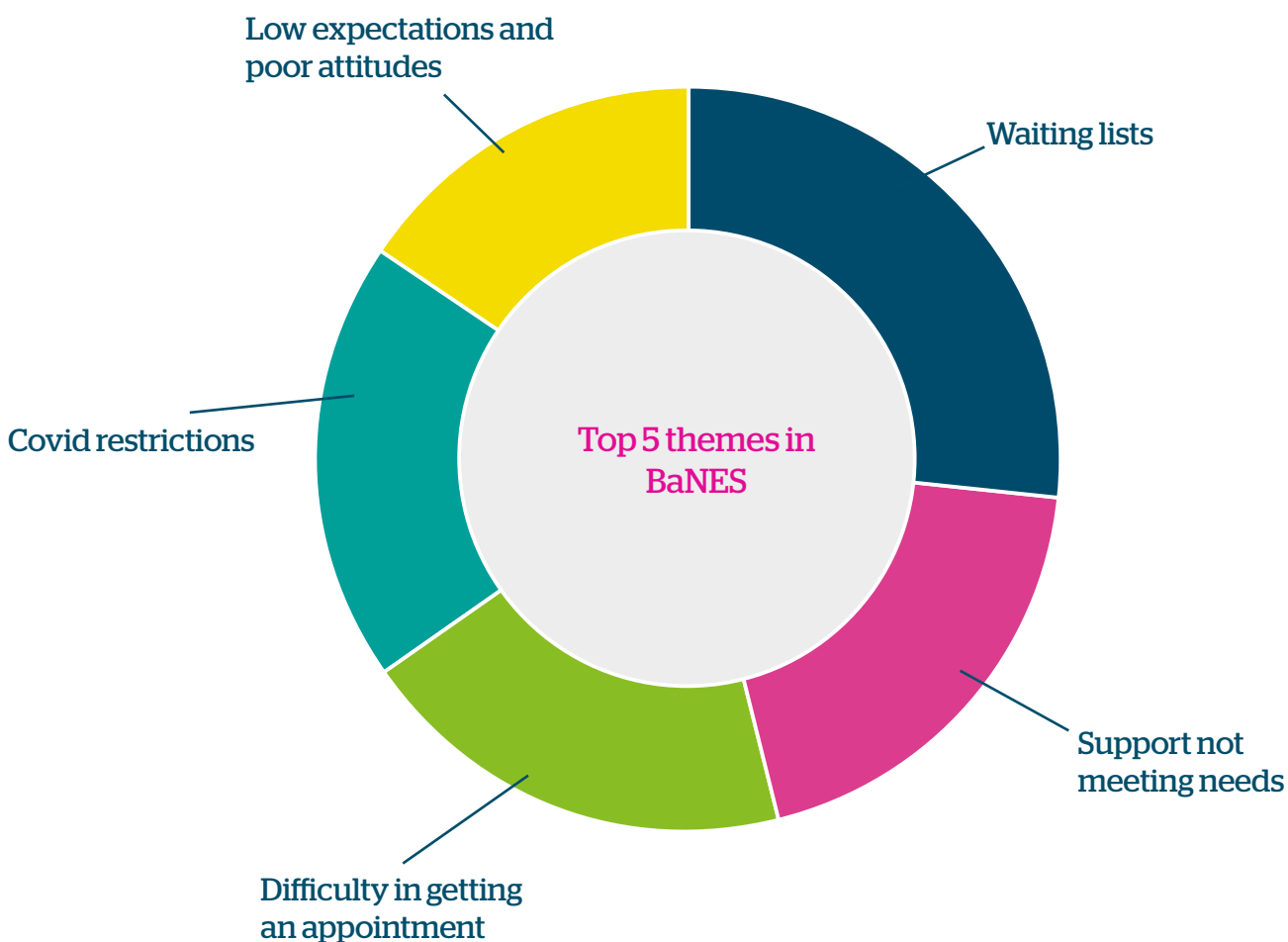
Feedback from engagement

Feedback from other engagement ,including KS2 and Youth Connect South West reports, highlighted similar themes.

KS2 worked with homeless charity St Mungo's to carry out research into the experience of carers and those with mental ill health in accessing services. They gathered data from questionnaires and focus groups between August and October 2021, and led the What's Going On conference in November 2021 (funded by Healthwatch BaNES).

Feedback from the KS2 report highlighted 'being bounced around services' and having to 'keep retelling their story' as the biggest barriers. One respondent made this suggestion:

> A way in which the patient could upload information they want to share with multiple agencies so that they don't have to keep repeating themselves and waiting for initial appointments — would speed up the process and prevent some wasted time.

Youth Connect South West, carried out a project facilitated by young people with lived experience in acting as 'mental health inspectors' and produced a report of their findings.

Feedback included comments from young people about accessing services around mental ill health including the availability of information and preventive support.

> They need to be more friendly and welcoming, offer regular appointments and long-term support.

> More help for urgent/crisis mental health issues.

> I would like someone to talk to who isn't family, friends or school.

> Needs to be spoken about a lot more in schools.

> We need more help and more education surrounding help and where to find it.

Child and Adolescent Mental Health Services (CAMHS) was criticised by young people taking part in the Youth Connect South West project. They saw the wait to access the service in BaNES being very long, and Keynsham (where the local CAMHS is based) wasn't viewed as being easy to get to. Young people also expressed concern about confidentiality.

The Youth Connect South West report also raised issues around accessibility, signposting and referrals, high thresholds for accessing care and support and transition from children's services to adult services. Many of the negative comments referred to feeling unheard, being a burden or people not properly listening to them and just being asked a 'tick list' of questions. Conversely, there were positive comments about services, and comments that problems were due to a lack of resourcing and services being overwhelmed.

Issues and gaps

Travel within rural areas and digital accessibility

Transport was a particular concern of young people who were reliant on public transport. Generally, accessibility was an issue for people living in rural areas outside Bath. There was a desire to maintain options for virtual support.

> Not to assume everyone is Bath based or lives in an urban area. Keep remote/online appointments. Transport help (for rural areas).

> Video sessions as opposed to via telephone (no face to face due to Covid). Preferred having my sessions in the comfort of my own home.

Signposting and referrals (including self-referrals)

The Youth Connect South West report noted that there are a lot of mental health and wellbeing services offered to children and young people in BaNES but people said it was difficult to find the right services for the user and find what support is needed.

> Support is needed for those with mental health issues to transition from mental health support groups and services to mainstream groups...There seems to be a real gap in this type of support and it can keep you feeling trapped in a mental health system... Treading water to survive life, rather than feeling able to move forward and thrive.

> I self-harmed and ended up in A&E, RUH. The mental health staff were very helpful. They said they'd inform Social Services about my needs and I was referred to the Wellbeing Service. It took five months, but they helped me to find the Bath Mind open opportunities group.

> Didn't know who to contact, didn't feel like my difficulties were "serious" enough.

Waiting times

These were integral to much of the feedback received.

> Instant support, not waiting months where things get a lot worse.

High thresholds for accessing care and support

Being 'not ill enough' was a common theme, with carers also reporting this in relation to the person they care for. One person said their partner only began to access the support needed after a safeguarding issue was raised for themselves. The issue was also raised in feedback concerning accessing eating disorder services.

> People go from one crisis to the next. Can only get in hospital now if you're sectioned.
>
> *KS2 report*

> If you're too ill for Improving Access to Psychological Therapies (IAPT), you're on a waiting list (10 months for a therapy service).

> For individuals with deep rooted trauma, more trauma informed-care is needed.
>
> *KS2 report*

Lack of eating disorder services in BaNES

Specific feedback was received about the shortfall in local eating disorder services:

> Fantastic support at Southmead (Bristol), but why does an 18 year old have to get severely underweight and unwell before action is taken.

> My experience of Southmead was vastly better than RUH in its approach to treating eating disorders... at the RUH they were understaffed, under skilled in how to approach mental health issues... Only two dietitians in the entire hospital and again, they had no knowledge on treating eating disorders and could not appreciate it as a mental health condition with physical side effects.

> The RUH needs to be more geared towards eating disorder provision. Essentially the Bath area should have an eating disorder unit and outpatients service.

Individual and one to one services

There were a number of comments that highlighted the lack of individualised services, including Talking Therapies, that met people's needs but it was recognised that resources are limited.

> Would like a more holistic, person-centred approach from psychiatrists, ie less medication (because of the side effects and the positives being over stated) and more emphasis on other outcomes — work, housing, peer support, etc. *KS2 report*

Lack of care coordinators/lack of beds

> For Community Mental Health Team to have more care coordinators that know about person centred care as well as Dialectical Behavioural Therapy [a type of talking therapy]. Clear pathways. Not having to wait until you're in crisis to get support (which often makes things worse).

What organisations in BaNES told us

Key findings

- People with mental ill health represented 32% of families receiving support from Southside (family support and play).
- Challenges with the transition from children's to adult services.
- Lack of social prescribing for children and young people.
- An increase in number of children and young people showing signs of mental ill health.
- An urgent need for more trauma informed services, with a doubling in referrals for specialist trauma therapy from 2021-22.
- Gaps in access to clinical mental health services for serious mental ill health among homeless and Gypsy, Roma, Traveller and Boater communities.
- Carers tell us they were traumatised during Covid by the burden of caring without support services.

The themes identified during our engagement included the extent of mental ill health experienced by their service users, with particular reference to the impact of trauma, and issues around both the range of services available and the need for better information and accessibility to those services.

3SG (the third sector support group for BaNES), who carried out their annual survey from October to November 2021, found that the top three unmet needs, from the 97 organisations responding, were "mental health, isolation and loneliness and access to support and advice", all relevant in the context of the findings of this report.

One of the respondents commented that in relation to the level of need that they were "more complex needs than anticipated, made worse by Covid-19".

Southside, who provide family support and play, including support for people experiencing domestic abuse and mental ill health in particular in the more deprived areas, reported that in 2021, 25% (125) of the 501 new referrals to their Family Support and Play project included mental ill health as an issue; and, that 32% of people/families receiving support in 2021 (including those carried over from 2020) were dealing with mental ill health issues. When assessments were included for people experiencing mental ill health, the figures included 262 people in 2021 experiencing emotional domestic abuse and 98 with a mental health problem.

Issues raised by **Children and Young People's Network** (CYPN) when discussing the mental health needs of children and young people included:

- The transition from children's to adult services, with this being particularly difficult for care leavers and for those with an SEND diagnosis (Special Educational Needs) where there can often be a 'cliff edge' where a young adult goes from a high level of support as a child to zero support as an adult.
- The impact of an official diagnosis of a learning difficulty or autism, which prevents access to mainstream mental health support even where this is separate to the learning difficulty.
- The lack of data available in BaNES about the extent of early childhood trauma, in part due to the lack of services and also due to a lack of means for early diagnosis.
- A large increase in 'school refusers' over the past two years, primarily related to mental ill health and at least in part an impact of Covid, and a corresponding increase in home schooling with a subsequent lack of access education based mental health support.

Youth Connect South West highlighted the lack of social prescribing for children and young people, and an emphasis on medication as the first offer from GPs. Youth Connect suggested that if social prescribing was extended to children and young people it could provide 'pre-CAMHS' support while children and young people were waiting for a higher level of assessment and support. They also flagged up a large increase in Educational Health and Care Plans for those with mental health needs. Youth Connect's report summarises the issues identified and makes recommendations for support for young people.

Bath Mind provide a wide range of services across Bath and North East Somerset, for adults and for children and young people aged 16+, with an additional project for children moving from primary to secondary school. They found that during the pandemic, new lockdown announcements or changes tended to trigger surges in calls and emails. For example, there was a 50% increase in referrals for counselling in November and December 2021. They also reported that economic factors also had a big impact on calls for support related to people's mental ill health such as cost of living increases and the ending of the uplift in Universal Credit — and that these also impacted on safeguarding concerns.

Breakthrough provide specialist trauma therapy and psychotherapy groups for adults from their support centre in Twerton, Bath, as well as training for organisations. They highlighted the complex, deep seated and long-lived adverse issues that can arise from unidentified and untreated trauma, and that if trauma is recognised and treated quickly, the likelihood of recovery and prevention of future adverse impacts is much greater.

Breakthrough reported a doubling of new referrals (to 240) in 2021 for specialist trauma therapy compared to 2020, and are doubling their provision of group sessions in 2022. Their view was that there is an urgent need for more trauma-informed services both within and outside health services, as the more organisations are aware of, and can help identify the signs of, trauma — whether in schools, businesses, the criminal justice system or voluntary organisations — the more people can be diagnosed and effectively supported to recovery.

Genesis Trust – Gateway Centre provides a range of support services to vulnerable people, including the Life Course, designed to support people to move from addiction or poor mental health to living well in recovery through a 10 week programme.

They told us that 96% of people coming in to the Gateway Centre have experienced early childhood trauma and that as the AWP's Talking Therapies is not suitable for people in crisis, they frequently receive referrals from Talking Therapies and GPs to support people in crisis through this particular course. They reported that there is a constant waiting list and the course is not suitable for everyone, with gaps around people with learning difficulties and also those with addictions.

Julian House provides a wide range of services including the direct access hostel in Bath city centre, homelessness outreach, and support for the Gypsy, Roma, Traveller and Boater communities.

During engagement with Healthwatch, managers reported that while physical health services for people experiencing homelessness were generally good with a GP and nurse operating out of the Manvers Street hostel, and that a mental health nurse was available for outreach, the main gap was around access to clinical mental health services, including clinical psychologists able to deal with serious mental ill health in particular, underlying trauma, which impacted on 100% of hostel residents.

It was reported to us that health professionals from AWP often assumed that if someone was

homeless or resident in the hostel that their primary issues related to substance misuse, and that these issues needed to be addressed before support could potentially be provided.

BaNES has a large **boater community** of around 500 people with additional Gypsy, Roma and Traveller communities. Julian House operates a GRTB project in support of these communities. The project manager said that the impact of a lack of a settled address, and the No Fixed Abode status created an additional barrier to accessing the mental health services, such as counselling and psychotherapy.

Feedback collected from engagement between Healthwatch and carers at **Bath Carers Centre** echoed the responses to our survey, mainly that carers' mental health was negatively impacted by the pandemic with many saying that their experience in 2021 was worse than in 2020.

A number of carers reported being traumatised by the experience of caring during the pandemic when support services were reduced, schools shut down, and having reduced family support.

Engagement with **Avon and Wiltshire Mental Health Partnership NHS Trust** (AWP) was limited to an in-depth one to one conversation with the partner carer of an AWP patient. The individual outlined the lack of health and social care for their partner. With a number different mental health conditions, they've had to pay privately for a carer because there is no support available to them.

What people told us in Swindon

People across Swindon provided feedback through March 2022 via the online and paper questionnaire and from engagement events across Swindon, including a pop-up mental health survey in Swindon town centre.

Key findings

- Barriers to accessing support was a key theme.
- Health providers received more negative feedback, with feedback about voluntary services more positive.
- There is a lack of support for children and young people, with many feeling lost in the system, particularly as they transition from child to adult services.
- Waiting times are too long, and were exacerbated by the pandemic.
- There is a lack of understanding and support for people with complex mental health needs.
- There is a lack of information and signposting to services available.

Feedback from our survey

62 people in Swindon responded to our survey.

15% were male, 78% were women and 7% were non-binary.
83% of respondents were White British.

51 people said they had accessed support in 2021 and 11 said they hadn't. Ten people had a positive experience, 30 gave mixed feedback, and 20 said they had had a negative experience.

19 people shared their experience with the organisation they were accessing but 24 did not.

When we asked people in Swindon if they consider themselves a carer, 41 said yes and 37 said no. 63 people told us they lived with mental ill health or cared for someone who did. 26 said their mental health had been impacted as a carer. Half of the respondents said they or the person they cared for had a disability.

Full demographics can be found in the Appendix.

Age of respondents in Swindon

- 65-74
- Under 18
- 18-24
- 25-34
- 55-64
- 45-54
- 35-44
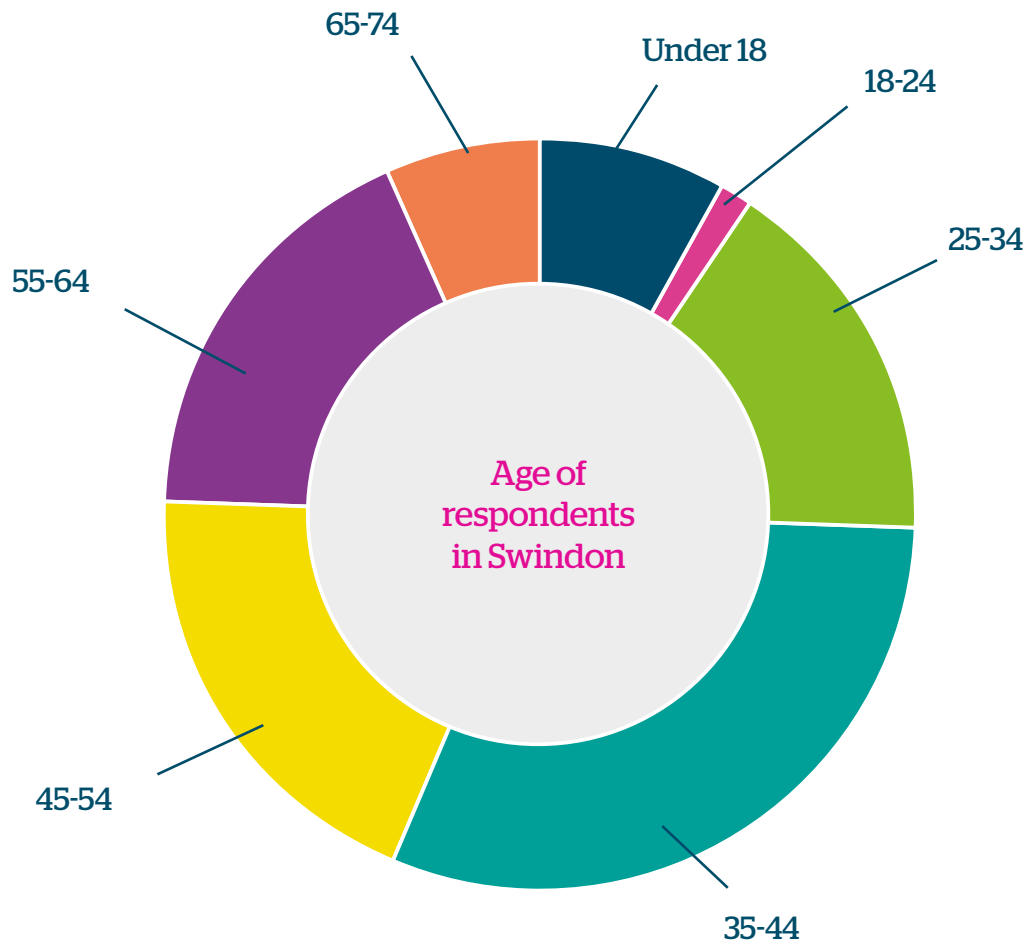
Feedback about specific voluntary services who provide one to one and specialist support was mostly positive, with particular reference to Shine, a charity supporting postnatal depression, (PND) and IPSUM (a mental health and wellbeing centre in Swindon). We also heard positive feedback about the support in schools, including play therapy.

Feedback about health services was far more mixed, while still receiving positive feedback

> My son was having a very difficult time, school organised play therapy straight away which helped improve his mood and behaviour both at home and at school.

> Shine is fantastic, honestly saved me 10/10.

there was a significant amount of negative feedback relating to the difficultly of accessing mental health support through GPs and about specific services including AWP, LIFT Psychology (part of AWP), GP surgeries and CAMHS.

The graph on the next page illustrates the feedback received about services in Swindon, and whether the feedback was positive, negative or mixed.

Feedback on services in Swindon

Service	Positive	Mixed	Negative
Adult ADHD Clinic		▬	
Ambulance			▬
AWP (all)		▬▬▬▬▬▬	▬▬▬▬▬▬▬▬▬▬▬▬▬▬
AWP Chatsworth	▬	▬▬	▬▬▬
AWP Sandalwood	▬	▬▬▬	▬▬▬▬▬
CAMHS		▬▬▬▬▬	▬▬▬▬▬
Crisis Team		▬	▬▬▬
Early Help Hub			▬
GP	▬▬▬	▬▬▬▬▬▬	▬▬▬▬▬▬▬▬▬▬▬▬▬▬
GWH Great Western Hospital		▬▬▬	▬▬
IPSUM mental health and wellbeing centre	▬▬▬		
Kooth		▬	
LIFT Swindon LIFT Psychology Service	▬▬▬	▬▬▬▬▬	▬▬▬▬▬▬▬▬
On Trak Counselling		▬▬	
Police			▬
Samaritans		▬	▬
School counsellor/play therapist	▬▬▬▬		
Shine	▬▬		
Social Services		▬	▬▬▬▬▬
Swindon Early Intervention	▬		
Swindon Mind	▬▬	▬	▬
TAMHS Targeted Mental Health Service	▬	▬	▬▬▬▬▬
Willows	▬		▬
Workplace Counselling		▬	

Key

Positive ▬▬
Mixed ▬▬
Negative ▬▬

We received 52 responses to our question about the barriers people faced if they did not access services in 2021.

The top 5 themes from the survey were:

- Difficulty in getting in contact/appointments (16)
- Waiting lists (11)
- The support on offer not meeting needs (gaps or lack of options in service) (7)
- An unresponsive system (going round in circles) (6)
- Lack of staff/gaps in service (3)

Gaps in service

Unresponsive system

Difficulty in getting an appointment

Top 5 themes in Swindon

Support not meeting needs

Waiting lists
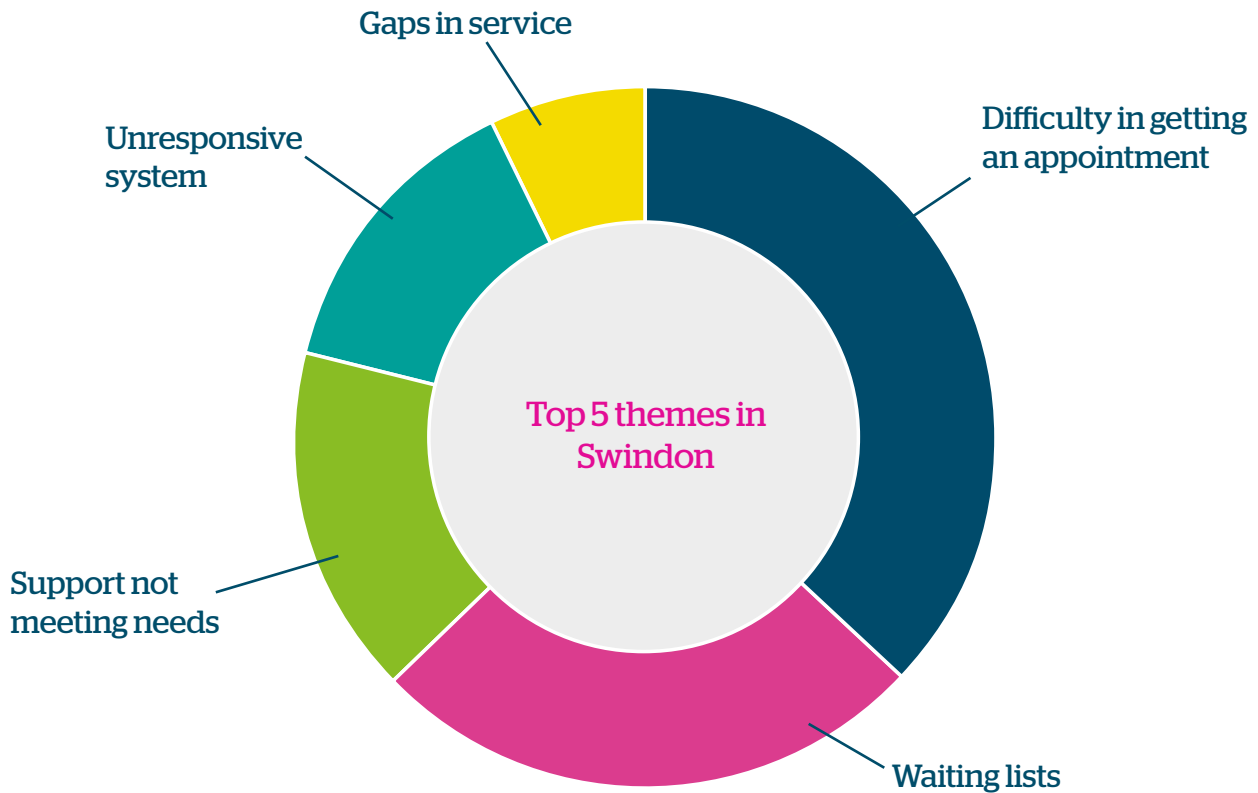
My GP practice told me they were "unwilling to throw any more medication at this" and told me to access LIFT. I tried but could not get booked onto a session. This had a detrimental affect on me. The work-based counselling service was excellent but could only offer a limited number of sessions.

The waiting time is a huge challenge, people are reaching out for help and it doesn't come soon enough.

TAMHs/CAMHS one year wait. There needs to be something in place in the interim. Partnership working could provide advice and support. Allocated support workers, linking with the community navigators.

Referred by GP for Mental Health (MH) assessment, MH team failed to call me back, failed to arrange appointments, failed to treat me like a person. When I had a bad evening, I rang the intensive team and got hung up on. I have since decided not to seek help from AWP/NHS and suffer alone, in silence.

Issues and gaps

Examples of responses highlighting the gaps and issues are set out below.

Children's and Young People's services (CYP)

Parents and carers lots of help and advice aimed at adults or specific pathway but there are blocks in the way for children. No one takes accountability to help them.

How do home educated children access mental health support? There is nothing.

Not enough support in school or services to support parent/family and child support. Personally found results are better when family-child counselling is offered.

Young people are diagnosed but then not offered the tools/services to support them.

Family/carers are often getting lost. It needs to be people first.

Under 5's often 'not allowed' to use services. Need to be more preventative and talk to the families from pre-school.

Transition from CYP to adult services

Young people on the brink, needing service but get overseen because the support process is too slow and then get lost as they transition in to adult care.

When someone reaches 18 moves to adult services and the transition doesn't work. Have to start again.

Need to bridge the support, from younger people to 16+ etc.

Waiting times

Lack of support for wife, who suffers from depression, anxiety and PTSD, from GP and LIFT.

It is a minimum 5 months' wait to access services.

GP too quick to prescribe medication, people often need something more therapeutic, need more social prescribing.

Service user has found IPSUM and Mind really helpful. During 2021, Covid didn't make anything worse, it just highlighted how hard things are for mental health support.

Covid stopped a lot of the service user groups early 2021. But as the year progressed, Live Well really helped to find new groups to join and has been a great pillar of support.

Just wanted counselling and couldn't find a service that could offer it, without having to pay. Covid made this even harder and still not managed to find someone.

During 2021, the service user reached out for help with their depression and was told it wasn't bad enough to need help.

Gaps in services

Lack of understanding of specific conditions. Adults with brain injury often feel there is no one out there to help manage situation, there are gaps.

DASH [Diagnostic, Assessment and Stabilisation Hub] — adult diagnosis the delays are huge; it can be years. Upskill and more resource for this. Need support coming to terms with diagnosis.

People who are transitioning in their sexuality don't have a lot of support avenues in Swindon.

An ex military veteran expressed the opinion that they received no support for their complex mental health needs in Swindon. The only people that could support them were Help for Heroes and they had to travel. The two respite beds that were offered to people from the area have now gone.

Service user experienced a break down, felt unable to ask for help at first and then has been unsuccessful in finding counselling. Mind has offered some support, but feels like she's bounced around from one place to the next, just looking for someone to talk to.

Person has ADHD [Attention Deficit/Hyperactivity Disorder] and living with autism. He has experienced delays in assessment and then support/provision of services.

One size does not fit all.

Pre Covid-19 I was using the Active Life services of AWP Swindon out at Sandalwood Court. The services are no longer available to those who accessed them from the community, I know this from personal experience. The issue needs re-addressing and reconsideration applied for better mental health all round.

Lack of signposting and barriers for carers

Unless you know services are out there it's hard to access them. Need a central resource library for all services.

Lots of people with mental health issues stop engaging with services but if they have a carer and the person with issues stops, they lose the support too. It might help equip the family to help and maybe get the person to reengage.

What organisations in Swindon told us

Key findings

- There was an increase in referrals to mental health services in Swindon in 2021.
- Local police told us that mental health was one of the biggest issues they faced in 2021.
- There is a need for advocacy support for people with learning difficulties and autism.

Swindon SEND Family Voice, which is run by parents of children with additional needs, reported on the requests for support they had received from January to December 2021. They told us they have had 127 mentions of support around mental health in this period, with 92 cases that mentioned parent support. Most were seeking signposting to services that could help them or act as a listening ear. The overall picture was that mental health is something that carers and young people themselves raise and ask for support with.

Swindon and Gloucestershire Mind, which provides mental health advice and support, said they had seen an increase in referrals and requests for support around mental health in 2021, with the largest increase in Quarter 3 of 2021 (July to September) with 88 referrals in 2020/2021 and 199 for the same quarter in 2021/2022.

Swindon Police told us one of their biggest issues over the last year was mental health, with people calling the police for support due to lack of out of hours support elsewhere, or calling in a crisis because the dedicated crisis service can't see them for a week. Ambulance staff also call to say they can't get to a patient in need and ask the police to help.

Within the last three years (March 2018-March 2021) **Swindon Advocacy Movement** (SAM) have had 93 referrals for their Adult Community Mental Health Advocacy Project, which supports people moving from inpatient mental health services to living independently, and to help reduce an individual's need for mental health support.

52 of those referrals were self-referrals, 15 were from health services (AWP/NHS/GP/hospital), seven were through Swindon Borough Council, five were from the mental health charity Mind, four were done internally within SAM, two were from family members, and the rest were other services and organisations (Rethink, Swindon Carers Centre, TWIGS, Turning Point, Wiltshire Wildlife Trust, Catch-22 College, Mountford School, Together for Mental Wellbeing).

The Community Mental Health Advocacy Project is currently working with 22 people, but there is only one advocate working on this project. A service user described having an advocate as a "sense of safety" and "looking out for my interests". They went on to say there were a lot of things they have "struggled with" and that "thankfully you have been there".

> I like you and feel safe with you... having your support keeps my anxiety levels lower.

SAM's findings from their drop-in sessions for autistic people highlight the need for a better understanding of autism and how a diagnosis, or a lack of one, can impact on those living with autism. Here is some of the feedback they gathered:

- A participant felt things 'got worse' after being given their diagnosis. She felt it was 'too late' since she was 30 years old. There was emphasis placed on the diagnosis but not on support being offered.

- One participant assumed having the diagnosis would help her in other areas of her life and this felt it should have been explained it is not true. They were having issues at their workplace including bullying and thought having the diagnosis would fix this.
- Other participants agreed they were also diagnosed too late in life (40/50 years old), and the diagnosis should have been given when they were at school. They too thought things would be different once they had their diagnosis but felt they weren't because autism wasn't well known or understood.

> I was medicated for years for depression when it was autism and once a month I used to have terrible mood swings resulting in a hysterectomy which in fact I now know to have been 'meltdowns' exacerbated by constant stress, lack of support and monthly hormones. It took me seven years to get my son diagnosed because I did not know how to get the help he needed and my son really suffered during that time resulting in three breakdowns in three schools and eventually home schooled. Speech and Language Therapy, behavioural classes (he didn't need), schools rejecting him because of funding issue.

> We NEED fulltime advocacy, a louder voice, better protection, and longer appointment times at doctors and hospital appointments. That is crucial to our health and human rights to be listened to and have long enough to be heard and fully understand what is going to happen to us, not a rushed 10 minute appointment over the telephone.

What people told us in Wiltshire

The majority of feedback from people in Wiltshire was about health providers including CAMHS (mainly negative), Improving Access to Psychological Therapies (IAPT) which is part of AWP, and the Wiltshire Community Mental Health Team, and was mixed.

Key findings

- People found it difficult to get the support they needed when facing a mental health crisis.
- There are gaps in support services for people with autism and people in the LGBTQ+ community.
- Concerns were raised around long waiting lists, with people often feeling abandoned.
- Children transitioning to adult services were met with high thresholds, or support being removed.
- Carers felt there was little support for them, and felt left out of conversations on support being delivered to their loved ones.
- People felt there was a need for more preventative help to reduce an the risk of a crisis and for more ongoing support after someone has been discharged from a service.

Feedback about services in Wiltshire

AWP	
CAMHS	
Community Mental Health	
GP	
Mental Health Crisis team	
IAPT	

Key

- Positive
- Mixed
- Negative
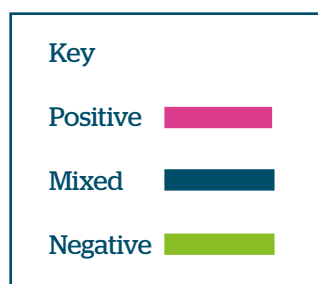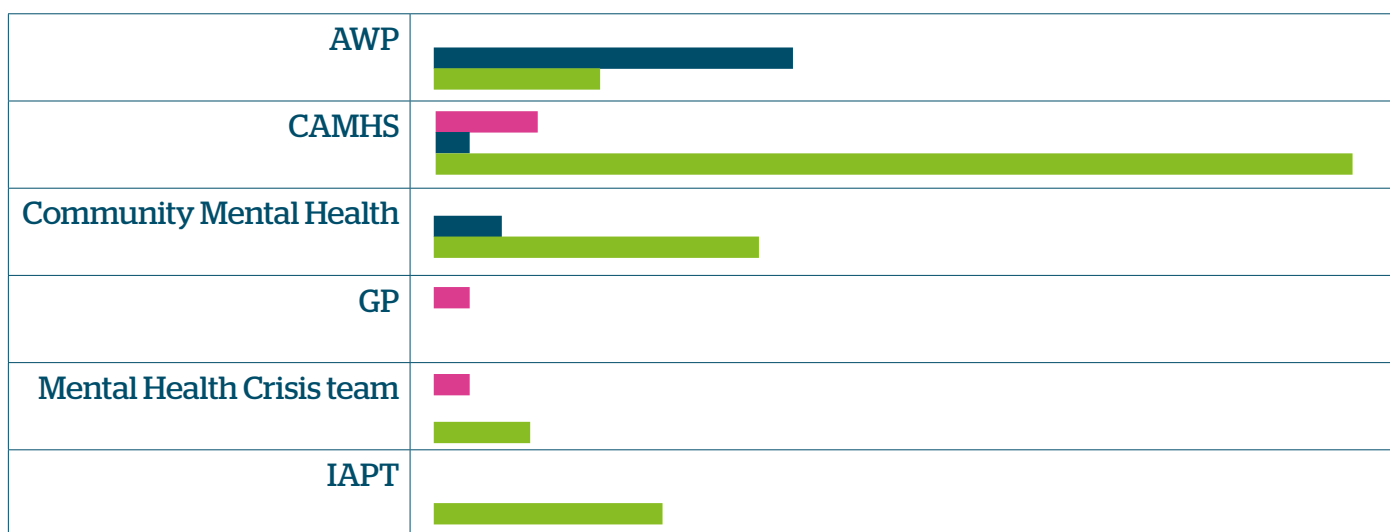
Issues and gaps

Getting help before a mental health crisis

As part of a project into Places of Safety, where people can be taken when suffering a mental health crisis, we asked people who were suffering from mental illness if they had tried to get help before they were taken to the Place of Safety. Just under half (46%) said that they had not.

Attempts to get help were made for 54% of those we spoke to, with 38% of our participants trying to get help themselves, and for 16% of participants a family member or carers tried to get help for them. They described difficulties encountered by themselves and their families in getting the support that they needed. Some people were not clear about who they had contacted, and some said by the time they reached someone, their mental health had deteriorated to a point where they were not able to engage with the support offered.

> Tried GP five times but got no positive response — told to book an appointment, having explained I was thinking of ending my life. I tried two surgeries.

> It was lockdown and I couldn't get help so I took a drug overdose. I have had PTSD for many years.

> I rang the intensive team, couldn't get help because busy. When finally able to get in touch was too overwhelmed.

Support for people with autism

There is a gap in mental health support services for people with autism, learning disabilities (LD) and neurodiverse conditions such as ADHD. While autism is not a mental health illness, feedback from both carers and service users states that the anxiety and distress that can arise from this condition is not well understood or provided for and can lead to difficulties.

> There is still a gap between autism diagnosis and mental health care. We were bounced about a lot, that we could not access mental health care as "he is autistic, he will always be like that". A person with autism can still have mental health difficulties, and this can be due to their different view of the world caused by autism. This does not mean they are beyond mental health help. Getting the autism diagnosis seems to just slam doors shut, which is not helpful, both at child and adult level.

> There is a definite 'gap' in services. Patients with autism/learning disabilities would probably answer in the affirmative, giving the impression that all was generally ok with them, because they do not have capacity to break down what it is they are feeling or going through. A carer would know what to pick up on. The patient themselves, not so much. A view of where an autistic/LD patient really was with their mental health could not be established by the Access Team from an E to A paper scale. Carers should be more involved/part of the full conversation in these incidences.

> There is a waiting list for ADD [Attention Deficit Disorder]/ADHD services in Wiltshire of between 18 months and 2 years.

In addition to difficulties with accessing support for their autism and possible mental health issues, 49% of people with autism who responded to our survey (43 people) in 2021 told us that they found it difficult or very difficult to make a GP appointment.

51% found it difficult or very difficult to explain the reason for their visit and more of them found it difficult to understand their diagnosis and the information given than found it easy.

The short length of the appointment made them anxious and did not provide enough time to tell the GP or clinician about their problem. A longer appointment and having the information written down would make a big difference for them.

They also mentioned their difficulty in coping with busy waiting rooms at GP surgeries and hospitals and that a quiet area and a map of the hospital to help them find their way would be helpful. In terms of accessing social care, help with information on community activities and support with claiming benefits and housing would be welcomed as this is a struggle for them.

Gaps in services

There is also a gap in support services for the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Questioning) community, particularly around sexual health and access to mental health support, for those with co-existing substance misuse, those who self-harm and for those with PTSD (Post Traumatic Stress Disorder) outside of the military.

The challenge of living in a rural location with poor public transport connections to main service centres was also highlighted frequently.

> There aren't any Mental Health services for LGBTQ+ in Wiltshire.

> People that are marginalised or disadvantaged in some way (homeless, drug/alcohol issues) are usually not given access to proper long-term mental health support.

> There are no self-harm support groups in Wiltshire, only the national website, HARM for example. It was mentioned that LGBT and PTSD groups were also communities having no support [in Wiltshire]."

> PTSD... took me over a year to be diagnosed, then no help from GP or CPN [Community Psychiatric Nurse] very difficult when you are very rural!... no groups locally unfortunately.

Members of the local boating community who are experiencing mental health problems, exacerbated by Covid lockdowns and restrictions, expressed frustration at the difficulties they have faced in accessing GP services and other services. They were frequently told by GP receptionists that without a fixed address they could not register with a GP practice. This is incorrect and NHS GP Access cards were provided to help them understand their rights.

When visiting a Gypsy/Roma Traveller site, we heard that none of the families living there had access to a dentist, and they found it difficult to get repeat prescriptions and medication. Mental health is a big issue, and we have since asked Rethink if they could prepare a presentation to help signpost people, as they hadn't been able, or didn't know how to, access mental health services.

Waiting lists

Concerns have been raised around waiting lists for the Improving Access to Psychological Therapy (IAPT) service with waiting times of 12 months or more.

IAPT waiting list is currently a year in Wiltshire – this is too long (six weekly wellbeing calls are offered but this is not enough, and things can change hugely in six weeks).

IAPT — can seem like a 'plaster on a dam' for those who have higher needs. Better access to initial mental health services/support mechanism is needed, before the process to Intensive/Inpatient Services. Waiting times too long and could be 12 to 18 months. A big need for counselling/ talking therapies for higher needs.

Staffing issues

A high turnover, or lack of staff have left service users feeling abandoned.

I lost my care co-ordinator/support last month — still waiting for support... feeling deserted.

Counselling backlog — counsellor left after 4 sessions and then the counselling stopped. Told you are still on the list but haven't heard any more.

My new care coordinator knows nothing about me and it's kind of stressing me out. I know they are understaffed. It's just no good as not connecting with her and not helping me with my therapy.

I have had four CPNs [Community Psychiatric Nurse] when the notes went to the new CPN the notes were misinterpreted and caused me significant problems.

Concerns over delivery of services

Mental health services not delivering on their promises was also raised as a concern.

> Services should do what they say they are going to do without me having to chase them constantly. If my son was being better supported, then I could access better support myself.

> We had a client that had a plan to commit suicide, the CMHT [Community Mental Health Team] said they would come out and they didn't.

> I was in crisis and had a plan. I felt not listened to. Someone was supposed to turn up and no one turned up. I didn't get any help whatsoever. They just tell you to do all these things but when you are ill you can't. I have a care coordinator. She told me not to ring her.

> Consistent and reliable communication — when a professional says they will call the next day and then they don't it can have a very negative impact.

> I would end my life rather than ringing the Intensive Service. They have let me down so many times.

Transition from child to adult services

The transition from children's to adult mental health services was also as an issue, with thresholds being seen as too high.

> The transition from child to adult mental health services was a nightmare. My daughter did not meet the threshold to adult services. I Had to get in touch with my M.P to help get adult services.

> Transition between CAMHS [Child and Adolescent Mental Health Services] and adult mental health is non-existent, children are being missed. No support for adults with ASD [Autism Spectrum Disorder].

> Some young people are too ill for community mental health services but do not meet the need for secondary care. For example, a child could go to A&E five times after attempted suicide. This is what we are hearing from parent carers.

Carers feeling less involved

Carers told us that they were often left out of conversations about the care being delivered to their loved ones and that there was a lack of support for them to continue their caring responsibilities.

Feedback from the Wiltshire Mental Health Open Forum repeatedly emphasises the need to have carers involved in planning and accessing health and care support and services for their loved ones. People living with mental illness are often unable to communicate with services either because of the method used, anxiety, inability to engage at the time or a need for someone to speak on their behalf.

Include carers when attempting to engage the person with mental health. Do what you say you are going to do as a service, without people having to chase.

The impact on me as a carer over the last six years has not been acknowledged, and my own mental health is failing as a result of the ongoing stress from trying to manage my son's illness.

My son has had 20 years of psychotic episodes and the impact it has on families when acute is enormous — there is very little support.

Lack of flexibility

The lack of flexibility in services meant that help was not available when someone was in crisis.

It's very difficult to access support in a crisis (particularly out of hours).

Although there now is a crisis support telephone line set up during the pandemic, I know that some people have found at times the crisis support has been dependent on who the person on the end of the telephone is. Some have found talking to the person supportive and helpful, and others have felt the person was dismissive and unhelpful.

Mental health is 24/7 and doesn't fit a 9 to 5 schedule.

Lack of services around the weekend. Relying on ambulance services, hospitals, or the police. Rather than a more specific targeted service.

Users sometimes resort to calling emergency services as they don't know who else to call. They may just need someone to talk to.

Need for preventative help

People felt that good mental health support should be preventative and provide low level support to stop escalation to crisis point.

> Focus on prevention and mild to moderate mental health and wellbeing issues.

> Services that are accessible whatever level of mental health issue you have, preventing escalation.

> Provide my son with the ongoing proven support he needs, physically, mentally and socially and stop waiting for each crisis to happen before stepping in.

Need for ongoing support

Ongoing support should also be provided when out of services, or when discharged from hospital, to prevent a relapse.

> Sometimes packages of support are not put into place when they leave, so they have a period where they are unsupported, and this can cause relapse. Too many people are signposted to places and not actively supported when discharged, and so they relapse as no one is there to promote them communicating with services.

> People are being discharged without any follow-up. No 'soft landing'. If you don't have a personal support network in place, you can be left isolated, and it feels abrupt.

> I think when in hospital there should be more support to find positive things to do on discharge, such as wellbeing arts groups, peer support etc, to gain support in the community and build improved ways to manage own mental health.

Training for emergency services

The use of emergency services to deal with a crisis was also raised with calls for more training in mental health for paramedics and the police.

> Police are called to so many section 136s [of the Mental Health Act] where the person is drunk and psychotic. Society cannot manage these people, and these emergency services are overused. They should be used as a last resort. There needs to be a community mental health service, so other services are not called. Police and ambulance are not specialists to deal with mental health issues.

Typically, the only professionals you will see at the scene for someone in a mental health crisis is a paramedic and/or a police officer; mental health services are nowhere to be seen.

Police are overly heavy handed and don't talk to you. You try to communicate with them, but they ignore you. Non-confrontational training needed.

Police very reactive using a baton to press my head into concrete.

Conclusions and recommendations

The feedback we have collected clearly shows that mental health services are insufficient in meeting the needs of the populations of Bath and North East Somerset, Swindon and Wiltshire and our recommendations reflect this.

We recommend that significant training and additional support is provided, particularly across the less well-served areas, such as children's services, eating disorders and for people suffering from trauma.

It is also apparent from our research that people living with mental illness feel that they have difficulty in accessing the health and care services that they need to support them in their daily lives.

We recommend the following:

- Enable better access to initial mental health services/support and engage early to prevent escalation.
- Improve transition from child to adult mental health services and develop consistent thresholds to facilitate transition.
- Involve carers in discussions and decisions wherever possible to achieve the best outcomes for the patient.
- Provide better out of hours cover: mental health crises do not fit a 9-5pm schedule.
- Ensure provision across rural as well as town areas.
- Continue to offer a choice of online/virtual as well as face to face appointments and services.
- Provide better follow-up post discharge to avoid recurrence of issues and make the patient feel supported.
- Improve GPs' use of mental health support and social prescribing.
- Engage more with people from ethnic minorities, as there is a perceived reluctance to discuss mental health or access the services.
- Provide more appropriate training on mental health, such as Oliver McGowan Mandatory Training for autism, to paramedics, emergency services and GP staff.
- Improve training and support for eating disorders, an area of mental health that is currently poorly served locally, resulting in people being placed away from their families and loved ones.
- Improve support for people who experience trauma, and provide specific trauma training for staff at all levels.
- Further review children's mental health provision to meet the increase in demand.

We also recommend that the CQC increases engagement with members of the public to develop a more accessible and user friendly feedback from.

Next steps

This report provides an important overview of local peoples' experiences of accessing mental health support and services in 2021. This report will be shared with commissioners for each area, statutory bodies including the Care Quality Commission, Bath and North East Somerset, Swindon and Wiltshire NHS Integrated Care Board (BSW ICB, formerly the Clinical Commissioning Group), NHS England and NHS Improvement, and third sector providers of health and social care in the BSW region.

We will share our findings with people who took part in the survey and will keep them updated on what has happened as a result of sharing their experiences with us. We will share this report with the organisations who contributed, publish it on our websites and share key messages about our findings on our social media channels.

Each Healthwatch will work with local services and organisations to ensure our recommendations are considered, monitor how they implemented, and provide updates on their progress. We are committed to carrying out any follow-up work required to support local services in delivering the best experience possible for everyone.

Thank you!

This report was written by the teams at Healthwatch Bath and North East Somerset, Healthwatch Swindon, and Healthwatch Wiltshire.

Thank you to our volunteers David Evans, for data analysis, and Harry Dale and Phillip Murphy, for supporting the Swindon Pop-up Café. And thank you to all the organisations who contributed to this report and to the people who took the time to talk to us.

Appendix

Where we visited and who we spoke to

Organisation/group	Description
Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)	Provides healthcare for people with serious mental illness, learning disabilities and autism across BaNES, Swindon and Wiltshire, Bristol, North Somerset and South Gloucestershire.

Bath and North East Somerset

Organisation/group	Description
Age UK BaNES	Charity supporting older people.
BaNES Carers Centre	Charity supporting unpaid carers.
Bath Mind	Local independent mental health charity.
BEMSCA (Bath Ethnic Minority Senior Citizens Association)	Provides a range of activities, support and information for older people from black and minority ethnic groups within the area.
Breakthrough	Supports survivors of trauma and provides training.
Children and Young People's Network	Supporting voluntary and community sector organisations working with children and young people.
Dorothy House	Provides palliative care.
Genesis Trust – Gateway Centre	Provides support to move people from addiction or poor mental health to living well in recovery through a 10-week programme.
Julian House	Supports vulnerable and at-risk individuals and Gypsy, Roma, Traveller and Boater communities.
Kooth	Online mental wellbeing community for young people.
KS2	Voluntary peer support group for carers of people with mental ill health.
Southside Family Centre	Family support and play.
Swallow	Charity enabling teenagers and adults with learning disabilities to live as independently as they wish.
Youth Connect South West	Charity supporting young people aged 11-25.
3SG	Network of charities, social enterprises and community groups.

Swindon

Organisation/group	Description
Headway	Supporting adults with traumatic and acquired brain injury, their families and carers.
Live Well and Public Health	Helping people access opportunities and services which can help improve their health and wellbeing.
New College Swindon	Offering academic, vocational and technical qualifications, higher education and degree-level courses, apprenticeships and business training courses, across two campuses.
Swindon Advocacy Movement	Free advocacy service for people with care and support needs.
Swindon Carers	Charity supporting unpaid carers.
Swindon and Gloucestershire Mind	Local independent mental health charity.
Swindon Hub	Accessible friendly space run by the community, for the community.
Swindon SEND Family Voice	Supports parents of children with additional needs.
Voluntary Action Swindon	Charity which supports other charities and coordinates voluntary activity in the local area.
Willows	Charity that provides counselling for people and training for counsellors.

Wiltshire

Organisation/group	Description
Wiltshire College	College courses, apprenticeships, degree level courses, evening classes, and distance learning across five campuses.
Wiltshire Mental Health Open Forum	Run by Healthwatch Wiltshire and AWP, the forum offers an opportunity for people to speak directly to those who run mental health services.
Wiltshire Parent Carer Council	Focuses on improving services for children and young people with special educational needs and/or disabilities.
Wiltshire Police (Swindon)	Local police force.
Wiltshire Virtual Carer Group	Part of Carer Support Wiltshire, a charity supporting unpaid carers.
Wiltshire Hearing Voices Group	Provides a safe and non-judgemental space for people with unusual sensory experiences.

MENTAL HEALTH

A survey focussed on gaining insight to accessing health & social care from the perspective of carers & those who struggle with mental ill health

Healthwatch Swindon Mental Health Survey

Your experiences over the last year

Healthwatch Swindon gives you the chance to say what you think about how local services are run. Your experience matters to us.

We are reaching out to people who experience mental ill health to share their experience of health and social care throughout 2021.

We want to hear your stories and work with those who commission and design services, to champion for change and improvements. Helping to ensure health and social care services are more inclusive and accessible to everyone.

By completing this survey, you consent to the information you provide to be used by Healthwatch and shared with the Care Quality Commission and NHS England, confidentially and anonymously unless instructed otherwise by yourself. The information you provide will not only help to improve services but also to ensure we are hearing from people of all ages and backgrounds.

1. Do you or someone you care for suffer from mental ill health

☐ Yes

☐ No

2. Did you or the person you care for need to access/receive additional support during 2021?

◯ Yes

◯ No

3. If you or the person you care for did NOT receive any additional support for their health, can you please explain any reasons or factors that may have prevented you receiving help?

4. If yes, would you consider your experience:

☐ Positive

☐ Mixed

☐ Negative

5. Can you please list the service(s)/organisation(s) you have accessed? for e.g. Old Town Surgery, Swindon

[text box]

6. If you feel able too, can you please share your experience of this service/services?

[text box]

7. What about the service(s) could be improved or worked well for you?

[text box]

8. When did this happen?
(if it is more than one incident please add as many dates as needed)

[text box]

9. Do or did you work or volunteer for this service (s)/organisation (s)?

Yes [text box]

No [text box]

Which service(s)/organisation(s)? [text box]

10. Have you shared this with the service(s)/organisation(s)?

☐ Yes

☐ No

☐ If Yes Which service(s) /organisation(s) did you share it with?

[text box]

11. Have you told the authorities?

This is asked in case what you've told us is about abuse or neglect. When we read your feedback, we'll decide if we think someone is at risk. If we think they/you are at risk, we'll need to contact the police or council. It helps if we know who you've already told

○ The Police

○ The Council Safeguarding Team

○ Both the police and the council safeguarding team

○ Neither of these

12. Did you hear about this survey through a charity?

○ Yes

○ No

13. If Yes, please name

[   ]

14. Can we contact you for more information?

Name [   ]

Organisation (if applicable) [   ]

City/Town [   ]

Postal Code [   ]

Email Address [   ]

Phone Number (optional) [   ]

15. Do you consider yourself to be a carer?

☐ Yes

☐ No

☐ Prefer not to say

16. Do you consider yourself or the person you care for to have a disability?

○ Yes

○ No

○ Prefer not to say

17. If you are a carer are you

☐ Paid

☐ Unpaid

☐ Prefer not to say

18. If you are a carer has your mental wellbeing been impacted in the last year?

☐ Yes

☐ No

If yes in what way?

[ ]

19. While supporting the person you care for were your thoughts and feelings considered by the health & social care service providers?

☐ Yes

☐ No

☐ Not applicable

Any comments

[ ]

20. Gender: How do you identify

○ Man

○ Women

○ Non-binary

Prefer to self describe

[ ]

21. What is your age?

○ Under 18

○ 18 to 24

○ 25 to 34

○ 35 to 44

○ 45 to 54

○ 55 to 64

○ 65 to 74

○ 75 or older

○ Prefer not to say

22. What is your Ethnicity?

- [ ] Asian/Asian British – Chinese
- [ ] Asian/Asian British – Bangladeshi
- [ ] Asian/Asian British – Indian
- [ ] Asian/Asian British – Pakistani
- [ ] Asian/Asian British - Any other Asian background
- [ ] Black or Black British – African
- [ ] Black or Black British – Caribbean
- [ ] Black or Black British - Any other Black Background
- [ ] Any other Ethnic Groups – Arabic
- [ ] Any other Ethnic Groups – Iranian
- [ ] Any other Ethnic Groups - Iraqi
- [ ] Any other Ethnic Groups – Kurdish
- [ ] Any other Ethnic Groups – Turkish

- [ ] Any other Ethnic Groups - Any other Ethnic background
- [ ] Mixed/multiple ethnic groups - White and Asian
- [ ] Mixed/multiple ethnic groups - White and Black African
- [ ] Mixed/multiple ethnic groups - white and Black Caribbean
- [ ] Any other mixed/multiple background
- [ ] White – British
- [ ] White - Eastern European
- [ ] White – Gypsy
- [ ] White – Irish
- [ ] White - Irish or Scottish Traveller
- [ ] White – Roma
- [ ] Any other white Background
- [ ] Prefer not to say

23. What is your religion?

[   ]

24. We may use your first name and quote your story when publishing our findings. If you would prefer to remain anonymous, please indicate below.

- [ ] Don't use my first name

Demographics for BaNES and Swindon survey

Gender

BaNES
- Female
- Male
- Non-binary

Swindon
- Female
- Male
- Non-binary
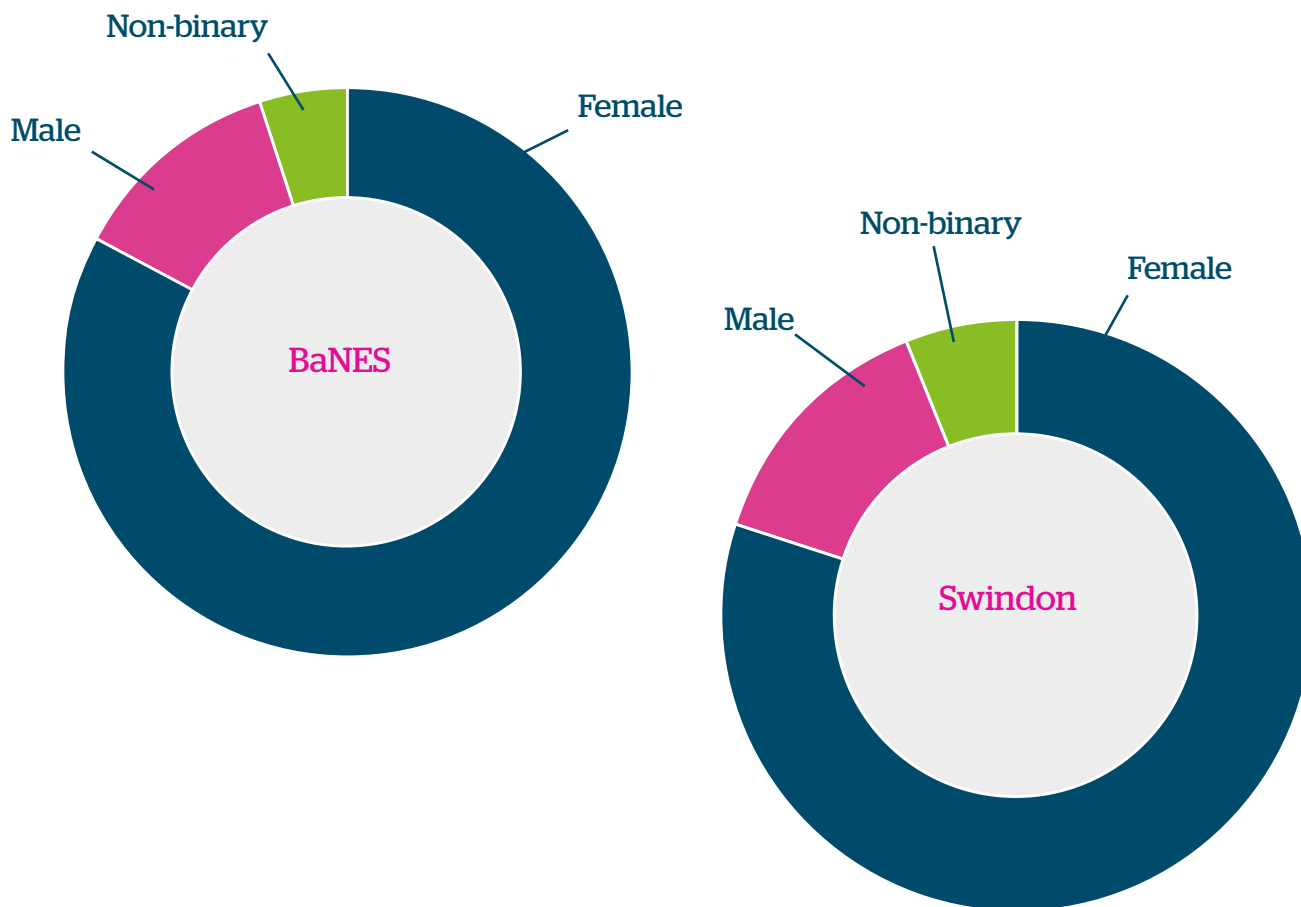
Ethnicity

Ethnicity	BaNES	Swindon
Asian/Asian British Indian	0	2
Asian/Asian British — Any other Asian Background	1	1
Iranian	0	1
Black or Black British Caribbean	1	1
Mixed multiple Ethnic Groups — white & Black African	1	0
White Irish	1	0
White British	40	51
White Roma	0	1
Any other white Background	0	2
Prefer not to say	3	4

Religion

BaNES

- Prefer not to say
- None
- Christian
- Atheist
- Spiritual
- Pagan

Swindon

- Prefer not to say
- None
- Christian
- Atheist
- Pagan
- Hindu
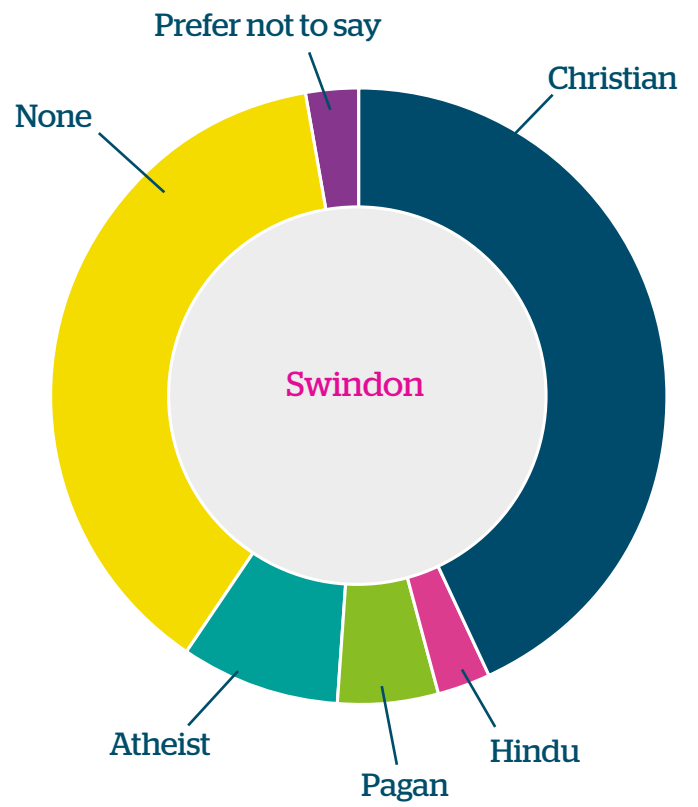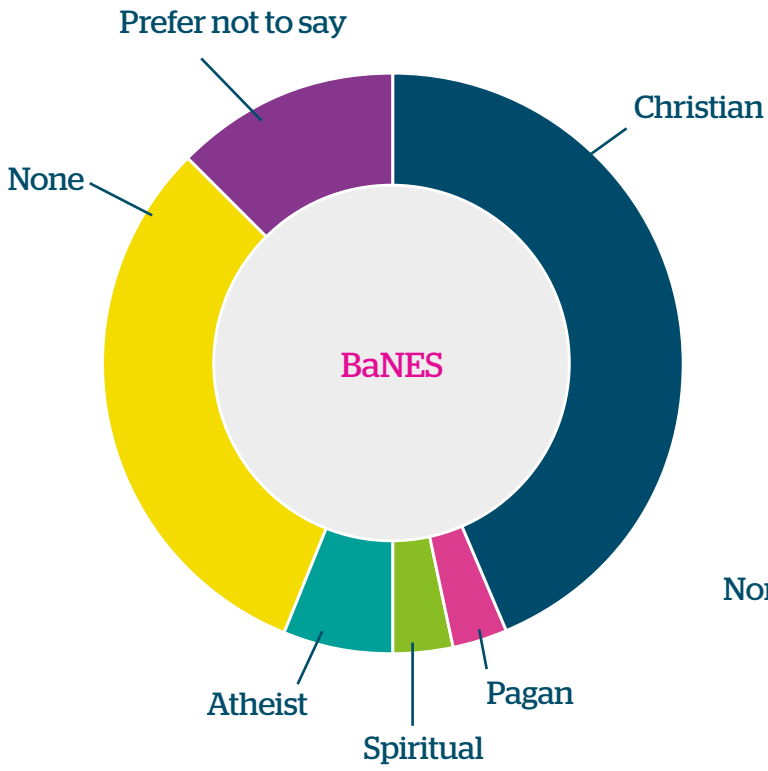
Do you or someone you care for suffer from mental health?

No

Yes

BaNES

Yes
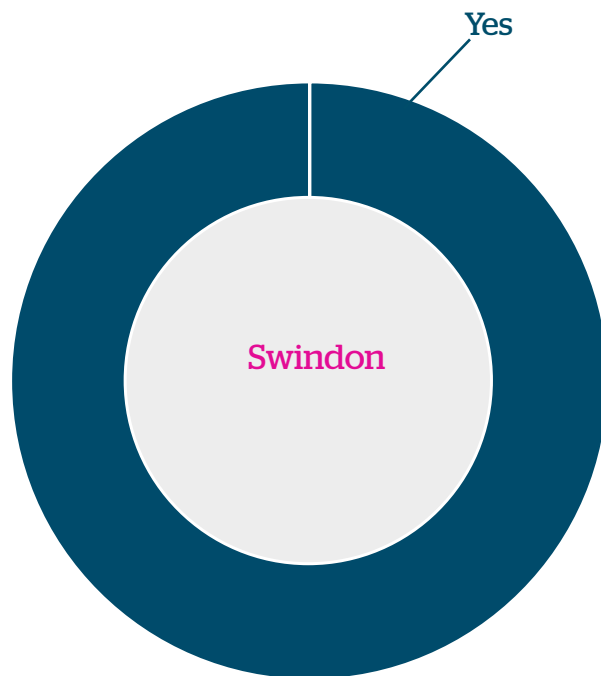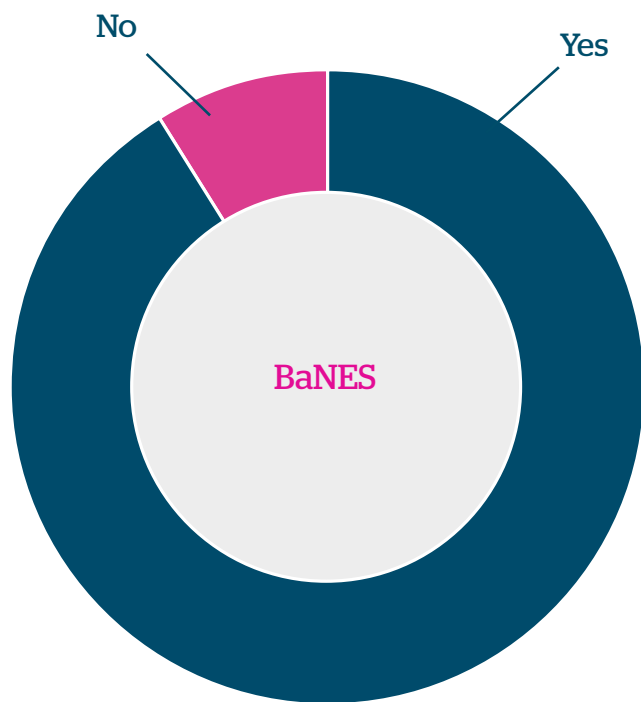
Swindon

# Did you or the person you care for need to access support in 2021?

No

Yes

BaNES

No

Yes
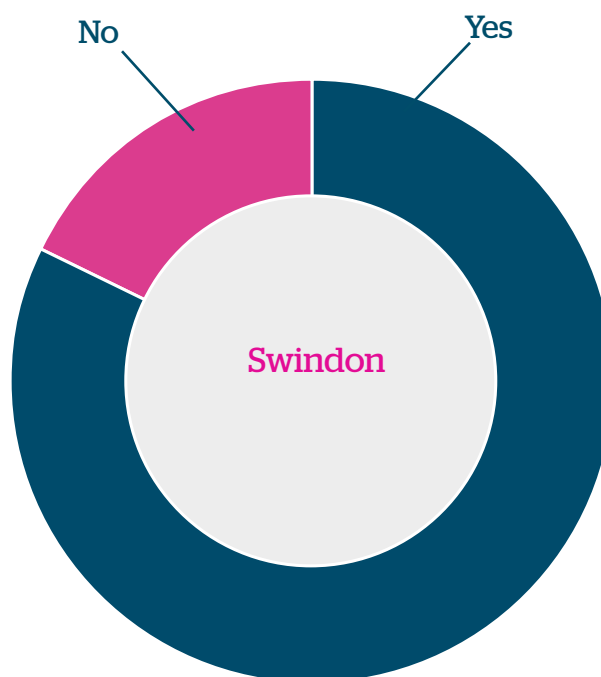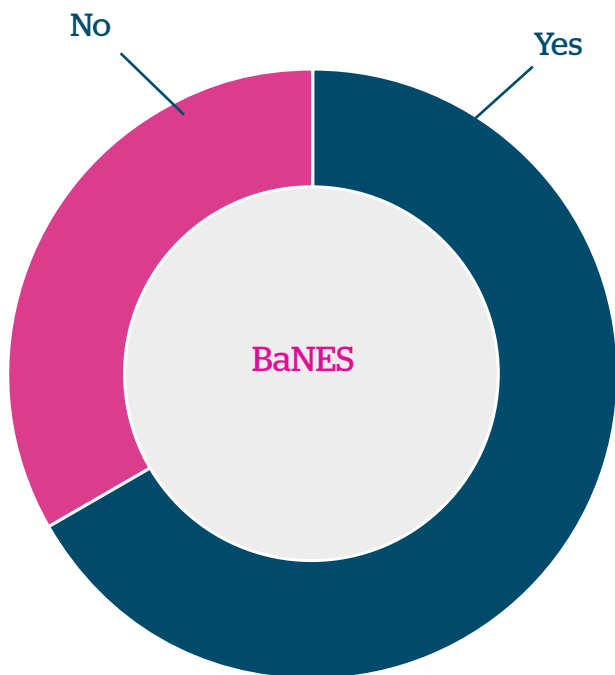
Swindon

How do you consider your experience accessing services?

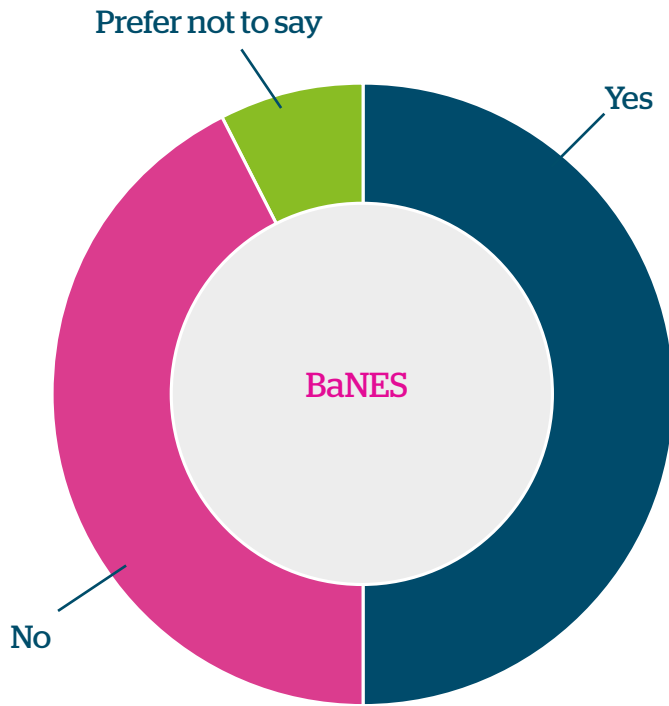| Experience	BaNES	Swindon	Wiltshire
Positive	6	10	5
Mixed	17	30	16
Negative	17	20	52
Total	40	60	73

Have you shared your experiences with the organisation?

No   Yes

BaNES

No   Yes

Swindon
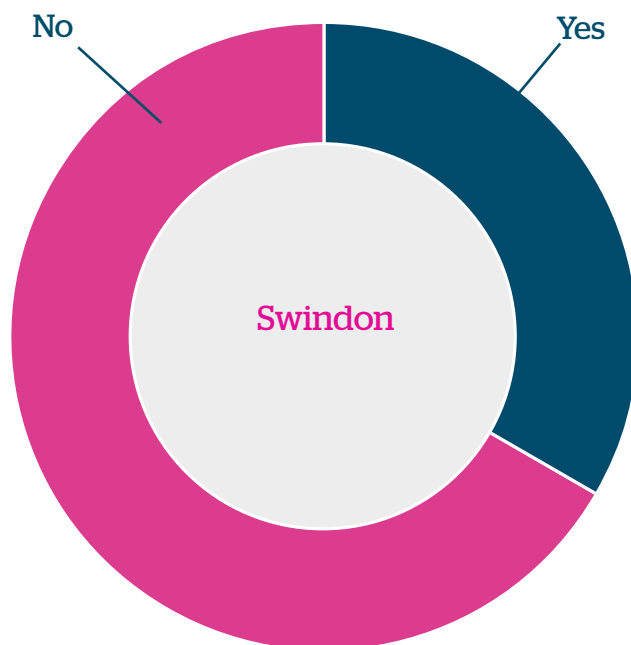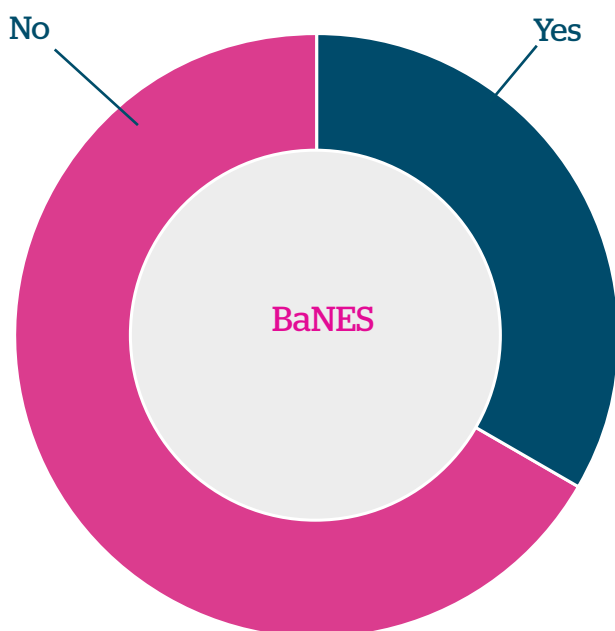
Do you consider yourself a carer?

No   Yes

BaNES

No   Yes

Swindon
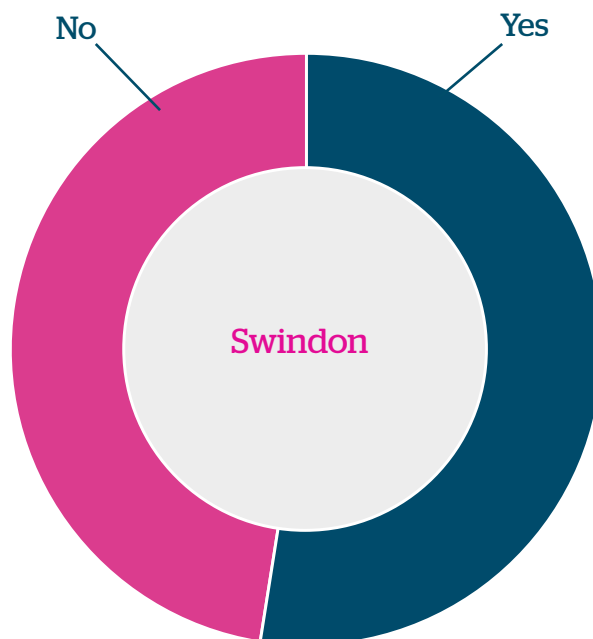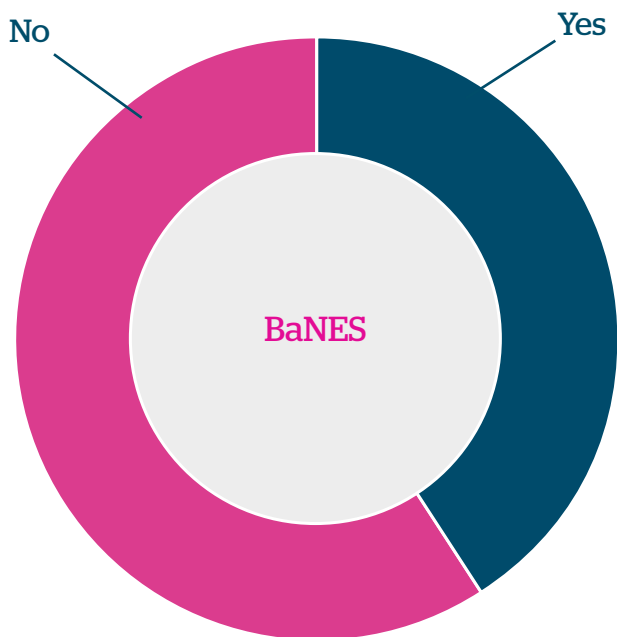
Has your mental health been impacted as a carer?
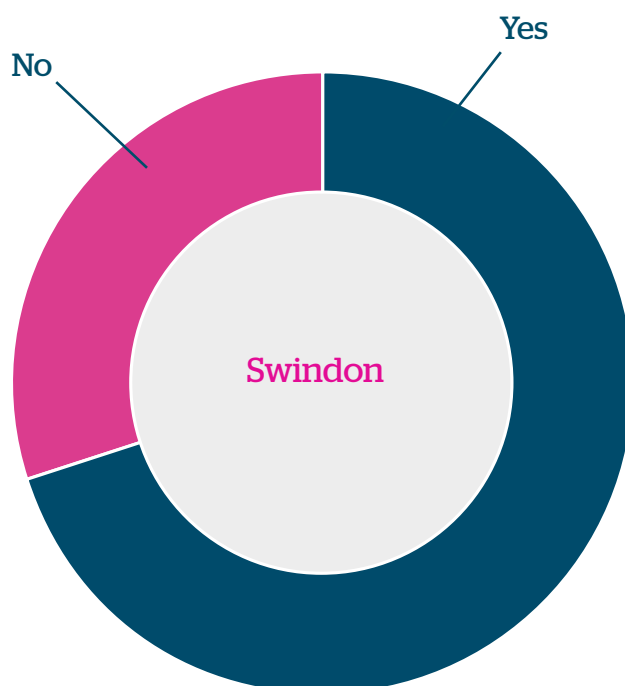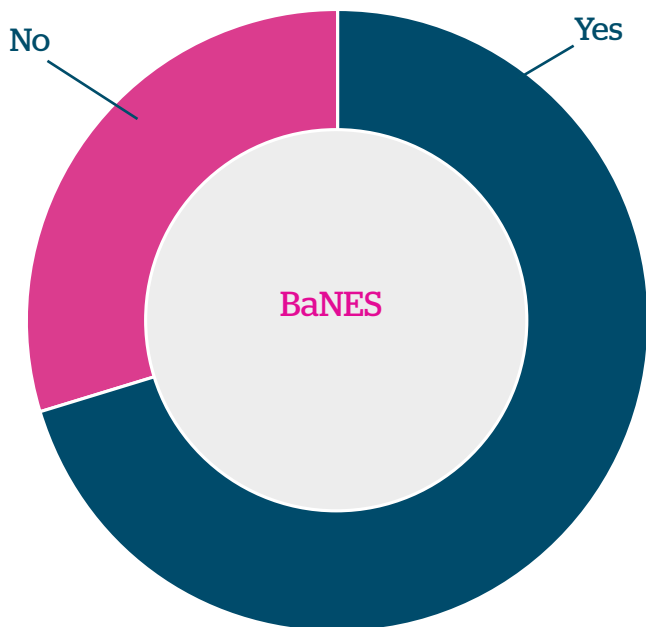
No   Yes

BaNES

No   Yes

Swindon

Do you consider yourself or the person you care for to have a disability?

BaNES

- Prefer not to say
- Yes
- No

Swindon

- Prefer not to say
- Yes
- No

healthwatch
Bath and North East
Somerset
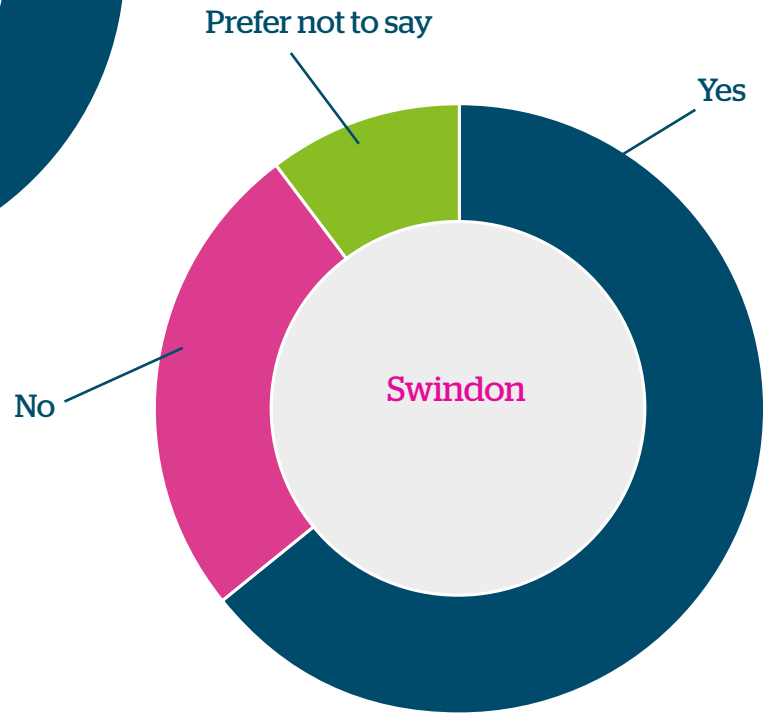
healthwatch
Swindon

healthwatch
Wiltshire

Healthwatch Bath & North East
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f HealthwatchWiltshire

📷 healthwatchwiltshire