



Experiences of Mental Health Support in the Community

healthwatch
Sheffield

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About Healthwatch Sheffield

We're here to help adults, children and young people influence and improve how services are designed and run. We are completely independent and not part of the NHS or Sheffield City Council. You can tell us about your experience of:

1. Health services

(GPs, dentists, opticians, pharmacies and hospitals etc.)

2. Social care services

(care at home, residential and nursing homes, personal budgets etc.)

We collate the feedback you give us so we can provide evidence-based recommendations to the organisations that design, pay for, and run our local services.

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Recommendations

We have made five recommendations, using the powers given to local Healthwatch, and based on the findings of our review.

Our recommendations are for local commissioners and providers of mental health services: Sheffield Health and Social Care NHS Foundation Trust, NHS Sheffield Clinical Commissioning Group and Sheffield City Council.

We will ask each organisation to provide a response to the recommendations. Responses will be made publicly available through our website.

We have identified an overarching theme from the findings of our review, which is that people want access to services to be easier and to get the right help at the time that they need it, before a crisis is reached. There is a lot of support available but the system is disjointed which can cause poor experience and in some cases people disengage from services.

1

Providers should work with service users to review how they communicate referral routes (for example which services accept self referral) and inform people about the alternative services and/or activities that may be helpful whilst they wait for assessment.

2

All service providers should work together to allow referrals between different organisations and sectors to prevent service users having to go back to their GP (or other statutory worker) for a new referral when their needs change.

3

More waiting time information should be made available to service users and front line staff to support their choices and decision making. We recommend that the Commissioning Team consider the benefits of developing a central resource where this information can be accessed.

4

The information provided at assessment should be reviewed with service users to make sure it provides clarity about what people can expect. For example, about the number of sessions people can have, alternative interventions, the options available to them after their sessions have finished and how long they will need to wait before they can access the service again.

There may be times when services cannot meet people's expectations or meet all of their needs. We would like to see the Commissioning Team explore their role in building capacity and increasing support for the wellbeing activities that people have identified as helping them to maintain good mental health, including support for friends and family and peer support activities.

5

Engage more frequently with current service users and people with lived/living experience of mental health distress to improve service design and delivery. Develop open and inclusive engagement methods to ensure early communication of changes.



Why Healthwatch Sheffield decided to investigate

In Sheffield over 95,000 people (17.1% of the adult population) have a diagnosis of either depression or anxiety, and over 5,000 people (0.9% of the adult population) have a diagnosis of severe mental illness such as psychosis or severe depression.¹ The number of people with diagnosis of mental health conditions has continually risen over the last two decades.²

Access to good quality of mental health services continues to be a significant concern to the people of Sheffield, echoing concerns raised with local Healthwatch throughout England. 99 out of 152 (65%) local Healthwatch highlighted mental health as a major priority for their communities in 2018.

Healthwatch Sheffield regularly hears from local people that they would like to see improvements in mental health support. In response to this, in October 2016 Healthwatch Sheffield published a report that explored the views and experiences of mental health crisis support in the city.³

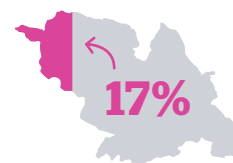
Concerns raised included varying quality of care, with half of those who had experienced a crisis saying that they felt the services or professionals they dealt with did not know how to give them the care they needed. Almost three quarters of staff (71%) told us that they thought current services were worse than those provided two years before.

We made recommendations based on our findings and we continue to work with the Sheffield Crisis Care Concordat Implementation Group to support progress in implementing them.

In 2017 we decided to focus on experiences of the support available in the community setting (near to or at home) as this is where most people with mental health conditions access their care. In recent years there has been a steady increase in the proportion of people with common mental health disorders who access mental health support in this way.⁴

Mental health support in the community can come in the form of assessment and treatment, support groups, day centres, drop-ins and wellbeing activities. It can be provided by the NHS, social services or voluntary and community organisations and informally by family and friends (although this was not the focus of our survey).

In numbers



of adults in Sheffield have been diagnosed with either depression or anxiety

65%

of local Healthwatch highlighted mental health as a major priority in 2018

¹ Public Health England, [Mental Health and Wellbeing JSNA](#), 2017

² NHS Digital, [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2014](#), September 2016

³ Healthwatch Sheffield, [Care or Crisis? A Study of people's experiences of care before and after mental health crisis](#), October 2016

⁴ NHS Digital, [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2014](#), September 2016

Background

In our region

The developing South Yorkshire and Bassetlaw (Sheffield, Barnsley, Rotherham, Doncaster and Bassetlaw) Integrated Care System brings together all of our health and social care organisations to address disparities in service delivery from place to place and to support more community based treatment. Improving mental health through a preventative, holistic approach to the health and wellbeing needs of the population ⁵ is one of it's specific priorities.

⁵ South Yorkshire and Bassetlaw Transformation Plan, [Health and care in South Yorkshire and Bassetlaw](#), 2016

⁶ Sheffield City Council, [Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee](#), January 2018

The Sheffield Mental Health Transformation Programme

The Sheffield Mental Health Transformation Programme ⁶ is an ambitious joint programme of work between Sheffield City Council, NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT).

The Transformation Programme aims to address some long standing problems in the city, and, by doing so, make some significant financial savings.

The overarching themes of the Programme are prevention, whole person care (addressing physical and mental health needs) and improved cross organisational working.

The Programme consists of 14 projects areas, five of which are described as 'transformational':

- **Promoting Independence**
- **Dementia Care**
- **Liaison Mental Health**
- **Primary Care Mental Health**
- **Integrated Improving Access to Psychological Therapies (IAPT) Services**

Clear plans for public involvement are still being developed for the individual projects and the role that patient experience will play in evaluating their impact has not yet been defined. However, a clear commitment to listening to the views of local people has been made, as well as a commitment to working with Healthwatch Sheffield and other voluntary sector partners.

Healthwatch Sheffield will continue to work with the Programme team through our place on the Mental Health, Learning Disabilities and Dementia Delivery Board.

Background continued...

Changes to services provided by Sheffield Health and Social Care NHS Foundation Trust

The majority of NHS funded mental health services in Sheffield are provided by SHSCFT. In March 2017, the Trust was rated 'Good' by the Care Quality Commission (CQC) in the report of its inspection.⁷

⁷ Care Quality Commission, [Sheffield Health and Social Care NHS Foundation Trust Quality Report](#), March 2017

The Trust's approach to improvement has been included as a case study by the CQC in its report 'Driving improvement: Case studies from seven mental health NHS trusts'.⁸

⁸ Care Quality Commission, [Driving improvement: Case studies from seven mental health NHS trusts](#), March 2018

In summer 2017, we started to hear concerns from some service users about the Trust's reorganisation of Community Mental Health Teams (CMHTs). These concerns were echoed by some front line staff and by Sheffield Advocacy Hub:

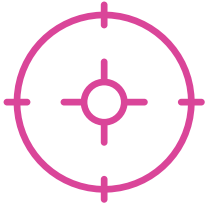
- **Some patients felt they were not adequately involved in the restructure and that information was provided at a late stage. People told us this led to uncertainty, causing anxiety and distress to patients and carers.**
- **Front line staff had expressed fears about the impact of the changes to Trust Managers, service users and to Healthwatch staff and volunteers.**
- **Concerns included increased waiting times, larger caseloads and greater distances for service users to travel.**
- **Some staff and service users described low morale and high sickness rates due to work related stress.**
- **An increase in the demand for independent advocacy being used by people who face difficulties accessing community based mental health support. This led to increased waiting times for all people in Sheffield waiting for advocacy support.**

We have shared specific concerns with SHSCFT and with the Mental Health Commissioning Team as they have been raised with us. Trust leaders were aware of dissatisfaction about changes and organised a series of drop in information sessions for service users. The Trust plans to host further information sessions and to include service user experience in the evaluation of the effectiveness of these changes.

We have reiterated to the Trust and to the Commissioning Team the importance of working with the public and stakeholders to plan and transform services as well as to monitor experience.

Aims

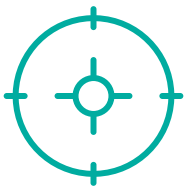
The overall purpose of this review is to contribute to the local evidence base available to people who design and deliver services, and specifically to:



Gather the views and experiences of adults who have faced, or are currently facing mental health problems, about the support available to them in the community setting.



Understand what local people find helpful to maintain good mental health.



Make recommendations for commissioners and providers of NHS and social care services based on our findings in order to improve services for people in Sheffield.



[I would like] more opportunities to get involved. I work and have two small children so meetings aren't always possible. There needs to be more methods of finding out what service users need.



How we investigated

Period of data collection

The review was carried out between July and October 2017, and included a survey which ran from 27th July to 31st August 2017.

We reviewed local patient experience data, undertook a review of the relevant literature and listened to the views of service users and carers, to providers, commissioners and key stakeholders.

Survey

To enhance our existing data set, we carried out a survey for members of the public (see appendix).

The survey was designed to reflect good practice, and drawing on the approach taken in the Care Quality Commission (CQC) Community Mental Health Survey 2016, Healthwatch Sheffield's previous work on mental health and the Five Ways to Wellbeing.^{9,10,11}

The survey contained a mix of closed and open questions with sections for participants to share their experiences of community mental health services and their opinions on what they find helpful for maintaining good mental health.

The survey was widely shared through existing networks via an online link and paper surveys. Our engagement team and some of our partners supported people to complete the forms, particularly our Healthwatch Local partners Manor and Castle Development Trust and SOAR.^{12,13}

Analysis of survey data

All of the data was recorded and initially analysed using survey monkey.¹⁴

Results of the survey for groups of different people were compared, for example those of different ages or gender. However, the most notable difference observed in the data was between those who had accessed services within the three months prior to answering the survey, and those who had accessed services within the last three years, but not during the last three months. This pattern is shown in the findings presented in this report.

Thematic analysis was used to review free text comments, this involved coding the comments and then grouping these codes in order to identify themes.

⁹ Care Quality Commission, [Community mental health survey 2016](#), 15 November 2016

¹⁰ Healthwatch Sheffield, [Care or Crisis? A study of people's experiences of care before and after a mental health crisis](#), October 2016

¹¹ New Economic Foundation, [Five Ways to Wellbeing](#), 22 October 2008

¹² www.manorandcastle.org.uk

¹³ www.soarcommunity.org.uk

¹⁴ www.surveymonkey.com

Who we spoke to

Through engagement activities, the review of our existing data set and the survey, we heard 450 experiences (some people may have completed the survey and provided feedback through one of the other routes).

Our engagement activities took place at:

Maan's Somali Health and Wellbeing Celebration¹⁵

Parson Cross Lunch Club

Sheffield Wellbeing Festival¹⁶

Sheffield Cathedral Archer Project Homeless Day Centre¹⁷

The survey was completed by 235 people and we spoke to 32 people through our engagement activities.

Of those who completed the survey, 70% identified as women, 7% as BAME (Black, Asian, Minority, Ethnic), 8% as LGB (Lesbian, Gay, Bisexual) and 50% identified as having a long term physical health condition. When analysing the findings of the survey we compared the experiences of those with different characteristics; however, our data did not show any major differences in experience between these groups.

People who completed the survey had experienced a range of mental health support in community with many people having experienced more than one service. In addition to statutory services, other services or groups that people had experienced included Samaritans, ReThink, Sheffield Alcohol Support Service (SASS), the Survivors of Depression In Transition (SODIT) and private counselling.

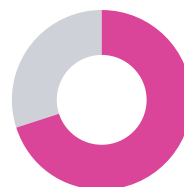
51% (121) of survey respondents had accessed mental health support in the community in the three years prior to completing the survey, and 33% (78) had accessed mental health support in the community in the three months prior to completing the survey.

In numbers



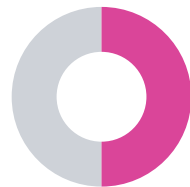
235

People completed the survey



70%

Identified as women



50%

Had a long term physical health condition

¹⁵ www.sheffielddirectory.org.uk/kb5/sheffield/directory/service.page?id=M6h1M4qvrTO

¹⁶ www.sheffieldmentalhealth.org.uk/event/Sheffield-Wellbeing-Festival-2017-07-20

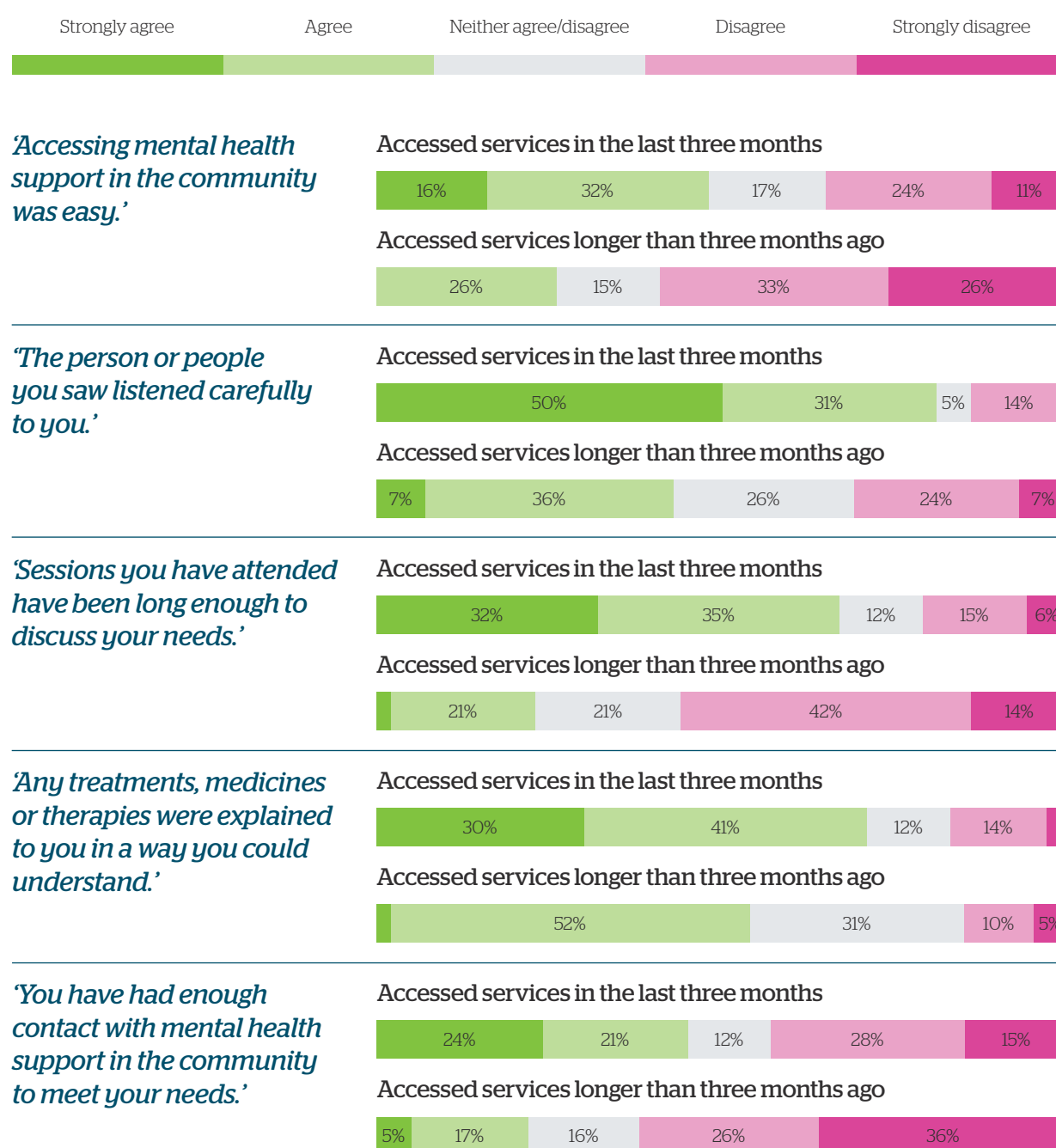
¹⁷ www.archerproject.org.uk

Findings

Overview of people's experience of mental health support in the community

We asked people to tell us if they agreed or disagreed with a series of positive statements (Figure 2). These results are presented together here to provide an overview of people's experiences of mental health support in the community. Individual questions will be referred to later in the report.

Figure 2: How much survey respondents either agree or disagree to a set of positive statements.



Our findings show that people who had accessed services recently were more likely to be positive about their experiences. For example, 69% of survey respondents who had accessed services in the last three months either agreed or strongly agreed with the statement 'Mental health support in the community helps you with what is important to you' compared to only 30% of those who accessed services longer than three months prior to completing the survey.

The three statements that the most survey respondents agreed with were related to the quality of the service provided by frontline staff. These statements were:



'The person or people you saw listened carefully to you'

'Any treatments, medicines or therapies were explained to you in a way you could understand'

'Mental health support in the community has treated you with respect and dignity'

The most negative responses were about experiencing difficulties accessing the right support at the right time:



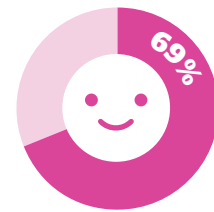
'Accessing mental health support in the community was easy'

'Sessions you have attended have been long enough to discuss your needs'

'You have had enough contact with mental health support in the community to meet your needs'

This was particularly evident in the responses from people who accessed services longer ago than three months prior to completing the survey; over 50% of this group disagreed or strongly disagreed with the statements.

In summary



69% of those who had accessed services in the last three months agreed that *'Mental health support in the community helps you with what is important to you.'*



Compared to only **30%** of those who accessed services longer than three months prior to completing the survey.



I have seen a definite improvement in my anxiety and a significant lift in my mood since attending CBT therapy through Sheffield IAPT.



Good experiences of mental health support in the community

Key findings

Over half of the respondents to our survey who had recently accessed mental health support in the community were generally positive about the experience. 69% of survey respondents agreed or strongly agreed with the statement 'Mental health support in the community helps you with what is important to you' and 32% made a comment about how mental health in the community had helped them to understand and manage their condition.

There are five main ways that survey respondents felt mental health support in the community helped them:

- **It helped me to understand and manage my condition**
- **They were supportive and listened to me**
- **I was able to get back to doing everyday tasks**
- **It was an enjoyable social activity**
- **They provided support for my physical health, social care or other need.**

People who indicated it was longer than 3 months since they accessed services had fewer positive things to say.

With both the South Yorkshire and Bassetlaw Integrated Care System and the Sheffield Mental Health Transformation Programme, emphasising the importance of treating the whole person - physical and mental health, it may be of particular interest that whilst 10% of respondents who had accessed services within the last three months made comments on the theme of 'They provided for my physical health, social or other needs', no respondents who accessed support longer ago made comments on this theme.



Support provided by user controlled groups was inclusive, person centred and valuable.



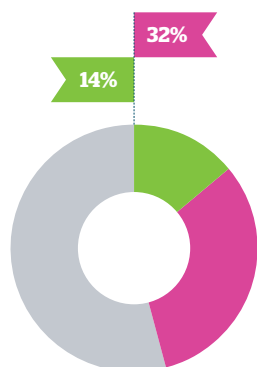
Figure 3: The five themes that were identified following thematic analysis of the comments section in relation to the question 'How has mental health support in the community helped you?'

Shows the percentage of survey respondents who made comments on each theme.

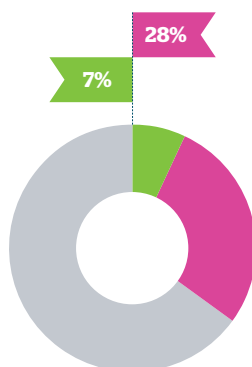
- Accessed services in the last three months
- Accessed services longer than three months ago

(People who had accessed services in the three months prior to answering the survey = 78, people who had accessed services within the last three years, but not the last three months n = 43)

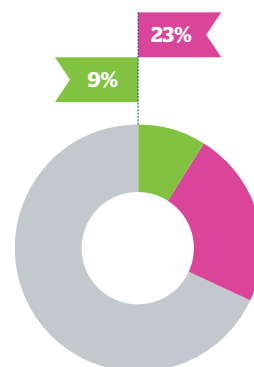
It helped me to understand and manage my condition.



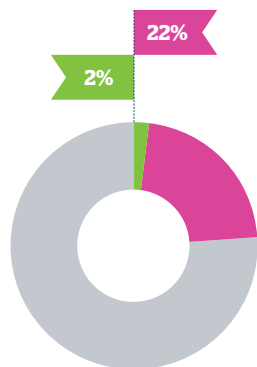
They were supportive and listened to me.



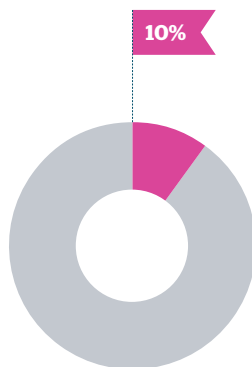
I was able to get back to doing everyday tasks.



It was an enjoyable social activity.



They provided for my physical health, social or other needs.



Once I accessed the mental health help I was able to learn of what other support was available.



What could be improved about mental health support in the community

Key findings

Accessing mental health support in the community was generally perceived as being difficult by respondents to our survey, particularly by those who accessed services longer ago. 59% disagreed or strongly disagreed with the statement 'Access mental health support in the community was easy' and 16% made a comment about how they would like access to services to be easier.

Our review of existing experience data and the views we heard during our engagement activities were in agreement that people want access to support in the community to be easier.

Survey respondents had lots of ideas for what could be improved. From the comment sections 12 themes were identified:

- **More whole person care - taking into account physical health and social needs**
- **More sessions**
- **More money for more staff**
- **More empathy shown by staff**
- **Shorter waiting times**
- **Easier access to services**
- **Longer sessions**
- **More involvement of patients and carers during consultations about changes to services**
- **More involvement of patients in their own care planning**
- **Better continuity of care**
- **More information about changes being made to services**
- **Nicer environment**

Both those who accessed services more recently and those who accessed services longer ago agreed that they would like to experience more whole person care - taking into account physical health, mental health and social needs.

Patient and carer involvement was an area that people who accessed services longer ago felt much more strongly should be improved. They were four times more likely to say that patients should be more involved in decisions about their own care, and six times more likely to say that there should be better consultation with patients and carers about changes to services.

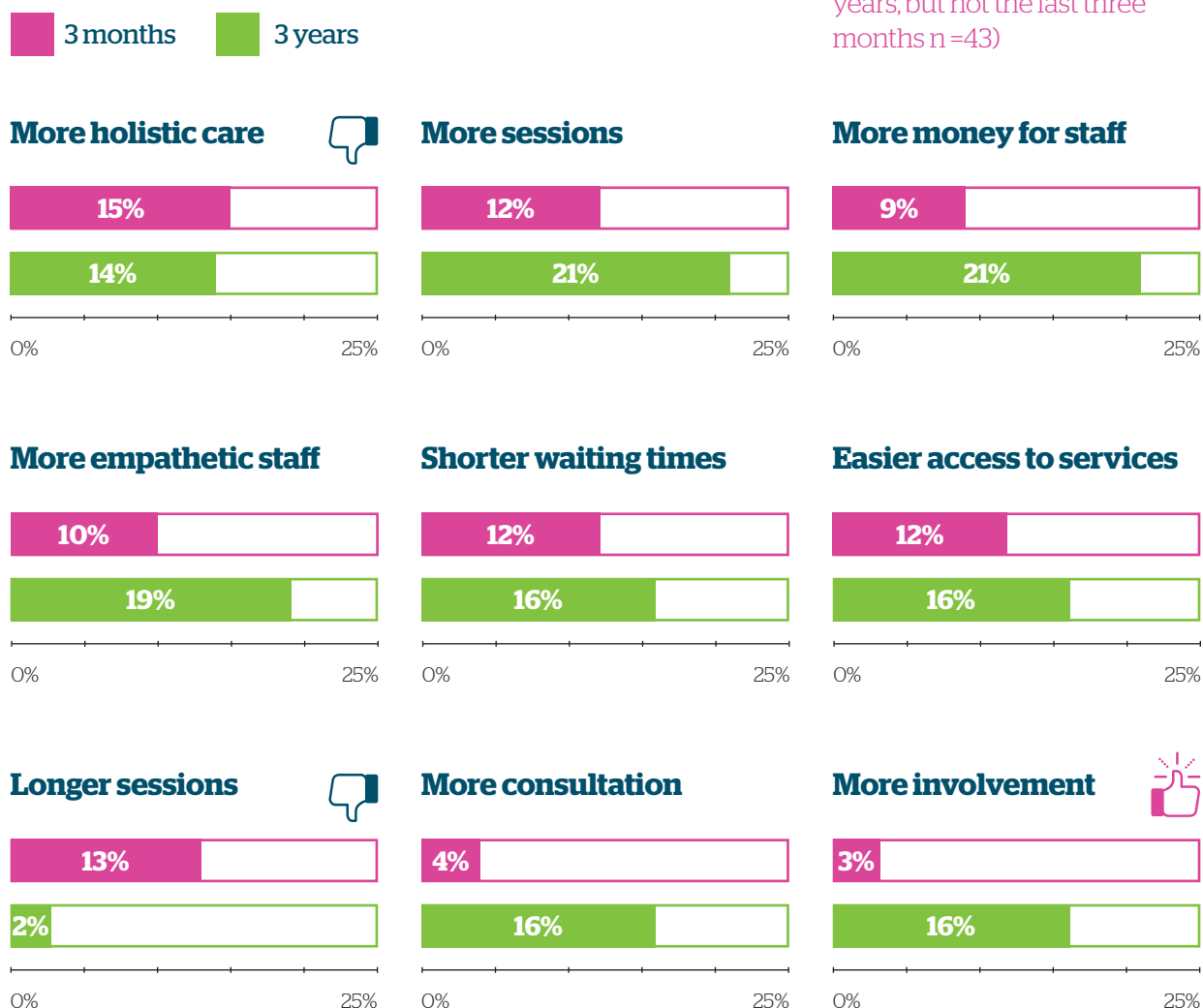
We also heard from people about the value of peer led and peer support activities as a safe way to develop support networks. There is good evidence in support of peer approaches and they are popular amongst people who have used them. Mind found that peer support can improve wellbeing, the ability to connect with others and improve people's ability to make decisions and take action.^{18,19}

¹⁸ Mind, [Mental Health Peer Support in England: Piecing together the jigsaw](#), September 2013

¹⁹ Mind, LSE et al, [Side by Side: Early research findings](#), May 2017

Figure 4: The twelve themes that were identified following thematic analysis of the comments section in relation to the question 'What do you think could improve mental health support in the community?'

(people who had accessed services in the three months prior to answering the survey = 78, people who had accessed services within the last three years, but not the last three months n = 43)



When my programme finished I had no place to go. All my contact finished and was told to go back to my GP and get referred. I had just started to get out of the house and then they took everything away.



What is it like for those who have attempted to access mental health support in the community but not been able to access any support?

Key findings

89 

People who completed the survey have never accessed mental health support in the community.



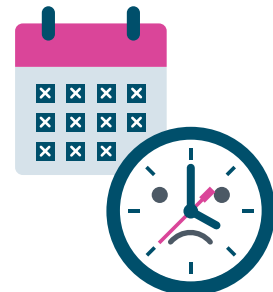
Twelve of these respondents made comments about their experience of attempting to access support.

These survey respondents said that they were not able to access services, the waiting times were too long, or that they could not get past the initial barrier of making a GP appointment.

People also spoke to us about the difficulties of accessing support during our engagement activities. In these settings, people opened up about feeling too embarrassed to talk to anyone about the support they needed.



Accessing mental health support in the community is not as easy as it sounds. Didn't know where to go, plus did not want people or doctor to think I was daft or useless.



What people find helpful for maintaining good mental health

Key findings

In order to gain an understanding of what people in Sheffield find helpful for maintaining their own mental health, survey respondents were asked whether they found any of a range of activities helpful. The activities were based on the Five Ways to Wellbeing.²⁰

Overall, there were five activities that over half of the survey respondents found 'very helpful' for maintaining good mental health (Figure 5). These were:

- 1. Time with friends**
- 2. Time with family**
- 3. Listening to music**
- 4. Time in nature**
- 5. Walking**

The results highlight the important role that friends and family play in helping respondents to maintain their own mental health. Providers and commissioners may want to consider how friends and family can be supported in order for them to provide help, even if they do not consider themselves to be 'carers'. Conversely, it must be acknowledged that not everyone has access to a trusted support network and that social isolation has an impact on mental health.²¹

People we spoke to through our engagement activities also told us that they found volunteering to be a helpful activity for maintaining good mental health.

The top five activities survey respondents would like to do more often were:

- 1. Time in nature**
- 2. Dancing**
- 3. Relaxation exercises**
- 4. Walking**
- 5. Creating art**


Although over half of survey respondents said that time in nature was good for their mental health, it was the activity that most respondents said they would like to spend more time doing, suggesting that people perhaps find it difficult to get out into nature as much as they'd like to.

These results are consistent with the results of the Mental Health Foundation's 2017 report 'Surviving or Thriving'.²²

²⁰ New Economic Foundation, [Five Ways to Wellbeing](#), 22 October 2008

²¹ Public Health England and The UCL Institute of Health Equity [Local action on health inequalities Reducing social isolation across the lifecourse](#), September 2015

²² Mental Health Foundation, [Surviving or Thriving](#), May 2017



What helped me most was self help books and finding my own services as waiting to see someone took too long.


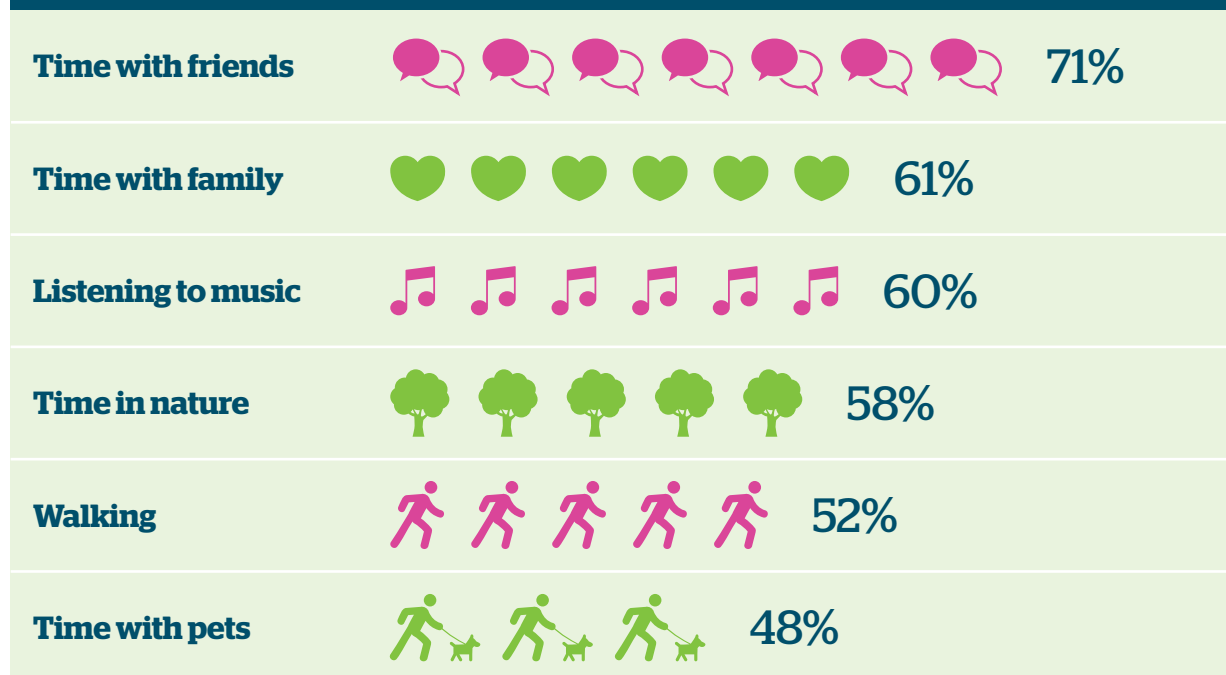


Figure 5: The percentage of survey respondents who found these activities 'very helpful' for maintaining good mental health (n=223)



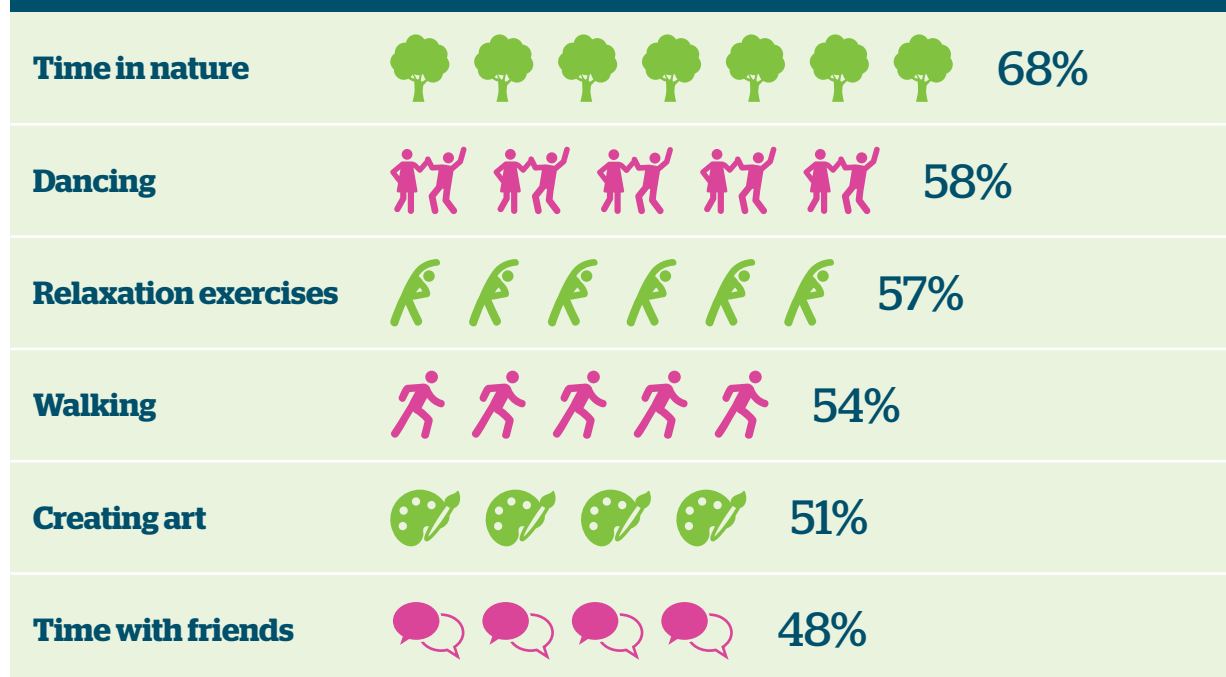
I just need time to come around from the place my mental health has taken me, to recharge my batteries.



Going cycling through the Peak District [is helpful for maintaining good mental health].



Figure 6: The percentage of survey respondents who would like to do this activity more often (n=223)



Next steps

Healthwatch Sheffield will continue to monitor the experience of service users and carers as planned service changes take effect, including:

- **The restructure of Community Mental Health Teams and the introduction of a mental health Single Point of Access phone line within Sheffield Health and Social Care NHS Foundation Trust,**
- **The implementation of the Sheffield Mental Health Transformation Programme.**

Our ongoing engagement will focus on areas where we have the opportunity to bring service user perspectives to directly influence service design and delivery, including:

- **Identifying experiences specific to seldom heard groups,**
- **Championing public involvement, engagement with the voluntary, community and faith sector, and the use of genuine co-production as a route to ensuring services meet need.**

Acknowledgements

Healthwatch Sheffield would like to thank all those who shared their experiences of mental health support in the community with us.

We would also like to thank all the groups we worked with as part of this project including:

- **Archer Project**
- **Ben's Centre**
- **Challenge Sheffield**
- **Changing Faces**
- **Disability Sheffield**
- **Drink Wise, Age Well**
- **Sheffield Flourish**
- **Maan**
- **Manor and Castle Development Trust**
- **NHS Sheffield Clinical Commissioning Group**
- **Parson Cross Lunch Club**
- **Roundabout**
- **Sheffield Advocacy Hub**
- **Salvation Army Hostel**
- **Sheffield Alcohol Advisory Service and Da Hood**
- **Sheffield Carers Centre**
- **Sheffield Health and Social Care NHS Foundation Trust**
- **Sheffield Mind**
- **Sheffield and Rotherham Wildlife Trust**
- **Shipshape**
- **SOAR**
- **Stephanie de la Haye**
- **St Wilfred's**
- **Survivors of depression in transition (SODIT)**
- **Voluntary Action Sheffield**

Appendix

Mental health support in the community summer 2017 survey

Mental Health Support in the Community Summer 2017 Survey

Mental health support in the community helps people to manage their mental health needs whilst remaining at home.

It can include advice, support groups, day centres, drop-ins, assessment and treatment of mental health conditions.

It is provided by a number of different services including the NHS, social services and charities.

This survey will help to inform research into community mental health provision across Sheffield.

This will hopefully lead to positive change for those who currently use these services and those who will use them in the future.

It will take 5-10 minutes to complete this survey. We value the time you spend completing it.

Please note: all questions are optional, please only answer a question if you feel comfortable doing so.

Please complete by 31st August 2017

Introductory question - for everyone to complete

Q1. Have you ever accessed mental health support in the community?

(please circle one)

Yes *

No **

* If Yes - please go to **Part A** (page 2)

** If No - please go to **Part B** (page 5)

Part A - only complete if you answered yes to question 1

QA1. What mental health support in the community have you accessed?

(please tick all that apply)

Community Mental Health Team	
IAPT	
NHS Drugs and Alcohol Service	
Crisis Team	
Mind	
Not sure	
Other	

If other please specify in the box below

--

QA2. When did you last have contact with mental health support in the community?

(Please tick in the box that applies)

This week	
This month	
Last 3 months	
This year	
Last three years	
More than three years ago	
Other	

QA3. How did you access this mental health support in the community?

(please tick all that apply)

GP referral	
Self referral	
Hospital referral	
Social Care referral	
Other	

If other please specify in the box below

--

QA4. How much do you agree with the following statements?

(Please tick in the boxes that apply)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Accessing mental health support in the community was easy					
The person or people you saw listened carefully to you					
Sessions you have attended have been long enough to discuss your needs					
Any treatments, medicines or therapies were explained to you in a way you could understand					
Mental health support in the community helps you with what is important to you					
You have had enough contact with mental health support in the community to meet your needs					
Mental health support in the community has treated you with respect and dignity					

QA5. How has mental health support in the community helped you?

(please specify in the box below)

QA6. What do you think could improve mental health support in the community?

(please specify in the box below)

QA7. Do you have any additional comments?

(please specify in the box below)

Please go to **Part C** (page 6)

Part B - only complete if you answered no to question 1

QB1. Have you ever **attempted** to access mental health support in the community?

(please circle one)

Yes

No

QB2. If **yes** please tell us about your experience?

(please specify in the box below)

Please go to **Part C** (page 6)

Part C - for everyone to complete

QC1. Which of the following do you find helpful for maintaining good mental health?

(Please tick in the boxes that apply)

	Very helpful for you	A bit helpful for you	Not helpful for you	Not sure	You do this as regularly as you would like	You would like to do this more
Time with family						
Time with friends						
Time with pets						
Time alone						
Time in your neighbourhood						
Time at work						
Time in nature						
Gardening						
Walking						
Dancing						
Sport						
Cooking						
Creating art						
Playing a musical instrument						
Listening to music						
Volunteering						
Meditation/prayer						
Relaxation exercises						

QC2. What else do you find helpful for maintaining good mental health?

(please specify in the box below)

QC3. Do you have any additional comments?

(please specify in the box below)

Please go to **Part D** (page 8)

Part D - for everyone to complete

QD1. How have you filled out this survey? (please circle one)

On your own

With help

QD2. Do you have a long term physical health condition? (please circle one)

Yes

No

Not sure

Prefer not to say

(please specify in the box below)

QD4. What is your age? (please circle one)

0-15 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85-94 95+

QD5. What is your gender? (please specify in the box below)

QD6. What is your sexual orientation? (please specify in the box below)

QD7. What is your ethnicity? (please specify in the box below)

Thank you for filling out this survey. It will help to inform Healthwatch Sheffield's work on community mental health provision.

If you would like to find out more or contribute to our work please visit our website www.healthwatchsheffield.co.uk



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