

Mental Health in Sheffield: A Snapshot

Healthwatch Sheffield
(September 2014)

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Key Issues - A One Page Summary

What did most people say would most improve Mental Health in Sheffield?

- Joining up services and Information sharing between agencies
- Support for paid and unpaid carers
- Improved information and communications
- Training for staff and volunteers
- Person Centred Care

What did they feel are the current barriers to this?

- Not getting access to services, or getting the right service
- Waiting too long for a service, or not getting help early enough
- Limited resources - staff, time, money, facilities, services
- Having physical and mental needs treated separately
- Lack of integration and communication between services

Recommendations and Next Steps

- Sheffield Health and Wellbeing Board note the points of this report and work proactively to translate people's views into action, and that all actions are communicated back to the people who attended this event
- All future engagement events should include a service user quota to ensure sufficient representation from members of the public
- This report becomes the basis of future work on the 10 topics discussed at the event with a view to repeating this exercise in 12 months time and assessing the distance travelled
- To work with Healthwatch Sheffield to ensure that people remain involved and their views and experiences are used to help shape and improve services in the City

Background

Sheffield's Health and Wellbeing Board asked Healthwatch Sheffield if they would be interested in running one of their engagement events taking place in July 2014. Healthwatch agreed and was able to select the topic of mental health.

Why?

We did this because we felt Mental Health was a difficult topic to collect views on, but a very important one. The findings at the event could also be used to make recommendations to a number of ongoing consultations including the Sheffield Mental Health Strategy refresh and the Healthwatch England special enquiry into discharge from services.

Who?

We were very clear from the start that we wanted to actively encourage service users to come along and have their say, making sure that the people who know the most about the condition were the priority. With this in mind, we ring fenced a number of tickets specifically for service users, and encouraged all service providers taking a ticket to also select a service user to attend with them. On the day, we estimate (based on the Eventbrite ticket list) that 60% of the 80 people attending were service users. For those who were unable to be in the room at the time, we hosted a live webchat (using Google Hangout) and also promoted a Twitter hashtag (#mhsheff2014).

Both the webchat and live Twitter feed were visible on large screens in the hall on the day. We received 86 tweets, all of which can be read in appendix 1.



How did we do it?

We gathered views in a variety of ways and since the event was taking place in the summer we loosely based the event on a summer fete theme.

To encourage people to talk about mental health as part of the day, a DVD was shown of the Sheffield MIND Let's Get Talking project. It showed service users from Somali and Pakistani backgrounds talking about their mental health problems and the stigma and discrimination people face.

Participants then had the opportunity to visit the summer fete, an informal session which gave people a chance to get refreshments, take part in our Hook-a-Duck consultation put up their Mental Health Bunting and view the Young Healthwatch stall.

All views from this session can be found in the 'Mental Health Bunting' section later in this document.

People were then asked to sit at tables to discuss 10 topics:-

- 1) Discharge from Hospital
- 2) Acute Care - Including secure units
- 3) Integration - bringing health and social care together
- 4) Barriers to accessing services
- 5) Information - how do you find things out?
- 6) Early support and intervention
- 7) Primary Care - GPs, dentists, opticians, pharmacists
- 8) How do you stay well?
- 9) Emergency care and support
- 10) Dementia

Rather than ask people to move around, the facilitators rotated around the room as if on a carousel. People had five minutes to add their views on post-it notes to each topic before the melodeon player signified it was time for the facilitator (and their topic) to move on. This allowed everyone to contribute to a large number of topics in a short period of time.

An artist was also present to capture the discussion in a visual form. Participants were invited to view the artwork and mental health bunting throughout the event.



What did people tell us?

We received a large amount of feedback from all the activities. Every comment we received can be viewed in Appendix 2. A summary of the main themes arising from the activities and the table discussions follows.

Table Topics

Acute Care

Key Points:

- Both patients and staff would like staff to have more time.
- Sometimes it is difficult to access services or get the right one for you.
- Families/carers need more support at points of transition (e.g. when someone is admitted, or discharged from acute care).

Emerging Themes

A&E

Several people mentioned A&E, and of these most people didn't feel it was the right place to be in a crisis. Response times and waiting times were also felt to be too long.

Staff

Staff in acute settings were described as having heavy workloads, or having lost their empathy. A service user commented that staff "not got the time for 1:1 work. They can't provide an individual service."

A staff provider echoed this: "Find that hands are tied to be able to do 1:1, an individual / bespoke service. Things have to fit the process, not the individual."

Families / Carers

Preparing the family or carer for discharge was mentioned, as was identifying clear routes out of acute care. "Families with acute care needs need help to access ongoing services" reflects most of the comments on this area. "The trauma of acute admission on family members is not always acknowledged."

Inpatient Settings

People who had identified themselves as having been an inpatient all disliked the experience. They described the environment as frightening, not enough having enough therapeutic activity and feeling neglected.

Access and Choice

Several people described not being able to get what they needed, when they needed it most in Acute Care. "Office hours are not helpful", "I need easier access", "I need help to access the right service", "I don't always need specialist help, but I need good signposting."

Barriers to Accessing Services

Key Points:

- The stigma surrounding mental health remains the biggest issue in accessing services.
- More tailored training for staff is needed.
- Accessing primary care can be a challenge for some people.

Emerging Themes

Access and Waiting Times

People have very different experiences of waiting times and access to services. Geography and cultural differences were mentioned as factors that affected this. Service users spoke of thresholds for services being too high, waiting times for both primary and secondary care being too long, and not enough counselling available.

GPs

Several people said that they didn't think their GP had a good understanding of their condition. One person felt that there was a lack of encouragement by the GP to discuss mental health at an early stage. Poor referral letters and uncaring receptionists were also mentioned.

Information

Better information around self help would improve access to services for several people. Often people may not know what's available, or how to use it. "Accessing websites may be difficult for some people."

Training and Education

Awareness training for GPs, reception staff and employers were all mentioned.

Stigma

There remains a huge stigma around mental health, even though there is an acknowledgement of slow change.

"Women with anxiety are seen as marginalised"

"There are cultural barriers"

"Stigma, misconceptions, fear, personal shame."

A common theme was also that people either don't realise that they are ill or refuse to accept that they may need support or help.

Discharge from Hospital

Key Points:

- There is a perception that after discharge there is not enough support in place, and many patients feel there is a gap in service immediately after discharge.
- Transitions need to look more seamless to the service user, and need to take place only when everyone is informed and ready to do so.

Emerging Themes

Are you ok?

Several people would like to see more checking on people post-discharge.

“No checking of are you ok - are you well?”

“Discharge from acute services does not mean that someone has recovered!”

“Patients need to be eased back into coping on their own rather than just left. Often they don't see people for weeks.”

“Do not ‘send’ people home unless there is someone to receive them.”

Support after discharge

The majority of comments on discharge were about support.

“The discharge process is a revolving door.”

“Not having appropriate support in place for after discharge is a major concern.”

“Do not discharge until ALL care issues are fully arranged and resourced.”

Housing was frequently mentioned as a service which needed to be involved earlier (i.e. “Let the housing know!”).

Transitions

Universally, everyone wanted to see true integrated working when it came to transitions.

“Services working together e.g. health, council, individual's housing.”

Discharge from Hospital (continued)

Transitions

“Stop the practice of playing pass the parcel with people and just treating them as money packages.”

“There is a lack of communication between mental health and physical health.”

“Limited support at discharge could cause people going back in.”

Most people mentioned better joining up of services and resources, and ensuring that everyone involved in the transition including the service user and their family and/or carer were informed and ready before the transition began.

Early Support and Intervention

Key Points:

- Much of the early support and intervention is carried out by the voluntary/ third sector. People are happy with this.
- Cuts and waiting times remain a concern for younger people and their families accessing services.
- People would like to see lower thresholds for access to services.

Emerging Themes

Voluntary/Third Sector Support

Many of the contributions to this discussion noted the valuable role of the voluntary /third sector.

“The voluntary sector is well placed to provide early intervention as people are often more willing to interact with them than other providers.”

“People become wary of primary health because of stigma. People therefore more ready to go to a non-statutory group.”

“The third sector offers flexibility, variety and is user friendly.”

Children

People mentioned the Youth Parliament and school nurses as important, but questioned the usefulness of CAHMS given a perception of long waiting times leading to more acute health issues.

“What support is there for 16-18 year olds?”

“Cuts to young people’s services e.g. Sure Start can lead to language development not being supported which can add to behavioural difficulties.”

“If young people are given help to adjust, then they find it easier to join groups and to be able to mix with others which helps their confidence.”

Thresholds

Thresholds for treatment were felt to be too high.

“You have to be in crisis before you are seen” and “Only crisis merits support.”

“People need to access services quickly. There is more money spent on late intervention”. “Services need to be available early and quickly.”

Emergency Care

Key Points:

- Emergency care has several areas of good practice.
- The tension between treating the physical and mental issue in an emergency situation remains critical.
- Individuals may have a large range of external factors that will affect their treatment.

Emerging Themes

Good Practice

Several people had points of good practice in emergency care.

“24hr Rethink helpline and crisis accommodation is impressive.”

“The response to the crisis in terms of saving my life was effective.”

“Crisis house - good but only if you can jump through the hoops.”

“Paramedics have been very good in crisis/suicide - non-judgemental and kind.”

A&E

A&E was not considered a good place to receive mental health treatment.

“A&E is focused on medical not mental health concerns.”

“A&E need for better training for mental health issues when someone presents with multiple issues.”

“Emergency A&E too focussed on ‘customer satisfaction’. Rarely have I seen surveys so poorly and inappropriately used.”

Mental versus Physical Health

Most people who had received emergency care noted the tension between treating their physical and mental health needs.

“I was taken to A&E because of an overdose. I was treated as someone with physical symptoms. The mental health ‘input’ did not begin until transfer to a psychiatric ward.”

Emergency Care (continued)

Mental versus Physical Health (continued)

“What is the priority? The mental or physical issue?”

“A&E need better training for mental health issues when someone presents with multiple issues.”

Treating the Individual

“We need to be aware that even in an emergency there may be important things on service users’ minds e.g. childcare.”

“Services need to listen to carers who know the patient best.”

“Non-attendance is not always a choice. Physical / stamina issues as well as mental stamina can be interpreted as disinterest.”

How do you stay well?

Key Points:

- There is no ‘one-size-fits-all’ solution to keeping well. Individuals find things that work for them.
- Having a network of people to speak to, either online, through family or friends, is the single most important thing that helps people.
- Children need strong support both at home and at school.

Emerging Themes

Promoting wellbeing

People told us of a variety of things that helped them such as; mindfulness, exercise, eating well, cycling, sleep, Yoga, counselling, drinking less and laughing. Others talked about learning to prioritise their mental health: “I put my wellbeing and mental health before work deadlines.”

Families, Groups and Networks

Having others around you to support you also works for many.

“Need to keep contact with family.”

“Volunteer and interact with others with similar interests.”

“Talk and keep in contact with your neighbours.”

“Social media (especially Twitter) is great for connecting with others with mental health issues.”

Children

Many people recognised the importance of promoting good mental health in children. They noted the importance of strong support at school:

“Schools having a holistic focus on wellbeing as well as attainment”, as well as at home “give families and kids the tools to tackle cyber bullying”, and elsewhere “organise activities for children and teenagers.”

Befriending

Several people recommended assistance to help people to widen their social circle. “Help people to find interesting networking things to do and support them in the early stages of their recovery.” “Extended families - adopt a granny or granddad” and “befriending services.”

Information

Key Points:

- People don't believe that there is a central resource for information on mental health.
- Sometimes people can't find the information they need, but do know what needs to change to make it easier for them to find.
- Information that is as relevant as possible to the individual and delivered in the right format for them is the most effective.

Emerging Themes

Where you access information is key

Many people spoke of a particular place (online or physical) where they would go to find information, and where it was missing when they needed it.

“No info on mental health wards to signpost to alternative services.”

“Employers need to have information available.”

“Information is of no value if you cannot get it from where it is, to where it needs to be.”

One central point

Most comments in this section were about the need for one centrally held resource which was well advertised, clear, easy to use and up to date.

“I need one place to find out where all mental health services are located.”

“There is no central hub giving information.”

“A single point of access, needs to be up to date.”

Missing information

Often, people noted that they couldn't get the information they needed.

“How would I get the information if I'm not on the system?”

“Information could be better.”

“Still a lot of missing information and lack of information about personal budgets.”

Information (continued)

Personalised information

Several people mentioned that a positive avenue is to receive information that is tailored to them, or delivered in person.

“Practice champions in GP practices offering help and advice.”

“Websites are not always the best for people with a mental problem.”

“Avoid the word ‘Mental Health’ for older people where stigma is strongest - ‘emotional health’ instead.”

Integration of Services

Key Points:

- More training for front line staff is needed.
- Putting the person first is key to integration.
- Time, money and staff remain a barrier.

Emerging Themes

Training and Education

There were many comments in this section about the need for training for people who work with people with a mental health condition.

“Mental health training for all front line support workers (i.e. police, care workers and GPs).”

“Raise awareness generally.”

“All staff need all necessary skills otherwise harm is done.”

“Up skilling of practitioners across the sector to work more effectively.”

Integration of Services (continued)

Person-centred care

People who had experience of a mental health condition spoke of the need to put the person first.

“If all services were integrated the pathways would be clearer.”

“We need to do ‘whole family work’, not individual.”

“People don’t want a whole lot of professionals in their lives.”

“It is important to avoid people having to tell their story lots of different times. Integration will help with this. We need to bust myths e.g. children being taken away if social services find out.”

“Organisations need to be quicker and more efficient about working with each other e.g. Sheffield Homes and the Council. Need to focus on the person and prioritising what they need.”

Resources

Time, money and staff were all quoted as things that remained barriers to integrated working.

“Sharing resources is needed, not working in silos.”

“Organisations need to be given time to reflect and plan integration.”

“Money! Stop playing power games, empire building and put the cash in.”

Standards

The issue of different criteria and standards between services was also seen to be a barrier.

“Difference in needs assessment between referrer and referring organisation (different criteria at the moment, raising expectations unfairly).”

“Accessibility on the same criteria (health universal, social care less widely available).”

Dementia

Key Points:

- More support for carers
- Training and awareness raising is particularly important with dementia as it is felt there is a lack of understanding / empathy
- Keeping people in their community and supporting that community to support them is important

Emerging Themes

Supporting Carers

The overwhelming majority of people felt that more support for carers was needed.

“More support for carers is needed.”

“Respite care for people with dementia so carers can carry on coping.”

“More support services for carers.”

Training

Specific dementia training was seen as essential to improving understanding of the condition.

“More training to be given to carers in dementia care.”

“Education for professions that do not work with dementia at all/that often.”

“Staff development in care homes.”

Raising awareness

“Access to awareness / training sessions.”

“Lots of education - raise the profile.”

“Information for children - Why can't gran remember?”

Dementia (continued)

Community

The role of community, and the importance both of remaining in the community, and of the community in accepting dementia, were both seen as important.

“Access - keeping well in their community.”

“Dementia friendly safe places in every community.”

“Communities should be more tolerant of differences.”

“More dementia friendly officers especially in schools, shops and communities.”

Mental Health Bunting Feedback

To gather a wide range of views from those in the room, we invited people to take some coloured paper triangles, and to write their views down.

Pink triangles were for people to tell us what was good about mental health services in Sheffield, and Blue triangles were for what could be improved.

Although a timed exercise, those present were encouraged to add as many triangles to the line as they felt they wanted to. This produced our 'mental health bunting' which can be seen here.



In total, there were 68 'pink' responses and 180 'blue'. These were then grouped into topics as follows on the next pages.

PINK Bunting Responses - What is good about services

Specific Services

Any triangle where someone mentioned a specific service, therapy or person. The most commonly mentioned of these was Improving Access to Psychological Therapies (IAPT).

Staff

Includes staff attitudes, well trained staff, supportive and empathetic staff.

Community

Any community based resource or reference to the wider community.

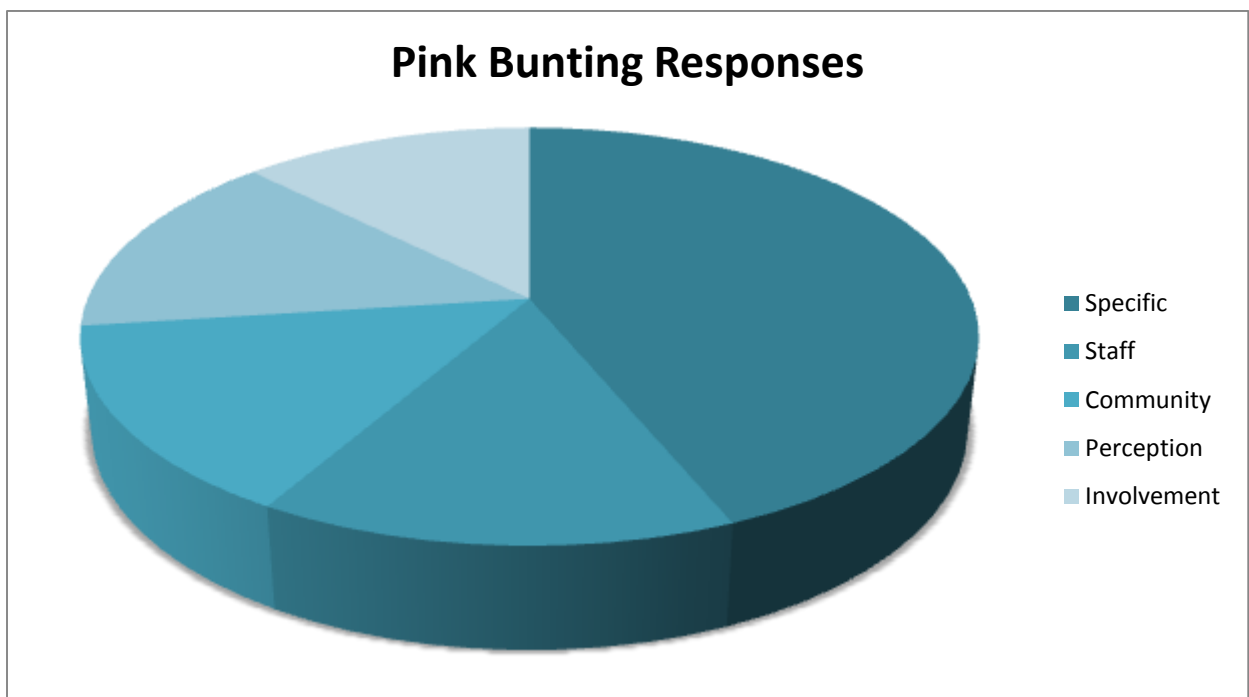
Perceptions

Covers changes in the way someone's condition is viewed, changes in treatment, changes in how open people feel they can be on the topic.

Involvement

Any triangle mentioning attempts to ask service users their views, to be involved in commissioning or service design, anything user-led.

The most popular category was specific named services (21 responses), followed by staff, community and perceptions (7 responses).



BLUE Bunting Responses - What can be improved

Access

Includes all comments where a service does not exist, is not open at the time when it is needed, or where people find it difficult to get to use a service.

Resources

Includes all comments about lack of money, time, premises and other resources.

Involvement

All comments relating to people feeling they would like to be more involved in their care, and services needing to consult people more.

Joined-up

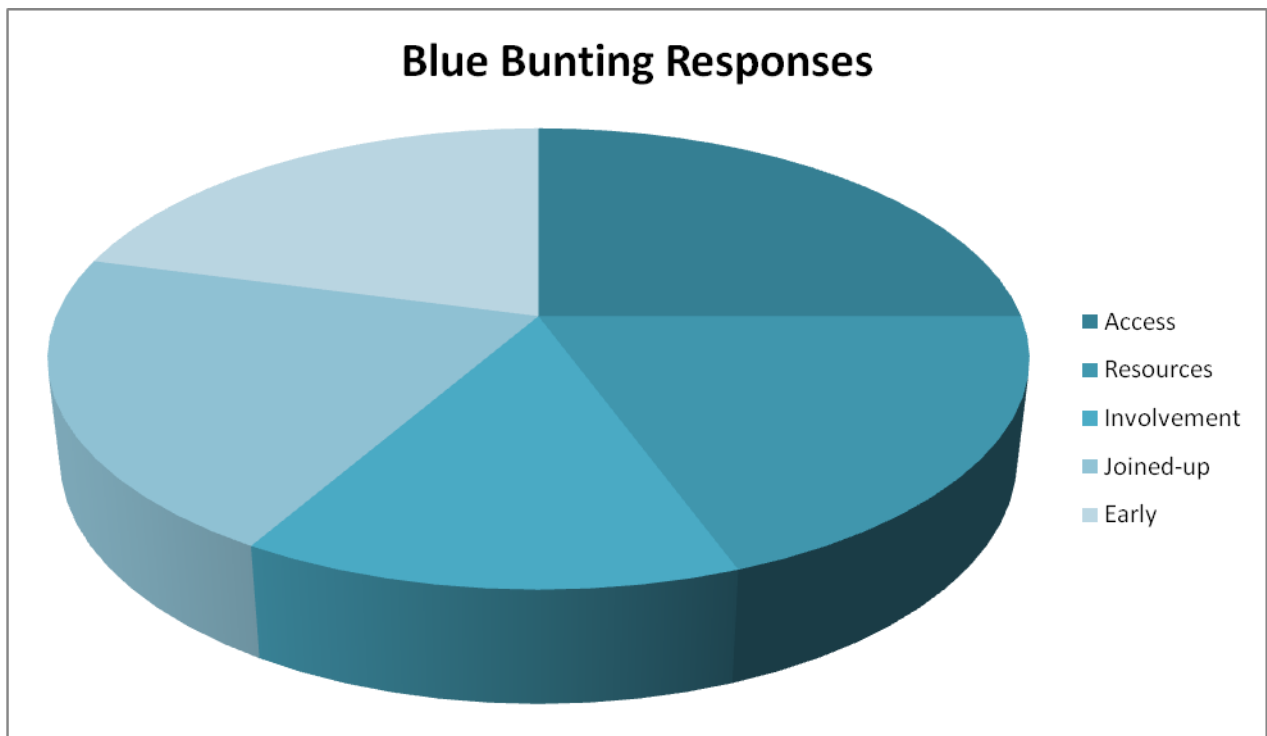
All comments about integrating care, needing to work more closely together and transitions.

Early

All comments about thresholds being set too high, waiting times leading to worsening in conditions, and needing to access services earlier.

Other

All other comments about specific improvements to specific services. No particular service was mentioned several times, so because of the large number of responses in this category, this will not be included on the chart below.



Thinking inside the box...

On every table was a box into which people were encouraged to place comments which may be something they didn't want to say in front of others, something they'd forgotten to say earlier, or something they didn't get time to say.

The full list of these can be found in Appendix 3.

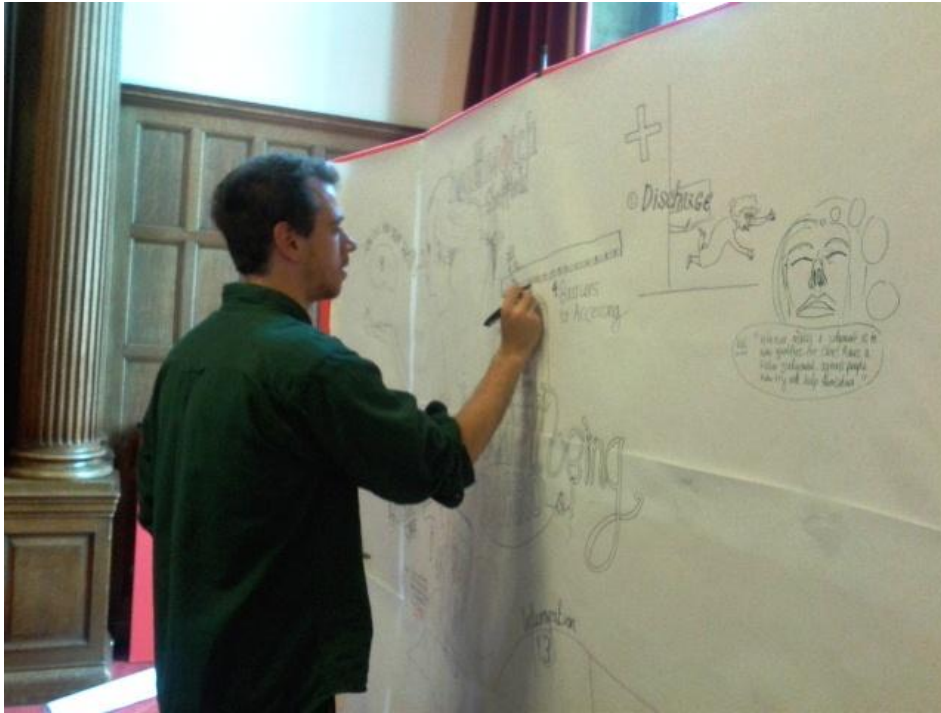
This section also includes notes made during the webchat by the chat host. A sample of these comments is recorded below.

- There is an empathy deficit in some aspects of care.
- Depression and other illnesses e.g. nervousness and anxiety must not be dismissed.
- Patient Participation Groups in every GP practice would help to support people locally around accessing alternative support for mental ill health.
- Nothing has been said about how to improve service user involvement to enable improvement of mental health services.
- Information is of no value if it cannot get from where it is to where it needs to be.

Event Feedback

Feedback from the event was very positive, with 89% of respondents scoring a 4 or 5. (1 being poor, 5 being excellent.)

The most common theme received in the feedback was the need to translate the discussion into action.



Thanks

We would like to thank the artist Paul Harrison (pictured above) for ‘storifying’ the event for us.

We’d also like to thank the Health and Wellbeing Board for offering us the opportunity to hold this event, Louisa Willoughby for helping to plan it, and our table facilitators; Marge Wiltshire, Sue White, Nighat Khan, Andy Wallace, Myrtle O’Connor, Steven Todd, Anne-Marie Hutchinson, Tania Taylor, Bethan Plant and Sarah Burt.

We’d like to thank our chair, Pam Enderby for opening the event and the joint chair of the Health and Wellbeing Board, Julie Dore, for closing it.

But most importantly we’d like to thank everyone who gave their time to attend, either physically or on the internet.

Your views matter - thank you.

Appendix 1: Twitter Feed



Vicky Cooper @minicooper73

We are talking mental health tomorrow 2-4, join our conversation using [#mhsheff2014](#)



HealthwatchSheffield @hwsheffield

We are talking mental health tomorrow 2-4, join our conversation using [#mhsheff2014](#)



SheffHealthWellbeing @sheffieldhwb

Excited for our engagement event tomorrow on [#mentalhealth!](#) Join the chat at [#mhsheff2014](#)



HealthwatchSheffield @hwsheffield

We are talking mental health tomorrow with [@SheffieldHWB](#) 2-4, join our conversation using [#mhsheff2014](#)



HealthwatchSheffield @hwsheffield

Have your say about mental health services in Sheffield. Join us for a Twitter chat 2-4pm today using [#mhsheff2014](#)



Juice @juicesheffield

Looking forward to attending this afternoons Mental Health Engagement Event [@SheffieldHWB](#) [@HWSheffield#mhsheff2014](#)



SheffHealthWellbeing @sheffieldhwb

Goodie bags for our event today with [@HWSheffield](#) in the lovely Sheffield town hall [@TownHallEvents#mhsheff2014](#) pic.twitter.com/dX7hTkH8Py



Beth Longstaff @beth_longstaff

@SheffieldHWB @HWSheffield @TownHallEvents GOODYBAG!!! I knew I was wise to register for this#mhsheff2014



SheffHealthWellbeing @sheffieldhwb

Lots of great activities planned for today's event - thanks to @HWSheffield #mhsheff2014pic.twitter.com/HyK72rFtts



Deborah Woodhouse @deborahwoodhou1

@DeborahWoodhou1 I have a child with Mental Health problems as he is coming up to 16 not sure what service he will receive #mhsheff2014



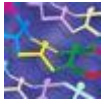
Beth Longstaff @beth_longstaff

RT @HWSheffield: Have your say about mental health services in Sheffield. Join us for a Twitter chat 2-4pm today using #mhsheff2014



Juice @juicesheffield

Looking forward to attending this afternoons Mental Health Engagement Event [@SheffieldHWB](#) [@HWSheffield#mhsheff2014](#)



E&D at Sheffield Uni @shefunieandd

RT [@JuiceSheffield](#): Looking forward to attending this afternoons Mental Health Engagement Event [@SheffieldHWB](#) [@HWSheffield](#) [#mhsheff2014](#)



SheffHealthWellbeing @sheffieldhwb

RT [@JuiceSheffield](#): Looking forward to attending this afternoons Mental Health Engagement Event [@SheffieldHWB](#) [@HWSheffield](#) [#mhsheff2014](#)



NHS Sheffield CCG @nhssheffieldccg

RT [@SheffieldHWB](#): Goodie bags for our event today with [@HWSheffield](#) in the lovely Sheffield town hall [@TownHallEvents](#) [#mhsheff2014](#) http://t...



Town Hall Events @townhallevents

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SheffHealthWellbeing @sheffieldhwb

Great to have [@ph_harrison](#) illustrating the event! [#mhsheff2014](#)



SheffHealthWellbeing @sheffieldhwb

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[Town Hall Events](#) @townhallevents

RT @SheffieldHWB: Goodie bags for our event today with @HWSheffield in the lovely Sheffield town hall @TownHallEvents #mhsheff2014 <http://t...>



[SheffHealthWellbeing](#) @sheffieldhwb

Great to have @ph_harrison illustrating the event! #mhsheff2014



[Deborah Woodhouse](#) @deborahwoodhou1

A question for #mhsheff2014 debate. What is happening for teenagers 16+. Inappropriate to be in adult services but no specialised service.



[SheffHealthWellbeing](#) @sheffieldhwb

Great to have @Chilypep here too #mhsheff2014 pic.twitter.com/3QYDFhgzrm





SheffHealthWellbeing @sheffieldhwb

Pam Enderby @HWSheffield chair and @SheffieldHWB member is introducing the event #mhsheff2014



STAMP Sheffield @stampsheffield

RT @SheffieldHWB: Great to have @Chilypep here too #mhsheff2014 pic.twitter.com/3QYDFhgzrm



VOYCE PG @wearevoyce

RT @SheffieldHWB: Great to have @Chilypep here too #mhsheff2014 pic.twitter.com/3QYDFhgzrm



SheffHealthWellbeing @sheffieldhwb

Pam Enderby @HWSheffield chair and @SheffieldHWB member is introducing the event #mhsheff2014



SheffHealthWellbeing @sheffieldhwb

Great video by @SheffieldMind to kick off the event #mhsheff2014



SheffHealthWellbeing @sheffieldhwb

Bunting which talks about mental health services in Sheffield #mhsheff2014 pic.twitter.com/arYBAijA1v





Deborah Woodhouse @deborahwoodhou1

@SheffieldHWB Thank you. Transition to adult services doesn't seem to be working either. Not for us anyway #mhsheff2014



ShelfParentCarerForum @shefparentforum

Pleased about #sheffield #mentalhealth debate. many of our #ParentCarers struggle. @HWSheffield#mhsheff2014



STAMP Sheffield @stampssheffield

@SheffieldHWB @HWSheffield check out our manifesto at chilypep.org.uk for young people's views re mental health! #mhsheff2014



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SheffHealthWellbeing @sheffieldhwb

RT @ShelfParentForum: Pleased about #sheffield #mentalhealth debate. many of our #ParentCarers struggle. @HWSheffield #mhsheff2014



Fi Biggs @laughingf1f1

RT @SheffieldHWB: Bunting which talks about mental health services in Sheffield #mhsheff2014pic.twitter.com/arYBAijA1v



Acctsheffield @acctsheffield

Do you know around 70% of young people & adults with autism struggle with mental health problems at some time in their life? #mhsheff2014



Acctsheffield @acctsheffield

RT @SheffieldHWB: Great to have @Chilypep here too #mhsheff2014 pic.twitter.com/3QYDFhgzm



Acctsheffield @acctsheffield

RT @STAMPSSheffield: @SheffieldHWB @HWSheffield check out our manifesto at chilypep.org.uk for young people's views re mental health!...



Chilypep @chilypep

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SheffHealthWellbeing @sheffieldhwb

Round table discussions have begun - these'll be on a number of crucial themes #mhsheff2014



Deborah Woodhouse @deborahwoodhou1

On a positive note the support my boy has received from #Sheffield #CAMHS has been fantastic. @HWSheffield#mhsheff2014



Acctsheffield @acctsheffield

RT @STAMPSSheffield: @SheffieldHWB @HWSheffield check out our manifesto at chilypep.org.uk for young people's views re mental health!...



SheffHealthWellbeing @sheffieldhwb

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nsun **NSUN mental health** @nsunnews

At brilliant [@hwsheffield](#) [#mhsheff2014](#) event - summer fair themed with bunting



Deborah Woodhouse @deborahwoodhou1

Home & Hospital Service have done a great job in keeping my son's interest & education going. Service superb but very stretched [#mhsheff2014](#)



SheffHealthWellbeing @sheffieldhwb

RT [@NSUNnews](#): At brilliant [@hwsheffield](#) [#mhsheff2014](#) event - summer fair themed with bunting



Jo Hemmingfield @johemmingfield

Fab interactive Healthwatch event at Sheffield Town Hall [#mhsheff2014](#)



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Fi Biggs @laughingf1f1

[@SYorksHA](#) fab heated discussion on identifying gaps in services- I am sitting with customers who are giving their views [#mhsheff2014](#)



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@SYorksHA fab heated discussion on identifying gaps in services- I am sitting with customers who are giving their views #mhsheff2014



John Culver @icsuperstar54

We need to embed the principles and practice of recovery across the whole system #mhsheff2014



Tony Blackburn @deejaysnr

@HWSheffield#mhsheff2014 put them in a care home and forget them is no longer the answer more information on media sites.



SheffHealthWellbeing @sheffieldhwb

Great that so many have come including people not here tweeting and skypping #mhsheff2014 pic.twitter.com/OqQHbv8622



Acctsheffield @acctsheffield

A significant minority of children & young people we support have problems accessing schools ; mental health compromised #mhsheff2014



Acctsheffield @acctsheffield

We hope #sheffield addresses this gap. no child should be unable to access an education appropriate to their needs @HWSheffield #mhsheff2014



John Culver @jcsuperstar54

#Mental health first aid training needed for healthcare professionals #mhsheff2014



NSUN mental health @nsunnews

@hwsheffield #mhsheff2014 great conversations with nearly 100 people on integration, acute care, primary care and a whole lot more



John Culver @jcsuperstar54

Be aware of the Timebuilders Project @timebuilders as an effective way of promoting mental health recovery #mhsheff2014



NSUN mental health @nsunnews

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Acctsheffield @acctsheffield

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Tony Blackburn @deejaysnr

@sheffieldhw #mhsheff2014 just one of the people on the webcast pic.twitter.com/a4G4uAOPxS



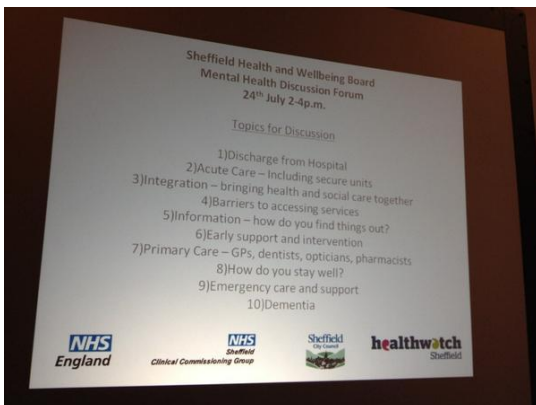
Fi Biggs @laughingf1f1

@SYorksHA did you know there is a higher suicidal rate when discharged from hospital for those with mental health? #mhsheff2014



SheffHealthWellbeing @sheffieldhwb

The topics we're discussing #mhsheff2014 pic.twitter.com/uZf9tX8dJ7





Jo Hemmingfield @johemmingfield

RT @laughingf1f1: @SYorksHA did you know there is a higher suicidal rate when discharged from hospital for those with mental health? #mhshe...



HealthwatchSheffield @hwsheffield

RT @NSUNews: @hwsheffield #mhsheff2014 great conversations with nearly 100 people on integration, acute care, primary care and a whole lot...



Fi Biggs @laughingf1f1

@SheffieldHWB it's great to hear feedback which I hope will change things for the better #mhsheff2014



Tony Blackburn @deejaysnr

@HWSheffield #mhsheff2014 it's the music player keeping everything moving. pic.twitter.com/95GI0iISJl



SheffHealthWellbeing @sheffieldhwb

Now for the summing up - we've got a huge amount of information and feedback #mhsheff2014



Tony Blackburn @deejaysnr

@HWSheffield#mhsheff2014 busking on Fargate from 5pm more likely. Been a brilliant meeting and carousel well done The Team



SheffHealthWellbeing @sheffieldhwb

Thanks to all the lovely facilitators -
from @SheffCouncil @NHSSheffieldCCG @vasnews @HWSheffield#mhsheff2014



HealthwatchSheffield @hwsheffield

RT @deejaysnr: @HWSheffield #mhsheff2014 it's the music player keeping everything moving. pic.twitter.com/95GI0iISJl



nsun NSUN mental health @nsunnews

10, yes 10, facilitated #mentalhealth discussions in a row in 1 hour! @hwsheffield #mhsheff2014 #ambitious



SheffHealthWellbeing @sheffieldhwb

RT @NSUNnews: 10, yes 10, facilitated #mentalhealth discussions in a row in 1 hour! @hwsheffield#mhsheff2014 #ambitious



Jo Hemmingfield @johemmingfield

Really listening to people who use services and drugs not being only answer as key factors in adult inpatient services #mhsheff2014



Jo Hemmingfield @johemmingfield

RT @SheffieldHWB: Great to have @Chilypep here too #mhsheff2014 pic.twitter.com/3QYDFhgzrm



SheffHealthWellbeing @sheffieldhwb

RT @JoHemmingfield: Really listening to people who use services and drugs not being only answer as key factors in adult inpatient services ...



Juice @juicesheffield

RT @NSUNnews: 10, yes 10, facilitated #mentalhealth discussions in a row in 1 hour! @hwsheffield#mhsheff2014 #ambitious



SheffHealthWellbeing @sheffieldhwb

Julie Dore, co-chair of @SheffieldHWB and leader of @SheffCouncil is summing up #mhsheff2014



SheffHealthWellbeing @sheffieldhwb

Thanks to @HWSheffield for organising such a brilliant event with us with such good discussions getting down to the real issues #mhsheff2014



Jo Hemmingfield @johemmingfield

Councillor Julie Dore highlighting shocking and unacceptable suicide rates in men #mhsheff2014 @SheffCouncil



Tony Blackburn @deejaysnr

@HWSheffield #mhsheff2014 Mental health has been shoved under the carpet 4 2 long like cancer needs bringing out into the public on media.



HealthwatchSheffield @hwsheffield

RT @JoHemmingfield: Really listening to people who use services and drugs not being only answer as key factors in adult inpatient services ...



Fi Biggs @laughingf1f1

“@JoHemmingfield: Councillor Julie Dore highlighting shocking and unacceptable suicide rates in men #mhsheff2014 @SheffCouncil” @SYorksHA



yani salycov @ydagestan

RT @NSUNews: 10, yes 10, facilitated #mentalhealth discussions in a row in 1 hour! @hwsheffield#mhsheff2014 #ambitious



SheffHealthWellbeing @sheffieldhwb

#mhsheff2014 thanks to @ph_harrison for great artwork at the event pic.twitter.com/gGf9Ayjie2



Deborah Woodhouse @deborahwoodhou1

RT @laughingf1f1: “@JoHemmingfield: Councillor Julie Dore highlighting shocking and unacceptable suicide rates in men #mhsheff2014 @SheffCo...”



HealthwatchSheffield @hwsheffield

24 July mental health event - Lets keep the conversation going on mental health services in sheffield using #mhsheff2014 Send us your views

Appendix 2: Table Discussions (Comments in full)

Acute Care - comments and thoughts from 24th July Mental Health Event

- Police should be used as last resort
- Not a therapeutic environment - very frightening place
- Continuity - different person rings/visits every time from home treatment/crisis care only from A point of view (who works with Mental Health) finds that hands are tied to be able to do 1:1, individual and bespoke service. Has to fit the process not the individual
- Not enough therapeutic activity - people on wards need someone to talk to and things to do, but staff are totally burnt out (get volunteers if necessary)
- Waiting days for right response. Need right thing at right time
- Office hours service not helpful
- Need ability to self referrer
- Opportunity for all service users to feed back
- Is there a clear route out of acute care, after crisis? How can acute care move forwards?
- Lack of information to family re discharge preparation
- Need specialist to help with medication management
- A&E need better response
- Appropriate service for personality disorder
- Acute Care - including secure unit. Preparing the family/carer for the patients discharge should be a high priority
- People need an assessment
- Professionals using eligibility
- Treating person as a whole - giving people enough time
- Get rid of the doors in office - in patient units
- Give medication than talking therapies
- Key role of GP to recognise care required
- Feel like they are not connected to real life
- Accessing out of hours - especially A&E - waited 8 hours for care team
- Problem with Acute Care - goes through the police they don't know it's a health issue
- Help to access the right health service
- Access should be easier
- Need information for people to know about alternative support
- Staff not got the time for 1:1 work. They can't provide an individual service
- Preparing people for discharge
- Acute care centres need more supervision and visits by CQC
- Difficulty with language and cultural beliefs

- Acute administration could acknowledge concerns from carer/family, to be acted on earlier
- Acute wards sometimes not best place for person who is seriously ill e.g. eating disorder
- Basic skills compassion - how would you like to be cared for?
- Culling acute beds
- What exists for people with ongoing conditions?
- Families with acute care needs but need help to ongoing accessible services
- Care in secure units - neglected / no empathy - especially elderly patients
- Not always need specialist help but need good sign posting
- Better attitude of staff - lost their empathy
- Need to see specialist - mental health person when needs too
- A&E is often not the right place to be in Mental Health crisis
- Care co-ordinators have heavy case loads
- The need to find out the patients choice
- Trauma of acute admission on family members not always acknowledged
- From a GP perspective the 'crisis team' response is good
- Need integrated service - planning discharge

Barriers to Accessing Services - comments and thoughts from 24th July Mental Health Event

- Clients feeling - Stigma/guilt/unworthy and they have to 'jump through hoops'
- Lack of understanding from various GP's
- Fear of being sectioned or not being understood
- Waiting times to access secondary care - very poor
- Lack of sign posting to services and VCF providers especially by GP' and CMH teams
- Need to be sensitive towards different cultures
- Different geographic areas have better services
- There should be alternative routes into help not just through GP
- There are cultural barriers
- Put money and resources into proactive removal of barriers
- Barriers for accessing services - long waiting time to see GP
- Women with anxiety are marginalised and seen as problems not treated
- Compartmentalised by too many services for patients - don't treat the whole person
- Need to ensure each person gets 1)self help 2) right support building 3) appropriate treatment
- Reduce stigma in society would reduce barriers to services
- Better GP referrals
- Having the support and confidence of accessing services. Awareness of where to go
- Barriers - stigma/PR/misconceptions/fear/personal shame / lack of info/ miss information
- Self refer as well as professional
- Lack of encouragement by GP to go down the road of discussing mental health at early stage
- A realisation is needed that mental health issues are not limited to those deemed to be of low intelligence
- Hospital and home education service
- People don't realise they are ill
- Caring approach from receptionists - training needed with front desk staff
- Services need to be able to work with people who are disorganised/chaotic when ill
- Thresholds for accessing services being set too high, so people can't get help until they are really ill
- Information - people don't know what's available
- Patients have a fear of accessing services

- Acceptance that the patient has a need.
- Physically getting to the service if ill
- Accessing some websites may be difficult for some people
- Some doctors seem to think that chemical intervention is a cure, escalated to physical restraint. Doctors to have the awareness training and resources to arrange holistic treatments.
- We are now at a stage where we can say mental disorders have a physical cause, so why arbitrarily make a distinction? i.e. inform the public = cultural change.
- Remove barriers - people need empathy. The vol com sector is trusted and should have named people in the local areas. Have a hub where people can go and feel safe. Educate the public.
- Children's services improving by working together with others.
- Waiting lists are too long - clients only being seen at crisis
- Don't trust services to be helpful
- One service doesn't take lead (holistic care)
- Getting professionals to take you seriously
- Nature of the illness, people don't admit they need help
- Lack of employers understanding implications around Equality Act 2010
- Attitudes - need for better MH awareness training for front line staff
- Persons 'Illness' to be taken seriously
- Accessibility for working people
- GP's need to be more understanding
- Increase in cultural awareness amongst services could reduce barriers
- Not recognising symptoms - self care
- Too much responsibility falls on volunteers - less people out there
- Dual diagnosis - treat the person! Especially a challenge when drugs/alcohol abuse and mental health
- No follow up. Client not looked at as a whole body
- GP's who don't understand the impact of mental health on engagement - leading to poor referral letters
- Getting your hands on an appropriate service is impossible
- Not knowing about the service - lack of information sharing
- Stereotyping - afraid to approach the person
- Lack of services! Not enough counselling available - 6 sessions is rarely enough
- Mum doesn't want to admit to having mental health issues (depression)
- Since mum who has clinical depression, she has no care - she feels she has been "forgotten"
- Should be acknowledged more in education

- Afraid of telephones - this is my barrier
- More sensitive diagnosis (person centred rather than medical etc)
- Complex needs - system rather than individual (not the person with complex needs; More to do with the complexity of services and how they are divided up eg lots of referrals rather than all dealt with in one place.
- Psychology and OT and community nursing are great if you get them.
- If you held something different subsequently you have to start all over again! Suggested GP put a script on the screen in the surgery, so it could be accessed by all health and care professionals. For out of hours - GP has sent hard copy to them - need to be much more joined up across all services

Dementia - Comments and thoughts from 24th July Mental Health Event

- Education for professionals that do not work with dementia at all/that often
- More training to be given to carers in dementia care
- Access - Keeping people well in their community agenda
- Care homes should be better supported and recognised for positive contributions as well as negative to Dementia Care
- Employers could do a lot more (to support carers etc)
- What does it mean to be 'dementia friendly'
- Important to find support
- Good feedback from caring and coping causes and dementia cases
- Adversity
- Financial
- Need to have on TV regularly
- Care home staffing ratios
- Shared care approach for people in care homes is really important
- Learning disability problems often hard to mention re mental health
- Carers issues
- Hear the voices of those with dementia - what is it like for them
- Paradox of less help for people who 'cope' best
- Communities should be more tolerant of differences
- Social isolation for carers
- Information for children - Why gran can't remember.....?
- Early diagnosis
- For dementia awareness- what about community education sessions with vol com sector at their premises?
- Better links with activity Sheffield and increase well being and physical activity
- More dementia friendly officers especially in schools, shops, communities
- More public awareness about stigma
- Dementia friendly safe places in every community
- Bruckwood View Nursing Home being the primary service for people with dementia and learning disabilities - more needed
- Meet the need of the client not the needs of the service
- Lost Chord is Brilliant
- Staff development in care homes
- Services in general need to be dementia friendly
- Lost Chord - spice of life - please introduce music
- Levels of staffing in care homes
- Care homes - should be for one area, not mixed, then you wouldn't have the problem with people not looked after
- Understanding implications of early diagnosis - how might they feel?

- Help to raise public awareness - early diagnosis
- Hospitals leaving patients to fill out forms with dementia - no help from staffing
- Access to awareness / training sessions
- Respite care for people with dementia so carers can carry on coping
- Group for learning disabilities with dementia
- More resources needed (compared with cancer)
- Make things meaning full
- Don't forget the under 65's with dementia
- Clearer guidelines for diagnoses that may "fit" into different services mental health/neological /dementia
- People with dementia have physical health problem to (90+%) - perfect area for physical and mental health integration
- Need good planning in case of carer breakdown e.g. emergency respite
- Make physical activity as easy as possible - research shows it can delay on set of dementia
- Isolation sometimes not understanding the symptoms
- Missing signs of dementia and not being aware of help available
- Recognition of dementia for people with learning disabilities with communication problems
- Concerns about dementia service for people with Downs Syndrome
- Dementia and learning disabilities service sometimes do not help
- Dementia service for people with Downs Syndrome carers are isolated because of lack of understanding
- Careers of people with learning disabilities may not be able to understand
- Needs to be more support explanation of the stages of dementia and what it means for the carer as well as the person with dementia
- Professionals and service providers must treat people holistically and not by the criteria of their service
- A whole person approach needs to be about clinical and social and welfare joining up
- Carers support crucial - as much as possible
- Not enough joined up strategies for people with dementia who have other conditions - need a whole person approach
- As much music therapy as possible
- Dementia needs to be seen as a mental health condition- and treated as such by GP's
- Some work to be done around dementia /risk of malnutrition?
- Healthy activities to be part of work time - no enough time to prevent health problems (including dementia when young)
- Prevent / delay dementia through mindfulness courses offered to everyone and particularly senior citizens

- Rapid diagnosis when acute dementia occurs
- Respite care - is there enough?
- Early identification of issues
- Accessing help early
- Lack of info in the community
- Care homes have a residents association
- Real checks so not given notice in advance (provider checks)
- Dementia - we need evidence that things are improving!(otherwise we don't believe that anything is happening)
- Impact of change from familiar home environment to hospitals (strange and frightening) was huge - her decline accelerated hugely
- Social isolation recognising when women is lonely an frightened
- Better testing for on-set dementia and adequate preparation
- Lots of education - raise profile
- More support services for carers
- Sheffield has a dementia friendly policy
- Look at different achieves
- Resources catching up with research
- Become a dementia champion - have a drop in
- Waiting times for diagnosis are still long
- The nursing home staff were wonderful, very expert and lovely
- How can we reduce the stigma associated with dementia?
- More support for carers is needed

Discharge from Hospitals - comments and thoughts from 24th July Mental Health Event

- There needs to be more community support (initially)
- Limited support at discharge which could cause people going back in
- Revolving door - discharge process
- After discharge there is no-one who checks in with you to see how you're doing
- It's a defect of mental health condition
- Transition is key
- It needs joint approach not just medical intervention
- Tends to be reactive rather than proactive
- Clear pathway and communication from hospital to community support
- Can the increase of physical activity help and reduce the chance of going back in ?
- Communication problems don't seem to merge - are there numbers of people that allow this to be done?
- No checking of things are ok - are you/were you well?
- Cuts to facilities make it difficult to provide services
- Services are being stretched because we are talking about it more
- Facilities are varied dependent on mental health illness. Serious mental health issues in personal experience has been poor due to lack of communication between teams
- More resources are needed following discharge
- Good information to primary care - a phone call might be better than a letter 1 week later
- Some benefits of having separate agencies - choice for individuals
- Not working with other services to make sure smooth discharge
- Lack of co-ordination and communication between mental health and physical health
- Staff don't get the support they do a great job - difficult job
- Don't have training and skills to help with others
- Discharge from acute services does not mean someone has recovered!! They need support to maintain and develop recovery level achieved in acute care
- Maybe a "stepped" approach needs to occur sometimes
Hospital --> Recovery
Facility - >community
- I just wanted to do anything to be taken off section and discharged
- Are there data practice guidance in mental health service as with other services
- Whole family support - seeing whole picture of discharge
- Organised before you come out of hospital - everything should be in place

- Care planning - use of single point of contact /Use care pathways /Responsibility taken by professionals
- Not having appropriate support in place for after discharge is a major concern
- Attitudes can have impact- only hear a bit of the stories
- There is an arbitrary and unnecessary budget distinction between hospital discharge duty and social care - sort it !
- Level of support when patients leave acute service
- Care plan needs updating - things change
- Let the housing know! Present abandoned - investigation and aid - reintegration
- Make sure there is more consistency about discharge assessments - in my specialism - people with similar needs on discharge have a variety of different support packages - eg. some have a CPN on discharge - others don't
- Different experience and needs depend on what community social support they have
- Don't know diagnosis - how do you get help ?
- Care planning GP practice nurse may be the best resource for this if properly trained and judged
- Preparation for discharge to be better planned
- Need to clear date/time for next contact and stick to it
- Have already designed a full discharge plan
- Not co-ordinating discharge can make a bad situation worse
- Really good communication needs to occur between Dr's /nurses/the patient / families - involve in the process
- Housing waiting list can effect discharge time
- Services working together e.g health/council/individuals housing
- Only discharge individuals who have transport and care provided. Communication between services so there can be provided
- Depends why you have been admitted
- Can be good opportunity to ensure appropriate community support, accommodation etc is in place
- Social life ? - help to find a social life?
- All things take time - should contact social workers - community teams over worked
- Good support plans needed - significant others included in the process
- Housing/ equipment/physical health needs/social care / community support - all integrated
- Support needed for relatives
- Don't know patients properly so how can they sort out discharge
- Discharge can take a while and be frustrating

- Care in place 'before' discharge
- Making sure different specialist work together
- No discharge until ALL care issues are fully arranged and resourced
- More automatically follow up by community services
- Patients need easing back into coping being on their own rather than just left. Often they don't see people for weeks.
- Refer to community activities 'social prescription'
- Social prescriptions - do they exist? Not just pills
- CPN service very good in Sheffield - need more
- When discharged patient usually left to their own accord. No move on support.
- Do not 'send' patients home unless they have someone at home to receive them
- One electronic record and access to it - will aid discharge
- Ensure facilities are available in the community at home level
- Discharge too early - revolving door
- Should standardise discharge process which make sure they are spoken to and full picture is in place before discharge can happen
- Lack of housing for patients on psychiatric wards - cost ?
- How do we find out what services are like and how they perform?
- Effects whole family - treat individual not family
- Discharge from hospital - people who are about to be discharged need to know who to expect coming to see them when they are back at home
- Discharge planned from day one
- Discharge from hospital - too early then no proper 'home' assessment - mobility/stairs/ other needs?
- Not everyone has care at home
- Upon discharge from hospital, information to include Vol Com groups to the service user and their carers
- Ongoing long term support is needed - for individuals and carers
- Loss of trust of services can make the process harder
- Care in the community is not a equal playing field - need a safety net for all
- Person centred - what does this person need?
- Attitudes are getting better - talk about recovery - it's a personal experience
- Level of care in the community doesn't match the care the patient gets in the hospital. Acute services are not always the best
- Careful planning for individuals - one thing doesn't fit all
- Discharge service should help people get well not be readmitted
- Reduction in CPN may cause problems - you can't hurry what they do
- No follow up - feel isolated
- Preparation for discharge to be better planned

- Care planning GP practice nurse may be the best resource for this if properly trained and funded
- Stop the practice of playing pass the parcel with people and just treating them as money packages
- Needs lots of support after discharge - need to be able to choose what support would suit them
- Storify
- Important to re-integrate people into normal life - more partnership working with families needed in advance of discharge. Sometime pressure to discharge rapidly.

Early Support and Intervention - comments and thoughts from 24th July Mental Health Event

- Volunteering underestimated
- Knowledge of who to sign post
- Waiting times for initial support prevents quality intervention
- Tips and early warning signs for employers of Sheffield City Council
- This would be lovely - just a pipe dream
- Better trained/ universal provision
- Where intervention is indicated, it is often not recognised, so a crisis becomes a disaster for all Vol Com awareness training is needed
- What support is there for 16-18 year olds?
- Thresholds for services too high - only crisis merits support
- Awareness in school and parents. Need to act early for support and confidence
- Third sector offer flexibility, variety and are user friendly
- Earliest support is telling someone that you feel unwell. If professionals are not available, why not visit the local Com Centre?
- Responsibility of employers in supporting people with mental health issues
- Train people in mental health first aid i.e. at work, in Schools, everywhere
- Publicity campaign about what mental health is and how it affects people
- Voluntary sector is well placed to provide early intervention as people are often more willing to interact with 3rd sector than other providers
- Need to put the service where people go e.g. job centres, youth centres, GP's surgeries
- Awareness of services out there
- There is still a stigma in having a mental health problem
- Exclusion - websites - people can't always access
- Youth Parliament
- Have to be in crisis before you are seen
- GP may give immediate medication but it may be inappropriate
- Mental Health awareness sessions for students at college and university
- Value of 3rd sector - people become wary of primary health because of stigma. People therefore more ready to go to a non statutory group
- Mind are useful to provide tools to help employers support employees
- Cost effective. Better value for money
- Intervention should be on a more individual assessment
- Difficulty in deferring mental health as to do, you need early intervention
- Early diagnosis from GP's that there is a problem that needs addressing
- Earlier people and young people are given help to adjust, they then find it easier to join groups and to be able to mix with others help with confidence
- 10 minute doctor's appointments doesn't always bring the problem out properly

- People unaware where to contact for help - Discharged from temporary sections without relevant support
- 24/7 self referral help line/support available within the workplace
- The role of the school nurse?
- People don't access intervention early because of the nature of illness
- Services need to be available quickly - not being told there is a 2 year waiting list for psychologist appoint or psychotherapy
- Access services quickly - more money spent on late intervention
- Support for carers who are supporting people in the early intervention stages is poor and difficult to access
- Proper preventative services for YP at risk of developing MH problems (large % show signs before 14 yrs (Maggie has presentation))
- Access to an adult they can trust outside of the family unit; continuous support and not being let down.
- Waiting list for YP and children's specialist services (bottleneck; funnel assessment service - referrals made to them before you reach OAMHS)
- Impact of cuts to YP&C services eg Surestart (interface between physical and mental wellbeing; language development not supported can add to behavioural difficulties)
- Get people involved in support groups early on

Emergency Care - comments and thoughts from 24th July Mental Health Event

- What is emergency care? What is an emergency?
- Discharge from acute wards not always in full coordination with relatives/carers
- A&E focused on medical not mental health concerns
- A&E not a pleasant environment during a mental health crisis
- Young children - no emergency care. Parents don't understand - taking exams
- Need to be aware even in emergency - there may be important things on service users mind eg child care
- It is important to consider allowing someone to contact their employer
- Lack of understanding to individual needs
- The response to the crisis in terms of saving my life was effective
- 111 or perhaps 999 call centre staff need to be aware of public with communication difficulties
- The counselling by consultants (medical) seemed on a set formula - eg are you remorseful? Will you do it again?
- Emergency transport - adapting policies to an individuals
- Good links/ communications - out of hours and community teams
- 24 hour Rethink helpline and crisis accommodation are impressive
- Lack of information re what is available through emergency services
- Training is not given enough priority for equality not medical attitudes
- I was taken to A&E because of overdose. I was treated as someone with physical symptoms. The mental health 'input' did not begin until transfer to psychiatric ward
- A&E need for better training for mental health issues when someone presents with multiple issues
- Emergency workers want to listen to the patient or next of kin. No respect for the PA's - knowledge of the situation
- Priority - physical or Mental Health issue
- Mental Health counselling needed 24/7 as well as treating physical conditions.
- Emergency care 111 for ambulance , 999 emergency suicide trauma police involvement
- When they don't recognise the person presenting has multiple issues and someone is being 'awkward' they are more likely to call the police then the mental health team
- Emergency home treatment teams work in secret - no one knows about them
- Taking advice from family (who know more about the person)
- Services need to listen to carers who know the patient best

- Emergency A&E are too focused on ‘customer satisfaction’. Rarely I have seen surveys so poorly and inappropriately used
- Police often first response in a crisis - helping people before it gets to crisis point is essential
- Education required for professionals who don’t work in mental health. Lead to desperate need for holistic treatment.
- Service users to know about local vol com groups to call visit
- Vol com volunteers to receive sign posting training and specialised emergency numbers
- Emergency care and support - does the public know which number to ring/which agency to contact? More information please!
- Holistic approach to someone’s mental health not solely the issues, which has caused the emergency
- Paramedics have been very good in crisis/suicide - non judgemental and kind
- Making information and resources available to A&E staff to enable them to point service users to the right area/services for their needs. Preventing the need for A&E in the future
- Nobody who knows the person is available at 2am
- Issues/less support out of hours
- Crisis house - good but only if you can jump through the hoops (no self referral)
- A&E is not the best place to be in a Mental Health Crisis
- My daughter is over 18 and so I was not allowed to accompany her
- Possibly developing a walk in mental health emergency service
- Crisis care is only accessed by people with dangerous / behaviour / criminal issues
- Long term (adult) conditions who develop cognitive issues - (Mental health and wellbeing of people with physical long-term conditions. Increase in (eg IAPT) self-management/referral difficult for cog impairment (could be a barriers).
- Cuts to social workers - less people will be picked up as needing help or have someone refer them.
- Non-attendance is not always a choice; physical/stamina issues as well as mental stamina issues can be interpreted as dis-interest

How do you stay well? - Comments and thoughts from 24th July Mental Health Event

- Need to keep contact with family
- Help to eliminate loneliness by encouraging both users and vol com groups to interact
- Information to be able to join group activities to maintain good mental health, friendship and total well being
- Need to be able to engage with support from those people with and without EWBMH issues. Integrated back into wellbeing
- Quicker access to counselling - not acceptable for people to wait 6 months for counsellor at their GP
- Physical exercise - go for a run
- More groups for people to access
- Create a community & Vol com scheme for alerts of absences to prevent isolation
- Having a choice
- Making people aware of how to welcome people
- Mindfulness and meditation
- Eating well
- What if after 14 months you are not well?
- Sleep
- Accessible exercise opportunities
- Workforce/ work place wellbeing
- Befriending service
- I put my well being and mental health before work deadlines (since having mental health crisis a few years ago)
- Communication about what is available
- I am very lucky that I can pay for counselling when I need some extra help - but most people can't do that ☹
- Opportunities to do more in Sheffield
- Free drop in's - more consistency
- I love Pedal Ready - they taught me to ride a bike - which had a fantastic positive effect on my mental health
- Pedal Ready - got me to cycle - positive impact on health and wellbeing
- Look at lots of different activities not just sport e.g meditation, yoga, gardening
- Advice and information - health - particularly whilst the weather is hot and warm
- NHS advice needed
- Radio programmes
- Advice and information
- Tackle cyber bullying - raise awareness - give families/kids/schools tools

- Laughing - having fun and being positive
- Have more free events - Tramlines not free anymore
- Have free exercise opportunities
- Encourage children and young people to play
- Mindfulness practice
- Having interesting networking things to do and support to do them in the early stages of recovery
- Free membership of gyms for all senior citizens
- Children should have cooking lessons at school - to help parents with their diets
- Mental dexterity
- Difficult to stay well when elderly and social isolation/physical disability
- Lights - to reduce SAD
- Community groups - walking/relaxation
- Relationships
- Faith community
- Extended families - adopt a granny/granddad
- Social media/ chat can help people connect and make friends - particularly communities and interest
- Social media (especially twitter) great for connecting to others with mental health issues
- Involving carers/families
- Reduce time CTYP spend on computers/social media
- Volunteer
- Support groups are important
- Eat well
- Get involved with Timebuilders Project
- Learning how to manage negative emotions - useful for everybody
- Expend your network of friends and contacts
- Positive coping strategies - exercise/join group therapy sessions/partake in hobbies and interests
- Having access and support to engage in activities
- A befriending programme
- Talk and keep in contact with your neighbours
- Schools dealing with issues like bullying in a positive manner
- Improving pupils and teacher relationships
- Schools having an holistic focus on well being as well as attainment
- Art and creativity
- Day centres need to be open longer hours
- Lunch clubs etc
- Get people connected to reduce isolation
- Mindful courses available to all

- Reducing transport costs
- Promoting communication
- Yoga/tai chi/qigong/Pilates
- Focus on working with GYP at an early age
- Focus on maternal mental health
- Individual health visitors
- Make service meet the needs of the client. E.g. afternoon groups and appointments would be better for homeless people who suffer with mental health
- Organise activities for children/teenagers
- How do you stay well? GP's need to know more about the type of activity is available in the areas so that they can prescribe appropriate exercise, diet etc rather than more pills
- Drink less/stay sober
- Being active in the community
- Volunteering and interacting with others with similar interests
- Overcoming the fear of social isolation
- Friendly, familiar places

Information - Comments and thoughts from 24th July Mental Health Event

- There seems to be no joined up thinking - Social Care /NHS
- Need to use all ways to communicate - don't just rely on digital ways
- No overall care
- Is there a care partnership specifically for Sheffield Services? This can offer a point of access no matter what
- Be clear about the use of advance statements
- Advertising services
- No info on mental health wards to signpost to alternative services
- Ex- service users are often out of the loop information wise
- More physical activity within a care home setting
- Make every contact count! about mental health issues
- Mixture of services - community workers knowing
- Practice champions in GP practices offering help and advice
- GP's district nurses, carers etc need to disseminate info
- Still a lot of miss information and lack of info about personal budgets - accessing and general info
- No central hub giving information (pop up?)
- Why is there no procedure when accessing services?
- Sheffield mind needs to get out to the public more. Everyone knows about cancer
- Information is patchy
- Services lack the skills to offer advice
- How many service users do not speak English?
- Go to your local city counsellors surgery
- Employers need to have information available
- Booklet from Heart Foundation re Stress
- Booklet to be picked up from supermarkets
- Information in GP services using posters, video, service users etc
- Information needs to be presented in a very clear straight forward way to help people find their way through quite a complex system
- Go to GP for initial meetings who should be able to refer the patient to the appropriate service
- Join Sheffield 50+ and Sheffield U3A
- CCG should commission a mental health service at walk in centre 24/7 ASAP!
- Support literature from charitable organisations
- Health navigators (community support workers) Signposters
- Websites not always the best way for people with a mental problem
- Information could be better
- Your Voice (good for getting info about where to go, what to do)

- One point of access
- Mental health champions
- Disseminate info about staying well e.g. 5 ways to wellbeing
- Guidance and advice for employers
- Sheffield Help Yourself Directory - too difficult to use
- Every GP practice should have copies of Your Voice available for patients
- More mental health advocates
- Need to help people get the information that they need- perhaps better use of drop down menus/info
- Information - how do you find out things? Start off by using plain English so people know what 'professionals' are talking about
- Drip feeding constantly / consistency
- Information for friends and family who are worried
- Information is of no value if you cannot get it from where it is, to where it needs to be. Therefore liaise with community engagement to disseminate information to the Volcom sector groups
- Campaign on Mental Health
- There is no provision in Sheffield to support parents with mental health problems in the education system
- Lack of effective information sharing in communities
- Hard to get information especially if not on line or if you have only basic computer skills
- Mental health directory too difficult to use
- Advertise using social media or posters
- Engage Educate Empower
- Need accurate info from SCC/NHS
- How would I get the information, if I'm not on the system?
- Sheffield Mental Health Guide needs updating and to be accessible
- Information needs to be hard copy as well as on line as not everyone has access to the internet
- Un-joined up, no coordination - across all sectors including GP's
- Limited access to get information only from GP
- General public know less about how to access Mental Health services, should they need it in the future
- Avoid the word 'Mental Health' for older people where stigma strongest - 'emotional health' instead ?
- Older people don't want to admit to having a mental illness - feel no one will care
- Don't know what services that are on offer - go round to care homes giving info ?
- Not enough information for the younger end at present and no guidance as to diagnosis for mental health problems

- Everyone is an individual
- Need more lunch clubs/services for older people
- Elderly people in care home seem to be forgotten! (and their families)
- Transport - as this is key to stopping isolation (stuck at home)
- Where can I find out about more dementia friendly services?
- Online resources are good but constitute to digital exclusion
- Difficulty with adults that have no family - where can I find help?
- One place to find out where all mental health services are located
- Information re support for carers so they can understand what their loved one is going through - what help is available
- Where there is a volunteering service
- Sharing information between services
- Mental health is not in the news/media/Facebook - it wants more information
- Information just from GP's. It needs to get to the youngsters eg. In schools/social media
- Put a public question to the CCG - who have the money to commission mental health services
- Community knows what's there is but they had to look. It needs more advertising
- Use your local library
- People have to tell their stories too many times - then information not used
- Have a better understanding and a way to get to the young is Facebook, but they have to be 'in your face' with it
- Educating people everywhere about well being
- A single point of access - web based needs to be up to date

Integration of Services - comments and thoughts from 24th July Mental Health Event

- Mental health training for all front line support workers :- i.e. police/ care workers & GP's
- Information exchange between Mental Health services
- Teams around the family working well in children's services but it lacks engagement with adult services
- Collaborative working and mutual understanding of Police working with Ambulance staff working with social services
- Alcohol /drug services mixed with crisis care in Nether Edge important
- Money! Stop! - playing power games, empire building and put the cash in
- Raising awareness generally amongst front line workers
- Awareness of Deaf/autism/ADHD by police and all services
- Sharing resources is needed not working in silos
- Good will of staff in the sector
- SYEDA - does programme in school re eating disorder
- Oiling the wheels professionals to take responsibility
- Lack of communication - better information needed
- One electronic system
- Service users need skills to ask for what they need
- Reducing distinction between mental health and physical health would help underpin integration
- If all services were integrated the path ways would be clearer
- Adult services need greater involvement with children's services - culture needs to change - we need to do 'whole family' work not individual
- Organisations given time to reflect and plan integration
- A&E is often not a place of safety for Mental Health crisis
- Adult mental health workers based in children's service = good
- All staff need all necessary skills otherwise harm is done!
- GP surgeries with ore specialist Mental Health services to support and sign post
- Multiple points of contact 'repeat service assessors'' do have a need to be helped - not just a drain on resources
- Better co-ordination between agencies
- DVD of their journey to tell their story and keep it to pass on
- Barrier - concern about confidentiality
- Links with housing - listen and work with front line housing staff and work together and include in partnership working
- To a large extent because of the lack of education people with mental health issues are stigmatised and invisible
- Bring police force into discussions re strategy
- All providers agencies and vol com sector to Engage, Educate, Empower

- More CPN's on call day and night
- Better communication needed
- Choice between different important too
- Is it a form of abuse not to provide an integrated service
- A facility to be able to show more mapping
- Practical on the job awareness training for all front line workers so they have an over view
- Every front line worker should get Mental Health awareness training
- Barrier - professional - I know about mental health - you don't
- Up skilling of practitioners across the sector to work effectively
- Networking is key - building contacts help
- Education should help people /children have mental health resilience
- Trial - Better Care Fund - a little of NHS and social care budgets combined. Shared records.
- Accessibility on same criteria (health universal; social care less widely available - tighter criteria)
- Difference in needs assessment between referrer and referring organisation (different criteria at the moment, raising expectations unfairly; clarity)
- Often a lesser intervention will work - people will come when they need, not demanding access to everything.
- Service providers need to be more trusting of service users
- People don't want a whole lot of professionals in their lives
- Important to avoid people having to tell their story lots of different times - integration will help with this. Need to bust myths about, eg children being taken away if social services find out. Being clear about confidentiality.
- Organisations need to be quicker and more efficient about working with each other eg Sheffield Homes & the Council. Need to focus on the person and prioritising what they need.

Appendix 3: Bunting comments in full

FEEDBACK ON BUNTING

Attendees were asked to provide:

- a) What they felt was good about MH services in Sheffield (PINK BUNTING)
- b) What/how MH services in Sheffield could be improved (BLUE BUNTING)

PINK - What is good about Mental Health Services in Sheffield

- People are not longer locked away like physically or mentally. No more institutions! Any community now has the professional and personal helpers
- Embedding the principles and practice of recovery consistently across the system - tertiary, secondary, primary
- Social cafes
- Targetted mental health (TAMHS) service in schools & interchange Sheffield Counselling Service - both aiming to support (+ YP who are vulnerable and providing capacity building and training in schools
- Consultation and engagement work which has been completed involving young people 'inspecting' and reviewing the services which CAMHS offer.
- The young commissioners - involved in commissioning services
- The fact that this mental health discussion forum is set up and they are listening to the people that need this help
- Fantastic/non-judgement staff who are willing to listen and give as much time as is needed
- CBT & IAPS services being available from the GP
- Variety of therapies available through IAPT; self-help; meditation
- Recognition of mental health conditions by the general practice that should be able to ensure there is help and care in the local community. Building up social capital, networking with local groups
- Within the community there are many voluntary groups that could open their doors provided there is adequate awareness training for the volunteers
- Affected people to be told of community groups in their area - concerns, coffee and chat, initial help ie signposting will; will be made welcome
- Staff show they really care - don't lose that!
- No institutions anymore; people with mental health can live freely in the community; majority of people are aware of mental health and are more accepting
- Darnall dementia group (day centre: person-centred care)

- The Crisis House - mindfulness courses
- Society beginning to be more accepting and understanding of mental health issues.
- More preventative wellbeing offers/physical activity
- Diverse eg BME, YP, women only services. Very strong voluntary sector
- Partnership working with other organisations. Champion workers
- Patient care & support; accessibility to services; provision of therapy eg BBT, mindfulness, relaxation
- Numerous third sector organisations that are visible and well-publicised eg MIND, SYEDA, Halfway
- Alpha Hospital staff - My shared pathway - patient involvement and recovery plans
- The range and variety of services which reflect the diversity of mental illness ie SYEDA. Many services are user -led or informed and empower users to become more involved. All based upon recovery agenda
- People within the organisation caring about the illness and supporting people with mental health issues.
- Support for carers of people with serious mental illness
- Services are trying to improve by talking to local people
- Opportunities to discuss needs, improvement and problems with services through partnership boards and various specialist groups; wide range of specialist services for various mental health problems - but not always sufficient for those people suffering
- Skilled nurses
- There are some! Catering for all levels of need
- Making it 'acceptable' to say you have a mental health issue
- Lots of local neighbourhood group - which must be identified
- Adult service at Love St; Allowing access to psychology community nurse and occupational therapist for autistic adult who is unable to access mainstream services. Thanks to Katherine Hildyard, Ruth McFall and Lizzy Schofield. (but this is now being restructured)
- Increasing mental health awareness training within workplace through health promotion
- Mental health issues losing their stigma - further to go, more VolCom awareness training
- When the services are accessible, the staff know how a problematic situation can be solved with awareness of other services in the community.
- Recognition that "talking therapies" can make a difference
- Access to Liaison Psychiatry for people with a mental health problem caused by a neuro-degenerative condition (ie Huntingdon's Disease). (However, communication could always be improved.). Professional advice to help navigate neurological conditions through MH services - PCHAMPS/Consultants with special interest in neuro/CPN's with

understanding. There are not enough of them but the one's that exist are excellent.

- Services which have a holistic model of health & wellbeing, which support individuals to access community initiatives. These initiatives include: health training, health champions, physical activity sessions - walking groups
- Research beginning to focus on mental health within emergency care services
- More support for independent service-users (and carer) groups based on the wishes of the group.
- Educational psychology service has excellent resources to support bereavement and loss
- Some really dedicated staff trying to do a good job eg support workers on Maple Ward and the housekeepers on acute wards can be wonderful, a friendly hello and a smile
- Mental health services do seem to have become better at linking u with other services eg for people with alcohol and drug problems. IAPT generally a positive development - talking therapies/giving people tools they can use themselves, rather than just medication. MIND provides excellent services (should be properly supported/funded)
- Partnership working with services users and carers. Really listening, taking seriously, and implementing changes.
- Health trainers
- IAPT services
- Lots of services available
- SHINDIG (Sheffield Dementia Involvement Group); improvements in care re older adults MH in STH; Dementia friendly communities/Sheffield Dementia Action Alliance; Focus on prevention and recovery (though needs to be greater); Joint working between health and social care (where it happens); CCG commissioning leadership; Dementiacarer.net; voluntary sector offer (though more resources/greater coverage required)
- Support for carers; good occupational health provision
- Positive engaging services and the people involved in delivering those services (staff & volunteers)
- FNP service - providing evidence based input to help develop babies brains and positive attachment; good foundation for children's mental health
- More peer support on wards!
- First appointment with psychiatrist for mum seemed to go well - will it continue?
- The people who care
- My friends really helped me
- Clare!
- GP referrals
- I got the help I needed at the right time for me!

- MAAT probe NAVIGO/respect training
- IAPT for depression (no drugs)
- Dedicated knowledgeable staff; many excellent projects changing lives for the better
- Living in a tolerant city; services and residents that are caring; partnership working within the city
- There is a 24 hour telephone helpline - but not everyone knows this
- Approachable
- Lots of dedicated staff; mental health first aid (though could be more available)
- Networking. Your Voice magazine. Do you know about - funded by Council - run by users, carers

BLUE - What/how could MH services in Sheffield be improved?

- Having a recovery education programme - having a clear referral pathway
- Easy access to any service - joined up thinking on making sure when access is required eg to GP Out of Hours service that the service user's basic condition does not need explaining. Currently no details are available to such a doctor digitally. It's all still on paper.
- Resources - More counselling (capacity problems)
- Medical check in early stage. Could have prevented before things got worse.
- Capacity - waiting lists can be long. If someone is in crisis they can't always wait.
- Staff offices on in-patient wards have doors. There should always be a designated member of staff "on reception" at all times.
- Teach people leaving services to 'self care'/stay well strategies
- Early on in human life a problem should be seen and dealt with before it gets so big that it takes the person in to a dark world.
- Mental health needs to be a leading action in all communities.
- Bad experience of talking to people about depression "pull your socks up"
- Too long to get counselling/CBT.
- Don't know who to turn to when on the cusp on depression ie dealing with ongoing unemployment.
- Access to acute services is often difficult. Who starts the process? Are GP's and health workers able to diagnose possible mental health problems? More training.
- Discrimination about mental health. People not understanding it is an illness.

- Some vulnerable people with mental health issues do not feel fearful when they are being harassed, so the Police are unable to assist - education needed!
- Community voluntary groups to proactively welcome affected people through their doors, advertise, promote then signpost, refer etc.
- Communication
- Better information for carers when a crisis occurs
- Reduction in waiting time for counselling services.
- Lack of a defined ownership of a co-ordinated, holistic, person-centred care plan
- Some of the premises from which MH services are delivered are awful. Very scare and intimidating.
- Need timely access to psychological therapy for complex MH problems (ie not IAPT!)
- Better access to services. More joined up working. Improve with the benchmarking of a mental illness. As it is a fine line. As to whether you can access the service or not.
- MH Services - many episodes occur at weekends when service is not available.
- Training for all NHS workers to be knowledgeable of mental health.
- Access to NHS psychiatric professionals for people with enduring mental health conditions (especially those who try to help themselves)
- Day services need to be improved. More funds - no more cuts!
- Improve - difficulty accessing - more clear guidelines
- Sharing information in communities about services and activities that are available for members of the community.
- More planned step downs to avoid 'falling off the cliff'. More resources for early intervention and prevention. More work around awareness raising and anti-stigma campaigns. Better training on mental health for GPs.
- Maternal mental health service
- Staffing on some hospital wards (acute and intensive) support for people with serious mental illness after leaving hospital.
- Communication for the younger ones
- (Alpha Hospital Sheffield) - Transfer process between hospitals - lack of communication.
- General hospital care and treatment of people with mental health issues
- People need to know where to go to get help especially early intervention.
- Need to put ideas and plans into action for the benefit of sufferers and their carers
- Difficult to access treatment at early stages of an illness - often severe symptoms/signs have to be manifest before treatment is available - even then delays occur

- Need for greater co-ordination between physical and mental health needs and treatment.
- Greater awareness amongst public
- (Alpha Hospital, Sheffield) - Carer involvement. More information & support for family members eg involvement groups, coffee mornings. Help families gain understanding
- I would like them to be more obvious and accessible.
- Where to go other than your GP when you just want to talk what provision is available?
- More information available in public areas
- Providing a consistent and equitable tier 1 / 2 emotional wellbeing and mental health service for children, young people & families.
- Partnerships ie housing, mental health services, VCF, neighbours resources, GP's, getting access
- APT - for those people who have complex conditions/multi pathologies. They find it difficult to engage/attend - they need more direction and support
- Long-term intervention - people with complex conditions as well as a mental health diagnosis need on multi-disciplinary approach over the course of a long time.
- Communication between mental health and physical health teams
- GP understanding of mental health if not primary cause for concern
- Acute MH wards are terrifying environments - staff are overstretched and burnt out and patients often overlooked. Not therapeutic places - no one to talk to.
- Transition from children's services to adult services. Don't engage with children in their environment or adolescents.
- Social and mental health care should be part of the same personal wellbeing plan
- Support the carers. Having the feeling of being on your own. Need of direction. Help to cut waiting time for help
- Need to ensure access to treatment for all.
- Need to ensure a person-centred holistic treatment in therapeutic environments eg the rooms in health centres can be dreadful if you are in a distressed state eg no access to water
- Need to improve joined up partnership working across services, providers, VCF and self help groups. Access to signposting and info sharing
- There are too many groups in the service for people to fall through and no one taking responsibility to ensure access to treatment
- Need 24 hr liaison psychiatry service! (lengthy waits in A & E bad)
- The eligibility threshold for services seems to be set very high, so that people with moderate anxiety/depression find it hard to access support.

- Not sure how much MH services are able to do to support people into recovery, which can take some time.
- Need to acknowledge that mental and physical health are closely related - need a holistic approach
- Need 24/7 cover for HM in OOH services, 111, 999, A & E, walk in centre
- Join up and develop greater links with community projects which improve wellbeing.
- Empower individual and communities to improved health
- Embed '5 ways to well being' message throughout service provision
- Lack of communication between departments (families not always encouraged to be involved in recovery process)
- Services (or lack thereof) for people with borderline personality disorder. Separate service needed
- We need to talk about challenge and change in our ordinary lives
- Bring the VolCom sector on-board, with engagement, education, empowerment
- Early intervention for elderly patients with signs of dementia. GP's should recognise signs before it is too late for effective treatment
- Need to ensure meaningful service user involvement - across all services not just SHSC & T
- Use values based commissioning to lead to co-produced service delivery and design
- Fund NSJN leadership training for service users
- It takes too long to be seen by secondary care; waiting lists; no targets.
- Actively promote the signposting of non-commissioned services to patients engage with the keeping people well in their communities agenda
- In my experience there is very little support or access to treatment for women with young children. We are often marginalised as being anxious and a problem with no access to meaningful treatment
- Organisational & individual - lack of understanding regard the impact of mental health issues within working environment
- Better joining up of services and knowledge. More resources for advocacy services
- Difficulty in being taken on be mental health service for person with a learning disability
- Culturally needs to be accessible - understanding of cultural competence international perspectives.
- Pathways and opportunities to physical activity
- Staff training regarding various types of mental illness
- Mindfulness courses for all
- The systems that don't care

- From Chesterfield - now Sheffield. We have been told services here are much worse than Chesterfield - great!
- Money grabbing, untrained, unqualified, unskilled “homecare” agencies
- There was no help until I hit crisis
- Confusion about where to go with issues
- Lack of continuity
- I would love a bit more support with my care - I feel a bit lost
- Links between/across services poor - creates gaps and missed opportunities
- Services for people in crisis - particularly out of hours; offer to carers; management of MHS - medically unexplained symptoms
- Health inequalities for people with mental ill health/LD - life expectancy gap
- Overall poor service user engagement - particularly adult MH
- Too much resource on beds - not enough on community support/prevention
- MH public health - need more
- Get fines for people not turning up for appointments without cancellations. Doctor’s surgeries, dentists, foot clinics etc. We can find ways to find and fund NHS if we claimed all free healthcare from people who have paid nothing into system
- Peer Support
- MH funding has been decimated and agencies that are trying to support clients are being forced out of business in consequence
- The main improvement is by the powers that be. To give more cash to that section. More trainers in the voluntary and primary care
- More “linked up” network with different organisations to have a faster response to impact on improving a situation
- Resources - increased better co-ordination; prevention - address the causes of MH; Research into treatments that work; Co-ordination of services - ‘one stop shops’ etc; Greater awareness of help available
- Insufficient out of hours services (and A&E not appropriate for mental health emergencies)
- Shortage of counselling services. Lack of resources to fully support and involve carers (eg through assessment of carers needs)
- Networking: carers - look at action group, something to do
- Waiting times; lack signposting. Info not joined up; early intervention - school nurse? People don’t know where to go
- Please don’t let our mental health services go or services to blind and deaf and disabled. We know much is needed but we must look into avenues of help elsewhere eg wills & gifts to; ? for pads(incontinence) etc and some treatment
- Revolving door - no one to check on you; Need integration; physical health neglected; Integration - stop power games (£)/ mental health resilience training £4 for every £1 spent

- More support for service -users and ex-users who want to work
- Retain local responsibility with local health practice
- Mental health in Sheffield is one of the illnesses that is mainly forgotten and only recently come to the fore. It can be long term situation. Let's hope.

Appendix 4: Thinking inside the box & webchat comment in full

- Stigma; waiting times
- Diet Exercise
- Family friends stops isolations
- Don't stay alone in your house
- Sense of humour - have fun. Keep things in perspective
- Socialise - visit older relatives, talk
- Police to be made aware that making fun of people with mental health is a criminal offence contrary to section 1b of Protection from Harassment
- Lack of actual work completed (pass the buck and start again)
- Why do city councillors get you thinking that changes are going to happen then zilch
- There is an empathy deficit in some aspects of care
- Early support and intervention - yes, prevention is usually better than cure. Start with education in schools about MH issues.
- Non-judgemental listening; not being labelled
- Telephone anxiety/phobia - need access to services by email or text
- Summary: information is of no value if it cannot get from where it is to where it needs to be
- Friendship. Social needs and exercise; reducing stigma
- Education - don't make kids not good at exams feel inferior
- Helping yourself - GP sees you as "well" so not needing help
- GP's need to be aware of carers needs. Appointments at same time as dementia sufferer
- Keep prices of pools etc down
- People think only way to get help is to be alcoholic or drug addict
- Access to OPN or psychiatrist on A&E
- Walk-in NHS mental health centre
- RRT won't come out if patient has CPN
- What emergency care?
- People with enduring conditions, who try to help themselves "don't meet criteria" however ill
- Places for people to go with mental health - having for example as they want to feel safe
- After care and support for people getting better - ongoing support
- Greater links with community projects to improve mental health. Empowering individuals

- Nothing has been said about how to improve service user involvement to enable improvement of mental health services. I would like to see commissioners fund NSUN leadership. Training for Sheffield people with experience of mental ill health. Values based commissioning
- GP's - I forgot to put that patient participation groups in every GP practice would help to support people locally around accessing alternative support for mental ill health
- If all professionals share knowledge and responsibility would this only over a system where cuts are already having an effect? Eg young people with drug and alcohol issues also tend to have MH issues. If the drug and alcohol worker shares with the mental health teams - would we have the capacity to ensure a good outcome?
- I would like to say (yet again!) that it is an absolute scandal that (some?) home care agencies are allowed to send untrained, unqualified, unskilled people into people's own homes then (highly detrimentally) try to take over their lives, then take the 'beneficiary' of this 'service' to the gates of the court to extract their 40 years of life savings from them.
- Doctors should recognise mental health, depression and other issues need separate requirements. The person with mental health problems should be sent to be schooled for values and confidence within themselves.
- Educate, engage and empower, listen, learn and love
- Mental health must be granted their fair share. Depression and other illnesses eg nervous and anxiety must not be dismissed.
- Healthcare means all aspects of health, so it is incredible that distinctions were made between physical and mental challenges, and that distinctions were created arbitrarily between the service providers.
- Charities are having to "mop up" people who can't get a service from the NHS - GP's and others are telling patients to go to such and such charity for counselling etc but the charities don't have any money either.
- What are we doing about suicide levels in the city? These people must have hidden extremes of poor mental health that are getting missed. How do we become more aware of what to do as services and individuals?