



Report: Adult Community Mental Health Services Review Engagement

Leeds Voices

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Summary

Adult Community Mental Health Services Review sought to involve service users, carers, service providers and wider stakeholders in the co-production of a new model for community based mental health support services in Leeds.

Leeds Voices engaged with their partners and attended community groups and activities to promote this engagement. We ran 10 focus groups, online and face to face and attended 3 community events. We collected 316 responses from individuals and groups with the following protected characteristics: Mental health service users, Carers, Refugees and asylum seekers, Black Caribbean people, Black African people, White/Black mixed African people, White/Black mixed Caribbean people, Gypsy and Travellers, People with sensory impairments (hearing and visual), People with long-term conditions, People with a learning disability, Autistic people, People from the LGBTQIA+ community, Homeless people.

We used social media to promote the workshops and links to the surveys, targeting specific groups.

Recommendations

From the feedback that we received during focus groups, the recommendations for the services are summarised below. More detail about these recommendations, along with quotes from participants, is included in our 'Main Findings' section.

- **Community groups and organisations should be utilised more to help support service users who are in a crisis. They can offer support in the following areas:**
 - o Wherever there is a long waiting list for services, such as with counselling, Solace/PAFRAS, accommodation, employment support, there needs to be a system in place where those who are waiting received regular contact and updates from a support worker who can reassure them and make sure their condition does not worsen.
 - o Existing community groups throughout the third sector run accessible employment courses that mental health services could refer patients on to if they link with the community group.

- Mental health first aid courses should be provided or guest speakers can be sent to ESL classes in communities who will be able to promote and teach refugees/asylum seekers about recognising signs of a mental health crisis.
 - Groups should be available specifically for people who have moved to the UK from another country as it will provide a space for light-hearted chat as well as getting worries and concerns off their chest
 - Easy access to Third sector organisations and community groups should be available as an option for patients as part of the specialist community support. Those from diverse communities should also have the option to join community groups that reflect their community.
 - Monthly meetings could be set up where organisations interested in mental health can get together and share their ways of working.
 - Employment services targeting specific groups such as Gypsies and Travellers could be set up in partnership with third sector organisations to ensure there is less discrimination for communities seeking employment.
- **The requirements that are needed for patients to receive counselling are too severe, with some people's conditions being labelled "*not bad enough*" despite having previously attempted suicide.**
- **Counselling services should not be limited to 12 weeks or limited to certain topics as this provides a huge barrier for many who use the services.**
- **Independent coaches and mentors should be provided by the employment support services to help those experiencing severe mental health difficulties caused by their employer.**
- **The proposals to link Solace and PAFRAS together are seen as positive, as participants have experience from Solace and PAFRAS as well as experience of services in London which are generally better connected than in Leeds.**
- **Many service users from refugee & asylum seekers backgrounds feel there is a lack of compassion from support workers and that the questions they are asked are seen as invasive rather than supportive.**
- **Organisations that support service users with issues such as housing or drugs/alcohol would like to receive professional mental health training so they can also help to treat their service users.**
- **The MindWell website should be shared and promoted more as many people who suffer with mental health issues aren't aware of it. This could be done through GPs, with posters than can be given to a patient that has a mental health condition.**



- **Service User involvement should be offered as an option for all mental health patients as a way to “*find a purpose*” during their recovery.**
- **If possible, former service users who are part of a mental health network should be deployed in hospitals and supported accommodation, as patients would feel more confident that they are understood when talking to them.**
- **Accommodation services should have a dedicated phone number that residents can ring specifically for mental health concerns, as some residents don’t feel comfortable speaking to staff on site.**
- **Staff in supported accommodation services should be required to have mental health first aid training in order to properly address mental health concerns from residents.**
- **Services need to recognise the cultural barriers to living in houses for communities such as Gypsy and Travellers so that they can work closely with the patient to ease them into the accommodation.**



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Description of the Engagement & Method

The Adult Community Mental Health Services review engagement sought to involve service users, carers, service providers and wider stakeholders in the co-production of a new model for community based mental health support services in Leeds.

Leeds Voices supported this engagement by promoting the workshops and focus groups run by the CCG as well as engaging partners and groups with focus groups, one-to-one interviews and attending community events where we encouraged people to complete surveys.

Engagement methods

The complexity of this engagement required a dynamic approach when conducting focus groups. We broke down the 6 strands into separate discussions and were able to target people who had lived experience of the subject matter to ensure that the main perspective was from service users and those to whom will be affected by future changes to services.

For some focus groups there were subject matters that were not relevant and so we selected which subject area(s) to discuss with the group at the beginning of the sessions.

To pull together the 6 strands we opened with a group discussion about the role of the third sector and the value of groups that people were associated. This created a good 'ice breaker' discussion about how peer support and activity groups can go a long way to supporting people's mental health by expanding friends and network and also showed to be the 'first port of call' for many participants if they were in a crisis situation.

Although we separated out lines of discussions we have also been able to see themes that weave through the different strands of the engagement and have highlighted these in the body of the report.

Surveys

For people with English as a second language and limited English, feedback was that there was a lot of information in each survey and this was complicated to understand. (easier to read surveys were available from 5th August, by which time some of the activities planned were finished). One person completing the survey handed it back saying 'I don't get it'.



Social media

We focused on targeting groups with protected characteristics by going to the groups individually and asking them to share the posts. The posts were specific to the groups we were targeting.

The tweets and Facebook posts had good engagement. The following were analytics from Twitter and Facebook.

Community mental health services in Leeds are changing and we want to hear from you to help shape these services, and to make them more accessible to the people who need this support.

Often the voices of some communities and groups of people are not heard, so we would particularly like to hear from people who use mental health services in Leeds.... [See more](#)

Community Mental Health Services in Leeds

Have you used mental health services in Leeds?

The NHS want to hear your views on how they can improve Community Mental Health Services in Leeds

Have your say by filling in our online survey using this QR code

671 People reached	25 Engagements
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Pauline Hope and Tom D Mesmac
7 shares

5 Likes	2 On Post	3 On Shares
0 Comments	0 On Post	0 On Shares
7 Shares	7 On Post	0 On Shares

13 Post Clicks

2 Photo views	7 Link clicks	4 Other Clicks
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NEGATIVE FEEDBACK

0 Hide post	0 Hide all posts
0 Report as spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Tweet activity



Leeds Voices @leeds_voices
Community mental health services in Leeds are changing and we want to hear from you!

To have your say on how to support you with your mental health, please click on the link below to complete our survey about specialist community support services.

<https://www.smartsurvey.co.uk/s/VALSCS2021>
/ pic.twitter.com/GsYHXOYZLf

Impressions	295
Total engagements	5
Retweets	3
Likes	2

We created a range of posters, each tailored to the specific groups we were targeting. These groups were mental health service users, carers, black Caribbean and black African people, autistic people, people with a learning disability, and people with sensory impairments. Specific organisations were contacted to ask if they would share the poster and our information about the survey.

What information was shared:

Community mental health services are changing in Leeds!



Have your say on mental health services in Leeds



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Community mental health services in Leeds are changing and we want to hear from you to help shape these services, and to make them more accessible to the people who need this support.

Often the voices of some communities and groups of people are not heard, so we would particularly like to hear from people from/with _____.

To have your say on how to support you with your mental health, please click on the links below to complete the surveys.

The organisations contacted were:

Protected characteristics	Organisation
Mental health service users	<i>Leeds Mind, St Vincents Support Centre, DAZL, BARCA, Battle Scars, Touchstone, Women’s Health Matters, Women’s Lives Leeds</i>
Carers	<i>Carers Leeds</i>
Black Caribbean people:	<i>BHI, Leeds Black elders</i>
Autistic people:	<i>Advonet, Leeds ABC, Leeds Autism Aim, Specialist Autism Services, ZigZag</i>
People with a learning disability:	<i>Leep1, People in Action, People Matters, SNAPS</i>
People with sensory impairments:	<i>Leeds Society for Deaf and Blind People</i>
Organisations who responded and shared the link	<i>Leep1, People in Action, Leeds Society for Deaf and Blind People, Leeds Mind, Women’s Lives Leeds, ZigZag, Battle Scars</i>

Information and links were posted on Leeds Place and Chapeltown, Leeds Facebook groups.

What else could have been done?

- Some Facebook groups may not have been active checking their messages, so reaching out via email could have gotten a faster response
- Sharing via twitter and Instagram, however it is more difficult on those platforms when there is more information to get across.

Who was involved?

All Engaging voices partners and Working Voices partners were informed of the engagement and links sent out to them for the workshops and focus groups.

For Leeds Voices engagement we contacted partners whose specialisms matched the protected characteristics requested by the Comms and Engagement team.

The table below outlines the focus groups and activities run by Leeds Voices for the engagement. Some focus groups or events did not take place due to other activities or lack of follow up from partners.

<u>Date and time</u>	<u>Organisation/Event</u>	<u>Location</u>	<u>Type of session</u>	<u>Priority group</u>	<u>Action if Focus group didn't take place</u>
29 th June 1 – 2	FGF Men's Group	Zoom link from host	Information preparing for Focus Group	Mixed Black Caribbean	
Tuesday 13 th July	Developing You Project	Zoom link from host	Information preparing for Focus Group	People with mental Health issues	
Wednesday 14 th July 10 – 11am	Developing You Project	LV Zoom link	Focus Group	People with mental Health issues	
Saturday 17 th July	Crossflatts Park Farmer's market	Crossflatts park	Event/Surveys	Mixed	
20 th July 11 – 12pm (asked to postpone til 3 rd August)	Diverse Mum's group	Zoom (our link)	FG	People with mental Health issues	Organiser had no time to organise focus group
Saturday 24 th July 11.30 – 14.30	Feel Good Factor	Feel Good Factor	Focus Group	Mixed	
27 th July 2021 10.30 - 12	LASSN	Grace House	Focus group/1:1 talks	Refugees and Asylum Seekers	Survey link sent out Service users did not want to participate
27 th July 2021 2 – 4pm	BARCA	Barca face to face	Focus Group	People with Mental Health Issues	
Sunday 1 st August	Mill Hill Chapel Pride event	Mill Hill Chapel	Surveys	LGBTQ+ Community	



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<u>Date and time</u>	<u>Organisation/Event</u>	<u>Location</u>	<u>Type of session</u>	<u>Priority group</u>	<u>Action if Focus group didn't take place</u>
9.30 – 14:00 AM and PM options					
Wednesday 4 th August	Holbeck Moor FC inaugural tournament	Holbeck Moor	Surveys	Refugees and Asylum Seekers People who use Mental Health services	
Monday 9 th August 1.30 – 2.30	Leeds Refugee Forum	Zoom		Refugees and asylum seekers	
Tuesday 10 th August 9.30 – 12.30	Emmaus	Emmaus	1:1 interviews	Homeless people	
Wednesday 11 th August	Fair Exchange	Oulton Institute	FG	People with MH issues	
Wednesday 18 th August 11.30 – 12.30	People in Action	Zoom their link	Focus group	People with learning disability & people with autism	
Wednesday 18 th August 1.30 – 2.30	Bahar/Circles of life/Guiding Light	Zoom our link	Focus Group	African/Black Caribbean/South Asian communities	
Thursday 19 th Aug 11 – 12.30	Shantona	Bangladeshi Centre	Focus Group	People with experience of mental health services	
Friday 20 th August – 4.30-5.30	Mafwa Theatre	Patrick Studios	Focus group	Refugees and Asylum seekers	
Survey link sent out	Dazi		Surveys	People with MH issues	

<u>Date and time</u>	<u>Organisation/Event</u>	<u>Location</u>	<u>Type of session</u>	<u>Priority group</u>	<u>Action if Focus group didn't take place</u>
TBC	Connecting Crossgates		Focus Group	People with Mental Health issues	Events clashed with Healthy Holidays activities and no time for organising focus group

In total, 70 people were involved in focus groups, with the separate strands allowing them to have multiple responses to the consultation depending on how many strands they fed back on.

This meant that altogether our focus groups generated 208 responses from communities, while our survey responses totalled to 108. A full breakdown of these numbers and the separate communities that they came from can be found below:

Target Communities/Groups	Focus Group Responses	Survey Responses	Total Numbers
Mental health service users	96	34	130
Carers	15	2	17
Refugees and asylum seekers	15	1	16
Black Caribbean people	4		4
Black African people	16	7	23
White/Black mixed African people		3	3
White/Black mixed Caribbean people		4	4
Gypsy and Travellers	4		4
People with sensory impairments (hearing and visual)	3		3
People with long-term conditions	21	4	25
People with a learning disability	11	1	12
Autistic people	5		5
People from the LGBTQIA+ community	1	27	28
Homeless people	13		13
Other	4	25	29



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Total	208	108	316
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Leeds Voices also sent out online versions of the surveys directly to 8 different partner organisations and attended the following events/organisations to carry out surveys:

Leeds Pride Village Fete

Holbeck Football Tournament

Leeds Volunteer Centre

Leeds Farmers Market

Main Findings

Crisis and Urgent Care

Topics covered and quotes from participants

- **Stronger connections between Crisis & Urgent Care services and GP Surgeries**

Despite GP Surgeries being many participants' "point of call" in a mental health crisis, those who had used the GP found it ineffective in addressing their mental health difficulties at the time.

Instead of connecting the patient to other mental health services, the GP surgeries mainly prescribed the patients with medication, which did not address the patients' mental health needs meaning they once again had to look elsewhere. However, when they looked they either could not get the support they needed or were sent back to their GP.

"When (the GPs) do referrals to other mental health services I just get fobbed off, with IAPT as well. Then I got re-referred back to my GP who doesn't deal with mental health, then I got referred back for IAPT, going round in circles, this has been going on for years, even before the virus situation"

It was strongly suggested therefore that the remodeled Crisis and Urgent Care services should be linked directly with GP Surgeries in Leeds, making it easier for GPs to refer patients with mental health difficulties to the Crisis and Urgent Care services and mean that patients are not left having to look for the services themselves.

"Most people's point of call in a crisis would be your GP...all they ever do is offer you medication."

"I've not found going to the GP helpful, they seem to ignore the therapy side of things. Does the medication help? I don't know. I take it, but is it the situation I'm in that is making me feel better? I don't know."

- **More flexibility with counselling services**

Patients who had experience of counselling services felt that the availability of the services was too limited and therefore hadn't addressed the mental health difficulties they were facing. This was mainly down to the waiting times patients faced when they had applied for counselling and the limited number of sessions that they could receive, which meant that patients' needs weren't being met.

When patients were on the waiting list it would often take over a year for them to receive counselling services, meaning that their conditions would often worsen in-between times or leave them anxious and uncertain about what would be happening with their mental health treatment.

The time-period that patients could receive counselling had also been limited to 12 weeks, which was described as not enough time to address mental health issues the patients had. It was therefore "*crucial*" for counselling services to have no time limit on them.

"You don't climb half a hill. You need help to get over the hill"

"You do need some structure but when you add too much then it kills stuff. If you have a day a week where you meet at a certain time then that's good, but then when you add limitations like a certain amount of weeks or certain topics you can discuss then it doesn't work."

"My counselling had no time constraints, that was crucial, I was told this will last for as long as you need it"

- **Reducing the requirements needed for patients to receive counselling**

Participants who had contacted services reporting severe mental health difficulties were still not given support as condition was seen as "*not bad enough*" despite qualifying as somebody who was at serious risk of harming themselves. More leniency is ultimately required to help patients access support who are still at serious risk.

"I got told that my mental health isn't bad enough to access the services. The person doing the assessment doesn't know me, so how can they say that?"

"What do they expect me to do? Take an overdose and then be like yes I'm bad enough. Even with having a history of suicide attempts, ending up in intensive care, and they still don't think I'm bad enough."

- **Regularly checking up on patients while they are on the waiting list and assigning support workers with similar backgrounds**



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Due to the lengthy waiting times for counselling mentioned above, it was strongly suggested that those who were on the waiting list should also be checked upon regularly whilst they are waiting.

It was suggested that this could be done through voluntary organisations who can assign volunteers or support workers to a patient and regularly contact them and help “*keep the person going*”. This is important as long waits can make a patient “*lose their confidence*” and therefore worsen the mental health difficulties they are facing.

“What me and my friends have found it that no-one is checking on us (while we’re waiting) and there’s nothing in the middle to help, so you’re sat there thinking ‘what next?’, so that support is needed whether it’s through referring to a charity or providing a mentor just to keep the person going.”

“It’s just like giving people first aid while they are waiting for an ambulance.”

This is particularly important for those who have English as a second language or come from diverse community backgrounds, as these communities are more likely to trust a support worker who can speak their language and comes from their background. Introducing this as an option would therefore reduce cultural barriers for communities while also reassuring them while they are waiting for counselling.

“In my organisation (Bahar AFG) we are willing to have volunteers who can received training to work with the client while they are waiting for their appointment. If we have someone who can be there and can keep talking to the client, assuring them they are ok, help is there and listen to (the client) talk to them maybe once a week for one hour or even 20 minutes, so the patient at least knows that the help is there and they don’t lose their confidence.”

Key points

- Due to the long waiting-lists for counselling, a system needs to be in place where patients can be regularly contacted and checked upon during their wait. If the patient is from a diverse community background, a support worker or volunteer from the same background should be deployed to keep in touch with them during waiting times
- GP Surgeries should be able to signpost patients to Crisis and Urgent Care services rather than putting the patient on medication
- Counselling services should not be limited to 12 weeks or certain topics as this severely limits how well the patient can progress
- The requirements that are needed for patients to receive counselling are too severe, with some people’s conditions being labelled “*not bad enough*” despite having previously attempted suicide



Employment Support

Topics covered and quotes from participants

- **Utilising community groups to run employment courses**

There are currently community groups around Leeds that provide training courses on employability such as CV writing and ESL lessons, as many from diverse community backgrounds struggle to obtain work due to language barriers. Therefore, if the services are connected with community groups they can also offer this training to mental health service users.

"Because of this group I have more confidence to go to work. I already do care work with aunties, so this helps me. Having training and interview practice to help with confidence is good to do."

- **Tackling existing discrimination in employment services**

Those from Gypsy and Traveller communities, in particular, felt that being from their background was almost a second strike against their name when looking for employment, along with the fact that they had a mental health difficulty. Using methods to tackle this discrimination such as setting up employment services specifically for Gypsy and Traveller communities with mental health difficulties could therefore help to break down this barrier. This could be done by directly working with organisations such as Leeds GATE.

"I feel they discriminate against me because I am a Traveller if they knew I had MH problems it would be even worse."

- **Providing independent coaches or mentors in workplaces**

Some participants had suffered with severe mental health difficulties which had been brought on through their workplace. These participants felt it would be beneficial for mental health services to provide an independent coach or a mentor who could support the patient during their work and could also hold the workplace accountable for their employee's mental health difficulties.

"I remember travelling to work in the morning multiple times trying to find a place where I could crash the car and end my own life."

"When I was working with Amazon there was too much harassment, so when I went to the GP they referred me to counselling and I also joined a union. So when the union told me to write a letter to management I wrote the letter but afterwards they didn't like me, so when the time came for them to reduce staff I was the first person to receive a letter saying we have to let you go."

- **Self-employment support**



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"I was job seeking for a long time [when I was mentally unwell] I've got a sick note now so I don't have to worry about it. Self employment support would have been the best option, everyone I know has their own business.....continued when I was a teenager I went to Skills4You that gave me qualifications I needed."

- **Employability schemes supporting mental health work well**

Employability schemes that make provision for enabling participants to address mental health issues as well as practical employment skills are successful at enabling participants to find work and further education.

I think the health and wellbeing part is as important as the employability part, I have learnt a lot of new habits such as meditation, walking and breathing techniques that I do every day, and are helpful just as much as employability

It was a lot better having the health and wellbeing first as you get familiar with all the zoom meetings and how it works and then once you've done that you can feel more ready to move on to the employability side

I only signed up for the employability side, but I ended up enjoying the wellbeing side, it wasn't really my thing but I found it interesting

Key points

- Existing community groups throughout the third sector run accessible employment courses that mental health services could refer patients on to if they link with the community group.
- Employment services targeting specific groups such as Gypsies and Travellers could be set up in partnership with third sector organisations to ensure there is less discrimination for communities seeking employment.
- Independent coaches and mentors should be provided by the employment support services to help those experiencing severe mental health difficulties caused by their employer.
- Employability schemes that include modules that look at managing mental health work well

Refugee and Asylum Seeker Support

Topics covered and quotes from participants

- **Using services in London as a model when merging Solace and PAFRAS**

Participants who had used Solace and PAFRAS were "so happy" about the help they had received there, recognising them as valuable services that they would use.



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One participant had used services in London before moving to Leeds and said that London provided much more joined up support, making it “easy” to transfer from one to another and see what was available when compared to Leeds. If the proposals to merge Solace and PAFRAS were implemented, this could make the Leeds system more like London and mean it is not “harder” for refugees and asylum seekers to access support.

“I was a bit shocked coming here from London because before the services were more closely linked and easy to find but here it’s much harder.”

Due to how easy it was to find the support, participants had felt “frustrated” when they were told that services weren’t available to them because they were an asylum seeker. At the time they could not understand why they were being denied the service and didn’t know where to turn, therefore the information needs to be more easily accessible.

“I was referred to counselling services but when they called me in they discovered I was an asylum seeker so they said ‘Oh no we cannot help you.’”

“It’s so frustrating when they tell you that you can’t do something because you’re an asylum seeker, you feel looked down on.”

- **Invasiveness and lack of compassion from support workers**

Participants reported negative experiences with support workers in the past, with one even asking their support worker “are you working for me or against me?”. Support workers would often ask invasive questions that made the service user feel scrutinized and therefore unwilling to share any concerns they had. Support workers also had not respected the service user’s privacy, meaning that the sense of trust between them was gone. Therefore, it would be useful if the merged services could arrange for a support worker who has more of an understanding about the service user’s situation and can display more understanding so that trust will be built up and the service user can make their concerns clear.

“I don’t even like to discuss anything with the support worker they gave me. Sometimes I’d ask her ‘are you working for me or against me’. They ask you lots of private questions like ‘why did you do that?’, ‘where do you go?’”

“The worker I was given in Leeds wanted to discuss my case in front of everybody, there was a lack of privacy.”

“To understand what people are going through you have to have actually faced it.”

- **Making contact with community groups to introduce mental health training for refugees and asylum seekers**

Cultural attitudes of refugee and asylum seeker communities towards mental health can make it harder for severe mental health difficulties to be treated and prevented, as individuals in the community don’t have the knowledge or confidence to recognise it. Due to this, participants suggested that existing refugee organisations such as Leeds Refugee Forum could implement



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mental health first aid courses as part of their day-to-day classes, or implement them during regular ESL classes.

“Courses or training (should be run) where someone explains ‘this and this is normal, but when for some reason you have an unknown pain in your body people don’t know that it can come from the pressures that you have had to bear.’”

“In the past we’ve had safeguarding training, writing CVs, domestic violence etc. but never anything like mental health first aid. So if this was something that could be available and implemented in groups such as LRF then that would be good.”

“Maybe from this training a husband could figure out that his wife is feeling a certain way but they never knew it was due to mental health until today.”

- **Setting up open groups or days for refugees/asylum seekers to visit**

It was widely acknowledged about how difficult it is for refugees and asylum seekers, especially males, to be open about any mental health difficulties they are facing. While it was also acknowledged that it would not be easy to break down these barriers, it was suggested that creating and promoting meetup groups in community settings that are specifically for individuals from another country would be a big step towards this. These groups could include light-hearted chat about life in the UK and how they have got to grips with it, while also offering a place where people can go and talk about their issues with people who have shared experiences. Setting the group up in this form rather than a ‘mental health group’ would be more likely to attract refugees/asylum seekers and could be a good place for mental health specialists to visit. Mental Health specialists could come as guests and provide education and advice on how to recognise when you are going through a mental health crisis and express it as an “illness” that is out of your control rather than a personal weakness that will “show you up”.

“If you are new to this country and you went (to one of the support groups) they will scare whatever it is out of you and you would run for your life. So I think specific attention needs to be made to communities, for instance a women’s or men’s open day, for people to open up a bit more. For us African men and men in general it’s so, so difficult to come out of your shell and say ‘I’m going crazy’ because it comes across as if you’ve shown yourself up. But it’s an illness and it’s something we need to be aware of and enlighten others.”

“(the group) could be a weekly thing where we can invite in a specialist that people can talk to in confidence and from our part we can provide interpreters. There would be some who wouldn’t want to do it in a group so we would have to cater for them separately but I think it would be a brilliant idea.”

Key points



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- The proposals to link Solace and PAFRAS together are seen as positive, as participants have experience from Solace and PAFRAS as well as experience of services in London which are generally better connected than in Leeds.
- Mental health first aid courses should be provided or guest speakers can be sent to ESOL classes in communities who will be able to promote and teach refugees/asylum seekers about recognising signs of a mental health crisis.
- Many service users feel there is a lack of compassion from support workers and that questions they are asked are seen as invasive rather than supportive
- Groups should be available specifically for people who have moved to the UK from another country as it will provide a space for light-hearted chat as well as getting worries and concerns off their chest

Specialist Community Support and Treatment

Topics covered and quotes from participants

- **Training for Third sector groups to combat mental health**

Organisations who regularly helped service users with issues such as housing support or drug/alcohol problems commented how these issues would often severely impact on a service user's mental health. However, due to a lack of information and the service user not "*seen as being suitable for mental health services*" it was difficult for them to pinpoint how the mental health issues could be treated.

Therefore, representatives from third sector organisations expressed that it would be beneficial for them to receive professional training directly from mental health services so that they could give their service users the support needed without having to refer them to mental health services.

"We have service users who are having depression anxiety due to different issues but aren't seen as being suitable for mental health services, so you've got all this time where they're stagnant but all we can do is refer them on. So that's where we really need to be involved and I think community groups would really benefit with some funding or training with things like the 5 stages of CBT or just some motivational stuff."

- **Stronger connections with local third sector organisations and community groups**

Community groups were seen as a "*lifeline*" for many who suffered with mental health difficulties, giving them a regular place to go where they could feel safe and free to talk about all their worries. One participant even described how their anxiety meant that they "*couldn't get to the shops sometimes*" but would still regularly attend a local community group.

The main issue for participants however was that these groups were almost separate from the mental health services they had contacted and they had found them by looking for them



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independently rather than through mental health services. Participants said that they *"would have joined (a community group) a lot sooner"* if they had known about it, therefore the new crisis and urgent care system should look at linking with community groups in each ward of Leeds so that they can refer patients to them as an option.

"L gave me the number of Women's Aid and there was a group, a web chat where people who were in a similar situation could share experiences. It was really useful"

"I prefer groups, I want to talk to people who have been through the same as you. You can get into thinking no-one else thinks how I do"

This was also seen as a key-way to make the services more culturally sensitive for diverse communities, as it would give them a space to share their feelings in an environment familiar to them. Participants from diverse community backgrounds talked about how seeing someone else who looked like them would make them "open up" more and would mean that they are less likely to keep any feelings of anxiety or depression to themselves.

"I grew up in the Philippines and moved here when I was 10, so just seeing someone who's Asian means you become a bit more yourself. I don't think mental health services take into account culture so I think having that community with similar cultural values will make service users a bit more open."

"When I've worked with Hamara I can't tell you how comfortable I've been, whereas in other organisation where it perhaps wasn't as diverse you tend to retreat a little bit into yourself and that's how clients are going to be (if the staff aren't diverse)"

- **Promotion of facilities such as MindWell**

Despite having used mental health services both currently and in the past, a significant amount of people were not aware of MindWell. Those who had used it before said that it was a useful tool that had *"some good stuff on it."*, however many felt that it had not been promoted enough as they had *"not heard of MindWell"*, which could be done using GP surgeries as well as promotion on social media.

"If (GPs) had information about MindWell or community groups they could refer you to then that would be a big improvement."

"If Mindwell is 'the mental health website in Leeds' then why don't we know about it?"

Key Points

- Organisations that support service users with issues such as housing or drugs/alcohol would like to receive professional mental health training so they can also help to treat their service users.
- The MindWell website should be shared and promoted more as many people who suffer with mental health issues aren't aware of it.
- More Third sector and community groups should be offered as an option for patients as part of the specialist community support. Those from diverse community backgrounds should also have the option to join community groups that match their own community

Service User Involvement

Topics covered and quotes from participants

- **More encouragement for patients to be involved when they are at or near the end of their recovery**

Multiple participants felt that if there was more encouragement giving to patients during their recovery, they would be more likely to be involved with a mental health network and “give a little bit back” once they are near to recovery. Therefore, involvement in this network should be an option for all service users when they are near or at the end of their treatment. This would be beneficial for both parties as it would help the service user “find a purpose” while at the same time making the services stronger.

“I’d like for services to empower individuals to not just live a life, but get involved, find employment, be involved with groups and helping others, allowing people to find a purpose, involving people with lived experience, getting involved in the community.”

“When you’ve made a big difference to someone’s life you can then try and encourage them to be involved and then hopefully, they might be able to get working in that position and help others who are in the situation they were in, then hopefully that cycle continues.”

- **Contacting third sector and community organisations to get involved with monthly meetings**

Individuals who attended local groups said that these groups could be utilised to make up part of the network and meet regularly every month. This would encourage more learning amongst community groups by staying and sharing each other’s methods of running, which could improve mental health services across the city.

“Having a monthly meeting for service users and having specialist groups where people can share information”

- **Greater influx of peer support in services**



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Those who had used mental health services felt that more input and involvement from peers was needed. This could take the form of one-to-one visits from people who have previously experienced a mental health crisis, which would allow patients to express themselves and feel confident they were understood.

"I think this is a good idea. When I was in hospital they have feedback forms 1 - 10 are you being treated with respect? How do you feel? I don't find these useful especially for people with more complex needs, it's better to talk to someone."

Key Points

- Service User involvement should be offered as an option for all mental health patients as a way to "find a purpose" during their recovery
- Monthly meetings could be set up where organisations interested in mental health can get together and share their ways of working
- If possible, former service users who are part of a mental health network should be deployed in hospitals and supported accommodation, as patients would feel more confident that they are understood when talking to them

Supported Accommodation

Topics covered and quotes from participants

- **Providing a helpline that residents can ring to preserve confidentiality**

Those who had experienced supported accommodation felt that there should have been a separate support worker or phone number available that they would speak to about their mental health concerns. Often, the patients wanted to keep their concerns confidential from the support workers there as they were afraid that it would then spread around to other members of staff and patients. Therefore, a separate worker or number should be in place if residents wish to speak about their mental health concerns.

"It would be good to have a phone number of someone to talk to. Sometimes I don't want to talk to people here, it's good for it to be more anonymous."

"Because the support workers haven't had training I don't know if what I tell them is confidential, I don't know whether they are talking about me to other staff."

- **Mental Health training for staff in supported accommodation**

There was generally a sense that staff in supported accommodation "hadn't had any training" and therefore they hadn't been confident enough that their mental health needs would be met in the accommodation. This should ultimately be a requirement of any supported accommodation



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taking in patients with mental health difficulties, as the patients would feel more reassured, safe and confident that they could improve whilst they were in the accommodation.

“There is a system of support workers here (at Emmaus), but they haven’t had any training. It would be better for them to have training on how to deal with mental health and to recognise the signs. We have first aid training and food hygiene, but they don’t have mental health first aid training.”

- **Recognising the barriers for some communities of entering unfamiliar supported accommodation settings**

Settings for supported accommodation such as houses and centres would be difficult for people from certain communities, such as Gypsies and Travellers, to get used to. In order to make it easier for these communities, there needs to be a recognition of these barriers and then a willingness to work closely with the service user to ease them into the accommodation so that their mental health condition can be treated.

“...like my granny, she would not even stay in a hotel so she wouldn’t be able to stay in that kind of support (described in the proposals)”

Key Points

- Accommodation should have a dedicated phone number that residents can ring specifically for mental health concerns, as some residents don’t feel comfortable speaking to staff on site.
- Staff in general should be required to have mental health first aid training in order to properly address mental health concerns from residents.
- Services need to recognise the cultural barriers to living in houses for communities such as Gypsy and Travellers so that they can work closely with the patient to ease them into the accommodation.

Appendix 1 – Focus Group Summaries

Bahar, Hamara Guiding Light Leads

Organisation/Group: Various representatives from Hamara, Bahar and Guiding Light Leads
Priority Group: Black Caribbean, South Asian
Number of participants: 4
Number of Equality Monitoring Forms - 0
Themes discussed: Refugees/Asylum Seekers Support, Crisis and Urgent Care, Service User Involvement
Number of responses: 16
Facilitator notes: Connor

Refugees/Asylum Seekers

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Supporting refugees/asylum seekers while they are waiting for their appointment	The waiting list for referrals at PAFRAS can often take a long time for services users, therefore community organisations such as Bahar AFG should be utilised to provide service users with support while they are waiting for their referral to go through.	<p>“There needs to be someone who can be there and can keep talking to the client, assuring them they are ok, help is there, just wait and listen to (the client) talk to them maybe once a week for one hour or even 20 minutes, so the patient at least knows that the help is there and they don’t lose their confidence.”</p> <p>“It’s like giving people first aid while they are waiting for an ambulance.”</p>
Single point of contact for mental health services	Having a single point of contact for services would be beneficial especially because service users in the past have had difficulty getting through to services as it wasn’t clear who the main contact was.	<p>“In an instance I had you’ll get a website with a bunch of organisations who are partners and then you’d ring them up and say ‘can you tell me more about this’ and then they’ll say ‘oh no we’re partners you’ll have to go to such and such’, whereas if it was a single point who would do the referral and assess who it goes to then that’d make it a lot easier.”</p>

		“Everybody just seems to be sign-posting, so things are getting lost in the process.”
Spreading information to community groups about what is available	There is a lack of awareness amongst both communities and community groups about what is available for their service users, therefore, in order for these services to be accessible the advertising needs to be more effective and sent directly to community groups.	“In my organisation I have referred people to the GP, Marketplace or Solace but don’t know anywhere else, so I would like more information about what is available so that I can refer people to them...I don’t think many asylum seekers will do self-referral.”

Specialist Community Support Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Training/funding for community organisations and services to tackle mental health	Due to mental health issues often arising amongst people using non-mental health services such as housing, drugs/alcohol or in general community organisations, training should be available for these organisations such as CBT so that they can address the needs of their communities without having to refer them immediately to mental health services	“We have service users who are having depression and anxiety due to different issues but aren’t seen as being suitable for mental health services, so you’ve got all this time where they’re stagnant but all we can do is refer them on. So that’s where we really need to be involved and I think community groups would really benefit with some funding or training with things like the 5 stages of CBT or just some motivational stuff.”
Lack of compassion and support for those with severe mental health difficulties	One participant knew someone who had severe mental health difficulties in the past leading her to attempt suicide by jumping in front of a car, however, the police	“She (the patient) was a known case to a lot of people but I think the general opinion of her when she asked for help was just ‘Oh look, here she comes again’.”

Service User involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Promoted while people are in the service	Those who have used mental health services in the past are often feel that they can give back and help, do it is best to ask people when they’ve finished treatment because they then	“When you’ve made a big difference to someone’s life you can then try and encourage them to be involved and then hopefully they might be able to get working in that

	feel that they can give something back.	position and help others who are in the situation they were in, then hopefully that cycle continues.”
Concerns and issues with community not being taken seriously	In the past those who have expressed severe mental health difficulties weren't given enough support and have ended up taking their own life. Instead of directing people to a website or a number services need to take more responsibility	

Crisis and Urgent Care

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Counselling availability	The waiting lists for counselling sessions were a big concern for this group as they are often over a year which was seen as too long for those suffering with severe mental health difficulties	“Counselling is almost unavailable, it's like a 16-18 month waiting list, so how do you help these people.”
Monitoring patients on the waiting list of counselling	Due to waiting times for counselling often adding up to 18 months, the services should be able to keep in regular contact with those on the waiting list to check on them briefly and give them updates on how long their wait will be.	“What me and my friends have found it that no-one is checking on us (while we're waiting) and there's nothing in the middle to help, so you're sat there thinking 'what next', so that support is needed whether it's through referring to a charity or providing a mentor just to keep the person going.”
Prevention training in schools	It was expressed that schools lacked the facilities to provide education on how to understand and address mental health difficulties that they may face, which often leads to difficulties when they reach adulthood, therefore services could work with schools more to provide this education to all students during lessons.	“We never got taught anything (in schools) about anxiety and depression unless you'd had traumatic experiences as a child. So I do think It's just down to a lack of funding for the schools or awareness with services.”

RECOMMENDATIONS FOR FUTURE SERVICE USE: (impact of proposed changes on future service use)

Theme	Text summary (contextualising theme)	Quote(s) (if available)
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<p>Counselling support in between waiting times</p>	<p>A system could be in place where service users on the waiting list for counselling are monitored and called regularly and briefly for a quick check up on their mental wellbeing and an update on when their counselling will take place</p>	<p>“There needs to be someone who can be there and can keep talking to the client, assuring them they are ok, help is there, just wait and listen to (the client) talk to them maybe once a week for one hour or even 20 minutes, so the patient at least knows that the help is there and they don’t lose their confidence.”</p>
<p>Diverse staff and groups</p>	<p>Being in a room or environment with people who are the same ethnicity is more relaxing for patients and they will feel more free to be themselves and therefore may progress more on their mental health</p>	<p>“When I’ve worked with Hamara I can’t tell you how comfortable I’ve been, whereas in other organisation where it perhaps wasn’t as diverse you tend to retreat a little bit into yourself and that’s how clients are going to be (if the staff aren’t diverse)”</p> <p>“I grew up in the Philippines and moved here when I was 10, so just seeing someone who’s Asian means you become a bit more yourself. I don’t think mental health services take into account culture so I think having that community with similar cultural values will make service users a bit more open.”</p>
<p>Creating a single point of contact for the services</p>	<p>If there is a phone number or a place that service users can go which guarantees them direct contact with the services then this will particularly increase access for people from diverse communities who may struggle with language barriers and struggle to find information</p>	<p>“In an instance I had you’ll get a website with a bunch of organisations who are all partners and then you’d ring them up and say ‘can you tell me more about this’ and then they’ll say ‘oh no we’re partners you’ll have to go to such and such’, whereas if it was a single point who would do the referral and assess who it goes to then that’d make it a lot easier.”</p>
<p>Working directly with community groups to provide mental health training</p>	<p>To address mental health problems amongst communities, services should provide training to organisations such as Hamara that are prominent in diverse areas of</p>	<p>“We have service users who are having depression anxiety due to different issues but aren’t seen as being suitable for mental health services, so</p>



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Encouraging and advertising service user involvement towards the end of a service user's treatment	Service user involvement should be clearly advertised as an option for all service users coming toward the end of their treatment when they are in a fit state to give help back, as it is important to have an input into services from people who have had first hand experience.	"When you've made a big difference to someone's life you can then try and encourage them to be involved and then hopefully they might be able to get working in that position and help others who are in the situation they were in, then hopefully that cycle continues."
Mental health training in schools	Many people struggle with mental health due to not knowing how to make sense or address emotional challenges, therefore more training and information needs to be shared in schools so that people are more aware of how to take care of their mental health before they go into adult life.	"It could help even if there was some kind of prevention course ran in schools to help children deal with mental health difficulties when they get to that stage, because it's one of those things you're just expected to deal with when you get into adulthood and you're just thrown into this life."

BARCA – West Leeds Men's Network

<p>Organisation/Group: BARCA – West Leeds Men's Network</p> <p>Priority Group: Mental Health Service Users</p> <p>Number of participants: 5</p> <p>Number of equality monitoring forms filled: 5</p> <p>Themes discussed: Refugees/Asylum Seekers, Supported Accommodation, specialist community support</p> <p>Total Responses: 15</p> <p>Facilitator notes: Connor</p>

Refugees/Asylum Seekers

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Incorporating local community	The group leader at BARCA mentioned that Refugees/Asylum Seekers had been sent to BARCA before were too reluctant to join. The	"I always say the more you mix the more you

groups into the service	group felt that someone from this community would be welcome at a group such as this, currently made up of local White British men, as it would help them settle into the community more easily and break down barriers.	melt down (cultural barriers)”
Wharf Chambers one-to-one services	The one-to-one service in Wharf Chambers was mentioned as a resource that could be beneficial for refugees/asylum seekers as it would allow them to drop-in and speak to someone about any concerns/barriers they were facing.	
Arts/Crafts sessions to help with language barriers	Some participants spoke about art/craft sessions available, which aim to help people with speaking and communicating in English without the pressure or need to have good English skills. For instance, people can learn different colours in another person’s language.	

Supported Accommodation

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Financial viability	One participant had used supported accommodation before but had to move out due to cuts and losing benefits, therefore it was financially more viable to move in with their mum	
Impact on local neighbourhoods	One participant who had lived near Wortley Heights spoke about how “problem people” were often moved into the estate and had caused unrest before then being moved on. This needs to be changed as it has a bad impact on local residents and also doesn’t help the person who has been moved	

Specialist community Support

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Limited counselling available	There were negative experiences of IAPT services for participants which was seen as too limited, with the 12 week time limit only scratching the service of the issues that patients wanted to talk about.	“You do need some kind of structure to it but then if you’ve got too much structure then it kills stuff. If you have a day a week where you meet at a certain time that’s good, but then when you add limitations like a certain amount of weeks or certain topics you can discuss then it doesn’t work.”

		“They need to adapt the system to the person rather than the person adapting to the system.”
Affordability and availability of social workers	When it comes to one-to-one support attendees said that they had faced barriers due to social workers not being readily available and not affordable. Ideally there could be more social workers on hand at a reduced price or provided through extra funding for the patient.	
Locations for safe-spaces and mental health groups	The participants felt that their group as well as others in the local area such as New Wortley Community Centre would provide good safe-spaces for the service to spread out to. Groups such as this always show empathy and will listen to people’s problems as well as talking about lighter topics such as the pub, TV and politics.	

Key points of consideration to be taken from this group:

Theme	Recommendation
Refugees and Asylum Seekers	Activities in local community groups such as art and craft groups at BARCA or New Wortley Community Centre can be beneficial to refugees and asylum seekers settling in to the community, even if they have limited English.
More flexibility with one-to-ones	Funding could be used to make counselling sessions more open-ended for patients, as those who have used counselling services have said that there was a limit on the sessions they could attend, which impacted negatively as it meant the series of sessions ended too early.
More care with supported accommodation	Many local areas are impacted when patients with severe mental health issues are moved into the houses/flats there, with some local residents coming close to sustaining serious injuries or often seeing suicides taking place from high-rise flats. A priority should therefore be to provide a higher amount of special accommodation for mental health patients who could be a danger to the local community

Organisation/Group: Developing You
Priority Group: People with experience of mental health
Number of participants: 6
Number of EM forms returned: 0
Themes discussed: Employment
Number of responses: 6
Facilitator notes: Helena

Employment

The focus group we ran was supporting the Developing You team to evaluate their employability scheme course.

The following is a summary of the focus group with relevant comments for the employment survey

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>What has worked well for you in accessing employment and training support in Leeds.</p>	<p>Participants talked about how the course worked well having two distinct elements. Although people weren't aware of the health and wellbeing part this was enjoyed.</p> <p>They have continued to use the well being techniques</p>	<p><i>I think the health and wellbeing part is as important as the employability part, I have learnt a lot of new habits such as meditation, walking and breathing techniques that I do every day, and are helpful just as much as employability</i></p> <p><i>It was a lot better having the health and wellbeing first as you get familiar with all the zoom meetings and how it works and then once you've done that you can feel more ready to move on to the employability side I only signed up for the employability side, but I ended up enjoying the wellbeing side, it wasn't really my thing but I found it interesting</i></p>

<p>How could accessing these services have been better for you?</p>	<p>There was a wide range of referral mechanisms which suggests that having a flexible referral system works well to catch different people Some people were referred in by their work coach and felt obliged to attend.</p> <p>Others asked about courses and were referred this way.</p>	<p><i>"I asked my work coach if there was any help available, found it by accident through a link on twitter"</i> <i>I heard about the course from my support worker at the mental health hub.</i> <i>"I heard about the course from my child's school and decided to give it a try as it was during lockdown and there was nothing else to do, I was feeling quite stressed from home schooling and I am glad I gave it a try, had not thought about doing something like that before"</i></p>
<p>Where would you go to find information about employment support services in Leeds?</p>	<p>People in the course had been referred by various means. They had been looking for courses and didn't know where to go to look. A lot of participants had found the course by accident rather than design</p>	<p><i>Had been asking my work coach about courses for a while, was persistent before she suggested the course.</i></p> <p><i>The fact that my work coach suggested it would be a strong incentive, If I refused it it could be a black mark</i></p> <p><i>I signed up because of what I read in the prospectus, the connections that I got through the course were excellent</i></p>
<p>Is there anything else you would like to tell us about our proposals or about employment</p>	<p>Feedback from this course was that the combination of health and wellbeing as well as employability skills works well. Knowledge of the course came from different sources so a robust system of advertising the courses in different places needs to be established. The</p>	<p><i>The show and tell for me was a revelation, I had no idea there was so much help available, I was incredibly impressed</i></p>

<p>support services?</p>	<p>course was very well thought of so more of these courses was recommended.</p> <p><i>You asked if the course had met our expectations, I didn't really have any expectations to begin with, I was sent on a couple of courses in the 80s/90s by the job centre and they were awful, I felt patronised, they were shockingly bad. On this course I felt nothing but being respected and valued and it was a completely different culture. And I am very grateful</i></p>	<p><i>The show and tell was amazing, I was introduced to the lifelong learning centre at Leeds university and now I have applied to higher degree study</i></p> <p><i>I was put in touch with someone who worked with the careers service which I found useful as I had not used them before, I was also put in touch with someone about my CV, and she was very good, I've had 3 comments speaking to people recently saying about how much my CV has improved, is the little things about that which help you as a job seeker. Leeds city council, a brilliant service- why don't they tell you this stuff at the job centre? People who don't go on the course don't get all this information, I don't know why they don't push it more</i></p> <p><i>SWOT analysis and redoing my CV from scratch def made it easier to get a job which I did</i></p>
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ANY OTHER INFORMATION:

Key points of consideration to be taken from this group:

Theme	Recommendation
Referrals into the employability scheme	That referrals come from a variety of sources that people can easily access – schools, work coaches, other mental health groups

Hybrid courses work well	To increase the numbers of courses that include wellbeing and employability skills and bring in other pathways to employment and further study
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Emmaus

<p>Organisation/Group: Emmaus</p> <p>Priority Group: Mental Health Service Users</p> <p>Number of participants: 3</p> <p>Number of equality monitoring forms filled: 3</p> <p>Themes discussed: Supported Accommodation, Crisis and Urgent Care, Service User Involvement, Specialist community Services, Employment support</p> <p>Total Responses: 13</p> <p>Facilitator notes: Iona</p>

Specialist Community Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Finding services	People talked about the difficulty of finding information for services to help them – not knowing where to look.	'I've not heard of Mindwell' 'Having a poster with a phone number on it'
Merging services	Having fewer organisations to offer support was seen as detrimental and potentially reducing the amount of support for participants	I don't think merging the outreach team is a good idea. I've had experience of being referred to another part of the service having left hospital and no-one got in touch with me. It's good to have a range of options (to tap into) this is better than one service
Attending mutual support groups	Participants said that they would like to attend groups that offer support for their experiences.	'L gave me the number of Women's Aid and there was a group, a web chat where people who were in a similar situation could share experiences. It was really useful'

		'I prefer groups, I want to talk to people who have been through the same as you. You can get into thinking no-one else thinks how I do'
No time limit on counselling	One participant talked about the importance of having no limits on the time for counselling	'My counselling had no time constraints, that was crucial, I was told this will last for as long as you need it'
Not knowing how to refer to Community support services Challenges of self referral processes	Participants talked of either not knowing how to refer into community services or finding it difficult to self refer when you are experiencing mental health difficulties.	I was told I was going to be referred to a counsellor, I waited and nothing happened, I followed it up and they had nothing on my notes. I was then was told by the receptionist that I can self refer. It's hard to self refer , you need an advocate how do you recognise that you need help? Going to the doctors is so frightening, I had no support, I just wanted someone to walk to the doctor with me.
Having a diagnosis is helpful	When participants had counselling and were told they had a specific condition this was easier to manage as they could separate themselves from their condition.	My counsellor diagnosed me as having 'Rumination' and that was great, I had a thing I can see on a piece of paper, it was life changing'

Supported Accommodation

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Specialist staff on site	Participants said that support workers did not have the relevant experience or expertise	There is a system of support workers here, but they haven't had any training. It would be better for them to have



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		<p>training on how to deal with mental health and to recognise the signs. We have first aid training and food hygiene but they don't have MH first aid training.</p>
<p>Confidentiality within supported accommodation setting</p>	<p>Participants talked about the lack of staff expertise dealing with support issues and how this can lose their trust in the process.</p>	<p>It would be good to have a phone number of someone to talk to. Sometimes I don't want to talk to people here, it's good for it to be more anonymous. Having a poster with a number on it, have someone come in and talk to us. Because the support workers haven't had training I don't know what I tell them is confidential, I don't know whether they are talking about me to other staff. The support here I see them as enthusiastic amateurs. we have a weekly support meeting. It would be good to have someone come in an expert in the field and inviting me for a chat. If I'd been told I needed counselling that might have helped</p>
<p>Referral into supported accommodation</p>	<p>Having a quick referral process was seen as key - participants were able to move into their accommodation quickly and easily.</p>	<p>'I googled Homeless Leeds and Emmaus came up , I had an interview and they said come.'</p> <p>I googled homeless help Leeds and this is what came up first. I had four days before I had my interview so went to St George's crypt, which was awful</p>

		When I had the interview they said I could come straight away.
Day to day activity in accommodation	Having structure and activity within the supported accommodation setting is crucial for people's wellbeing and senses of purpose	<p>The work was what I needed, I had such anxiety, I couldn't stay still.</p> <p>'Being here I have a purpose, a job. It's have something to do with my time. There is a sense of community as well. I wake up most mornings and think I'm glad I'm here.'</p> <p>'I like the routine, I like having something to do.'</p>

Crisis and Urgent Care

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Experience of GP's and referral to MH services	<p>Participants talked about GP's dismissing their mental health issues as 'depression' and being given anti-depressants.</p> <p>Their experience is that GP's have limited time and knowledge of specific mental health conditions and misdiagnose. referral systems to community mental health services</p>	<p>'I went to the doctors and they told me I was depressed and gave me pills'</p> <p>'I've not found going to the GP helpful, they seem to ignore the therapy side of things. Does the medication help? I don't know I take it, but is it the situation I'm in that is making me feel better? I don't know.'</p> <p>'When you go to a doctor they put you on anti depressants they don't say you need to be talking to a professional.'</p>
Recognising mental health crisis	<p>Participants talked about how they would not have recognised themselves in mental health crisis and would not attend a crisis café as they didn't identify with this word.</p>	<p>I don't think I would have recognised I was in crisis, I was just having a hard time.</p> <p>I was sleeping rough I couldn't go to Merrion house as I used to work for the council</p>

		I've look at information online and they say if you're in crisis go to A&E and I get panicky thinking 'What's wrong with me'
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Employment Support

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Having active support with finding work	Participants talked about having no support to help with finding work – they were left alone as the DWP knew of their mental health condition, but no provision was made to actively support getting into work	I had no help to move on, there was no extra support from the DWP, they were understanding of my mental health and left me along but didn't give me any additional support. 'to have more connections re employment, to have more of a connection with organisations that already exist, it being a certain requirement (of being unemployed) that you are connected with organisations who want to get you into employment.
Having training to help get into employment is useful	All participants talked about how useful it was to have opportunities to training to help them move into work. It gave them confidence to think about getting back into work.	Here there is training available I've done PAT testing training and I'll be doing white goods, I've got a provisional licence and I have driving lessons, all being paid for.

Service User involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Having opportunities to feedback to a peer when in hospital	Participant talked about the advantages of having a conversation about their experiences with someone whose job it is to collect feedback.	I think this is a good idea. When I was in hospital they have feedback forms 1 - 10 are you being treated with respect? How do you feel? I don't find

		these useful especially for people with more complex needs, it's better to talk to someone.
Having Peer support	One participant talked about his experiences in hospital where he would have liked to have conversations with someone who wasn't dealing specifically with his care	Some issues you don't feel comfortable with Dr and Nurses - they are very busy and I wonder whether it is taken on board. They dismiss your concerns. I had a situation where I wasn't told that they were changing my meds until I came to have them in the evening and the nurse said they've stopped them. It would have been good to have been told. If there was someone speaking to patients about issues on the ward, would be more comfortable and more likely to be listened to

Key points of consideration to be taken from this group:

Theme	Recommendation
Day to day activity in supported accommodation	Have structure and activity within the supported accommodation to support people's wellbeing and sense of purpose 'I like the routine, I like having something to do.'
Having active support with finding work	Have specialist support for people with mental health issues, to get into work, Provide training for Job Centre staff on how to support people with mental Health issues get into work.
Active support for employability skills	Have a requirement for people to be linked with organisations want to get you into employment. Provide practical training: PAT testing; First Aid
Mental Health First Aid Training	For Mental Health first aid training to be made available to staff of all organisations who have links with people with mental health issues.

Organisation/Group: Fair Exchange
Priority Group: Mental Health Service Users
Number of participants: 2
Number of equality monitoring forms filled: 2
Themes discussed: Crisis and Urgent Care, Employment Support, Service User Involvement
Total Responses: 6
Facilitator notes: Connor

Crisis and Urgent Care

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Links with Community Groups	Groups that meet up regularly and offer support to those with mental health difficulties were described as a “lifeline”, and therefore should be a strong part of the Crisis and Urgent Care proposals. It could work if patients were directly referred from the services to groups in their local proximity, which would make the groups available to more people.	“People don’t understand what they’re missing (with community groups)” “If I’d known about (this group) I’d have used it a lot sooner.”
Use of one main phone-line	To avoid confusion for patients it was suggested that the new combined Crisis and Urgent Care service could have a main phone-line that people can ring and then will be directed to whichever service they need.	
Increased awareness of the Mindwell website	None of the participants had heard of Mindwell but when looking at it thought it would be a good resource to use. If GPs had information about Mindwell that they could show patients who came with mental health difficulties, then this could help hugely with increasing awareness of the site.	“If Mindwell is ‘the mental health website in Leeds’ then why don’t we know about it?”

Employment Support

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Review of Ofsted and general education practices	One participant had worked as a teacher and suffered severe mental health difficulties as a result, however there was no support for her from her workplace and no option of a staggered return to work. Therefore, it was felt that practices in teaching could be reviewed.	
Independent coaches or mentors in workplaces	It was suggested that people in employment who are struggling with mental health should have the option of a coach or mentor who is based	

	<p>outside of the organisation. This would have helped a participant in the past who had said they had to take early retirement from teaching due to having suicidal thoughts but receiving no support from their employer.</p>	
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Service User Involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>Building a network of community mental health groups in Leeds</p>	<p>From the experiences of the service users at this group there was a large gap in communication and awareness that is regularly sent out about community groups. Therefore, if they could be made part of a mental health network then there could be a link there for service users in need of support.</p>	
<p>Stronger involvement and funding from the council</p>	<p>There were negative experiences expressed with the funding provided by Leeds City Council towards mental health groups. Despite being a lifeline for many people facing mental health difficulties, a lot of community groups are struggling to stay afloat but can't find funding.</p>	<p>"I can't believe the council aren't supporting these groups more with money...do you have to have suffered (with mental health) to understand it?"</p>

Key points of consideration to be taken from this group:

Theme	Recommendation
<p>Use of local community groups</p>	<p>Ideally, local groups such as this could be linked directly to the crisis and urgent care service as places for patients to be referred to, which would give them a more local setting to go to for mental health support</p>
<p>Independent mental health employment mentors</p>	<p>Those in employment who are struggling with mental health services could have access to a "mentor" independent of the organisation the patient works for. They would then help and support the person experiencing mental health difficulties and could be trusted by the patient not to act in the organisation's interests.</p>
<p>Increased awareness of the MindWell website</p>	<p>Those in the group had never heard of MindWell before and therefore felt it needed more effective promotion. Due to many mental health patients' first point of call being the GP, MindWell could have leaflets there that are then given to the patient by the GP. They could also link up with mental health community groups in Leeds so that they can get information from MindWell directly.</p>

Feel Good Factor Saturday Group

Organisation/Group: Feel Good Factor Saturday group

Priority Group: Mental Health Service Users

Number of participants: 12

Number of equality monitoring forms returned: 12

Number of responses: 24

Facilitator notes: Iona & Ronan

Refugees/Asylum Seekers

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Wider issues impact on mental Health	One of the participants was a refugee and she talked about the impact that the asylum system had on her mental health. She said the difficulties attaining refugee status caused a lot of problems. There is no support for destitute asylum seekers and this is a problem.	'There are people who have lived here for 20 years who are being deported, there are pressures on our community that affect our mental health'

Crisis Support

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Types of crisis support	People didn't know about these services and wouldn't know how to access them. People had accessed CBT and self awareness classes	'GP, LCC flyers and the internet, is where I would expect to find information'

Specialist Community Support Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Specialist Mental Health Support is difficult to access	People talked about asking for help and not being able to access help as they don't fit the criteria for ongoing support. They said that they can't authorise their own medication. And they don't understand the criteria to access further, more formal support	'How serious does it need to be?'
Counselling and one to one support	No time limit on these services: Having a limited amount of time for support is counter productive. Counselling was seen as a useful tool but inaccessible to those who couldn't afford it.	'You don't climb half a hill. You need help to get over the hill' 'Not available for poor people'

Type of Community Support	Participants had not heard of different mental health services outlined in the survey. They had used their GP for help and some had been referred to the group this way.	
Peer Support – role of mental health support groups	Participants talked about the need for stress management groups and being able to easily join groups. The group was enjoyed as it was perceived to have no barriers	‘a support group is a stepping-stone for other services’ ‘I like it because people are from all walks of life, we have what we have in common, we are all the same’
Access to other groups and information about groups	Participants said that they would welcome other groups to attend. They would welcome more information about other groups and what issues these groups would cover.	
Referral processes	Information about the group had come from different sources – word of mouth, self referral, churches, GP. Having easy accessible referral mechanisms and an immediate start were seen as crucial.	‘Gets me out of the house’ ‘I only come to this group, I can’t get myself to the shops sometimes’

4. Service User involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Sharing information	Participants talked about having regular meetings with other service users to find about about other groups and services and how they run	Having a monthly meeting for service users and having specialist groups where people can share information
Ongoing groups for carers		

Key points of consideration to be taken from this group:

Theme	Recommendation
Specialist Community Support Specialist Mental Health Support is difficult to access	Advertise services with existing mental health groups Make the criteria and referral routes for access clear
Specialist Community Support	Having no time limit on these services

Counselling and one to one services	
Specialist Community Support Referral processes	Having easily accessible referral mechanisms and an immediate start were seen as crucial.
Specialist Community Support Peer Support – role of mental health support groups	Increase the numbers of support groups run by Community organisations. These are easily accessible and offer ongoing peer support.
Crisis Support Group participants were unaware of these services.	Advertise services clearly through existing groups, flyers and GPs
Refugee and Asylum seekers Wider issues impact on mental Health	Awareness of services on wider issues for refugees and asylum seekers

Mafwa Theatre

<p>Organisation/Group: Mafwa Theatre</p> <p>Priority Group: Refugees and Asylum Seekers</p> <p>Number of participants: 4</p> <p>All had used Solace and PAFRAS, one had also used Meeting Point</p> <p>Number of equality monitoring forms filled: 6</p> <p>Themes discussed: Refugees/Asylum Seekers, Crisis and Urgent Care, Specialist Communities Support</p> <p>Total Responses: 12</p> <p>Facilitator notes: Connor</p>
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Refugees/Asylum Seekers

What works

Theme	Text summary (contextualising theme)	Quote(s) (if available)
PAFRAS	Participants generally used PAFRAS for food parcels and to handle legal issues, as well as for stress management classes.	
SOLACE	Those who had used Solace felt that the people there were much more friendly than at non-refugee services and that they always have interpreters available.	"I'm so happy about the service in Solace, when I've been there they were so kind."
Proposals to merge the services together	Participants agreed that linking both services together was a good idea. One said that they had experienced services in London before moving to Leeds and that they were much more linked together and easier to find, therefore this should be implemented more in Leeds.	"I was a bit shocked coming here from London because before the services were more closely linked and easy to find but here it's much harder."

What can be improved

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Joined up services in London	Refugee services in London were seen as better by those who had used them and it was very clear where you need to go in London to get help. The support received was also seen as more compassionate and less invasive compared to Leeds.	“The support worker I was given in Leeds wanted to discuss my case in front of everybody, there was a lack of privacy.”
Long waiting lists	The waiting lists when using Solace could often amount to a year for those who had used it, which meant increased anxiety and distress. Therefore, it was hoped that if the services were merged together then this would reduce the long waiting times for service users.	“When I was referred to Solace I was waiting for one year, all they say is that you are on a waiting list. If you’re waiting so long it’s just making you worse.”

Crisis and Urgent Care

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Counselling services	One participant had been prevented from accessing counselling services and wasn’t aware that they were unavailable due to being a refugee/asylum seeker and didn’t know where to go. If more information was available about which services were accessible for them then this would save a lot of “frustration” for asylum seekers looking for mental health support.	“I was referred to counselling services but when they called me in they discovered I was an asylum seeker so they said ‘Oh no we cannot help you’.” “It’s so frustrating when they tell you that you can’t do something because you’re an asylum seeker, you feel looked down on.”
GP services	Participants had negative experiences when using reception at GP surgeries, feeling that training needed to be given in order to help them communicate better and show more understanding for communities who had English as a second language.	“Some of the GP receptionists don’t know how to communicate. When I called to ask the GP about making an appointment the receptionists said ‘I’m busy. can you speak quickly because if not I’ll drop the phone.’”

Specialist Community Support

Theme	Text summary (contextualising theme)	Quote(s) (if available)
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<p>More compassion and understanding from support workers</p>	<p>The support workers that participants had been given were not seen as trustworthy or helpful. Participants felt that rather than helping them and showing understanding they were often asked invasive questions that felt as though they were being scrutinized, therefore they felt like they couldn't find support where it was needed.</p>	<p>"I don't even like to discuss anything with the support worker they gave me. Sometimes I'd ask her 'are you working for me or against me'. They ask you lots of private questions like 'why did you do that?', 'where do you go?'"</p> <p>"The worker I was given in Leeds wanted to discuss my case in front of everybody, there was a lack of privacy."</p> <p>"To understand what people are going through you have to have actually faced it."</p>
<p>Building up trust with refugees who are fearful of keeping their place in the country</p>	<p>Participants described the anxiety they felt when using mental health services as there was often a strong fear that revealing certain issues they had would lead to them being closely monitored and possibly sent back home. Therefore, there should be more reassurance around this and more care taken from support workers and services to help service users understand that they are free to open up.</p>	<p>"People don't know who to talk to. People are dying inside but don't know how to express it people are scared that they'll get kicked out or sent back if they express any wrong feelings."</p>

Key points of consideration to be taken from this group:

Theme	Recommendation
<p>Waiting times when merging Solace and PAFRAS</p>	<p>It is seen as a positive change that these services are made into one and participants generally have positive feedback. The main thing to improve is the waiting times for new service users, which can often add up to a year and increase anxiety.</p>
<p>More understanding and reassurance from support workers and services</p>	<p>Participants often experience "invasive" questions or treatment about private issues when using legal services which were provided by PAFRAS. This can increase anxiety and also make services users feel as if they are not being listened to and fearful that they may be sent home if they cause too much fuss. Therefore, support workers and services need to be aware of this and display more reassurance to service users when communicating with them.</p>
<p>Promotion and awareness of counselling services</p>	<p>Due to participants being turned down from counselling services because they were a refugee/asylum seeker, it needs to be made clear which services offer support to</p>



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available to refugees/asylum seekers	refugees/asylum seekers and how they can access it. This could be done through local GPs and through the new joined-up PAFRAS and Solace service.
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Shantona

<p>Organisation/Group: Shantona Priority Group: Mental Health Service users Number of participants: 20 Number of Equality Monitoring forms returned: 20 Themes discussed: Specialist Community Services; Supported Accommodation; Service User Involvement; Crisis and Urgent Care; Employment Total responses: 80 Facilitator notes: Iona, Claire</p>

Employment Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Finding work	Feeling excluded from the job market because have got no experience > try to get volunteer opportunities and cant.	<i>It's like a vicious circle, I need work can't get experience can get volunteer experience either. I have found the application forms for basic jobs really complicated, the level of numeracy they were asking for was way above what I expected.</i>
Mental Health support in work	Participants said that having support from the group meant that they had more confidence to apply for jobs	<i>Because of this group I have more confidence to go to work. I already do care work with aunties, so this helps me. Having training and interview practice to help with confidence is good to do.</i>
Offering training or volunteering opportunities	More volunteering opportunities Willingness of employers to take people on when they are still learning	<i>'Have job training that helps'</i>

Specialist Community Support Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Information sharing	A useful leaflet with all the service that can help.	<i>If everyone got a leaflet through the post that told them where they can go to get help it would be useful</i>

	<p>Would need to be plain/basic English (lots of people stressed the need for easy to understand language) Could be translated into main languages</p>	<p><i>It needs to be well designed, maybe some pictures, but I just won't look if it's too complicated and crowded</i></p>
Location	<p>Somewhere local and accessible</p>	<p><i>Somewhere local ideally that I know would make me feel more comfortable</i></p>
Waiting lists	<p>Long waiting lists can stop people accessing</p>	<p><i>I would like to know where I am in the queue, I understand it's busy, but the not knowing makes me worse</i></p>
Other options than medication	<p>Table agreed that doctor should 'social prescribe' more. What would be eg of what they should tell you about? Zumba, groups locally, walking groups</p>	<p><i>The doctor doesn't even make eye contact with you and writes out a prescription. Doctor should make the referral to a group, medication should be the last choice</i></p>
Community languages	<p>For more private matters it's more important that translation is available. Group would want: Bangladeshi, Punjabi and Urdu</p>	<p><i>I would normally get my boy [who is 10] to translate for me, but I don't want him knowing some things.</i></p>
Promoting services and positive mental health to avoid stigma	<p>People talked about how the group has enabled them to talk about their mental health by having conversations with group members. The stigma of mental health has been broken down as they have been encouraged to talk about it.</p>	<p><i>Communication is important, having shared experiences cooking sewing - doing other things, makes people happy, people staying together. If you share your mental health with others then they think that they can get help.</i></p>
Having more groups in the community	<p>Participants spoke positively of the group and how this has benefitted their mental health. Having local groups that are easily accessible were emphasised</p>	<p><i>'All the groups are good, we learn so much. It really helps to build confidence. If you're stressed in your mind, you discuss your problems and how you feel and it makes you feel better. If I'm strong my children are strong.' 'Having local groups is best.'</i></p>

Having all services under one umbrella	The group said that separate services can be confusing with people not knowing which services are best for them. Having groups under one umbrella was seen to be beneficial for referrals.	<i>Bringing services together is best, People who are really ill need one to one support it 's easier for them to access different services if they are all under one umbrella.</i>
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Service User involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Community Radio	Use local radio stations, they are willing to support community events. Eg Fever FM	<i>They would advertise for free and it would get a lot of Asian people listening</i>
Involving Communities and sharing experience's	Talking directly to decision makers 786– if you want a crisis number for people to remember 0113786786	<i>I would love it if people would speak to us directly to understand our experiences and how thing can be made better, this group know a lot of thing between us I would like a phone number where I can speak directly to someone [went on to say in community languages]</i>
Digital exclusion	Not just older people, some people just don't access things through internet	<i>I am a younger person but I don't like the internet, written information on a leaflet would be better</i>
Leaflets	Easy read English Simple – not too many words Use pictures symbols too Information should say what services are available and how you get in touch	
Understanding the cultural background of service users and using language that help people understand what is happening to them	People who have lived experience and are from the Asian community will be a good resource for other Asian mental health service users	<i>Language: Issues around the words for 'mental health' in Urdu, and how to get the meaning across suggestion to have an Asian dictionary for things like postnatal depression, anxiety, depression</i>

Supported Accommodation

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Staying overnight	Very basic cultural requirements. But the table all agreed that the a good quality service that treats people equally is more important	<i>I would like to have my own space, I would want to be treated equally</i>
Support in hostels or those who are sectioned	An expansion of support for people who are in supported accommodation to 24 hours	

Crisis and Urgent Care

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Cultural understanding	Gender sensitivity when seeing a professional. 6/6 women all said that they don't mind if it was a male that they saw. They trust that they are a professional	
Understanding Mental Health as an illness	Participants talked about the stigma surrounding mental health and that there needs to be information about mental health in local communities - groups like Shantona is a good start	<i>Asian communities don't see mental health as an illness, educate support group who understand mental health and how to support people in this.</i>
Where to go for help	People said when they were in crisis and the GP wasn't available they would go to hospital	<i>'To the hospital, sometimes the GP isn't answering so I go to the hospital.'</i>
Accessing information	For Asian women who often don't go out having leaflets in English and Urdu is helpful	<i>'Finding information – I would use the website. Having leaflets is useful as many ladies don't go out – in English and Urdu'</i>
Managing long waiting lists	People who are waiting for services following a crisis need to have contact with someone to inform them of what is happening	<i>'Long waiting lists when you've been in crisis then going into community support, having someone give you a call to let you know a realistic time frame – keep communicating'</i>
Having accessible services with people who 'look like you'	One group member talked about having Asian Samaritans that would be an accessible service and one that would be accessed by the community	<i>Asian Samaritans: you should have an Asian group and organisation called Asian Samaritans and give jobs for more Asian ladies.</i>

Key points of consideration to be taken from this group:

Theme	Recommendation
Employment Not being able to access work due to lack of experience has an impact on mental health	Having volunteering opportunities to help with training. Using existing mental health support groups to offer employment training and opportunities
Providing accessible information on services	Leaflets in community languages talking about support for mental health; 'de-stigmatising mental health' distributed in GP surgeries, local communities, local households
Specialist Community Services avoiding over medicalising people	GP's to use more social prescribing and refer to mental health support groups Better links between organisations and GP for easier referral channels.
Specialist Community Services More groups in the community	Local peer support groups for local communities for people who 'look like me'. Additional funding support for organisations who run existing groups to develop more.
Referral mechanisms	Having all organisations under one umbrella for easier referrals
Involving communities and sharing experiences	For decision makers to talk directly to communities, Having a crisis number for communities to access Crisis group that communities can identify with 'Asian Samaritans'
Maintaining communication with people on waiting lists	Keep in touch with people letting them know how long they have to wait for services.

Gypsy and Travellers

<p>Organisation/Group: one to one conversations Priority Group: Gypsy and Travellers Number of participants: 2 Number of surveys returned: 4 Themes discussed: Employment Services, Specialist Community Support Services; Supported Accommodation; Service User Involvement Facilitator notes: Discussion at home of 2 Traveller men, ½ hour going through x4 surveys used as prompts for discussions.</p>
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Employment Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
Discrimination	Lack of trust of employment services	<i>I feel they discriminate against me because I am a Traveller if they knew I had MH problems it would be even worse</i>
Self Employment	Lots of Gypsies and Travellers are self employed.	<i>I was job seeking for a long time [when I was mentally</i>

	<p>Best to support people into self employment with accounts/advertising/ setting up a business/ safety / first aid etc</p>	<p><i>unwell] I've got a sick note now so I don't have to worry about it. Self employment support would have been the best option, everyone I know has their own businesscontinued when I was a teenager I went to Skills4You that gave me qualifications I needed.</i></p>
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Specialist Community Support Services

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>Positive experience</p>	<p>Good experience by family member</p>	<p><i>My Uncle went to Dial House, they sent a taxi for him and said they would give him priority because he had never been before. They saw him that same night..... things got better from then</i></p>

Service User involvement

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>Accessibility</p>	<p>Lack of literacy</p>	<p><i>A lot of, especially older, Gypsies and Travellers cant read or write, talking is always best</i></p>

Supported Accommodation

Theme	Text summary (contextualising theme)	Quote(s) (if available)
<p>Bricks and mortar</p>	<p>Added difficulty would be for someone who have never lived in a house to seek support</p>	<p><i>....like my granny, she would not even stay in a hotel so she wouldn't be able to stay in that kind of support</i></p>

People in Action

Organisation/Group: People in Action

Priority Group: People with a learning disability & People with autism

Number of participants: 4

Number of equality monitoring forms filled: 0

Themes discussed: Crisis and Urgent Care, Employment Support, Service User Involvement; Specialist Community Support & Treatment

Total Responses: 16

Facilitator notes: Helena

Theme: Coping strategies

Does the group help you when you are feeling anxious/distressed, what about the group do you enjoy? Does the group help you with your mental health?

- Feeling low mood when just staying in on your own
- Helps you to go out and get fresh air which improves your mood

How do you cope when your mood is low?

- I talk to my carer who I live with
- Medication
- Talking to GP and psychologist
- Talking to a close friend who I can trust

What's the next best thing apart from having people you live with to talk to?

- Going to a hospital but sometimes it takes hours and hours
- I have a really good relationship with my GP but not everyone does, it would be good to have a regular contact with them organized
- Having someone to go to who knows your story
- Important to be believed and taken seriously no matter what the circumstances, I'm autistic so my feelings and emotions look differently to others, my crisis would look different to someone else's. People see being able to talk candidly about your experience as that it's not that serious if you can talk about it
- Need to understand how people with autism communicate their feelings especially when in crisis

Should there be a specialist service for autism/learning disabilities? Or should they make existing services more aware?

- Having NHS champions

- Training needs to be better and updated and checked up on

Thoughts on mindwell website?

- People of the group have heard of it, others hadn't heard of it
- I've heard of mind but not mindwell
- We use the mindwell members to refer our members into it, we also have the employee assistance programme to help any staff who might be struggling

Crisis and Urgent Care

Theme: Having a point of contact at people in action:

- "I was self-isolated for about 2 years, when mum passed away, I was isolated and didn't have anyone to talk to and I was feeling depressed and low, when I feel like that I reached out to Leeds crisis team or one of the people in action's managers Danielle."
- "Danielle is really supportive, really easy to correspond with, the first person I got to know and then I got introduced to others"
- She offers informal support to people outside of the group, having an open door policy and always making time to support the members, something that the group members really value
- Having someone who asks you how you are doing and you can genuinely answer, and I feel like she genuinely wants to help

Theme: Accessing crisis services

Do you feel like you could get straight in touch with crisis services?

- I found them quite easy to get in touch with, when you first ring up you talk to a receptionist to find out who you will be directed to. I found them most important, I've tried to get in touch with other organisations in the NHS and I have been turned down and taken no notice of for years

Experience using the crisis team:

- When they do referrals to other mental health services I just get fobbed off, with IAPT as well
- Then I got re-referred back to my GP who doesn't deal with mental health, then I got referred back for IAPT, going round in circles, has been going on for years, even before the virus situation
- I got told that my mental health isn't bad enough to access the services. The person doing the assessment doesn't know me, so how can they say that?
- What do they expect me to do? Take an overdose and then be like yes I'm bad enough. Even with having a history of suicide attempts, ending up in intensive care, and they still don't think I'm bad enough



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- IAPT asks you to do a questionnaire, the wait list is then 6 months and then after that you're told you're not bad enough for a therapist or occupational therapist

If you had money and you could put it into services, where would you put it?

- Put the money into diagnosis
- When you go to a&e you get seen by a junior doctor or staff and you talk for 5 minutes, then all they say at the end is we'll refer you back to your doctors, then you're back at square one. This happens nationwide not just in Leeds
- They won't even give you any medication because they don't know what to give you, then back at the doctors they say they don't deal with mental health, so they send you to IAPT who say you're not ill enough to get help from them
- My personal view is that it's a shambles

What would have helped you in that situation? What would have been your ideal in this situation?

- I would've liked to have talked to a psychiatrist about my issues
- Have thoughts about overdose, having stupid thoughts, involved in people in action to keep me busy as when I'm not busy I have these thoughts
- Organisations should all be connected as every time I speak to a new organization I have to share my story again and go through everything again

All of the services for crisis are separate, would it be better to have a connection between the services?

- Yes definitely
- Getting referred back to doctors who don't deal with mental health after seeking help from crisis team
- I definitely agree that services need to communicate with each other in a better way
- Needs to be a process where everyone knows what's going on
- When I was looking after a patient, she was that bad I had to ring the ambulance, unfortunately we got sent to Wakefield, but Wakefield crisis couldn't see the patient as I have a Wakefield postcode but I live under Leeds, Wakefield couldn't deal with the mental health issue, had to be sent back to LGI or St James to deal with the situation, told by the crisis team that it is due to money. If you broke your leg, you'd be treated wherever you are, an emergency is an emergency
- I was in Manchester during a crisis and all they did was sit me in a corner until they deemed it safe for me to leave, but I couldn't be processed or put anywhere, none of the services could help me because I'm not a resident of Manchester, then they just put me in a taxi and sent back to the train station where I initially



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had my crisis. It took me some time to recover from that experience because there wasn't any support

- No transfer between NHS trusts

Specialist Community Support and Treatment

Theme: Barriers to accessing services with a learning disability

Do you think for people with learning disabilities, is it harder to access mental health services?

- It's hard to tell someone you have learning disabilities, they might not understand what you mean, some people are slower at learning than others
- When I say I have a disability, people look at me like are you sure, because I am able bodied. I have been questioned about whether I have a disability by my local authority
- I find it hard to tell people I've got a learning disability
- Me personally I'm quite open about it and I tell it how it is, but I find it easier to talk over the phone. A lot of people with disabilities have problems doing that
- A lot of this is very familiar to me

If you were talking to a friend who said they were having issues with their mental health, where would you recommend them?

- I'm not sure I don't know where I could send them to

Service User involvement

If you had money and you could put it into services, where would you put it?

- I'd like for services to empower individuals to not just live a life, but get involved, find employment, be involved with groups and helping others, allowing people to find a purpose, involving people with lived experience, getting involved in the community

Employment Support

What support would you find useful to get into work?

- Being able to be open and honest with the employer
- More awareness of mental health
- More training for organisations, training to recognize mental health issues
- Mental health first aid courses for everyone



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