

QUESTION 14

If you or someone you care for, has already accessed help and support for mental wellbeing and emotional health, what worked well?

If you or someone you care for, has already accessed help and support for mental wellbeing and emotional health, what worked well?

Partnership, knowledgeable staff, quick and regular access to services

Not applicable

CBT and counselling

Na

Local groups, like Stress Pac

Thought I covered this earlier

QUESTION 14

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| we are not online Still waiting for help New quicker intervention |
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| since therapy was attained my partner improved . took 10 months to see someone . my sisters child waited 18 months for cahms appointment . no support in the interview her condition got worse whilst waiting making the professionals job harder and the family going through hell . THIS NEEDS TO CHANGE!!!!!! |
| |
| |
| face to face contact and support works best for me . i have tried telephone and online support it all felt a bit too remote. |
| more help available |
| |
| my friend has waited 18 months to be seen. this needs to be changed if he had help 18 months ago she might be feeling better rather than 100% worse. |
| |
| Nothing yet.. |
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QUESTION 14

Counselling CBT but sessions ran out

My partner had issues. Services for counselling were excellent. But GP was unless. I can see why suicide rates have risen.

fast action , key worker contact and support , although time sensitive for use of service , found not long enough and left with issues unresolved . There was no follow up or offer of further support

reduce waiting times

Activities - art class.

Mostly reliant on inner resources not community or NHS. Stopping people putting me on sedating anti depressants that made my ME and my IBS-C worse has helped.

understanding from an expert professional

Not needed help

QUESTION 14

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| Early intervention and having a named person who understands you. Continuity of service. Not having to keep repeating yourself and going over same ground. Same with GP having to see a different doctor you spend your 7 minutes telling your problem and history where you built up a good working relationship with one or two GPs and you built confidence to enable you to discuss your problem |
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| a supportive GP. |
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| One to one talking . |
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| too much medication not enough care |
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| Help from a friend and ex colleague who had become a volunteer emotional supporter seemed to work best. Effective assistance, identifying the right drug to assist getting adequate, good quality sleep was important. |
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QUESTION 14

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| Don't know anybody |
| No comment |
| No comment |
| Local community group i.e. the Chinese community centre play a very important role to offer support to patient to access the mental health and well-being services. The community centre help the patient to build a better communication and connection with the service providers; to enable the service providers to understand the patients' needs and to help them to make choices. |
| The services in the Chinese community centre is more friendly and less intimidated, as the staffs know the service users very well and they can speak the community language. |
| no comment |
| |
| No comment |
| No comment |
| To receive support from my local community centre, as I need people to understand my cultural and language needs. |
| |
| Don't know anybody |
| Early education and awareness are important than treatment. People should aware its when they are young. |
| Local community activities and services are diversified to meet individual's different needs. Voluntary sectors work together with school to raise the health awareness to the children, parents and school staffs |
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QUESTION 14

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| Mental Health support for children and young people support is very comprehensive and effective. This type of support should be available and in place in ALL schools and ALL colleges. Our children spend most of their time in school and college, their emotional and mental health well-being should be well looked after at there by the health professionals |
| No comment |
| Peer support is very powerful. |
| |
| CBT at local GP rather than at hospital or in town where it is less accessible |
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| please see my responses to question 8 definitely benefited from my illness spell in hospital ,because staff to hand 24 hours a day /7 days a week. also whilst in hospital i had weekly sessions with clinical psychologists and consultant psychiatrist |
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| Counselling |
| Access to respite care for the career - but there needs to be much more of this. |
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QUESTION 14

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| On-line services can offer support to people whenever and wherever they want Community services are more friendly to use and more easy to access |
| No comment |
| I don't know anybody has already accessed the services |
| Counselling service should have language support |
| Nothing as yet |
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| Nothing as let down |
| All of the above with language support to non-English speakers. |
| |
| no |
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| Access to on-line services which can help people to stay well whenever they need |
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| |
| none of it because they do not care |

QUESTION 14

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| Non-English speaker should have support to access mental wellbeing and emotional health support and services |
| medical staff should give them regular counselling sessions . |
| satisfy what they want to do and their wish |
| Access to on-line services which can help us to stay well whenever and where-ever I want. |
| The could get some online services to understand how to get support or have some online training or lessons about mental health. |
| Improve the communication between patient and health service providers especially for the non-English speakers; it is better to work together with the ethnic minority voluntary sector. |
| The support of staff at Sheffield Chinese Community Centre who had staff with language and cultural understanding, and also acted as a bridge to all the supporting services. |
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| Emotional support |
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| waiting times faster follow ups better plans for managing symptoms |
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| No comment |
| more help needed |
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QUESTION 14

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| No comment |
| |
| all of it |
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| A comprehensive care package/care services & support for the patients and their family members |
| CBT works to a certain extent but support must be given alongside it |
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| Access to services quickly for people in crisis |
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QUESTION 14

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| No comment |
| No comment |
| Different options for people in a mental health crisis as they are individuals and it is very important the to meet individual's needs |
| Supports and services provided by local community group |
| Mental Health support for children and young people available and in place in schools and colleges |
| Home visit |
| More outings should be organised to improve and to promote well-being |
| No comment |
| No I don't have |
| No comment |
| Health & well-being screening should be tapped into one of the main NHS Screening Programmes |
| Services in communities are more easy to access. |
| The services in communities, because the local community centre always offer support to non-English speaker to access help and support. Also, relevant health information support are easier and quicker to be accessed as those information have already been translated in community languages and the community centres usually offer drop-in service without appointment booking. |
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QUESTION 14

No comment

No comment

More resources need to be distributed to the right areas. At the moment, it may be due to limited resources supporting work provided by NHS, local authority seems inadequate.

No comment

school and GP

No comment

I don't know anyone.

communication is poor due to lack of interpreters

No comment

QUESTION 14

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| Communication is poor for deaf people because of the lack of BSL interpreters |
| communication is poor because of lack of BSL interpreters |
| Communication is poor because of lack of interpreters |
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| Communication is poor because of lack of BSL |
| |
| Nothing as BSL Interpreters are NOT available to explain letters and make calls. The deaf community are often ignored. |
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QUESTION 14

More services in communities to enable easy access to services and supports. Different options for people in a mental health crisis can meet different needs.

Community health workshops and home visit, as there is no language and cultural barriers.

Home visit by community centre who familiar with the ethnic cultural needs

Support from voluntary community organisations which are far more easy accessible and no waiting list.

More funding should allocate to the services in communities.

Community advocacy and advice support and service.

Mental health workshops and events to raise the awareness and to break the discrimination and stigma. Home visit and person - centred support to promote recovery.

Personal - centred care

Home visit

Home visit and home support

community service

QUESTION 14

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| It was a nightmare, she was in crisis, begging to be admitted for her own safety yet it took several days for the "crisis" team to see her, absolutely heart breaking. A physical crisis is addressed immediately and even trivial physical complaints (such as a splinter in a finger" is treated in A&E within a couple of hours, yet mental crisis is seen as less important by health services and families are left to struggle |
| I had counselling following a bereavement, and found this invaluable |
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| |
| Counseling. |
| Being given the access to get the help in the first place |
| being otther people out there to talk to and help get service needed |
| |
| Currently having mindfulness via a charity and cat through nhs. This was needed 14 years ago |
| In haven't needed this service |
| |
| nothing |
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| Art therapy ; befriending chat and listening services offered by community centre as they can speak Chinese |
| Counselling services; listening and befriending chat offered by local community centre |

QUESTION 14

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| More counselling services in community languages |
| Counselling services are very important. |
| Listening and befriending chat services |
| No |
| More services in communities e.g. craft work, drama, comedies, sing-a-long |
| More services in communities. |
| More services in communities. |
| Practical therapies like CBT and EMDR - they allow people to take back control of their lives |
| Mental Health support for children and young people available and in place in schools and colleges will worked well. |
| What has worked best, is when their true needs were respected and help was given to allow LIFE to go on, so that they were NOT totally defined by their illness |
| Access to online services, as it is affected by time and locations. |
| Local community services e.g. community centres |
| not used |
| |
| Local community service group can offer regular home visit, listening service can help to promote patient's recovery. |
| No comment. |

QUESTION 14

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| No comment. |
| No |
| No comment. |
| Don't know anyone |
| |
| More support with adequate resources. |
| Recovery Centre Barnsley |
| |
| Relative has used this service with good results |
| speaking to doctor |
| pain management 6 week information and support which you have to be referred to by gp and attend once management of depression attended once again to be referred by gp attend once |
| support groups |
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| Talking therapy but sessions are too few (not enough for someone with a severe and enduring mental health condition) and the emphasis on pushing people for CBT when they've not been correctly assessed and their wishes not taken into account |
| N/a |

QUESTION 14

Doctors listen especially with mental illness in children

actually having help

more appointments

Medication and family support

gp prescribing service

QUESTION 14

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| No used |
| Just being able to talk to someone who was independent |
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| Councillor |
| Locally provided support, one to one sessions |
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| Nothing - wait too long for appt |
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QUESTION 14

being able to talk to people who were in the same situation or who had been through it

Nothing - dismissed by CAMHS as not being bad enough despite being suicidal, too anxious to self refer and carer being told they couldn't do it for them

I think teaching young people about mental health will give them a better understanding, finding stuff online is ok if you know what you are doing or where to look, carers also need support I think more services in the community are needed we have to travel into town for the memory cafe

Mind charity

It's very difficult to get help and support when you start to feel unwell - you have to be on the edge/in crisis before they do anything

N/A

QUESTION 14

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| Being listened to |
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| Change society make it sane |
| None of it. Mindfulness and REM were a disaster causing more problems. She needs access to qualified psychiatric help but she has had most appointments cancelled. The next one isn't until June, nearly a year after her last one and not the three monthly assessment she was promised. |
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| Social Prescribing Service |
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| Not a lot. The GP was the first point of contact and the last. They were very supportive and empathetic fortunately- but apart from advice about internet support I was told I could be waiting forever for an appointment with the mental health team. |
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QUESTION 14

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| One to one support |
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| n/a |
| I don't know |
| |
| n/a |
| early intervention and continued support - being able to get back into the service once discharged - not having to go back to the beginning |
| My son once had a CPN who went out with him on walks locally, also bus rides into the city centre. This was when more staff was available for mental health patients. There is now a staff problem CPNs and support workers are now with a much increased case load for their amount of patients which they have to look after. This care load is far too high. More staff (ie CPNs and Support Workers) are very much needed as speedily as possible. |
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| |
| Being listened to. |
| Early response, shorter waiting time. When the issues are fresh and not given the chance to get worse. Cooperative approaches to tackling issues. |
| access to groups and activities in the local area. |
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QUESTION 14

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| Accessing health support and attending sessions that provide support and help their need. |
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| not always ,appointment waiting times are too long |
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| great support throughout |
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| Having a therapist who listened to me instead of belittling me, victim blaming me and who didn't lie to her superiors when I challenged her and complained was pretty good. But I shouldn't have had to see twenty four mental health professionals in sixteen years before I found a single one that knew how to do their jobs! |

QUESTION 14

N/A Depends if the service are adequate and appropriate. They must include professional/crisis care.

N/A

Group sessions I attended were not very good

See comments above.

N/a

talkIng to someone who can direct you to the correct services you need.

Didn't particularly benefit.

Let them down at crisis stage as no1 could commit to respond within weeks

N.A

QUESTION 14

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| Nothing |
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| I wouldnt call it Mental Health it stigmitises people |
| Personalised care |
| Nothing |
| Talking works very well, but the limit on the number of sessions detracts considerably from the success if the therapy. I find it takes me some time to establish a rapport with a therapist and only after this can i begin to open up/ This means that about the point where I feel the therapy is beginning to benefit me the sessions come to an end. |
| |
| |
| None |
| IAPT group sessions were good because it taught me all useful techniques |
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| Good support from GP and local IAPT service |
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QUESTION 14

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| two of my daughters suffered anxiety problems in school. they were put under that much pressure and stress regarding exams etc the support form "in school" counselling was horrendous . SUPPLY BETTER TRAINING IN SCHOOLS!!! |
| too long to wait for support |
| |
| support from community groups in barnsley together for mental well being . |
| None of it. My father only got help with his dementia at the point when he had to be sectioned. With proper help earlier on, that need not have happened |
| |
| - |
| n/a |
| not a lot , help should be given to the next of kin |
| counselling , community learning disability nurses, community mental health nurses, community pediatric nurses child and adolescent with that are accessible. |
| having an appointment quickly |
| |
| |
| n/a |
| Peer support groups and one-to-one peer support |
| N/A |
| |

QUESTION 14

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| It didn't |
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| Being able to talk and more important being listened to and taken seriously |
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| We have not been offered yet. Early help did not return my request do prent courses for children with autism and CAMHS were unhelpful and rude when I called them. Only school have helped us |
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| My son who is 15 has been involved with Cahms for over five years. To be honest the service we have had is dire. The only time he has a good consistent Camhs support is when he became a looked after child and maybe only be only became a looked after child because I couldn't cope with him in the house because no one would support me |
| |
| |
| na |
| |
| not applicable |

QUESTION 14

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| My support network |
| |
| Na |
| Na |
| Getting the right medication |
| |
| specialist care is very patchy but, in Doncaster, we have some bespoke services available |
| |
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| |
| don't know |
| Seeing the same person for support |
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| I've introduced lots of families to mindfulness which seems to work well for many. Neither practice nurse nor diabetes nurse has ever mentioned mental health to me as a patient |
| n/a |
| Nothing. |

QUESTION 14

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|---|
| not applicable |
| n/a |
| The 1-2-1 approach was most useful. |
| |
| i HAVE NOT HAD THIS IN MY LIFE YET |
| not applicable |
| |
| Counselling |
| Nothing - it was all very limited |
| |
| N/A |
| Counselling 1-1 |
| Nothing, the GP passed me a leaflet and sent me home. |
| |
| Having a telephone number to call at any time was very helpful. Knowing I could talk to someone and they would come out if necessary. |
| Never had this problem |
| |
| I had a psychiatrist about ten years ago who was good. Nothing since really. |

QUESTION 14

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| A supportive environment. |
| All of their services. Not available for long enough |
| Counselling and prescription drugs. |
| Counciling |
| N/a |
| Appointment with a mental health coach and mindfulness sessions. Online CBT. |
| |
| |
| n/a |
| The exercise programme made a big difference to my life. |
| |
| not applicable |
| Fast access to counselling, an understanding GP |
| |
| having 1 support worker that gets to know you and your needs. |
| |
| I think services in the community help as they are easily accessible and staff or volunteers know their area and the problems residents face. |
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QUESTION 14

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| I find mental well -being services in Barnsley absolutly disgraceful , because the waiting times are appalling , the staff are extremely rude and the help is useless , |
| Talking issues through with professional and ways to help. Being able to access online info is easy way to inform oneself. |
| |
| medication and exercise |
| Na. A colleague in crisis was unable to get help despite trying different avenues. This resulted in them loosing their job due to sick record and having to leave the area to go back to be helped by their parents |
| |
| |
| A MDT approach with a focus on health and social care needs not just health. |
| One to one counselling |
| For me a very very supportive gp |
| Not much |
| |
| The daily support from the crisis team. Even helped me to overcome the the issue of caring |
| Already referred to this where it didn't work well. Don't have a positive experience |
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QUESTION 14

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| Nothing really. It was diabolical. The mental health service in Doncaster and Sheffield is appalling. The only thing that went well was that a paramedic in an ambulance turned up quickly once I overdosed but after that there was no support. |
| |
| Some staff members being very personable. |
| Inapplicable |
| One to one counselling |
| |
| Just having someone to talk to and does not treat them as a patient or number, they are treated almost as an old friend who they can trust to talk to |
| |
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| Nothing, the counsellor didn't help. |
| |
| My partner attempted to get help with their mental health 2 years ago, since he was assessed for a diagnosis by Northlands CMHT and there was no contact from them for any further appointments since. Nothing from my partner attempting to get help has worked well, he is still waiting for any form of support and help, he has lost alot of trust for services, he has even had to gain a Mental Health Advocate to chase this all up as it has taken so long and when this was attempted they were told they were just still on a waiting list and nothing could be done. |
| Not being told to get over it by your GP |
| Local/responsive - not long waiting times and app skilled professionals |
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QUESTION 14

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| Workplace access |
| Support of family and friends |
| Being able to talk to someone when needed, not having to wait months or years |
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| Having support through an private Gp as my nhs one was useless |
| IAPT service for managing long term condition. The right intervention at the right time |
| counselling |
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| |
| not sure |
| |
| Can't answer |
| The buddy system is encouraged of Zest and support for certain health issues by tailoring training programmes to suit the individuals. These things ensured that my partner was motivated to go i.e. enjoyed the interactions with people there. I believe it kept him well as he could be both mentally and physically for as long as possible. |

QUESTION 14

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| n/a |
| n/a |
| |
| Being aware that many others have similar issues and it is not a failing to admit that you need a helping hand. |
| Bereavement support |
| |
| Rapid response dementia team worked well (once in place). |
| Yes it did work and helped me in my recovery. |
| |
| I don't have mental health, but the one time I needed it the IAP service worked well. |
| N/a |
| N/A |
| |
| Me looking after wife until she passed on to God. |
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| Nothing |
| I benefited from counselling services, saying my problems aloud made them not feel silly to worry about and helped to organize my thoughts |

QUESTION 14

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| Getting the right people to listen and understand the problem was very difficult, sometimes impossible, and it took far longer than it should have to resolve the problem |
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| Nothing really. Just used medication |
| The individual workers humanity and compassion - working in a inhumane system - if you have mental health problems the system is hellish to navigate |
| |
| |
| I find that the help is very good but not continued long enough, 2 weeks in rehab is not enough for drug users and alcohol problems |
| nothing! |
| Initial referral and triage appointments were quick, but then waiting times for treatment are too long. Staff were supportive and helpful, but limited in time available to do the work. Referral to SOHAS was quick, and their service was valuable |
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| no experience |
| Crossroads care, memory clinic, Hallamshire hospital, own GP all these have been very helpful |
| 1-1 support and group work |
| N/A |

QUESTION 14

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| Nothing! Depression treatment consisted of trying different drugs, some of which I was allergic to, others did not work at all. Got more out of community services "going out" was more effective than any drug regime |
| |
| Yes but after a long process |
| |
| With my wifes independant streak, she is very hard to provide for in this issue. The best thing we have found is the memory cafe at Windthorp Gardens, Wickersley |
| |
| Gave up trying to access services. What are you doing for new mothers with depression and other mental health problems? As the internet and social media are responsible for causing most of the mental ill health in the first place, it's hardly likely it will help or cure it. People need real not virtual help! |
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| n/a |
| Noting online! Too much bombardment for a person with mental health issue! Make more stress. Perhaps leaflets: more needs to be done for deaf people, they need easy access communications i.e. text phone, this enables confidential information between patient and staff and not having to rely on husband/wife/children/relative etc |
| Support group |
| Community-based projects. |

QUESTION 14

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| No help required |
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| single point of access |
| |
| wellbeing groups for stress management very good for self help |
| For me, the drug I was given was fantastic. For my daughter, the counselling she had made the situation worse because she actually had PDA Syndrome, not a problem with self confidence. I had to arrange privately to have her diagnosed and get support because even though referrals were made by her school and GP no appointments were offered for over two years! |
| |
| Local community organisations & charities (e.g. Ship Shape; Flourish; Mind); support from Early Intervention team |
| |
| A continuous care program with regular contact, and 24/7 crisis support. |
| This step needs be done with the correct team to help with the problems. Sooner the better |
| Referral from hospitalisation to support was efficient, presumably to prevent 'bed blocking'. |
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QUESTION 14

dedicated CPN support; GP support;

so far not had reason to use any of the above!

Hasn't worked well going through Sheffield Adult Mental Health SPA

Regular one to one therapies and occupational support, practical help with homes.

person centred with carer voice heard

I went to my GP who was very supportive although there were not many options 20 years ago!

QUESTION 14

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| accessibility to the doctor once my son was diagnosed. |
| my son accessed services for mental health and learning difficulties. it was a long process but now he is in hospital. it could be made better by more support and communication |
| Nothing worked well |
| Made me feel better about myself |
| Psychoeducational groups and my care coordinator (once i was finally accepted into east glade after a complaint was filed) |
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| |
| A psychiatrist who was willing and able to take the time necessary to diagnose the real reasons for my mental health difficulties, and give me access to enough support to start to tackle the major barriers to recovery. Unfortunately people like this are very rare and it took 30 years of worsening illness before I was lucky enough to find one. Most of my contact with mental health services has involved them ignoring my problems in the hope they'd go away on their own, or highly inadequate treatment intended to address only minor, short term difficulties as cheaply as possible. Giving me the right level of care in the first place would have been more cost effective than my bouncing between crisis services, GP, and hugely inadequate care for decades, and that's without counting the impact on my physical health that means I have to rely on benefits instead of being able to work. |
| N-a |
| School based and community based services |
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QUESTION 14

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| seamless support from lower level to crisis/ use voluntary community sector/ not always about commissioning CAHMS |
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| Professionals working as a team. |
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| Nothing worked well. It was my GP who decided to put me on medication immediately as I was at breaking point. |
| Group sessions- introduced a social element back into life after a long time of isolation but with like - minded people who were in the same boat |
| |
| The feeling that the individual was "important enough" to warrant help. Services which were positive ie therapy and support groups. Availability of services. What did not work well was being "fobbed off" being told it was a "fad" "all would be well" long waiting times |
| |
| Nothing |
| Talking face to face with someone rather than on the internet or by phone |
| |
| The relationships build up with health professionals and having check-in appointments |
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QUESTION 14

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| I feel more could be done in schools regarding bullying in school which can contribute to Mental Health |
| In patient in private dedicated eating disorder. facility - cognitive behavioural therapy worked well |
| Listening and not judging |
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| Regular appointments and access to crisis teams and duty worker support 24/7 |
| Designated lead professionL |
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| Talking service's |
| The joined up care between community mental health teams, Psychiatry Liaison and Out-of-hours. They all communicate very well together to ensure the correct support is provided. |
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QUESTION 14

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| Having group and individual counselling |
| None of it. |
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| still waiting. Also a comment on Q11 re support for children & YP in schools and colleges - this can be difficult when the school or college could play a key part in causing mental illhealth |
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| Previously answered! |
| n/a |
| n/a |
| Local, prompt support. |
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QUESTION 14

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| The time it took to access it and the convenient location |
| Not needed help or support |
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| |
| not applicable |
| Haven't been able to access |
| Face to face support, and follow ups as motivation to get help tends to be lacking in those with mental health problems. |
| Being given strategies to help relieve his anxiety. |
| It didn't really lead to anything mostly because my wellbeing wasn't sufficiently impaired (i.e. it comes and goes, it's not that bad and I usually manage). |
| |
| Help is good WHEN available but not easy to access |
| The crisis care was great - he was found sheltered housing for a week and then had lovely people visit him regularly. But once the crisis was over, there was little meaningful support available. Fortunately, he was able to pay privately for a therapist but there should be ongoing professional support for everyone, not just 'go to some of classes'. |
| Having someone to listen to you |
| Counselling |
| The self referral of IAPT at GPs |
| |
| |

QUESTION 14

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| support groups for hints/tips |
| |
| Advice from IAPT |
| |
| |
| |
| MOST THINGS |
| communication between all services contacted. immediate access to services |
| |
| Psychotherapy Mindfulness for self compassion |
| Hardly anything! What has worked well - choosing a Dementia specialist Care Home rated Good - Outstanding by CQC - with kind and compassionate staff without a high staff turnover. |
| Efficient fast response, professional who understands the wider context and community. Time to listen |
| Trust |
| Very little , lack of knowledge from gp beyond prescribing medications, fortunately in a position to pay myself |
| Not applicable |
| |
| Never really had a positive experience. By the time of referral the situation had passed. |

QUESTION 14

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| |
| Yes |
| Nothing...they could not get assistance when they needed it |
| N/A - i don't know. |
| |
| No |
| Cedar House & HTT (in 2007/8) |
| |
| Not applicable |
| After 20 months still waiting to find it |
| No |
| |
| The non-judgemental attitude of the GP, who set me up with IAPT. The same goes for the IAPT counsellor, and the people who led the 'Stress Control' course I attended |
| Talking. No one has solved my anxiety but talking has helped me with some life challenges. But never my anxiety. |
| The Camhs drop in session on a Monday afternoon at east lithe gate |
| |

QUESTION 14

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| Specialist nurses available |
| |
| Seeing a clinical phycologist really helped me |
| Being listened to |
| The counselling itself |
| |
| Attending an understanding GP Councillor |
| Private appointment away from school/college. No one wants to be branded crazy or tormented by some classmates seeing you walking into the therapy room. |
| N/A |
| |
| |
| local support |
| none as went northern general and was told NHS dental treatment under 18 with any mental heaLtd issues |
| Seeing the same GP |
| Doctors and nurses did home visits |

QUESTION 14

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| |
| Talking Shop, enabling me to discuss a situation in a non-judgemental environment |
| |
| |
| all of it |
| Not had mental health problems |
| Nothing |
| |
| Educating employers and support for employees to be treated as if they had a physical illness |
| Nothing, getting help is difficult in Rotherham |
| n/a |
| Option for CBT |
| Bereavement counselling |
| |
| Limited success and the interventions have been sporadic. |
| Volunteer groups have been amazing |
| Talking therapy and they could relate to the therapists experiences |
| |

QUESTION 14

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| |
| The setting not looking clinical and being open and inviting. The professional being willing to listen fully not just listen to the parts they want to hear |
| It didn't work particularly well. |
| |
| |
| |
| Not applicable |
| |
| N/A |
| |
| |
| |
| Timely access to appropriate services |
| N/A |
| Being able to talk to a professional person that can give impartial input on things |
| |
| Long term one to one therapy and availability of Day Centres where you learn that you are not alone. |

QUESTION 14

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| Continuous support that is not taken away as soon as the crisis is over |
| Emergency social services referral to doctor helped fairly well in a crisis but in general there isn't enough support. |
| the support is there but very little, if more intense support was available, people in crisis may not get that far |
| |
| the waiting times are far too long to get but being able to get support from local organisations is a help |
| |
| Seeing the same GP (family GP who they had known since childhood) frequently over a long period |
| |
| |
| Being listened to |
| N/a |
| |
| |
| non judgemental expert support |
| Yes it help my wife |
| Doctors support & always heard carers views. |

QUESTION 14

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| Various visitors coming in to chat; the Intermediate Care Centre in Rotherham (now closed) |
| Every think found it very helpful |
| Early access |
| |
| |
| Not much |
| |
| NO |
| |
| |
| |
| |
| |
| Services spend alot of effort restricting access why not work with people to widen access. Use customer to increase capacity. More self support groups and walking groups. More peer support. More voluntary links. Help people to help themselves and reduce demand I stead of fighting demand off |
| |
| N/a |
| |

QUESTION 14

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| Not had personal experience but supported people at work and understand how difficult it can be. |
| Counselling |
| Everything |
| so.eone to listen but it needs to be longer then 6 weeks |
| Not Applicable |
| |
| Na |
| |
| One to one care. |
| NOTHING |
| CBT, counselling, prescribed drugs |
| |
| |
| |
| Mind was a wealth of knowledge and resources without the worry/ fear of having to be with others in a Ute distress/ psychosis |
| |
| I believe seeing a wellbeing practitioner who could refer them for the appropriate follow up care as required. |
| medication |

QUESTION 14

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| Medication |
| |
| |
| It didn't, offered medication at GP level, had one follow up phone call and requested one on one counselling. This was 2 years ago - no further contact from services |
| Group CBT |
| |
| When my Dad was dying he attended social and craft sessions at St. Lukes Hospice in Sheffield. This gave him something to live for in his last days. |
| |
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| |
| Still waiting to be seen. 10 months for an 11 year old girl to get an initial assessment is not ok |
| Counselling and meditation via IAPT helped me to manage my own condition. Mainly by helping me to recognise trigger points and when to seek more help to prevent relapse. |
| |

QUESTION 14

Not cared for anyone

We work with the memory service to support my mother in law. It's ongoing and we're trying to currently find the right care for her.

Being offered counselling.

No she's had three workers in a year..she was dipping in mh and disengaged with life and hit rock bottom again before they reinstalled her workers

Peer support. Creative activities . Yoga Educational learn to deal matters such as feelings and anxiety

I havent

N/A

Knowing there was someone there to help.

Supportive GP and workplace provision of counselling

N/a

n/a

QUESTION 14

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| The police! |
| Being able to access the support through school. |
| The professional help didn't help, but researching the subject as a family worked really well |
| |
| The medication works in the short term, but long term goals seem to be the most effective way to help move away from poor mental health. |
| |
| N/a |
| They havent |
| |
| Professionals understanding my condition and treating me as an individual |
| Councillor and medication combination. |
| Good people to talk to and vent |
| Rio and counselling. Both made me realise I had issues just needed dealing with |
| |
| none |
| being able to talk to someone |
| Nothing, its still going on. No one wants to know |
| Fast response and a given solution |

QUESTION 14

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| Being able to talk about their problems openly |
| I'm not sure |
| N/a |
| |
| |
| Same answer as question 8 - Support from my family, and my family and health care professionals working together with me on a treatment plan. |
| Not applicable |
| Fairly immediate response given. |
| I tried group therapy but feel that one to one counselling would be more helpful. |
| Free referral to service in my city that specialised in my certain mental health condition. |
| |
| Not much really. Online help can be really useful to some and I believe that what's available already in Sheffield is great, it's just access and allowing people to be seen early on when a problem arises could save so much money. Currently just leaving them to tablets and online health until they can see someone other than a GP is a really long process, and within that their condition could get much worse very quickly. |
| |
| No |
| |
| |

QUESTION 14

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| Me knowing how to work the system ... it was really bad |
| |
| |
| We are still In the process. Constantly on waiting lists. Constantly battling for support for my child. |
| |
| |
| I found the contact at IAPT dismissive. |
| For me personally it has worked well as I am now on a medication that suits me well. However this has taken years. I currently have friends and love ones who have been close to suicide over 6 months ago and are still awaiting help!!!! |
| |
| When you got the help it was good |
| N/A. Had to employ private psychiatrist |
| |
| Counselling and someone there to talk to when needed. |
| NA waiting list too long private help sought |
| Only used a GP which fortunately worked well but obviously time is an issue. |
| Direct access and self referral |
| N/A |

QUESTION 14

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| local treatment |
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| Person centred care |
| N/a |
| People in terms of their professionalism. The service over 13 years continually undermined by ineffective and inefficient processes, procedures and lack of integrated systems |
| Police intervention in crisis, community services are not fit for purpose, crisis support services do not exist |
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QUESTION 14

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| Nothing |
| not applicable |
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