



QUESTION 15

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|   |
| Still waiting   |
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|   |
| shorter waiting lists effective support . its no good assesing people , telling them what they would need and then making them wait 18 months . we need more local resources ,more health care proffesinals ,when people /children need the help straight away. |
|   |
|   |
| shorter waiting times local access peer support   |
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|   |
| more timely help and support.   |
|   |
| Shorter wait times, more open discussions about options, diagnoses, treatments. Better informed professionals.  |
|   |

QUESTION 15

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| To not have to take medication  |
| GP support. At low level before it escalates.   |
|   |
|   |
| budgets , and support times( for example 8 week support not long enough or achievable |
|   |
|   |
| N,a   |
|   |
| Reduction in time of referral to assessment   |
|   |
|   |
|   |
| Listening skills. We do not all fit the standard model.                               |
| more of it  |
| Better access   |
| Quicker appointments more information about availability and support groups           |
| Access to crisis care   |

QUESTION 15

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| a one stop mental health all age access route with support from all agencies. We need to stop people being passed from pillar to post based on service criteria. the focus should be what can we do to help not why you don't meet the criteria and passing on to another service who is likely to say the same. |
|  |
|  |
|  |
| More mental health input for children  |
| Find the service in the first place is hit and miss.   |
|  |
|  |
|  |
|  |
|  |
| Informal advice corner café being trialled in Barnsley centre, showing good signs. Promotion of the concept that affected people are still people, just a little different in some ways.   |
|  |
| No comment   |
| No comment   |
| No comment   |

QUESTION 15

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| Patient has positive attitude to receive the treatment and be able to recover gradually.                          |
| Patient is able to build a good connection and relation with the local community.                                 |
| No comment  |
| Shorter waiting times   |
| No comment  |
| Mental health and well-being services should be prioritised. Mental health patient should be prioritised as well. |
| Be able to rebuild better relationship with family and friends  |
|   |
| Don't know anybody  |
|   |
| Become more confident, more optimistic and resilient to cope with daily life.                                     |
|   |
| The people who provide the help and support can be more patient, more sympathetic to the non-English speakers     |
| No comment  |
| Better access to peer support.  |
|   |
| Don't know  |
| more counselling services   |

QUESTION 15

users can obtain more services and supports

reduction in waiting lists , however because i was classed as priority, i was fortunate , in that cbt sessions started immediately for instance

Crisis resolution

More access to respite care.

Be able to be back to normal social life

No comment

No comment

People will have improved emotional health to cope with day-to-day life; to build and maintain good relationships with others.

A well discussed / planned recovery where all professionals sing from the same song sheet .. the left hand knowing what the right is doing and the client/patient has a more involved feeling and understanding as to what is happening .

QUESTION 15

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| Support and continuity care should not cease when a staff member leaves.                      |
| I am happy to see they are gradually recovered and their family members are more cheerful.    |
|   |
| no  |
|   |
| Patient is able to received more effective communication, care and empathy from the community |
|   |
|   |
| Access to mental health workers   |
|   |
| Not sure  |
|   |
| not very useful   |
| Able to get back to normal life.  |
| Online services improved or the services in communities                                       |
| Get better mood and well-managed emotion  |

QUESTION 15

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|                |
|                |
|                |
| Fully recovery |
|                |
|                |
|                |
| No comment     |
| more help      |
|                |
|                |
|                |
|                |
| No comment     |
|                |
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QUESTION 15

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|  |
| Able to proceed good emotional control, able to build up positive mindset with good resilience skill |
| one to one access and waiting times need improving   |
|  |
|  |
|  |
|  |
| Access to services quickly for people in crisis  |
|  |
| No comment   |
| No comment   |
| Be able to get back to normal life   |
| Physical and emotion is both being distress  |
| To gain the self- esteem and confidence for getting back to normal life                              |
| No comment   |
| No comment   |
| No comment   |

QUESTION 15

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|---|
| No comment  |
| The patient can get back to normal life, so as their family members.  |
| Patient can well manage their mental health issues themselves and can be recovered gradually.   |
| More services in local group and local community centres. As they are more easy to access and able to understand the people's cultural needs especially the non-English speakers                                      |
| Relationship with family members are improved and can have much more time to deal with personal matters and life is not being interrupted by treatment and consultation appointments                                  |
|   |
|   |
|   |
|   |
| No comment  |
| No comment  |
| Same as question 14, more funding is needed to support the people with mental emotional health problems; as it is not just only the patients themselves are needed to be support, so as their relatives need support. |
| No  |
|   |
| No comment  |
|   |



QUESTION 15

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| More BSL  |
|   |
|   |
|   |
| Interpreters used in deaf community more for general help not just appointments. Letters saying ring this number, English is not their first language its BSL and often mis understood. |
|   |
|   |
| People is back to normal life with confidence and joy   |
| I wish to see the community is happy for the recovery of the patient. There is no more gap between the patients and the family and neighbourhood  |
| Anxiety, stress and tension can be reduced. Be able to get back to normal and happy life.   |
| Patient and family members can be back to normal happy life.  |
| To promote individual happiness. To promote the harmony of family members and neighbourhood.  |
| No comment  |
| More people willing to offer support, care and empathy to the mental health patients.   |
| Improvement of family relationship.   |

QUESTION 15

Carer, family and neighbourhood can be less stressful and relationship can get better.

Become more cheerful and less stressed

I'd like to see mental health treated in the same way as physical health. A crisis is a crisis

Faster access, more services

Shorter waiting lists.

An online buddy, which does not cost the earth, not every one can afford the help out there.

waiting times

QUESTION 15

Help at the time of illness diagnosis or in recovery period. Gp was unhelpful. As a cancer survivor I needed help with anxiety, gp just kept doing the depression questionnaire with me.....I did not wish to end my life!! I feel I was abandoned. PTS is not just suffering by our armed forces.

I haven't needed this service

to be given a written list of services available

No comment

To regain the self-confidence and self esteem which enabling me to have positive life.

Their conditions will improved and get better.

Better information about the condition - allowing people to understand what is happening to them, giving them power in the therapeutic relationship, and giving real choices about treatment.

QUESTION 15

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| The community needs more mental well-being and emotional health professionals to offer support and services to the patients.   |
| That 'guidelines' are just that, and not to be used as inflexible excuses for draconian action ... and again, that the bigger picture of the person's life is taken into account   |
| It is very important for the non-English speaker be able to access the mental well-being and emotional health support and services. NHS needs to employ more mental health professionals who can speak the community languages and communicate directly with the patients who need mental health treatments. |
| Community services can offer more advocacy support for the patient to voice out their needs and access the relevant health care services, especially for the patient with language barrier and lack of health knowledge.   |
| less restrictions to access services for mental health, lots of criteria to block help   |
| Help for 16-18 year old. No help available (This person wrote "useless" in the box above for 'mental Health support for children and young people available and in place in schools and colleges?')  |
| Patient is fully recovered, able to get back to work , to reduce their family member's burden  |
| No comment.  |
| No comment.  |
| No comment.  |
| No comment.  |
| 1. Better communication skill, especially towards non-native English speaker. 2. Proactive attitude to understand better patient needs.  |
|  |
| More resources with better communication.  |
| Shorted waiting time, crisis intervention & increased young adult services   |

QUESTION 15

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| waiting list times. too long and leaving too many people at risk   |
| that there are more services that can be accessed such as out patient clinics for support, gp services for support, local libraries, and health centres for both appointments similar to gp booking and/or drop in clinics...myself, husband and many patients i speak with prefer a 1 to 1 appointment as opposed to drop in groups |
| more of the above available  |
|  |
|  |
|  |
| Patient led services and greater number of sessions. I appreciate sessions can't be indefinite but six is nowhere near enough for someone with longstanding issues. Ongoing group sessions to explore new hobbies and meet new people  |
| N/a  |
| Waiting times to be referred to other services   |
| waiting times  |
|  |
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QUESTION 15

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| More men's support groups                          |
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| waiting times for assessments and emergency access |
|  |
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| ?  |
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QUESTION 15

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| No used  |
| More accessible services   |
| much quicker access to support   |
| Quicker appointments   |
| More provision of the above; I was only entitled to 6 sessions but I needed far more, which I had to pay privately for, but then ran out of money and was left feeling nowhere else to go for this |
|  |
| Length of referral time and being able to be seen whilst in crisis not 18 months later   |
|  |
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| more groups locally so we don't have to travel to sheffield  |
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QUESTION 15

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| more services and support locally, somewhere for carers to meet up while people with dementia do an activity - supervised of course |
| More help available before a crisis develops  |
| all of it, I know myself better than anyone but no-one listens, it is not all text book/tick box illnesses                          |
| N/A   |
|   |
|   |
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|   |
| More groups locally to talk honestly about feelings without being judged  |
|   |
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QUESTION 15

Far more qualified staff and a lot more money.

Quicker appointment for initial assessment Consistency with who you see so you build some sort of relationship More support for families who have a family member with mental health problems

More time with that one to one support . You cannot rush somebodys mental wellbeing especially if they have been dealing with stuff from an early age. There's alot to unravel and help fix

n/a

QUESTION 15

|   |
|---|
| I don't have any one  |
|   |
| Waiting time for initial appointment  |
| more and longer therapy available - not just time limited support.  |
| As per previous comments, this would help all mental health patients and their CPNs and support workers   |
|   |
|   |
| Therapy available quickly   |
| I experienced waiting for over 6 months for help. Others I know, longer. By that time my health situation had worsen so much that it was very hard to get better.     |
| more activities at a affordable prices. groups for male and female only, but also groups for young people. some YP dont want to mix with older people and vise versa. |
| More provision to refer people to   |
| more empathetic and none stigmatised help   |
|   |
| A follow up before being discharge. A continue support for at least 12 months to make sure that the patient has fully recovered.                                      |
|   |
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QUESTION 15

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| services for maternal mental health ,particularly puerperal psychosis  |
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|  |
| easier access  |
|  |
|  |
| Better training needs to be given across the board. Basic CBT training for IAPT staff is all well and good for those suffering with mild anxiety but when someone suffering more than that comes to them, they have no idea what to do with them. I have seen this first hand and experienced it many times. I've been so ineffectually handled that I've gone from having PND and general anxiety to having a dissociative disorder and seizures! It's ruined my life forever. I'll never get redress or justice. |
| N/A  |
|  |
| N/A  |
| Better group sessions  |
| See comments above.  |

QUESTION 15

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| Waiting lists to be made shorter  |
| Counselling and a walk in service for people with mental health, they need to talk when someone admits to being in crisis they don't want fobbing off , it takes guts to admit they are in crisis.  |
|   |
|   |
|   |
|   |
|   |
| 24/7 crisis support   |
|   |
| The attitude of the staff. I see no evidence of "service", I see only partially trained administrators ticking boxes with an air of superiority that is totally out of place. We pay their wages and they should acknowledge it by having courtesy before ignorance |
|   |
|   |
| get rid of the stigma   |

QUESTION 15

Longer period of time for treatment

More emphasis on behaviour support and working out why people are behaving as they are

Quicker and easier access to support. More time given to those who benefit from talking therapies instead of a fixed restriction on the number of sessions.

Quick access to support and on going support

More help in the communities! This may bring down the lack of stigma

More access to counsellors and psychologists.

better trained staff in schools for children under stress + anxiety - this would surely put them in good stead for later life . i think most mental health problems and emotional disarray is set at a young age . BRING BACK THE CORRECT FACILITIES FOR ADULT CARE!!!!

more experts locally , more information on who to speak to.

to continue it

QUESTION 15

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| Yes  |
| waiting times and actually been believed and getting the help you need and not been left to cope alone .                       |
| -  |
| n/a  |
| contact with the next of kin   |
| more well  |
| young peoples services   |
|  |
|  |
| n/a  |
|  |
| N/A  |
|  |
| More in-house services   |
| I was given a preschool for books from the library. I was too embarrassed to get these items as I knew people who worked there |
|  |
| Shorter waiting times for a first appointment and continued support after a stay in hospital                                   |
|  |

QUESTION 15

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| Na   |
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|  |
| Access to crisis support. At the moment if a child is suicidal the only thing that camhs do is make the child be admitted to the children's ward in the hospital and then Camhs icome the next day providing it is a weekday. If you have a crisis on a Friday night you have to wait until Monday to see somebody which is ridiculous |
|  |
| More staff so more people couls be seen  |
| na   |
|  |
| Waiting times for both initial referrals and follow up appointments need to be minimised.  |
| Stop throwing pills at the problem   |
|  |
| Na   |
| Na   |
| Quicker and more empathetic specialist appointments  |
|  |

QUESTION 15

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| More funding for staff and facilities in dementia services  |
| You can't access it when it's not there or as a massive waiting list I think all hospitals and NHS services should have time and motion study                       |
|   |
|   |
|   |
| don't know  |
| Seeing the same person throughout Explanations and support in understanding what loved ones are going through   |
|   |
|   |
| n/a   |
| All of it.  |
| not applicable  |
| n/a   |
| MH issues can stay with you for life, there should be a quick and easy way to re-access them should feel the need.  |
| Better access, most people aren't aware of what's out there and it's very limited   |
|   |
| time it takes for assessment and help - clear and open explanation/transparency of the process and self help information as not everybody wants to see a therapist. |

QUESTION 15

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|  |
| Quicker access   |
| Crisis care  |
|  |
| N/A  |
| Easier access to 1-1 counselling. An online course does not work.  |
| Waiting lists for help go down, doctors to respond to people needing the help a bit better.                        |
|  |
| The time to get into the system should be shorter.   |
| Don't know   |
|  |
| Any service would be good. I attempted suicide about 4 years ago, I still didn't receive any services after that ! |
| Waiting times, staff attitudes. Available options, is access to different forms of support.                        |
| Longer help available  |
| Shorter waiting times for counselling  |
| Quicker access   |
| N/a  |
| Greater availability of free face to face counselling services. Shorter waiting lists for these sessions!          |

QUESTION 15

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|   |
|   |
| n/a   |
| The availability and length of counselling sessions.  |
|   |
| not applicable  |
| Quicker access, shorter wait time for counselling   |
|   |
| more contact.   |
|   |
| More information available for families or friends on how to support someone with mental health problems and where to go to in a crisis   |
| Shorter waiting times to get help   |
|   |
|   |
| more appointments less fuss one to one help nonjudgemental approach around the clock care (including weekends) advice and support and guidance and not just a leaflet !!!1  |
| Reducing willingness of doctors to prescribe medicine to treat conditions - surely there are more natural ways such as therapy etc to explore first! Use meds as last resort or in conjunction only if absolutely necessary |
| Reduce waiting times  |

QUESTION 15

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| shorter wait times for services  |
| Availability of all services   |
|  |
|  |
| More integration of health and social care. More money for front line services in both health and social care. More social workers offering support then support workers   |
| More access to one to one counselling! We both had to go via charities   |
| Support action and access to services 24 /7  |
| An easier contact process  |
|  |
| Aftercare. It isn't cured once discharged  |
| Services for all levels of mental health More face to face   |
|  |
| All of it. The way therapists and psychiatrist's speak to patients is awful. Being told you can't get help as you're not under 18 or over 65. Being told you don't fall within someone's remit. Being told that you have to pay £8/9 for medication just because you're not claiming benefits. |
|  |
| Long waiting times for appointments and being rushed. Plus over diagnoses, I feel some people can just be having a bad patch without it being mental health  |
| Better support and care options  |

QUESTION 15

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| Longer sessions and regular follow up sessions More availability for support   |
|  |
| Everything. There needs to be more compassion as they have been kicked out of the service due to their mental health stopping them from attending appointments or rescheduling. They are also treated like a number or profit not as a human in need of help   |
|  |
|  |
|  |
| Specific matches from patient to counsellor.   |
|  |
| The waiting list times. More support to prevent reaching crisis point. More early intervention support. More respite homes and places individuals can go to be supported that doesnt necessarily mean needing sectioning. More talking therapies and choices of therapy and treatment. More monitoring over a long term period rather than discharging people very soon. |
| Again, not being told to get over it by your GP  |
| Involvement of careers in planning care especially for teenagers and young adults.   |
|  |
|  |
|  |
| Increase in a available councillors  |
| Crisis management  |

QUESTION 15

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| Wait times   |
|  |
|  |
| More empathy and time  |
| Easier access for those not in acute crisis  |
| Quicker appt time. I had to wait 3 months for counselling!   |
|  |
| Na   |
|  |
| nothing  |
|  |
| Nothing. Pretty satisfactory. Put your hand up and people coming running to help.  |
|  |
|  |
| n/a  |
|  |
| More awareness to the general public that money spent on these issues reduces the burden on emergency services. Additional funding, of course. |
|  |

QUESTION 15

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|   |
| A more integrated service, shorter waiting lists.   |
|   |
|   |
|   |
| N/a   |
| N/A   |
|   |
|   |
|   |
|   |
| All of it needs reviewing   |
| the waiting time to be seen, having to wait weeks/months can be detrimental to mental health        |
|   |
| Different departments actually talking to each other, and listening to the people who do the caring |
|   |
|   |
|   |

QUESTION 15

The government still discriminated against those with mental illness. The facts and figures speak for themselves - despite passing legislation telling the people that mental health and physical health will be treated the same - its rhetoric We need a caring government, run by people not in the pocket of multinational corporations; big money, media, arms dealers/weapons manufacturers and energy.

Less waiting time to access the counselling service. Seeing some one in person is better than online support. I wish there was something to offer to the Asian community, where many women from different cultures suffer silently between closed doors.

Again more clinics and longer stays for patients

Everything

Shorter waiting times, more access to group and talking therapy, more awareness of dyslexia autism and how this can affect mental health

no experience

Nothing all good

reduction of stigma

N/A

QUESTION 15

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| More information on what is available  |
|  |
|  |
| It is only fragmented and not followed up.   |
|  |
|  |
| n/a  |
| Text communication - patient to staff to enable deaf people can communicate privately without the need to rely on family members or friends. |
| Easier access  |
| Clear signposting to useful information and support networks.  |
|  |
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|  |
| community service  |
|  |

QUESTION 15

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| N/A   |
| Much quicker initial appointments and diagnosis   |
|   |
| Reduce waiting times for therapies (e.g. CBT more than 6 months) & increase length of time for therapies  |
| No  |
| Long waiting times to see psychiatrists (9 months in secondary mental health care, which does not reflect the severity or urgency). Limited scope of therapies (typically 6-8 sessions, with no option to extend at the discretion of the health professional). |
| The waiting time. This really hard to have wait. Get the staff deal with the issues   |
| Interaction with other agencies (e.g. local authority) more joined up approach would be beneficial.   |
| Not looked after anyone   |
|   |
|   |
| speedier access for crisis situations; greater availability of specialist support - consultant, CPN   |
|   |
|   |
|   |
| Mental Health Assessments following referral to SPA should be done by CPN or Psychiatrist's ! not a Social Worker as they are not Clinicians ! Also AMH SPA could have their own train MH trained GP too.   |
|   |

QUESTION 15

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| More staff.  |
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|  |
| accessibility  |
| Just making services more accessible and breaking down the stigma barriers will lead to better understanding and take up by the general public   |
|  |
| Liaison between the Ryegate (children's hospital) services, and the child's school needs to be augmented. School SENCo's need significantly more support in helping children cope. SENCo support in my son's last school was frustratingly inadequate. |
| more support and communication with a clear view of what will be put in place and persistently carried through to create routine   |
| Quicker access to support. More sustained treatment.   |
| More time available to talk about problem as people don't always open up straight away   |
| Psychoeducational groups. Referrals need to be made more smooth and easier. Communication between services!!!! Needs to be some MDT meeting for Gps, cmhts, tertiary care, step all together   |
|  |

QUESTION 15

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| A well funded service that is accessible to everyone and provides care appropriate to the individual instead of only one-size-fits-all short term CBT. Integrated mental health and social support to allow people to live more productive lives. A wider range of non-drug treatments, because CBT isn't suitable for everyone. Timely access to expert medication review and ongoing monitoring. |
| Better emergency support   |
| GPS actually listening and taking young people seriously   |
|  |
|  |
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|  |
| Increase in service as demand requires and changes.  |
|  |
| I would like people to be educated. Go to schools and colleges too much pressure on young people today without support for them. It would help if you saw the same consultant every time consistency is key.   |
| The time it took to get referred to the service . The exercises need to be more supportive and less patronizing, It was almost like they had been written for children   |
|  |

QUESTION 15

See my last answers. GP services need to be more pro-active, and when they are they should be supported by the urgency of the department to whom the person has been referred. Even GPs are holding up their hands in dismay when the more specialist service is inadequate.

Waiting times, accessibility, criteria, services

More people available as counselors to cut waiting times

Shorter waiting times. GPs to understand mental health better

Easier access to get support when needed and not leaving to wait until in crisis

Access to facilities and support from outside hospital setting

QUESTION 15

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| Opening times, call back waiting times and availability of people to speak to   |
| Faster access   |
|   |
|   |
|   |
| It Was fine   |
| Somewhere other than A&E to go. A&E is busy and noisy. It can be a trigger from the very moment you arrive. They try their best but it is not the ideal place to go during a crisis. Also, the way they assess capacity needs to be looked at. They do not listen when you are certain there is capacity. On occasion, I have admitted when there is no capacity but when I say I have it, they should make a point of listening. If they do not feel capacity is there, someone should talk to you properly to explain why and not just write it in your notes and discard your view point as if it does not matter. |
| From my job experience when people in crisis for them not to be told to wait hours or even days or go sit in A&E until help is available with no time scales  |
|   |
| More money going to local groups who really help people   |
| An overhaul of the system as it is broken. Currently people have a limited number of sessions to be 'fixed', waiting times are terrible and out of hours services are poor  |
|   |
|   |
|   |
| lapt needs closing down not fit for purpose   |

QUESTION 15

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| Funding for services so that responses are put in place straight away, seamless and not fragmented with delays at all stages       |
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|  |
|  |
|  |
| Previously answered!   |
| n/a  |
| n/a  |
|  |
|  |
| Been able to get back in and straight away you feel like your back on your own no follow up or pop back in clinic for a quick chat |
| Not needed help and support  |
|  |
|  |
| not applicable   |
| There are very few youth services  |
| Ensuring that they do not slip under the radar and stop going for check ups. Follow up on patients.                                |

QUESTION 15

Shorter waiting lists allowing quicker access to services

Nothing.

More continuity after 'a course'!

Support and therapy beyond the immediate crisis. Social care (gardening, art, etc) is not a replacement for professional counselling - is a supplement.

Shorter waiting lists and a greater range of services

More appts and counsellors - I had to wait 5 months

more support

my own families experience has been very good.

QUESTION 15

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|  |
| Ongoing support groups led by a psychotherapist. Ability to be open at work. Learn how to express emotions   |
| the social care system is extremely difficult to navigate, especially transferring care between authorities, with PoA for health / finance. So this needs a lot of improvement.  |
| More ongoing support that is not just crisis care  |
| Length of access to support - longer   |
| Better access and information to alternative community provision   |
| As above   |
|  |
| Lower threshold for access to support. Cbt is OK but trained gp counsellors also have their place.   |
|  |
|  |
| Shorter waiting lists  |
| A 24 hrs telephone service to assess the patients immediate issue  |
| N/A  |
|  |
| Unable to help with this question  |
| Consistency in services. Following own policies, eg * CPA reviews at least annually, not 3 in 7 years * Care plans always shared w service users! * Hospital liaison team offering encouragement & support, not just diagnosis |

QUESTION 15

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|  |
| Not applicable   |
| Easier access via GP   |
|  |
|  |
| Longer appointments for counselling, but this is challenging with an already-huge workload                       |
| The range of services available. Talking and cbt suit some. There maybe other therapies which would help others. |
| Access 24/7 for advise   |
| Waiting times, choice if type of support   |
|  |
|  |
|  |
|  |
| That it's more easily accessible   |
| Havent   |
| The access to get an appointment   |
|  |
| waiting times Internet programmes  |

QUESTION 15

|   |
|---|
| Privacy / urgency/person being helped to be involved in the choices available |
| N/A   |
| Better signposting to services that support these proactively                 |
|   |
| more local support centres  |
| more help with under 18   |
| More signposting by GP to support around the city                             |
| quicker action with mental health crisis team                                 |
|   |
| More publicity to raise awareness   |
|   |
|   |
| nothing   |
| Don't just give medication find out the root of the problem and treat that    |
| More communication more listening   |
|   |
| Safer and wider provision of residential and respite care                     |
| Easier access   |

QUESTION 15

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| n/a  |
| CBT wasn't as helpful as I hoped   |
| shorter waiting times  |
|  |
| All of it, plus help and support for parents   |
| More help  |
| Unsure as I wasn't at the appointment  |
|  |
|  |
|  |
| The wait times and the responsiveness from the services in the event of a crisis                           |
| Someone who understood that depression is not 'only' a chemical imbalance but a symptom of broader issues. |
|  |
|  |
|  |
| Not applicable   |
|  |
| N/A  |

QUESTION 15

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|  |
| Waiting times  |
| N/A  |
| The waiting time to see a mental health worker as usually when people finally go to the doctors it's because they mental are in a bad state and they are desperate to speak with someone... it isn't helpful to feel like you are in crisis seek help and then to be told you will be on a waiting list! |
|  |
| A return to t5he help mentioned in 14. above.  |
| EVERYTHING   |
|  |
| Better support for care coordination and continuing care   |
| More mental health professionals for those with learning difficulties and mental health issues. There is ONE for the whole of Sheffield.   |
| more availability, more support, more information, just a better informative service   |
|  |
| waiting times, regular catch ups.  |
|  |
| Waiting times to see more specialised mental health professionals need to be shorter, condition has often deteriorated by the time they are given help   |

QUESTION 15

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| More staff to offer the support that is required                        |
|   |
|   |
|   |
| quicker access to this support and longer term support                  |
| There nothing to change only let people know you are out there for them |
| Information of where & how to access help & services.                   |
| Reinstatement of Intermediate Care Centre                               |
| Quicker appointments  |
| Early access  |
|   |
| Local capacity for face to face help                                    |
| Continuity and. Easier access Better buildings                          |
|   |
| No  |
|   |

QUESTION 15

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|   |
| Early access to empower them to help themselves. Don't waste energy delaying a referral get people seen and supported. Have a cafe drop in. Maybe people will support each other with a bit of guidance |
|   |
| N/a   |
|   |
| Early, more ongoing support, not just when there is a crisis  |
| More trained councillors  |
| Everything  |
| longer help not only 6 weeks  |
| Not Applicable  |
|   |
| Na  |
|   |
| Greater availability and support and shorter waiting times.   |

QUESTION 15

|   |
|---|
| Access, info being given, being more compassionate, I know services are stretched, I know I will have to wait, but it also isn't MY fault                                     |
| shorter waiting times and easier access   |
|   |
|   |
|   |
| A variety of ways to access support   |
|   |
| More access for everyone  |
| access to support outside of working hours  |
| ?   |
|   |
|   |
| A bespoke service which suits the needs of the individual. More knowledge, specialism at GP level to better identify needs. Stop separation of services, it just fuels stigma |
| Time to treatment   |
|   |
| More support session available and more support for children.   |
|   |

QUESTION 15

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| Access. My sister had to stop attending meetings as they moved it upstairs and no lift.    |
|  |
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|  |
|  |
| X  |
| Better self referral Local meaning within your GP practice More of what's already on offer |
|  |
| N/a  |
| A little more communication between agencies.  |
|  |
| Increased access to trained staff  |
| Consistent workers   |
| More rapid access to children and young people's mental health services.                   |
| N/a  |
| N/A  |
| Nothing  |

QUESTION 15

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| Easier access to talking therapies on NHS  |
| n/a  |
|  |
|  |
|  |
| n/a  |
|  |
|  |
|  |
| Continuity of support for family   |
| I would like to see quicker referral times for support particularly for teenagers. |
| The waiting time for an appointment was far too long                               |
|  |
| More contact and prolonged care.   |
|  |
| N/a  |
| They haven't   |
|  |

QUESTION 15

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|--|
| More access to community services and not being dumped back to a GP because you have used up the required number of appointments |
| Ease of access to a councillor.  |
| More options available to talk   |
| Accessibility. My own experience was good but others I know have found it tricky to gain acc3ss                                  |
|  |
| N/A  |
| more appointments available - not such a long waiting list   |
| Crisis intervention  |
| Maybe, occasionally contacting them whether the help benefited them and if they need more.                                       |
|  |
| More readily available services that can be used with little wait times  |
| Not sure   |
| N/a  |
|  |
|  |
| Waiting times and range of support available.  |
| Not applicable   |
| More user-friendly premises.   |

QUESTION 15

A decrease in waiting times for assessment and treatment. Instant support is needed.

Appointments were few and far between. Treatments were stopped without any check-ups. A few years later the service I used was shut down which is very sad.

Improve accessibility to the services, reduce wait times or come up with something that is going to fill that long gap in the mean time whilst they're waiting.

Speed of access

Actually provision of services in community

Stop hiding behind who pays for what

More drop in sessions, easy accessible within the community. Somewhere that you can call in to speak to a professional to then book an appointment face to face.

Waiting times

More time for appointments, more active listening.

I would like to see more community groups and extra curricular activities which don't make you feel like a reject of society

QUESTION 15

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| It's nearly impossible to either be referred or be accepted to be seen                 |
| Reduce waiting times.  |
|  |
| The waiting time, also when a crisis happens something in place 24 hours.              |
| Shorted waiting list after initial appointment   |
| Counselling services   |
| Free counselling without a long waiting list we had to pay for fast track into mind    |
| N/A  |
|  |
| shorter waiting time for people in crisis  |
|  |
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| Better access. More focus on the person. Greater empathy. More information less stigma |

QUESTION 15

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|---|
| N/a   |
| See previous comment. Single disputes / complaints management process where concerns are taken seriously and problems resolved quickly (experience is that takes circa 2 years) |
| Community mental health services, crisis care services, crisis prevention services  |
|   |
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|   |
| not applicable  |
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