Coventry and Warwickshire Mental Health Needs Assessment (2021)

Appendices

Appendix 1 – Coventry and Warwickshire Mental Health Needs Assessment Survey Report

Appendix 2 – Coventry and Warwickshire Focus Group Thematic Analysis

Appendix 3 – WCC COVID-19 Recovery Survey Findings

Appendix 4 – Making Space Unemployment Focus Group Summary

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Appendix 1 – Coventry and Warwickshire Mental Health Needs Assessment Survey Report

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Mental Health Needs Assessment

Consultation analysis

May 2021

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Introduction

The Mental Health Needs Assessment survey took place between February 24th and March 26th, 2021 and was hosted on Warwickshire County Council's Ask Warwickshire consultation hub. The survey received 581 respondents. Additionally, an Easy read version of the survey was developed and made available on the Ask Warwickshire consultation hub. A separate set of results for this survey is available. However, where open text questions matched this survey, themes from both surveys have been incorporated as part of the analysis.

The findings from this survey will inform the Coventry and Warwickshire Mental Health and Wellbeing JSNA which in turn will be used to inform commissioning plans, Health and Wellbeing Strategies and local transformation plans.

Key Messages

- A third of all respondents (33.4%/n=192) indicated they felt confident talking about their mental health 'some of the time'. However, around 1 in 4 respondents felt like this only 'rarely' or 'none of the time'.
- Around 3 in 4 of respondents who are currently employed (75.1%/n=343) felt that their workplace actively promoted the mental health and wellbeing of employees.
- Nearly two thirds (62.6%/n=290) of respondents who are currently employed felt that their workplace was supportive of employees who have mental health difficulties.
- The most common reason for accessing mental health services by those who were current or previous service users was for short term support (35.2%/n=70).
- The most well-known types of service answered by all respondents (except those answering as professionals) were in the category "NHS Services". These included GPs (97.5%/n=425) and Accident and Emergency (97.0%/n=423). Services that were less well known tended to be those in the voluntary, community and charity sector.
- The most common reasons that the public respondents who had not accessed or weren't sure if they had accessed any of the mental health services listed (n=213) did not access these services was either because they didn't want to access them (31.5%/n=67) or they were not aware of them (30.5%/n=65). Indeed, a common theme throughout the data was a lack of awareness of mental health services.
- In terms of wider support, the areas where support was most likely to be regarded as helpful by public respondents included friends and family (82.2%/n=287), community support (80.2%/n=65), and online/self-help (68.1%/n=143). Workplace support was considered helpful by almost two thirds (62.1% /n=105) of those accessing this type of support.
- Professionals working in health and other organisations highlighted service inequalities among protected characteristic groups, those at financial disadvantage, including digital disadvantage, and those with other conditions/circumstances in addition to a mental health need.
- The COVID-19 pandemic was extensively mentioned for its wide-reaching impacts including disruption to services, an increase in waiting times, and access issues including the ability of people to cope with the shift to digital services; it was noted that some groups were especially disadvantaged by this. The isolation that lockdown brought was a particular issue for mental health (especially some groups) as was the anxiety around the pandemic generally. There was an expectation that demand for services would increase.

- Key mental health needs identified included support for specific conditions/groups, resource/ funding issues, and concern about access (not knowing the pathway to get support) and waiting times. Resource and capacity issues were a feature of comments by professionals who reported being asked to do more with less. The loss of valued services/support were highlighted in some instances.
- Difficulties meeting service thresholds/criteria were often highlighted and there was a repeated feeling people had to reach crisis point before a service was offered. Additionally, there appeared problems when people presented with additional conditions (e.g. autism, dementia, or alcohol related problems) and didn't 'fit' service criteria.
- The need for a more joined-up approach between services e.g. primary and secondary care was referenced especially between GPs and specialist services.
- Respondents noted that much of the service offer was short term/medical model in approach and there was a desire to see wider and longer-term support available.
- Wider issues affecting mental health such as social isolation, lack of community support, discrimination, housing, and poverty were also mentioned as a significant part of promoting mental health and wellbeing.
- Staff training in mental health matters across organisations with a public facing role was suggested to ensure knowledge of the mental health system and sensitivity in dealing with mental health matters.
- Carers reported sometimes feeling confused and unsupported when relatives were experiencing a mental health problem.
- One of the positive impacts of COVID-19 on mental health for some people was spending more time with people in their family with 60.2% (n=293) of respondents indicating that the impact was either positive or very positive.
- Respondents reported that the most negative impacts of COVID-19 on mental health were news and media coverage with 73.5% (n=415) of respondents indicating the impact was either negative or very negative. Social media coverage and isolation because of COVID-19 restrictions were also frequently selected for their negative impact. The need to actively manage exposure to news content, concern about COVID-19 safety measures (including those at work) as well as combining work and home schooling were mentioned in respondent comments. Pressures were noted among parents with children who have special educational needs.
- Other impacts on mental health and well-being outside of COVID-19 included ongoing mental/health issues, personal/life events, difficulties accessing mental health services and loneliness and isolation.

About respondents

At the beginning of the survey, respondents were asked which of the presented options best described their main reason for completing the survey. In total, 34.3% (n=199) of respondents had used mental health support services in Coventry & Warwickshire in some form, whether specifically within the last 12 months or at an unspecified time in the past or were "other individuals". Other individuals included those on the clinically extremely vulnerable list, respondents who wanted to contribute to mental health issues, those experiencing depression and/or anxiety, or respondents who were asked to complete the survey by local support group(s).

A further 33.7% (n=196) of responses were from individuals who had not used mental health support services and lived in Coventry or Warwickshire. A further 25% (n=145) of responses were from professionals including both health and care professionals as well as other professionals from Coventry and Warwickshire, such as those working for Coventry & Warwickshire Partnership Trust, Grapevine, NCT Parents in Mind as well as multiple other charities. The remaining 7.1% (n=41) of respondents stated they were carers of individuals, or had a family member who, has used mental health support services in Coventry or Warwickshire.

In this survey, individuals were sometimes asked different questions depending on their reason for completing the survey. Within this report, the following categories are used to refer to respondent types:

1. **Public mental health service users** – individuals who have used mental health support services in the last 12 months and individuals who have used mental health support services, but not in the last 12 months. Those respondents who selected 'other individual' were also included under this category.
2. **Public** – individuals who have not used mental health support services and live in Coventry or Warwickshire, and those who were carers of someone or had a family member who had used mental health support services in Coventry or Warwickshire.
3. **Professionals** – health/care professionals, other professionals/other organisations working in Coventry and Warwickshire.

All respondents, except professionals, were asked about the area in which they live, see Figure 1:

Figure 1."Please select the area where you live" (public, public service users and family/carers only)

Area	Frequency	% of Grand Total	16+ Population profile (Coventry & Warwickshire)
Live in Warwick District	192	44.0%	15.4%
Live in Coventry	70	16.1%	38.8%
Live in Stratford-on-Avon District	52	11.9%	14.0%
Live in Nuneaton & Bedworth Borough	46	10.6%	13.5%
Live in Rugby Borough	43	9.9%	11.3%
Live in North Warwickshire Borough	27	6.2%	7.0%
Other	6	1.4%	n/a
Grand Total	**436**	**100.0%**	**100.0%**

Just over 2 in 5 (44.0%, n=192) respondents reported living in Warwick District. According to the Office for National Statistics (ONS) mid-year 2019 population estimates, 15.4% of the 16+ population (of Coventry and Warwickshire) live in Warwick District, suggesting respondents from this area are over-represented in the survey. Conversely, 16.1% (n=70) of respondents reported living in Coventry while ONS figures indicate 38.8% of the 16+ population (of Coventry and Warwickshire) live in Coventry indicating an under-representation of respondents from Coventry.

When asked about the area in which they work and represent, professionals answered accordingly, see Figure 2:

Figure 2. "Please select the area where you work/represent if you are responding on behalf of an organisation" (health professionals and other organisations).

Area	Frequency	% of Grand Total
Coventry and Warwickshire	67	45.6%
Warwickshire	37	25.5%
Nuneaton & Bedworth Borough	9	6.0%
Other	9	6.0%
North Warwickshire Borough	8	5.4%
Rugby Borough	7	4.7%
Stratford on Avon District	5	3.4%
Warwick District	5	3.4%
Grand Total	**145**	**100.0%**

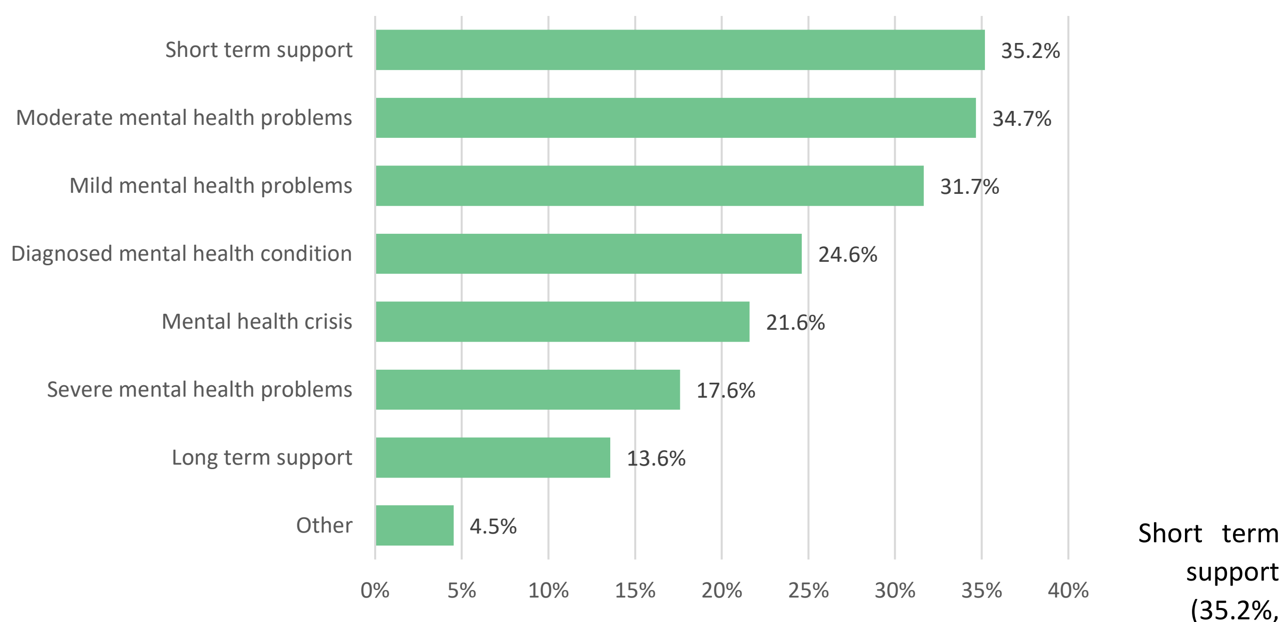
Of those who selected 'other', examples include South Warwickshire, North Warwickshire, and Coventry only. Most respondents in this category worked across Coventry and Warwickshire or just Warwickshire, with fewer respondents working only in a specific district or borough.

The sociodemographic breakdown of all respondents is provided in Appendix 1.

Reasons for accessing services

Public mental health service users were asked for the reason(s) they had accessed services. Respondents were able to choose multiple options to this question depending on the variety of services that they had accessed. Figure 3 demonstrates the most common reasons for accessing mental health services in Coventry and Warwickshire:

Figure 3. "What did you access services for?"

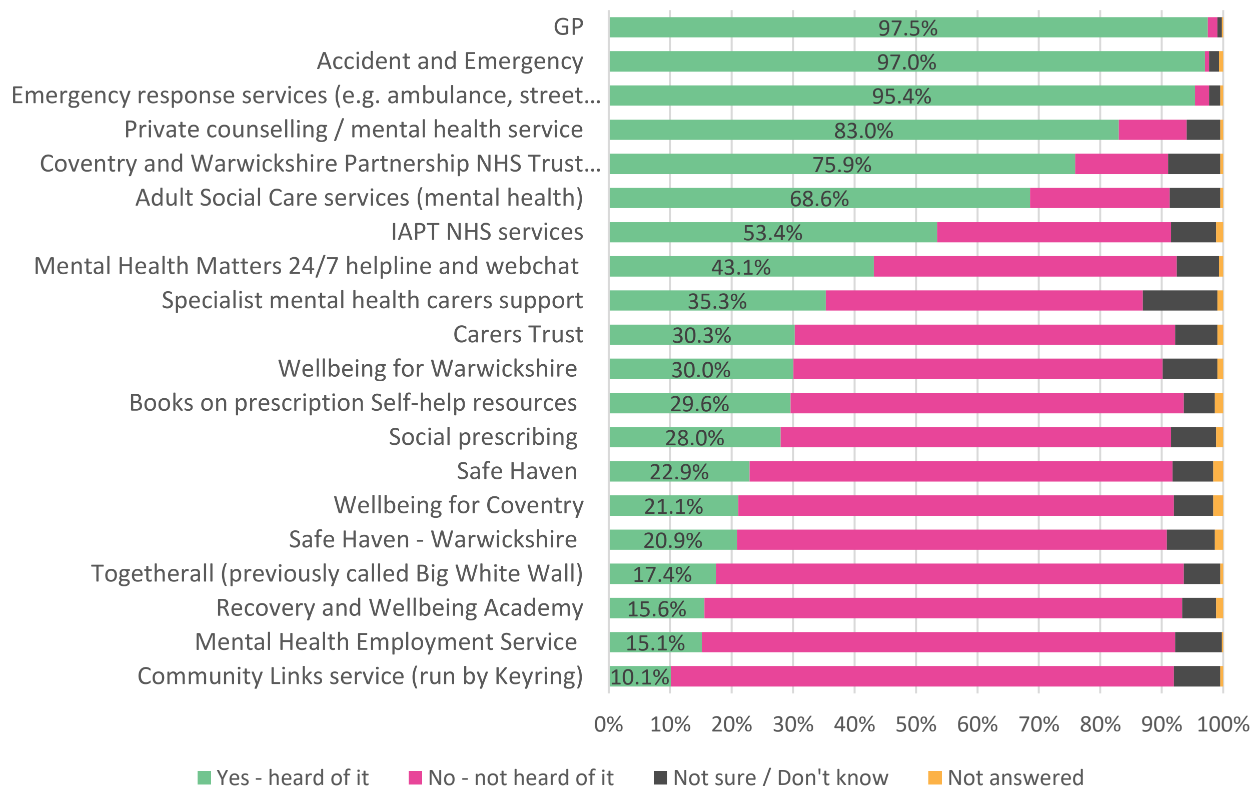


Short term support (35.2%, n=70) and moderate mental health problems (34.7%, n=69) were the most frequently cited reasons for accessing services.

Feedback on mental health and wellbeing services

Public and public mental health service users were asked about their awareness of specific mental health services available in Coventry and Warwickshire. Figure 4 illustrates the responses.

Figure 4."Are you aware of the services listed?"

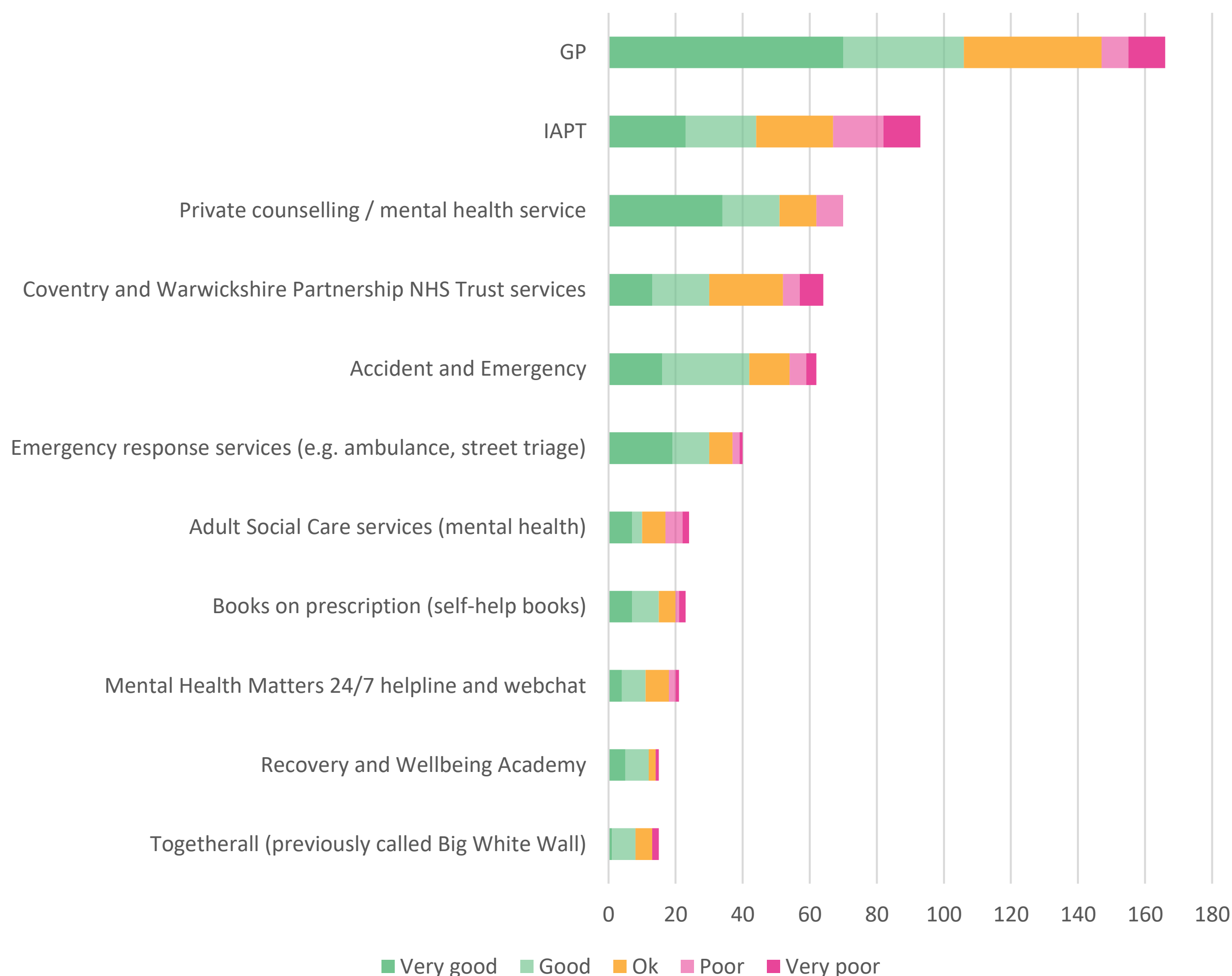


Services that were more well-known tended to fall under the category of “NHS Services” such as GPs, Accident and Emergency and emergency response services. Services that were less well known were in the category of “Voluntary, community and charity support” such as Community Links service (run by Keyring).

Public and public mental health service users were also asked whether they had used any of the services that were mentioned. Just over half of these respondents (51.1%/n=223) indicated they had while 44.0% (n=192) had not. A small proportion (4.8%/n=21) were not sure if they had used some of the services.

Respondents who answered “yes”, were then asked to rate their experience if they had used these services for mental health support in the last 2 years (Figure 5). However, the numbers who had used the full range of services was limited and were often too small to make meaningful comparisons between services. Data for services used by at least 15 respondents is presented in Figure 5.

Figure 5. "If you have used any of these services in the last 2 years for your mental health please rate your experience."

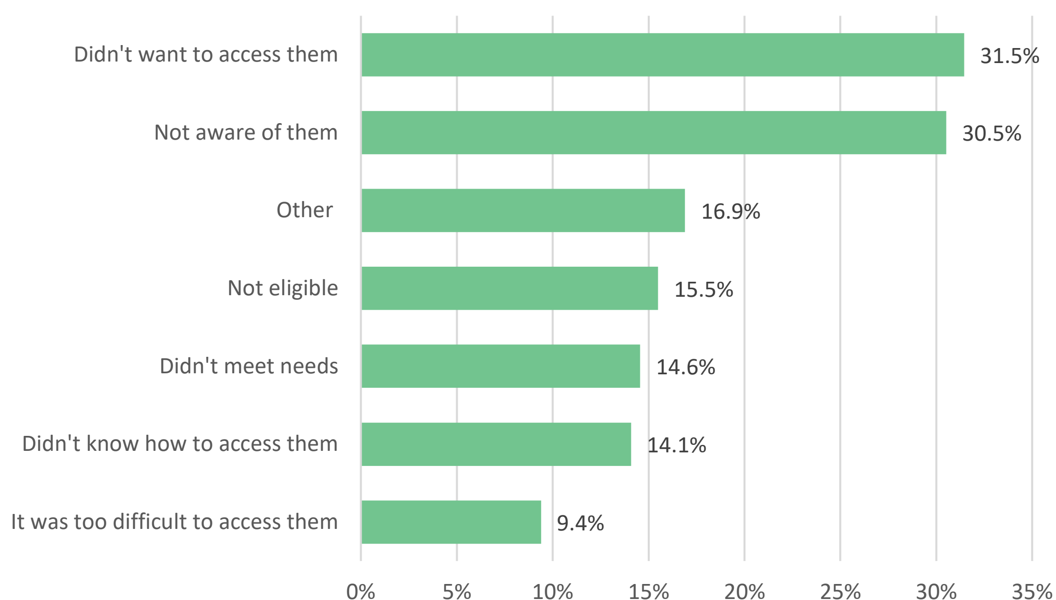


Given the small numbers involved, assessments about people's experience of each of these services may be better achieved by more dedicated customer satisfaction surveys or research at some future point.

Respondents who answered the above question were asked whether they had been referred to other services. Almost 1 in 4 (23.3%/n=52) had been signposted or referred to another service. The remainder had not been referred/signposted or were unsure/didn't know or did not submit an answer. Of the respondents who had been referred/signposted, commonly mentioned services included other local voluntary sector groups (e.g. NCT Parents in Mind), local counsellors, and a range of helplines/online apps and websites .

Respondents who indicated they had not used, or weren't sure if they had used, any of the services listed in Figure 4 (n=213), were asked why they had not used them. Reasons for not using services are presented in Figure 6 (respondents could select more than one option to this question):

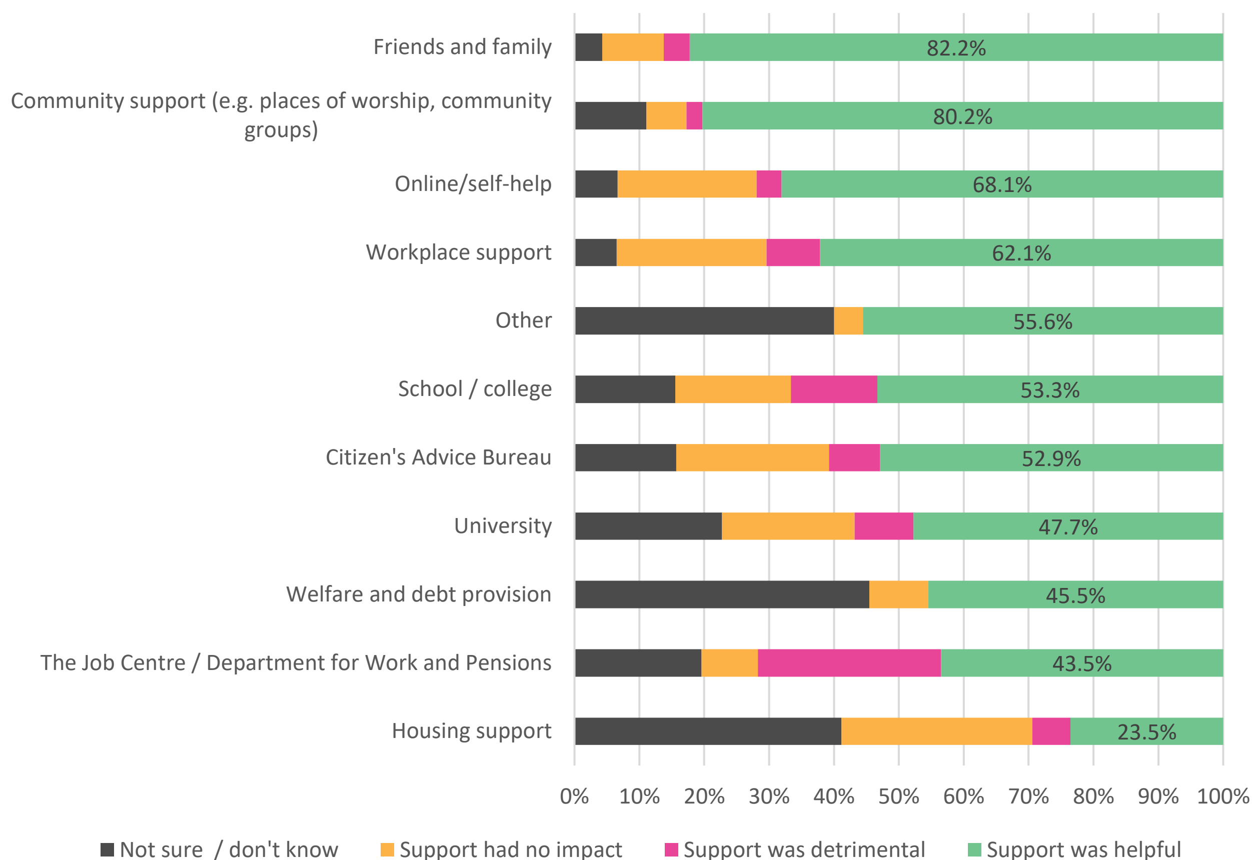
Figure 6. "Why have you not used any of the services listed?"



Almost a third of respondents who answered this question (31.5%, n=67) indicated they did not want to access the services listed. However, a similar number (30.5%/n=65) selected 'not aware of them' whilst 14.1% (n=30) and 9.4% (n=20) indicated they either didn't know how to access them or it was too difficult to access them. These figures are of interest because they suggest some difficulties in the awareness of or procedures for accessing mental health services.

Public and public mental health service users were then asked whether they had received any support from a range of other formal and informal sources of support that are available (Figure 7).

Figure 7. "what impact did using the following sources of support have on your mental health and wellbeing?"



Most respondents had not accessed the services or support listed so those who indicated they had not accessed support or did not answer were not included in the analysis for Figure 7; However, where people had used the sources listed in Figure 7, the top areas where support was helpful was “Friends and family” (82.2%/n=287 of 349 who used), “Community support (e.g. places of worship, community groups)” (80.2%/n=65 of 81 who used) and “Online/self-help” (68.1%/n=143 of 210 who used). In addition, two thirds (62.1%/n=105 of 169 who used) of respondents to this question who had used workplace support found it helpful. Please keep in mind that the numbers are small in some categories, so comparisons using proportions need to be treated with caution. Where ‘other’ was selected, a range of examples were provided by respondents including books, charities, helplines and online (including apps) help. Some respondents had attended courses on mindfulness, used local children’s centres or sought private counselling.

Respondents to this question were also asked what impact this ‘other’ support had had on their mental health. Most were very positive and complementary about what it had done for them finding the apps, counselling, helplines, organisations offered a useful listening ear and a place where skills could be developed, or wider support obtained to sustain mental health and well-being. Those comments which were more negative related to mostly the waiting lists, disjointed services or where the support offered was not appropriate.

Feedback on mental health services - professionals

Those respondents who stated they were professionals were asked a different set of questions in relation to mental health and wellbeing services. First, professionals were asked whether they had referred or

signposted someone to specific services in the last 2 years for their mental health or wellbeing. The results of this are presented in Figure 8 below.

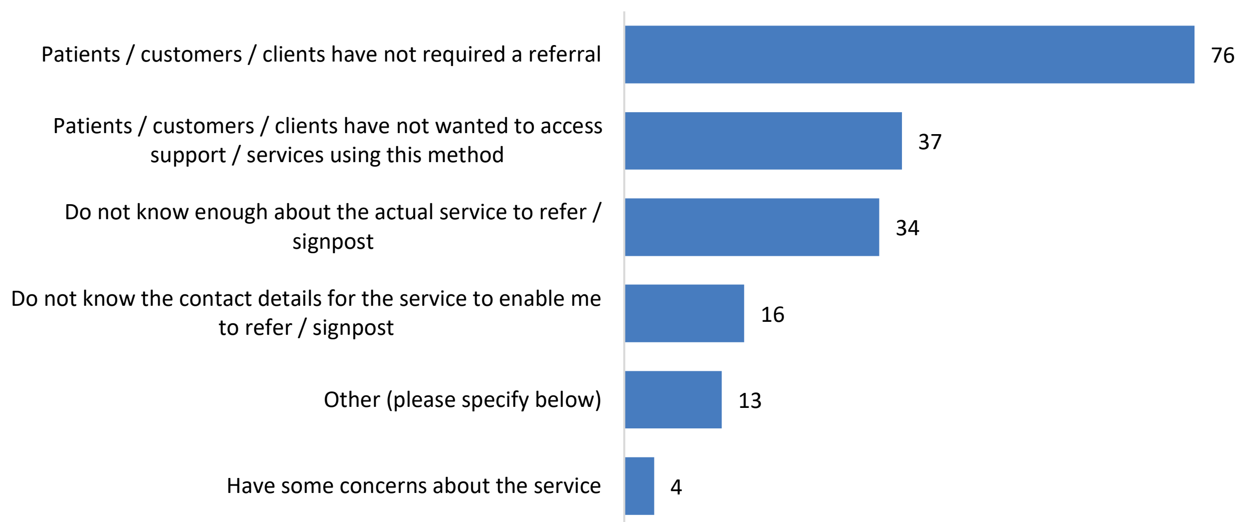
Figure 8 - "Have you referred or signposted someone to the services below in the last 2 years, for their mental health/wellbeing?"

Service	Have referred or signposted to it	Aware but not referred or signposted	Not aware of service
Specialist mental health carers support	24.8%	33.8%	20.0%
Adult social care services (mental health)	44.8%	33.8%	
Private counselling / mental health service	38.6%	38.6%	
Books on prescription	15.9%	35.9%	35.2%
Togetherall (previously called Big White Wall)	17.9%	24.8%	40.0%
Recovery and wellbeing academy	37.2%	18.6%	26.9%
Social prescribing	20.0%	34.5%	28.3%
Mental Health Employment Service	15.9%	20.0%	46.9%
Carers Trust	30.3%	29.0%	22.1%
Community Links service (run by Keyring)	11.0%	25.5%	47.6%
Safe Haven - Warwickshire	20.7%	35.2%	21.4%
Safe Haven - Coventry	24.8%	29.7%	20.0%
Wellbeing for Warwickshire	24.8%	28.3%	29.7%
Wellbeing for Coventry	16.6%	23.4%	35.2%
Mental Health Matters 24/7 helpline and webchat	51.7%	24.1%	11.0%
Accident and Emergency	40.0%	33.8%	
Emergency response services	47.6%	27.6%	
Coventry and Warwickshire Partnership NHS Trust services	55.9%	20.0%	
IAPT	64.1%	15.2%	
GP	76.6%	7.6%	

Figure 8 indicates that 76.6% (n=111) of professionals responding had referred or signposted to GPs. Similarly, more than half of professionals responding had referred or signposted to IAPT (64.1%, n=93) and Coventry and Warwickshire Partnership NHS Trust services (55.9%, n=81). In contrast, 46.9% (n=69) of professionals responding stated they were not aware of the Community Links service (run by Keyring). 'Other' services that respondents had referred or signposted to included MIND, domestic abuse charities, peri-natal mental health services, Childline, Age UK, and Carers Trust. The responses to this question suggest that some services in the voluntary, community and charity sector were less well known than the NHS services .

Following this, professionals who stated they were aware of services available across Coventry and Warwickshire but had not referred or signposted to a service were asked to give their reasons for this. Multiple options could be selected to this question. Due to the nature of the structure of the survey, any respondent who stated they were a professional could answer this question meaning just the number is presented in Figure 9, rather than proportions.

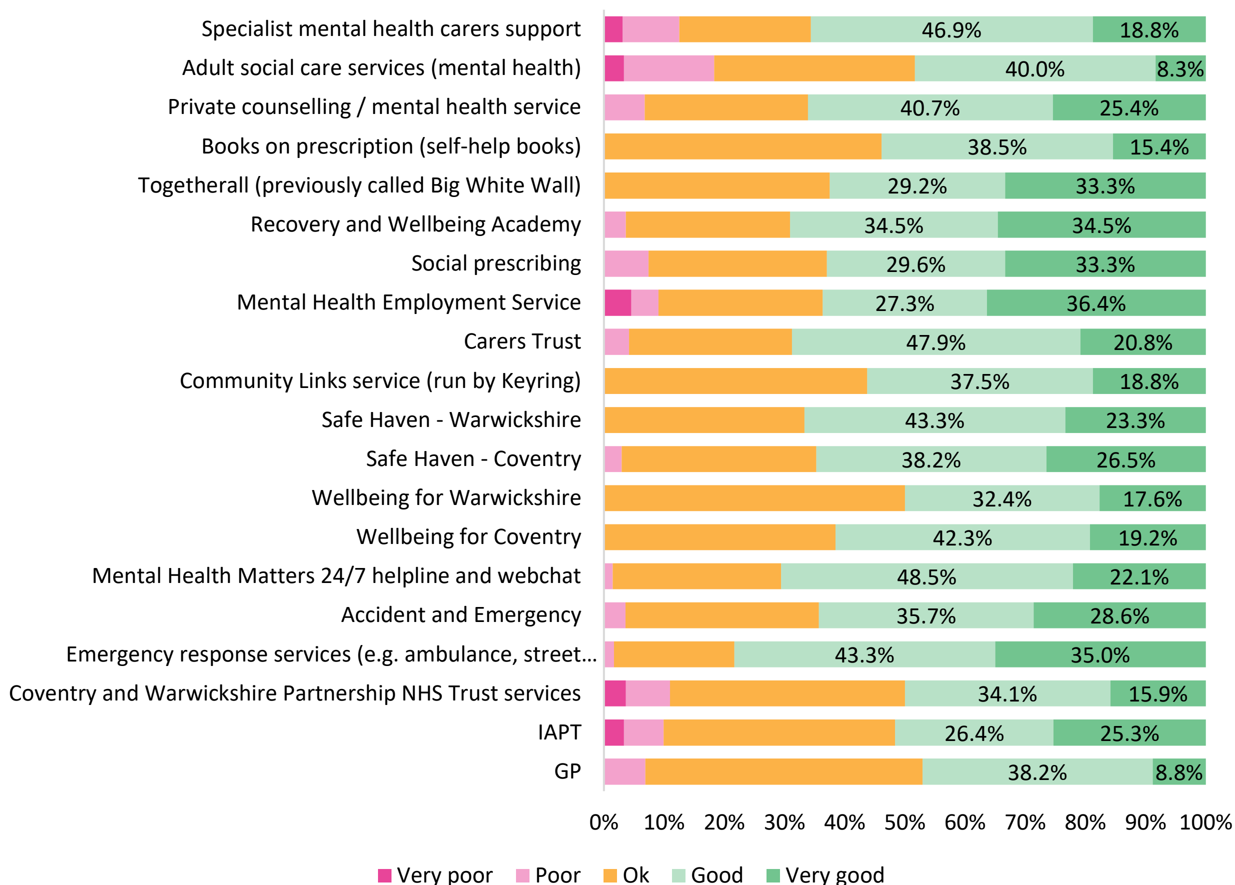
Figure 9. "If you are aware of services that are available across Coventry and Warwickshire but have not referred or signposted please tell us your reasons for this"



In total, 76 respondents indicated that their patients did not require a referral. Other reasons included patients not wanting to access support/services using a particular method (n=37) and not knowing enough about the actual service to refer/signpost (n=34). For those that answered 'other', the majority of these suggested it was not within their role to refer/signpost. Additionally, comments made by professionals indicated that if waiting times were known to be long for a service an alternative referral was sometimes made.

Professionals were then asked to rate their experience of the referral process for each of the services to which they had referred. Figure 10 presents the experiences of those who did refer to these services only.

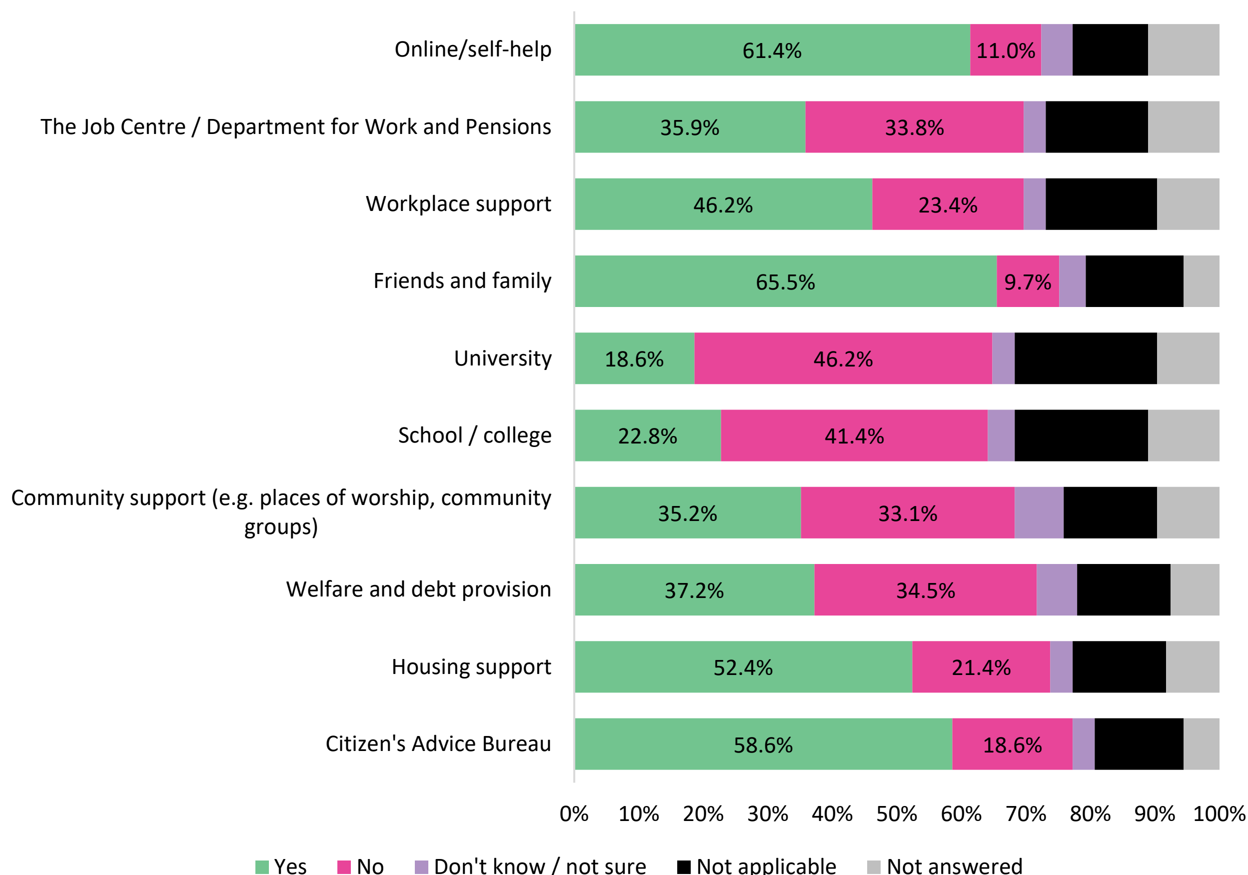
Figure 10. "For those services you have referred/signposted to please rate your experience of the referral process"



As Figure 10 shows, of those professionals who did refer to these services, the referral process for emergency response services (ambulance, street triage) was rated either 'very good' or 'good' by 78.3% (n=47). Furthermore, the referral process for Mental Health Matters 24/7 helpline and webchat (70.6%, n=48) and Recovery and Wellbeing Academy (69.1%, n=38) were also rated either 'very good' or 'good' by more than 65% of those professionals who had experienced the referral process of these services. In contrast, around half of respondents who had experienced the referral process(es) to GPs (52.9%, n=54) and adult social care services (mental health) (51.7%, n=31) rated the process as either 'very poor', 'poor' or 'ok'. Professionals commenting on the referral process mentioned long waiting times and high thresholds for some services.

Following this, professionals were provided with a list of formal and informal sources of support and asked if they had signposted anyone with a mental health need to any of these for support. As Figure 11 shows, 65.5% (n=95) of professionals suggested they had signposted to friends and family. Online/self-help (61.4%, n=89), Citizen's Advice Bureau (58.6%, n=85) and housing support (52.4%, n=76) were also sources of support that had been signposted to by more than half of professionals responding. In contrast, almost half of professionals (46.2%, n=67) did not signpost to University for support.

Figure 11. Have you signposted anyone with a mental health need to any of the following sources for support?



Professionals were also asked if they thought there were inequalities in their service or underrepresented groups accessing their service. Just under half (47.4%, n=66) of professionals responding to this question(n=139) thought there were inequalities while 19.4% (n=27) thought there were not. A third (33.1%, n=46) of professionals answering this question were 'not sure / did not know').

Professionals who had answered 'yes' to the question about inequalities were asked to elaborate on their response. Themes are presented in Figure 12.

Figure 12. "Do you think there are any inequalities in your service and/or underrepresented groups accessing your service?"

Theme	Description	Sample quotation for illustration
Under-representation of protected characteristic groups	Most comments identified an under-representation of groups including: • Black and ethnic minority groups • LGBTQ+ • Gender • Men • Those with disabilities • Young people/students • Older people	*"The patients we see are not representative of the diverse local population. We are under represented in the younger and BAME communities."* *"BAME communities are under represented as are LGBTQ+ communities."*

	Respondents mentioned facilities for those where English is not a first language and availability of interpreters was not always timely or affordable for the service. Additionally, reference was also made to a lack of active targeting of services to under-represented groups.	*"Inequalities of accessing service from people from diverse ethnicities and from those with disabilities."* *"Non-English speaking individuals would find it difficult, as we would struggle to fund interpreters too with our limited budget."* *"We need more community champions to help with overcoming barriers (e.g. culture differences, language and trust issues)"*
Financially disadvantaged communities	Respondents referenced those who were financially marginalised and not able to access services, especially private mental health services. Financial disadvantaged also impacted on people's ability to access support digitally and this was a particular issue during the pandemic when so much moved to digital/virtual services.	*"I am a private counsellor, so only those with sufficient finances can access my service. This is predominantly white, middle-class members of the community. Minoritised groups are less able to access private counselling."* *"Very little low income access to counselling support"* *"limited or no technology knowledge or equipment, through age or financial reasons"*
Those with other conditions/circumstances	Respondents reported a range of other situations/circumstances that resulted in inequalities and a lack of access to services. These included; • Autism/ADHD/neurodevelopmental conditions • Dementia • Alcohol problems • Students • Learning disability • Homelessness or risk of it There was a sense that when mental health issues were combined with other conditions/circumstances it tended to preclude access to services as the person 'didn't fit' the criteria and the service couldn't manage these more complex situations.	*"people with a diagnosis of dementia who have mental health needs are not accepted by IPU 3-8 or IAPT just because they have a diagnosis of dementia."* *"General Adult Mental Health Services are not geared to the needs of people with cognitive impairment and dementia"* *"there is no service that is inclusive for people with alcohol related cognitive impairment."* *"Services for individuals with autism and also relevant autism training for staff"*
Impact of COVID-19/Digital disadvantage	Reference was made to issues related to the shift of many services to online only. Disadvantaged groups were sometimes less	*"Over the last 12 months with everything being on line it has impacted those with:*

	able to access services this way leading to inequality in provision.	*- limited literacy skills to enquire (no walk in facility available) - limited or no technology knowledge or equipment, through age or financial reasons - issues at home where they are not in a safe environment to speak to someone with others in the house at the same time"* *"Not all my service users are able or have internet access"*
Lower tier needs	Lack of help for those experiencing mental health issues that don't meet the threshold for a service.	*"There is a massive gap between worried well and those meeting threshold for adult mh services leaving people with mild mental illness/ distress without any service as no one will pick up"*
Other issues	Other issues identified in response to this question were lack of 'lower tier' support; people who don't meet the threshold for a service and therefore do not get any support.	

Professionals were also asked what they thought the most significant mental health needs were of the population they worked with. Figure 13 sets out key themes identified in the data.

Figure 13. What do you think are currently the most significant mental health needs in the population that you serve?

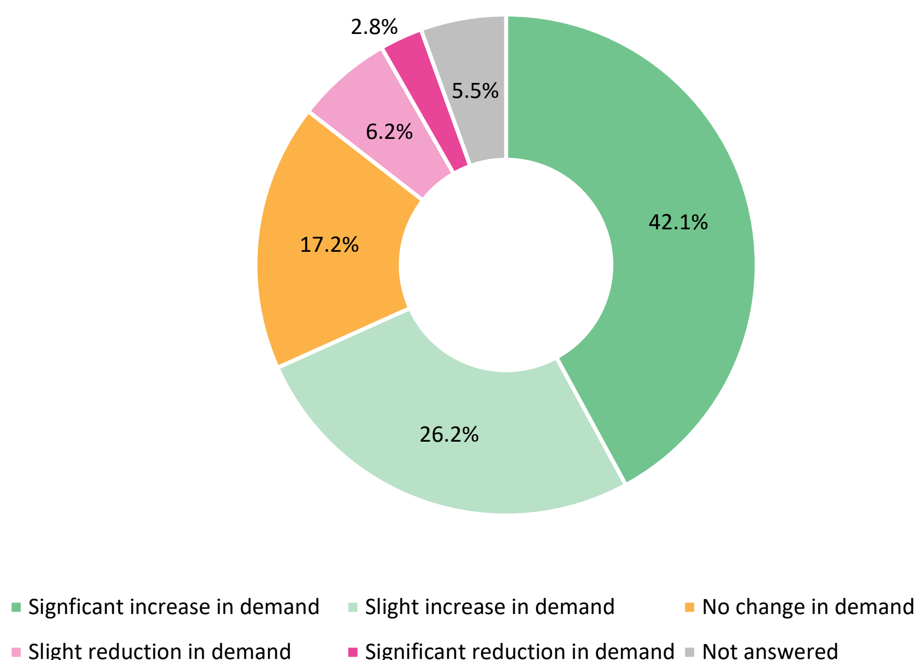
Theme	Description	Sample quotation for illustration
Specific mental health issues/groups	Respondents frequently named specific mental health conditions including depression, anxiety, low self-esteem, self-harm, eating disorders, trauma, and suicidal ideation. Similarly, specific groups of people were mentioned as the most significant mental health need in the population – many emphasised things had been made worse by the pandemic – see below.	*"Depression, Low mood, Social isolation, Self-harm, Eating Disorders"* *"Depression, social isolation"* *"For some of my clients not being able to speak in English and cultural norms are a huge barriers. A more reflective workforce could make it easier for those women, as well as bilingual staff."* *"Perinatal mental health support especially at low to moderate level where not able to access Perinatal*

		MH team
Resources/funding	Respondents specifically mentioned lack or loss of funding for some services. This theme is closely aligned with those highlighting access and waiting time issues which were the consequence of capacity/resource issues.	*"More resources…..Shorter waiting lists"* *"There are gaps in voluntary sector services which are underfunded."* *"Lack of funds, understanding and stigma."* *"we had an Admiral nurse, but the charitable funding for her post ended and NHS would not continue to fund it. Great loss in our locality"*
Access to assessments/waiting times	For a range of conditions, there were comments about waiting times for assessments or services.	*"With the wide variety of backgrounds of our clients it is a varied group of mental health issues, the common thread through them all though is that they could all benefit from faster assessment/diagnosis and access to support services appropriate to that diagnosis."* *"Ability to access timely services when they are needed. The waiting list for iapt as an example can be long"*
Impact of COVID-19 • **Impact on mental health service provision especially demand and waiting times** • **Impact of lockdown on people's mental health** • **Transition to 'normal'**	Impact on service provision of the pandemic – particularly face to face services. Reference frequently made to the impact of lockdown and the enforced social isolation experienced by many groups and its impact on mental health including young people, older people, pregnant women and adults and children with learning disability or autism – changes in routine for some groups unable to access support was an issue. Not everyone was able to make use of new ways (i.e. Digital) of doing things compounding social isolation and access to services. Additionally, respondents highlighted the potential stress and anxiety around the transition to 'normal' life again as lockdown is eased. It was noted that it was not inevitable that people would embrace the return to 'normal' without some anxieties and this needed to be supported.	*"isolation due to COVID-19 restrictions, depression, anxiety."* *"There is a lot of anxiety and depression which has risen since the lockdown. We are seeing a lot more individuals with suicidal ideation and increased self-harm."* *"Stress related to Lockdown - low mood has been negatively affecting the dietary intake of various service users, especially outpatients"* *"From my experience it would be women experiencing perinatal mental health….During the pandemic it has been due to not being able to get support from family and friends. Not everyone has access to modern technology to contact family and friends."* *"Impact of pandemic on mental health issues has been huge for all*

		age groups. We will need to support this as we move forward." *"Anxiety re Covid, separation from family issues, work concerns - security over roles and future"* *"Support for resilience and coming out of lockdown and back to 'normal'."*
Wider issues affecting mental health	Respondents highlighted wider impacts on people's mental health beyond immediate mental health services and the need to tackle these including social isolation (see impact of COVID-19), lack of community support, discrimination experienced by some groups e.g. LGBTQ+, stigma, housing issues, support for those with disabilities, poverty, crime etc.	*"Stress, social isolation, financial worries, poor housing, unemployment, DRUGS, lack of safety in their neighbourhoods all contribute to mental health issue."* *"The mental health needs are caused by isolation, hate, prejudice, discrimination, and the impact of Covid-19. However, there were needs before the pandemic. The pandemic has just amplified it."* *"Wider services that can work on the causes of trauma, such as poverty, crime, violence, gendered abuse, institutional abuse, racial abuse, and more."*
Other issues	Support for those looking after someone with a mental health problem at home. Support in the community.	*"I support carers who are caring for adults with a dementia diagnosis. Those carers can have depression, anxiety due to the demands of their caring role."* *"Support for those who are looking after somebody with mental health issues at home."*

The final question in this section asked professionals if they had seen any differences or changes in demand for services in the last six months. As Figure 14 shows, 68.3% (n=99) of professionals stated there had been an increase (either significant or slight) in demand over the last six months. Just 9.0% (n=13) felt that there had been a reduction in demand (either significant or slight) during this time.

Figure 14. "Have you seen any differences in demand for your own services in the last 6 months?"



Questions about wellbeing

All respondents were asked about their thoughts and feelings on certain statements over the past 2 weeks. This question used the 7-item Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) to enable the measuring of mental wellbeing of respondents. A scoring system for analysing SWEMWBS[i] was used to calculate and allocate respondents to wellbeing categories. In the short version, individual average scores are always somewhere between 7 and 35. Scores can be interpreted in different ways but are frequently compared with the population norms in the Health Survey for England 2011 or allocated to wellbeing categories as depicted in Figure 15.

Figure 15. SWEMWBS Mental wellbeing categories[ii]

SWEMWBS mean score	Mental wellbeing
17 or less	Probable depression
18-20	Possible depression
21-27	Average mental wellbeing
28-35	High mental wellbeing

Figure 16 shows the mean scores by respondent type.

Figure 16. SWEMWBS mean scores by respondent type

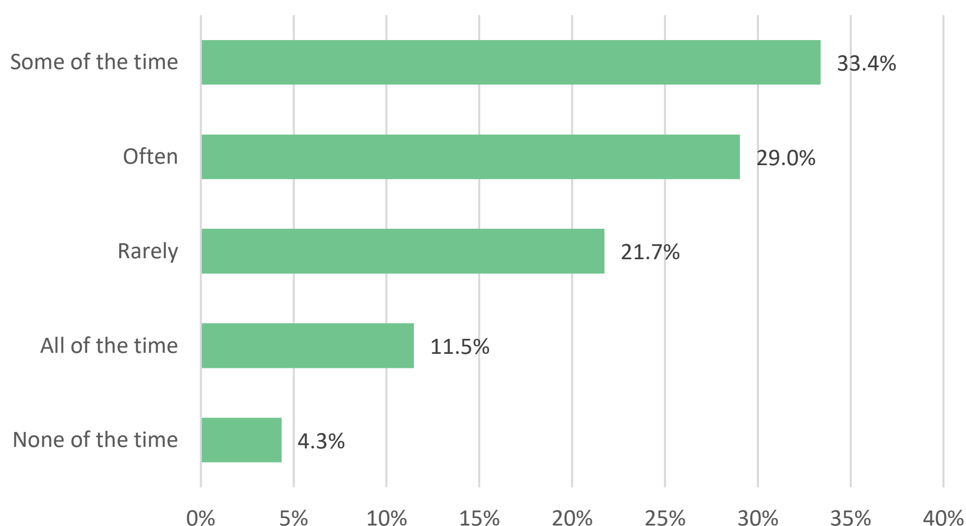
Respondent category	SWEMWBS mean score
All	**21.05**
Public	21.92
Professionals	21.77
Public mental health service users	19.49

The overall average score for all respondents corresponded with the category 'average mental wellbeing' but is lower than the population mean (23.61) found in the Health Survey for England 2011[iii]. According to the responses, the professional and public categories of respondents had scores which corresponded with, 'average mental wellbeing', while public mental health service users had a lower mean score. Additionally, respondents who were professionals had a lower mean score than respondents categorised as public. Care should be taken in comparing these scores because of differences in the sample size and profiles of the categories being compared.

Confidence talking about mental health and workplace wellbeing

All respondents were asked about their confidence talking about mental health and workplace wellbeing (Figure 17).

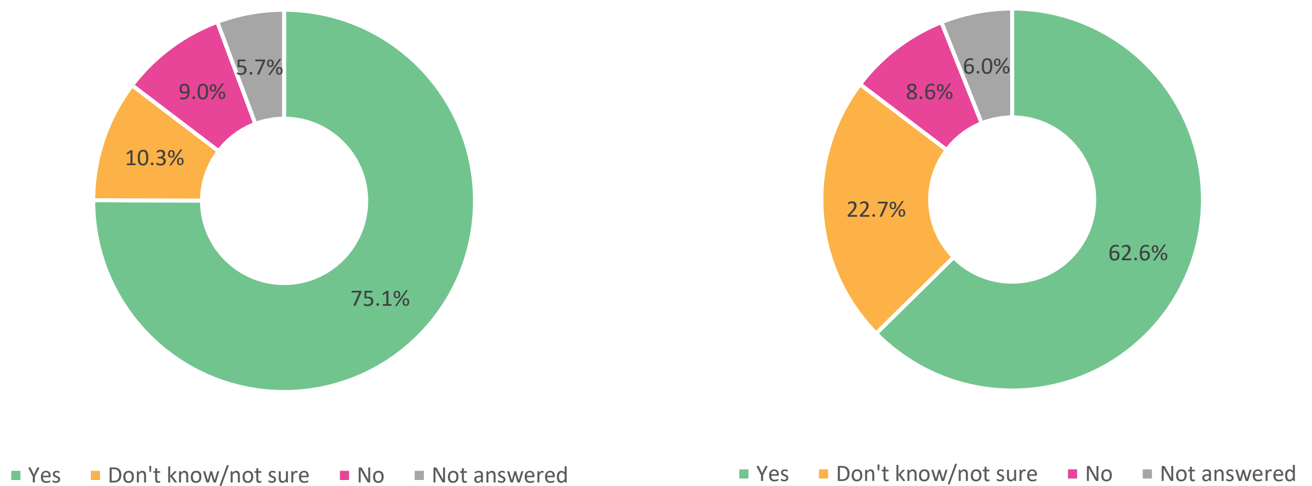
Figure 17. – "How often do you feel confident talking to people about your mental health and wellbeing?"



A third of respondents who answered this question (33.4%/n=192) indicated that they felt confident talking to people about their mental health and wellbeing 'some of the time'. However, just over 1 in 4 respondents (26.0%/n=150), only felt confident talking about their mental health either 'rarely' or 'none of the time'.

All respondents were also asked how they felt about two statements on the topic of workplace wellbeing (Figure 18).

Figure 18.“Below are some statements about workplace wellbeing If you are currently employed please tick the box that best describes your experience at work”



Statement 1
My workplace actively promotes mental health and Wellbeing of employees (including signposting to support services)

Statement 2
My workplace is supportive of employees who have mental health difficulties

Of those respondents to Statement 1 who indicated they were in employment, 3 out of 4 (75.1%/n=343) agreed that their workplace actively promotes the mental health and wellbeing of employees. Two thirds (66.7%/n=290) of respondents to Statement 2 who indicated they were in employment, agreed that their workplace was supportive of employees who have mental health difficulties.

Impacts on mental health and wellbeing

All respondents were asked about the impact that certain changes have had on their mental health and wellbeing since March 2020. Respondents who did not answer or respondents who answered ‘not applicable’ were not included in the analysis of this question. The results are illustrated in Figure 19 below.

Figure 19. "What impact have the following had on your mental health and wellbeing since March 2020?" - All respondents

As Figure 19 shows, almost three quarters of all respondents who answered this question (73.5%, n=415) stated news and media coverage had a negative impact (either negative or very negative) on their mental health and wellbeing. Furthermore, social media coverage (69.1%, n=358) and isolation experienced from COVID-19 restrictions (66.2%, n=351) were also perceived to have had a very negative or negative impact on respondents' mental health and wellbeing since March 2020. On the other hand, 60.2% (n=293) respondents suggested that more time with people in their household, 43.1% (n=185) stated working remotely, and 30.6% (n=171) felt the ability to exercise and/or maintain physical health had a positive or very positive impact on their mental health and wellbeing.

There was no statistically significant differences in the responses when broken down by respondent type (public, professional), however, a slightly higher percentage of professionals than members of the public felt that 'continuing to work in your normal place of work' had a very negative impact on their wellbeing.

Respondents were also asked to expand on their answers to the above question and these are summarised below by respondent type (although there were several overlapping themes).

Public - non-service users

- Reference was made to the content of news and social media. Mostly this related to feeling overloaded by COVID-19 coverage – constant negative or 'depressing' coverage, concern about misinformation/trusted sources of information and a sense of conflicting and frequently changing information being presented.
- The usual coping strategies people had for maintaining mental health and wellbeing were disrupted during the pandemic e.g. Meeting friends, absence of team sports etc. and this in turn impacted on people's mental health.
- Impact of having to change plans for major events like weddings and the stress this caused were also highlighted.

Public – Mental health service users

- News and social media content were highlighted as impacting on mental health in similar ways to that noted above. Respondents talked about actively managing their exposure to the news and social media, being selective about what they watched or listened to or even avoiding news broadcasts altogether.
- Concerns about COVID-19 safety measures – their implementation and enforcement while out and about or back at work were noted.
- Discrimination while in lockdown was mentioned as were the difficulties of home schooling while trying to work and stress of the uncertainty about how long restrictions would continue.
- One respondent was positive about the use of social media to create and keep networks of support.

Health professionals and other organisations

- Reference to news and social media were mentioned; Limiting news and social media sites to a trusted few was a chosen option for several respondents. Criticism of news content regarding the pandemic was evident.
- The pressure/risks of work during the pandemic was mentioned as well as sometimes having to home school.
- COVID-19 anxiety from other household members and the loss of usual coping strategies were also highlighted.

Carers/family

- Home schooling and looking after children with special educational needs were mentioned as was the lack of access to greenspace for mental health benefits.

Respondents categorised as public mental health service users and public were then asked about their general mental health. This question focused on factors not relating to the COVID-19 pandemic (Figure 20).

Figure 20. "Over the past 2 years how has your mental health been impacted by the following (i.e. not related to COVID-19)" - Public service users and Public

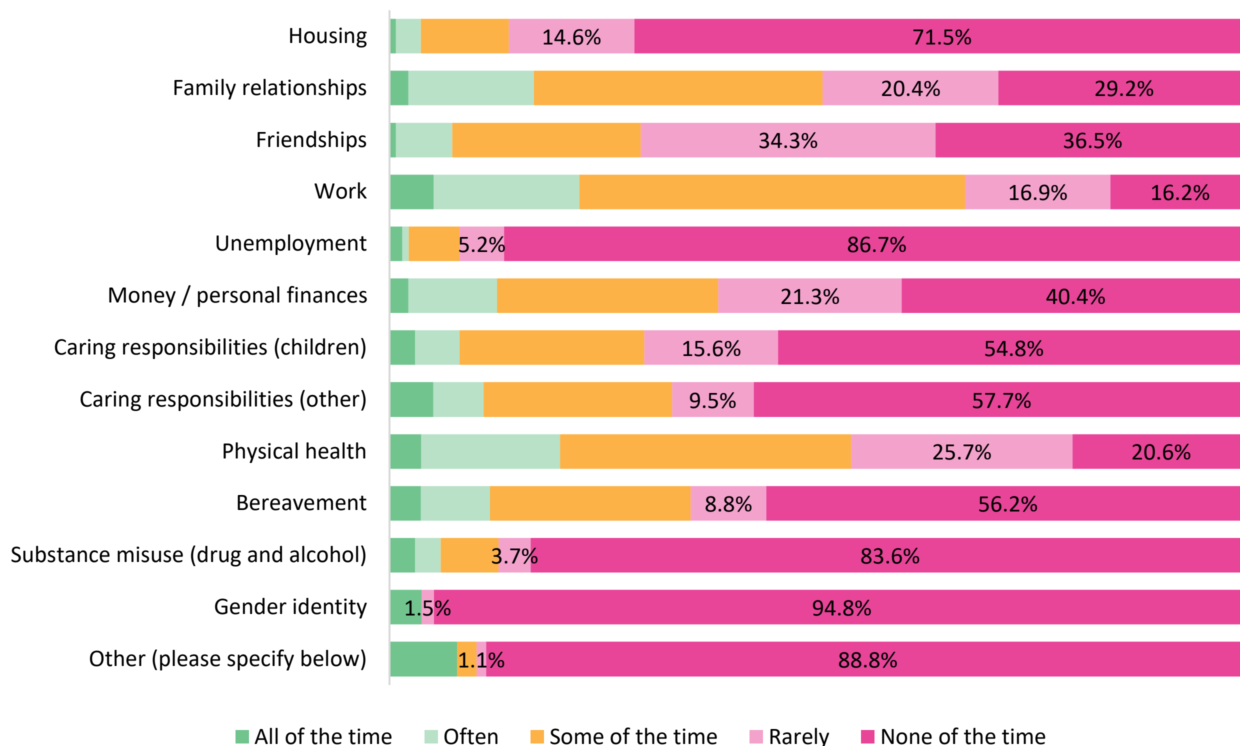
Housing 14.4% 61.9%
Family relationships 22.0% 22.5%
Friendships 29.5% 31.2%
Work 14.4% 25.7%
Unemployment 7.7% 77.3%
Money / personal finances 24.7% 37.7%
Caring responsibilities (children) 12.9% 60.7%
Caring responsibilities (other) 11.1% 60.8%
Physical health 22.6% 20.9%
Bereavement 13.5% 55.8%
Abuse (physical, sexual, emotional) 5.2% 85.2%
Pregnancy/fertility 2.4% 88.8%
Substance misuse (drug and alcohol) 5.0% 86.5%
Gender identity 1.7% 96.2%
Other (please specify below) 1.2% 92.3%

All of the time | Often | Some of the time | Rarely | None of the time

As Figure 20 shows, work (59.9%/n=249), physical health (56.5%/n=243) and family relationships (55.5%/n=239) were the options selected most frequently by respondents as impacting on their mental health either some of the time, often or all of the time. In contrast, just 2.1% (n=9) of public mental health service users and public suggested their mental health had been impacted by their gender identity.

Professionals were also asked about their general mental health (Figure 21). It should be stated here that not all the options given to public mental health service users and public respondents were presented to professionals – professionals were not asked about pregnancy/fertility and abuse (sexual, physical or emotional).

Figure 21. "Over the past 2 years my mental health has been impacted by the following (i.e. not related to COVID-19)" – Professionals



Generally, the responses from public service users/public non-service users were similar to the responses given by professionals. In terms of professionals, work (66.9%/n=91), physical health (53.7%/n=73) and family relationships (50.4%/n=69) were the three most frequently selected options considered to be impacting on their mental health either some of the time, often or all of the time.

All respondents were asked if they were impacted by other issues and asked to give further details. A summary of additional impacts across all respondents are detailed below:

- Reference to ongoing health/mental health and/or personal and major life events were mentioned as impacting on mental health and well-being.
- Access or difficulties accessing help and support for a mental health issue were cited.
- Loneliness and isolation – generally and in connection with discrimination.
- Workplace issues including bullying and work pressures.

Additional comments about mental health and wellbeing

Finally, respondents were asked about any further thoughts about mental health and wellbeing in Coventry and Warwickshire*.* Comments were analysed by respondent type although there was considerable overlap in the themes identified among them. Themes are set out below.

Figure 22. Responses from people who live or work in Warwickshire but have never used mental health services

Theme	Description	Sample quotation for illustration

Support and service suggestions	A range of suggestions regarding wider support and services and support including: • Befriending and tackling social isolation especially considering COVID-19 • Support at the lower tier of need to prevent more serious problems • Tackling stigma and discrimination • Mental health checks with GP	*"Ensure people know they do not have to feel like they are alone"* *"There is no doubt that social isolation because of Covid have made things worse for many people."* *"Encourage general public to be aware of people who are isolated or in need and offer help, friendship, chat or simple kindness"* *"To provide more service provision at the lower tiers of people's needs; preventative measures to support people and reduce problems escalating."* *"More needs to be done about the stigma of long term mental health conditions and to support those with them."*
Information and awareness of mental health support available	Raising awareness of the support that is available and the pathways to access that support/service.	*"Need more signposting to mental health services public services for health"* *"I doubt that majority of people living in my community would know about services listed in this survey or would access those for support."* *"We need more awareness of what is on offer and how to access it."*
Waiting times and access to services	Respondents highlighted knowledge about long waiting times and subsequent access issues to appropriate services especially longer term support.	*"Concerns waiting lists to services will be prohibitive"* *"During the pandemic mental health services have been difficult to access due to the extra demand."*
Post-COVID-19 support and the transition to 'normal'	The impact of the pandemic was widely referred and was a thread running between themes identified in the survey. There was a sense that people would not always find it easy to return to 'normal'. Opportunities to use community networks established during lockdown for ongoing post-COVID-19 support.	*"I think following the covid-19 pandemic a lot of people are going to struggle with mental health problems."* *"Practical suggestions to facilitate this as we transition out of the pandemic, capitalising on the local support networks established during the pandemic, encouraging a shift in*

		focus from support during isolation to supporting people to transition back to 'normal' life." *"Life has been very strange, and sometimes difficult, and I do think it will take a little time for people to get used to going out, socialising and being able to behave normally"*

Figure 23. Respondents (including 'other' respondents) who had used mental health services either currently or the last 2 years

Theme	Description	Sample quotation for illustration
Quality of service – the immediate experience of accessing a service	Comments on some aspect of the quality of service received were the most common remarks and included the following • Accessing the service was difficult or disjointed with some reporting failures to call back or ever get back following a referral. • Waiting times - Reference was made to long waiting times for services and lack of interim support. • Some respondents reported using private mental health services but were aware this was not an option open to all. • Quality of treatment was poor or inappropriate on occasions • Staff were sometimes unhelpful or insensitive. • Lack of continuity in service especially staff changes. • Services not connected e.g. acute and primary care, different teams, and services. • Overall 'journey' or pathway through the system could be improved.	*"Signed up for IAPT many weeks ago and still haven't had any help"* *"The lady was lovely but that was in July and I did not hear anything back from IAPT until October."* *"I tried to access that service via telephone and my calls were never answered."* *"Lack of continuity of care with psychiatrists who change constantly, I've had 6 in a year."* *"As it is, the various services are patchwork at best, and at times, as a service user, it seems like the left hand doesn't know what the right hand is doing."* *"Better connections between acute mental health provision and GPs: I was discharged from St Michael's Hospital and the community mental health team in quick succession, without proper communication with my GP"* *"I've rung IAPT on several different occasions. Sometimes they are great but sometimes they are cold, dismissive and make you feel awful."*

Waiting times	Reference to waiting times is closely aligned to the above but was a standout theme made by respondents in all groups.	*"The access to mental health support is difficult and limited…..The waiting list for counselling services is long and the sessions are not always enough."* *"The waiting times are too long and often are too little too late for people to get support."* *"Any NHS pysch help would be over 1 year of waiting so was told to go to a charity or to private therapy."*
Service thresholds and early support	Service thresholds were perceived to be too high in some cases with respondents reporting the need to be in crisis before a service was offered. Interim or 'lower tier' support was limited in its availability. Some felt the availability of this sort of support would help prevent the escalation of conditions and reduce demand on mental health teams.	*"I had to get to crisis point…..before I was given any priority. I feel like it's all or nothing situation with social care and no in between space"* *"My own experience left me feeling that unless I was suicidal, there was little immediate/short term support available and the only support available meant me waiting several months"* *"There is no support in the community unless you are in a crisis……, no-one wants to talk unless you are in immediate danger*." *"Intervention in the early stages of poor mental health is critical to prevent escalation of the need*." *"More support is needed to help people in the early stages"*
Information and awareness	Respondents reported not really knowing what had been 'out there' when they needed help. Generally, promotion of the support and services available was suggested.	*"Seeing as I knew so little about any of the services listed, my suggestion would be to advertise them more clearly"* *"For pregnancy related, being aware that there is support for your mental health while pregnant and it's not just for after the baby is born. "* *"It is so difficult to find out what support is available, when it is available, and who is eligible. It is even harder to find support that you are entitled to."*

Longer term support and follow up	Some respondents commented that much of what was available was short term help when they felt longer term support was needed. Additionally, respondents reported there was little follow up after treatment had finished to check in and see how people were.	*"My experiences of services via a multitude of formats is that they are all short term. A limited number of meetings with no longer term follow-up"* *"Make support available over longer periods of time. I believe much of the support available is only offered for a finite number of weeks, which often leads to relapse."* *"Essentially, if you have a long-term condition, managed by medication, and do not need crisis support, you are just forgotten about."* *"Ability to check-in post therapy and have some time with either with therapist or GP to ensure recovery is ongoing ….If you had a physical health condition you would have regular check-ups until you were given the all clear that you were better so think mental health should be thought of in a similar way as far as is possible*."
Staff training	Beyond mental health practitioners, respondents mentioned the need for mental health training generally but especially for NHS staff, GPs, council, and job centre staff. The lack of sensitivity and knowledge about mental health issues on some occasions was cited by respondents as contributing to the distress experienced.	*"When I went to the GP all they did was give me leaflet for MIND."* *"More people with lived experience need to be employed and trained."* *"There also needs to be training on basic mental health awareness through every public-facing role in the local councils, and particularly for the JobCentre staff"*
Challenging stigma and wider awareness of mental health issues	Respondents reported the need to challenge existing negative perceptions about mental health and promote more awareness about it.	*"I feel that there is still a stigma attached to mental health and this can sometimes make sufferers reluctant to seek assistance."* *"Mental health and well being is something everyone needs to talk about openly. It is still seen as a stigma and effects how people view others . So many people just need someone to talk with sympathetically."*

		"Mental health is still not talked about enough"
Needs of specific groups	Respondents highlighted the needs or difficulties experienced by specific groups or issues including pregnant women/new mothers, those with autism, young people, people who'd experience abortion, and carers.	*"My experience as a first time mum was how astoundingly lonely parenting is"* *"support services for autism are severely lacking, if indeed there are any at all; especially related to mental health issues resulting from autism. I am 16 and CAMHS are useless and do not accommodate autistic people at all."* *"More support available to family members too, they are often overlooked"*
Other comments	A small number of additional comments were made by respondents relating to topics such as funding, wider impacts on mental health, employers, and COVID-19 related impacts.	*"There urgently needs to be more funding for the various Community Mental Health Services in the region"* *"Addressing structural issues such as overwork and opportunity is tough but vital"* *"I manage my anxiety through gym classes, the government closing these has had a massive impact on my health"*

Figure 24. Respondents who were carers/families of people who had used mental health services

Theme	Description	Sample quotation for illustration
Service thresholds/waiting times/Quality of service	Respondents referred to the lack of early intervention or service prior to crisis point and that the latter was the only thing that would trigger a service offer. However, some respondents also reported difficulties accessing a service even when those thresholds had been reached referring also to a lack of follow up support. There were references to long waiting times with a consequent deterioration in the mental health of the individual.	*"CAMHS and Adult Mental Health Teams impossible to access. All I hear about is waiting lists and not meeting the threshold for any support."* *"It is much easier to get help when he can tick the 'suicidal thoughts' box, but it shouldn't have to get to this. Why should the lowest common denominator be what triggers help?"* *He was suicidal..... no help apart from private counselling we paid for. Still waiting for call back or even*

		check up on his welfare by GP *"The waiting times for referral are way to long: 12 months+ for serious mental health problems and the advice to use A&E in the incidence of potential suicide as opposed to providing preventative support services before such crisis points are reached is unacceptable and will result in deaths."*
Young people/specific groups	The specific needs of young people were highlighted with similar comments about service thresholds and long waiting times. Reference was also made to the need to provide follow up support to new mothers and support for single people struggling with mental health issues.	*"Better support for teenagers and young adults….. We found it difficult to access a range of services which she could engage with"* *"When younger people are struggling…. unless that person is in a severe crisis, no help is offered……Need counselling services for people before they hit crisis*."
Carer needs	Carers reported feeling confused and sometimes unsupported when relatives were experiencing a mental health problem. Access to information on how to help was reportedly limited adding to an already stressful situation. COVID-19 exacerbated existing problems with support and access to services.	*"I felt overwhelmed and helpless and VERY let down"* *"I am the sole carer for my husband who last year had a mental breakdown, became suicidal……. There was virtually no support available for me as his carer - I felt very lost and didn't know where to find information or guidance on how to support him*." *"Covid has significantly affected the services that are available to her and the family who are trying to support her to live independently in her home with the help of private carers."*
Other comments	A limited number of comments were made on topics such as access to general mental health and wellbeing information, longer term support and staff training.	*"GPs (as the gateway) really need to be trained to deal more humanely and effectively with MH issues"* *"Advertise more"*

Figure 25. Health professionals and staff working in mental health and wellbeing including public and voluntary sector settings

Theme	Description	Sample quotation for illustration
Resources/funding, capacity and waiting times for services	Respondents reported staff shortages and a lack of capacity to adequately meet demand; a pressure to keep doing more with less. Long waiting times were acknowledged with an impact on the mental health of individuals. Fears about funding reductions into the future.	*"We have less of everything but are expected to do at least three times as much"* *"My experience is that the demand for services far outweighs capacity"* *"Sometimes I feel our agency are asked to do the impossible - to provide long term care and therapy for those who have no money and whose issues are very complex. We struggle to get the funding for this"* *"Specialist camhs (rise) including neurodevelopmental pathway too under resourced leading to long waiting times and not enough 1 to 1 work"* *"from personal experience the support isn't always immediate especially for people most in need which can also cause more impact to the health and well being of the person accessing support"* *"I fear that if funding is no longer provided for our service, there will be a significant increase in mental health problems for pregnant women and new mums in the area, with a subsequent increase in individuals needing to access the Crisis Team"*
Service offer/shift in focus	Some respondents identified concerns with the service offer generally, sometimes expressing frustration at the nature of what was available wanting to see a shift in provision from short term fix/medical model approach to one that incorporated a wider interpretation of mental health and wellbeing offering longer term solutions and input from a wider range of services.	*"Generally I feel that we 'put a plaster' on the problem and then move people on. Or we medicate them and move them on."* *"Most service users only get a short amount of time with us - they then get moved on to other services, where the same thing occurs. This is a huge negative impact on mental health"*

	More joined up working between NHS and voluntary sector and other services. Service thresholds – the feeling that people must reach crisis point before help is available.	*"I feel the services are quite behind in terms of systems and procedures as compared to services in London and other places"* *"Mental health services seem to continue to adopt the medical model and rarely work holistically to support the individual"* *"There needs to be a lot more support than there is, new things need to be tried not just medical cosh and a 40 min chat"* *"Services are so stretched that they seem to focus on people that are standing on the bridge, not able to work with those leading to that point."*
Re-adjusting post lockdown – impact on public and voluntary sector	Reference was made to anticipated additional demand for services following the lockdown and pandemic generally. Impact on services provided by the voluntary sector – loss of funding (fear of) and loss of volunteer capacity.	*"There needs to be much more provision for people now and in the medium term, coming out of lockdown - readjusting to life, bereavement, social anxieties, lack of identity/purpose, money and financial issues. So many issues that impact on mental health"* *"I am aware that the voluntary sector will feel the impact of Covid greatly over the next couple of years, either through a lack of funding and having to close their doors through various lockdown periods. This has already impacted on what services they can provide and on volunteers who may choose not to return to volunteering"*
Staff/employee support and organisational structure	Some respondents wanted to see more support for those working in the mental health sector from employers; a mismatch was identified between what employers said they did and staff experience 'on the ground'.	*"If there was better consideration and care for employees this would be cascaded down the ranks. There are times staff are squeezed to the limit and there is no care or consideration for them."* *"I have become increasingly disheartened at this approach and feel alienated from the organisational structures that seem so out of touch with the front line*

		staff.”
Children and young people	The mental health needs of children and young people were referenced by respondents. Comments related both to the availability of services, their timeliness and wider promotion of mental health to young people.	*“I am concerned that the 'safety net' for young people isn't enough.”* *“More access to services for high needs young people”* *“Training and early conversations in schools would be good so that people are taught how to understand their emotions and know when to seek support.”*
Support for specific groups/situations	Respondents highlighted concerns regarding the needs of specific groups who’s needs might not be being met. These included • LGBTQ+ - gaps in knowledge • People with autism – tend to be excluded from services • Pregnant women and new parents especially in pandemic restrictions • Those living with chronic pain • Those with complex needs • Insufficient support in housing settings when mental health needs are high – lack of supported housing	*“Current mental health services do not serve or meet the needs of LGBT+ people…..There is a huge knowledge and confidence gap, coupled with a lot of prejudice and discrimination.”* *“lack of provision for individuals with autistic, they tend to be excluded from mental health care via places such as CMHT/IPU teams, due to professionals feeling that their difficulties are autism related.”* *“The lockdown restrictions have significantly increased referrals to our service, as the impact on maternal mental health has been huge: many pregnant women have felt utterly let down and abandoned”* *“Housing has seen a large increase in discharge from hospital's for patients with high mental health needs ……..Unfortunately these customers put extra pressure on B&B staff that are not trained to manage customer with these needs and end up with large call outs to paramedics or the police to manage the situation”*
Interim support/lower level support/preventative work	Reference to the availability of support while people wait for a service.	*“Due to the waiting times for specialist support and assessments service users aren't always signposted for alternative support in the interim period and this can also have a negative impact on health and well-being.”*

		"If more was invested in supporting people to strengthening their networks, pursue their passions, build lasting connections in their life, rather than offering short blocks of therapy, I wonder whether this would lead to better life changing, longer lasting outcomes for people." *"It is important to recognise the importance of green spaces and creative activities in maintaining positive mental health."*
Staff training to improve service user experience	Reference made to the need for staff to have a sensitive approach and knowledge of a range of mental health issues to be able to adequately support people.	*"The feedback I have received generally indicates that when clients are referred to what they call 'the crisis team', they feel patronised and misunderstood."* *"There continues to be a lot of 'outdated' stigma and language used, even within services, in relation to mental health, including dementia and other neurocognitive disorders."*

Easy read survey - responses to any other comments

The comments provided in the easy read survey to the question asking for any additional comments about mental health services were similar in sentiment to those highlighted above and are summarised below:

- Respondents referred to the quality of service experienced sometimes citing insufficient crisis support and/or a lack of understanding and sensitivity which contributed to people's distress.
- Some respondents simply felt there were too few services available. Difficulties accessing or referring to services were highlighted; a lack of joined up support and clear pathway to gaining a service especially if someone has more than one need was noted.
- Waiting lists and the timeliness of services were a feature of several comments. Access to services because of geography/transport was mentioned and a view that some areas were better served than others when it came to the provision of services.
- Some respondents commented that the support that is available was not always widely known about or promoted. Challenging stigma and discrimination associated with mental health was suggested.
- Young people were mentioned as in particular need of support.
- The impact of COVID-19 on people's mental health was referred to; the expectation was that the pandemic and lockdown would increase demand for mental health services.
- Several positive comments were made about service experience across NHS and voluntary sector.

Appendix 1

Socio-demographic breakdown of respondents.

		Count
Gender	Male	106
	Female	438
	Prefer not to say	15
	Not answered	18
	Prefer to self-describe	0
	Non-binary/agender/gender-fluid	4
Does your gender identity match your sex registered at birth?	Yes (my gender is the same as at birth)	547
	No (my gender identity has changed)	4
	Prefer not to say	14
	Not answered	16
Age in years	Under 18	7
	19-24	20
	25-39	147
	40-49	138
	50-59	133
	60-64	37
	65+	78
	Prefer not to say	10
	Not answered	11
Long standing illness or disability – Detailed disability question (respondents could select all that apply)	No known impairment, health condition or learning difference	353
	A long-standing health condition such as cancer, HIV, diabetes etc.	64
	A mental health difficulty such as depression, schizophrenia, or anxiety disorder	84
	Physical impairment or mobility issues	29
	A social/communication impairment	10
	A specific learning difficulty	17
	Blind or visual impairment	6
	Deaf or hearing impairment	25
	Other impairment/health condition not listed	20
	Prefer not to say	15
Ethnicity	White British	498
	White Other	13
	White Irish	9
	Gypsy or Irish Traveller	0
	Mixed - White and Black Caribbean	3
	Mixed - White and Black African	0
	Mixed - White and Asian	6
	Mixed - Any other mixed background	6
	Arab	1
	Asian or Asian British - Pakistani	1
	Asian or Asian British - Bangladeshi	1
	Asian or Asian British - Chinese	1
	Asian or Asian British - Indian	7
	Asian or Asian British Any other background	1
	Black or Black British - African	2
	Black or Black British - Caribbean	2
	Black or Black British - Any other background	0
	Any other Ethnic group	0
	Prefer not to say	14

	Not answered	15
	Prefer to self-describe	1
Religion	Buddhist	5
	Christian	249
	Jewish	2
	Muslim	2
	Hindu	1
	Sikh	5
	Spiritual	15
	Other	5
	No religion	251
	Prefer not to say	26
	Not answered	20
Sexuality	Heterosexual or straight	475
	Gay Man	5
	Gay Woman/Lesbian	8
	Bisexual	28
	Pansexual	2
	Asexual	10
	Prefer not to say	32
	Not answered	19
Caring responsibilities	Yes	191
	No	350
	Prefer not to say	24
	Not answered	16
Armed forces service	Yes	12
	No	541
	Prefer not to say	9
	Not answered	19

Appendix 2 – Coventry and Warwickshire Focus Group Thematic Analysis

Coventry and Warwickshire Mental Health Needs Assessment

Focus Group Thematic Assessment

Audience	Themes	Quotes	JSNA Report Section
Public Health and Strategy and Commissioning S&C 25 Mar 8 attendees S&C 30 Mar 7 attendees	1. Access requirements for people with specific needs/circumstances, e.g. caring/parenting responsibilities or homelessness, alcohol dependency 2. Joining up services, resources, and information to make it easier to navigate. Provide clarity on what to expect from MH services 3. Promotion of prevention, wellbeing, Making Every Contact Count (MECC), and resilience important to population health and younger groups. 4. More support required for parents in 1001 days: - for those that don't meet the threshold for perinatal mental health services - those experiencing loneliness - perinatal mental health support for parents after 12 months (currently not commissioned and CMHT do not have skills/training to provide specific support) 5. Improved communications (up to date information; user friendly information platform; utilise coproduction to identify best comms solutions) 6. There are people who slip through the gaps between services, e.g. homeless with significant mental health needs but not quite high enough or specific enough for mental health provision.		Wider determinants Spectrum Vulnerable groups
Coventry and Warwickshire Partnership NHS Trust	1. Covid impacts: • Increase in the complexity of presentations, particularly for individuals with severe and enduring mental illness (SMI)	"I think seeing people face to face should be seen as the gold standard for care of any kind".	Wider determinants Spectrum

CWPT 31 Mar 9 attendees CWPT 7 Apr 13 attendees	• increase in younger presentations for Street Triage (under 25) which are related to the impact of lockdown; • increased anxiety in children and young people • older people are experiencing more mental health difficulties (anxiety and depression), in part as their usual ways of keeping well (e.g. weekly shop visits) are no longer available – befriending services would help mitigate this; • individuals accessing IAPT for support with long Covid effects; • increase in wider determinants affecting service users e.g. domestic abuse, substance abuse, alcohol consumption, financial difficulties 2. Joint working between CWPT and the VCS has been very positive both for staff (to understand specific issues better) and clients (to get the support they need). Examples include CWPT partnerships with Change Grow Live (CGL) focusing on dual diagnosis and P3 focusing on housing and homelessness. 3. Primary care mental health has been a success with more people being seen year on year. Online IAPT referrals are now making access easier. 4. Remote working has had some benefits but there have also been drawbacks including: • Therapy takes longer (i.e. more sessions required to reach the same outcome) • Reduction in quality of therapy • Increase in DNAs and cancellations (it is felt that "people don't take the digital way of working as seriously") • Negative impacts on therapists' wellbeing including an increase in anxiety	"'Social stuff' is what keeps people on a ward" "Unprecedented levels of pressure on workforce to support mental health pressures"	Vulnerable groups

	5. Importance of coproduction and peer roles (navigators / recovery workers). 6. Digital exclusion for those without skills or equipment to access remote delivery. Donating refurbished IT equipment can help support excluded individuals. 7. VCS support is seen as important to help keep people well and this will be part of the Community MH Transformation Pathway Design. 8. Information sharing should be easy and accessible e.g. a directory of services; use dementia friendly information. Social media should also be utilised to communicate with service users and the public		
Voluntary and Community Sector VCS 31 Mar 6 attendees VCS 6 Apr 18 attendees	1. Increase in people accessing services for support with issues affecting their mental health (e.g. bereavement, domestic abuse, integration) 2. Support and guidance for non-MH professionals to help individuals with their mental health, and more support from statutory services welcomed. 3. Accessibility of services in the community. 4. Impact of COVID-19 on wider determinants of health include family relationships, financial and employment concerns, bereavement, gambling, isolation and availability of services. 5. Increased complexities of people presenting to services and being referred by statutory services. More support from statutory services welcomed. 6. Accessibility of services, including digital inclusion and transport.	"There's a need to address the social determinants of health rather than focusing only on the downstream effects on mental health - prevention rather than cure." "Attending local multi-agency groups enables me to find out more about local services and type of support available, enables more effective signposting."	Local services Wider determinants

	7. Information sharing and social prescribing support practice. 8. Difficulty accessing support from the crisis team		
WCC Communities and Partnerships C&P 1 Apr 12 attendees	1. Impact of COVID on whole families, especially young people/teenagers and new parents 2. Impact of COVID-19 on wider determinants of health include family relationships, financial and employment concerns, and availability of services. 3. Joining up services, resources, and information to make it easier to navigate. Provide clarity on what to expect from MH services 4. Using lived experience and peer-support to raise awareness of the importance of looking after your mental health. 5. Digital exclusion and social isolation have been more apparent during Covid-19	"Adults need to help YP to understand that suffering in a mental way is ok. Sharing your story can help others struggling with their story."	Wider determinants Spectrum Vulnerable groups Services
Carers Carers 12 Apr 1 attendee Carers 12 May 6 attendees	1. Carers reported feeling isolated 2. Caring has a negative impact on mental health and wellbeing 3. Support for carers is limited, with formal "mental health carers assessments" only provided if the cared for person is open to the social care team and the carer becomes very poorly. 4. Primary care and the third and voluntary sector are able to provide some support. Support groups were reported to be beneficial, helping reduce feelings of isolation.	"You're in a state of shock with the first diagnosis. You don't know where to turn."	Vulnerable groups

Adult Social Care – Mental Health (non-focus group) ASC 24 Mar 11 individuals conducted via email	1. Service gaps for people with autism/ASD and MH services 2. Difficult for service users to navigate system, can find it is quicker to go to A&E 3. Transitions /young people leaving care	“We are seeing a lot of requests to support young people with ASD/Autism although there are no specific services within MH teams to provide for this client group so gap appear between LD and MH services and neither service specialises in this area” “It can be a bit of a minefield for customers the route into MH services can take many diversions usually the quickest route is via A&E or the Place of safety Suite”	Spectrum Vulnerable groups Local services
People who are unemployed in Warwickshire (Making Space) 13 individuals	1. People generally felt more stress when unemployed compared to when they were in employment. There are stresses of being employed but they are more manageable as long as there is an open and honest relationship between the employee and employer. The longer somebody is out of employment the harder it becomes to find a job resulting in feeling unskilled and unwanted increases. 2. DWP should provide more support in the process rather than pressurizing people to find jobs they can't retain. 3. Although some people had accessed services many did not know some services existed. This shows the need of more advertisement,		Wider determinants

	promotion and awareness of mental health services. There should also be more on the news and radio to lower the stigma of mental health. 4. GPs should also signpost and treat mental health seriously. 5. More support within the workplace would be beneficial to retain employment. This could be done with supervisions and mental health champions that are approachable. It should also be made mandatory that workplaces have a mental health first aider.		
People who are unemployed in Coventry (Rethink) 5 individuals	1. Unemployment negatively impacted individuals' mental health and wellbeing, with increased anxiety reported. 2. Rethink IPS Employment Support had provided significant beneficial support to individuals accessing the service. Some other services had been accessed for support including Mind and the Jobshop. 3. Individuals reported barriers to returning to work including a lack of work experience; reduced confidence; childcare issues; and medication side effects i.e. tiredness. 4. Raising further awareness of the IPS service was felt to be important. 5. Support for individuals once they move back into employment was highlighted in order to help build confidence and talk through any anxieties. 6. Contact with friends and family were reported as important to help keep individuals mentally well.		

Appendix 3 – WCC COVID-19 Recovery Survey Findings

Warwickshire Coronavirus Population Survey – Summary findings and key messages

Aim: To gain insight into the impact of the pandemic on the health behaviours and wellbeing of local residents

Asked a range of questions about knowledge of COVID, Test and trace, health, employment, volunteering and future priorities

Survey had **2,500 respondents**

Limitations:

Correlational design – results represent associations (e.g. between health behaviours and wellbeing) rather than causality.

Sample limitations

- Under-represented groups: 18-29 year olds, residents from North Warwickshire (3%) and Nuneaton & Bedworth (9%), males (28%), minority ethnic groups (92% White British vs 89% across Warwickshire)
- Self-selection/responder bias;
- Consideration of time period of survey (Aug/Sept)

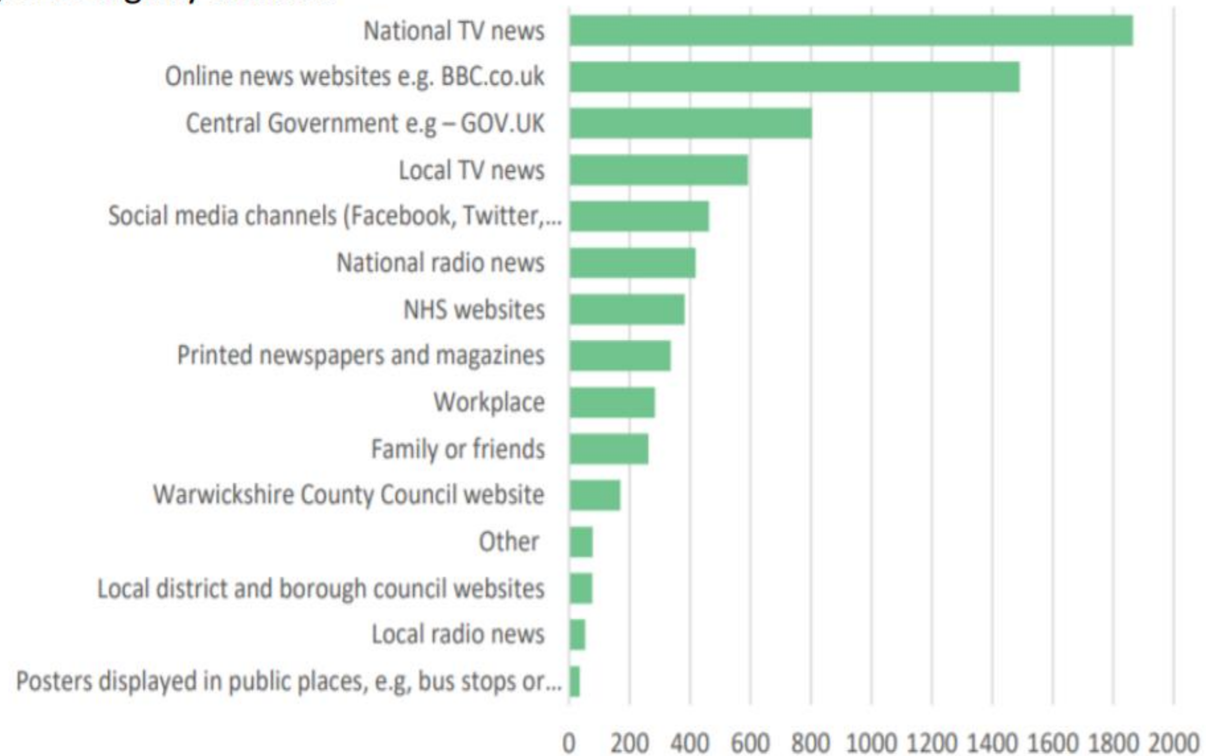
Information about Coronavirus

In August/September 2020:

- 25% of respondents were extremely/very worried about the impact of the pandemic on the lives
- 35% moderately worried; 31% slightly worried

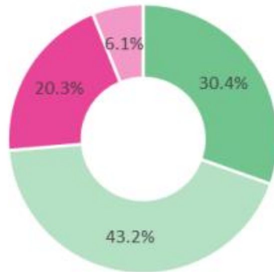
80% of respondents felt they **had enough information** about how to protect themselves from coronavirus (10% unsure, 10% did not have enough)

Main sources of information were national & local **news, central government website and social media**



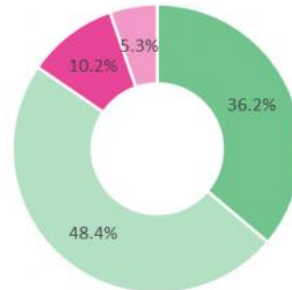
Test & Trace

I know how to get a test for COVID-19



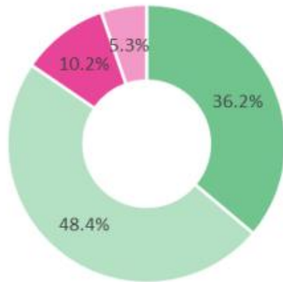
Strongly agree · Agree · Disagree · Strongly disagree

I will be able to self-isolate if I get COVID-19



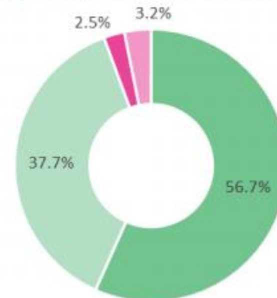
Strongly agree · Agree · Disagree · Strongly disagree

My employer will support me to self-isolate



Strongly agree · Agree · Disagree · Strongly disagree

I will be provide details to Test and Trace



Strongly agree · Agree · Disagree · Strongly disagree

6% of respondents did not know how to get a test (extrapolates to approx. 35,000 Warwickshire residents aged 16+)

Over 75s less likely to know how to get a test

Respondents in **North of county less likely to say they could self isolate or get support from employer**.

Employment

Work related stress had increased for over half of respondents

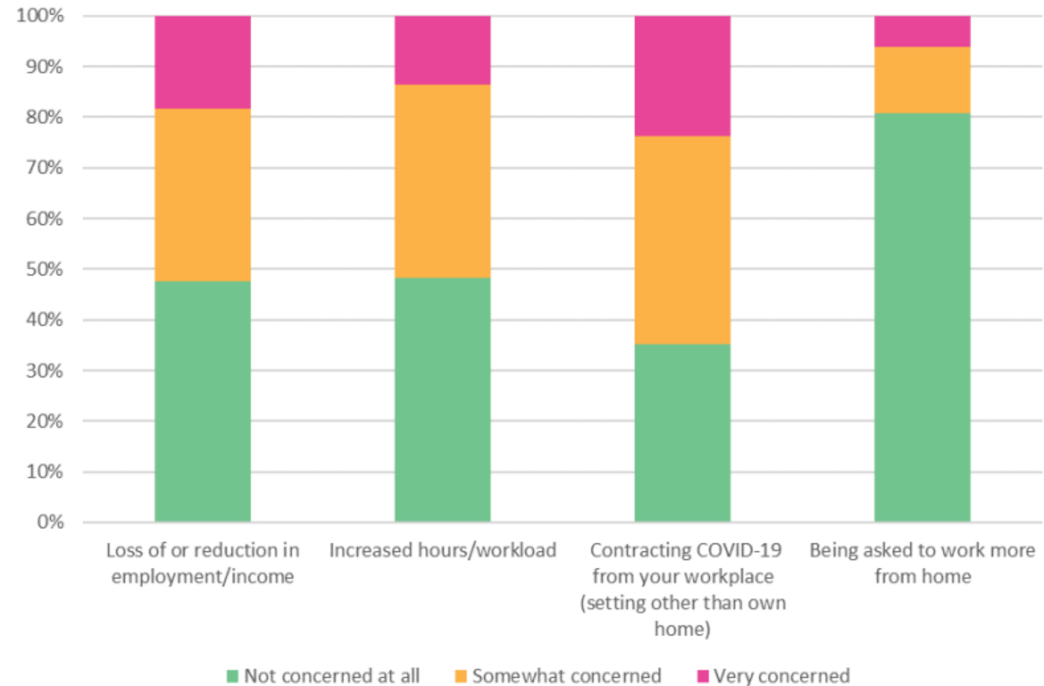
Work life balance was worse for just over a third of respondents but better for just under a third

Combining work and caring was worse for around 40% respondents

Half of respondents concerned about loss of employment/income

Two thirds concerned about contracting COVID-19 at work

4 in 5 not concerned about work from home more, 1 in 5 somewhat/very concerned



Out and about

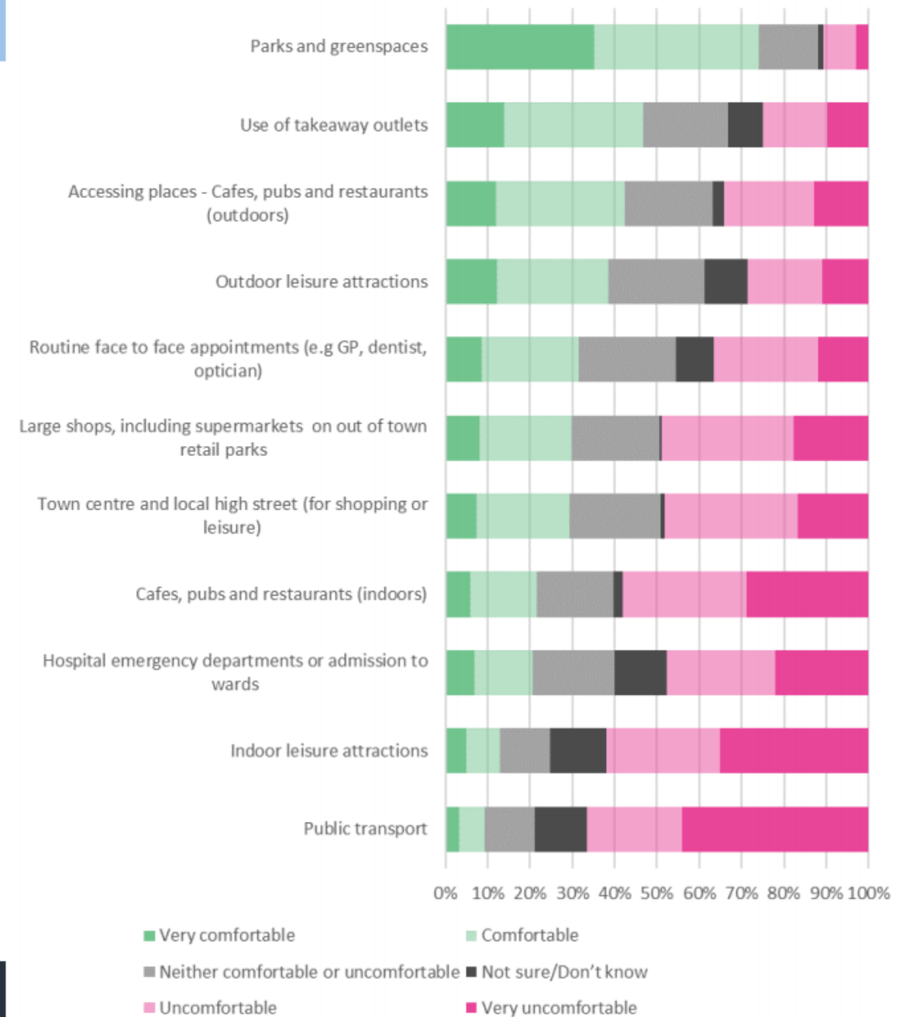
Respondents felt **most comfortable in outdoor settings, least in public transport, indoor leisure and hospital** emergency departments

Top measures which made people feel more comfortable:

- **Limiting numbers** in settings, **sanitizer stations and protective screens**

Contextual information provided by participants included:

- Many understood benefits of prevention measures (eg: masks and social distancing) but were **concerned about enforcement and lack of adherence by others**
- Perceived care and attention to the measures increased confidence in those settings
- **Impact on people with disabilities** as space taken (on streets) to promote social distancing**, reduced sense of social connection with mask wearing**
- **Mixed response to pedestrian areas**



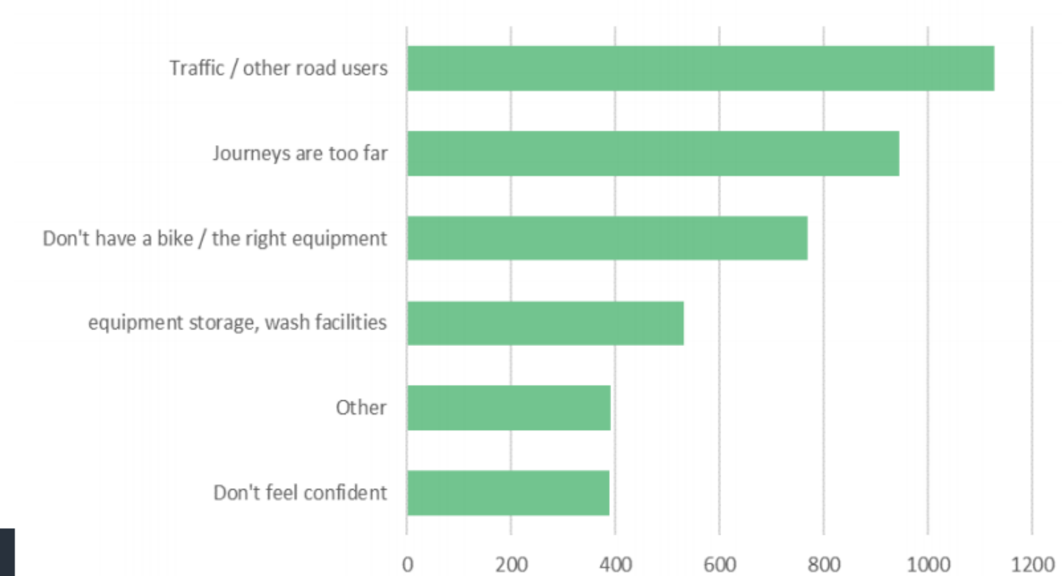
Transport

Half of participants reported they had **walked or cycled more** (for either exercise or transport)

Over the next few months, participants felt they would be most likely to increase in walking, car travel and cycling and **least likely to increase their use of public transport**

Around 45% of participants said they would 'definitely'/'might' consider walking or cycling for short journeys - barriers are illustrated below:

What might prevent you from walking or cycling?

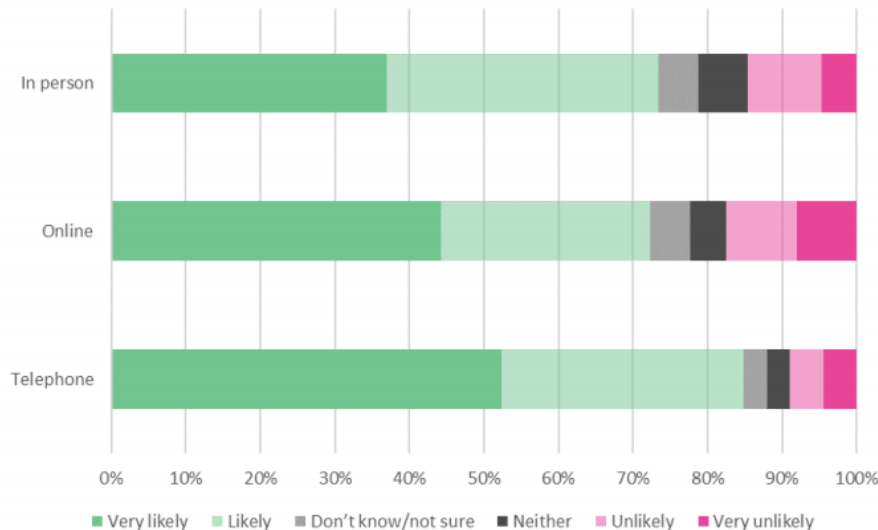


Methods of accessing health appointments

In general, participants reported feeling less comfortable about accessing hospitals than in-person GPs, dentists and optitians.

There was little difference in how people anticipated they would access health appointments

Going forward, how likely would you be to take up health consultations by telephone, online and in person?



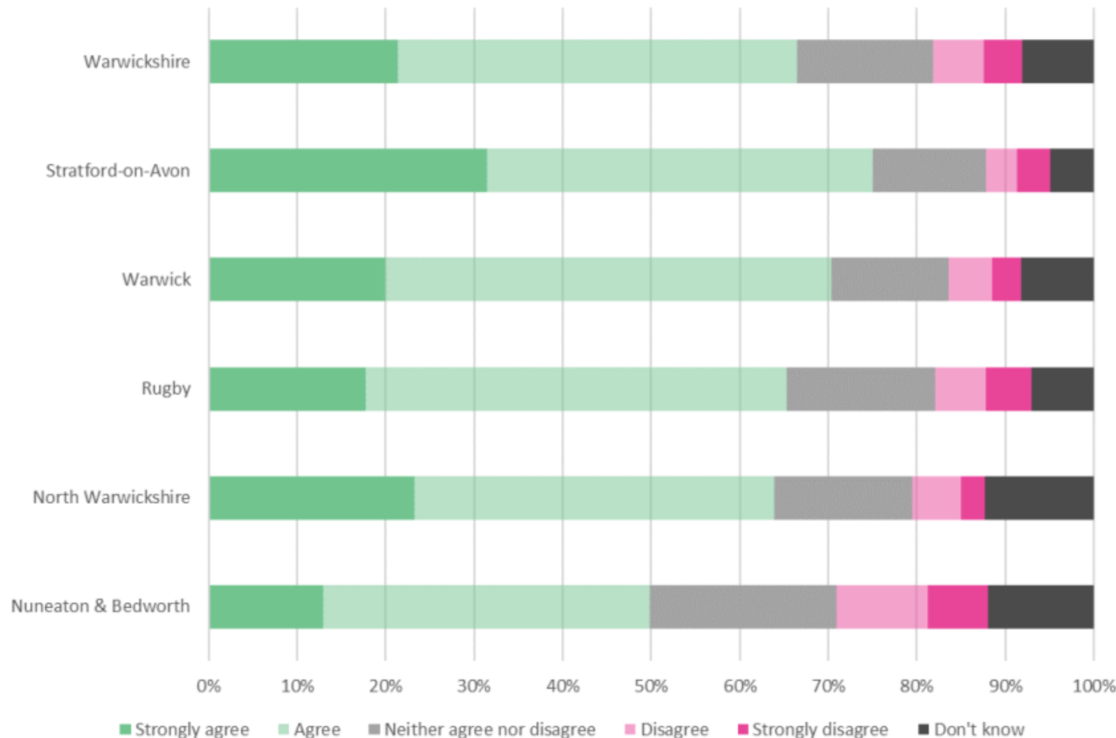
Respondents reported a mixed views to the shift to telephone/online appointments, eg:

- Telephone/online could be **more convenient/efficient** especially for advice/guidance
- Concern about **delayed care**/worsening symptoms
- **PPE could make face to face seem unwelcoming**
- Difficulties booking appointments
- Some considered online/telephone consultations to be limited due to **lack of physical observations**
- The shift in healthcare delivery had **implications for training** healthcare providers

In general, **preferences depended on the health issue and individual preferences** and needs of the participant

Volunteering and community action

If I needed help during a period of lockdown, other members of the local community would support me



Community support during a lockdown
Countywide, **two thirds were confident they could access support from their community** - highest in Stratford on Avon (75%) and lowest in Nuneaton & Bedworth (50%)

Volunteering:
50% of respondents had helped someone in their local area, 15% volunteered through local organisations/NHS Volunteers, 10% offered help through other routes.

Key activities included:

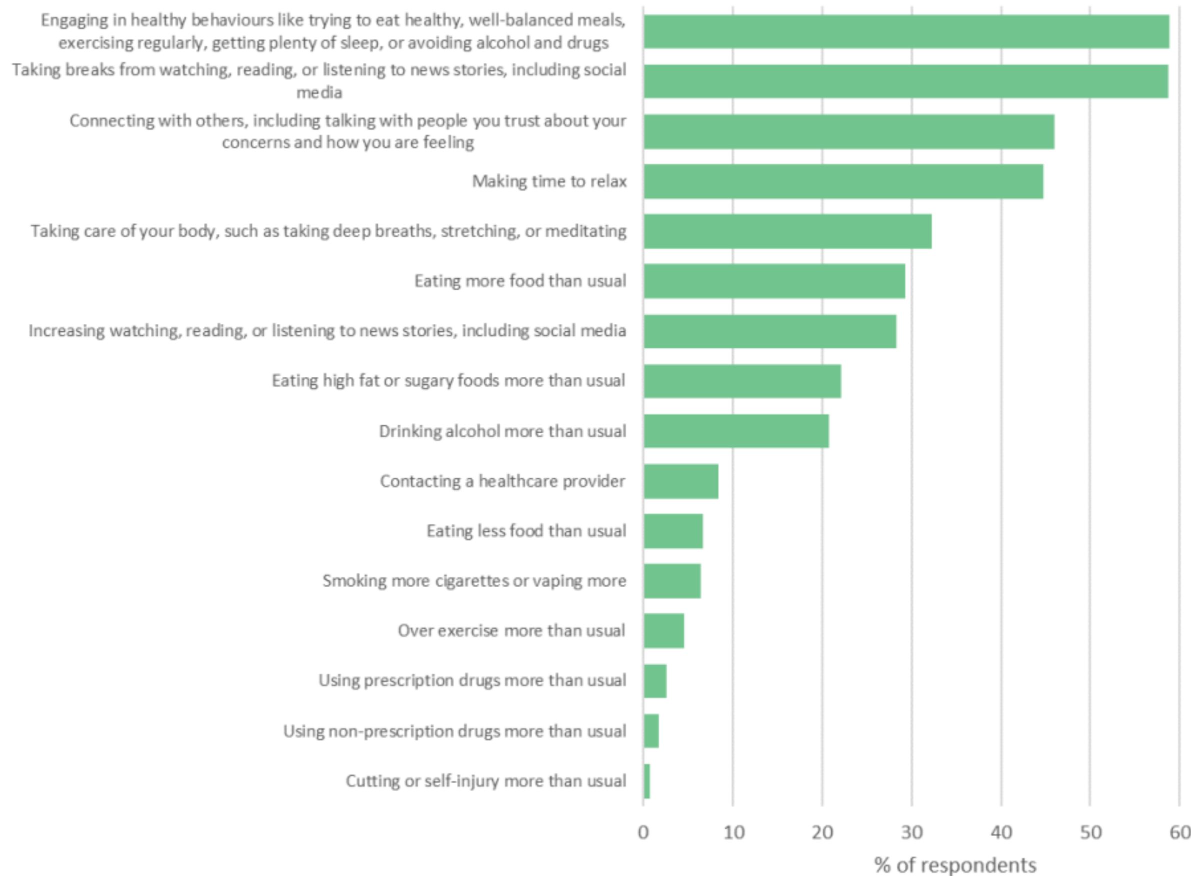
- Supporting daily tasks
- Facilitating social communication
- Engaged in creative activities e.g mask/gown making
- Supported others financially

Barriers to volunteering included:

- Health and age
- Working/caring responsibilities
- Willing but not contacted

Positive and negative health behaviours

Coping with social isolation in the previous month



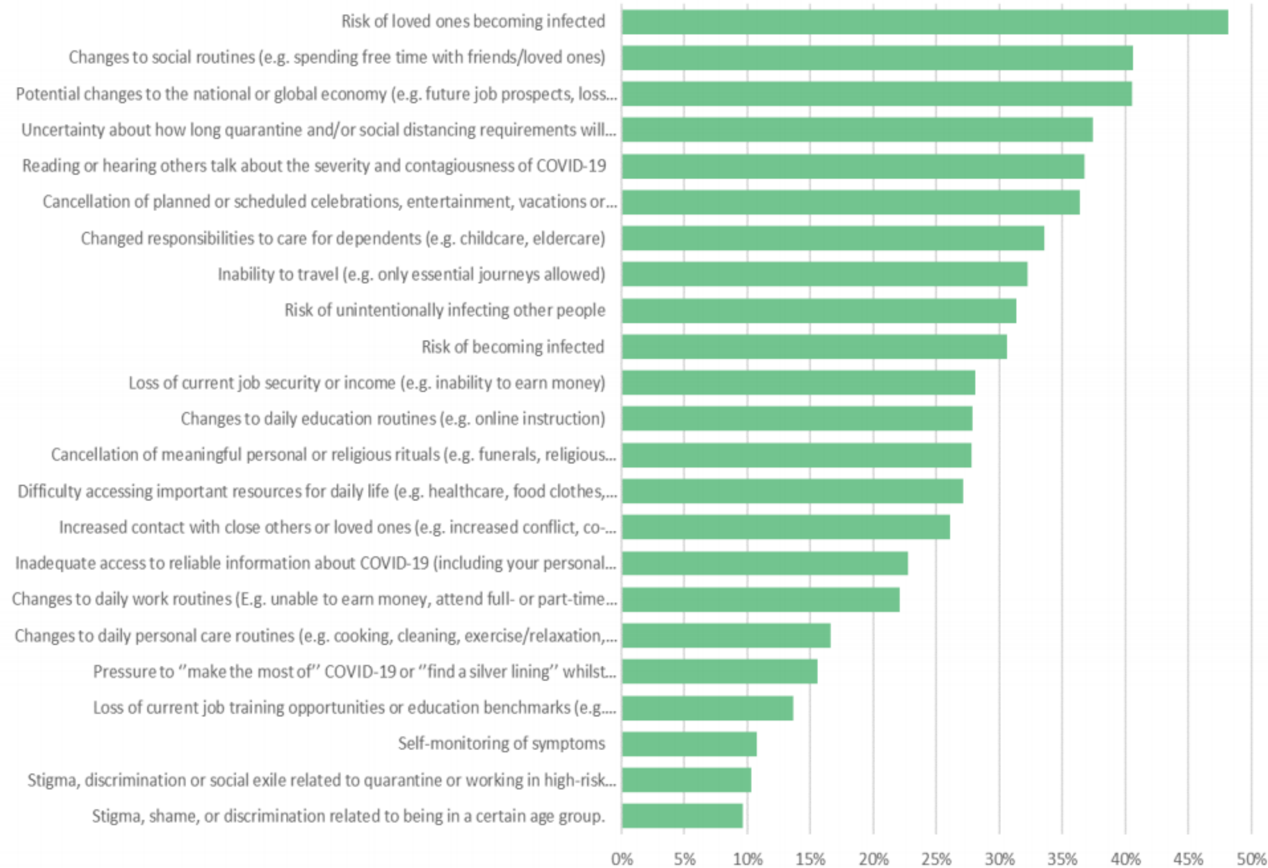
Many selections broadly positive but:

- 1 in 5 reported **increased alcohol** consumption
- 1 in 5 reported **increased** consumption of **sugary and fatty foods**
- 1 in 3 reported **increased eating**

Reporting of health behaviours differed across some groups

- Participants with **pre-existing mental health conditions** were almost 3 x more likely to have **increased smoking**
- **Women** were 2.4 x more likely to have **increased high fat or sugar** consumption
- Participants from an **ethnic minority** were twice as likely to have **increased eating**

Stressors related to the pandemic & pandemic response measures



% of respondents stating being very or extremely worried to each stressor

Experience of COVID Stressors

People more likely to report increased COVID-19 stressors

- Younger age group (18-29 year olds) – reporting of stressors was 24% higher than in over 75s
- Women – reporting of stressors was 13.2% higher than in men
- People with self-reported pre-existing mental health conditions – reporting of stressors was 15.6% higher than in people without
- Self employed or not in employment (excl. retired) - - reporting of stressors was 9.6% higher
- Working, but not living, in Warwickshire – reporting of stressors was 17.5% higher

COVID-19 stressors and wellbeing/loneliness

- Increased COVID-19 stressors negatively impacted mental wellbeing and loneliness.
- Stressors were measured from 1 (not at all stressful) to 4 (extremely stressful) and average scores were calculated across questions.
- An increase of 1 on the COVID stressors score was associated with a 4-point decrease* in wellbeing scores (total possible score 7 – 35) and a 1.1 point increase in loneliness (total possible score 1 – 5).

*adjusting for pre-existing mental health condition, shielding status, age, gender, ethnicity, religion, employment status, and Warwickshire district.

Loneliness and mental well-being

Half of respondents experienced loneliness

- 15% of participants reported feeling lonely “always”/ “often”
- 35% reported feeling lonely occasionally or “some of the time”

People who reported **increased loneliness and reduced mental wellbeing** were significantly more likely to be:

- **Younger**
- **Women**
- **People with pre-existing mental health conditions**
- **Not in employment (excl. retired)**

Participants living in **Rugby, Nuneaton and Bedworth** and those working (but not living) in Warwickshire also reported **significantly lower mental wellbeing** than other districts/boroughs

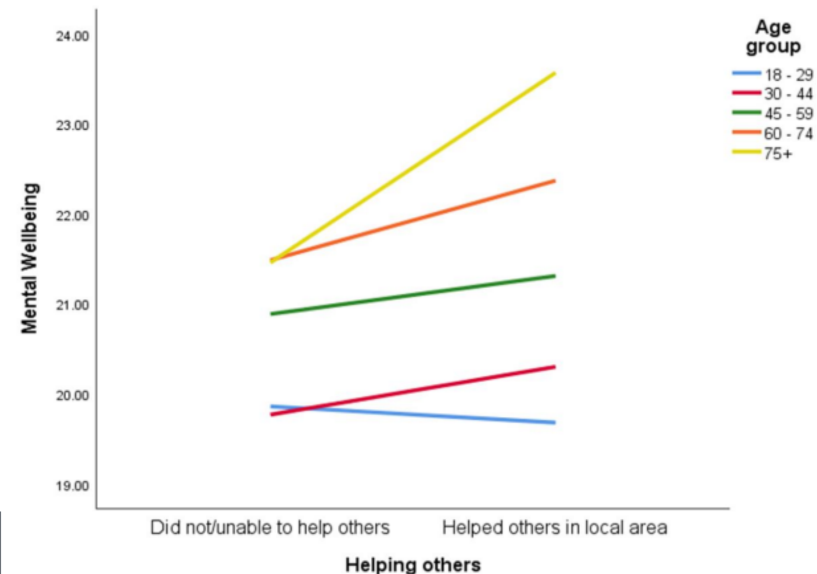
Interaction between health behaviours and wellbeing

The association between COVID-19 stressors and wellbeing was significantly mediated by some health behaviours

- Engaging in healthy behaviours– 1.1 point **increase** in wellbeing
- Taking time to relax – 1.4 point **increase** in wellbeing
- Increasing alcohol – 0.6 point **decrease** in wellbeing
- Increasing eating – 0.6 point **decrease** in wellbeing
- Increasing high fat and sugar foods – 0.8 point **decrease** in wellbeing

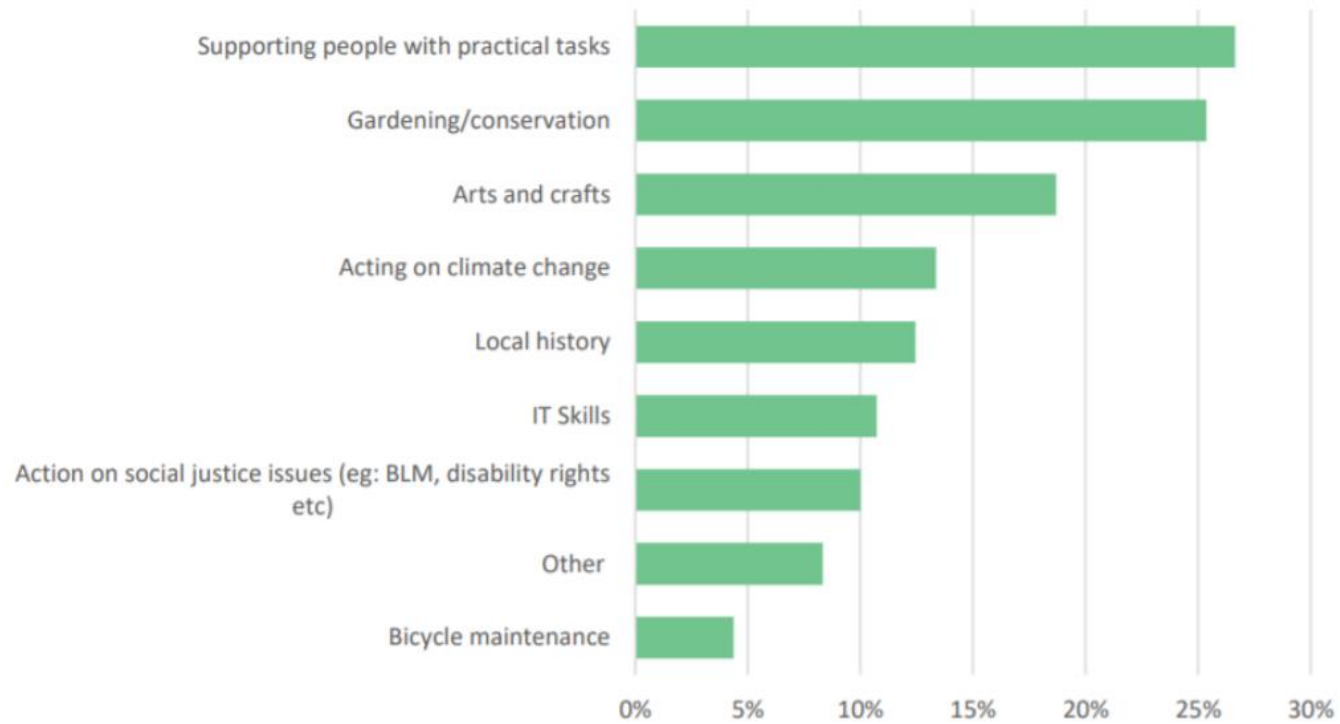
Helping others:
Associated with a 0.3 point **decrease in loneliness** and a 0.8 point **increase in wellbeing** (after controlling for Covid-19 stressors and demographics).

Impacts on wellbeing differed by age group (see chart)



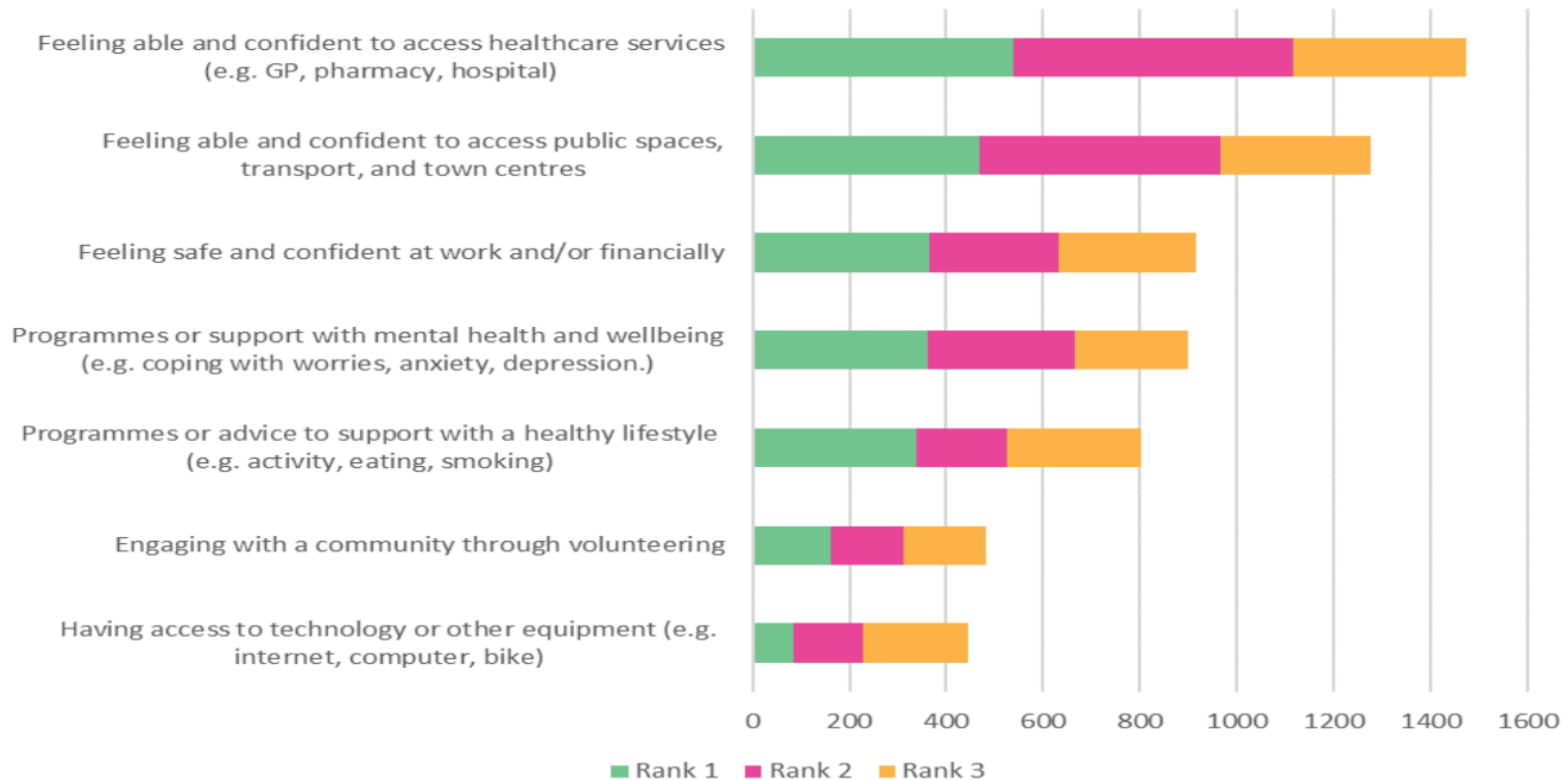
Volunteering and community action

What activities or interests might encourage you to join local community groups or community action?



Future priorities

Actions that would be most helpful to you going forward



Appendix 4 – Making Space Unemployment Focus Group Summary

making space

making space
Kind hearted care and support

We carried out a Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) to understand the Coventry and Warwickshire adult populations' needs. We interviewed people who are not in employment or training. This report details our findings and will inform the Coventry and Warwickshire mental health and wellbeing JSNA. There were six questions asked to each participant, and these were as follows:

1. How has unemployment affected your mental health and wellbeing?

2. What support have you accessed whilst unemployed to support your mental health and wellbeing?

3. Are there any barriers preventing you from getting back into work?

4. Are there any gaps where additional support could be provided?

5. What do you think would be beneficial to help people retain employment?

6. What do you do to keep mentally well?

making space

Equality and Diversity Monitoring Survey

Total Participants: 13

Age

18-26	4
27-40	6
41-56	3
57-65	
65+	
I prefer not to say	

Location

Leamington Spa	1
Rugby	1
Stratford upon Avon	
Nuneaton	2
Bedworth	
Coventry	4
Other	5
I prefer not to say	

Gender

Male	8
Female	5
Non-Binary	
Other	
I prefer not to say	

Sexuality

Heterosexual	11
Homosexual	1
Bisexual	1
Other	
I prefer not to say	

Ethnicity

White	6
Mixed	3
Asian/ British Asian	1
Black	3
Other	
I prefer not to say	

Religion

Christianity	6
Islam	
Judaism	
Sikhism	
Hinduism	
Buddhism	
Atheist	3
Other	4
I prefer not to say	

How has unemployment affected your mental health and wellbeing?

The general consensus gathered from this question was that unemployment has had a massively negative effect on their mental health and wellbeing of the individuals interviewed. Individuals explained how they felt terrible when not working and felt as if they had lost their purpose in life and no longer contributed to society. Individuals also noted a more significant amount of anxiety when unemployed, especially when asked by family and friends how the job search was going.

Individuals explained how they felt a great deal of pressure from DWP to find a job. This, in turn, forced them to apply for jobs that they didn't think they could retain. This increased stress felt in the individuals as they felt they were constantly monitored by DWP. Participants described how they were unsure of what direction to take next and needed time for reflection in order to find a job they could retain, but DWP forced them to rush decisions.

Lack of money was a significant cause of stress, and some were only getting enough benefit to live on, not being able to enjoy the small luxuries in life. One participant described how their tenancy agreement was about to finish whilst they were unemployed, and they did not know how to get support in this situation. This caused the individual to become very anxious and depressed.

Many described how they feel stressed whilst in employment due to workload etc., and this stress was minuscule compared to the pressure of being unemployed. However, one of the participants with a learning disability explained how they feel a greater amount of stress whilst in employment. This went against the general consensus but is worth noting.

What support have you accessed whilst unemployed to support your mental health and wellbeing?

The services accessed were:

- Making Space – some of the participants had volunteered with Making Space whilst unemployed. They described how volunteering helps them prepare for when they are ready to return to work.
- Mind – Many praised the services Mind provides, such as the wellbeing hubs; they enjoy attending these as it gives them some structure and routine to their week.
- GPs – many explained how they have tried to receive support from their GP, but they didn't feel listened to. They also described the GP's not having enough knowledge on mental health and the services available.
- Rethink – Not many individuals had heard of the IPS model provided by rethink. Those that had, felt scared to use it as they thought they would still be judged and discriminated against as they thought it was associated with disclosing individuals' mental ill-health.
- IAPT – some had used the IAPT service and mentioned the long waiting list. They also were frustrated by having to repeat themselves to different practitioners every session and felt they were not progressing.

Individuals also explained how they had received support from family and friends and felt more comfortable speaking about their mental health to people they trust. It was suggested that services, where you could bring family and friends, would be beneficial. Also, having one practitioner/ therapist throughout therapy would help gain trust. Some individuals had no idea that support, such

as the services listed above was available; this highlights the need to promote and raise awareness of services.

Are there any barriers preventing you from getting back into work?

Five (5) individuals mentioned that it had been so long since they worked that they were scared it would trigger their mental health if they returned to work. They were worried about how much support they would receive and how understanding their employer would be. Also, there was a lot of anxiety associated with feeling judged and discriminated against. This has happened to people in the past and has ultimately led to them not trusting employers and sharing how they feel.

Gaps in employment was a significant issue raised by participants. They expressed that when applying for a job, the first barrier is feeling there was no chance of getting the job they wanted because of mental ill-health. Being rejected was described as having a snowball effect on the participants' self-confidence that were already doubting themselves.

Lockdown and lack of social interaction have affected people, and some are now anxious to meet new people, which is inevitable when they started a new job. The anxiety of interviews and waiting for the result is also a factor, especially after rejection, this could take some time to get over. This then leads to the individual feeling unskilled and low on confidence.

Individuals favoured CV applications to application forms. This was mainly because they could spend a lot of time on an application but then have no employer response. This would prevent people from applying for specific jobs that require an application form.

Some of the individuals interviewed had a disability as well as a mental health diagnosis. This meant they were not physically or mentally able to work.

Race and gender were also mentioned, and people felt discriminated against when applying for specific jobs.

Are there any gaps where additional support could be provided?

Another participant expressed that some areas, such as Kenilworth, are neglected of services compared to the rest of Warwickshire. They also said that if there are services, then they are very poorly advertised. Therefore, there should be more promotion of services and signposting. Some mentioned how DWP should do this. They were described as putting unwanted pressure on people instead of signposting and supporting.

There should also be more awareness raised by mainstream media sources such as the news and radio. This would help lower the stigma and get people to start sharing instead of hiding how they feel. GPs should also be more educated in the services available and signpost more often.

Shorter waiting lists were mentioned, and that can put people off from accessing services. Sometimes if support is not provided at the time of need and it can escalate. It was also said that a therapist should be assigned to a person and should stay the same throughout therapy.

One of the participants had an OCD diagnosis and explained how there is not enough understanding of this condition. The term OCD is overused, and therefore when someone has this condition, it is

not taken seriously. People with OCD are often slow workers, which needs to be understood and accepted in the workplace.

What do you think would be beneficial to help people retain employment?

The majority fed back the need for an open and honest relationship with employers and trust they would not discriminate against them. This could be done through regular supervision to offer support rather than a pressured supervision where progress is monitored. It would be preferred that the supervision was performed by someone on the same pay level as the individual. However, it was said that employees should feel comfortable disclosing mental health issues with their seniors.

There should be immediate support providing by HR, maybe through the use of QR codes that would instantly let HR know that you are struggling. They should then signpost to services or be linked to readily available services.

A need for mental health champions was expressed so that someone in the workplace is approachable to talk about mental health. Also, it should be mandatory that all workplaces have a mental health first aider, just like a physical first aider.

What do you do to keep mentally well?

Activities and methods of staying mentally well were:

- Exercise
- Socializing
- Cooking
- Listening to music
- Watching films
- Being out in nature
- Interacting with animals
- Apps such as mindfulness
- Meditation
- Yoga
- Drawing and painting
- Reading
- Looking after plants/ gardening

Conclusion

To summarise, people generally felt more stress when unemployed compared to when they were in employment. There are stresses of being employed but they are more manageable as long as there is an open and honest relationship between the employee and employer.

The longer somebody is out of employment the harder it becomes to find a job resulting in feeling unskilled and unwanted increases. DWP should provide more support in the process rather than pressurizing people to find jobs they can't retain.

Although some people had accessed services many did not know some services existed. This shows the need of more advertisement, promotion and awareness of mental health services. There should also be more on the news and radio to lower the stigma of mental health. GP's should also signpost and treat mental health seriously.

More support within the workplace would be beneficial to retain employment. This could be done with supervisions and mental health champions that are approachable. It should also be made mandatory that workplaces have a mental health first aider.

References

[i] The Warwick Edinburgh Wellbeing Scale
[ii] Collect, score, analyse and interpret SWEMWBS
[iii] Population norms in health survey for England data 2011