

Insight Report: **mental health crisis services**

Understanding the experiences, needs and preferences of people with lived experience of using mental health crisis services, their carers / family / friends, and staff
September 2024, V1.1

1. What is the purpose of this report?

This paper summarises what we know about people's experiences of mental health crisis services. This includes the experiences, needs and preferences of:

- People using mental health crisis services.
- Their carers, family, and friends.
- Staff working with people using mental health crisis services.

Specifically, this report:

- Sets out sources of insight that relates to this population.
- Summarises the key experience themes for this population.
- Highlights gaps in understanding and areas for development.
- Outline the experiences of people in the population who have a protected characteristic.
- Outlines next steps.

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). We have worked together (co-produced) with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voices at the heart of decision-making. It is a public document that will be of interest to third-sector organisations, care services and people with experience in mental health crisis services. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by mental health and mental health crisis services?

Mental health is defined as being:

"...just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health, you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse (Mind, 2022)."

There are an estimated 115,000 people who, every year in Leeds, experience a common mental health disorder. Over 50,000 of those are considered to be 'moderate-severe' with nearly 8,000 people in Leeds recorded with a Serious Mental Illness (SMI).

Depending on a person's need; they will have access to a range of mental health care and support that includes:

- Primary care mental health care (such as at your GP).
- Community mental health care, delivered by NHS and third sector (voluntary) services.
- Inpatient mental health care (a stay in hospital).
- Self-care support and guidance (such as the Mindwell website).

Mental health crisis and crisis services

A mental health crisis is when someone feels they are at breaking point, and they need urgent help. What a mental health crisis is, can be very different depending on the person, it can only be defined by the person experiencing said crisis, or their carer. They might be:

- feeling extremely anxious and having panic attacks, or flashbacks.
- feeling suicidal, or self-harming.
- having an episode of hypomania or mania, (feeling very high) or psychosis (maybe hearing voices, or feeling very paranoid).

They might be dealing with bereavement, addiction, abuse, money problems, relationship breakdown, workplace stress, exam stress, or housing problems. They might be managing a mental health diagnosis. Or they might not know why they're feeling the way they are.

Mental health crisis services offer different types of support in a range of different ways, depending on your need. This can include:

- Going to the Emergency Department (A&E) and / or receiving support from specialist crisis teams.
- Emergency GP appointments
- Helplines and listening services.
- Getting treatment in hospital
- In-person support services, such as crisis houses, day services, or wellbeing services

Mental health crisis services are provided by both statutory (NHS / local council) and third sector (voluntary, community, charity) services. The services in the community offer well-evidenced alternatives to inpatient stays. Such services provided in Leeds are meeting significant mental health needs of diverse groups– including people from LGBTQIA+ communities, and people from diverse ethnic communities.

3. Outcomes for mental health care in Leeds

The Mental Health Population Board brings together partners from across Leeds so that we can tailor better care and support for individuals and their carers, design more joined-up and sustainable mental health services and make better use of public resources.

The ambition of our mental health work in Leeds is that we will improve the lives of people with mental health difficulties and their carers, family, and friends and that:

- People of all ages and communities are comfortable in talking about their mental health and wellbeing.
- People are part of mentally healthy, safe, and supportive families, workplaces, and communities.
- People's quality of life will be improved by timely access to appropriate mental health information, support, and services.
- People are actively involved in their mental health and their care.
- People with long-term mental health conditions live longer and lead fulfilling healthy lives.

These are our identified outcomes. By setting these clear goals, that are focused on how services impact the people they serve, the board is able to better track whether we're really doing the right thing for the people using these services. The full framework can be seen in Appendix B.

4. What are the key themes identified by the review?

The insight review highlights a number of key themes:

- People told us about varying levels of **satisfaction** with their experiences with mental health crisis services. Notably, people seemed to report more positive experiences with third-sector crisis services over NHS services.
- People told us that they did not know what mental health crisis services were available, and how to access them. Clear and easy-to-find **information** about crisis services was needed.
- People told us that mental health crisis services are not joined up with other services, particularly third-sector to NHS services (such as community mental health teams and GPs). People noted that sharing notes, crisis plans, and important information would be helpful in crises as it can be difficult to communicate about your situation mid-crisis. (**joint working**).
- People from different communities such as diverse ethnic communities and the LGBTQIA+ community fear discrimination, increased stigma, or being misunderstood due to these characteristics, and therefore seek help from crisis services less (if at all) (**health inequality**).
- People told us that every person's 'crisis' is different. People told us that they often don't feel listened to by some crisis services; that their crisis isn't serious enough, or that they don't meet the criteria to access a service, sometimes it can be just listening to someone (**person centred**).
- The support people receive when in a crisis needs to be tailored to their needs. It needs to be meaningful and appropriate to the situation (**person centred**).
- People told us that the waiting times to get help from mental health crisis services are too long, which can lead to crises escalating (**timely care**).
- People like having the **choice** of how they receive support from mental health crisis services providing that support is person-centred and does not feel hollow or read from a script / flowchart.
- People told us that the staff they encounter greatly impacts their experience of a service, and how effective it is. People told us that there can be a lot of inconsistency in the compassion and care received from members of staff (**workforce**).
- People told us it can be difficult to get to physical appointments during a crisis, particularly at night (**transport and travel**).
- People told us that there is a lack of awareness and understanding about diverse communities, including awareness of cultural needs, neurodivergent conditions and personality disorders (**workforce**).
- Carers told us that they are sometimes kept out of the loop about what is going on with the person they are caring for, telling us that services often quote 'confidentiality' as a reason information about their cared-for person can't be shared. It was noted that this differs from experiences with physical health services (**information**).
- People told us that crisis services would be used less if preventative and community mental health support services were better equipped to support people (**resources**).

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we will include relevant national and international data on people's experience of mental health crisis services.

5. Insight review

We are committed to starting with what we already know about people’s experiences, needs and preferences. This section of the report outlines insight work undertaken in recent years and highlights key themes as identified in [Appendix A](#).

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
Common Room	<p>Mental health crisis services in Leeds: service user feedback</p> <p>Not available online</p>	Five young adults between 20 and 25 years old took part	July 2024	<p>Members of the Emerge Leeds 18-25 participation reference group attended an online discussion to share their experience of using crisis services in the city.</p> <ul style="list-style-type: none"> • Timely care – people told us about the capacity issues in crisis services. They noted that this creates barriers to accessing support, which is hard when in crisis. • Choice – people shared their anger about the recent change that meant they cannot call NHS Leeds crisis services directly anymore. They said that this makes it harder to get support. • Clinical treatment / person-centred – people told us of the inconsistencies of being able to access care and support related to the perceptions of a diagnosis of Borderline Personality Disorder (BPD). People told us they get ‘fobbed off’, refused access to support, and not prioritised as a result of their diagnosis. • Involvement in care / communication – people reflected that they are often told to “take responsibility” when in crisis by service providers and feel frustrated that their seeking of help or support is not viewed as “taking responsibility”, particularly how difficult it can be to do when in a crisis. • Workforce – people told us that when accessing crisis services they felt that the tone and approach of staff was predictable and lacking in warmth. • Clinical treatment / person-centred – people noted that it can feel that crisis services are ‘following a flowchart’ when you contact them. They

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				<p>said that if you are in a place where you look ‘well’ because you can call through and explain your situation then you don’t get the help you need.</p> <ul style="list-style-type: none"> • Involvement in service development – people pointed out that they don’t feel listened to, and that they’ve been mentioning these issues for some time. <p>What helps?</p> <ul style="list-style-type: none"> • Choice – people told us that having face-to-face support was important. They noted that phone calls can leave people feeling vulnerable and important cues can be missed by staff. • Choice / resources – people told us that having a safe space in a different environment to connect with people can help diffuse a crisis. • Resources – having someone to help with distraction techniques helps, not just being told the methods. • Person-centred / workforce – people told us that having staff who are not focussed on problem-solving helps and noted that a focus on how you are feeling in that moment can be more helpful than coming up with a solution.
Leeds OASIS	<p>Demonstrating outcomes reports</p> <p>Not available online</p>	Demographics are included	Apr 2023 – March 2024	<p>The Leeds OASIS service provides a service similar to existing crisis services at Dial House and the Well Bean cafes, providing person-centred therapeutic support and employing trauma-informed practice. Feedback highlighted by OASIS in their four quarterly reports to the Integrated Care Board in Leeds.</p> <ul style="list-style-type: none"> • Satisfaction – people told us about the good experience they received from OASIS and the difference it made to their lives. Many people described the service as “lifesaving”. • Joint working – people told us that links with other organisations were generally difficult, and not joined up, citing the Intensive Home Treatment Team (IHTT) and Crisis Resolution Intensive Support Service (CRISS).

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				<ul style="list-style-type: none"> • Environment – people noted the calm and welcoming environment of OASIS, and how that made people in crisis feel safe and comfortable. • Person centred / choice – people told us that the interventions and preferences of every user are taken into consideration, giving people the choice of how they wanted to manage their period of crisis whilst at OASIS. They said they liked the peer support option of chatting with other people going through similar situations. • Information – people told us that they were unclear as to what to expect from the service from looking at available information online. • Workforce – people were very positive about the staff at OASIS, noting that they took the time to listen, and helped people when they felt ready for help. • Workforce / health inequalities – people commented positively on the diversity of the staff at OASIS, including the fact that the staff had their own lived experience of mental health difficulties. • Wider determinants – people said they liked the distraction activities at OASIS and how this has helped many people find an interest in something new or rekindle an interest in a hobby.
<p>Leeds Health and Care Partnership</p>	<p>Value in Adult Mental Health Crisis Services Workshop feedback summary</p> <p>Not available online</p>	<p>28 attendees representing a range of NHS, adult social care and third sector services, including four people attending as lived experience representatives</p>	<p>March 2024</p>	<p>The workshop aimed to review the delivery of mental health crisis services and interventions, exploring opportunities to make improvements and reduce inequalities. There were two main areas of discussion:</p> <p>How well are we evidencing value in our pathway? / Support for people with high levels of need / not engaging with statutory services.</p> <ul style="list-style-type: none"> • Joint working – people told us about ‘boundary issues’ and access to services. For people living in boundary areas where they receive services from another area / trust, the service they receive is often not joined up, such as Wetherby, Harrogate (Tees, Esk and Wear Valley NHS Trust), Bradford, and South West Yorkshire Foundation Trust. It

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				<p>was also noted that this is made more difficult by not having joined-up systems / data connectivity.</p> <ul style="list-style-type: none"> • Transport and travel – people told us that getting to physical locations for support can be difficult, particularly in an evening when public transportation isn't available or is reduced. • Satisfaction / joint working / information – people told us about the positive examples of work that have taken place for people through the Connect Helpline and the Community Mental Health transformation programme. It was discussed that good practice could be shared for wider crisis services on joint working, and on signposting people to appropriate / meaningful services. • Timely care – people told us about the impact of waiting to get support in a crisis and how having to wait to get help can escalate the seriousness of the crisis. People mentioned being rejected for help from the crisis team or the Single Point of Access (SPA). • Timely care / person centred – people told us that limiting how much time you have in appointments does not help people resolve their crisis situations and that people should have the time they need.

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				<ul style="list-style-type: none"> • Resources - It was discussed that a focus on preventing crises from occurring would better support people than being reactive to crisis situations and more should be invested in prevention, as well as understanding what needs aren't being met by people who are 'more regular users' of services. • Wider determinants – people noted that loneliness and isolation was a driving factor to people seeking support from crisis services. • Health inequalities – some data speaks to the people who are accessing services (and who isn't), people queried what is being done to then address the health inequalities highlighted by the data. • Involvement in service development – people told us that the data about 'who' is using services should be supported by case studies / people's stories to help understand why people are using services, to inform service development. • Joint working – when reviewing services, we need to look at pathways and the wider system, not just individual services. How do crisis services link with the community services now that transformation programme has begun, as well as third sector and primary care services. <p>Targeting resources, tackling inequalities, and trauma-informed care</p> <ul style="list-style-type: none"> • Health inequalities – people told us about the need for greater awareness and training around certain conditions / needs, including personality disorders, and neurodivergent conditions. People spoke about increased barriers to support as a result of these thing, including dismissal of situation ("It's because you're autistic"), or stigma towards these conditions. • Health inequalities – people identified that the demographics of 'who' is using the services need to be fully understood to start working with communities who aren't engaging. People also spoke about the need to better demonstrate to communities that services are there to support

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				<p>them. This includes understanding the data from Emergency Departments (A&E).</p> <ul style="list-style-type: none"> • Resource – people told us that they think people could be better supported to try to avoid crisis situations if they had better connections to, and input from, the community mental health teams / services in the community.
<p>Leeds Health and Care Partnership</p>	<p>Adult mental health crisis services data and intelligence</p> <p>Not available online</p>	<p>N/A</p>	<p>2024</p>	<p>A summary of data and feedback / reflections from third sector crisis support services (including Dial House, Connect Helpline, Crisis Cafes, and Leeds Survivor Led Crisis, LSLCS, groups).</p> <ul style="list-style-type: none"> • Wider determinants – services such as Dial House and Connect are supporting people with a range of issues that aren't directly crisis-related but will have an impact on their well-being, including support with PALS, accessing adult social care, attending safety planning meetings, arranging food parcels and liaising with housing / homeless support organisations on behalf of people. • Health inequalities / information - Dial House at Touchstone receives the majority of its referrals through word of mouth in culturally diverse communities. • Communication / health inequalities – the use of language in culturally diverse communities is important. Mental health terminology is stigmatising and off putting for many visitors to Dial House at Touchstone, often using words like “stress” instead of “mental health” or “crisis”. This helps to build trust with communities too. • Health inequalities / person centred – services need to tailor their approaches to meet the needs of the community / individual. With Dial House at Touchstone, there is less emphasis on one-to-one support (though still available).

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				<ul style="list-style-type: none"> • Person centred – feedback from people using Connect Helpline is positive about feeling listened to, the flexibility in the approach and the relationship they build with the staff. • Choice – people liked the different options available to them through the Connect Helpline, including phone call and online chat options.
<p>Leeds and York Partnership NHS Foundation Trust (LYPFT)</p>	<p>Community mental health service user survey</p>	<p>270 responses</p>	<p>2023</p>	<p>A national survey programme's report of people's experiences of using community mental health services. The report writers made recommendations for crisis services.</p> <ul style="list-style-type: none"> • Timely care / communication – need to explore with service users if they have been unhappy with the length of time it has taken them to reach their mental health team during a crisis. Address any communication / process issues that are causing delays. • Resources / involvement in service development – need to review the range and level of support provided by the out-of-office hours service. Work with service users to better understand what help they need and their response to the help that is available. • Communication / information – mental health care teams need to recognise the importance of providing all service users' families or carers support whilst they are in crisis. The materials and information need to be reviewed to ensure they are easy to understand and relevant.

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<p>Leeds Survivor-Led Crisis Service</p>	<p>Connect Helpline – Frequent Caller Evaluation survey</p> <p>Not available online</p>	<p>Seven ‘frequent callers’ fed back including a range of diagnoses / labels including:</p> <ul style="list-style-type: none"> • Personality disorder • Autism • Eating disorders • Depression and anxiety <p>Three male, four female, including one transgender person.</p>	<p>Dec 2023</p>	<p>An evaluation survey of the Connect Helpline was carried out with 19 ‘known’ frequent callers, seven of whom responded. Evaluation explored service user’s choice, other support options and experience with the service.</p> <ul style="list-style-type: none"> • Satisfaction – people told us that they were happy with the service they’ve received from Connect Helpline, that they were non-judgemental, willing to listen and supportive. • Satisfaction – people told us about some negative experiences with community mental health teams, and crisis teams that stopped people from engaging with those services entirely. People noted a feeling of ‘not being listened to’ and that those services didn’t feel person centred. • Choice – some people told us that, for them, Connect is their only source of support with community services and the crisis team not being a realistic alternative due to negative experiences / lack of support from them. • Timely care – people told us that they could get support quicker than from other crisis support (such as crisis team), and they liked the callback feature and that they had the time to talk through their issues. • Person centred – people told us how they liked that they were ‘known’ to the Connect team, that they didn’t have to repeat their stories every time they called and that the staff remembered them. <p>They were also asked about the West Yorkshire Crisis line, if they had used it and their experience of doing so:</p> <ul style="list-style-type: none"> • Person-centred – people told us that the service didn’t feel person centred, more scripted than genuine, and they didn’t feel ‘warm’ to speak with. • Timely care – people told us about long waiting times to speak to someone and the lack of time you get on a call, only getting 20 minutes

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				<p>when often people need more, with people being told “I have to end the call now”, whilst people are still in a crisis.</p> <ul style="list-style-type: none"> • Information – people also told us about the information they receive as advice, sometimes to call crisis team, when crisis team had suggested calling the helpline, and other examples such as being told to ‘go to sleep’ in the middle of the night or signposting to other services, which didn’t feel helpful.
<p>Healthwatch Leeds</p>	<p>Community Mental Health Transformation – What matters to people in inner west and south Leeds</p> <p>https://healthwatchleeds.co.uk/reports-recommendations/2024/community-mental-health-transformation-phase-2/</p>	<p>287 people responded to the survey.</p> <p>Demographics are available in the report.</p>	<p>Oct – Dec 2023</p>	<p>Healthwatch Leeds carried out some engagement work for the community mental health transformation programme in inner west and south Leeds to learn what matters most to people about their mental health and accessing mental health services:</p> <ul style="list-style-type: none"> • Joint working – people want to see community mental health services work collaboratively with third-sector organisations so that they are fully able to support someone when they present in crisis. • Health inequality – people highlighted the inconsistencies in support available depending on where you live in Leeds, even when you are in a crisis. • Satisfaction / resources – people told us they do not engage with crisis services due to previous negative experiences with the crisis team, leading people to access support from non-mental health support services. • Person centred – people told us that they found the NHS 111 crisis line impersonal and unhelpful. Some people told us that their experiences of helplines led to the situation escalating, either due to the call, or because there was no expected follow-up call. • Involvement in care – people told us that they are not being listened to when they are contacting services for help, with some people only being supported by crisis services when things had escalated significantly, which could have been avoided.

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				<ul style="list-style-type: none"> • Person centred – people told us that a phone line can be difficult to use in a crisis, some people find it difficult to articulate themselves over the phone, and others noted that a call might not be safe or confidential. • Timely care – some people told us that the wait times to hear from anyone on the crisis helplines / crisis teams can be too long, leaving people feeling unsafe or the crisis escalating. • Health inequality – people from the LGBTQIA+ community have expressed that fear of / experience of discrimination due to their sexuality has led them to be less likely to see support from services or open up about their sexual or gender identity.
Leeds Survivor Led Crisis Services (LSLCS)	Demonstrating Outcomes Report: <ul style="list-style-type: none"> • Dial House • Dial House @ Touchstone • Connect Helpline 	Not detailed	Oct – Dec 2023	<p>Feedback was collected from people using the LSLCS services provided for people in times of crisis. Feedback was collected from people visiting the services, or received over the phone, or by email.</p> <ul style="list-style-type: none"> • Satisfaction – people told us that they’d had good experiences with the service which has led them to feel confident to use them regularly, or if needed, knowing they will receive a good service, and help them to feel safe and not escalate their crisis situation further. • Person centred – people told us that they feel listened to, noting that this hasn’t been the case in other services, such as crisis team or community mental health teams. • Wider determinants – people told us that using the services has helped them feel less isolated / lonely and has improved their self-worth (“I feel like I matter”). People noted the positive impact of being around other people at Dial House services. • Choice – people told us that they liked the option where they can text Dial House instead of calling, noting that when in a crisis it can be difficult to talk.

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				<ul style="list-style-type: none"> • Workforce – people told us about the positive impact the staff have on them. People noted their welcoming and caring, non-judgemental approach.
Healthwatch West Yorkshire	Insight report on mental health https://healthwatchleeds.co.uk/reports-recommendations/2023/mental-health/	N/A	2023	<p>An insight report of existing mental health feedback and reports from across the West Yorkshire Health and Care Partnership</p> <ul style="list-style-type: none"> • Information – people told us they do not know where to go for help when they are in crisis. • Timely care – people want quicker access to crisis support services to avoid their mental health getting worse. • Workforce / involvement in care – staff can make a big difference to someone’s outcomes, particularly in crisis, People want staff to be kind and compassionate, and to listen to what people have to say. • Joint working / person centred – people told us about not meeting the right criteria for services (being too unwell for one service, not being well enough for another) and ending up in crisis or the Emergency Department.
Healthwatch Leeds	How does it feel for me? – Sophia’s story https://healthwatchleeds.co.uk/how-does-it-feel-for-me-sophia/	One young woman with complex Post Traumatic Stress Disorder (PTSD) and physical and mental health conditions	2023	<p>Healthwatch Leeds’ ‘how does it feel for me?’ work, follows the journeys of people receiving health and care services in Leeds and regularly captures their experiences through videos. At the end of a year’s involvement, this is then written into a summary report.</p> <ul style="list-style-type: none"> • Involvement in service development – Sophia felt that her previous attempts to give feedback about her experiences with services have not been taken seriously, especially when she has been in crisis. • Involvement in care / person centred – Sophia highlighted that the Acute Liaison Psychiatry Service (ALPS) did not provide any support to her when in crisis and discharged her, leaving her care coordinator to sort the next day even though she wanted help when in crisis.

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				<ul style="list-style-type: none"> • Person centred – Sophia described the importance of compassion and a trauma-informed approach from staff, something which is not forthcoming from crisis teams, describing how they don't listen or see her as a whole person; suggesting the same interventions that aren't of help and are demeaning (going for a walk, have a bath or a cup of tea). • Workforce – Sophia describes some crisis team staff not taking her crises seriously, particularly when considering suicide, whereas another staff member demonstrates compassion and listens to her. This impacts trust, both positively and negatively, depending on the experience, to seek out support from services in the future. • Information – it is difficult to know which services to use when in a crisis (or at differing stages of being in crisis), clearer messaging is needed to help people choose the right service for them. • Choice / communication – it is hard to communicate how you're feeling, especially in a crisis, over the phone or online service, such as e-consult.
Healthwatch Leeds	<p>How does it feel for me? – Emma and Adam's story</p> <p>https://healthwatchleeds.co.uk/how-does-it-feel-for-me-emma-and-adam/</p>	2, one autistic female with identified mental health and physical health conditions and their carer	2023	<p>Healthwatch Leeds' 'how does it feel for me?' work, follows the journeys of people receiving health and care services in Leeds and regularly captures their experiences through videos. At the end of a year's involvement, this is then written into a summary report.</p> <ul style="list-style-type: none"> • Person centred / workforce / involvement in care - when someone is struggling and finding it difficult to articulate their needs, staff must be considered when acting on someone's care and listening to what is being said (or not), including any communications by a carer. Staff mustn't be dismissive of what someone is saying. This can lead to difficult situations, such as a carer providing 24-hour observations to keep their cared-for person safe. • Joint working – different services need access to the most important documents in times of crisis, such as the current crisis plan for someone

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				<p>in services. When a service cannot access that it makes it difficult for everyone involved.</p> <ul style="list-style-type: none"> • Joint working – people told us that crisis team members are not involved in discharge planning / meetings which can impact trust and confidence that all elements of your care are being joined-up and considered.
<p>Leeds Health and Care Partnership</p>	<p>Mental health population insight report</p> <p>https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/mental-health/</p>	<p>N/A – review of existing insight</p>	<p>2023</p>	<p>This insight review was conducted by working with partners in Leeds to review the feedback (insight) we already have about people’s experience of mental health and mental health services.</p> <ul style="list-style-type: none"> • Joint working - people have told us that they want to see joint working from all mental health and care services (regardless of who they are). • Information - a lot of people have told us that it is difficult to find information about local mental health and care services in Leeds. They told us that staff are often unaware of what is available too. This makes it difficult for people to access the right services at the right time. • Communication - people want communication to be clear, efficient, and not make assumptions that people know how services work. • Person centred – person centred care is very important to people. People gave some examples of how this can be achieved, including the choice of face-to-face appointments, longer appointments, and different types of interventions. • Workforce - people have told us about the importance of the workforce in mental health and care services, and how the staff often make the biggest difference to someone’s outcome, particularly in times of mental health crisis.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<ul style="list-style-type: none"> • Workforce - people told us that staff across the wider system often lack understanding / awareness about individual needs of mental health and other conditions, such as autism. • Timely care - People told us that waiting times to access both crisis mental health care and waiting lists for therapy were too long. • Satisfaction - people's satisfaction with mental health and care services can influence whether they seek out help from services in the future (e.g., if someone has a very bad experience then they might not approach that service for help in the future). • Transport and travel / Health inequality - people tell us they want care closer to home and that their mental health condition sometimes makes it difficult to travel to appointments.
Health for All	<p>Community Mental Health Transformation – Insight from people aged over 55</p> <p>Not available online</p>	<p>Numbers and demographics unclear, includes sessions with white people, and other groups with Asian or mixed ethnicity attendees.</p> <p>Ages noted between 55 – 82</p>	Apr – Nov 2023	<p>Regular engagement work was carried out with people aged over 55 years to discuss mental health. Five reports were produced over seven months, below is a summary of key themes from those reports:</p> <ul style="list-style-type: none"> • Person centred – people told us that they “don’t want to be a bother” and are reluctant / embarrassed to access services. It was noted that people need validation that they are entitled to support. • Joint working – people and staff told us about frustrations that support for older people is not more joined up. • Transport and travel – people told us that they want local services and suggested putting services / support in places where they are already comfortable. • Health inequalities / information – feedback from an older Asian men’s group highlighted that their community doesn’t recognise mental health as something that can have conditions that can be treated by health

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<p>services. It was noted that greater awareness would improve the use of services when needed.</p> <ul style="list-style-type: none"> • Health inequalities – people from diverse ethnic communities noted that certain traumatic events, such as domestic violence and childhood sexual abuse take place, but they are often not discussed, or support sought due to fear of breaking cultural taboos. • Satisfaction – negative experiences, or mistrust of health services leave people to disengage from services that might help them avoid a crisis. • Satisfaction – people were positive about the level of support they received from local community support groups and the benefits it had to their mental health. People were concerned about ongoing funding for these services and the impact it might have on them if they were no longer available. • Resources – people told us that crisis services would not help their children, giving an example of crisis services telling the person in crisis to go to their parents for support rather than receiving support from crisis service which then has an impact on the parent’s mental health. • Wider determinants – people told us about the impacts of getting ill with a physical health condition, menopause, negative body image, and feeling lonely and isolated is impacting their mental health, leading to some people feeling suicidal.
<p>Carers Leeds</p>	<p>Community Mental Health Transformation – Insight from Carers</p> <p>Not available online</p>	<p>311 carers Equality data is inconsistent but includes ages between 36 – 74, men and women, and</p>	<p>Mar – Sept 2023</p>	<p>Regular engagement work was carried out with carers to discuss mental health. Four reports were produced over six months, below is a summary of key themes from those reports:</p> <ul style="list-style-type: none"> • Communication – people told us about frustrations felt by carers that staff from GPs and mental health services were not communicating

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
		<p>contact with diverse ethnic communities, but most feedback is from White British people.</p>		<p>effectively with them. They noted being unaware of risk assessments, care plans, or potential sources of support for their cared-for person.</p> <ul style="list-style-type: none"> • Communication – people also told us about a frustration encountered when relating to ‘confidentiality’. People said that professionals were unwilling to share details about their cared-for person because it would breach confidentiality. People noted that this is at odds with physical health care carers and puts both the cared-for person and carer at risk. • Resources – people told us about being discharged from community mental health services with little to no support which can lead to needing to use crisis services due to a lack of meaningful support. People also noted how difficult it was to get hold of anyone from community mental health services or get quick interventions, leading to an escalation in people’s care needs. • Resources – carers questioned the lack of support when someone is suicidal, they said that carers are not trained to support someone 24 / 7 and a lack of information and support means they are ill-equipped to support their cared-for person in those circumstances. People gave examples of how a lack of care and support from mental health services led to an increase in suicide attempts. • Timely care / resources – people told us about a lack of available care at weekends and at night from crisis services. People also noted that they were told to ‘call the police’ when there was not any available support from crisis services. • Involvement in care – carers told us that they were often “not listened to” or believed and were ignored when it comes to helping professionals understand what is going on. A carer may notice something in contradiction to what a service user is saying, but staff are not considering it.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<ul style="list-style-type: none"> • Person centred / health inequalities – people told us that services were not adapting their support offer to meet the needs of the person using the service, carers told us about experiences of a lack of understanding and flexibility for people who are neurodivergent (for example: autistic, people with OCD etc.). It was noted that therapeutic input has the risk of touching on sensitive subjects that could cause more problems if the adequate level of support isn't there. • Health inequalities – carers told us that the impact of being a carer on their health and wellbeing is not being understood. Carers are reporting worrying about or becoming unwell as a result of their caring responsibilities, including needing mental health support. • Joint working – people told us that services aren't working in a joined-up way. They cited having to repeat histories due to case notes not transferring between private, third sector and NHS services as well as those services not communicating with one another to coordinate care effectively. • Information – people spoke about a lack of available information and signposting to alternative services from mental health services. • Resources – carers noted a lack of support for anyone affected by suicide. • Involvement in service development – a number of people told us that they don't believe things will improve or get better and declined to get involved further.
The Big Life Group	Community Mental Health Transformation – Insight from culturally diverse communities	77 people from a range of different backgrounds, including:	Mar – Sept 2023	Regular engagement work was carried out with people from culturally diverse communities to discuss mental health. Four reports were produced over six months, below is a summary of key themes from those reports:

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
		<ul style="list-style-type: none"> • Gujarati women • Hindu Indian women • Black African, Caribbean, White British, and South Asian men and women. • Ages ranges between 35 – 80. 		<ul style="list-style-type: none"> • Health inequality – the women’s group felt comfortable to attend and discuss feelings because trust has been built within the group. It was noted that men would benefit from groups such as these to build friendships and discuss mental health but noted a lack of groups for them. • Communication / information – Gujarati women expressed that they find it difficult to engage with GP and mental health services because they do not understand English well and have requested more information about services being available in alternative languages. • Transport and travel – people told us that accessing services across the city can be difficult to navigate and too expensive for certain communities (such as people with experience of migration). People told us that there is a preference to visit services more locally, but some were worried about gossiping in local communities. • Health inequalities – people told us about a noted difference in the way people from black communities are treated compared to people who are white when in a crisis. They noted that black people were more likely to end up sectioned when in crisis.
<p>Leeds Survivor-Led Crisis Service</p>	<p>Connect Daytime Work and Feedback</p> <p>Not available online</p>	<p>Not detailed</p>	<p>July 2022 – July 2023</p>	<p>Feedback from the Connect service including case study examples of recent types of calls and feedback from users of the service.</p> <ul style="list-style-type: none"> • Person centred / satisfaction – people spoke positively about the service and how it connects with people individually, remembering who they are and speaking to them “like a person, not from a script”. • Choice / person centred – people told us that being able to contact Connect over other services for what they need, even when not in crisis, helps them avoid using other services (such as crisis helplines or Emergency Departments). • Choice / health inequality / satisfaction – a number of people told us that Connect feels like the only option for them, either because they’ve

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<p>been told they are too complex to receive support elsewhere or that they do not trust other services due to poor experiences (this includes poor attitudes towards trans and homeless people).</p> <ul style="list-style-type: none"> • Satisfaction – people spoke highly of the Connect service, particularly in comparison to other helplines, including the Samaritans and West Yorkshire-wide mental health helpline. • Joint working / information – case studies noted the work that needed to take place between multiple services on behalf of service users and highlighted the lack of existing joint working between services; service users were often not signposted if they didn't receive support from a service. • Involvement in care – people using Connect told us about how the interventions they were supported to develop help them stay well.
<p>Care Quality Commission (CQC)</p>	<p>NHS Community Mental Health Survey Benchmark Report 2022 – Leeds and York Partnership NHS Foundation Trust</p> <p>https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2022/RGD_Leeds%20and%20York%20Par</p>	<p>282 people took part (1250 were invited)</p> <p>Full demographics included in report – majority of respondents (86%) were White.</p>	<p>2022</p>	<p>The survey collected feedback on community mental health services. The survey was available to people aged 18 and over who were receiving care or treatment for a mental health condition and were in contact with LYPFT between 1 Sept 2021 and 30 Nov 2021.</p> <ul style="list-style-type: none"> • Timely care – people told us it took too long to access care when they were in crisis (5.7 out of 10) • Communication – some people told us that they sometimes found it difficult to understand what NHS talking therapies were available to them (8 out of 10). • Involvement in care / wider determinants – people told us that they would like their family / friends / carer to be more involved in their care (6.6 out of 10). • Person centred – people told us that members of staff understand how their mental health affects other areas of their life (7.6 out of 10).

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
	tnership%20NHS%20Fou ndation%20Trust.pdf			<ul style="list-style-type: none"> • Communication / person centred – most people felt that they were given enough time to discuss their needs and treatment with a member of staff (7.8 out of 10).
Healthwatch Leeds	<p>Community Mental Health Transformation – What people told us was important to them when getting mental health support</p> <p>https://healthwatchleeds.co.uk/reports-recommendations/2022/community-mental-health-transformation/</p>	<p>421 responses from people with lived experience, carers and others</p> <p>Demographics available in the report</p>	<p>2021</p>	<p>Healthwatch Leeds were asked to carry out engagement work in three pilot areas of the community mental health transformation work. They wanted to know what really mattered to people when accessing mental health care and support, and what would encourage them to get involved in the work.</p> <ul style="list-style-type: none"> • Person-centred – people told us that mental health services should be available and accessible to anyone who needs it, ensuring it considers the specific needs of a person. • Person-centred – people told us that mental health services should be flexible enough to meet the needs of different communities and individuals. • Information – people told us that mental health services should have simple and clear information about the service, who can and cannot get support and how it can be accessed. • Joint working – services need to work together in a way that ensures people can get support for all their needs. • Involvement in care – people told us that carers are an important part of services, and they should be fully involved and supported. • Involvement in care – people told us that they want to be involved in their mental health care wherever possible.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
NHS Leeds CCG	<p>Enhancing community mental health support services</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102632/https://www.leedscg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/</p>	<p>645 people contributed to the engagement</p> <p>207 service users</p> <p>36 carers / family member</p> <p>189 health and care staff</p> <p>213 members of the public / non-health and care staff</p>	2021	<p>This engagement asked people in Leeds about proposals to enhance community mental health support services, delivered by third sector organisations.</p> <p>Cross-cutting themes (themes that appeared across all topics)</p> <ul style="list-style-type: none"> • Joint working - people were keen to see services work better together so that the service user has a good journey between different services. • Health inequality (ethnicity) - people told us that they want services to work more proactively with diverse ethnic communities, people told us that services should “go to where people are”. • Health inequality (ethnicity) / workforce - people suggested ensuring staff are appropriately trained to understand the needs of different communities and the impacts of different cultures. • Communication / information - people told us that more needs to be done to promote local mental health services. • Joint working / information – people told us that all services need to have a greater awareness of each other so that they can effectively ‘signpost’ people to alternative and additional services. • Information – people told us they would prefer one place to find all the information they need about mental health services. <p>Crisis and urgent care support services</p> <ul style="list-style-type: none"> • Joint working – people told us that they were generally supportive of the of a single contract for crisis and urgent care support services because it would improve joint working and make it easier to access services.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<ul style="list-style-type: none"> • Choice and workforce - people told us that longer opening hours, more staff and changing the way crisis services are delivered, including more locations of existing services would increase and improve the number of people services could support. • Joint working - people told us third sector organisations sharing information with relevant organisations, such as GPs or care coordinators, would improve the quality of their care. • Health inequality (disability) - people told us that having mental health difficulties can make it difficult to find or get help.
Healthwatch Leeds	<p>What people have told us about their mental health and well-being – Weekly check-in summaries</p> <p>https://healthwatchleeds.co.uk/reports-recommendations/2020/impact-on-mental-health-during-covid/</p>		Apr – Oct 2020	<p>During the COVID-19 pandemic, Healthwatch Leeds conducted regular ‘check-ins’ with the people of Leeds on various health and care subjects. This document summarised the mental health-related conversations captured:</p> <ul style="list-style-type: none"> • Workforce – concerns were raised that people who self-harmed would not attend the Emergency Department (A&E) due to concerns of experiencing stigma when staff are overstretched.
Leeds GATE	<p>Don’t Be Beat – Advocacy, support and training for Gypsies and Travellers about mental distress and suicide.</p>	Worked with 40+ members of the Gypsy and Traveller community who	2020	<p>Leeds GATE’s evaluation report on their Don’t Be Beat project, to address mental health disparities felt by their members, found that:</p> <ul style="list-style-type: none"> • Health inequality (ethnicity) – members of the Gypsy and Traveller community did not feel able to access other mainstream services. • Information / communication / involvement in care – having low levels of literacy was highlighted as a barrier to both self-advocacy and

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
	https://static1.squarespace.com/static/5d3ea250dd120200018267e2/t/5f569d716993cf0a0feb8b70/1599511945712/Leeds+GATE+Dont+Be+Beat+report+evaluation.pdf	are part of Leeds GATE		<p>seeking support elsewhere, as not all mainstream services would provide adequate support around literacy.</p> <ul style="list-style-type: none"> • Communication / person-centred / involvement in care – make Travellers feel important and listen to them, take extra time in appointments, and make them feel they are heard and important. • Involvement in care / involvement in service development – services should promote that they want to work with Travellers more and that they are welcome in the service. They should also do more outreach and visit sites.
Healthwatch Leeds	Young women’s mental health outcome-based accountability report	120 people took part, 51 young people, 10 parents, 59 professionals	2020	<p>Leeds City Council hosted an event for younger people, parents and professionals with a focus on looking to improve young women’s mental health.</p> <ul style="list-style-type: none"> • Workforce – people were shocked to hear that there are a very small number of Children and Adolescent Mental Health Services (CAMHS) crisis workers for the whole city. • Person centred – people talked about people accessing Emergency Departments at crisis point and initial assessments by crisis teams need be flexible in understanding someone’s situation and their needs. They commented that categorising levels of risk wasn’t helpful. • Person centred – what a crisis is different for each person. • Information – it is difficult for students who may be new to the area to know what crisis services are available and how to easily access them.
NHS Leeds CCG	Accessing mental health services in Leeds – Insight review	N/A an insight review of existing mental health	2020	<p>This insight review aimed to pull together what people living in Leeds have already told us about their needs and preferences in relation to accessing crisis and early intervention mental health services.</p> <ul style="list-style-type: none"> • Workforce / person-centred – people told us that staff can be dismissive of their issues and that they need to be caring and empathic.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902104020mp/https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/04/2020_11_MH_Accessing_Services_Review_V1.0.pdf	experience information		<ul style="list-style-type: none"> • Communication / information / joint working – people told us it is important that staff are aware of services people can access, even if it's not in their organisation. • Communication / information – people told us that communication needs to be clear, and efficient, include the right information and not assume a person knows how a service works. • Clinical treatment – people told us they want crisis services to be able to offer them meaningful interventions that aren't based around the service user creating them. • Clinical treatment – people told us that crisis services should not leave someone in a crisis without support or a meaningful intervention. • Timely care – waiting times to access crisis services need to be shorter. • Joint working – people told us that all statutory and third-sector services need to work better together. • Involvement in service development – services need to routinely collect experience feedback from service users and use this to shape their services.
Leeds and York Partnership NHS Foundation Trust (LYPFT)	Black, Asian and Ethnic Minority (BAME) engagement report Not available online	No demographic information available	2019	To better understand people from diverse ethnic communities' experiences and thoughts towards mental health and services, interviews and focus groups were carried out with people and organisations representing people from diverse ethnic communities: <ul style="list-style-type: none"> • Health inequality – people told us that in some diverse ethnic communities, mental health remains a taboo subject; people would not always talk openly outside of the immediate family for fear of being judged, seen as weak, disowned, labelled 'crazy', or losing status in the community. Some people were worried about bringing attention to

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<p>themselves in case they were deported or put a negative lens on someone's whole family.</p> <ul style="list-style-type: none"> • Health inequality – there is a mistrust of mental health services from people in diverse ethnic communities, increased sectioning of diverse ethnic communities has contributed to this and is stopping people from seeking help until it reaches crisis point. • Communication – language translation was identified as a barrier to supporting people. It was noted that a lack of interpreters and a reliance on family members who might not be translating accurately (willingly or unintentionally) can get in the way. Issues around jargon and professional speech that doesn't directly translate were also an issue. • Communication / information / transport and travel – health literacy was identified as an issue. Some older generations were noted to have limited reading and writing ability and are unable to answer questions or fill out forms they do not understand / relate to. This also applies to reading bus timetables, impacting their ability to get to appointments or support groups. • Workforce – people told us that there is a significant lack of cultural awareness from members of staff, particularly from those in decision-making capacities (such as those who decide whether to section someone or in tribunals). • Information – people told us that there was a lack of awareness of crisis and mental health services and how to access them.
NHS Leeds CCG	Developing community mental health services for Harrogate and rural districts, Wetherby and its surrounding areas	89 people contributed to the engagement 30 service users	2019	<p>This engagement heard from people in the Wetherby area about proposals to develop community mental health services in the area. People were generally supportive of the proposals:</p> <ul style="list-style-type: none"> • Joint working / resource - people told us that due to the boundary differences between Leeds and Harrogate they were not always getting a 'full package of care'.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
	https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102640/https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/	42 carers / family members 11 workers / volunteers 8 health and care staff 26 without direct experience of mental health services		<ul style="list-style-type: none"> • Communication – people told us that services should be clear about what people should be getting and where from (Leeds or Harrogate) as it is confusing for people. • Communication / workforce – people also told us that staff need to be trained in what services people can and cannot access in Wetherby given the geographical boundary between services. • Transport and travel - people told us that the Wetherby area is poorly served by public transportation and accessing services outside of the area can be time consuming, costly, and stressful. • Information / resource - people told us that it isn't clear what services are available to people in Wetherby and there should be better promotion and help from services to access what is available.
Healthwatch Leeds	Mental health crisis in Leeds https://healthwatchleeds.co.uk/wp-content/uploads/2019/07/Crisis-Report-for-website.pdf	697 people Demographics are available in the report	2019	Healthwatch Leeds carried out an engagement on mental health crisis in Leeds in early 2019 to find out if people knew where to go for help and support and how that support was once they had accessed it. <ul style="list-style-type: none"> • Information – almost half of people experiencing or supporting someone in crisis for the first time told us they would not know where to go for support. • Satisfaction – people told us about positive and negative experiences of care. They said specifically that staff had a big impact on their experience. • Timely care – people told us that access to support when in a mental health crisis needed to be quicker. • Person-centred - people told us that there was a lack of understanding of mental health in some 'mainstream' services.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
				<ul style="list-style-type: none"> • Information – one of the most common reasons people did not seek help was because they were not sure it was a crisis. • Satisfaction / clinical treatment – one of the most common reasons people did not seek help in a mental health crisis was because they had used a service before and did not find it helpful or had a poor experience. • Resource – people told us that one of the most important things that is helpful in a mental health crisis is having someone to talk to. • Communication / information / joint working – less than half of people said that they were told about any further support that they could get after a crisis. • Resource / clinical treatment – people told us that there needs to be better and earlier interventions to help avert a crisis. • Timely care – people told us about the long waiting times for mental health support services. • Person centred – some people told us that their individual needs had not been taken into account (including autistic people and carers).
<p>NHS Leeds CCG</p>	<p>Long term plan for mental health in the NHS</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102314/https://www.leedsccg.nhs.uk/get-involved/your-</p>	<p>222 people contributed to the engagement</p> <p>102 members of the public 71 service users 28 carers / family members</p>	<p>2018</p>	<p>This engagement asked people what their priorities were for mental health over the next 10 years to help NHS England define its long-term priorities and focus for mental health. The themes below were from responses of people in Leeds:</p> <ul style="list-style-type: none"> • Information - it is felt there is low awareness and understanding of mental ill health. • Joint working - sometimes services do not work or communicate in an integrated way. • Workforce - knowledge, experience and attitude of staff are vital in making services work.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
	views/mental-health-long-term-plan/	21 members of the health workforce 15 other stakeholders		<ul style="list-style-type: none"> • Health inequality / communication - services need to be easy to access with adequate signposting. • Clinical treatment - early intervention and prevention need more investment. • Person-centred - mental health care needs to be person-centred and last for the appropriate length of time for the individual.
NHS Leeds CCG	<p>Providing a primary care mental health service for adults in Leeds</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102612/https://www.leedsccg.nhs.uk/get-involved/your-views/primarycaremservices/</p>	<p>1105 people contributed to the engagement.</p> <p>Demographics in the report.</p>	2018	<p>This engagement asked people to tell us about their experiences of using primary care mental health services to help ensure that the new service meets the needs and preferences of the people of Leeds:</p> <ul style="list-style-type: none"> • Information - people told us that there is generally low awareness of mental ill health, especially amongst older people and men. • Information - people told us that there is a lack of consistent and clear information about mental health services in Leeds, especially around: <ul style="list-style-type: none"> ○ How to access services. ○ What services are available. • Timely care - people told us that it takes a long time to get an initial assessment and access specific therapies and that long waiting times can exacerbate existing conditions. • Workforce - the majority of people told us that the knowledge, experience and attitude of staff made the biggest different to their outcome. They told us that the following qualities were very important: <ul style="list-style-type: none"> ○ Being listened to ○ Being treated with dignity ○ Having confidence in their worker ○ Consistency of worker

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health crisis services
Yorkshire MESMAC	<p>Leeds LGBT+ Mapping Project</p> <p>https://issuu.com/lop7/docs/leeds_lgbt_mapping_project_full_re</p>	<p>126 people who identified as LGBT+ took part in a survey, 25 key organisations and agencies contributed and 15 LGBT+ members were involved in a project advisory group</p> <p>Full demographics available in report</p>	2017	<p>This piece of work aimed to map out LGBT+ activity and assets to build a better understanding of existing experiences, assets, and challenges for the LGBT+ community in Leeds.</p> <ul style="list-style-type: none"> • Health inequality (sexual orientation) – mental health was the top health and wellbeing priority for LGBT+ people in Leeds. 90% (114 people) of respondents reported they had experienced difficulties with their mental health including stress, low mood, confidence issues, anxiety, emotional distress, isolation and overreliance on drugs or alcohol. • Wider determinants / joint working – although mental health, sexual health, safe and welcoming spaces, trans health care and drug and alcohol abuse are presented separately, for many LGBT+ people these issues are linked with one another, negatively impacting and reinforcing each other. • Health inequality / wider determinants – the lack of safe and welcoming spaces for many LGBT+ people means an increased risk of isolation and loneliness, as well as reinforcing difficult mental health experiences already associated with discrimination and prejudice. • Wider determinants / satisfaction – LGBT+ communities are disproportionately impacted by drug and alcohol abuse, driven by experiences of social marginalisation / isolation, discrimination and prejudice, and poorer mental health outcomes. Negative experiences with healthcare lead to and reinforce these poor outcomes.

Additional Reading:

N/A

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how end of life care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#)).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	<p>Older people told us that they “don’t want to be a bother” and are reluctant to access services. It was noted that people need validation that they are entitled to support. (Community Mental Health Transformation – Insight from people aged over 55, April – November, 2023)</p> <p>Rates of poor mental health are higher amongst people of non-working age and despite targeted provision, rates of access to IAPT for younger groups and older groups in Leeds do not reflect estimated prevalence</p> <p>The older people we spoke to told us that:</p> <ul style="list-style-type: none"> • They found it easy to find out information about PCMH services • It is harder for older people to recognise and accept that they need help with their mental health, causing further delay in accessing treatment. • Referrers told us that services should include age-specific interventions. <p>The young people we spoke to told us that:</p> <ul style="list-style-type: none"> • It was easy to find out information about PCMH services • Long waiting times, previous negative experiences and not feeling comfortable accessing the service would stop them contacting the service. • Some young people and professionals told us that they would like services to be better advertised to young people and have more activities available for young people. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Disability	<p>People told us that getting help when you’re unwell can be stressful, upsetting and confusing (Enhancing community mental health support services, 2021).</p>

	<p>People with mental health difficulties noted that accessing mental health services can be difficult depending on their location, particularly if they are not in their local area as transportation can be difficult to navigate, particularly if someone is feeling unwell (physically or mentally). People highlighted the importance of the impact of their mental health on their ability to carry out tasks, such as navigating transportation and attending appointments. (Developing community mental health services for Harrogate, and rural districts, Wetherby and its surrounding areas, 2019).</p> <p>People want to see staff in health and care services receive training about mental health as well as other conditions including learning disabilities, autism and ADHD, as a lack of understanding and awareness of these conditions can contribute to poorer outcomes / experience of service users (Long term plan for mental health in the NHS, 2018).</p> <p>People told us that the criteria for accessing the service were confusing, inconsistent and often lead to people 'falling between the cracks'</p> <p>People with sensory impairments are at increased risk of Common Mental Health Disorder (CMHD) and experience barriers in accessing mental health support. Nationally, 30% of people with a long-term condition (LTC) are estimated to have a CMHD.</p> <p>Previous negative experience of using mental health services was a reason for people avoiding or delaying accessing support as the negative experience reduced confidence in the service's ability to help in the future</p> <p>The people with a hearing impairment we spoke to told us that:</p> <ul style="list-style-type: none"> • They found it difficult to find out information about PCMH services • They would like to access the service through their GP, however some told us that they would like to access the service through sign health. • They would like the services to be inclusive of, and appropriate for, their needs by offering BSL interpreters and having information and services in accessible formats. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Gender (sex)	A Hindu Indian women's group felt comfortable attending and discussing feelings because trust had been built within the group. It

	<p>was noted that men would benefit from groups such as these to build friendships and discuss mental health but noted a lack of groups for them.</p> <p>(Community Mental Health Transformation – Insight from culturally diverse communities, March – September 2023)</p> <p>In Leeds, 19% of women have a recorded a CMHD in Primary Care, compared to 11% of men.</p> <p>Of the men spoken to, they told us about the stigma around accessing mental health support and that it shouldn't be an area of life that they need help in. (Providing a primary care mental health service for adults in Leeds, 2018).</p>
Gender reassignment	<p>People from the LGBTQIA+ community have expressed that fear of / experience of discrimination due to their sexuality has led them to be less likely to see support from services or open up about their sexual or gender identity.</p> <p>(Community Mental Health Transformation – What matters to people in inner west and south Leeds, Oct-Dec 2023)</p> <p>People who identified as transgender and non-binary told us that a lack of understanding of the issues affecting them, or staff's attitude towards them is a barrier to accessing mental health services (Providing a primary care mental health service for adults in Leeds, 2018).</p>
Marriage and civil partnership	<p>At present, we have been unable to source any local evidence relating to marriage and civil partnership.</p>
Pregnancy and maternity	<p>An example of a mother being sectioned after giving birth and taken to Hertfordshire, separate from her newborn. No communication was made with the carer, and no information was available to the mental health service as the child was in a private facility and information couldn't be shared.</p> <p>(Community Mental Health Transformation – Insight from Carers, March – September 2023)</p> <p>Women in the perinatal period experience similar risk (20%) of CMHD as women in general - however, they may experience barriers to accessing mental health support associated with having young children and self-stigma. Young Parents in particular are more than twice as likely to experience mental health problems in the perinatal period as the population of childbearing women overall.</p>

	<p>Women also mentioned a lack of childcare could prevent them from accessing support for their mental health (Providing a primary care mental health service for adults in Leeds, 2018).</p>
<p>Race</p>	<p>People from diverse ethnic communities noted that certain traumatic events, such as domestic violence and childhood sexual abuse take place but they are often not discussed or support sought due to fear of breaking cultural taboos.</p> <p>(Community Mental Health Transformation – Insight from people aged over 55, April – November, 2023)</p> <p>A Hindu Indian women’s group felt comfortable attending and discussing feelings because trust had been built within the group. It was noted that men would benefit from groups such as these to build friendships and discuss mental health but noted a lack of groups for them.</p> <p>Gujarati women expressed that they find it difficult to engage with GP and mental health services because they do not understand English well and have requested more information about services being available in alternative languages.</p> <p>People from diverse ethnic communities told us that accessing services across the city can be difficult to navigate and too expensive for certain communities (such as people with experience of migration).</p> <p>People and carers from diverse ethnic communities told us that there is a preference to visit services more locally, but some were worried about gossiping in local communities.</p> <p>People told us about a noted difference in the way people from black communities are treated compared to people who are white when in a crisis. They noted that black people were more likely to end up sectioned when in crisis.</p> <p>(Community Mental Health Transformation – Insight from culturally diverse communities, March – September 2023)</p> <p>People from diverse ethnic communities want to see services reach out and work with them directly in the community and say that staff would benefit from training to understand the needs of different communities / cultures.</p> <p>People from diverse ethnic communities told us that language barriers, long wait times and a lack of awareness of what services can offer in communities was a barrier to getting help / accessing services (Enhancing community mental health support services, 2021).</p>

Gypsy and Travellers are encouraging others in their community to tackle the stigma around mental health. A better view on mental health may encourage Gypsies and Travellers to access more mental health support in the future (**Don't Be Beat – Advocacy, support and training for Gypsies and Travellers about mental distress and suicide, 2020**).

People told us that in some diverse ethnic communities, mental health remains a taboo subject; people would not always talk openly outside of the immediate family for fear of being judged, seen as weak, disowned, labelled 'crazy', or losing status in the community. Some people were worried about bringing attention to themselves in case they were deported or put a negative lens on someone's whole family.

There is a mistrust of mental health services from people in diverse ethnic communities, increased sectioning of diverse ethnic communities has contributed to this and is stopping people from seeking help until it reaches crisis point.

Language translation was identified as a barrier to supporting people. It was noted that a lack of interpreters and a reliance on family members who might not be translating accurately (willingly or unintentionally) can get in the way. Issues around jargon and professional speak that doesn't directly translate were also an issue.

Health literacy was identified as an issue. Some older generations were noted to have limited reading and writing ability and are unable to answer questions or fill out forms they do not understand / relate to. This also applies to reading bus timetables, impacting their ability to get to appointments or support groups.

People told us that there is a significant lack of cultural awareness from members of staff, particularly from those in decision making capacities (such as those who decide whether to section someone, or tribunals).

People told us that there was a lack of awareness of crisis and mental health services and how to access them in diverse ethnic communities.

(Black, Asian and Ethnic Minority (BAME) engagement report, 2019)

People noted that recruiting a diverse workforce, including staff of different ages, ethnicities and socio-economic backgrounds would help people feel more comfortable accessing services (**Long-term plan for mental health in the NHS, 2018**).

	<p>There is significant evidence that people from diverse ethnic communities experience both poorer mental health and increased barriers to accessing care. Within Leeds, these groups are under-represented in primary care records as having a CMHD and are less likely than White British groups to finish a course of IAPT treatment. Black women are particularly at increased risk of CMHD, as are asylum seekers and refugees and Gypsy and Traveller groups. There is evidence that some people within Muslim communities experience higher levels of depression which are more chronic in nature than in the general population.</p> <p>People told us:</p> <ul style="list-style-type: none"> • It was difficult for them to find information about primary care mental health services. • People from diverse ethnic communities are likely to have had negative experiences with mental health services in the past and that might prevent them accessing or trusting existing services. • They feel that services do not understand the needs of different communities. • Some communities, such as Gypsy and Traveller communities, would like to access primary care mental health services through a voluntary sector organisation in the first instance. • Friendliness of staff, location of service and waiting times are very important aspects when accessing services. • Caring responsibilities, not feeling comfortable and not being able to find mental health support would deter people from Gypsy and Traveller communities from using PCMHS. • Stigma attached to mental health issues in communities and what might happen if accessing a service (i.e., having a child taken away) are also potential barriers. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Religion or belief	<p>Hindu Indian women fed back that going to Temple is a source of stress relief.</p> <p>(Community Mental Health Transformation – Insight from people aged over 55, April – November, 2023)</p>
Sexual orientation	<p>People from the LGBTQIA+ community have expressed that fear of / experience of discrimination due to their sexuality has led them to be less likely to see support from services or open up about their sexual or gender identity.</p> <p>(Community Mental Health Transformation – What matters to people in inner west and south Leeds, Oct-Dec 2023)</p>

	<p>People from LGBTQIA+ communities told us that a lack of understanding of the issues affecting them, and staff attitudes towards them, are barriers to them accessing mental health services.</p> <p>People also said that they were worried about confidentiality being maintained when accessing services. (Providing a primary care mental health service for adults in Leeds, 2018).</p> <p>People from LGBT+ communities have a disproportionate experience of mental health difficulties, exacerbated by feelings of isolation, prejudice, use of alcohol and drugs, lack of safe spaces and poor experiences with health care (Leeds LGBT+ Mapping Project, 2017).</p>
Homelessness	At present, we have been unable to source any local evidence relating to homelessness.
Deprivation	In Leeds, nearly 200,000 people live in the most deprived 10% of neighbourhoods (when ranked nationally). These people have 2-3 times the risk of a CMHD compared to the general population. Specific associations / causes include – poor housing / homelessness / debts / unemployment (Providing a primary care mental health service for adults in Leeds, 2018).
Carers	<p>Mental health care teams need to recognise the importance of providing all service users’ families or carers support whilst they are in crisis. (Community mental health service user survey, 2024)</p> <p>Carers told us that the impact of being a carer on their health and wellbeing is not being understood. Carers are reporting worrying about or becoming unwell because of their caring responsibilities, including needing mental health support. (Community Mental Health Transformation – Insight from Carers, March – September 2023)</p> <p>When someone is struggling and finding it difficult to articulate their needs, staff must be considered when acting on someone’s care and listening to what is being said (or not), including any communications by a carer. Staff mustn't be dismissive of what someone is saying. This can lead to difficult situations, such as a carer providing 24-hour observations to keep their cared-for person safe. (How does it feel for me? – Emma and Adam’s story, 2023)</p>
Access to digital	People told us they would like to see technology better used to assess people’s needs and signpost them to the right support (Long term plan for mental health in the NHS, 2018).
Served in the forces	At present, we have been unable to source any local evidence relating to serving in the forces.

7. Gaps and considerations – are there any gaps in our evidence or things we need to consider?

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

- Feedback from people who have a learning disability and / or who are neurodivergent (autistic, people with ADHD etc.) about their experiences of crisis services.
- Feedback from people who are homeless and their experience of mental health crisis services.
- Feedback from people who served in the armed forces.
- Experiences of level of support based on location in Leeds, particularly those from areas of higher deprivation.

Additional gaps and considerations identified by stakeholders

- With regard to making changes without providing appropriate and correct information: I've just heard some insight from a GP, they were not made aware (nor were we, or other third sector organisations that we've spoke to) about the Crisis number not being available for the public anymore and that people now call 111. The GP said they only found out when members of the public told them. He also said that they had seen an increase in appointments (seeking help for MH crisis) since this number was changed and that people told him that they think 111 will just be generic help and not the type of support they expect from a specific phone number. This change, I suspect, will put people off of calling when they are in crisis (Healthwatch Leeds).

8. Next steps – What happens next?

We would like to outline our next steps to demonstrate how this insight report will be used to improve mental health crisis care in Leeds.

a. Add the report to the Leeds Health and Care Partnership website

We will add the report to our website and use this platform to demonstrate how we are responding to the findings in the report.

b. Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape local services.

Appendix A - Involvement themes

Nov 2023, V1.0

The table below outlines key themes used in our involvement and insight work. These themes cover most of the feedback we receive but you might want to add additional themes.

You can find other useful tools and links to related documents on our Leeds Health and Care Partnership Website here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/involvement-support/>

	Description	Examples
Choice	Services allow people to choose how, where and when they access care. Services allow people to choose whether to access services in person or digitally.	People tell us they want to access the service as a walk-in patient. People tell us that they often struggle to get an appointment with the GP of their choice
Clinical treatment	Services provide high quality medical treatment.	People tell us their pain is managed well.
Communication	Services provide clear communication and discussion between professionals and patients / carers about services, conditions, and treatment. Two-way communication.	People tell us that their treatment was explained in a way that they understood, and they could ask questions about the information they were given.
Covid-19	Services are mindful of the impact of Covid-19.	People tell us the service was not accessible during the pandemic. People tell us that since the pandemic they have not been able to make an appointment.
Environment	Services are provided in a place that is private, clean, safe, and accessible to people with physical disabilities.	People tell us that the waiting area was dirty and there was no wheelchair ramp.
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people tell us that they struggle to access the service digitally. People tell us that the service provided space for them to pray.
Information	Services provide accessible information about conditions and services (leaflets, posters, digital). One-way communication.	People tell us that the leaflet about the service was complicated and used terms they did not understand.
Involvement in care	Services involve people in individual care planning and decision-making.	People tell us they are not asked about their needs and preferences.

	Description	Examples
Involvement in service development	Services involve people in service development. Having the opportunity to share views about services and staff.	People tell us that they were given an opportunity to feedback about the service using the friends and family test. The Patient Participation Group were asked about plans to change the opening times of the practice.
Joint working	Services provide care that is coordinated and delivered within and between services in a seamless and integrated way.	People tell us that their GP was not aware that they had been admitted to hospital.
Person centred	Services provide individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy, and compassion. Respecting people's choices, views, and decisions.	People tell us that their relative died in the place they wanted. People tell us that they were not offered a translator.
Resources	Services that ensure that staff, patients, and their carers/family/friends have the resources and support they need.	The family told us that adaptations to the house took a long time.
Satisfaction	Services that are generally satisfactory / unsatisfactory. People are happy / unhappy with the overall service they received.	Most people tell us that they were very happy with the service.
Timely care	Services that provide care and appointments in a timely manner.	People tell us that they waited a long time to get an appointment. People tell us that they waited for five hours to be seen by the consultant.
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care.	People tell us they are concerned that the ward was busy because there were not enough staff.
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People tell us that poor local transport links make it difficult to get to their appointment on time. People tell us there is plenty of free parking at the practice.
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing and the environment.	People told us that their housing had a negative impact on their breathing.