



Volunteer Centre
West Berkshire

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MENTAL HEALTH SERVICES PATHWAY EXPERIENCES IN WEST BERKSHIRE

REPORT WRITTEN AND PRODUCED FOR
BERKSHIRE HEALTHCARE FOUNDATION TRUST
BY VOLUNTEER CENTRE WEST BERKSHIRE

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FOREWORD

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In the evolving landscape of mental health care, in a post pandemic world the heart of progress lies within our communities. This report encapsulates the culmination of a series of pivotal consultations across West Berkshire that sought to delve into the core of community-based mental health services. It is a testament to the collaborative efforts and impassioned dedication of individuals; organisations coming together to reimagine and refine the support structures crucial to mental well-being.

These consultations weren't just discussions; they were dynamic platforms where voices were heard, experiences shared, and innovative ideas cultivated. They illuminated the diverse tapestry of needs within our communities and underscored the imperative for tailored, accessible, and inclusive mental health services that transcend existing and conventional boundaries.

The insights gleaned from these sessions paint a vivid portrait of resilience, hope, and a collective determination to foster environments where mental health is not only a priority but a shared responsibility. From our urban centres to our rural hamlets, the spectrum of challenges and aspirations voiced during these consultations has provided a compass guiding us toward more comprehensive, responsive, and sensitive approaches to mental health care and provision.

This report is not merely a compendium of findings; it's a testament to the power of dialogue, empathy, and collaboration. It stands as a blueprint for action, urging stakeholders at every level to heed the calls for change and to join hands in forging a future where mental health support is woven seamlessly into the fabric of community life here in West Berkshire.

As we navigate the complexities of modern existence, let us harness the wisdom distilled within these pages to create communities that not only understand mental health but embrace it with compassion, understanding, and a commitment to holistic well-being.

INTRODUCTION

The BOB Joint Forward Plan (June 2023) has set goals to improve mental health for adults and children in Berkshire West, Oxfordshire and Buckinghamshire. For adults their 5 year ambition is to achieve ‘improved mental health and wellbeing outcomes for all adults and older people living, learning and working in BOB.’ For children and young people the aim is to realise ‘improved mental health and wellbeing outcomes for children and young people (ages 0 – 25), living learning and working in BOB’. To achieve this, BOB ‘will take a needs-led and person-centred approach (in line with the thrive framework) to implementation, transformational change and delivery’ (1)

Berkshire Healthcare Foundation Trust (BHFT) is developing a community mental health transformation programme in which they will ‘work with GPs, hospitals, social care, voluntary sector, and patients and their families, to improve services for people with significant mental illnesses.’ (2)

The aims are to ensure that new services will be holistic and provide the right support in the community with more accessible and flexible services. The ‘new approach connects community and specialist mental health services, and local authorities and volunteer groups, to guide people to wellbeing offers and community support.....no matter where the person starts when asking for help, they will arrive at the right place for help.’

To help inform this process for BHFT, the Voluntary sector in West Berkshire were asked to find out what people think about mental health services and report back findings.

This report endeavours to bring together the views, opinions and experiences of the voluntary sector and their service user relating to mental health services in West Berkshire.

To gather this intelligence a variety of techniques and tools were used to reach as many people as possible. The main section of the report is a synopsis of three face to face workshops attended by people with lived experience of a mental health condition, family members who support an individual with a mental health issue and those working in the voluntary or statutory sector who help and support adults and children with mental health issues.

Other sections of the report include a survey of young people with lived experience and a survey of adults with lived experience who attend 8 Bells for Mental Health in Newbury.

It is hoped that this report and its highlighting of barriers, gaps and potential solutions, plus recommendations will help to inform the BHFT work to improve mental health services in West Berkshire.

(1) <https://www.bucksoxonberksw.icb.nhs.uk/media/2916/bob-joint-forward-plan-service-delivery-plans-june-2023.pdf>

(2) <https://www.berkshirehealthcare.nhs.uk/about-us/transformation-and-innovation-in-healthcare/service-transformation/community-mental-health-transformation-programme/>

LANGUAGE OF THE REPORT

The language used in this report is not intended to label anyone with lived experience of mental ill health and we fully appreciate the importance of recognising that labelling those with a mental health condition can be damaging or negative. Those attending the workshops and completing the surveys identified mental ill health using a variety of terminology including people with ‘mental health issues’, ‘mental health problems’, ‘mental health conditions’, ‘mental ill health’, ‘poor mental health’ and ‘people with lived experience’. Consequently, the term ‘people with lived experience’ is used as a preference, however some of the other terms have also been used.

THE WORKSHOPS

Three workshops were run inviting voluntary sector representatives and their service users to come and share their views on and experiences of local mental health services. We invited those working to support West Berkshire residents who seek out mental health support and services and those with lived experience.

These workshops were run in the west of the district (Hungerford), central West Berkshire (Newbury) and in the east (Theale). A total of 25 individuals attended the three workshops representing 19 different organisations both voluntary and statutory (see appendix 1).

THE WORKSHOP PROCESS

Participants were divided up into small groups with a facilitator to encourage discussion and ensure all participants had the opportunity to share their views as well as a scribe to note down most of the discussion for later analysis.

Each workshop was split into 3 sessions: Pre diagnosis/diagnosis, treatment and post treatment/the ‘new normal’. These topics were discussed in pairs, then in fours, then as a whole table if there were more than four participants. Finally, there was a whole room plenary, ensuring that all ideas and views were widely shared.

The pairs were encouraged to write key points on post-it notes, considering barriers, gaps and solutions. These were placed on a ‘journey map’ that went from prediagnosis, into diagnosis, treatment, post diagnosis and finally finished with the ‘new normal’.

Participants were requested to identify all the voluntary sector services they were aware of in West Berkshire and any that they had used. They were not asked to rate the services in any way, although sometimes comments were made about services throughout the discussion (appendix 2)

Participants were asked to consider where they were at that moment on a Mental Health Continuum from high to low level mental wellbeing in addition to having severe to no mental ill health. Adapted from Mental Health Promotion Paradigms and Practice by K Tudor, 1996 (appendix 3).

THE REPORT

The report identifies key themes that emerged from the plethora of comments and discussion recorded at the three workshops. Where appropriate some quotes from participants are used to illustrate specific points and help the reader appreciate the diversity of views and the strength of feelings that were expressed. There were well over 10,000 words written down by the scribes in the three workshops and they represent the experiences and feelings of a very diverse group. Everyone who attended was very focused on their tasks and shared touching and sometimes heartbreaking stories of their own journeys and the journeys of those who they helped and supported. It is impossible to share every comment, but an attempt has been made to group together similar comments so that the themes that emerge from the workshops represent the main views and experiences expressed. Finally, some recommendations have been made arising from the three workshops and the two surveys.

EXECUTIVE SUMMARY

The voluntary sector service providers and users in West Berkshire were asked to find out what people think about mental health services locally and report back findings and recommendations to Berkshire Healthcare Foundation Trust to help inform the Community Mental Health Transformation Programme.

This report brings together the views, opinions and experiences of the voluntary sector and service users relating to mental health services for adults and children and young people in West Berkshire.

A variety of techniques and tools were used to reach as many people as possible, including three face-to-face workshops attended by people with lived experience, family members who support an individual with a mental health issue and those working in the voluntary or statutory sector who support adults and children with mental health issues.

There are also results from a survey of young people with lived experience and a survey of adults with lived experience who attend Eight Bells for Mental Health in Newbury.

The report also highlights barriers, gaps and potential solutions. A set of recommendations have been put forward to inform the BHFT work to improve mental health services in West Berkshire within the voluntary sector.

The report is divided into sections: pre-diagnosis and diagnosis, treatment, post-treatment and 'the new normal'. Everything reported is a compilation of the views, opinions and beliefs from the workshops and the surveys.



PRE-DIAGNOSIS AND DIAGNOSIS

In our society mental health is still stigmatised, often not openly discussed or accepted during the life course. Having a diagnosis of a mental health condition can be problematic. Any deterioration in wellbeing should be identified early and early interventions made easily accessible. Destigmatisation of mental health issues and demystification of services is paramount. If we solve the problems caused by inequalities in society such as poverty, poor housing, unemployment etc we may also help many who suffer from mental ill health because of these factors. Current mental health systems were not well understood and the statutory and voluntary sector could improve signposting, including enhancing online directories such as the West Berkshire Directory. Statutory and voluntary services need to improve communication.

Those who had suffered this 'state of deteriorating wellbeing' found it a very difficult time, not knowing or understanding what was wrong or what they could do about it. They felt isolated, panicked and scared. Many were afraid to admit to having mental health issues or trying to seek help, fearing the consequences, or upsetting others close to them. Not seeking help for mental health problems could sometimes be a cultural issue.

Accepting the need for help and entering the mental health system to get a diagnosis was often a challenging time. Many went to their GP initially although this could be problematic: difficult to get to see a GP, appointments being too short and not being listened to. Social Prescribers were discussed as a credible alternative in Primary Care, being able to give more time to patients and offer holistic, person-centred care, taking all factors into account, including the wider determinants of health.

Having a diagnosis was good for some, opening the door to the right treatment and support, while others felt stigmatised and labelled. Long waiting times to be diagnosed, having to re-tell their story many different times and not knowing the system were all issues. A deficit approach made this a negative experience.



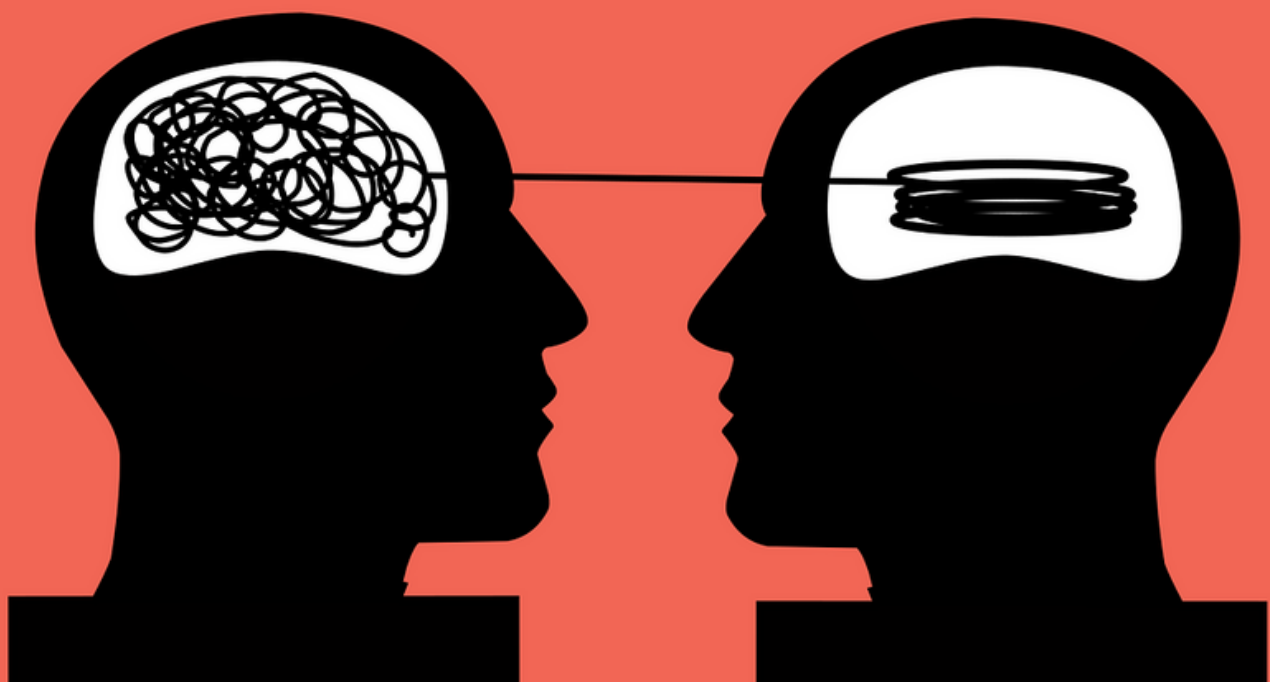
TREATMENT

During the treatment phase many felt they were not treated with respect, were not motivated and did not trust the system. Barriers included cost, transport, childcare and a complex choice of services. Medicalisation and lack of person-centred, holistic care were mentioned. Primary care staff in general were not well regarded, with services for some groups denied e.g. the homeless or those with alcohol/drug addiction.

There were criticisms of hospital care, with a number of problems described at Prospect Park Hospital. Medication was recognised as necessary in certain circumstances, but people wanted choice and a holistic approach, not solely medication. For many the side effects were unacceptable.

Main issues with counselling or talking therapies were that there were an insufficient number of sessions allowed and sudden ceasing which was unacceptable. Participants found opening up to a counsellor very challenging and not all individuals benefitted.

There were 22 different statutory and voluntary services positively cited ranging from face to face, phone based and online.



POST TREATMENT OR RECOVERY

This was a challenging time when continued support was believed to be essential for vulnerable individuals. Those with lived experience described balancing the need for ongoing support with personal development and reintegration into the community. Having a setback or relapse was common and recognising triggers and building resilience was key. A toolkit mentioned and positively regarded by many was WRAP – Wellness Recovery Action Plan.

Support groups were seen as key, as well as having support from family, friends and the community. Eight Bells for Mental Health in Newbury and Recovery in Mind, that offers in person and online support were both cited as helpful for peer support, providing a non-judgmental, safe place with diversionary activities.

A survey of 17 individuals with lived experience who attended Eight Bells for Mental Health was completed, all of whom had a diagnosis of a mental health condition. Barriers to getting a diagnosis included lack of support, feeling judged and long waiting times. All received treatment, usually medication or counselling. Positive factors in receiving treatment were easy access or self-referral, kindness and being listened to.

60% of respondents said they were able to maintain good mental health. Barriers were communicating with and accessing the GP, not being able to get medication/prescriptions, poor housing situation and societal pressure. Factors that they believed would improve the experience of adults accessing mental health support in West Berkshire were more face-to-face support groups, more timely interventions, early intervention/prevention, improving the benefits system, better access to information and knowing where to go for help, better support from the crisis team, and more supportive and empathetic professionals.

People with lived experience in crisis felt there was very limited choice of help – either Crisis Team or Police. The help and support available from the Crisis Team was not seen as good enough and an investment in an out-of-hours crisis service should be made.



CHILDREN AND YOUNG PEOPLE

Discussion around giving a child a diagnosis was balanced, some not wanting to label and others believing a diagnosis was necessary for treatment options.

Although there was criticism of CAMHS for having long waiting times and also not involving parents sufficiently, there were also examples of how CAMHS can be pivotal in helping young people improve their mental wellbeing. Again a deficit model was often used that did not recognise and build on the strengths and attributes of the child.

It was agreed that children and young people had been negatively affected by Covid lockdowns and found it more difficult to fit in at school. Social media could be a positive force for change but often made it more challenging. Schools could do more to open up the whole area of mental health and wellbeing and ensure those young people who are having difficulties are picked up early and supported.

A survey of 95 young people with lived experience demonstrated that if they felt their wellbeing deteriorating they would talk to their family, manage their own symptoms, do nothing or talk to a friend. Fewer young people said they would talk to someone at school or the GP. If they wanted to get help, they considered the practicalities e.g. who to talk to, where to go, what would be best for them. They also considered being honest and having trust and confidence in the system.

When asked if they wanted to get help, **“what they needed to consider?”**, a quarter mentioned the process of getting help. Other issues included their ability to be honest and have trust and confidence in the system, concern about stigma, being judged or not taken seriously. Accessibility of appointments, having the time/willingness to commit to treatment and the right headspace to accept help were also listed. 54% said they found the help they wanted and 13% said they did not. The rest did not answer this question.



The most popular help received was one-to-one counselling, with Time to Talk being the most cited service. Other services included GP, school-based service and Talking Therapies. Only 3 young people mentioned that they had used CAMHS. Of the 52 respondents, 44 (84%) said the help they received made them feel better overall and 8 said it did not. Most of these believed this had to do with their counsellor.

The most cited barriers to receiving help were waiting times, finding the right support; fear and worry about opening up/being believed and not judged; being able to be open and honest and wanting to commit to getting better. Some mentioned accessibility, including transport and being able to get to appointments.

The knowledge and skills they felt were important to keep good mental health were coping mechanisms and techniques, communication skills and awareness and acknowledgement of feelings. Others included a good support network, exercise, nature, art, positivity, healthy eating, counselling/asking for help, self-belief/confidence, time for yourself/self-care, work life balance. When asked if they had the knowledge and skills 34 said yes, 33 said somewhat and 24 said no.

The most important factor they considered would help them to maintain good mental health going forward was continuing to have access to support from professionals, schools and family. They also cited socialising more, talking to friends, having a healthy lifestyle, thinking positively and keeping things in perspective.

In answer to 'what do you think could be done to improve the experience of young people accessing mental health support in West Berkshire?' the most popular factors were promotion of services and clearer pathways/better signposting to access services, shorter waiting times, promotion of mental health in and outside of schools, plus more support and accessible services outside of school. Other factors were more support, including for parents, flexible treatment to suit individuals, and more funding and staff for services.

The process of running workshops used in this consultation of the voluntary sector has allowed individuals to freely discuss concerns, sharing their views and experiences without restriction. They were given a relatively loose structure taking them through pre-diagnosis and diagnosis, treatment and post-treatment/recovery. They were facilitated in pairs and then small groups to enable them to be self-confident, open and honest. This was augmented by the 2 surveys undertaken.

The overall results of the consultation demonstrate the complexity of mental health issues that individuals experience and highlight the variety of services that are needed across the district. Although there was some discussion about statutory services, mainly the mental health hospital for Berkshire West and primary care, many of the services talked about were delivered by the voluntary sector.

VIEWS ON THE VOLUNTARY SECTOR

Overall it was agreed that voluntary sector mental health service provision in West Berkshire is good, especially when compared with other localities. However, it was felt that the voluntary sector was underfunded and overworked, filling in gaps for the statutory sector. More secure, long-term investment and more training for those in the voluntary sector would build capacity and be beneficial for patients

RESULTS AT A GLANCE

- Mental health and wellbeing not discussed sufficiently and addressed openly in schools
- Not enough recognition of deterioration of mental wellbeing or early interventions
- Not enough information about services available in all sectors and formats
- Services may not be easily accessible, especially in rural areas
- Insufficient signposting and enabling individuals to easily get into the system
- System seen as complex and confusing
- Primary care not always able to give sufficient time and understanding to individuals seeking help for mental health issues
- Waiting times for some services are long, including CAMHS
- CAMHS do not involve parents/carers enough so they can also learn skills to help their child.
- Treatment can be medicalised, not holistic and person-centred
- Individuals in the mental health system not listened to or treated with respect and dignity
- Mental health hospital providing care is lacking in some respects
- Counselling support not always long enough and sometimes is suddenly stopped
- No enough support groups, or face-to-face and online support.
- Lack of a toolkit to help individuals in recovery to learn about dealing with triggers to prevent relapse.
- Not enough support available for people in a mental health crisis, especially out of hours.
- Voluntary sector not having enough funding or training to keep on delivering their mental health services.
- Insufficient recognition of societal factors affecting mental health



RECOMMENDATIONS

- An improved and easy to navigate Local Offer for Mental Wellbeing
- More consistent and long-term investment and training for the voluntary sector organisations providing mental health services and support
- Investment in a 24/7 crisis centre which provides community based, emotional and practical support at times of crisis
- Provision of early support mental health and wellbeing hubs for young people under 25 to reduce long wait times and make access easier
- Ensure that all people with lived experience are treated with respect and dignity
- Consistent provision of Social Prescriber and mental health nurse/practitioner in every GP practice to alleviate the need for people with mental health issues to see the GP initially
- Improve communication across the whole of mental health services to ensure a seamless journey for all those with lived experience
- Improve staffing in Prospect Park Hospital, ensuring a better experience for in-patients
- Ensure all people with lived experience have person-centred, holistic care whatever stage of the journey they are on
- Train all those working in the mental health field to use an asset-based approach and not a deficit-based approach
- Give those needing counselling or talking therapies the opportunity to have as long as they need and a choice of face-to-face, online or phone-based counselling
- Teach all children in schools about mental and emotional health and demystify help that is available
- Ensure parents and carers of children with lived experience of mental health problems receive ongoing support alongside their children
- Make referral to mental health services quicker and easier for all those who need them
- Consider the commissioning of a Wellness Toolkit similar to WRAP (Wellness Recovery Action Plan) to help individuals learn how to cope with triggers that may cause relapse
- Mental Health First Aid training for GP's frontline staff



APPENDIX 1: MAIN BODY OF REPORT



PRE-DIAGNOSIS

A common theme that ran throughout the workshops was how mental health and having lived experience of mental health conditions is understood and viewed in our society. Many felt that mental health is still not accepted and talked about openly, starting in schools and continuing throughout the life course. The issue of stigmatisation of people with a diagnosed mental health condition in society is still evident and this can add to feelings of low self-esteem and self-worth. If mental health issues could be picked up early and early interventions put in place, a great deal of personal suffering could be prevented and there would be less need for high-level, specialist services. We live in a post-pandemic society where inequalities exist, causing hardship and poverty which can lead to mental health problems such as depression and anxiety. These kinds of mental health conditions could be helped by solving the problems that society has caused in the first place.

A notable point was raised about understanding the importance of hormones and how they can affect mental health at different life stages including postnatally, during menopause and in addiction. Everyone supporting individuals with mental health issues should have an appreciation of hormonal changes.

Pre-diagnosis or a 'state of deteriorating wellbeing' as some workshop participants preferred to say was a hugely difficult time for those who began to feel emotionally or mentally unwell within themselves. Many described not knowing or understanding what was wrong with them or what they could do about it. Descriptions included feeling isolated, panicked and scared. Using the internet to try to clarify how they felt was usually unhelpful. Many were afraid to admit to having mental health issues or trying to seek help, for fear of losing their job or upsetting family members or friends. Also, culture can play a part in seeking help for mental health problems e.g. men in some cultures see mental ill health as a weakness and so do not try to get help.



The area of referral was discussed in all the workshops with many thoughts and views on the process being shared. It was generally felt that accepting that you needed help and getting into the mental health system to seek a diagnosis plus help and support was a minefield. Self-referral to talking therapies was seen as positive and desirable, but usually not possible. Many saw Primary Care as the first port of call but going to a GP at this stage was often problematic.

Issues mentioned were not being able to access a GP appointment, not getting to see the same GP on return visits, being told to go away and come back in two weeks, not being listened to or offered any treatment or diagnosis, being turned away if not having an appointment and not having long enough with the GP to really explain how they were feeling. It appears that the GP was not often the right course of action for many to get help and support for mental health problems.

There were a number of Social Prescribers attending the workshops who believed they were better placed to see patients who attend Primary Care seeking help for a sense of deteriorating wellbeing. According to NHS England *'Social prescribing link workers play a key role in delivering social prescribing by giving people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing in order to connect them to appropriate community groups and services.*

Social prescribing link workers play a pivotal role by developing trusting relationships and providing personalised support. As a result, their work strengthens community resilience; reduces health inequalities by addressing the wider determinants of health, such as debt, poor housing and physical inactivity and increases people's active involvement with their local communities'.

Patients with mental health issues may be referred to the social prescribers by the GP and they have more time to listen (seen as hugely important at an early stage) and treat them holistically, signposting services within the voluntary sector, offering a way into help and support without the need for a formal diagnosis.



It was recognised by many at the workshops that very few people have a smooth journey through life in terms of mental health and wellbeing and there should be more focus on mental health and wellbeing in communities. Everyone needs to recognise when they need help and there should be a straightforward system that all of us can understand and access easily. Mental ill health should be destigmatised, and mental health services demystified.

There needs to be more preventative work done in this area, helping individuals to be more resilient with a focus on relational work. Although there were a number of tools and websites discussed, none of these were well known and were often described as difficult to navigate, e.g. Joy app and West Berkshire Directory. Statutory professionals and the voluntary sector should work together to improve signposting, including an improved West Berkshire Directory offer. It was agreed that referral systems needed to be improved generally, enabling all those who are part of the system to work together and share information to ensure individuals get the right help at the right time without experiencing gaps.

“We pathologize difficult emotions rather than normalizing and teaching coping strategies. Everyone struggles – life is difficult – there are bumps along the way”

“We don’t look after our mental wellbeing enough until it’s too late and diagnosed with a MH condition”



DIAGNOSIS

Much time was spent discussing the importance of having a diagnosis of mental ill health and many conflicting views were shared. A popular view was that you needed to have a diagnosis to obtain treatment, help and support. There were many issues referred to relating to the process of obtaining a diagnosis and what that means for the individual.

There were problems in being diagnosed e.g. fearing that the wrong diagnosis would lead to the wrong treatment, not being able to get a doctor with time to talk, belief that without a diagnosis no help and support would be made available, being given a specific treatment without a diagnosis which then doesn't help or waiting a long time without a diagnosis. This was clearly an area that would merit some improvement.

The other issue was concerned with how people felt about being given a diagnosis of a mental health condition. Descriptions included being given a label which you then have to live with for life, being defined by your diagnosis and therefore stigmatised and being put on medication for life. Some did not understand what their diagnosis meant and therefore were not helped to live with their deteriorating wellbeing.

On the positive side it was believed by some that getting a diagnosis does help someone to understand their behaviour and anxiety as well as opening doors to appropriate treatment, help and support.

“Getting a diagnosis is scary. It's for life e.g. bipolar. You feel like you are falling apart”



“Need the right diagnosis to make recovery achievable”

Not knowing where or how to get a diagnosis was problematic for some, especially if they had never experienced having mental health issues. Many talked about having to wait for appointments, feeling they were fighting to be heard, having to tell their story many times over to different staff.

A deficit-based approach was often used rather than a strength-based approach which made individuals feel bad about themselves. Chaotic lifestyles contributed to not getting into the system and therefore not getting support.

Many wished for more respect for cultural and personal interpretations and that paradigms and approaches needed to be broadened.



TREATMENT

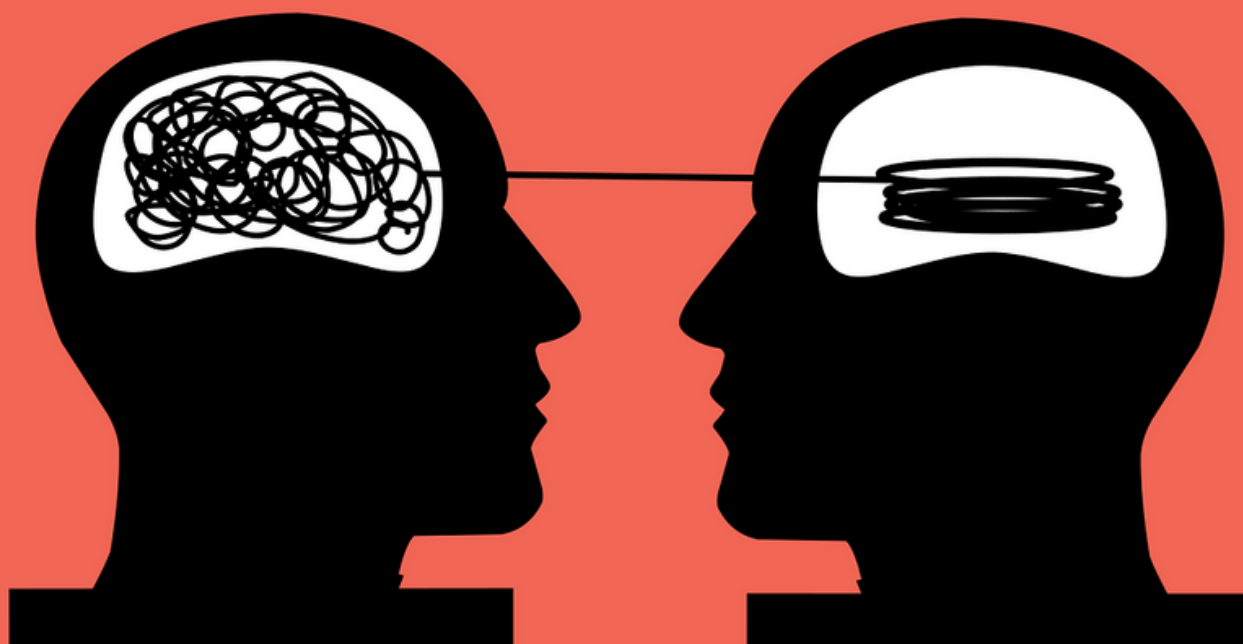
The next part of the workshop focused on treatment. This included discussions around what treatment individuals accessed and how easy and effective that was, medication, and how easy the treatment system was to navigate.

Entering into the world of treatment for mental health problems was fraught with difficulties. Key themes were not being treated with respect and dignity, not being motivated to get better, not trusting others, and having no faith in the system.

The system itself was described as complicated with too much choice, fragmented and complex. Often individuals had no idea what services and support was available to them and for some cost of services, childcare and accessibility due to transport issues were barriers.

Repeatedly workshop participants complained that there was no holistic care on offer and often a medical model was used. They wanted a person-centred approach, making sure there are safe and non-stigmatizing places for people in distress to go, e.g. 'coffee companions', or offering sessions in a village hall rather than in a GP practice

"I wanted to be treated as a human being, not patronised or belittled. To have my opinion count"



“People not aware of services out there. People need to be able to self refer. How to navigate the system Can't rely on GP who may not know all there is to know”

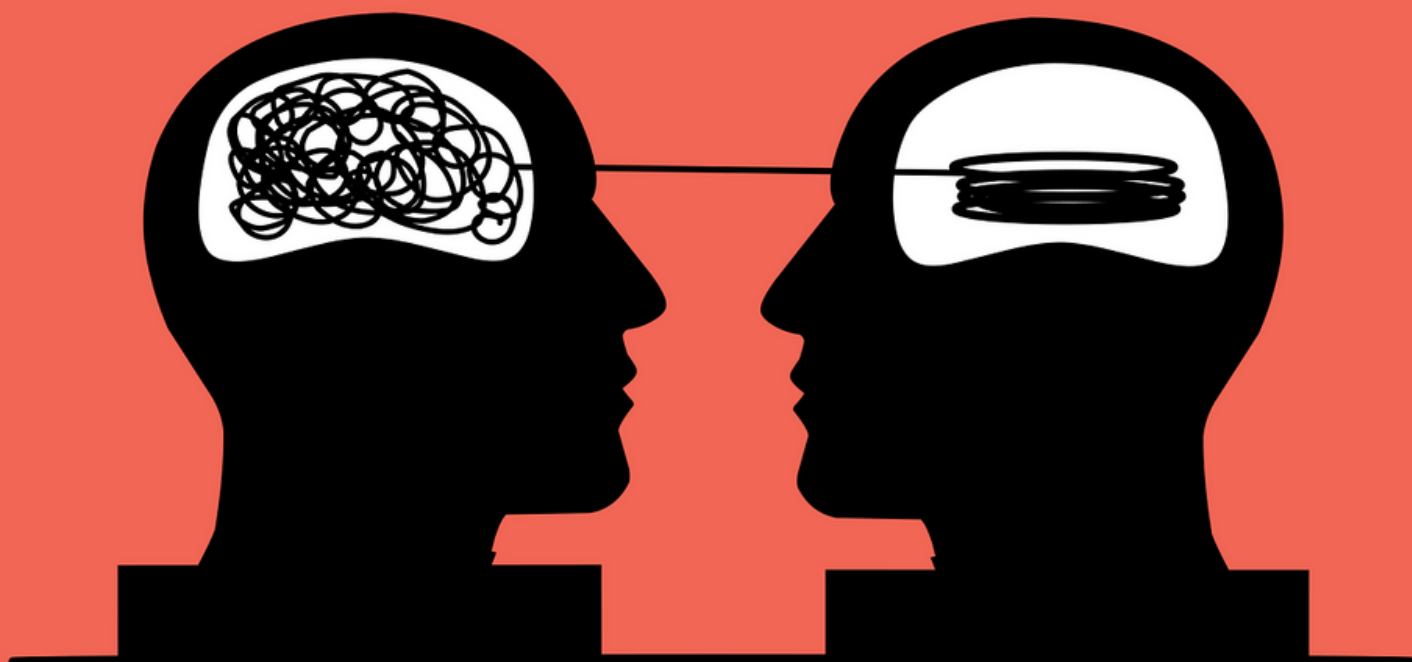
“If you are aware of all the services available for support it's better. There's not enough awareness. Personal recommendations better from those with lived experience. Demystify the services out there”

GPs and their staff were criticised for not using a person-centred, holistic approach when helping their patients get the most appropriate treatment, help and support, plus not always knowing what was available in the community.

People found it difficult to develop a relationship with the GP, often seeing a different one each time and not having a named GP meant telling their story many times which could be retraumatising.

Being homeless or using drugs or alcohol also made referral to services from Primary Care far less likely to happen.

Some concerns were reported about GP receptionists. Certain participants reported a lack of empathy, were concerned they were directed to the crisis team when not a crisis, and felt treatment was sometimes blocked.



HOSPITAL CARE

At one of the workshops there was considerable discussion about the experiences of individuals who had been treated in Prospect Park Hospital, the main site for people in Berkshire with mental health conditions. Many of the comments were not positive with the overall impression that hospitals, rather than providing sanctuary for those experiencing mental health distress provided care that was often inadequate. Staff shortages, staff not treating patients with respect or dignity, long waiting lists to access the hospital and no holistic care when there were all issues. Some described feeling unsafe on the wards, sharing wards with other patients who they perceived as threatening or frightening.

MEDICATION

Discussion about medication was very varied and personal. Many believed that mental health services were too focused on the use of medication to the detriment of other services such as counselling and talking therapies. Some GPs were cited as not taking time to build a rapport with the patient but instead prescribing medication straight away. Some felt that taking medication was stigmatising and that individuals needed to be given a choice. One of the most common criticisms was that it was not holistic.

There were also many undesirable side effects to taking medication for mental health problems that people found distressing. These included the time it takes for medication to start being effective, the possible problems with stopping taking them too suddenly or relapsing and having difficulty taking medication, therefore avoiding it without understanding the consequences. There are also unpleasant side effects to certain drugs including weight gain, sleepiness and dribbling which can decrease self-esteem for the individual. Being on a repeat prescription was also seen as negative as without regular medication review a patient may have feelings of hopelessness.

In some instances it was recognised that medication was extremely helpful for example when a person is experiencing a bereavement or other life-changing event. It may be able to stop negative feelings and create a platform for moving forward. In some instances medication equals hope.

COUNSELLING

There was much discussion relating to counselling and talking therapies. There was a perception that the threshold to be offered counselling was too high, with phone therapy sessions not being popular. It was felt that 5-6 sessions were not enough for most needing this service, but that ongoing, continuous support should be made available. The end of therapy was described as 'like falling off a cliff' with nothing offered afterwards. Some felt there was not enough funding going into face-to-face counselling, with a subsequent lack of trained staff.

Individuals also had personal concerns about having counselling that included fear of opening up, not trusting, and not being able to build a therapeutic relationship with the counsellor in the time available. Some believed that there was a lack of transparency in therapy and counselling, while others were afraid that talking therapies could open up a 'Pandora's box' of problems. Cultural factors meant that some individuals could not accept talking therapy as a treatment option or indeed might not be offered it. Those with severe anxiety such as PTSD might simply not be able to handle counselling.

MH services 1:1. The first time people talked about it, it took a long time to become available, get assessment and then a care pathway. I needed 1:1 as quite poorly. This led to other things: a 12 week anxiety course.

LOCAL SERVICES

There were many examples of beneficial talking therapies and other types of support given and the box below has examples of positive local services that individuals had used, both voluntary and statutory.

The importance of having a statutory provision for postnatal mothers was discussed as NCT can often be too costly.

GP

Recovery in Mind x4

Eight Bells for
Mental Health

5 steps to wellbeing

Mother and Baby
Unit

Community Mental
Health Team

Recovery College

Let's Connect
x2

Prospect Park
Hospital

Counselling through
employers

Hillcroft House
x2

CBT at Thatcham
Medical Centre

Parent Village,
Educafe

Time
to
Talk

Exercise on
Prescription

Mindfulness

Thrive,
Beech Hill

Sport in Mind X3

Calm
podcasts

Community Mental
Health Team

Sleep, healthy eating,
exercise

Faith and church
groups

POST TREATMENT / RECOVERY

There was general agreement that it is essential for treatment not to stop suddenly and that whenever a person has come to the end of a treatment phase for a mental health condition there must be plans made for the next stage. People will need courage and motivation to understand what ongoing support is out there and how to access it without experiencing gaps, or unnecessary waiting times. This is a time when those in recovery are vulnerable, needing guidance and support and not to feel abandoned with just medication or nothing. More holistic care is vital for ongoing recovery.

There was concern that post treatment services that are currently available or social prescribing may not always meet the needs of individuals post treatment and a query if the voluntary sector has enough training and expertise to be able to provide what is required at this stage. At this time, people who are recovering from a mental health episode must learn to integrate into the community again and they must be enabled to find the right support and develop skills and self-management techniques for their future.

In the post treatment/recovery phase some individuals began to feel they had learnt from their experiences and started to become more aware of their strengths and ability to manage their own emotions. They felt they could learn from each other and help their family and friends to develop skills and techniques they had learned as well as have a better understanding of mental health and wellbeing.

Recovery is a personal journey of discovery and you are an expert in your own self care



Many spoke of problems with relapse or setbacks that individuals may experience. These may be due to triggers such as bereavement, break-up of a relationship or redundancy. Resilience needs to be built to cope with these adverse life events.

Individuals discussed how they could prevent their own relapse, gaining self-awareness in their treatment stage. They talked about developing strategies to cope in the recovery phase. It was acknowledged that mental health issues might be caused by exogenous factors e.g. debt, lifestyle, and that these must also be dealt with.

Several participants mentioned the use of a tool that had once been commissioned by BHFT, called WRAP – Wellness Recovery Action Plan. This was described as a ‘wellness toolkit’ that helped those post treatment to recognise triggers and deal effectively with relapses, giving them the skills and understanding to move forward positively. Others spoke of having had a care plan approach and discharge planning to enable them to move to a ‘new normal’. These were approaches that were viewed positively but were no longer in use.

“We all experience different challenges through life – more mature, better able to manage and deal with hurdles. Different problems and issues at each stage. Need to continue to work on your resilience throughout the life course”

“If have a prescription, you don’t take meds as you think you are fine, then relapse – thought you were ok but you weren’t. Need to find something to help you not keep relapsing – a purpose. What could have been different? – change environment, activities, volunteer more”



Support networks including family, community and support groups were seen as key to a positive recovery. Support groups mentioned specifically were Eight Bells for Mental Health and Recovery in Mind.

They provide a safe space where individuals can relate to others and build relationships without feeling pressured, giving a sense of hope.

These sorts of groups also provide diversional activities such as music, singing, art and other creative outlets that can be very beneficial, building self-esteem and resilience.

There was agreement that there needed to be encouragement and support for the setting up of support groups to which people can self-refer.

It was recognised that those with certain mental health conditions may find support groups difficult and may need other forms of help including medication. It was felt that those with complex problems or chaotic lifestyles may need specific ongoing support.

“A space to be and not be judged. Somewhere you can experience something positive with others. Peer support, a space with others who have had similar experience. Can be silent support allowing some to open up but not everyone has to”



SURVEY OF EIGHT BELLS FOR MENTAL HEALTH SUPPORT GROUP

In addition to the workshops a survey was conducted with 17 people who attended Eight Bells support group and had been diagnosed with a mental health condition.

When asked if anything had made it easier to get a diagnosis they reported reaching breaking point/crisis or talking to someone.

In answer to **'what made it harder to get a diagnosis?'** they listed lack of support, feeling judged and the length of time to get an appointment or treatment. 15 out of the 17 respondents had received treatment for their mental health condition.

The most cited treatments were medication and one-to-one counselling. About a third were admitted to hospital or attended a counselling group and others mentioned peer support, face-to-face or online programmes. Individual answers included complementary therapy, ecotherapy (connecting with nature), peer support on-line, physical activity/exercise, self-help books and wellbeing advice/resources.

The majority listed Eight Bells for Mental Health as providing support, with less frequently used services being NHS Berkshire Talking Therapies, Recovery in Mind, Sport in Mind, Samaritans and Cruse bereavement.

The two factors that made it easier to get treatment and support were easy access or self-referral as well as kindness and being listened to.

The barriers that made it harder to get treatment or support included long waiting times and access to a GP, phone calls as a way of receiving treatment, feeling overwhelmed by the system and prejudice and workload of professionals.

9 respondents believed that after their treatment finished or became part of their normal routine, they managed to maintain good mental health whereas 6 said they did not. Those who were able to stay mentally well felt that feeling valued, supported and listened to or having medication made it easier. Factors that made it harder to stay mentally well included communicating with and accessing the GP, not being able to get medication/prescriptions, poor housing situation and societal pressure.

Respondents were asked to identify what could be done to improve the experience of adults accessing mental health support in West Berkshire. Answers included more support being available through face-to-face support and groups, more timely interventions, including early intervention/prevention in children, making the benefits system easier to use, better access to information and knowing where to go for help, better support from the crisis team, and finally more supportive and empathetic professionals who know what's available and give good advice and more support.



CRISIS CARE

There was much focus on what happens to individuals who are in crisis and what services and support are available. It was felt that deterioration in a person's mental health who is using services may not be picked up until they are in crisis, although early detection and action could have prevented serious repercussions later. Those who had been in a crisis situation said choices were limited and that they could only contact the crisis team or the police.

This comment demonstrates the desperation that some people feel.

Services are not there unless you are reaching the point of threatening someone.
May do something deliberately so you can go to prison for a night.
Or cut yourself so you can have someone to talk to.

There were instances where the crisis team itself was felt to be inadequate. When they were contacted by someone who was in distress, or even suicidal, they were felt to have shown little empathy and trivialised feelings, suggesting 'taking a bath or joining a book club'. Appointments were cancelled and individuals needing immediate help had not been called back. Some said they were made to feel like a nuisance which added to their stress and anxiety.

There was discussion about the need for a crisis service out-of-hours for relapse. Some believed this had been previously discussed but had not been funded. A mental health support or crisis centre was discussed that all GPs could refer to or individuals could self-refer to so that guidance and treatment could be readily available without the need to wait.

VIEWS ON THE VOLUNTARY SECTOR

Overall West Berkshire was seen by many as having a good range of voluntary mental health services. People felt they were fortunate to live in this area so that they could use the range of services available. Some believed that people who live outside of the district should be allowed to access voluntary run services in West Berkshire, especially if their GP is in a neighbouring district e.g. Hampshire, Oxfordshire.

There was a general feeling however that the voluntary sector has to cope with more than they should – bridging the gap left by statutory services. It was agreed that more stable funding is needed and that the voluntary sector services are spread too thinly across three LA areas and are not always certain of continued funding. An example of this was the lack of funding to implement the Berkshire-wide Suicide Prevention Strategy.

Some believed there needed to be more volunteers trained to support people with mental health needs. More training is also needed for health professionals in community pathways that exist.

In addition, it would be beneficial to communicate what the voluntary sector does and for more people with lived experience to share how they have benefitted from these services e.g. through case studies.

“Use of the voluntary sector to provide mental health services has many plusses: they are agile, not bureaucratic, have good staff retention and good expertise. Their skills are underestimated”



WORKSHOP COMMENTS ABOUT MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

There were comments and some discussion in the workshops from parents/carers of young people with mental health problems and providers of services to young people.

Some believed that it is too early to give any child under five a diagnosis that can be a damaging, long-term label. Some stated that there should be more support offered to young children, especially in primary school, as well as support for parents/carers. There was ambivalence about getting a diagnosis of, for example ADHD or autism for a child/young person at any age. On the one hand, fearing that their child would be stigmatised, bullied or isolated, and a diagnosis being a gateway to treatment that they needed. Once a young person gets a diagnosis it can help them to understand the way they feel and behave, which in turn may lead to an improvement in their mental health and wellbeing. Some parents/carers believed that without a diagnosis no treatment could be accessed that was unacceptable.

Some parents were critical of CAMHS saying they were kept in the dark about their child's issues and not involved in their treatment. CAMHS professionals often used daunting language that was difficult for the young person and their family to understand. The parents/carers wanted more support and to learn the skills that they could use themselves to help their child. Long waiting times to access CAMHS was seen as a contributing factor to the time and hard work needed to help a young person with mental health issues.

“As a parent you want to fix your child any age, but you can't because you are not skilled and you are not supported by professionals to learn the skills”



Another important point raised was that once a young person has a diagnosis their treatment is often based on a deficit model and is therefore negative, emphasising the unhelpful behavior that needs to change rather than recognizing and building on the strengths and attributes of the young person in treatment.

“People are only ever told they are bad. Using strength-based support or being creative to help their situation can be the answer – a non-medical approach builds self-esteem, channels courageous, brave risk taking”

There were examples of good practice within CAMHS including problems being identified early and quickly treated within CAMHS, in addition to CAMHS support workers being pivotal in a child’s improvement.

It was pointed out that Covid lockdown had exacerbated mental health issues for many young people, causing them to feel more socially isolated. When young people struggle to fit in it can affect mental wellbeing and lead to chaotic lifestyles. Parents/carers wanted schools to do more to help their pupils understand their feelings and emotions and feel part of the school community. A solution was for all schools to have inclusion teachers to help young people who are avoiding school or at risk of exclusion. More pastoral help should be available in schools as early intervention can help to avoid more problems later.

“Schools need to teach emotional literacy – naming feelings and how to deal with them to prevent young people from struggling on their own. Normalise talking about difficult emotions”





CHILDREN AND YOUNG PEOPLE'S SURVEY

In addition to the workshop comments about mental health services for children and young people there was also a survey completed by 95 young people (appendix 3) about mental health and services.

When young people were asked what they did when they 'started to not feel ok' the most listed actions were to talk to their family, manage their own symptoms, do nothing, or talk to a friend. Following that the next cited actions were to talk to someone at school (presumably a person they believed would be able to help) or to talk to the GP. So, the majority of young people in that pre-diagnosis phase relied on themselves or their own family and friends.

They were asked if they wanted to get help, what things they had to think about? About a quarter mentioned practical factors such as where to start, who to see, what treatment they might need and what would be best for them. Other issues were mentioned including the ability to be honest and have trust and confidence in the system, being concerned about stigma, being judged or being taken seriously. Less frequent factors were accessibility of appointments, e.g. location and timings, around school and childcare, having the time/willingness to commit to treatment or seeking help or having the right headspace to accept help. Some were concerned about waiting times for services or worried about the possible cost of services and having to pay privately.

When asked if they were able to find the help they wanted, just over half of respondents said yes. 13% said they did not find the help they needed and the rest did not answer this question or said they did not need help.

The type of help received was variable, with by far the most popular service received being one-to-one counselling (n=45). Fewer received wellbeing advice/resources, medication, face-to-face peer support and an online programme.

The most cited organisation to give help was Time to Talk which was mentioned by 39 respondents. Other services cited were GP, Talking Therapies and school based service. Others less frequently listed were Mental Health Schools Team, private counsellor, Emotional Health Academy, and CAMHS. It is encouraging to note that only 3 respondents named CAMHS as a service they used.

Of the 52 who answered the question, 'did the help you received make you feel better overall? 44 (84%) said yes and 8 said no. Most of those who said no believed this was to do with their counsellor. It is important to note that almost half did not answer this question.

Barriers to receiving help were most importantly seen as waiting times, followed by finding the right support; fear and worry about opening up/being believed and not judged; being able to be open and honest and wanting to commit to get better. Fewer felt that accessibility of services including transport and support in getting to appointments were a problem.

The survey asked the respondents to identify what knowledge and skills they needed to keep good mental health. Most commonly shared were coping mechanisms and techniques, communication skills and awareness and acknowledgement of feelings. Others were having a good support network, exercise, nature, art, positivity, healthy eating, counselling or asking for help, self-belief/confidence, time for yourself / self-care, work life balance.

When asked if they had the knowledge and skills, 34 said yes, 33 said somewhat and 24 said no. Respondents were asked to consider what else would help them to maintain good mental health going forward. The most popular answer was wanting to continue having access to support from professionals, schools and family. Then the importance of socialising more and talking to friends. Followed by having a healthy lifestyle and the need to think positively and keep things in perspective.

The final question on the survey was 'What do you think could be done to improve the experience of young people accessing mental health support in West Berkshire'. The most popular factors that were listed were promotion of services and clearer pathways/better signposting to access services, shorter waiting times/lists, promotion of mental health in and outside of schools (raise awareness, signposting of services and prevention) plus more support and accessible services outside of school. Other factors mentioned were more support, including for parents, flexible treatment to suit individuals, more capacity in services (more staff) and funding for services.

RECOMMENDATIONS

- An improved and easy to navigate Local Offer for Mental Wellbeing
- More consistent and long-term investment and training for the voluntary sector organisations providing mental health services and support
- Investment in a 24/7 Crisis Centre which provides community based, emotional and practical support at times of crisis
- Provision of early support mental health and wellbeing hubs for young people under 25 to reduce long wait times and make access easier
- Ensure that all people with lived experience are treated with respect and dignity
- Consistent provision of Social Prescriber and mental health nurse/practitioner in every GP practice to alleviate the need for people with mental health issues to see the GP initially
- Improve communication across the whole of mental health services to ensure a seamless journey for all those with lived experience.
- Improve staffing in Prospect Park Hospital, ensuring a better experience for in-patients
- Ensure all people with lived experience have person-centred, holistic care whatever stage of the journey they are on
- Train all those working in the mental health field to use an asset-based approach and not a deficit-based approach
- Give those needing counselling or talking therapies the opportunity to have as long as they need and a choice of face-to-face, on-line or phone-based counselling.
- Teach all children in schools about mental and emotional health and demystify help that is available
- Ensure parents and carers of children with lived experience of mental health problems receive ongoing support alongside their children
- Make referral to mental health services quicker and easier for all those who need them
- Consider the commissioning of a Wellness Toolkit similar to WRAP (Wellness Recovery Action Plan) to help individuals learn how to cope with triggers that may cause relapse
- Mental Health First Aid training for GP's front line staff



APPENDIX 2: SURVEY OF PEOPLE ATTENDING EIGHT BELLS FOR MENTAL HEALTH



Eight Bells is a mental health drop-in centre that offers a safe, supportive and welcoming environment in Newbury. They provide support to about 100 members living across West Berkshire whose lives are affected by mental health issues.

They work to help members improve their lives, wellbeing, confidence, and self-esteem through peer support from a dedicated team of volunteers, volunteering and training opportunities, counselling and access to a wide range of well-being activities.

17 members of Eight Bells completed a survey in October 2023 about mental health and the following is a summary of their responses.

Of the 17 responders, all of them stated they had been diagnosed with a mental health condition.

They were asked if **'anything made it easier to get diagnosed'** and out of 15 responses 4 said reaching crisis or breaking point, with another three saying that talking to someone made it easier. One respondent stated that communicating with a GP made it difficult.

14 responded to the question **'what made it harder to get a diagnosis?'** Three stated that lack of support, feeling judged and working against rather than together made it harder, whilst three respondents stated the length of time to get an appointment or treatment was a problem.

Of the 17 respondents, 15 stated that they had received treatment for their mental health condition.

The most frequently experienced treatments were medication (n=13), one-to-one counselling (n=10), being admitted to hospital (n=5), counselling group (n=5), peer support face to face (n=3), online programme (n=2), and other (n=4). All other treatments were identified as being used once and included complementary therapy, ecotherapy (connecting with nature), peer support online, physical activity/exercise, self-help books and wellbeing advice/resources.

The following organisations were listed as providing support: Eight Bells for Mental Health (n=14), NHS Berkshire Talking Therapies (n=5), Recovery in Mind (n=3), Sport in Mind (n=3), Samaritans (n=2), Cruse bereavement (n=2), other (n=3).



In answer to the question **'did anything make it easier to get treatment and support?'** Two respondents said easy access or self-referral and 3 respondents said kindness and being listened to.

The barriers that made it harder to get treatment or support included long waiting times and access to a GP (n=3), phone calls as a way of receiving treatment (n=1), feeling overwhelmed with the system (n=1) and prejudice and workload of professionals (n=1).

In answer to the question 'after your treatment finished or became part of your normal routine did you manage to maintain good mental health?' 9 respondents said yes and 6 said no.

What made it easier to stay mentally well included feeling valued, supported/listened to (n=8) and medication (n=2). One respondent identified it was hard to know where to get support and limitations of what was available for free.

Contributing factors that made it harder to stay mentally well were listed as communicating with and accessing the GP (n=2), not being able to get medication/prescriptions (n=2), poor housing situation (n=1) and societal pressure (n=1).

Respondents were asked to identify what could be done to improve the experience of adults accessing mental health support in West Berkshire. Their answers included the following: more support being available by way of face-to-face support and groups (n=5), more timely interventions, including early intervention/prevention in children (n=4), making the benefits system easier to use (n=2), better access to information and knowing where to go for help (n=2), better support from the crisis team (n=2), and finally more supportive and empathetic professionals who know what's available and give better advice and more support (n=2).



APPENDIX 3: YOUNG PEOPLE'S SURVEY



In October 2023 a survey was undertaken with young people to explore their experience with mental health services in West Berkshire. There was a total of 95 respondents from age 11 to 35 years of age. 58 respondents were between the ages of 16 and 21.

59 respondents were from Newbury (n=34) or Thatcham (n=25)

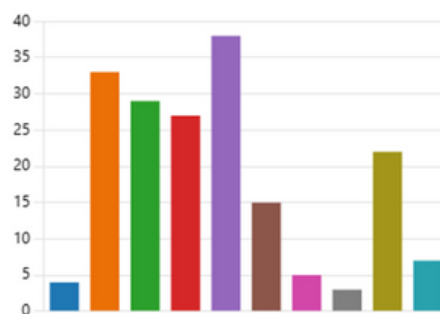
The young people were asked **‘what did you do when you started not to feel ok?’**

Talking to family was the first option for the majority with 38 saying they talked to a parent or carer. Another large group of 33 said they managed their own symptoms and a further 29 did nothing. 27 said they talked to a friend and 22 went to the GP. 15 talked to someone at school.

3. What did you do when you started not to feel ok?

[More Details](#)

● Accessed Charity	4
● Managed own symptoms	33
● Nothing	29
● Talked to a friend	27
● Talked to a parent/carer	38
● Talked to someone at school/w...	15
● Used Google/Search Engine	5
● Used online programme	3
● Went to GP	22
● Other	7



Following on from this question the young people were asked, **‘if you wanted to get help what were the things you had to think about?’**

Around a quarter mentioned factors such as where to start, who to see, what treatment they might need and what would be best for them (n=25). 13 respondents considered being honest and having trust and confidence in the system. 12 respondents were concerned about stigma, being judged or not being taken seriously. 11 considered accessibility of appointments, e.g. location and timings, around school and childcare. There were also concerns about having the time and willingness to commit to treatment or seeking help or having the right headspace to accept help (n=9), plus worries about waiting times for services (n=9). Seven respondents considered the possible cost of services and having to pay privately (n=7).

52 respondents (54%) said they were able to find the help they wanted whereas 13 (13%) said they were not able to find this help. Eight said they did not want help and 22 answered other (no further detail).

The type of help received was variable, with by far the most popular service received being one-to-one counselling (n=45). Eleven were given wellbeing advice/resources and seven received medication. Six received peer support face-to-face and 5 used an on-line programme.

The most cited organisation to give help was Time to Talk which was mentioned by 39 respondents. Other services accessed were GP (n=9), Talking Therapies (n=8), School (n=7). Others mentioned were Mental Health Schools Team (n=5), private counsellor (n=4), Emotional Health Academy (n=3), and CAMHS (n=3).

Only 52 respondents answered the next question that was **'Did the help you received make you feel better over all?'** 44 (84%) said yes and 8 said no. Those who answered no were asked to give the reasons. The most cited reason had to do with the counsellor/client relationship and included the following comments: 'my counsellor doesn't help that much as it's 30 minutes a week and she doesn't really let me talk, 'she was quite patronising', 'It didn't make a difference, like I didn't get on well with the counsellor', 'the counsellor tried to blame my mood on other things going on when I knew it wasn't that and when I said that, nothing further was done'.

Respondents were asked to record **any barriers they experienced when trying to access help**. The most frequently recorded barrier was waiting times that was mentioned by 27 respondents. Others were finding the right support (n=17), fear and worry about opening up/being believed and not judged (n=11), being able to be open and honest and wanting to commit to get better (n=8), accessibility of services including transport and support in getting to appointments (n=12). Six young people identified GPs, schools other professionals as barriers and four said the cost of treatment.

The survey asked the respondents to **identify what knowledge and skills they needed to keep good mental health**. A wide range of answers included these top three: 27 mentioning coping mechanisms and techniques, 13 citing communication and 12 mentioning awareness and acknowledgement of feelings. Other important knowledge and skills listed were having a good support network, exercise, nature, art, positivity, healthy eating, counselling or asking for help, self-belief/confidence, time for yourself/self-care, work life balance.

When asked if they had the knowledge and skills 34 said yes, 33 said somewhat and 24 said no.

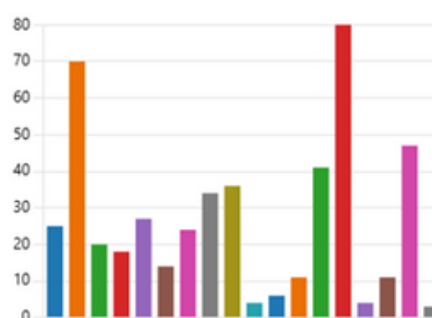
The subsequent question asked the respondents to **consider what else would help them to maintain good mental health going forward**. 19 felt they wanted continued access to support from professionals, schools and family. 12 mentioned the importance of socialising more and talking to friends. 8 cited having a healthy lifestyle as a key factor and 8 talked about the need to think positively and keep things in perspective.

The following table shows what services were used by the young people:

15. Please tick all the organisations that you have heard of, even if you haven't used them yourself.

[More Details](#)

● Berkshire Youth	25
● CAMHS	70
● Daisy's Dream	20
● Emotional Health Academy	18
● Kooth	27
● Mental Health Schools Team	14
● Mind In Berkshire	24
● Newbury Samaritans	34
● Private Counsellor	36
● SHaRON - The Support Hope an...	4
● Sport in Mind	6
● Support Line	11
● Talking Therapies	41
● Time to Talk	80
● VoxThrive / VoxFresh	4
● West Berkshire Suicide Preventi...	11
● Young Minds	47
● Other	3



The final question on the survey was **'What do you think could be done to improve the experience of young people accessing mental health support in West Berkshire?'**

Again there were many different answers but the most popular suggestions that were listed were:

- Promotion of services and clearer pathways/better signposting to access services (n=19)
- Shorter waiting times/lists (n=19)
- Promote mental health in and outside of schools (raise awareness, signposting of services and prevention) (n=15)
- More support and accessible services outside of school (n=12)
- More support including for parents (n=8)
- Flexible treatment to suit individual (n=7)
- More capacity in services/more staff employed (n=5)
- GP - better support, knowledge of support available and ability to diagnose (n=3)
- Better/more funding for services (n=3)
- More support for under 11s and over 26 years (n=2)

APPENDIX 4: WORKSHOP ATTENDEES

Workshop attendees included representatives from the following services:

Hungerford (6 individuals representing 5 organisations plus one not a provider of services)

Position title	Organisation
Pastoral development worker	WB Methodist Churches
Engagement Manager	Corn Exchange Newbury
Team Leader	Two Saints
Trustee and General Secretary	WB Homeless (Newbury Area)
Not stated	PLUS ?
Parent Carer	member of the public

Thatcham (10 individuals representing 6 organisations)

Position title	Organisation
CEO,	Recovery in Mind X4
Social Prescriber	NHS
Volunteer	Project Salama
Volunteer	Project Salama
Director	Home Start West Berkshire
Chairperson	Patient Information Point, WBH
Therapist	Rob Donnelly Therapy

Theale (9 individuals representing 8 organisations)

Position title	Organisation
Operations and relationships manager	No 5 Young People
East Family Hub Manager	WB Council
Community Fundraising Officer	Daisy's Dream
Social Prescriber	NHS
Social Prescriber	NHS
Let's Connect Community Wellbeing Network Manager	BHFT
Outreach Worker / trainer	WB Suicide Prevention
Service Programme Officer	West Berkshire Public Health
Director	Volunteer Centre West Berkshire