



# Firs and Bromford TogetherWeCan Mental Health Project End of Year Two - Closing Report

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## Background & Summary

Space to Breathe were commissioned in April 2023 to work with Together We Can on a two year project, identifying mental health and wellbeing needs, creating an action plan and then delivering an agreed project approach with a view that by April 2025, there would be a joined up and cohesive approach in the area and that people locally would find it easier to gain support.

Overall, I believe this aim has been achieved and this report aims to summarise the work completed at the end of the two-year project. It also wants to take time to comment on the way ahead.

The report covers four main areas:

- Helping Local People (pg.4)
- Listening to Local People (pg.6)
- Delivering an Action Plan (pg.8)
- Planning for the Future (pg.16)

We have also included two supplementary reporting areas:

- Useful contacts and information (pg.20)
- Timekeeping and work undertaken (pg.23)

The report contains a review of the work we've done, going back to our original action plan and noting where we have completed, amended or changed approaches to work. We also note a couple of areas that we are continuing to support the team on.

We then use the Planning the Future section to make some recommendations focusing on the strength of locally delivered work, the concept of being in the room, the impact of the financial situation of both the Council and ICB and the options to try and target delivery of some services in group or one to one sessions. Overall, we do believe having a person or persons who specialise in this area will really strengthen the Open Door team and what you can offer the local community.

It's been a real privilege to work with the team these past two years, and we hope to continue this working relationship into the future.

Andy Freeman  
May 2025

## Helping Local People

One of the key dynamics of our work became one-to-one and group support for people experiencing mental health challenges. These situations arose in a variety of settings but were often informal to start with. Being “in the room” was an important dynamic. Of the one-to-one work, some people attended groups specifically to see a mental health worker, but many were either encouraged to by friends or made spur of the moment decisions. Follow up work took place after. We were able to help with:

- Providing a listening ear.
- Wellbeing support – techniques, tools, building a toolkit.
- Anxiety support
- Advice and support re depression.
- Bereavement advice and support.
- Sourcing free counselling.
- Signposting to groups
- Helping people understand what mental health services were available.
- Working with people to help make GP appointments; to help GPs understand them or to understand what help can be sought through GP’s (I made 10 calls on people’s behalf to surgeries.)
- Writing support letters.
- Advice around health benefits.
- Advice for family members or relatives.
- Support for carers.

Specific statistics for the work are as follows:

	Total	Notes
Numbers of individuals worked with 1-1	36	Often linked through Pantry or Hub settings but some through direct referral.
Number of one-to-one support conversations	98	Covering Pantry, Hub and then one to one’s outside of those settings. Five people have been referred to Community Mental Health services directly.
Number of staff/volunteers supported	11	We have done 25 sessions.
Number of groups run	26	Mindfulness, Bereavement and other wellbeing groups, plus

		Action Plan launch & final review meeting
Number of training events run	11	

## Listening to Local People

We have engaged in two significant listening projects. First task on the project was to engage in participant observation of groups and activities happening in the area as well as listening in depth to team members, volunteers and members of the public. Through these discussions the following themes were central:

- The struggle to engage with public health/NHS services and for people to know where to go or how to get timely support.
- Challenges in accessing and connecting different services including when services can differ depending on GP practice & border of Birmingham/Solihull care areas.
- Suspicion of authority/public services vs local solutions.
- Waiting lists for mental health services are long and can be off-putting.
- The pressures of living on the estate – particularly poor housing, low income & the associated pressures to these everyday living stresses – family breakdown, domestic abuse.
- Demand from everybody for expertise and for multi-layered provision in all the groups being put on. There is a sense in the team of wanting/needing to provide solutions or responses to a variety of issues, yet not always the capacity to do so.

We then worked with the team to share round a survey to help understand Mental Health support and needs in the area. We received 50 survey responses.

- 38/50 people had needed mental health support in the previous year.
- 50% of people went to the GP for support. 19/50 people came to the Hub/Open Door for support.
- 26% of people didn't know where to try.
- 40% found they were helped when they approached services, but 20% were put on a waiting list and 10% just gave up.

We asked whether what mental health and wellbeing support people would like to see and feedback people wanted to give on these services, and the message was "more" and "help." These wordles demonstrate responses.



## Delivering an Action Plan

After a period of community listening, Andy proposed an Action plan to the Open Door team and then to the wider community in September 2023. This plan revolved around four types of response:

1. First point of call
2. Making the right response
3. Community support
4. Long term support

The action plan would look to develop these four elements using our plan from our original proposal which seeks to co-design these elements, collaborate and grow responses and then build for the long term.

We can summarise action against this as follows:

<b>1. First Point of Call</b>	
Aim: people attend groups seeking help. How do they know where to go? What are they seeking? What existing first points of call already exist?	
<b>Task</b>	<b>Progress</b>
1. Provide Wellbeing Surgery style support at the Hub and the Pantry & possibly at the School. Build "hubs" of support where care/support can be accessed. Include The Hub, Firs Primary, one other.	<ul style="list-style-type: none"> <li>• Wellbeing Surgery was established &amp; run at the Pantry, running monthly and always busy. We ended this in December 2024 after providing detailed team training. Andy visited again in March 25 and found the team happy and confident in providing signposting support.</li> <li>• The Surgery style did not work at the Hub and so we created a referral system across the work at the Hub, but this wasn't used too much. Instead team members at Open Door (particularly Claire and Flo) started working pastorally and Claire has taken this on going forward</li> </ul>
2. Create one page "Where to get help" posters/leaflets for mental health and wellbeing support. Distribute widely (shops, churches etc)	<ul style="list-style-type: none"> <li>• This was released Jan 2025 and translated into four languages. These PDF handouts are available to the team in digital and printed form.</li> </ul>

<p>3. Create clear points of connection with Mental Health services.</p>	<ul style="list-style-type: none"> <li>• Developed. We made five direct referrals have been made from our work to Community Mental Health. Through Nicola have built relationship with Community Connector. Full list of contacts is at the back of this paper.</li> </ul>
<p>4. Have ready resources available to give out to people – Mindfulness packs, information points, techniques and tools that can help.</p>	<ul style="list-style-type: none"> <li>• Mindfulness packs shared. Mindfulness group (led by Nicola and part of this project) ran twice. Other resources and groups shared. Wellbeing resources kit left with Open Door.</li> </ul>
<p>5. Train all team members (half day) in how to respond when someone comes in with mental health challenges (either disclosed or spotting signs.)</p>	<ul style="list-style-type: none"> <li>• TWC team trained. Specific mental health awareness and then issue based sessions run and attended across Open Door including Pantry team members.</li> </ul>
<p>6. Create code/values of kindness and safety when people come in to practice in all settings. (Team collaborative process using graffiti wall/creative arts.)</p>	<ul style="list-style-type: none"> <li>• On reflection this already exists in venues and felt unnecessary.</li> </ul>
<p>7. Move away from isolated responses and needing to solve problems to process of support, chance to talk when you hear tough stories/situations and pivot to signposting to help.</p>	<ul style="list-style-type: none"> <li>• Feedback from team suggested this was one of the outcomes of the work. Team felt responses were more consistent and connected</li> </ul>
<p><b>Overall progress</b></p>	<p><b>Completed</b></p>

## **2. Right Response**

Aim: to make sure anyone who attends a group and talks about a mental health challenge they're facing is cared for in a consistent way that gets them quickly to the help they need. To ensure that whatever way they ask for help, that help can be accessed.

<p>1. To provide all team members (staff and volunteers) with a simple 'How to Help' card.</p>	<ul style="list-style-type: none"> <li>• Done. Over 200 handed out.</li> </ul>
<p>2. To create and then strengthen referral routes and GP/Mental Health links. To invite health professionals regularly into groups so they can see/understand the support provided.</p>	<ul style="list-style-type: none"> <li>• Referral routes clearer. We now have ability to contact Community services and link our work with theirs (see later notes)</li> <li>• Key numbers/routes on 'How to Help' card</li> </ul>
<p>3. To clarify what care we offer at venues and what we can't – when to signpost, when to intervene.</p>	<ul style="list-style-type: none"> <li>• The teams and volunteers now understand their offer, the limits of support and key of signposting.</li> </ul>
<p>4. To offer easy places of connection e.g. Mindfulness sessions, Wellbeing courses etc, one off sessions.</p>	<ul style="list-style-type: none"> <li>• Mindfulness group ran twice, and benefit was noted.</li> <li>• Bereavement group ran for pilots, regular sessions and then bereavement training.</li> </ul>
<p>5. To work intensively with Community Connectors so that they have ability to support people in helpful way.</p>	<ul style="list-style-type: none"> <li>• After initial challenges, my work with Jo and Nicola clarified with each having defined roles and clarity of connection with the project's work. This was a success once we were specific about outcomes.</li> </ul>
<p>6. Work to begin to remove barriers e.g. language training, translation</p>	<ul style="list-style-type: none"> <li>• How to get help sheets translated into four languages.</li> </ul>
<p>7. Train people in wellbeing techniques and tools to provide helpful responses and also look after themselves (2-hour session)&amp; to provide training on what services are available and what they can signpost to (30 mins in team meeting.)</p>	<ul style="list-style-type: none"> <li>• Completed</li> </ul>
<p>8. To begin a process of inviting Community Mental Health Team, Forward Thinking Birmingham and GP Surgery representatives</p>	<ul style="list-style-type: none"> <li>• This happened and had a degree of success but would recommend developing a plan for linking with Surgeries.</li> </ul>

to groups or to go and meet them.	
9. To work with admin/team to ensure record keeping and key information that can enable referral e.g. name, DOB.)	<ul style="list-style-type: none"> <li>System established and ran for project. We collected data on our Smilenotes system and will be kept on record for seven years. If anyone requests information this can be provided – contact <a href="mailto:andy@spacetobreatheuk.com">andy@spacetobreatheuk.com</a></li> </ul>
10. To start offering one to one wellbeing support for team and volunteers.	<ul style="list-style-type: none"> <li>This was successful. See helping people section of this report.</li> </ul>
<b>Overall Progress</b>	<b>Completed</b>

<b>3. <u>Community Support</u></b>	
Aim: to establish what support we can offer locally and design and deliver this. Emphasis on filling gaps & local solutions.	
1. To design and then deliver regular core groups, services which can fill gaps in support. This will be evolving throughout the project but would include mental health first aid, stress reduction courses and issue specific help. One identified gap is ADHD support.	This effort was begun through identifying Mindfulness courses and Bereavement courses as gaps in approach. This filling gaps method will be central in what happens next.
2. To create a process of co-working with mental health and other community support services.	Completed
3. To create specific wellbeing support for refugee/asylum seekers in the area.	This didn't materialise although significant one to one work was done in this area. Possible area for development.
4. To wrap around wellbeing support with other practical support that's offered.	Completed. See feedback.
5. Create ideas workshops on key issues e.g. housing and invite stakeholders.	This did not take place as need wasn't prioritised.

6. Work specifically with Nicola and Jo to upskill them and put time and effort into enabling some of their ideas about responses.	Completed through staff training and one to one work with Nicola and Jo. They've both done a brilliant job.
7. To run ideas workshop with team, volunteers and members of the public to identify gaps in provision.	Completed March/April 2025 and research adds to this.
8. To offer a Stress Awareness course to the team.	Delivered through individual work.
9. As previously to create process of staff wellbeing support (see previous sections.). Specific sessions on workload/management/job pressures/life stress.	Delivered through individual work.
10. To create easy way for team/volunteers to feedback gaps in provision or lessons learned so we can constantly create effective community solutions.	Delivered through individual work.
<b>Overall Progress</b>	<b>Completed</b>

### Long Term Support

Aim: to create a system of sustainable long-term support, recognising that not all solutions can be provided by public health and that even with right responses, someone may need long term relational support as they navigate the complexities of life.

1. To consult with members of the public about long-term help they need and to begin to speak about long term alongside crisis support.	Completed through April 2025 meeting and questionnaire.
2. To explore a buddy scheme where volunteers might be recruited to support people who've been struggling with their mental health.	Not prioritised in final reviews.

3. To host a quarterly wellbeing focused drop in where people can come and have some input on a subject, talk about how they're doing and know people are on hand to help.	Was not run in the end as work in Pantry largely met this need.
4. To run a half day training session for all team members on long-term support and care.	Completed.
5. To offer a session to Community Mental Health teams, NHS, GP and community groups to share what we've found about long term needs in the area and start a discussion.	Many of these forums existed already and so Andy joined these instead and fed back ideas to Open Door team.
6. Keeping staff supported, resourced and cared for in their roles is key to helping staff and volunteers keep going in the long term and not burn out	Completed
<b>Overall Progress</b>	<b>Completed</b>

### Safeguarding

Additionally, I spent time reviewing the Open Door current Vulnerable Adults Safeguarding policy & then delivered Safeguarding training to team and volunteers in September 2024. I made suggested amendments to the policy as follows:

- In general, "adults at risk" is the more preferred good practice term rather than Vulnerable adults. I'd like to use that in the training if that's ok.
- I suggested adding in Birmingham Safeguarding Board details into the policy.
- I suggested adding a section about Safer Recruitment and suggesting all staff, board members and volunteers:
  - a) do an application form
  - b) have a DBS done
  - c) submit references

Work that is ongoing

Andy has agreed to deliver two additional pieces of work outside of the project timeframe. One is to deliver a further Bereavement Training session for those who missed the last one. We are awaiting confirmation of a date for this.

Andy is also assisting the Worth Unlimited team to begin to address these challenges for young people and will help and advise and host a survey on Space to Breathe's survey monkey account.

### **Review and Feedback**

Some helpful research was done by Jane Perry in December 2023 about the work and highlighted a number of areas that will be part of how we work going forward but also helpfully begin to review where we are.

- Team really valued 'people being available' and this became an ongoing part of the work. This worked particularly well at Pantry, with a regular monthly surgery which works well, is always busy and that local people understand. One Pantry team worker talked of "the joy that people have left their hoses removing them from isolation and seeing certain individuals smile, bloom and flourish."
- Jane's report highlighted that we need to do further work to clarify what one person called "the shape of the mental health offer." What is it that we are doing? This became an overall approach of signposting and general care which was supported by the team and became the basis for training. We have to be careful not to signpost people to support that might then fail or disappoint them. Team members highlighted the need to be empowering in what we offered.
- We were asked to work hard on clarifying the roles of the Community Guides. This was probably confused by Andy misunderstanding their roles and then tying the roles too closely to the project rather than the overall understanding of their brief. Nicola and Jo worked on specific, agreed aspects of work, connecting regularly with Andy in year 2 and this is all much more understood by the team.

The team specifically asked for several developmental areas which were provided in 2024/25:

- More training and workshops including listening skills and understanding different conditions.
- Utilising outside spaces
- Having more printed information
- Working with the team on implications for youth work provision.

## Testimonials

- "I'm so grateful for the support Andy is giving me and the time he is giving. I find it hard to share with others and know I need support. When I reach out to my doctor, I often find help is limited. Andy has sat and talked, given me help and highlighted other ways I can get the care I need. Thank you"
- "I really valued the Mental Health session that Andy ran at the Hub. I think we all need correct training to be able to signpost people in the right direction. It is so important to get it right... To know where to go and what to talk to that you can trust is so important."
- "We have a much more joined up response in terms of what we can and can't do."
- "Had such a lovely time at your wellness and meditation session."
- "Lovely wellness taster session with Nicola. I'm feeling much calmer and more relaxed. I was a bit sceptical about going thinking it wasn't really for me but I'm really glad I did."
- "Over the last few months, I have had sessions with Andy that have helped me with my own "trellis" and trellis-ing of my life."

## Planning for the Future

After two years of working on the Together We Can Mental Health project, there are several consistent factors that have emerged which I believe will be important in considering the future direction of this work.

### 1. Systemic Challenges in Mental Health Systems in Birmingham

The Birmingham and Solihull Integrated Care System reported a £5.5 million deficit, exacerbating the strain on mental health services and leading to increased out-of-area placements. In Firs & Bromford (Healthwatch Birmingham 2024) residents have reported:

- **Extended Waiting Times:** Approximately 22% of individuals waited between 3 to 6 months for an initial appointment after referral. Anecdotal evidence from our work suggests there is a further and longer wait time after initial assessment.
- **Lack of options:** A significant 57% received prescription medication, while only 19% were offered talking therapies. This is despite NICE guidance suggesting that medication shouldn't be first option. Our research suggested a frustration with a lack of support, lack of options and many giving up. The success of the Mindfulness courses we held suggests this may be something that's lacking in the area.
- **Lack of Care Plans:** About 59% did not have a formal care plan, indicating a gap in structured, personalized care. We have found that people have responded to contextualised, person-centred support, which a smaller community-based organisation is best placed for. With the government's intended policy change of moving from "hospital to community" there should be opportunities for community-based approaches to mental health care.
- **Communication Barriers:** Nearly half of the participants struggled to contact the services when in need. We have heard regular comments of people phoning services (e.g. crisis line) and finding no one answered or finding a lack of response to support from mainline services. This leads to people giving up.

These patterns also exist within young people's mental health care. Birmingham City Council's 2024 report found 39.2% of 6–16-year-olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17–23-year-olds, 52.5% experience deterioration, and 15.2% experienced improvement. The same study revealed that Mental Health system in Birmingham is "extremely complex" to understand and navigate.

A Strategy Unit study found:

*"In the Midlands there are an estimated 350,000 children and young people with a range of mental health needs. At present, only 43,000 of these are receiving some kind of specialist support. Identifying the children and young people who most need support is difficult, with health and care professionals finding it increasingly challenging to reach those concerned. When they do, there is simply not enough support available. For example, our research found that only 2% of the estimated 160,000 children and young people in the Midlands with eating disorders are finding their way to specialist support."*

In summary, these systemic issues mean:

- There are long waits (with people often giving up.)
- There are gaps in service and care
- There is a need for local, person-centred, empowering solutions
- Because of the financial situation, this is unlikely to change quickly.

Our recommendations based on this situation would be:

- To use the local and contextual nature of your work as one of the strengths of any funding applications or projects. This is a strength that is right for the time and political climate.
- Evidence and our local surveys do indicate that people are often not finding the help they need. We would recommend focusing on some areas of support and providing groups or one to one work which meets some need, whilst also recognising that covering all the shortfalls in NHS care isn't an option. We would recommend a CBT informed approach to helping people and providing tools that help ground & settle (dealing with crisis), approaches that can help people wait (either courses, mindfulness or ways of managing) and maybe some specific one to one help where people might otherwise be excluded or unable to access support.

## 2. The local dynamics are nuanced

When we began the project, we discussed the importance of Open Door's ABCD (asset-based community development) approach. We have tried our best to value and practice this:

- Working with local people and their skills
- Trying to use what we have
- Trying to be team based, training the individuals and volunteers who make up teams so they can respond in their own way.

The work we've done has highlighted one other aspect of this approach – one that feels very “Open-Doory” – and that is the dynamic of being in the room. We have found consistently that presence is very important in the way care works. Being in the room means someone can start a conversation and may find themselves sharing and asking for help that wasn't otherwise on their mind. We do believe that have a designated person(s) who can be in the room and are trained in mental health will be an effective way of continuing the services we have started. The example of Claire's excellent work at the Hub is one example of this.

We do recommend that person(s) is recruited to have a specific mental health focus and to be in-the-room where groups are run so that mental health is weaved into everything Open Door does.

One other local dynamic is that of being helped by local people and this is more nuanced. On one hand, people like the locality of the Hub/Pantry and knowing the people who come in – relationship builds trust. However, some have expressed a preference for anonymity – for example in our research “I don't want to be helped by someone I meet in the shops the next day. Going out of the area is good for me.”

**Our recommendation would be to build on the local and relational elements but think about creating spaces where people can talk privately and anonymously.**

Thought should be given too about not inadvertently “outing” someone by saying a group is mental health based and then one someone attends, they are self-stating they have an issue. Much of this support can be weaved into existing groups and services, making help more anonymous and private.

### **3. Training proved effective**

We have seen throughout the project that training can make a real difference to teams and the work they do. Training for Pantry team has increased confidence and led to a more effective and confident support to people coming in. Training sessions we ran for Open Door staff and volunteers were always well attended and appreciated and often led to new ideas.

Staff also noted that the more local people became mental health aware, the better as they began to know what to do to help people. The creation of “How to Help” cards and the translated and in-English “How to get the help you need” PDF's is all part of this process.

We would recommend considering running regular “Mental Health Awareness” sessions for local people so that they can know what to do and how to help when someone is struggling.

We would also recommend Open Door continue to bring in training from outside the organisation that can upskill team members in specific issues and also in competencies such as CBT-based training or mental health first aid.

All these recommendations and ideas are offered humbly, and we hope can go into the direction of travel that the team already have in mind for the next stage of the project.

## Useful contacts and information

In this section I wanted to list useful contacts and information I gathered over the two years which can help with connections with wider services. Paul Wright is also doing work in this area after suggestions/contacts offered by Bob Maxfield (who was our main contact but has now moved on.)

Making a referral into Community Mental Health Services  
See the "How to Help" Cards we've distributed.

Through our Mental Health project at TogetherWeCan! there are lots of ways you can help people get the support they need when they're struggling.

**1. Remember your GP is the first point of contact.**

Try and get an appointment with a GP to talk about things, get treated and get connected with help. They may link with a Social Prescriber for the Surgery/area.

**2. Connect the person with the Community Mental Health Team.**

Website is <https://www.bsmhft.nhs.uk> – all you need is a name and a date of birth.

**3. Young People**

If the person is under 25 contact you'd need to contact Forward Thinking Birmingham - <https://forwardthinkingbirmingham.nhs.uk>.  
Crisis link for under 25s is **0300 300 0099**. You can also text SHOUT to **85258**.

**4. Ring the Crisis Line.**

There is a 24 hour mental health crisis line, run by MIND. Helpline is **0121 262 3555** or **0800 9159292**. More information on crisis help can be found here - <https://www.bsmhft.nhs.uk/service-users-and-carers/how-to-get-urgent-mental-health-help/>

**5. Make use of lines like the Samaritans (116 123)**



To refer someone to the team at TogetherWeCan Use this QR code or visit <https://form.jotform.com/m/233172467478364>



If you come across anyone, you're concerned needs further help. You can contact community mental health services with the person's name and DOB to check if they're within services and to alert to any dangers.

EMAIL: [bsmhft@customerrelations.nhs.net](mailto:bsmhft@customerrelations.nhs.net)

(My contact John Baker, PALS officer)

[www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)

Helpline numbers 0121 262 3555 or 0800 91569292

Also use 111 option 2 wherever you can and this will link people to services.

### Referrals for Under 25's

Under 25's mental health work is undertaken by Forward Thinking Birmingham. Contact via <https://forwardthinkingbirmingham.nhs.uk> phone 0300 300 00 99.

### **Social Prescribing for the Area**

Heidi King - [heidi.king5@nhs.net](mailto:heidi.king5@nhs.net)

### **Birmingham Healthy Minds**

Birmingham Healthy Minds (BHM) offer talking therapies free of charge and operate a self-referral process; here are their details:

BHM

Tel: 0121 301 2525

Email: [bsmhft.bhm@nhs.net](mailto:bsmhft.bhm@nhs.net)

### **Living Well Consortium**

Living Well Consortium UK is a free mental health services in Solihull & Birmingham to improve the health, social care for service users in Birmingham and Solihull.

They can be contacted on the number below and also have live chat on the website. You can access this via the link below.

LWC

Tel: 0121 633 1217

<https://livingwellconsortium.com/>

Spring to Life

Spring to life also offer free therapy in the region.

[www.springtolife.org](http://www.springtolife.org)

MIND Birmingham and Together All ([www.togetherall.com](http://www.togetherall.com)) also very useful

### **General Contacts**

#### **Mary Jordan**

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## Timekeeping & work undertaken

### Year One Data

Days worked in 2023/24 (Year One) vs Plan													
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
On site		5	3	3	1	2	2	2	2	2	3	4	3
Remote	2	2	2	1	1	2	2	2	2	1	1	1	2
Days in orig plan	0	3	4.5	6	1	4	3.5	3.5	3.5	3	3	2.5	2
+/- plan	2	4	0.5	-2	1	0	0.5	0.5	0.5	0	1	2.5	3
Total days worked				53									
Total days in original plan				39.5									

Days worked in 2024/25 (Year Two) vs Plan													
	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
On site	3	4	2	1	4	2.25	3	3	2	2	2	3	0
Remote	0.5	0.5	0.5	1	0.75	1.5	0.75	0.25	0	0	0	2	4
Days in orig plan	2.5	2.5	2.5	1	2.75	2.75	2.75	2.25	2	2	2	0	0
+/- plan	1	2	0	0	2	1	1	1	0	0	0	5	4
Total days worked				43									
Total days in original plan				25									
Additional days funded in 2024/25				7									
Additional days worked unfunded				11									

## Appendix A

### Question 1: In the last 12 months have you needed mental health support?

Yes 38

No 12

### QU 2- If yes, where did you try and access support (answer as many as are relevant)

GP	25
NHS Community MH services	2
MH Phone line	0
The Hub/Open Door/Pantry	19
MIND	4
999/A&E	2
I've not known where to try	13
YouTube/apps	1
Church	1
Counselling	1
CBT	1
N/A	5

### QU 3 - If you've tried which of the following applies?

I was helped by these services	20
I was put on a waiting list	10
I wasn't helped	11
I gave up and tried to help myself	5
I gave up & instead sought help elsewhere	2
I enquired about help but found the service couldn't meet my needs	1
I didn't pursue help as it meant going outside my local community to get support	2
I got prescription medication for depression but sent on my way, no one to talk to	1

**QU 4 If I struggle with my mental health or if someone, I know struggles, I know what to do and where to go. Do you agree or disagree with this statement?**

Strongly agree	11
Agree	15
Neither agree nor disagree	7
Disagree	16
Strongly disagree	1

**QU 5 - In the past twelve months my wellbeing has**

Improved	15	
Got worse	16	
Stayed the same	18	
Other	1	Been struggling

**QU 8 What race/ethnicity best describes you?**

White/White British	25
Black/Black British	10
Asian/Asian British	4
Mixed heritage	3
Rather not say	5
Other	3

**QU 9 - What is your age?**

U18	0
18-24	1
25-34	8
35-44	16
45-54	17
55-64	4
65+	3
Rather not say	1



Just people getting the help they need or even just advice into the right direction  
More awareness more people to speak to, not just given a little appointment with the doctor and given prescription drugs  
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Support groups  
Cognitive behavioural therapy  
I think more access to help in the evening/ weekend for working people  
Exam support for year 10 and 11. Helping them with any anxieties regarding exams, school life etc. More discussions about mental health and wellbeing and what support there is and how to get the support. Discussions about medications for depression/anxiety how they make us feel etc  
More mindfulness  
Just someone to talk to that's easy to access  
Local support for local people  
I don't know  
No more waiting lists  
More of Nicola's mindfulness  
I appreciated the skills and expertise that Andy brought, can we have him back?  
Mindfulness  
Better sense of what's up with me and where I can choose my own help

