Improved Access to Psychological Therapy

Report

SUCRAN
AUDITS
RESEARCH

(Service User and Carer Research Audit Network)

September 2011

> “ I wouldn’t be here without it. Everything was on top of me and I felt panicky, but therapy changed everything. Medication was an instant relief, but the therapy gave me the building blocks to help myself ”.

Service user Interviewee

Contents:

Abstract

This report is a qualitative study undertaken by service uses and carers from the Service User and Carer Research Audit Network (SUCRAN). It explores the views of people who have undertaken a course of therapy provided by the Leicester Improving Access to Psychological Therapies (IAPT) programme, Open Mind.

The questions ascertain the views of 17 respondents who were invited to comment upon their experience.

The report identifies strong and positive feelings about the therapeutic experience delivered by Open Mind, whilst at the same time alerts us to some of the inconsistencies and arguably poor practice in the preparation for therapy by referrers to the service. A significant proportion of the sample received little explanation about the reasons for referral to the service, information about talking treatments or the role they might play in self help.

Inconsistencies have been noted in the time taken to access the service with a maximum wait cited by interviewees as being as long as 8 weeks.

Despite the system difficulties noted, these seem to be obviated by the quality and success of interventions delivered during the process of therapy.

Executive Summary

This small scale pilot qualitative study explores the views of 17 people who have undertaken a course of therapy provided by the Leicester Improving Access to Psychological Therapies (IAPT) programme, Open Mind. It was undertaken by service uses and carers from the Service User and Carer Research Audit Network (SUCRAN).

The study is divided into two component parts:

- Access to Open Mind
- Therapy provided by Open Mind

15 key questions were posed to two focus groups and supplemented with individual interviews with people who had recently received or were about to conclude, a programme of therapy provided by Open Mind.

Question Theme	Response
Referral at the right time	Yes – 70% (n = 12)
Maximum waiting time for first appointment	8 weeks
Waiting time	Inconclusive (mixed understanding of question)
Difficulties in accessing service	No reported difficulty 100% (n = 17)
Convenience of first appointment	Very convenient
Choice with first appointment	No Choice - 35% (n = 6). Choice 65% (n = 11)
Pre information about talking therapy	None / not much - 76% (n =13)
Information given by GP	None / not much - 70% (n = 12)
Information given by Therapist	Sufficient / a lot - 94% (n = 16)
Therapists awareness of culture	Not aware - 6% (n = 1)
Communication difficulties	Experienced difficulties - 18% (n = 3)
Therapy Helpfulness	Helpful Very Helpful - 100% (n =17)
Amount of Therapy	Positive Response
Return to service	Yes - 94% (n = 16)

Critical Issues to consider

- Waiting time benchmarks and consistency
- Information and understanding prior to commencement of therapy
- Consistency in session length
- Ease of access to literature about expectations of therapy

Overall

A very positive endorsement of the therapeutic encounter which could be enhanced with improvements in first appointment timescales and adequate preparation for therapy by referrers.

Introduction

SUCRAN was approached to undertake a series of focus groups in order to pilot an evaluation of the Open Mind IAPT Service in Leicester City, and this study is based upon these findings alone. It is not placed in the context of the broader literature which could be usefully incorporated into any further investigation.

The timescales were short and the questionnaire / themes for discussion were designed in conjunction with service users from SUCRAN. Following an evaluation of the appropriateness of the questions by the SUCRAN Steering Committee, and an assurance that ethical approval had been granted, this commission was accepted.

This report relates to the focus groups that took place on 4th and 5th of July at the Belgrave Community Centre. Two SUCRAN researchers were present and these data were supplemented with telephone interviews of clients selected by the IAPT Service. Prior to the commencement of interviews participants were consented into the study and were provided with background information (a transcript of this is contained in Appendix 1).

The team identified that interviewees constituted only a small sample (n=8) and that a further day would be needed to get a more accurate representation. This was agreed with the IAPT Lead

Focus groups were conducted in a dedicated room where participants sat in a circle and a digital recorder was used to capture comments and discussion. It is unfortunate that the recorder failed leaving the researchers with no option but to revert to shorthand transcription of the information giving exercise and discussion. This did not adversely impact upon the quality of information, debate or outcomes of the study.

A third day took place on Friday the 29th of July 2011 at Belgrave community centre.

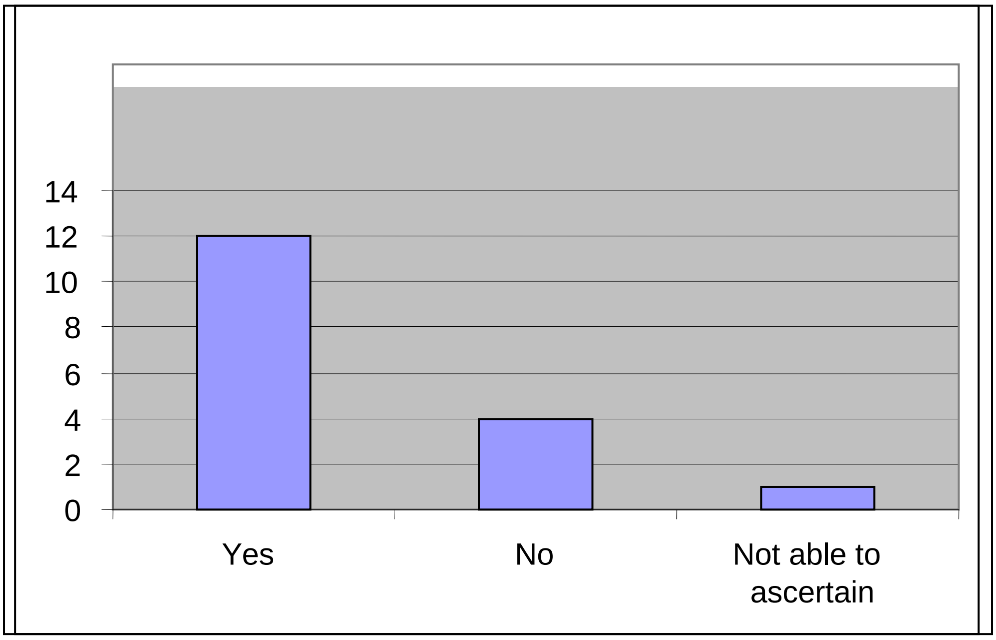
Reassurance was complemented by an understanding that interviewers had personal experience in receiving mental health services.

Results

Accessing Open Mind

Question 1

Do you think you were referred for talking therapy at the right time?

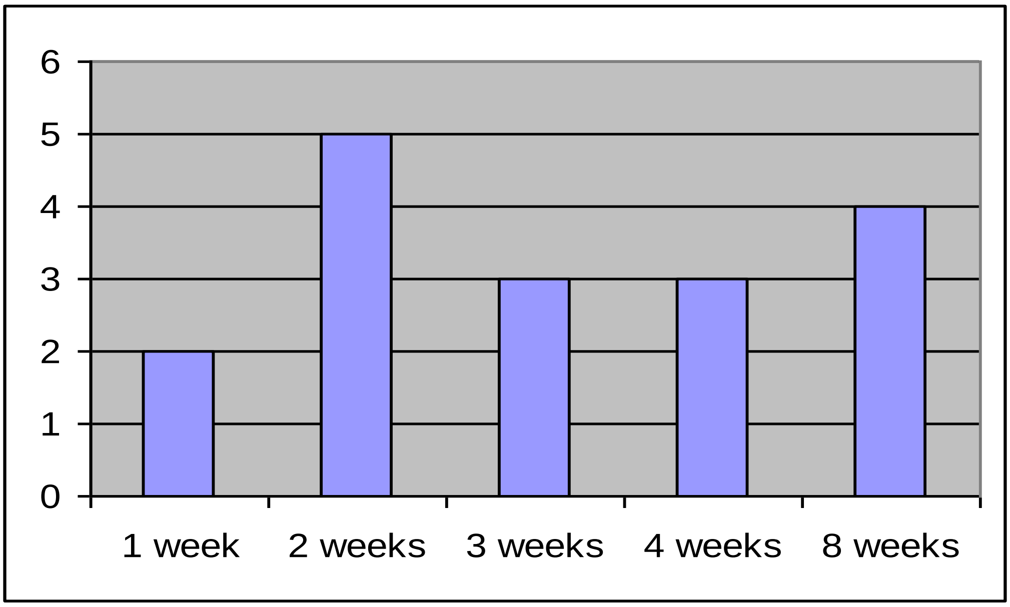


Twelve (71%) participants felt that their referral came at the right time, however one person did not respond clearly, and four people felt it was at the wrong time.

This question needs supplementary investigation to determine why some participants felt they were referred at the wrong time, and what are the best determinants of timely referral. One respondent suggested that they were "already better by the time the referral came through". Whilst the nature of low level anxiety or depression may well lend itself to spontaneous improvement, the service may well need to guard against any criticism of "rationing by delay"

Question 2

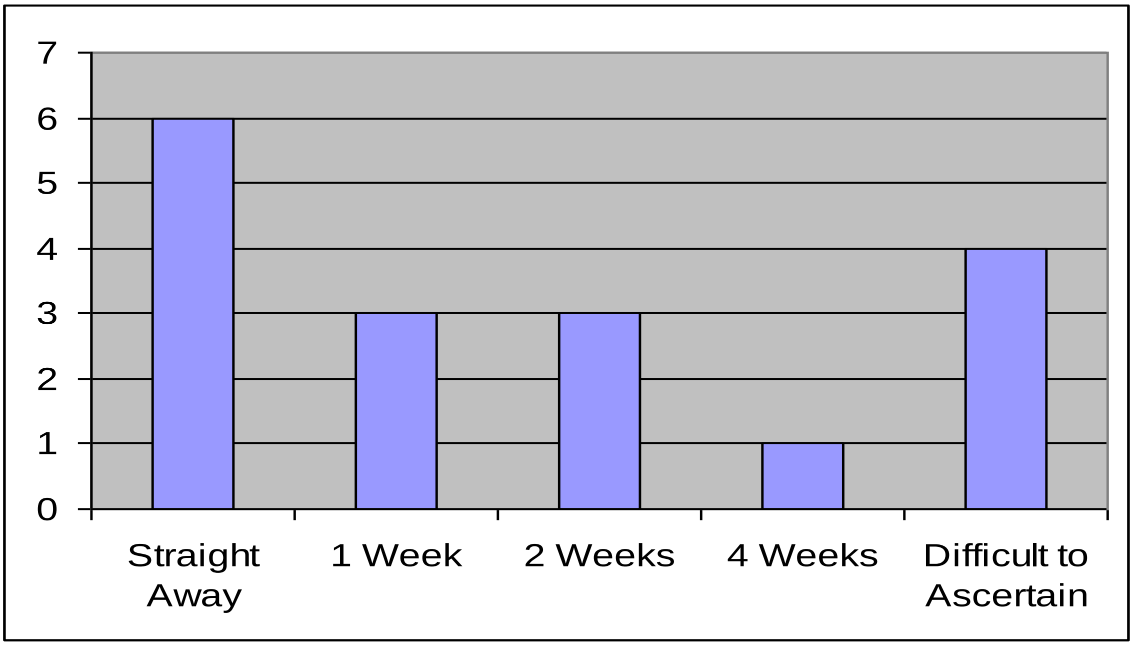
What was the waiting time for your 1^{st} appointment?



The longest wait was eight weeks which occurred for four participants. Waiting time was not explained further. However if this question is replicated to a larger sample then waiting times of two months may be perceived as "too long".

IAPT Services should consider the consistency of waiting times and the reasons that may undermine speedy intervention.

Question 3
What was the waiting time for your talking therapy to begin?



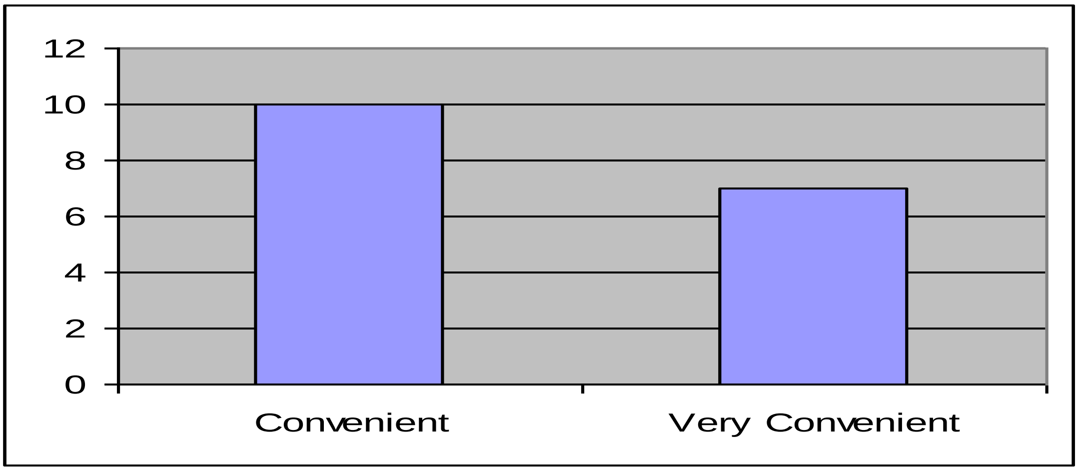
The longest commencement time for therapy to begin was two weeks. Four responses did not make the timeframe clear and are therefore recorded as "difficult to ascertain".

Some people obviously interpreted this question about the time spent in the waiting room prior to seeing the therapist citing between ten and twenty minutes as the waiting time. These responses are recorded under the heading straight away.

Question 4
Did you experience any difficulties getting to your first appointment? (Did you know where it was? How far from your home was the venue of your first appointment?)

All respondents (100% n = 17) answered "no" to this question. Where the one word answer was expanded upon, distance from home was suggested to be "round the corner, local, convenient and not far from home" It is therefore concluded that no difficulties were experienced.

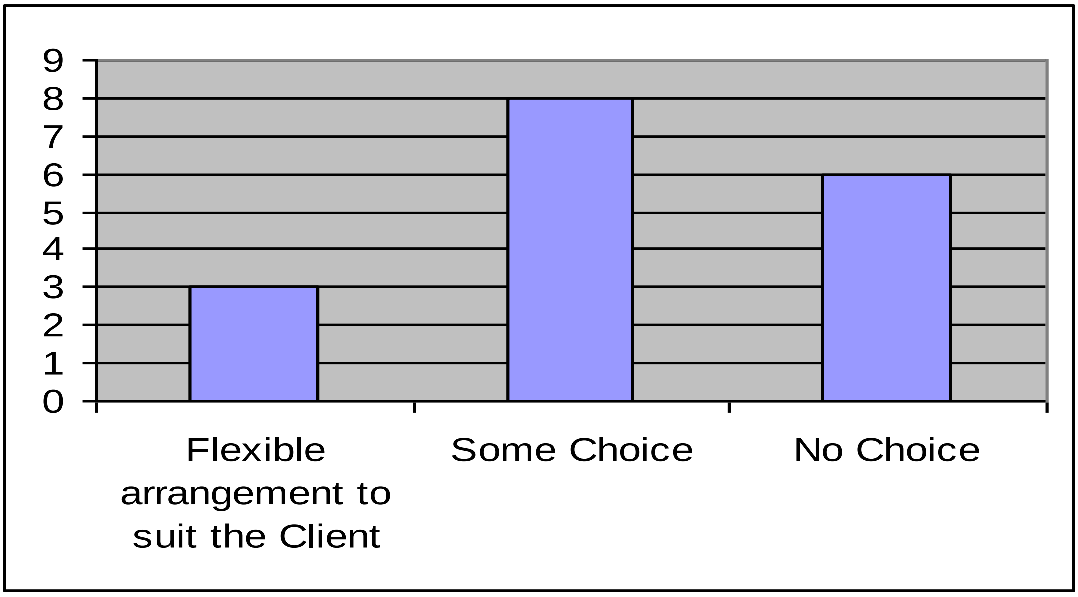
Question 5
How convenient was the day and time of your first appointment?



All respondents (100% n = 17) reported that their first appointment was either convenient or very convenient.

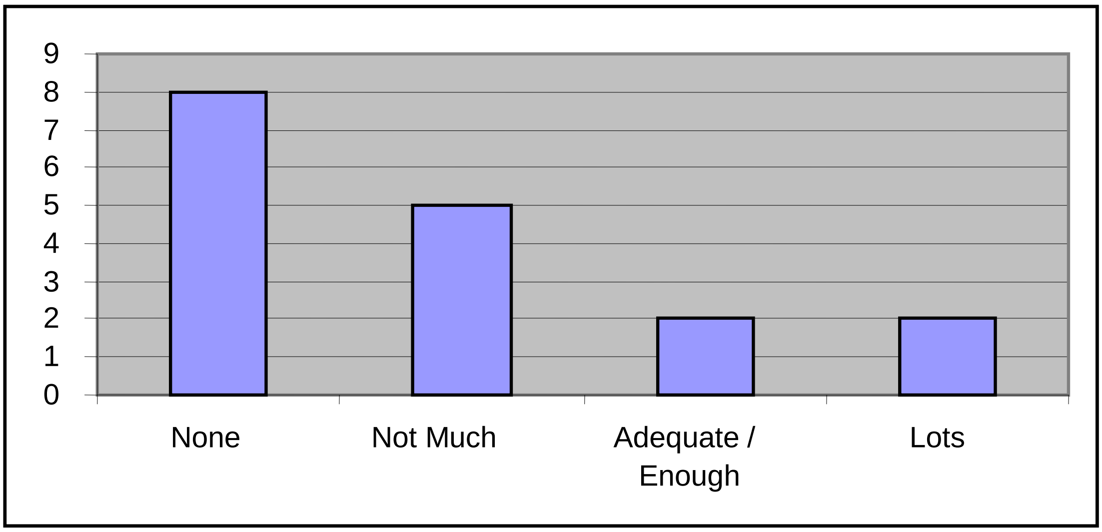
The assumption is that this appointment was arranged for a mutually convenient time and that the venue was accessible. This is corroborated by the responses to question four.

Question 6
How much choice did you have when making your first appointment?



Eleven participants (65%) were offered a choice however a significant proportion were not (n = 6 35%). The IAPT service may wish to consider the importance of choice and its relationship to satisfaction with the overall therapeutic experience.

Question 7
How much information about this talking treatment service were you given before your first appointment?



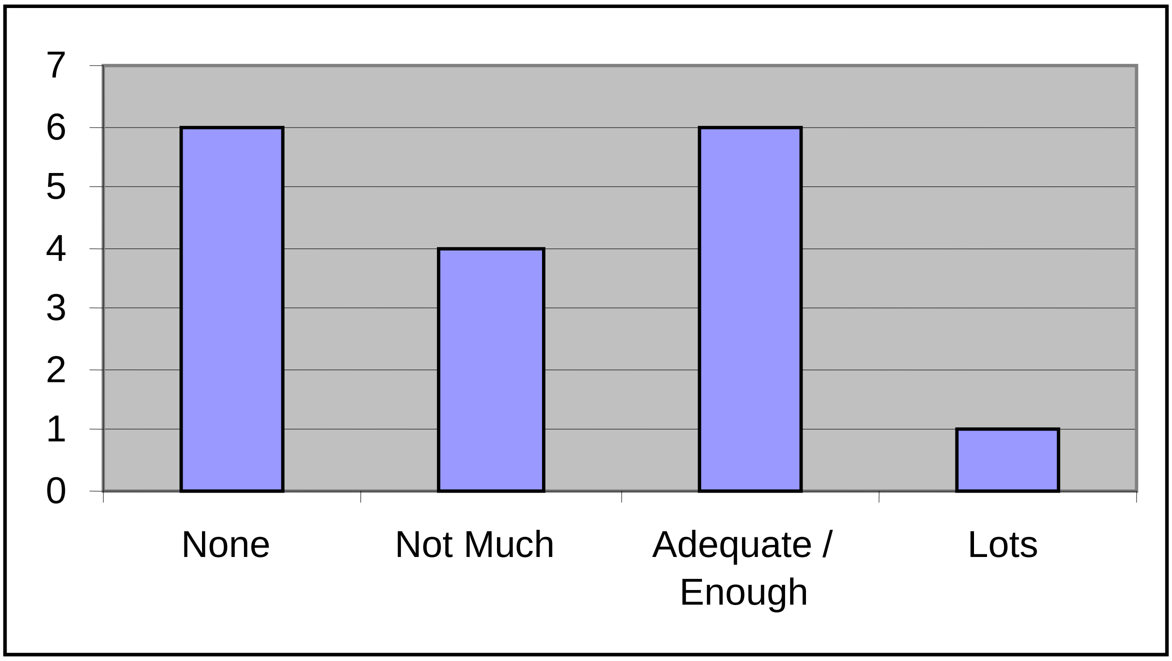
It appears that there is inconsistency in the amount, and the relevance of supporting preparatory literature coupled with discussions at the referral stage.

Relevent comments included:

> "Just told to see the therapist"
> "Didn't know anything before I attended"
> "Didn't know what to expect"
> "Not much, no explanation before appointment"

This suggests a need for a minimum standard of basic information that should be provided to the referred person, and where appropriate their significant others.

Question 8
How much information were you given by your G.P. about your specific difficulties before your first appointment?



Ten participants (59%) felt they were given no or "not much" information about their difficulties prior to the first appointment. This is compared to those who felt they had received at least an adequate amount (n = 7 41%). The question is not specific but interpretation assumes this relates to perhaps an explanation of symptoms or diagnosis together with prognosis for those who received information. Some consideration must be given to those who received little or no information.

Positive comments included:

> " The Dr explained, yes, enough information including confidentiality of the matter"
> "Everything was fully explained"

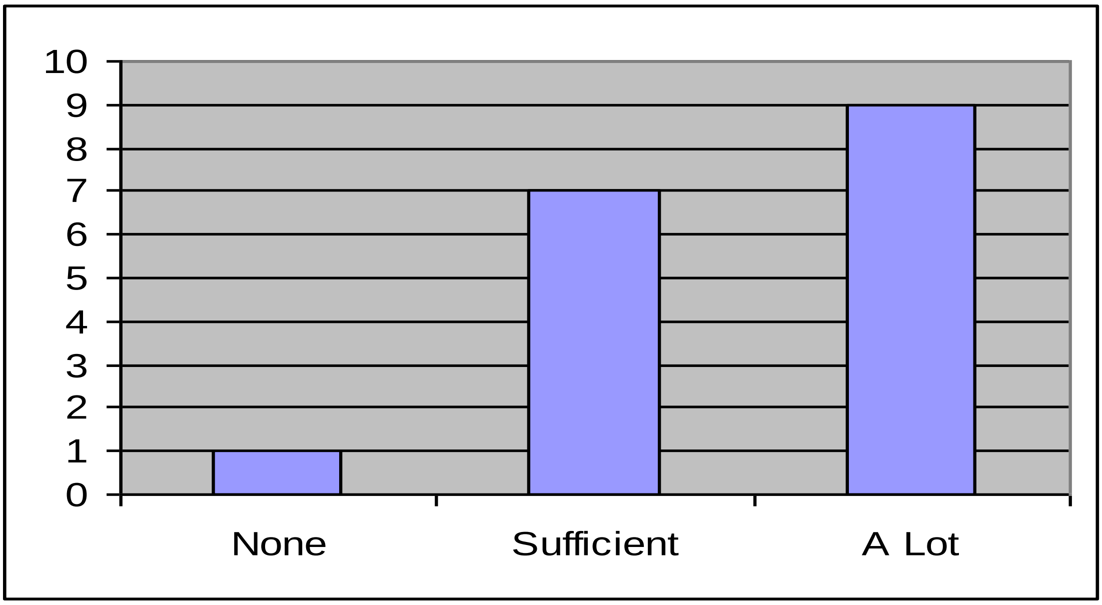
Negative comments included :

> "Not a lot of information asked if I would see the counsellor as I was upset"
> "Nothing, I did not know anything before I attended"
> "No Information"
> "Just told I must see the therapist "
> "No explanation before appointment"

> “No Information. Just told to see someone, but not why”

Question 9

How much information were you given about your specific difficulties when you were seen by your IAPT therapist?
(eg: leaflets about anxiety or depression, or an explanation of depression or anxiety)



A comparison between the outcomes of questions 7 and 8 with question 9 emphasise the therapists success in explaining, delivering and signposting information.
Most participants (n = 16 94%) felt they were given at least sufficient information with 9 respondents feeling they were given a lot of information about their difficulties by the Therapist.

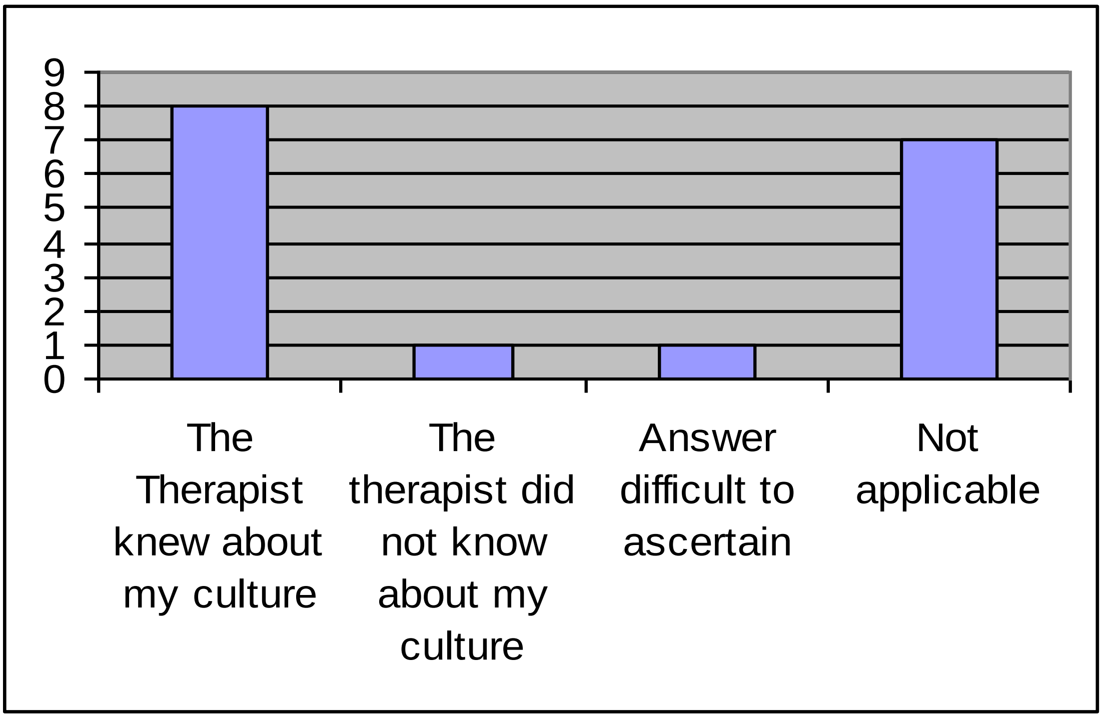
Interesting comments included:

> “A lot of detail. She explained it really well and gave me a lot of information”
> “A lot of pamphlets and questionnaires combined with good verbal explanation”
> “Explained it to my satisfaction”
> “Completed a form with me”
> “Yes sufficient info “
> “Gave information but forgot to bring any leaflets. Would have helped if I could have read about the service for myself”
> “It was explained about how we would talk. Cant remember receiving leaflets”
> “Gave leaflets on trauma. Courses and recommended books to read”
> “A lot of information and leaflets”
> “A lot of worksheets. Created my own spreadsheets. Getselfhelp website which I still use”
> “Full explanation”

Experiences of Therapy

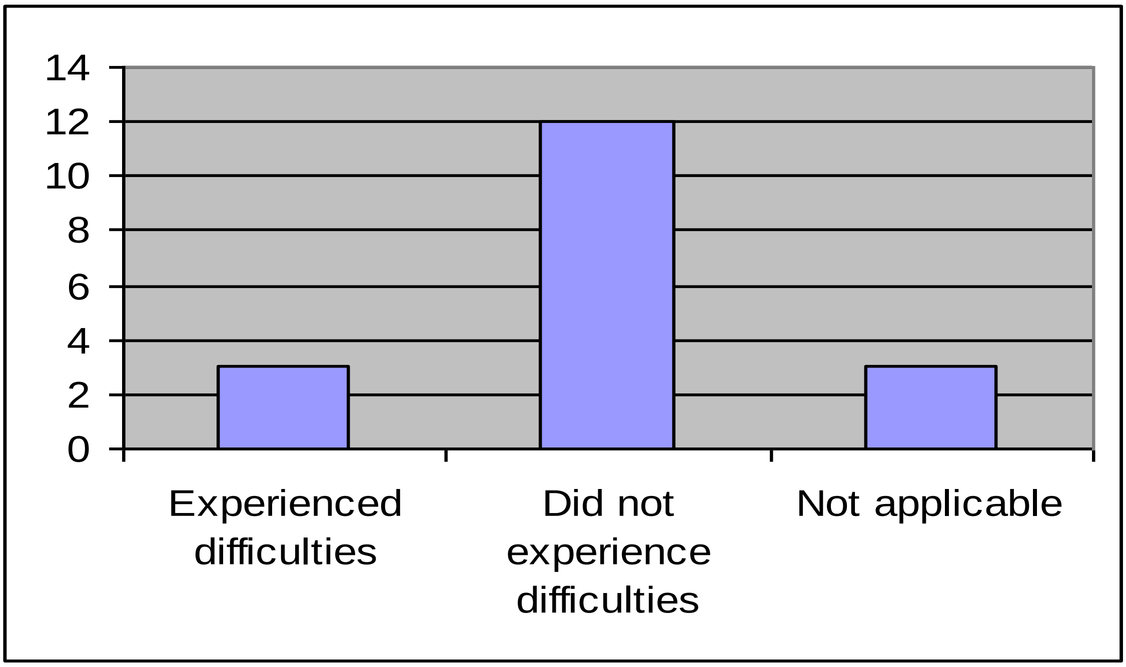
Question 10

Can you comment on your therapists awareness of your culture and how this might impact on your difficulties?



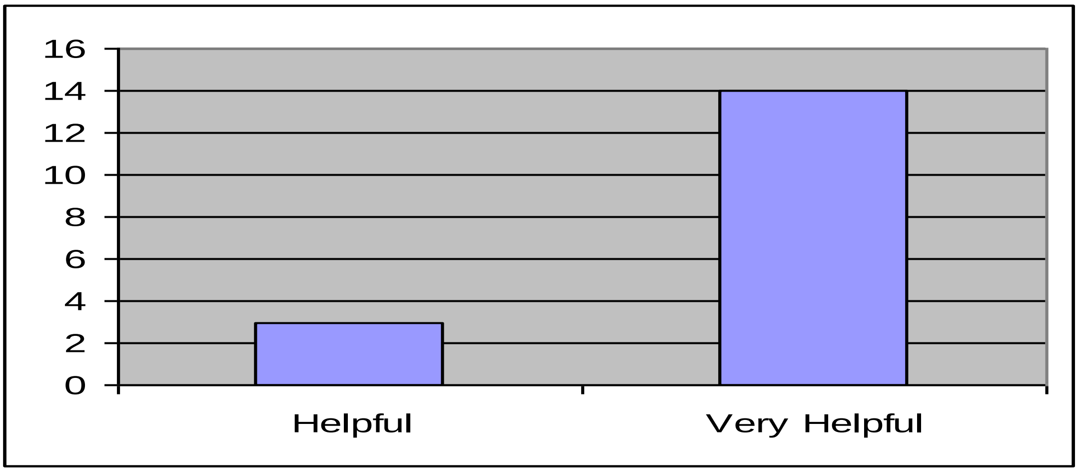
Only one respondent felt that the therapist did not have an understanding of their culture. The remaining 16 participants (94%) felt the Therapist knew about their culture. Three people intimated that English culture is a default position, raising the not applicable responses to 7.

Question 11
Have you experienced any difficulties communicating with your therapist in the language you are most fluent in?



Twelve participants (71%) felt they had not experienced difficulties. Of the three who stated they had experienced difficulties, one suggested that this subsided as the relationship developed. This suggests that allocation of therapists has been considered and that the therapists themselves a skilled communicators.

Question 12
How helpful was your therapy?



This is an excellent result with all participants (100% N = 17) feeling their therapy was at least helpful.

Interesting comments suggested that:

“Yes it is helping me”

“I changed the way I did things eg the sleep tips helped”.

“A lot is common sense, but made to do a lot in own time and would have been better if some exercises could be done with the therapist”

“Very helpful ….it was a relief to talk to somebody about it. After that I felt better”.

“Very helpful. I enjoyed being able to talk about my anxieties without worring my family”.

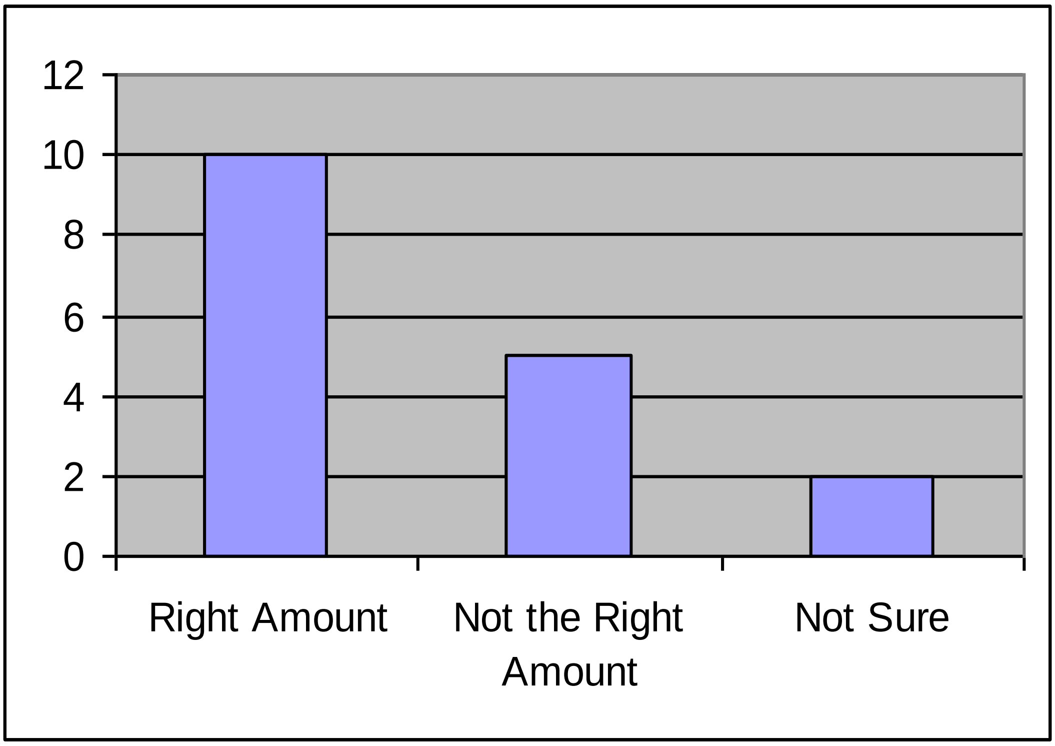
“Made me consider my condition, helped me to answer difficult questions, listened when he needed to. I can’t speak highly enough of him”.

“Explained things well to the best of her ability. She was brilliant, couldn’t find one fault with her. I miss her a little bit. Felt others at the surgery are uptight but she was lovely and punctual”.

“ I wouldn’t be here without it. Everything was on top of me and I felt panicky, but therapy changed everything. Medication was an instant relief but the therapy gave me the building blocks to help myself”.

“Very helpful …. Improved confidence and self esteem…I now have a more normal emotional range”

Question 13
Can you comment on whether you think you had the right amount of sessions with your therapist or not?



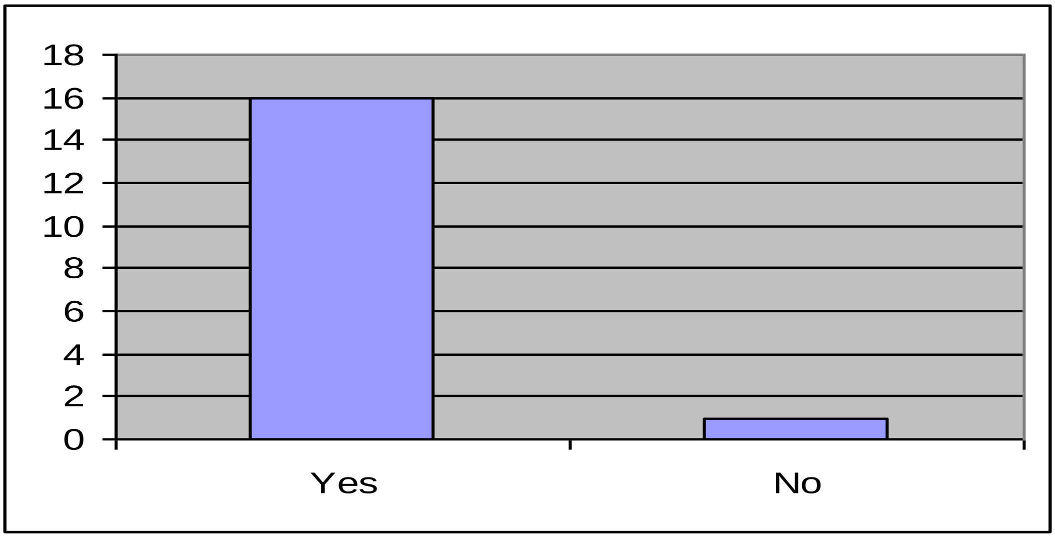
Although the majority of respondents (n = 10 59%) felt the were receiving the right amount one person suggested that " in the beginning I think I should have had more sessions - One every two weeks"

Those described as "not sure" suggested that their therapy was ongoing, and could not comment at this stage.

Interesting comments Included:

> "In the beginning I think I should have had more sessions - One every two weeks"
>
> "I wish I had more because I found it very helpful"
>
> "I would have liked to continue with the therapy but my family anxieties are ongoing so it never really comes to an end, however at the time of discharge I was feeling much better".
>
> "I wish I had more but didn't want to be greedy and take other patients sessions. I had eight sessions alternate weeks and that was OK for me".

Question 14
If you have similar difficulties in the future, would you request further talking therapy?



Almost all respondents answered yes to this question and the single respondent who answerd “no” actually indicated *the* most positive response “No, because it’s self help and if it happens again I know what to do”

The others did not expand upon their one word answer. It is therefore concluded that if difficulties were experienced again they would seek re referral.

Question 15
Additional Comments about your Experience of Treatment
Please let us know if you have anything else that is important to you, or that you would like to say about your treatment:

This final open ended question enabled participants to add any other information they felt relevant and comments are verbatim for each of the seventeen participants:

Interviewee 1 More understanding of cultural needs

Interviewee 2 My treatment has been very helpful, better than medication and I am now looking for work

Interviewee 3 Marcus is brilliant

Interviewee 4 Very helpful and better than medication
Gives you confidence

Interviewee 5 Medication did not work
Asra – Help with therapy
Hospitalisation- Marcus has been brilliant
In control of my life
I want to go back
Must not reduce hours of IAPT
Muslim Cultural needs
It is a positive

Interviewee 6 Having a phone line where patients can ring in when they need someone to talk to 24 /7
More information where a person can get help in the evenings or Bank Holidays

Interviewee 7 Brilliantly done. Glad I used the service

Interviewee 8 Knowledge of Service before would be helpful
It has given you hope

Interviewee 9 If I had a booklet to read and get ideas it would have helped. A lot of it is upto yourself, you have to want to help yourself. You have to try to help yourself and set goals for each week

Interviewee 10 Having the leaflets helped and being able to look at them at home because you have your own time to look into problems and how to solve them yourself. I wish there were longer sessions as 30 minutes is not long enough. Increasing from once per week to twice per week would have helped more. Because of culture having a female therapist helped a lot

Interviewee 11 My first experience was with a male therapist (very nice gentleman) but I felt very uncomfortable sitting just a couple of feet away and facing directly at each other. Also not dropping eye contact and with a beaming smile throughout the half hour session.

The Sessions with my second therapist were very very relaxing. My therapists soft tone of voice was lovely. She let me talk and talk but often made me come up with the solutions.

Interviewee 12 It is unclear how everything fits together with the GP and the Therapist
Mor intervention and exercises within the therapy session rather than in own time
People should be clearly told that this is a self help process before they commence therapy

Interviewee 13 Very friendly understanding staff
Brilliant……good communication between the therapist and the GP

Interviewee 14 Excellent therapist. Doing things like answering the phone which before I did’nt

Interviewee 15 45 minute sessions….wish it was an hour
The room was a bit officey and would have been better if it was a more homely environment with a sofa.
Help from therapist was priceless and I learned a lot.
Longer sessions and more frequent would be preferable

Interviewee 16 I would be overwhelmed with group sessions. IAPT seems to have got it right with private sessions. Treated like I have a brain.

Interviewee 17 Face to face definitely

Conclusion

The perceived benefits of a course of therapy with Open Mind IAPT Programme are clear, based upon the 100% responses which stated their experience had been helpful or very helpful. This must however be seen in the context of the small and selected sample of respondents who were recommended by the service and willing to participate.

Improvements in the information given to prospective clients prior to their engagement with the process may enhance satisfaction further, however the therapists must be commended for their remedial efforts to establish understanding, and minimise any undue anxiety emanating from a lack of knowledge about the process.

Whilst no coercion was reported by interviewers, any further study must encompass a broader base of clients, and for results to be statistically significant, a marked increase in the numbers to be surveyed.

The question set used for this study could be enhanced by an exploration of the range of talking treatments available, and the demographic details of respondents. This would assess the IAPT impact upon the culturally diverse nature of the population of Leicester, together with gender and age perceptions of the service users.

Overall these are very pleasing results with issues relating only to the process, rather than the content of the therapeutic encounter.

Recommendations

- Education of General Practitioners in the importance of providing appropriate information, reasoning and knowledge to the person being referred and if appropriate their significant others

- A range of appropriate literature to be easily available to GPs

- A benchmark for waiting times for first appointment

- Consistency across the service in the length of sessions

- Provision to undertake therapeutic activity during the sessions rather than wholly relying on homework and self help

Appendix 1

Abridged Transcript of the Focus Group Process and discussion

Below is an abridged transcript of discussions which enabled participant information to be imparted prior to engagement with the study.

If you are experiencing low mood, not as involved or interested in your daily life, it might be appropriate to consider Open Mind. Lots of different reasons and life events which might make us feel anxious and depressed.

If you start to feel quite anxious and I will explain what I mean by anxiety in a minute, you might like to consider this service. Lots of reasons for anxiety - lots of uncomfortable physical sensations: heart pounding, feeling hot and shaky, need to run to the toilet, palpitations. Those unpleasant symptoms can be noticeable in a variety of situations such as the local supermarket, a crowded place, when we wake up in the mornings.

I would like to raise the issue of being a carer and the difficulties of this role which can lead to low mood, depression and anxiety. If you are experiencing any of the above I would encourage you to think about visiting your GP so that you we can help you with these symptoms.

We are quite a new service and we are developing all the time and we have placed very high on our agenda the setting up of the services relevant to our local communities.

We need to understand the challenges that you face so that we can delivery the necessary interventions.

We have workers in our service who are trained to asses difficulties over the telephone if it is difficult to get to the GP surgery.

We do have workers with some language skills but we also have access to interpreters if necessary.

Sometimes patients might be cared for by secondary care services such as Consultant Psychiatrists or a CPN and it would not be appropriate for us to be involved, but we could offer you an assessment as a carer.

Care needs to be holistic and clarity about which professional should be doing what.

Those that were present were welcomed and NF went through the format of the day. NF also gave his apologies that he wasn’t able to stay for the whole day.

To note that the questions raised were first relayed in English and then translated for the various ethnicities that were present.

Where will the service take place?
The service is placed in every GP Practice across the Leicester City. One of our therapists will be based in all practices. A small proportion of the work at the moment takes place in our Voluntary Sector organisations ie Network for Change, Adhar.

Would be very interested as a group whether GP Practice is accessible or whether seen in another location. It would look at offering treatment in another organisation/location as need to make sure that the service we offer is equitable and accessible. Someone with Mental Health/psychological issues may not want to be seen in their GP Practice/Surgery so yes we need to be thinking about that. The GP Surgery is an acceptable place to go as it maintains anonymity for some. Crucial that you mention about GP surgeries but there are problems already getting appointments and then your referred - some have also been ignored. What is frustrating is that it has taken nearly 2 months for GP to sign and 12 calls. Could the service be given at a different time - specific time for therapy, ie certain days from 4.00pm is set aside for therapy time in GP Practices? We are very much governed by GP Practices and the space they allocate to us - we have got a few limited surgeries for evening clinics but not across the board. Flexibility has to be there especially from a carers perspective. Could you think about using a bigger Centre, ie Merlyn Vaz - you would perhaps get more flexibility there. There was the Common Mental Health Problems Service and new government legislation created IAPT Service.

Gabby Briner from Network for Change introduced herself. She would like to see self-referral into the service. This is continually being asked for.

When the service was first set-up the only route in was by referral from your GP Practice. The discussions around Self referral is still ongoing - you then won’t hopefully be dependent on your GP to do this on your behalf.

Do we get a number of referrals - yes, since we went live around 7500 - it’s really important that we find the best convenient time for assessment/appointment for you to see us.

Re difficulties - can the service do home visits where they feel more comfortable. That’s a really interesting question. We have done a small piece of work in residential homes but because of the dynamics it’s difficult but we do need to think about people that can’t get out of their homes.

Where possible this should be given and it makes a real difference to recovery. This would be very valuable. There are ongoing discussions with the PCT about people who don’t leave their homes and how they will be treated.

Are there any costs involved?
No

How long is each session?
That’s a more complicated question - there are two different types of workers in the service - Low intensity (Psychological Wellbeing Practitioners) and High intensity (Cognitive Behaviour Therapy) therapists.
Low-intensity therapists 8-10 sessions
High-intensity therapists can be up to 20 sessions

Is it a Set Programme?
Yes in a sense it is a fixed number of sessions - maximum of 20. It’s not long-term engagement but it is possible down track that people can be re-referred into the service if necessary. When you go to the session you try to forget some of the difficult times and having to repeat yourself makes you upset - that’s part of therapy, you feel worse before you feel better. It’s difficult though then the Carer has to pick up the pieces.

Is it by referral, if so by whom?

I think we’ve already addressed this. Yes it is by referral from your GP but as we mentioned earlier on we are looking at self-referral.

What’s time timescale for self-referral?
Put me on the spot and unfortunately I can’t really say. We did have a meeting with the Steering Group last week but nothing was confirmed. I think we need to push for a date for this - there’s a lot of people in their community group that are missing out. It’s important that we take issues back and self-referral has been important to this group.

Does the referral depend on the severity of the illness?
Yes because the service is not set-up to provide support to people who have long-standing complex issues. If involved with secondary care, ie Community Psychiatrists we wouldn’t ordinarily be involved. Having said that you might be caring for someone and this doesn’t prevent you from accessing our service.

Is it a two-tier service?
Yes, depending on severity.

Can long-term carers access the service?
Yes.

How can carers access information about the service?
We have produced a patient leaflet which is accessed via your GP Practice and Voluntary Sector organisations.
Are they on display?

Not in all GP Practices and it should be - we are in the process of getting them translated. I think we need to distribute the leaflets more widely. Accessing information and at what point is this made available.

You might wish to be individually but it might be something that the service could do as group - “working with carers”.

12.35pm - stopped for lunch - JM thanked all those that were able to attend and acknowledged the fact that it is difficult being a carer. Your comments will help us to develop the service. Voluntary Sector organisations were also thanked.

Reference was made to reimbursements - no one came forward.

* * * * * *

Could this procedure open wounds for service users?
Unfortunately it’s perhaps inevitable when someone goes through therapy, because you are talking about some very difficult and challenging problems, you can feel worse initially. Hopefully as you work through those difficulties the pain becomes less. When you’re a service user and you live on your own, who can you turn to? What the therapist should be doing is talking about the difficulties you will be going through and what coping strategies people can use to help them through the difficult time. But for the carers you have a very difficult job, the service user may not want to come home and talk about their therapy - they may distance themselves from you which can be difficult for you as carers. Carers can feel very excluded if they want to help and they can’t. Someone trained to call in the service in an emergency - some helpline? There are some telephone support lines if you find you are going through a serious time. As a group of carers consider how you may like to look after yourself.

Are Carers Supported?
I think we’ve covered this. Looking at what support is needed. Is there support at the moment? I think if you are supporting a service user and you would want some support yourself contact your GP in the first instance if your partner/family member is in the service you should be allocated a different therapist. Carers Group - only limited funds and hours to do this. In an ideal world and where your care goes on for many years - what support are you not getting? Some sort of activities. Time is a factor, I guess at one end is you, as individuals having time for yourselves, ie relaxing bath, reading, a walk, drop-in centre for coffee or for you to say I really need to have some time to talk about how difficult this is for me. Governance to think about funding - we have to keep running Savera and this service. This is a big problem for people who run these support networks/resources - we need to think about how we can avoid these cuts. It’s vital that people are able to have a cup and tea and chat and not be left on their own.

Some sort of meeting they were informed that there was going to be no services. There are cuts but we’ve not heard anything. Just to say that I would be one of the first to know - we all would! We all enjoy getting out, activities, gardening, it provides a good break-in the day.

We've not been told of anything and we would have been told but all this causes anxiety and stresses to carers. We are living in an unpredictable time at the moment with all the cuts. Really understand concerns about cuts. I sit on a Board and the Council are reviewing these services and we will going out to tender next year so this is our chance to get our say across and if the services need to be made bigger than that's what we will put forward. Really important that these facilities continue and that will be feedback.

How can Carers support Service Users?
Carers need to look after themselves and I guess beyond that it's very difficult for me to tell you what you should be doing. You may need to distance yourself from time to time. There are so many different ways except that's it's really important to look after yourselves as well.

Can Carers Make Referrals? (Refer who they are looking after)
That's a very tricky question because you as a carer may feel that you would benefit from more support but the person you care for may not. If you feel that a loved one would want more support you could discuss it with your GP in the first instance. We do at times have people coming into the service saying "my mum sent me" and unfortunately that can really be the beginning of the end if you're pushing someone that doesn't really want to be there.

Don't always get a regular GP, you sometimes get a Locum so then you have to repeat yourself all over again. You can also get a Junior Doctor then he will say but you need to see your GP - well what's the point of you seeing him. This is an ongoing problem as we are continually reiterating our referral process into the service. Another scenario a GP has reduced the medication - patient relapses - it's disgraceful and then there's the issue of asking them to write simple letters etc, it's £30.

Is there information in different languages?
Yes this is currently at the Towers waiting to be distributed. Not just to GP Surgeries, Voluntary Sector organisations as well.

Do Staff have an Awareness of Carers Issues?
Some of the staff will be carers themselves but what we do need is a trainee session. Discussions have already taken place regarding this and we would welcome your involvement in this.

Is there any training in place for Carers?
Not from our service but there is perhaps a place for us running groups for Carers, ie Problem Solving etc. We could certainly explore that. Personally I think that's a really good idea. Benefits of groups is that people open up. Savera has for many years had a group going and a self referral can be done. Adhar also has a Carers group every week. From our service we have educational sessions already, stress, sleep etc. The growth of these groups has been remarkable.

What is the waiting time for our service?
You can go and see your GP at anytime but it depends who your GP Practice is. It can be an immediate appt in some surgeries but in others where there is greater demand it can take about 2-3 weeks for an initial assessment at present. The timescale will be different for groups.

Jan went through what IAPT stands for (Improving Access to Psychological Therapies) which ultimately is about making the service more accessible. We want to deliver this service closer to home and to be accessible for all users. We do have trained therapists in a variety of modalities: CBT, IPT, CAT IAP etc - unfortunately these are not available in all surgeries but you have access to all if you can travel to a different location within the City.

Will it be tailored to suit my needs?
Yes it will. The therapist will suggest which therapeutic modality might be best suited to your needs. We would also try to negotiate if you weren't able to get to the location weekly.

Shall we use the time left as an opportunity to go through questions again or ask other questions, if you wish?

SUCRAN = Service User Carer Research Audit Network

If you want to join please get in touch with A Goddard. This event has been very successful and to keep this going we need to new people all the time.

Is there anything you feel that would be helpful for you that we can build into the development programme?

- Service user/carers to sit on the Steering Group or Committee Meetings. You should also consider having various ethnicities present.
- Long-Term Conditions accessing our service

Do you know feel that you have a better understanding of our IAPT Service
Yes!

What would happen if I could only make afternoon appointments?
We would try and do our best to make sure you get a service.
Do you think this is a service that you would start using?
Yes!! - All present were in agreement with this.

All were thanked - Carers and the Voluntary Sector Organisations