

The Future of Preventative Mental Health Services in Leicestershire

An Evaluation



Service User and Carer Research Audit Network

March 2013

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Executive Summary

The Service User and Carer Research Audit Network (SUCRAN) were commissioned by Leicestershire County Council (LCC) to undertake an evaluation of preventative mental health services in two deprived areas of Leicestershire. Coalville was chosen as the most deprived, and Melton Mowbray as the area that has seen the biggest shift towards deprivation in recent years.

Service users and carers from SUCRAN worked in conjunction with officers of LCC to develop research questions and questionnaire design. They went on to fulfil the following roles:

- Steering the project
- Coding and data entry
- Data analysis and tabulation
- Report and presentation writing
- Presenting and disseminating the findings of this report

The project targeted people who use services and organisations that provide services through face to face interviews, electronic questionnaires and focus groups.

A mixed method was used, enabling quantitative and qualitative information to be gathered as a means of providing conclusive data upon which service providers and commissioners might consider future change.

Recommendations

1. There should be at least a small number of Leicestershire County Council sponsored activities that are available at no or low cost, to promote social inclusion including when a person is ill, in crisis and / or unable to fund activities. These activities could promote preventative mental health services in deprived areas under Health and Wellbeing agenda.
2. Maintain peer support groups and drop in services that already exist, and consider their role in signposting to other community groups and activities which give people someone to talk to. Informed guidance from supportive professionals will help people know about, and find alternative local community groups or events would be a welcome development.
3. Ensure that service providers engage with their local community and develop local knowledge of alternative, competing and complementary provision within their geographical or commutable area.
4. Develop a minimum level of knowledge through training and education, to ensure that all workers have sufficient understanding of mental health issues to provide them with the skills and competencies to work successfully with people with mental health conditions. This should include the ability to signpost towards appropriate benefit advice.

5. Word of mouth recommendations can be supplemented by information booklets, help-lines and newspaper advertisements. Harnessing the media of Facebook and Twitter for example, as means of communicating what is available could prove to be a useful development to broaden access to information especially to those who are not eligible to receive other services or do not have a budget to fund activity themselves. SUCRAN suggest that work is done with service users and carers to find out how they would like information to be presented.
6. Continue to actively promote opportunities for personalisation ensuring clarity with regard to eligibility, choice and access.
7. Work towards a greater clarity about who provides which service to celebrate the significant contribution LCC are making towards wellbeing and recovery, and also to differentiate what is provided by “health” and what is provided by “Social” sectors.
8. Recognition and support for Faith based services.
9. Continue to value and promote the contribution service users and carers make to the design, delivery and evaluation of provided services.
10. Activities which are not badged as “mental health” or health related support can actively promote wellbeing. Graduating from LCC services may enable a person to access more general activities and may be an indication of recovery. This transition may require support by befrienders and peer groups.
11. Future commissioning should build greater flexibility into contracts allowing services to respond to changes in demand.

Acknowledgements

Without these people this research could not have happened:

Zara J	Mathew H	Laura J
Helen D	Kelvin J	Carmel MS
Jo D	Chris R	Rob B
Ben P	Liz R	David G
Bernie M	Peter N	Therese E
Sally R	Ann J	Peter M
Albert G	Kishor L	Yasmin S
Mike N	Martin D	Helen S
Ash C	Kath K	Amanda P
Tanuja D	Lauren K	Ian M
Jane K	Joelle B	Jim D
Sharon L	Anne I	

A big thank you to the service managers who gave access to their service and particular thanks all those who took part as respondents. Their honesty, frankness and insight are testimony to their desire to shape services of the future, and we are truly indebted to every person who contributed.

Introduction

This report sets out the results of a study that was designed, administered and evaluated by service users and carers. The work was commissioned by the Leicestershire County Council, and undertaken by the Service User and Carer Research Audit Network (SUCRAN).

The study set out to explore the perceptions of both those in receipt of services, and those who provide commissioned services, with the aim of identifying good practice and consequent levels of satisfaction. In addition the study explores perceptions of what works well and what does not, from the perspective of people who receive these services and those who provide them.

Background

The idea and rationale for this study developed from questions raised by Leicestershire County Council (LCC), to explore potential issues affecting people accessing preventative mental health services in deprived areas, and in addition to consider the effectiveness of their current early intervention and prevention initiatives. These initiatives play a central role in the reduction of the cost of mental ill health based on the assumption that preventative services can bring about both cost effectiveness and better outcomes, for service users and patients in social care and health in the longer-term. In addition, As part of a drive towards better use of adult social care resources, local authorities have been encouraged to invest in preventative and reablement services as part of the personalisation and transformation agenda (Bolton 2009). Furthermore, it is suggested that between 35-50% of all mental health problems in adults could be averted with timely and effective interventions, especially in areas of deprivation. (JSNA 2012).

The outcomes of this study will be used in two main ways:

1. To inform the forthcoming Leicestershire County Council strategic review of preventative mental health services and, where appropriate, to assist in subsequent service modelling of those services; and
2. To inform the Adult's and Communities Early Intervention and Prevention programme.

According to Lord Darzi DH (2008 p3) people want a greater degree of control and influence over their health and healthcare, more information and choice to make the system more responsive to their personal needs. This evaluation gives mental health service users, their carers and providers across Leicestershire, an opportunity to make themselves heard and to shape future policy, process and strategy.

Incorporating service user experience and viewpoints about success of the services they receive and of their experiences promotes the Darzi "ethos" in that, personalising services means making services fit for everyone's needs, not just those of the people who make the loudest demands, and has its focus upon people who are traditionally less likely to

seek help or who find themselves discriminated against because of their mental health problem.

SUCRAN shaped and validated the questions, undertook interviews, analysed the results and will disseminate them. This Team were prepared for their role through a training programme where rehearsal of interview techniques using the questionnaire, and research protocol were considered. Collaboration with Welfare Rights, Psychology and Interpreting services together with ethical approval from De Montfort University ensured the best interests of *all* participants and research interviewers were observed.

SUCRAN, LCC and De Montfort University (DMU) worked closely to generate and develop a suitable tool to evaluate this complex area. 25 research interviewers were employed by DMU all of whom have a background as a user or carer of someone with mental health issues. This process echo's the Social Care Institute for Excellence recommendation that, "Outcomes defined by people who use services may differ from policy and practice imperatives and are a crucial aspect of understanding the effectiveness of integrated services". SCIE (2012).

When considering this against the findings of the Joint Commissioning Strategy Mental Health 2011-2013 we see that local responsive access to mental health services is seen as very important. Over 83% of the respondents felt it was very important to have mental health services that are local i.e. within 3-5 miles of where they live. Over 89% said that services need to be easily accessible i.e. convenient opening hours, parking, meets their specific cultural and religious requirements, good disability access and public transport links. Furthermore, people were asked what types of services would have met/would meet their or their family member/friend's needs. The following types of support were highlighted by the respondents:

- Group Support – 64%
- Drop-in services –56 %
- 1:1 Support –49%
- Community based services – 49%
- Peer Groups – 39%
- Support into Education –24 %

MHJCS (2011)

However despite these suggestions there is a perception within service users that they have not been listened to and that services are being cut despite their wishes. It is hoped that this study will provide a voice for those service users, carers and providers who's voice may have been lost in other studies and that strategic commissioners will shape their future plans not only on finance but the wants and needs of the recipients of those services.

Methods

A mixed method was used, enabling quantitative and qualitative information to be gathered as a means of providing conclusive data upon which service providers and commissioners might consider future change. This was achieved using four phases.

The scoping phase to establish the precise method and methodology for data collection and analysis. SUCRAN, with input from the Strategic Planning and Commissioning Team at LCC agreed a plan, reviewed the literature, clarified key definitions to produce an overview of existing service provision in respect of mental health across the County. Scoping conclusively defined the two areas of deprivation to be used as case studies for the study.

A data collection phase encompassed one-to-one interviews, focus groups and electronic questionnaires (using "SurveyShare"), with service users, their families and carers, social care professionals and providers. These discussions were used to identify people's experiences of receiving preventative mental health services, providing these services and to explore factors which might lead to differences in the numbers of people accessing preventative mental health services. Answers to these questions enabled the researchers to:

- Identify current service availability
- Identify existing community opportunities and networks in individual areas
- Identify new community opportunities and networks required to support those with poor mental health in the hope of preventing social isolation.

An analysis phase of the data collected, to establish recommendations and options that, based on the evidence collected, could improve mental well-being, mental health promotion, awareness, access to services and that capitalises upon the assets of the 2 target communities.

Based on the evidence collected, specific attention was be made in relation to how preventative mental health services can be developed within a community setting. This highlights opportunities for potential service development.

A dissemination phase in which the results and recommendations are fed back to participants, organisations and communities to best utilise the current resources.

This data was collected through individual interviews lasting between 30 and 50 minutes, conducted in the place where the participant was either receiving or providing services. Interviewers used a questionnaire to guide discussions, and attempted to minimise interpretation, quoting verbatim where possible for the narrative responses. In addition an electronic version of both questionnaires was produced using SurveyShare, and made available to all potential respondents. This was seen as particularly useful for service providers who may not have been able to devote the time for a face to face interview, and offered the flexibility to contribute to the study at a more convenient time.

Data was translated to computer formats and analysed using the Statistical Package for Social Sciences v20 (SPSS).

Service users and carer research interviewers participated in the following ways:

- Developing the research questions and questionnaire design
- Steering the project
- Coding and data entry
- Data analysis and tabulation
- Report and presentation writing
- Presenting and disseminating the findings this report.

The questionnaire was introduced during face-to-face interviews with service users in services commissioned by LCC with the aim of targeting participants who had used services in the last 18 months.

Questionnaire Design

The question set design was undertaken by a number of Task and Finish groups from SUCRAN in conjunction (where appropriate) with officers from Leicestershire County Council.

The outputs from these groups were peer reviewed and a final draft of the questionnaires produced.

The questionnaire mostly included pre-coded questions. Open ended, qualitative questions were included at the end of each section to gather related information that has not been anticipated by the questionnaire.

Support and Risk Management for Interviewers

It was identified that there were three main types of support required by the service user interviewers through this project:

- Research Related Support
- Practical Support
- Emotional Support

Research Related Support

It was acknowledged that service user led research in mental health contains an inherent risk for those individuals conducting and participating in the research to experience mental distress. The service users and carers involved in designing the research considered a number of measures to support interviewers and interviewees through the

highs and lows of interviewing and hearing/re-living service users' stories. These measures are described below.

Research related support was provided by an experienced researcher. Service users worked with the researcher to design interviewer briefing sessions and briefing pack that will introduce service users to the skills they need to conduct the interviews. An 18 hour briefing programme was held over a number of days to develop teamwork and minimise risk to the participants and interviewers. The briefing sessions started from a point of view that the attendees had no research knowledge and considered tasks an interviewer would need to undertake including:

- Meeting up and preparation before entering the service/fieldwork site
- How to introduce yourself to the service manager and staff and behavioural etiquette
- To ask the service manager and staff how they deal with service user crises
- How to approach participants in the centre
- How to use an introduction script
- How to handle difficult situations
- Interviewing skills
- How to ask the questions
- What range of answers to expect to questions
- How to deal with queries
- Standardising the interviews and sticking to the script
- PowerPoint presentations and data analysis
- Role Play

Practical Support

A high level of practical support was required for interviewers.

The support required can be summarised under the headings:

- Lead Researcher (De Montfort University)
- Project Co-ordinator Support (People's Forum)
- Administrative Support (People's Forum and De Montfort University)

The high volume of administration required the Project Co-ordinator and Lead Researcher to collaborate extensively. Tasks included production of briefing materials, maps, contact lists, processing travel expenses and pay claims, arranging interviews, producing schedules and risk assessments, processing queries and communicating with participating services about the study. In addition materials to promote and advertise the project were generated by both SUCRAN and LCC.

Emotional Support

An informal system of peer support existed within the interviewing team who developed a sense of camaraderie, and helped de-brief each other after the interview sessions. Good research governance dictated the inclusion of measures to support the research interviewers who encountered personal difficulties during their engagement with the project. This was provided by a Consultant Psychologist from Psychology Services Leicester Ltd. The Therapists were independent of the research project, and could provide the interviewers with an outlet to talk through any distressing experiences they encountered, and were available by telephone throughout the fieldwork period, during set times.

However, psychological support was **not** required at any time or by any interviewer during the project.

Interviewer Recruitment, Reward and Recognition

Interviewers were employed by De Montfort University, giving two options:

- The service user or carer participates voluntarily
- The service user or carer is directly employed

All interviewers, whether voluntary or paid, were covered by policies for liability and indemnity insurance.

A member of the Welfare Rights Service joined SUCRAN for the duration of the project, providing advice and on-going support. research interviewers were paid £10.15 per hour plus expenses, enabling minimal disruption of benefits where claimed. Interviewers had control over the number of hours they worked.

Sample

A sample of 95 face to face interviews with service users was achieved together with 10 workers in provider services, eight of whom participated in interviews with the remaining two completing the online questionnaire. Participants self-selected into the project following the distribution of posters and advertising materials prior to interview slots. A quota sampling approach was considered to assure equity across gender, ethnicity and age distributions, however this was not necessary.

Prior to the interview day, agreement from that particular service was gained for the interviews to go ahead. Participating services were sent an information pack two weeks prior to the interview day. Interviewers were provided with additional copies of all material to brief staff about the project. Packs included:

- A project summary
- What interviewers will be doing
- What we need to know from you (staff)
- What we expect from participants
- Consent to and withdrawing from the interview
- A poster advertising the interview day and availability of participant information sheets
- Participant information sheet
- Participant consent form
- A copy of the questionnaire

Interviewers spoke to staff before conducting any interviews to cover a wide range of housekeeping topics such as:

- What to do in case of a fire?
- What the local policy is for patients in crisis?
- What staff are on duty – what are their roles?
- Where are the toilets?
- Do they have any other rules for visitors or new staff they should be aware of?
- How they see the interviews best working – is there anyone who does not want to be interviewed?
- Where the interviews should take place?

In the staff information sheet we also suggested that staff make an announcement at the venue, to let users know that interviewers are around. The announcement should include:

- Interviewer names
- That the interviewers will be wearing badges
- That the interviewers are service users or carers
- That the interviewers are friendly
- That participant information sheets are available
- The interviews are confidential but anonymised answers would be contained in the eventual report.

The information sheet made a recommendation that a quiet corner be set up for interviewing (if possible), as some participants may have wanted to give their answers in a quiet area so that they remain confidential. All participants were given the choice about where they wanted to answer the questions.

Interviewers agreed with local staff before starting interviewing, what they want them to do in case they notice a service user in a state of crisis or if they became distressed during the interview. Interviewers were asked not to interview any service users who appeared to be in a state of distress or crisis.

All interviewers ensured that participants read the participant information sheet. The participant information sheet made clear that participation was voluntary, that withdrawal from the process at any time was appropriate, and that participation would not affect the care in any way. All participants were asked to read and sign the consent form before the interview commenced and consent forms were fully completed in order for the interview to continue. All 95 service user participants completed the consent form as did the eight providers. The electronic questionnaire assumed consent by its completion.

Analysis of Service User and Carer Responses

Analysis of the results utilized the tools of SPSS, NVivo, Microsoft Excel and home produced databases. A range of frequency, and cross tabulations for all the questions were considered. Analysis styles were separated for both qualitative and quantitative methods to identify patterns and trends.

Quantitative Data Analysis

All data were initially inputted into Microsoft Excel by service users and academics, they were then imported into IBM SPSS v20. Descriptive statistics were computed, and where helpful, nominal findings were presented as bar charts (and cross tabs). Initial output was reviewed by service users, and a further set of analyses obtained to answer their research questions.

Qualitative Data Analysis

The qualitative data was extracted verbatim from questions 4, 5, 18, 23b, 23e, 28a, 31, 36, 37, 38, 39, 40a, 41, 41b, 41c and 42, together with additional notes and explanations discussed during individual interviews. This was initially placed in a database and some analysis was attempted using NVivo 9. The outcomes from this tool were unsatisfactory due to the limited narrative responses obtained from these particular questions, and the researchers reverted to a simplified content analysis.

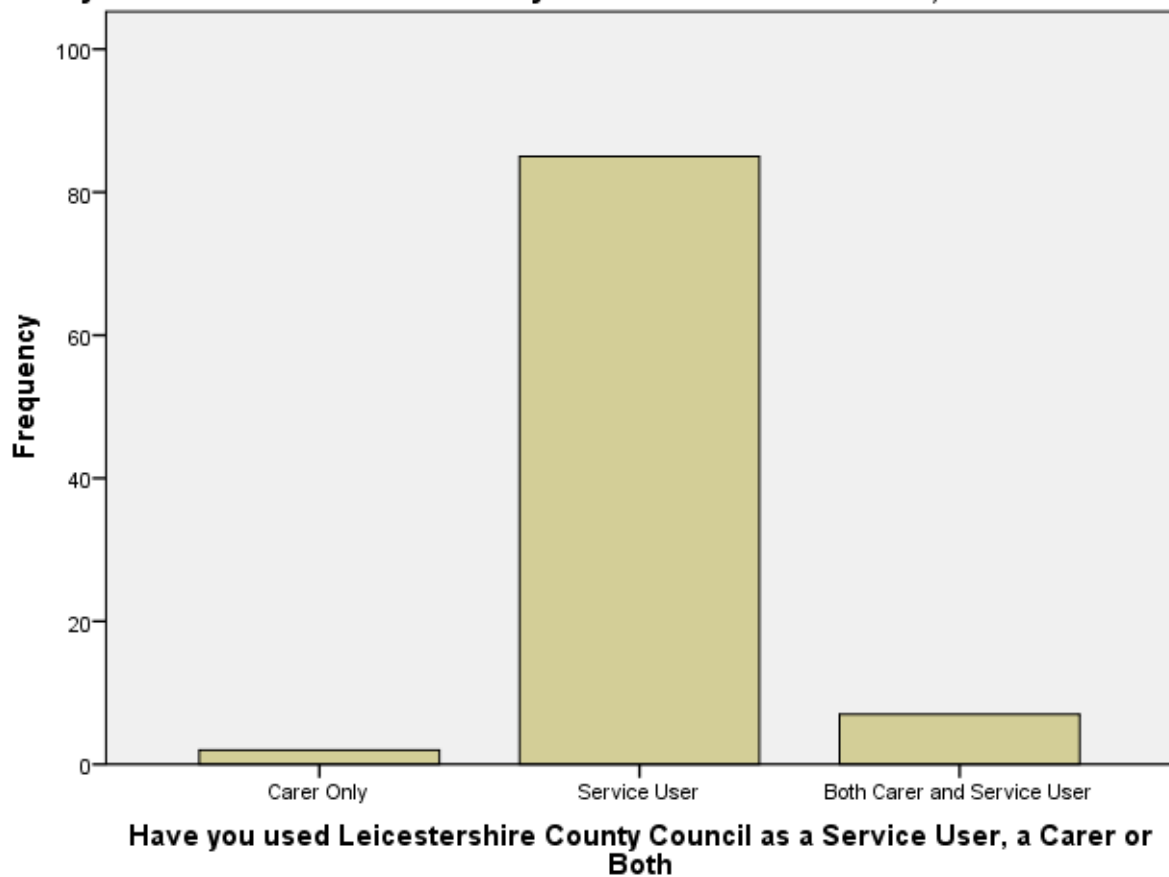
As an approach to evaluation, content analysis is considered as quasi-evaluation because judgments need not be based on value statements (Neuendorf 2002), and as this research objective was aimed at presenting subjective lived experiences, the analysis of these responses is not an evaluation in this context.

The frequency of specific words and phrases were considered but no coding values were placed on these as it was felt that the words and comments were self-explanatory, and where possible, have been incorporated to illustrate quantitative results.

Where possible a pictorial representation by bar chart has been included augmented by a table of figures. The bar charts use frequencies or count to indicate the number of people who answered a question, mean to identify the average number of respondents and percentages to signify the proportion of people who answered in each category. Some answers have been displayed as tables for ease of interpretation and each question has an explanation or interpretation constructed by the analysis team to help the reader form their own interpretation.

Q1

Have you used Leicestershire County Council as a Service User, a Carer or Both



		Frequency	Valid Percent
	Carer Only	2	2.1
	Service User	85	90.4
	Both Carer and Service User	7	7.4
	Total	94	100.0

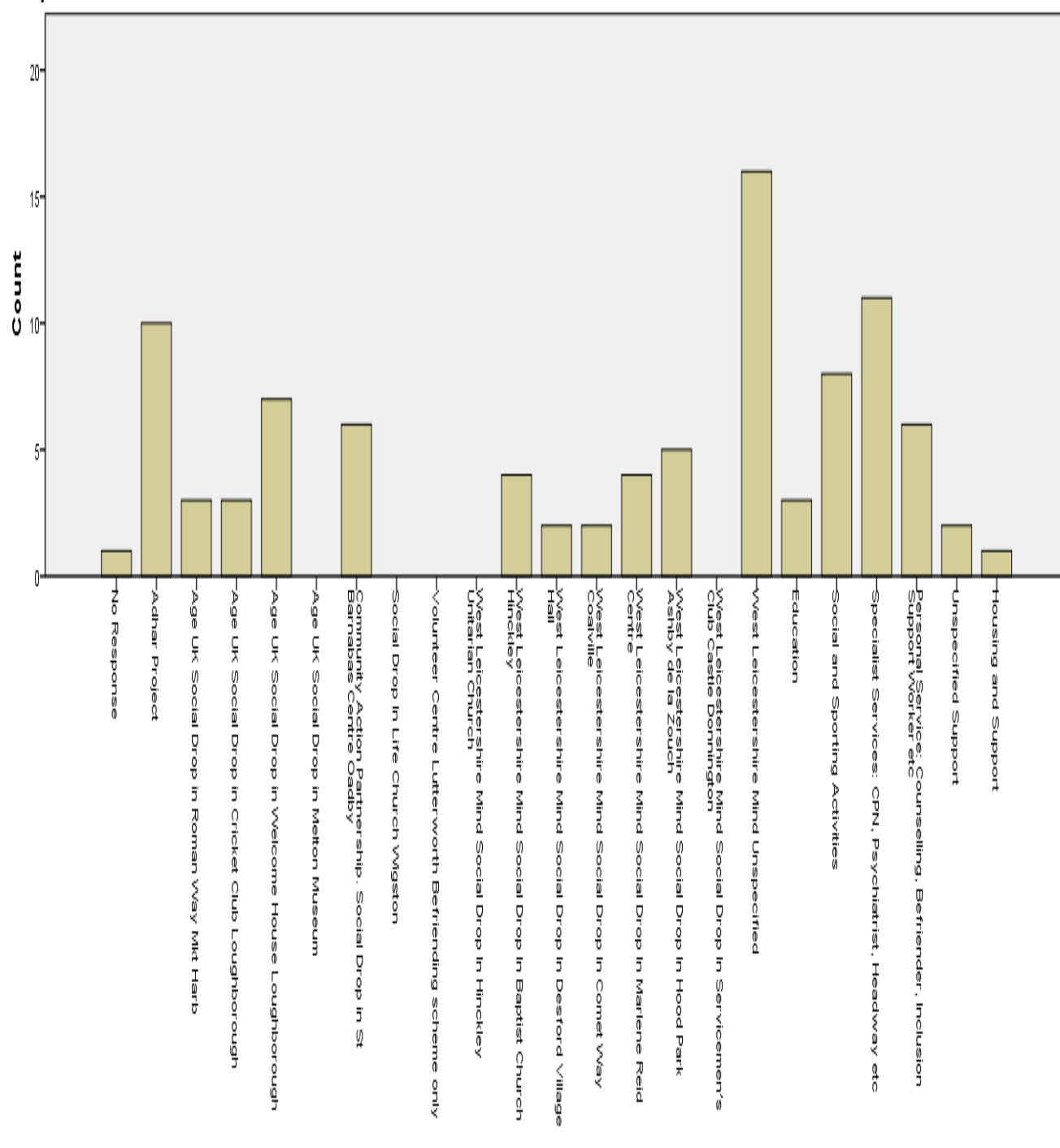
This question establishes the status of the people who participated in the user and carer interviews and considered their contact within the last five years. Of the 94 people who answered this question, we can see that the majority (90%, n = 85) are service users with 7% (n = 7) occupying a dual role of both service users and carers and only 2 respondents describing themselves as only carers. The validity of the following report is underscored by the knowledge that all respondents have had a legitimate experience of Leicestershire County Council.

Overall satisfaction with the service provided

Q 2

2.1 2.2, 2.3, 2.4, 2.5

Responses in Numbers



Q2 and Q3 Summary Tables

There were five opportunities to rate the satisfaction of services that were being received. Respondents were asked to identify on a scale of very good, good, poor and very poor. Very good attracts a mark of 4 whilst very poor attracts a mark of 1. In addition respondents were asked to state which service he or she had used most recently. The series of tables set out below identifies

Average

The average value, calculated by adding all the responses and dividing by the number of responses.

Minimum

The lowest score given

Maximum

The highest score given

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

Service Name	Rating of Most Recent and Primary Service Received		Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Adhar Project	Number of responses	10	7	2	1	0
	Average	4.00	4.00	4.00	4.00	
	Minimum	4.00	4.00	4.00	4.00	
	Maximum	4.00	4.00	4.00	4.00	

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that Adhar was described as the primary and most recently service for 10 respondents with a further 10 respondents using Adhar in conjunction with other services. The overall satisfaction was unanimously very good due to their lowest score being very good.

Service Name	Rating of Most Recent and Primary Service Received		Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Age UK Social Drop in Roman Way Mkt Harbrough	Number of responses	3	3	1	0	0
	Average	3.3333	3.3333	3.0000		
	Minimum	3.00	3.00	3.00		
	Maximum	4.00	4.00	3.00		

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that Age UK Social Drop-in Roman Way in Market Harborough was described as the primary and most recently service for 3 respondents with a further 4 respondents using Roman Way in conjunction with other services. The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received		Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Age UK Social Drop in Cricket Club Loughborough	Number of responses	3	0	0	0	0
	Average	2.6667				
	Minimum	2.00				
	Maximum	4.00				

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that Age UK Social Drop-in at the Cricket Club in Loughborough was described as the primary and most recently service for 3 respondents. The overall satisfaction can be seen as between poor and good. However the very small group sample we can see that only one person rated this service as poor whilst 2 people rated it as good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Age UK Social Drop in Welcome House Loughborough	N	Valid	7	7	2	0	0
	Average		3.7143	3.7143	2.5000		
	Minimum		3.00	3.00	1.00		
	Maximum		4.00	4.00	4.00		

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that Age UK Social Drop-in at Welcome House in Loughborough was described as the primary and most recently service for 7 respondents with a further 9 respondents using Welcome House in conjunction with other services. The overall satisfaction can be seen as good although one person was dissatisfied rating their experience as very poor.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Community Action Partnership. Social Drop in St Barnabas Centre Oadby	N	Valid	6	6	1	0	0
	Average		4.0000	3.5000	4.0000		
	Minimum		4.00	3.00	4.00		
	Maximum		4.00	4.00	4.00		

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that Community Action Partnership. Social Drop in St Barnabas Centre in Oadby was described as the primary and most recently service for 6 respondents with a further 7 respondents using St Barnabas Centre in conjunction with other services. The overall satisfaction can be seen as good to very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Social Drop In Baptist Church Hinckley	N	Valid	4	1	2	0	0
	Average		3.5000	4.0000	3.5000		
	Minimum		3.00	4.00	3.00		
	Maximum		4.00	4.00	4.00		
4 = Very Good			3 = Good	2 = Poor	1 = Very Poor		

From these results we can see that West Leicestershire Mind Social Drop In Baptist Church in Hinckley was described as the primary and most recently service for 4 respondents with a further 3 respondents using the Baptist Church in conjunction with other services The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received		Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Social Drop In Desford Village Hall	N	Valid 2	2	1	0	0
	Average 3.5		4.00	3.00		
	Minimum 3.00		4.00	3.00		
	Maximum 4.00		4.00	3.00		
4 = Very Good		3 = Good	2 = Poor	1 = Very Poor		

From these results we can see that West Leicestershire Mind Social Drop In Desford Village Hall was described as the primary and most recently service for only two respondents with a further three respondents using this service in conjunction with other services The overall satisfaction can be seen as good to very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Social Drop In Comet Way Coalville	N	Valid	2	2	1	1	1
	Average		3.50	3.50	4.00	3.00	4.00
	Minimum		3.00	3.00	4.00	3.00	4.00
	Maximum		4.00	4.00	4.00	3.00	4.00

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that West Leicestershire Mind Social Drop In Comet Way in Coalville was described as the primary and most recently service for 2 respondents with a further 5 respondents using this service in conjunction with other services The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Social Drop In Marlene Reid Centre	N	Valid	4	3	3	1	0
	Average		3.50	3.66	3.66	4.00	
	Minimum		3.00	3.00	3.00	4.00	
	Maximum		4.00	4.00	4.00	4.00	

4 = Very Good

3 = Good

2 = Poor

1 = Very Poor

From these results we can see that West Leicestershire Mind Social Drop hosted at the Marlene Reid Centre in Coalville was described as the primary and most recently service for four respondents with a further seven respondents using this service in conjunction with other services. The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Social Drop In Hood Park Ashby de la Zouch	N	Valid	4	1	2	1	1
	Average		3.25	3.00	4.00	4.00	4.00
	Minimum		3.00	3.00	4.00	4.00	4.00
	Maximum		4.00	3.00	4.00	4.00	4.00

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that West Leicestershire Mind Social Drop-in at Hood Park in Ashby de la Zouch was described as the primary and most recently service for four respondents with a further five respondents using this service in conjunction with other services The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
West Leicestershire Mind Unspecified	N	Valid	16	10	7	3	1
	Average		3.68	3.80	3.57	3.66	3.00
	Minimum		2.00	3.00	3.00	3.00	3.00
	Maximum		4.00	4.00	4.00	4.00	3.00

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that West Leicestershire Mind service users that did not specify the particular service they were accessing described it as their primary and most recently service. This was the case for 16 respondents with a further 21 respondents using these services in conjunction with other services The overall satisfaction can be seen as between good and very good although one person rated poor.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Education: Library, Rethink, FE Colleges, Go Learn	N	Valid	3	3	1	0	0
	Average		3.33	3.66	3.00		
	Minimum		3.00	3.00	3.00		
	Maximum		4.00	4.00	3.00		

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that people who described their involvement with educational activity including services provided by their local library, Rethink, Go Learn and FE Colleges in Enderby, Hinckley and Ibstock, were described as the primary and most recently service for three respondents with a further four respondents using these services in conjunction with other services. The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Social and Sporting Activities	N	Valid	7	7	1	0	0
	Average		4.00	3.57	4.00		
	Minimum		4.00	2.00	4.00		
	Maximum		4.00	4.00	4.00		

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that social and sporting activities were described as the primary and most recently service for seven respondents with a further eight respondents using these in conjunction with other services. The overall satisfaction can be seen as very good. The types of services that were used were unspecified drop ins, Art Groups hosted by Westfield, the optimists group, sporting change and Proms in the Park.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Specialist Intervention: Psychiatrist, CPN, Loros etc	N	Valid	11	9	5	2	0
	Average		3.45	3.55	3.00	3.00	
	Minimum		2.00	2.00	1.00	2.00	
	Maximum		4.00	4.00	4.00	4.00	

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that 11 respondents described their primary and most recently service as a specialist service which included Community Psychiatric Nurses, Psychiatrists, The Bradgate Mental Health Unit and CLASP. 16 respondents used this type of service in conjunction with other services. The overall satisfaction highlights a range of experiences, but mean statistics suggest ratings between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Personal: Counselling, Inclusion Support Service, Befriender	N	Valid	5	5	2	0	0
	Average		3.20	3.60	4.00		
	Minimum		1.00	3.00	4.00		
	Maximum		4.00	4.00	4.00		

4 = Very Good 3 = Good 2 = Poor 1 = Very Poor

From these results we can see that personal support which included counselling, Inclusion Support Service and befrienders was described as the primary and most recently service for five respondents with a further seven respondents using this type of support in conjunction with other services. The overall satisfaction can be seen as between good and very good.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received	
Unspecified Support	N	Valid	2	1	1	0	0	
	Average		2.00	4.00	4.00			
	Minimum		1.00	4.00	4.00			
	Maximum		3.00	4.00	4.00			
4 = Very Good			3 = Good		2 = Poor		1 = Very Poor	

From these results we can see that four respondents identified that they were being supported but did not specify by which service. This is unfortunate as one person identified a very poor service.

Service Name	Rating of Most Recent and Primary Service Received			Rating of Service 2 Received	Rating of Service 3 Received	Rating of Service 4 Received	Rating of Service 5 Received
Housing and Support	N	Valid	1	1	0	0	0
	Average		2.0000	1.0000			
	Minimum		2.00	1.00			
	Maximum		2.00	1.00			
4 = Very Good			3 = Good	2 = Poor	1 = Very Poor		

From these results we can see that housing support was described as the primary and most recently service for only one respondent with an additional respondent using these services conjunction with other services The overall satisfaction can be seen as dissatisfied rating their experience as poor or very poor. With only two respondents identifying this, the sample is too small to identify a trend.

Overall, the study focused on 5 services funded and commissioned by Leicestershire County Council – Adhar, Age UK, Community Action Partnership, Lutterworth Befriending Scheme and West Leicestershire MIND.

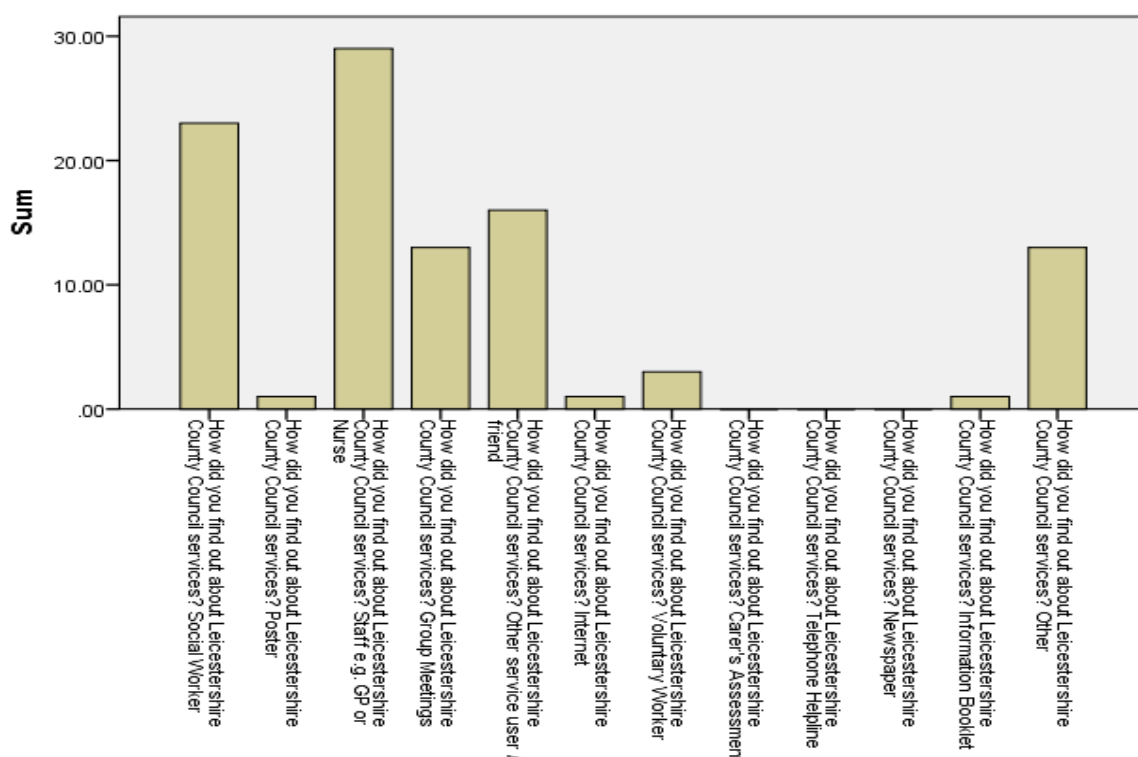
Interviews were conducted at social drop in groups hosted by four of these service providers, so it would be expected that respondents would list those services in the support they receive. Our interviewers had a very positive response from the people using these services in completing the questionnaire. However at groups in Loughborough and Melton there was some deep seated reservation about the value of participating in consultation with Leicestershire County Council dating back to experiences with the last review of day services – this impacted on the number of people taking part in these areas.

It should be noted that Lutterworth Befriending Scheme and a similar service hosted by Age UK in Loughborough proved difficult to access for the survey by the nature of the service and the fact we were inviting participants to come and meet with interviewers. Users of these services were offered the opportunity to complete the questionnaire on line or to meet interviewers at the One Stop Shop in Lutterworth, but this option was not accessed by all service users.

The responses to this question demonstrated that respondents are not always aware of the structure of service provision and what is important to them is the support they receive and the people they work with. We also found that support was accessed from a huge range of services across all sectors – these have been grouped for the purpose of analysis and although specialist support (11 people) and personal support (5 people) ranked highly seven people quoted sporting and social activity and 3 quoted education, demonstrating the need for activity or developing skills.

Satisfaction with these services ranked between good and very good indicating that people value and keep using a service which best meets their needs.

Q4 How did you find out about Leicestershire County Council Services?



	Social Worker	Poster	GP or Nurse	Group Meetings	Other service user / friend	Internet	Voluntary Worker
Yes	23	1	29	13	16	1	3

	Carer's Assessment	Telephone Helpline	Newspaper	Information Booklet	Other
Yes	0	0	0	1	14

When we consider the professions that signpost service users towards Leicestershire County Council Services, GPs, Nurses and Social Workers appear to be the most prevalent.

Other service users, friends and group meetings also play a significant role directing people towards LCC provision.

From the results, service users are more receptive to word of mouth and verbal signposting. Word of mouth and signposting seem to be the mechanism for passing information about services. However information from booklets, handouts and adverts are useful tools for others to back up a word of mouth recommendation.

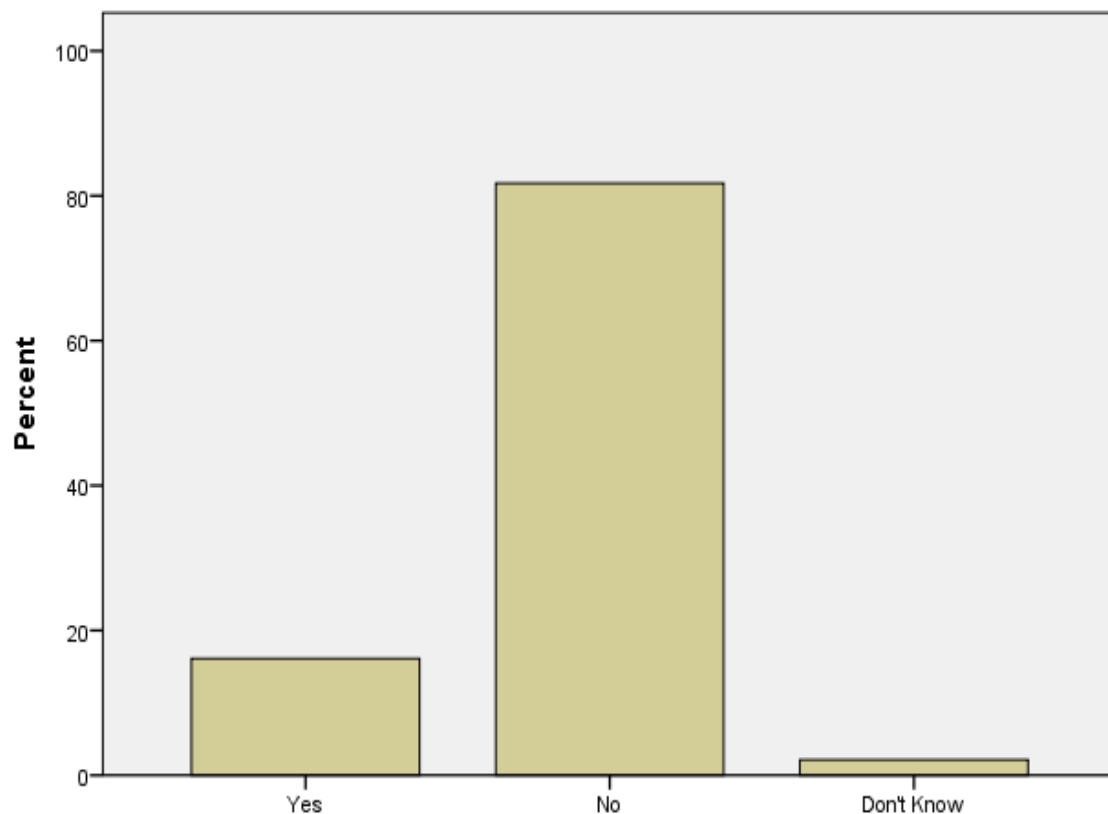
SUCRAN believe that the visible availability of printed material creates a low level of awareness that services and groups are available. SUCRAN suggest that one of the key values of leaflets is that they are 'always there' and people use leaflets when they need them. With increasing numbers of options for sharing information including social networking and advertising in community settings, the potential to reach people is

huge and we recommend that work is done with service users to explore the ways they would like to see information made available. SUCRAN do recognise that not everyone has access to technology.

Some participants suggested they used more than one source of information, as can be seen by the total number of responses (n = 101). Those who identified “other” incorporated a rather disparate mix of answers that included family members, outreach worker, bingo, afternoon tea in sheltered accommodation, Enquire – Granby Street 11 years ago, started a group 27 years ago, the Bradgate Unit and can’t remember.

Q5

Have you had any difficulty being referred to Leicestershire County Council services?



Have you had any difficulty being referred to Leicestershire County Council services?

		Frequency	Valid Percent
Valid	Yes	15	16.1
	No	76	81.7
	Don't Know	2	2.2
	Total	93	100.0
Missing	System	2	
Total		95	

16% (n = 15) of respondents stated that they had suffered some difficulty in accessing services, however comments such as, initially rejected from the blue badge scheme reflect a broad range of interpretation. Referral appears to have been straightforward for 82% (n = 76), and whilst 2% stated they did not know, we suggest that they most probably did not have a problem. Support and Social Workers were highlighted as being helpful in this process.

Q 6.



		Frequency	Valid Percent
Valid	Yes	16	17.0
	No	73	77.7
	Don't Know	5	5.3
	Total	94	100.0
Missing	System	1	
Total		95	

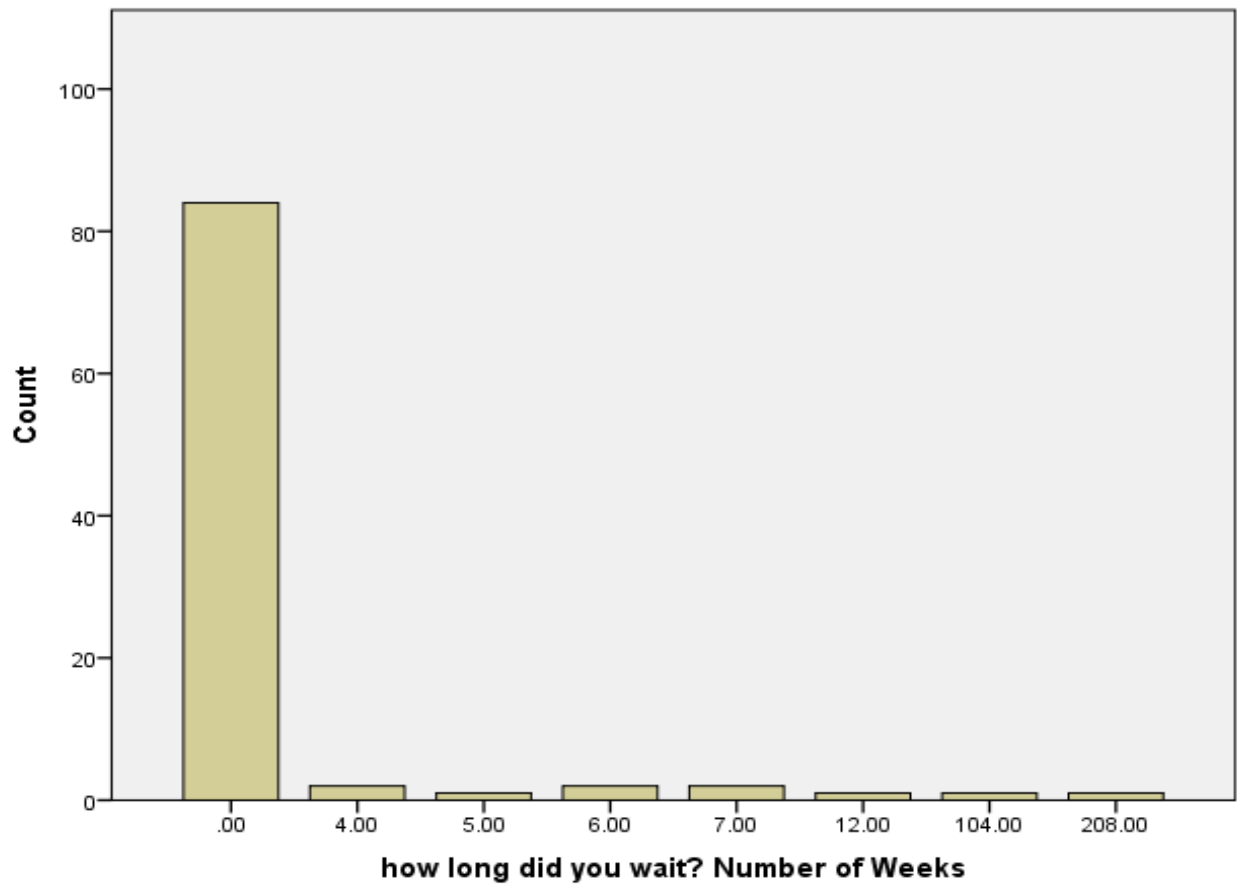
Being placed on a waiting list to access services was an experience for 17% (n = 16) of participants, and these services were named as Mind (Ashby, Hinckley, Roman Way West Leicester Drop In) Adhere Saathi, Albert Street Day Centre, Resource Centre Community Action Partnership Oadby, Remit, Befriender, Breaking the Barriers group. Despite the interviewers directing participants to think about LCC services some incorporated waiting for counselling services and psychotherapy

Q7 Please Name the Service

The following services were quoted as having a waiting list.

Resource Centre
West Leicestershire Mind, Ashby
Ashby Group
Adhar Saathi x5
MIND
Albert Street Day Centre
Rethink
Leics West Mind x3
Psychiatrist
Carers Assessment
Orchard Resource Centre x2
CTB therapy, Jasmine House
ELMHSS Welcome House

Q 8. How long did you wait?

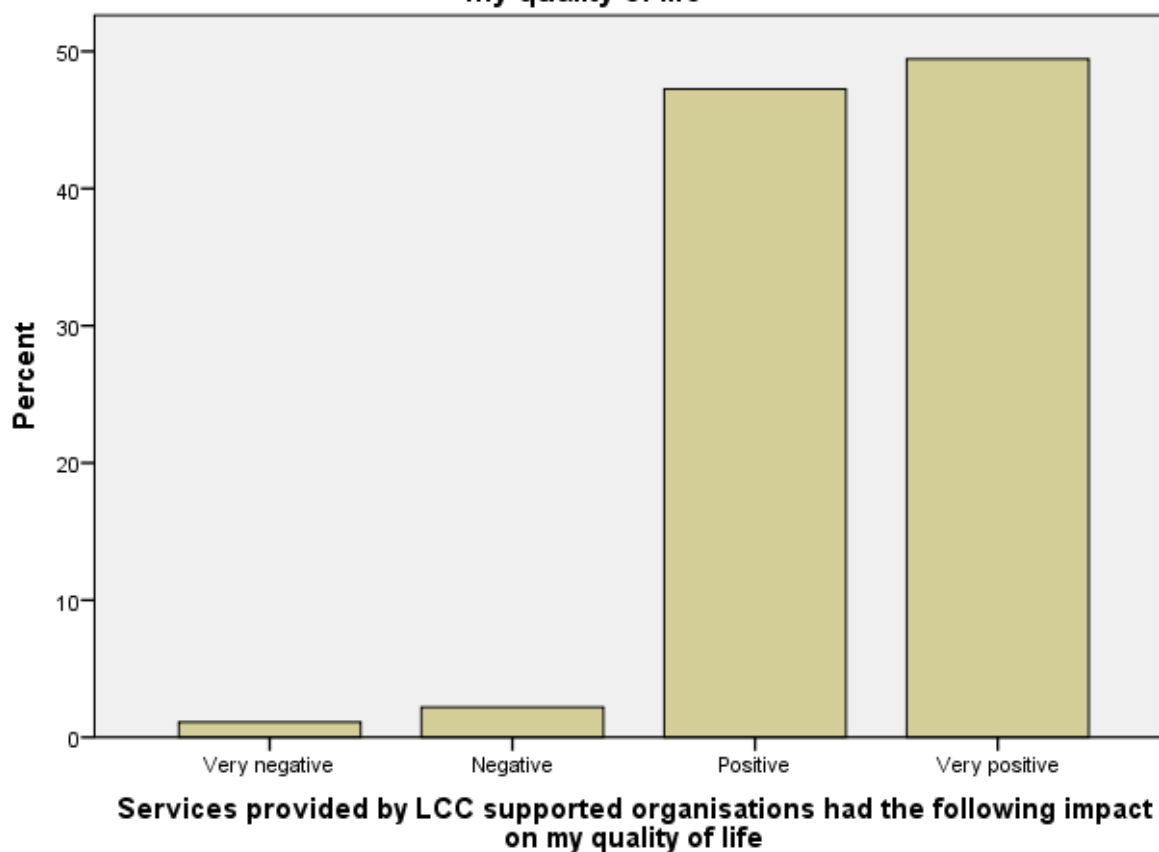


		Frequency	Valid Percent
Valid	.00	84	89.4
	4.00	2	2.1
	5.00	1	1.1
	6.00	2	2.1
	7.00	2	2.1
	12.00	1	1.1
	104.00	1	1.1
	208.00	1	1.1
	Total	94	100.0
Missing	System	1	
Total		95	

**Thinking about your experience of Leicestershire County Council
services in the last 18 months:**

Q9

**Services provided by LCC supported organisations had the following impact on
my quality of life**

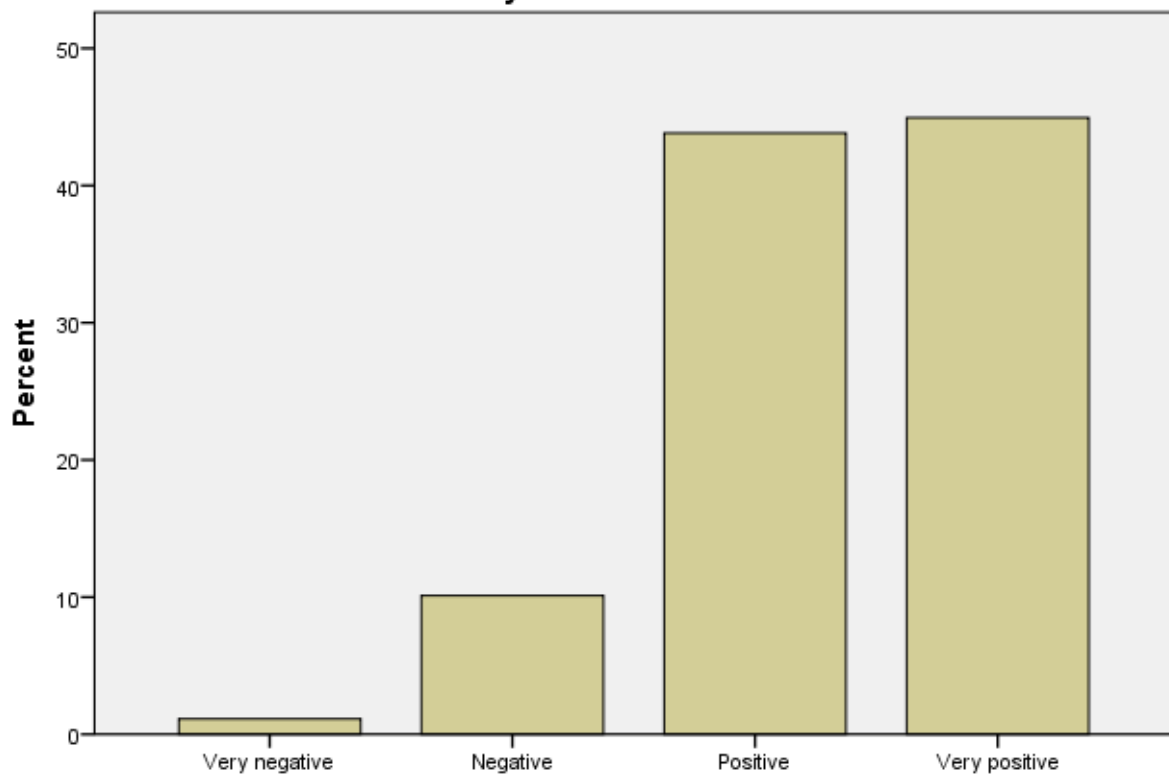


		Frequency	Valid Percent
Valid	Very negative	1	1.1
	Negative	2	2.2
	Positive	43	47.3
	Very positive	45	49.5
	Total	91	100.0
Missing	System	3	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' quality of life.

Q10

Services provided by LCC supported organisations had the following impact on my confidence



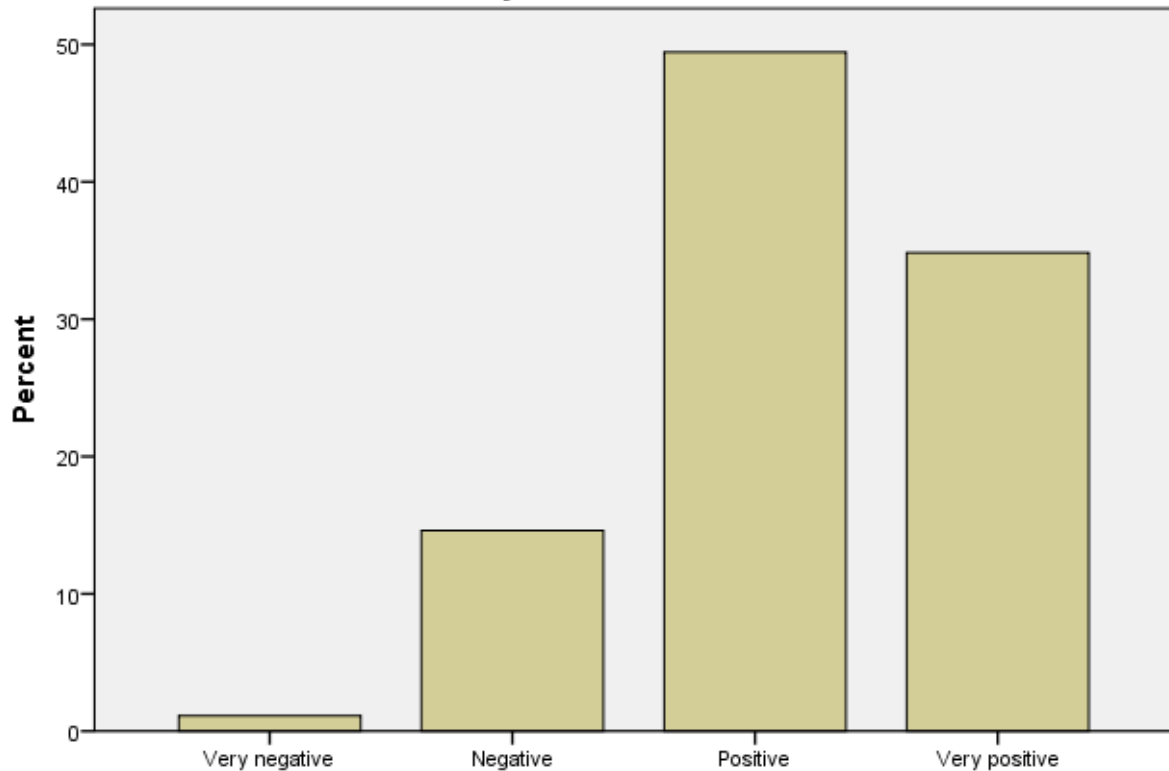
Services provided by LCC supported organisations had the following impact on my confidence

		Frequency	Valid Percent
Valid	Very negative	1	1.1
	Negative	9	10.1
	Positive	39	43.8
	Very positive	40	44.9
	Total	89	100.0
Missing	System	5	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' confidence. It is assumed that those who responded negatively do not feel that their confidence benefits from this service rather than the service is having a negative effect on their confidence.

Q11

Services provided by LCC supported organisations had the following impact on my self esteem



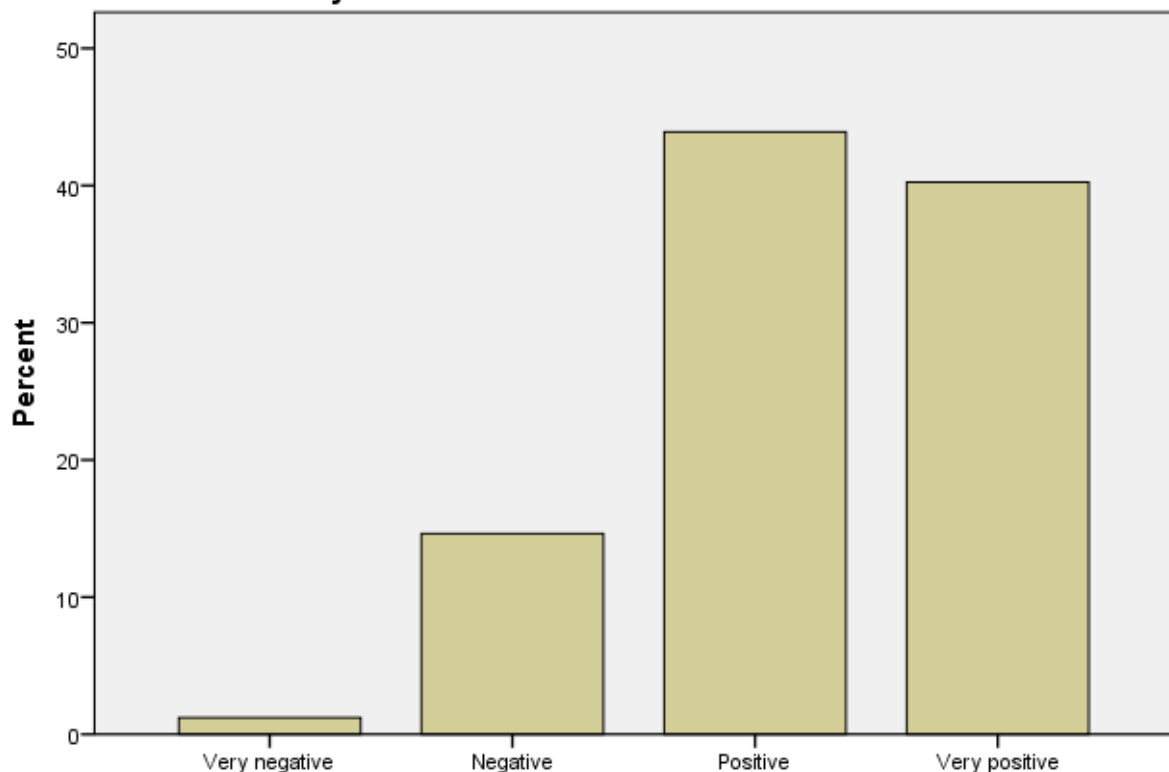
Services provided by LCC supported organisations had the following impact on my self esteem

		Frequency	Valid Percent
Valid	Very negative	1	1.1
	Negative	13	14.6
	Positive	44	49.4
	Very positive	31	34.8
	Total	89	100.0
Missing	System	5	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' self esteem. It is assumed that those who responded negatively do not feel that their self esteem benefits from this service rather than the service is having a negative effect on their self esteem.

Q12

Services provided by LCC supported organisations had the following impact on my sense of who I am and where I fit in



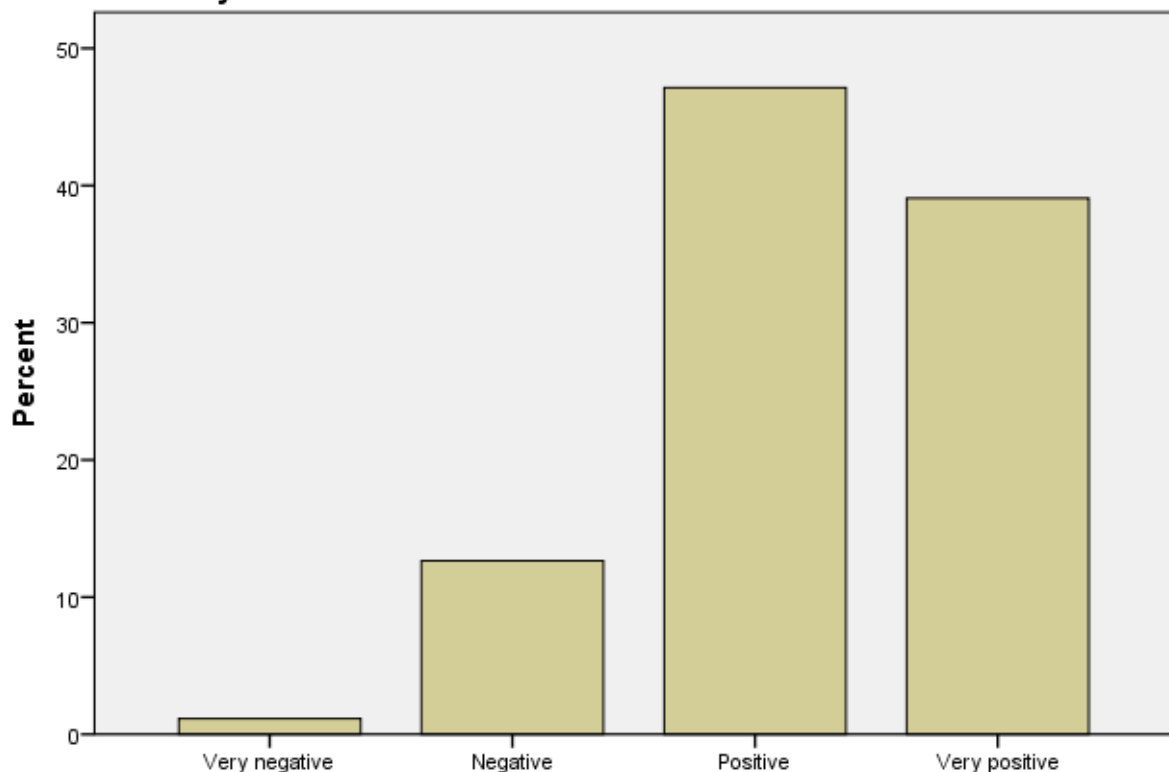
Services provided by LCC supported organisations had the following impact on my sense of who I am and where I fit in

		Frequency	Valid Percent
Valid	Very negative	1	1.2
	Negative	12	14.6
	Positive	36	43.9
	Very positive	33	40.2
	Total	82	100.0
Missing	System	12	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' sense of who they are. It is assumed that those who responded negatively, are not implicating LCC services as having a negative effect on their sense of who they are, rather that the service is not having a positive effect.

Q13

Services provided by LCC supported organisations had the following impact on my confidence to access non internet social networks



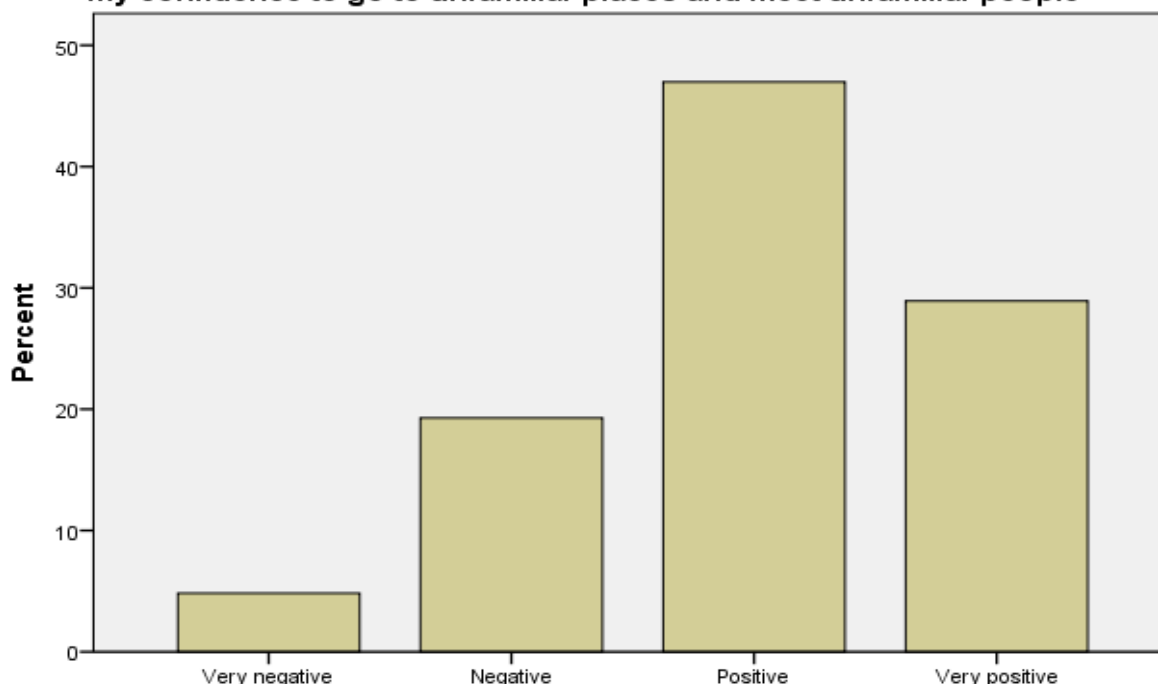
Services provided by LCC supported organisations had the following impact on my confidence to access non internet social networks

		Frequency	Valid Percent
Valid	Very negative	1	1.1
	Negative	11	12.6
	Positive	41	47.1
	Very positive	34	39.1
	Total	87	100.0
Missing	System	7	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' social networks. It is assumed that those who responded negatively do not feel that their social networks have benefited from this service. This is interesting in that, qualitative data suggests that social networks developed whilst using their service are very beneficial.

Q14

Services provided by LCC supported organisations had the following impact on my confidence to go to unfamiliar places and meet unfamiliar people



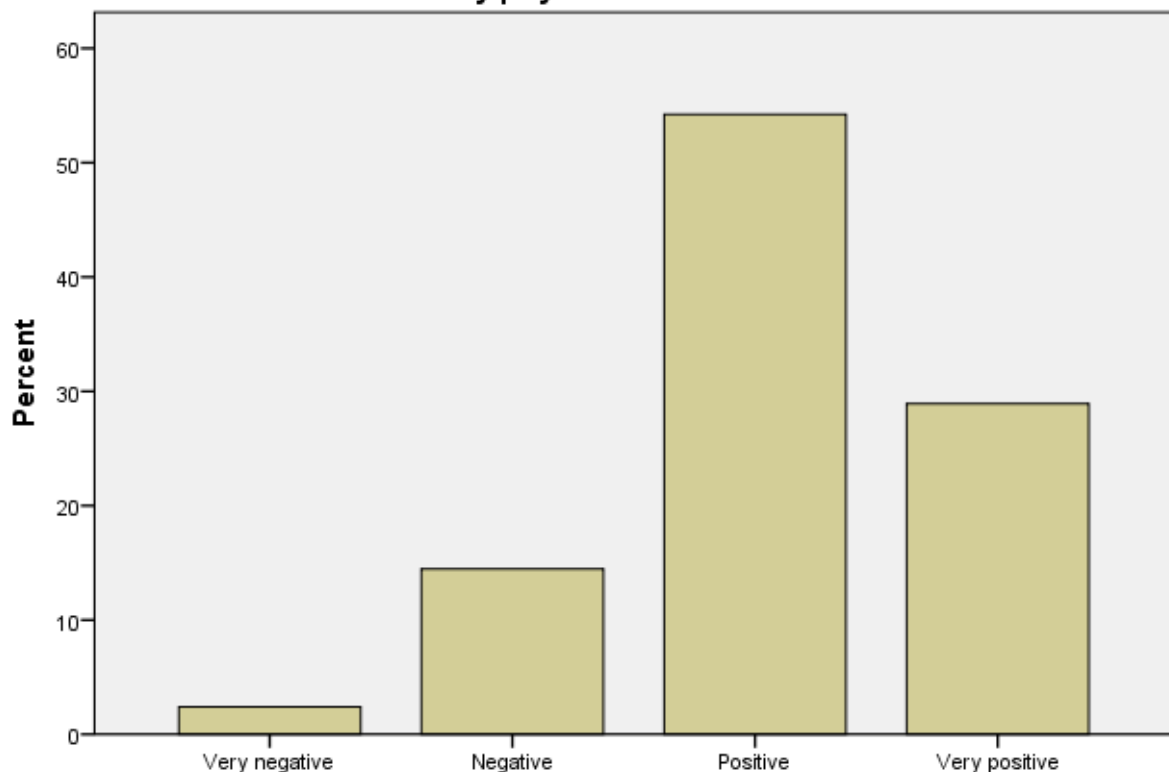
Services provided by LCC supported organisations had the following impact on my confidence to go to unfamiliar places and meet unfamiliar people

		Frequency	Valid Percent
Valid	Very negative	4	4.8
	Negative	16	19.3
	Positive	39	47.0
	Very positive	24	28.9
	Total	83	100.0
Missing	System	11	
Total		94	

The confidence of service users to go to unfamiliar places and meet new people has been affected by their involvement but to a lesser extent than other measures used. SUCRAN analysts suggest that 77% (n = 63) of participants had been positively affected which is a good indication that LCC supported organisations are indeed promoting confidence to the majority. For those who were less positive, this could be due to factors such as how recently they had started using LCC services and perhaps had not yet been exposed to the factors within the groups which encourage confidence. There may well be some people who despite the best efforts of drop in services will never become more confident.

Q15

Services provided by LCC supported organisations had the following impact on my physical health



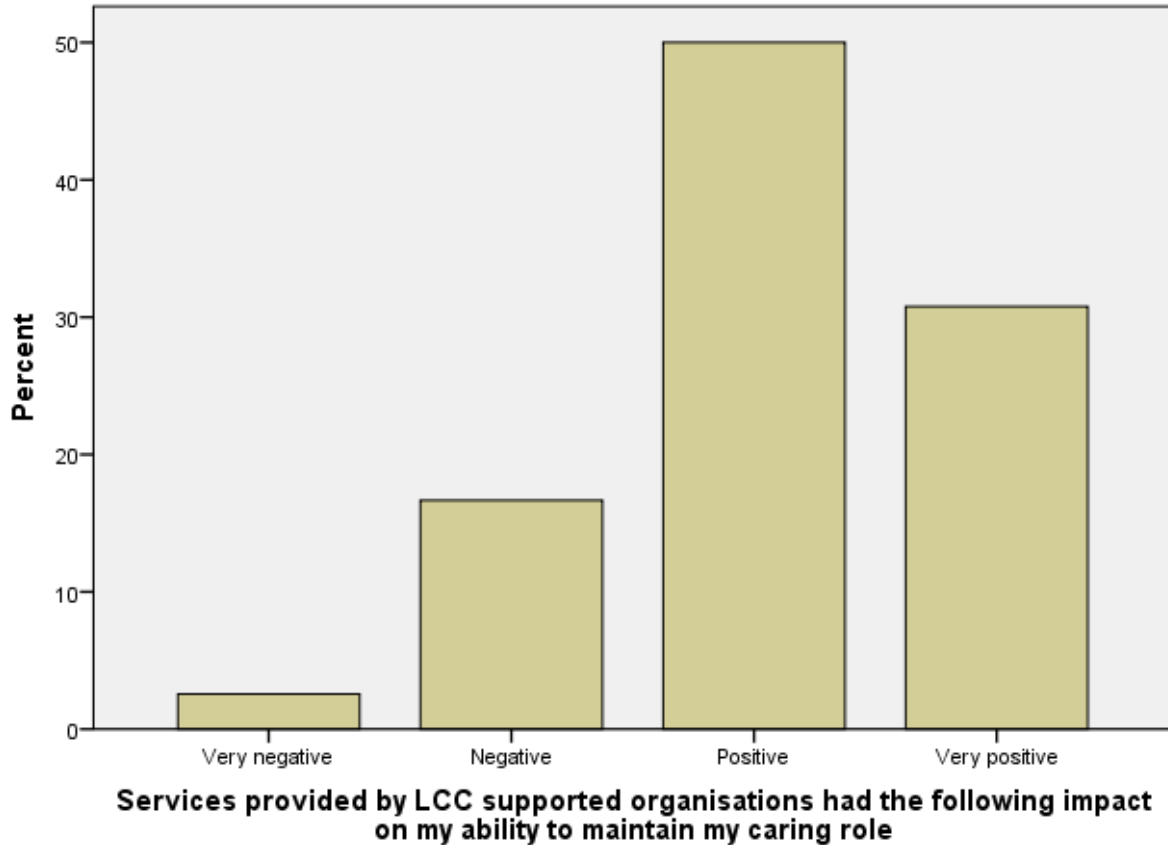
Services provided by LCC supported organisations had the following impact on my physical health

		Frequency	Valid Percent
Valid	Very negative	2	2.4
	Negative	12	14.5
	Positive	45	54.2
	Very positive	24	28.9
	Total	83	100.0
Missing	System	11	
Total		94	

It is surprising that participants rated services so highly for this question, as the majority of provided services do not appear to be designed to develop physical skills. However, participation in groups that involve walking for example, may deliver gentle exercise at a pace that is self selected, could have contributed to this outcome. Exercise and knitting groups were identified as self help activities (see Q27D), and it is not clear if these have been facilitated by LCC services. Furthermore, activities such as massage, yoga, healthy eating, gardening, aerobics and shopping were perceived as contributing to physical activity and wellbeing.

Q16

Services provided by LCC supported organisations had the following impact on my ability to maintain my caring role



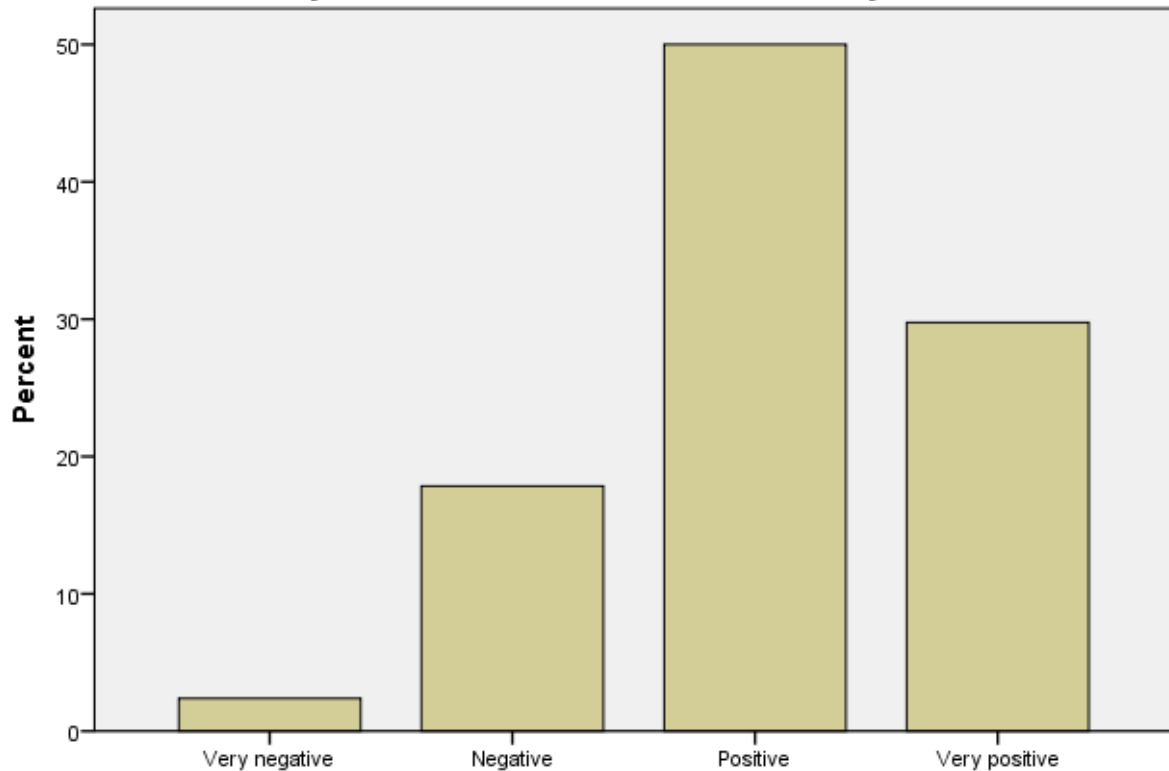
		Frequency	Valid Percent
Valid	Very negative	2	2.6
	Negative	13	16.7
	Positive	39	50.0
	Very positive	24	30.8
	Total	78	100.0
Missing	System	16	
Total		94	

This outcome represents an important interdependent factor of service users caring for others, despite the majority not identifying themselves as carers.

81% (n = 63) have answered positively about the impact of services on their ability to maintain a caring role. As only two people taking part in the survey identified themselves as carers this must refer to the ability of service users to maintain caring relationships with family and friends rather than the recognised role of an unpaid carer. Respondents perceive that the support given by the service therefore has a wider reaching impact on the service user's personal network and how they relate to people outside the service.

Q17

Services provided by LCC supported organisations had the following impact on my involvement with the local community



Services provided by LCC supported organisations had the following impact on my involvement with the local community

		Frequency	Valid Percent
Valid	Very negative	2	2.4
	Negative	15	17.9
	Positive	42	50.0
	Very positive	25	29.8
	Total	84	100.0
Missing	System	10	
Total		94	

It appears that the services commissioned by LCC are having a positive or very positive impact on the participants' involvement with the local community. It is assumed that those who responded negatively do not feel that their involvement has benefited from this service, rather than negative involvement. It is important to note here that, choice is important when considering engagement with the local community.

Q18 Please list any types of involvement (such as clubs, activities or services)

Respondents were requested to list the types of involvement such as clubs, activities or services that they had been involved in.

The responses of those who answered this question (n = 33) were allocated to the following categories:

Type of Activity	Frequency	Percentage
Educational	8	19
Recreational	14	33
Social (including Religious)	19	44
Don't Know or Not applicable	2	5

From these responses, the majority of interviewees (75% approx) had accessed further social and recreational activities compared to those accessing educational activities (20% approx). In addition some people were volunteering. This is possibly an area where improved signposting could be useful to those using the services.

Participants described these activities in a number of ways:

Bingo, afternoon tea in sheltered accommodation Voluntary work at Snibson, Adult Learning difficulties, Theatre, Cinema Museums	SHKTITI Group at Brush), SATHI Group at JSH, Tea Talk at Shree RAM	I volunteer at a literacy group
Glenfield Gardener Association	College on Monday (John Cleveland's)	Likes having a chat – gets her out of the house
Snips clubs	Church in Stoney Stanton	Go Learn Pathways
Getaway breaks, snooker, social activities	Studying English "Skills for Life"	Go into computer class and English classes
Voluntary Roles	Mind only	Pathways, Walking
Mind, Social meeting (Village Society) Gardening, cinema, go out for meals	Mind CPN Bradgate Unit	Starting course (Art) in January Go Learn. Maybe English as well
Mind	Gurudwara Temple	College (Hinckley)
I am doing things as a member of this group. We help each other. It helps my confidence. I don't like to go out on my own	Congregational church (religion). singing, craft drawing.	I run Saturday friendship group at Roman Way – Volunteer Bingo, Marlow House.
Play snooker, committee member at Club, run a Quiz Night	Roll on roll off college education centre	help out within the community i.e. any catering , attending any social groups, libraries, Adhar Projects

John Storer House plays bingo	Outings – go to restaurants, seaside , yoga, exercise	
<u>OUTINGS</u>	W L Mind	Yoga Class, coach travel group
Starting swimming in January. Leicester town centre with Saathi Group	Singing Group, Social drop ins, art group – Atkins Building – Westfield	I went on a confidence course at Comet Way
Knitting Group	Go to the gym and aerobics class	Church on Sunday
Oadby Drop-in	Sporting change, Oadby drop in. A place to go	Glenfield Gardener Association
Snooker, social activities	Mind	Computer, English classes
Gurudwara Temple	Voluntary Roles meeting (Village Society)	Gardening, cinema, go out for meals

One third of those questioned are involved in other activities outside the services provided by LCC. In question 14, 76% answered that the LCC supported organisations had a positive impact on their confidence which may be a contributory factor in being able to access other activities.

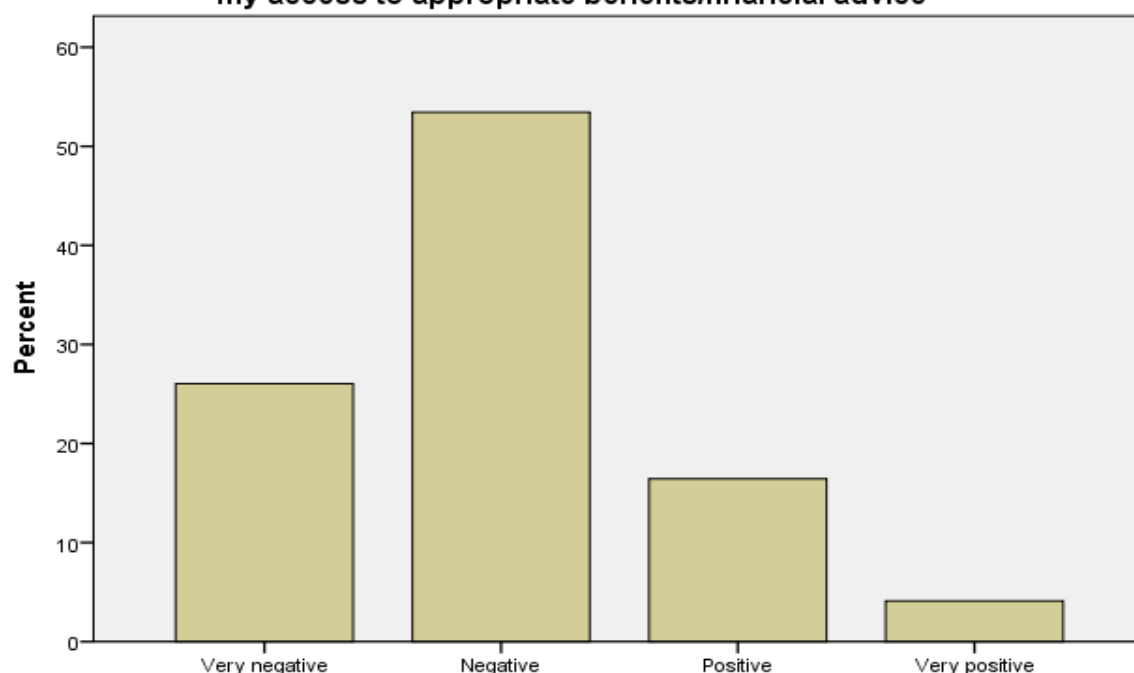
To tackle social isolation and wellbeing it would be valuable to further investigate how and when people feel able to engage with other activities and how those activities support them.

SUCRAN believe that as confidence increases one's ability to engage in other activities improves. The responsibility for this lies with the individual, but LCC and health can promote empowerment and confidence within a drop in setting.

Activities which are not badged as “mental health” or health related support can actively promote wellbeing. Graduating from LCC services may enable a person to access more general activities and may be an indication of recovery. This transition may require support by befrienders and peer groups.

Q19

Services provided by LCC supported organisations had the following impact on my access to appropriate benefits/financial advice



Services provided by LCC supported organisations had the following impact on my access to appropriate benefits/financial advice

		Frequency	Valid Percent
Valid	Very negative	19	26.0
	Negative	39	53.4
	Positive	12	16.4
	Very positive	3	4.1
	Total	73	100.0
Missing	System	21	
Total		94	

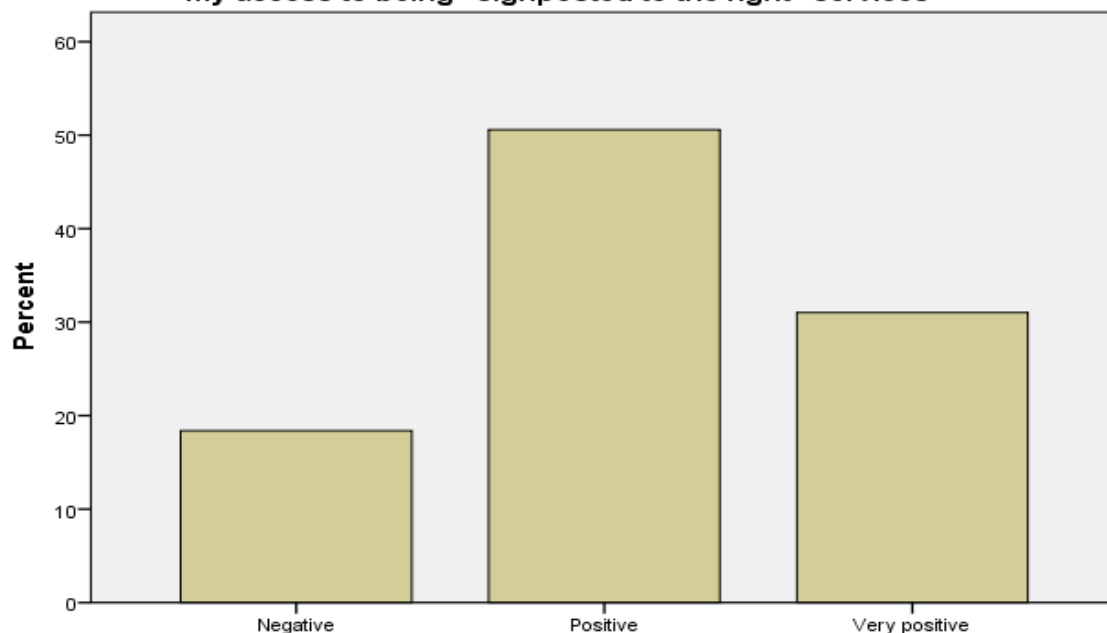
4 out of 5 interviewees reported a negative or very negative response to this question. SUCRAN analysts suggest that although this result at first sight may be seen as a poor outcome, it may well represent a generalised dissatisfaction with benefit system as a whole. SUCRAN analysts' experiences are underpinned by a contextual understanding that acknowledges the increasing scrutiny upon entitlement to all manner of benefits, which may have influenced responses.

In addition, this question may have been interpreted incorrectly by the interviewees as the service providers have no expertise in providing financial/benefit advice. The responses to signposting of services (see Q20) would suggest that providers are doing a good job here.

Signposting towards appropriate benefit advice could reasonably be considered as a positive contribution towards good mental health and may require additional training for staff.

Q20

Services provided by LCC supported organisations had the following impact on my access to being "signposted to the right" services



Services provided by LCC supported organisations had the following impact on my access to being "signposted to the right" services

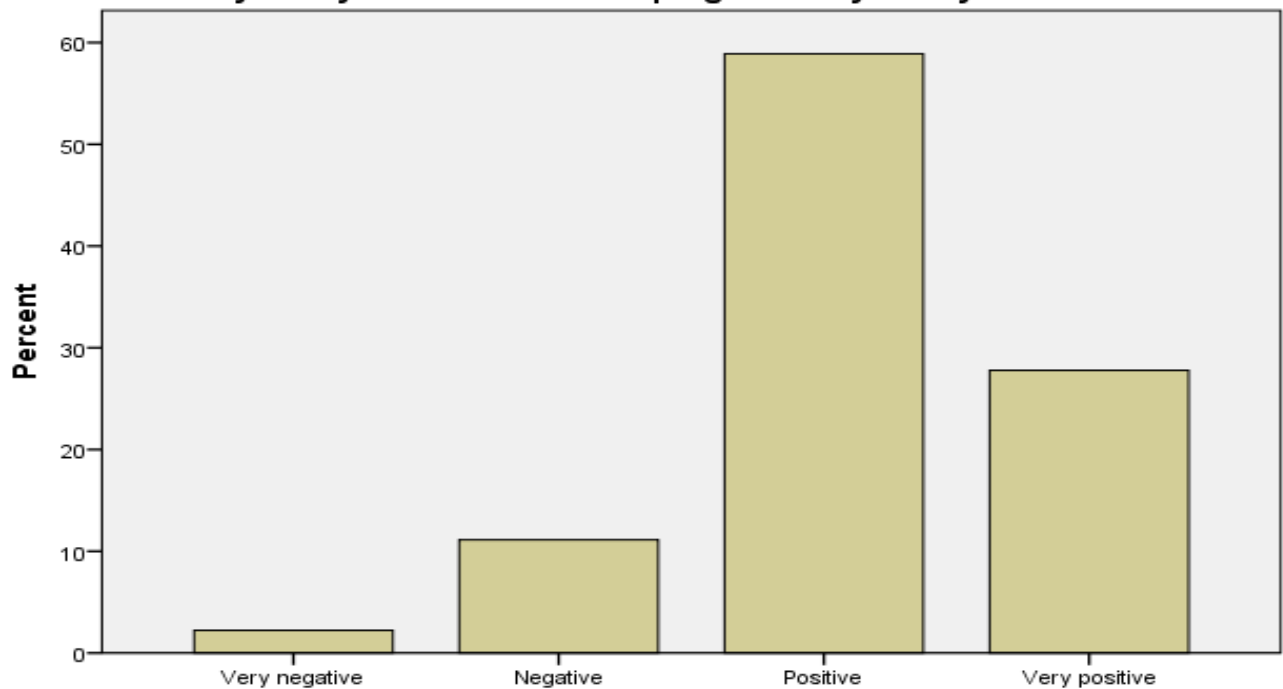
		Frequency	Valid Percent
Valid	Negative	16	18.4
	Positive	44	50.6
	Very positive	27	31.0
	Total	87	100.0
Missing	System	8	
Total		95	

4 out of 5 interviewees gave a Positive or Very Positive response to being signposted to the right services. This is a very good result for provider organisations. The response to this question should perhaps be seen as a prime measure of the effectiveness of provider organisations in preventive mental health.

The results from this question should be contrasted with those from Q19 where a mirror image result was obtained. Since no distinction was made in signposting between financial and other services, we can only conclude that respondents were as satisfied with the signposting to financial as well as to other services.

Q21

Services provided by LCC supported organisations had the following impact on my ability to feel that I am coping on a day to day basis



Services provided by LCC supported organisations had the following impact on my ability to feel that I am coping on a day to day basis

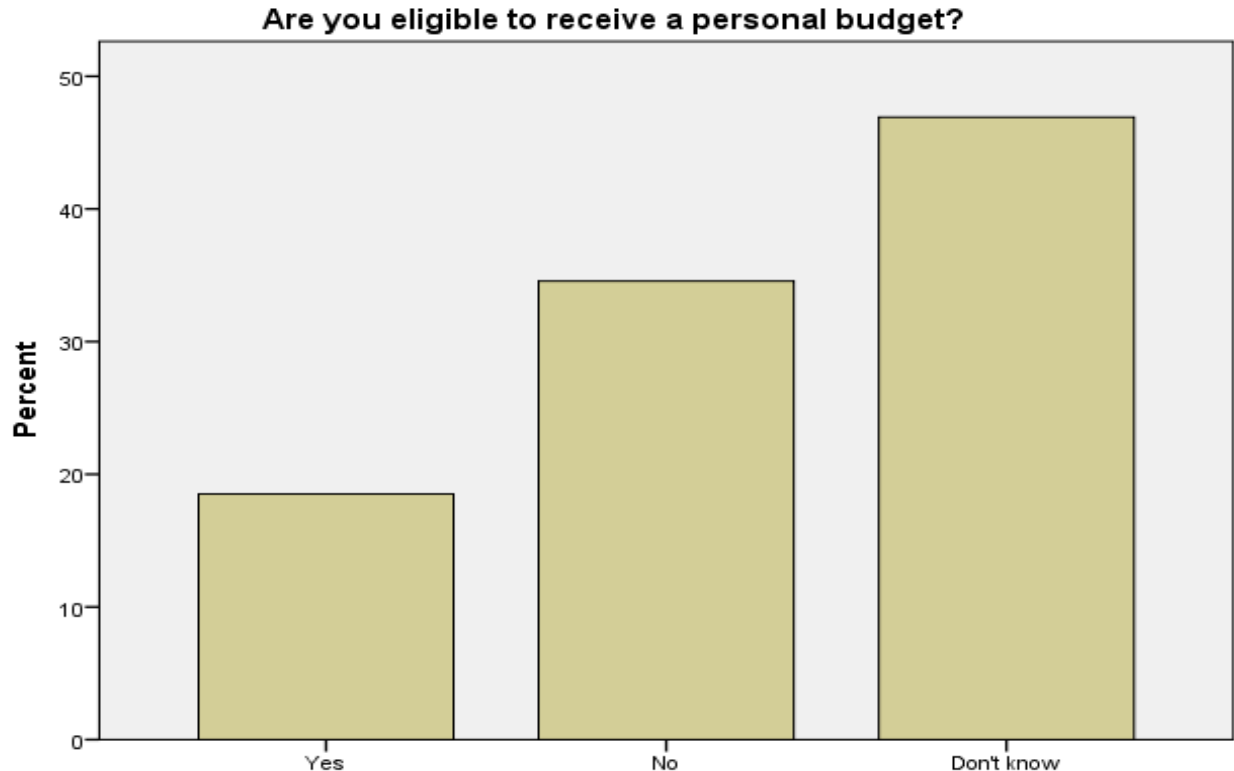
		Frequency	Valid Percent
Valid	Very negative	2	2.2
	Negative	10	11.1
	Positive	53	58.9
	Very positive	25	27.8
	Total	90	100.0
Missing	System	5	
Total		95	

Nearly 90% of respondents felt positive or very positive that preventive mental health services provided them with the ability to cope on a day to day basis.

This is a very encouraging outcome that endorses the efforts of provided services for the majority of participants. It is however interesting to note that 13% (n = 12) gave negative responses. It is not clear if they perceived LCC services to be actually doing harm but more likely opted that services were having no effect. Interviewers noted several requests for a no effect option in the Likert scale.

Thinking about your experience of Leicestershire County Council services in the last 18 months:

Q 22



Are you eligible to receive a personal budget?

		Frequency	Valid Percent
Valid	Yes	15	18.5
	No	28	34.6
	Don't know	38	46.9
	Total	81	100.0
Missing	System	14	
Total		95	

Results would clearly suggest that the largest percentage of respondents “don’t know” that they may be eligible to receive a personal budget.

The above would suggest that a lot of people have not received guidance or direction on the how and why of personal budget, and if they would be eligible to receive a personal budget.

1/3 of people have not been guided towards exploring the possibility of personal budgets.

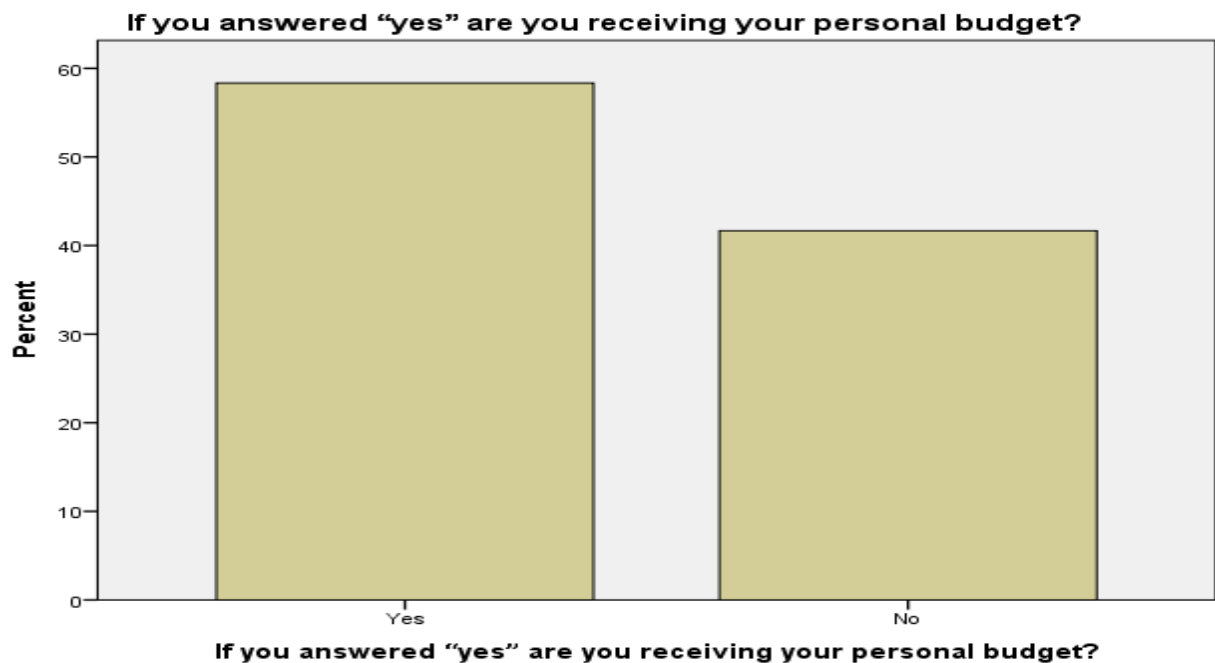
If 1/3 of people do not know, then that means that 1/3 of people do not know to ask whether they are entitled to them?

Nearly one third of respondents said “no” to receiving a personal budget.

It would seem that providers have not been successful in promoting personalisation to service users and carers. However, we are aware of a significant effort by Leicestershire County Council to tell people about personal budgets, yet still these results show the information has not filtered down to those that need to know.

Service Users' may not understand what a personal budget is, and this may be fuelling reliance upon provided services. In addition SUCRAN Analysts consider that provided services may suffer attrition as personalised budgets become the norm, and it may not be in their interest to promote them.

Q23a



		Frequency	Valid Percent
Valid	Yes	14	58.3
	No	10	41.7
	Total	24	100.0
Missing	System	71	
Total		95	

Of those who answered this question, 58% answered “yes” they did get a personal budget, but this is misleading as, of the original 95 respondents only 15 had suggested eligibility, and Q23a response shows that 14 who applied were in receipt of a personal budget. This suggests that only one applicant failed and constitutes a result of 93% (n= 14) suggesting that some of the participants who stated they “did not know” or “no”, have responded to this question incorrectly.

The results of 23a show 42% (n = 10) of applicants were not successful in receiving a personal budget. The following qualitative replies suggest that some respondents disqualified themselves from applying before any official process (*“going to tribunal?” – “applying to get one?” – “it is being sorted out at the moment”*). In depth analysis suggest only one person had been refused and they suggested it was because they had *“Too much money”*.

It is also interesting to note that for those who are receiving a personal budget it is not clear if they are paying for provided services or are receiving them in addition to their budget. This may technically be considered as “double funding” as the social drop in services are free to service users so they would be getting this service for “free” whether they had a personal budget or not.

Q23b. If you answered “no” or don’t know, why not?

From the number of respondents in 23b there seems to be confusion about eligibility, what actually constitutes a personal budget and receipt of that budget. This is amplified by the qualitative responses many of which point to a reason for not having applied in the first place.

Participant comments included several statements suggesting they had never heard of personal budgets, *“not aware of budgets”* another said *“No one has ever mentioned a personal budget too me. I would like to have known about it when I was discharged from hospital two years ago”* and another said *“ I have had no information”*.

This said some respondents did have an understanding “I am fully aware I am not entitled to receive a personal budget” and “I am not entitled” which suggests efforts to inform people have in some part been successful. It may be useful to refer to Doohar et al (2010) An evaluation of the `small scale live test` of the Adult Social Care Resource Allocation System in Leicestershire. For further understanding.

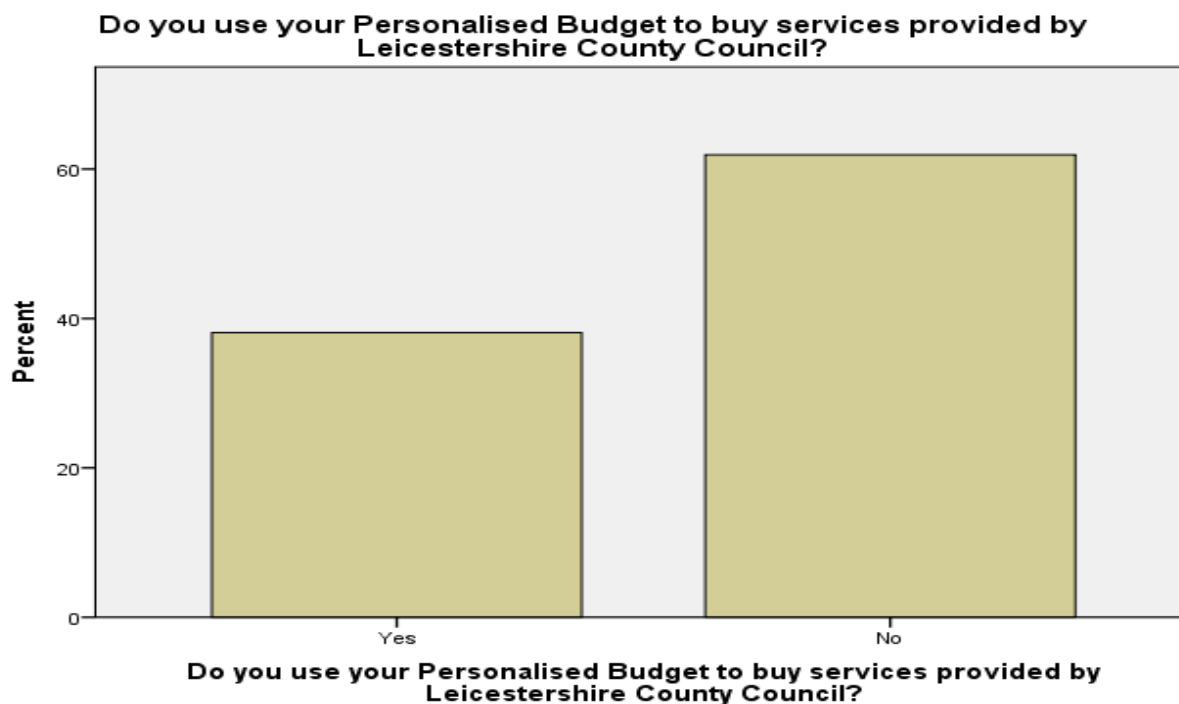
Post interview discussions with Interviewers suggest they themselves were confused between questions 22 & 23a. This factor was not raised during the training and role play prior to going into the field and is a limitation of the study.

There are a number of ambiguous and rather random statements which could possibly indicate a refusal, but we assume these statements are probably applied by people who have not requested personal budgets.

23C Services provided by....had the following impact on my ability to control my personal budget

No answers were recorded for this question which may be interpreted as participants are not aware of any LCC service that is designed to help with personal budgets.

23D



		Frequency	Valid Percent
Valid	Yes	8	38.1
	No	13	61.9
	Total	21	100.0
Missing	System	74	
Total		95	

The reliability of responses to this question is not clear. From answers to question 23a the number of recipients of personal budget was 14, however the total number of responses for this question is 21. This suggests that some of the respondents either buy services from LCC and other organisations as well, or that respondents are not aware of the provider organisations pedigree.

8 people said that they did use their personal budget to buy services provided Leicestershire County Council. This would represent 57% of the 14 people in receipt of PB out of the 95 surveyed.

13 people said they did not use their personal budget to buy services provided by Leicestershire County Council and would represent 93% of the 14 recipients.

23 E Please name that service

It is clear from the results that recipients of services have little idea where those services emanate from and who funds what. Interviewers reported the perception that what is, and is not Leicestershire County Council provision was of little importance to respondents, and in some cases the interviewer was not able to clarify this.

Some of the services that were mentioned may not be funded or contracted by Leicestershire County Council any more, and this shows that respondents have limited knowledge or are unaware of how the system works. What is clear, however, is that 8 out of 14 personal budget holders were under the impression that they were buying a Leicestershire County Council service.

The total number answering yes/no adds up to more than the original 14 personal budget holders, suggesting some must be using more than 1 service. It is hard for the reviewer to differentiate which one. Answers included:

"West Leicester Mind (Ashby)
Adhar project
I have not heard about the budget
Adhar Project
Mind
Marlene Reid Centre
Roman Way and Mind
Personal Assistant
Mind
West Leicestershire "Mind"
P.H
Community Partnership social drop in Oadby
Don't worry"

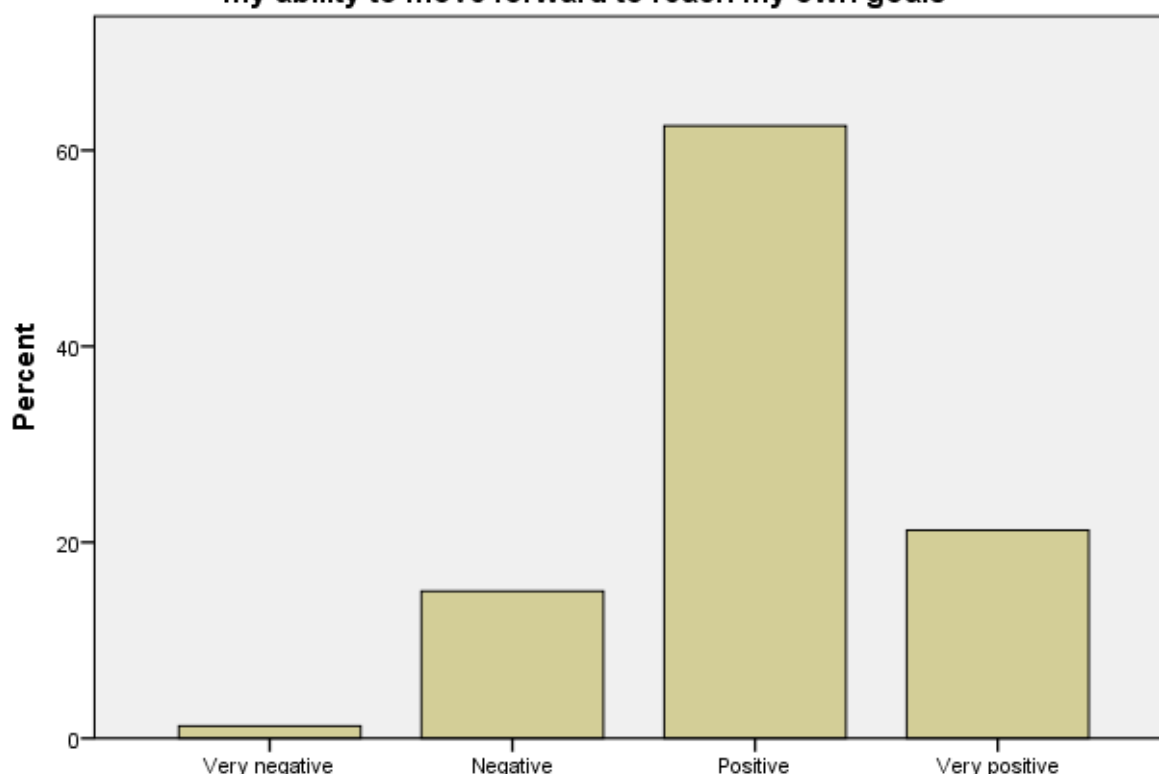
When we consider what personalisation actually means, Carr and Robbins, (2009) suggest it is about meeting the needs of individuals in ways that work best for them and incorporates prevention, early intervention, and self-directed support. However the control of arranging and managing one's own support services shifts the role of the service user from recipient, to a single accountable individual who is charged with spending resources wisely. Whilst we agree that having choice and control over one's life contributes to wellbeing, this shift of responsibility may only work for those who are relatively articulate, well-supported and well-resourced already.

The implementation of personalisation must ensure that those who are not already well resourced in terms of support, or able to articulate their needs effectively, are given equal access to the benefits of personalisation and that reasonable adaption, flexibility and ongoing assistance is provided for people with mental health conditions and their carers.

This of course may obviate any perceived financial advantages of the personalisation agenda for Leicestershire County Council, and in the short term the need to redouble efforts to improve understanding of the implications of personalisation.

Q24

Services provided by LCC supported organisations had the following impact on my ability to move forward to reach my own goals



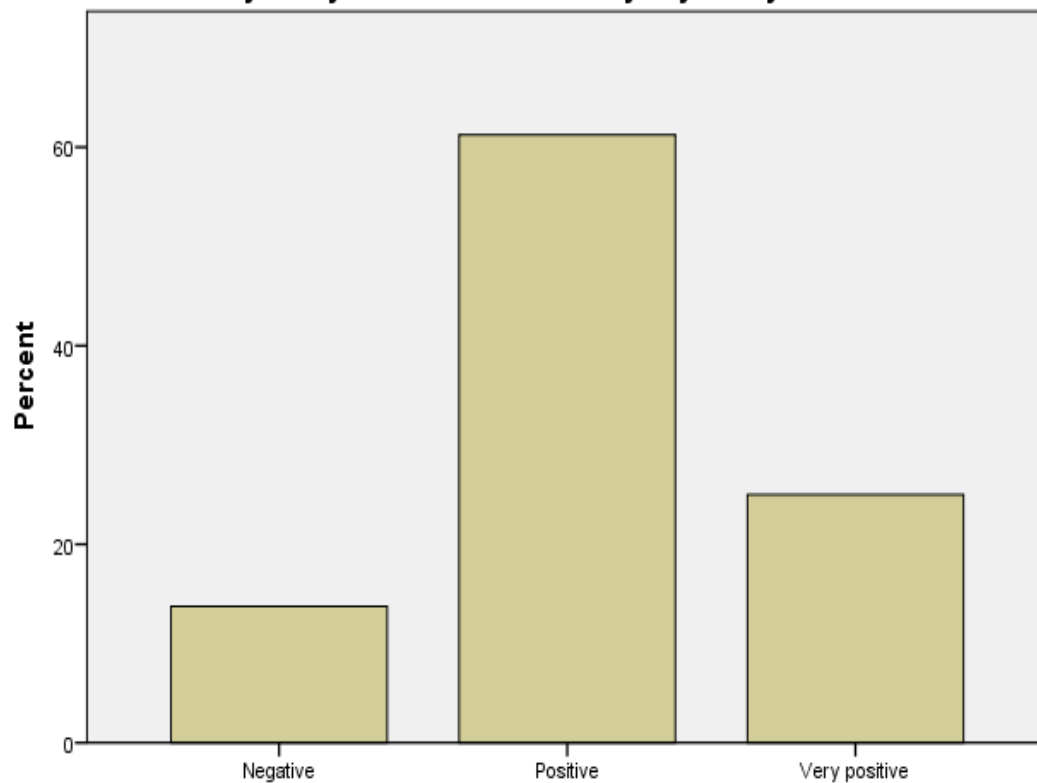
Services provided by LCC supported organisations had the following impact on my ability to move forward to reach my own goals

		Frequency	Valid Percent
Valid	Very Positive	17	21.3
	Positive	50	62.5
	Negative	12	15.0
	Very Negative	1	1.3
	Total	80	100.0

The majority of people (84% n = 67) believe that the LCC service they receive helps them to achieve their goals, indicating that the service the person accesses is having a very positive impact on their recovery. A study of how goals are set and achieved with the support of the service would provide a model for services moving people on.

Q25

Services provided by LCC supported organisations had the following impact on my ability to make choices in my day to day life



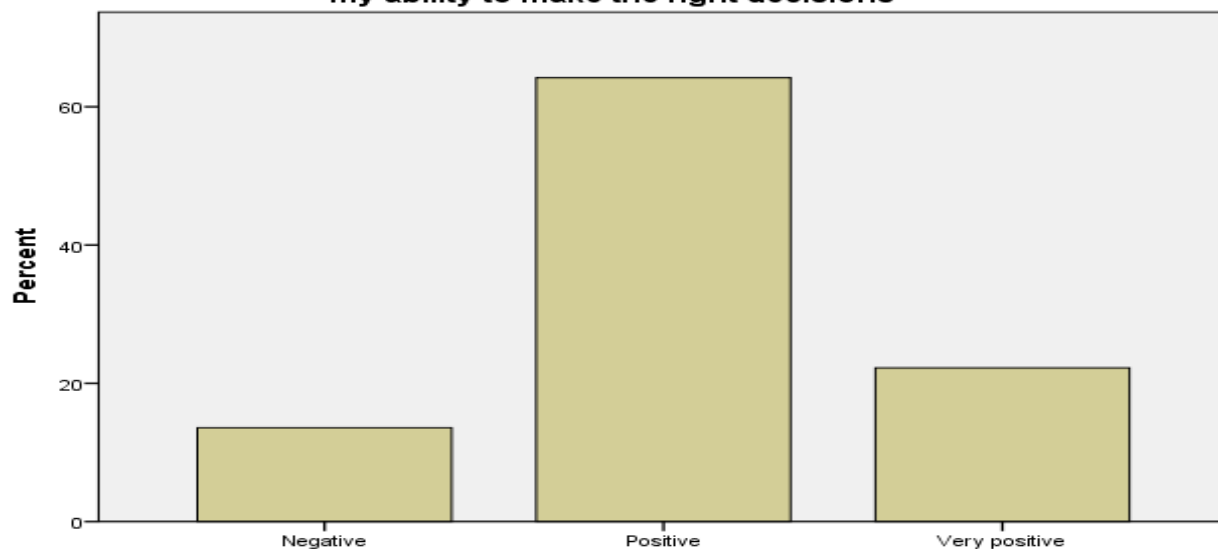
Services provided by LCC supported organisations had the following impact on my ability to make choices in my day to day life

		Frequency	Valid Percent
Valid	Negative	11	13.8
	Positive	49	61.3
	Very positive	20	25.0
	Total	80	100.0
Missing	System	15	
Total		95	

These results demonstrate that provided services are promoting the independence necessary for people to make choices in a positive way. (See further analysis).

Q26

Services provided by LCC supported organisations had the following impact on my ability to make the right decisions



Services provided by LCC supported organisations had the following impact on my ability to make the right decisions

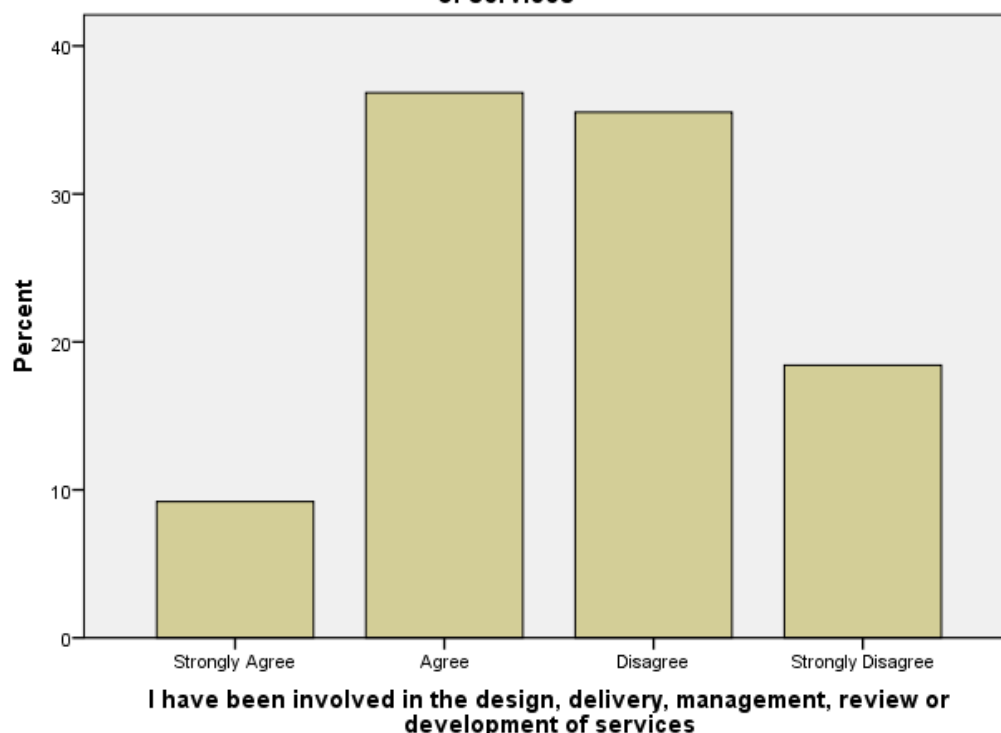
		Frequency	Valid Percent
Valid	Negative	11	13.6
	Positive	52	64.2
	Very positive	18	22.2
	Total	81	100.0
Missing	System	14	
Total		95	

Again Leicestershire County Council organisations appear supportive in underpinning service users taking control of their own decisions which we feel is a fundamental element of self efficacy and empowerment and critical to the success of the personalisation agenda.

Consistencies in responses validate previous answers and validate content of services provided.

Q27a

I have been involved in the design, delivery, management, review or development of services



	Frequency	Valid Percent
Strongly Agree	7	9.2
Agree	28	36.8
Disagree	27	35.5
Strongly Disagree	14	18.4
Total	76	100.0

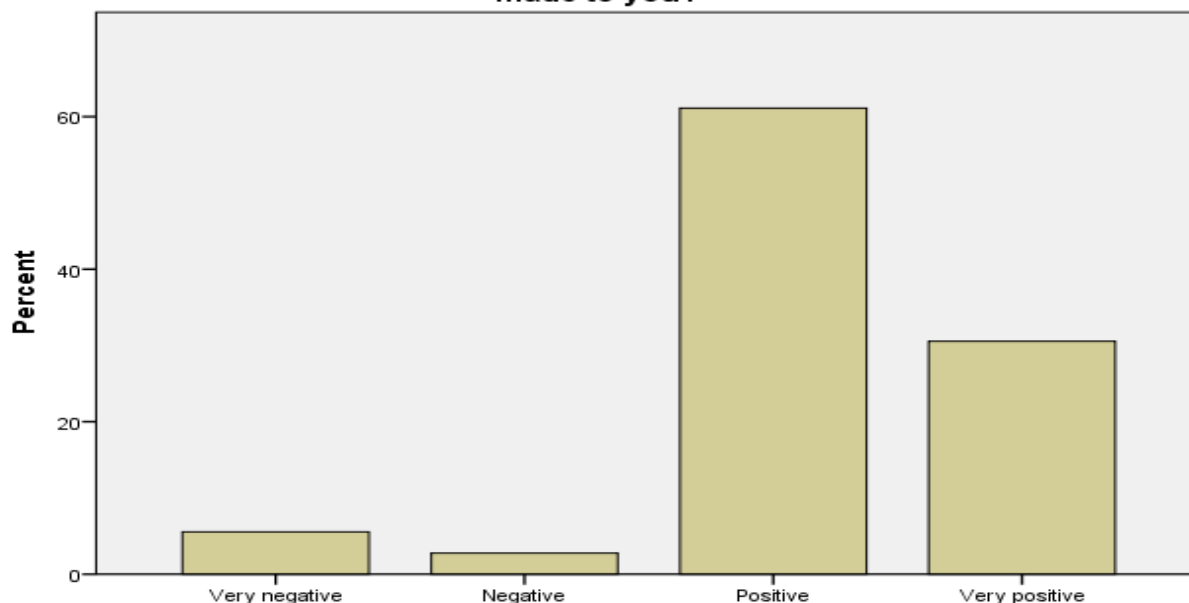
Of the 76 people who responded to this question, a total of 46% (n = 35) agreed or strongly agreed that they had had some involvement in service development. The numbers of service user/carers who have got involved seems to be almost equal, and further questioning may reveal which aspect of development the participant was more likely to get involved, and their perception of the barriers which may inhibit participation.

What is clear is that the data suggests that both providers and commissioners have active programmes of inclusion for service users/carers in their processes and that limited involvement may well be an issue of choice rather than exclusion. These results may also indicate that participants were unsure that their contribution could be classed as involvement, as it is understood that all provider organisations have a management committee with user or carer representation.

The responses to this question are a little disappointing in contrast to those of Q17 (Involvement in the local community) in which involvement was recorded as significantly higher and importantly in comparison to Q19 in the Provider Study, which unanimously identifies involvement in all elements of provision. (This may refer to a place at the management committee table).

Q27b

If you have been involved, what impact do you feel that this contribution has made to you?



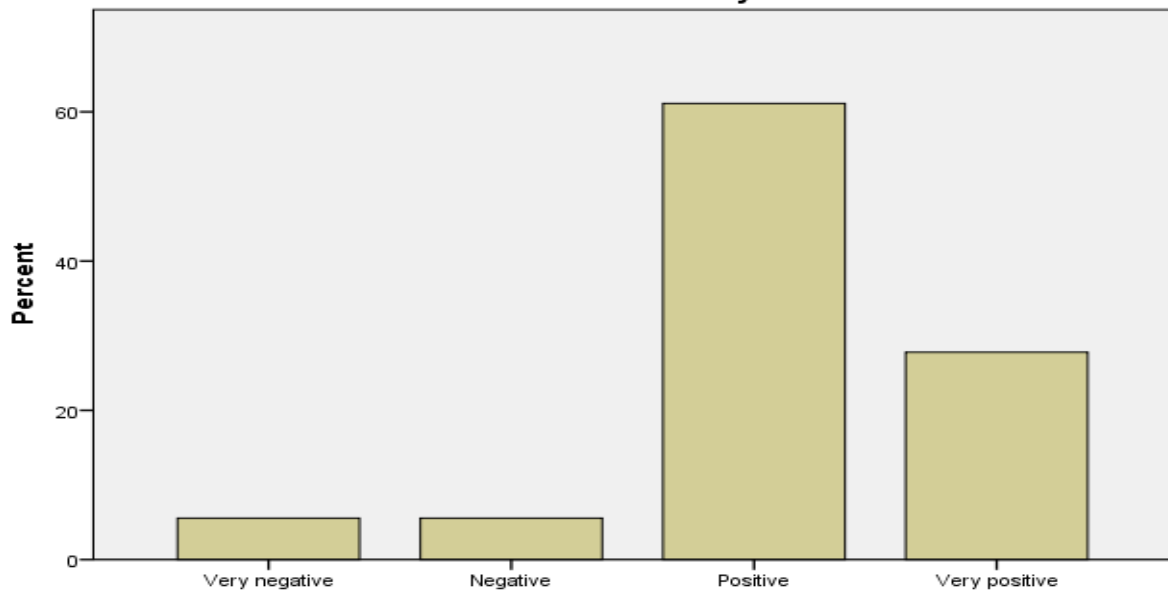
If you have been involved, what impact do you feel that this contribution has made to you?

		Frequency	Valid Percent
Valid	Very negative	2	5.6
	Negative	1	2.8
	Positive	22	61.1
	Very positive	11	30.6
	Total	36	100.0
Missing	System	59	
Total		95	

Overwhelmingly, participants who answered this question ($n = 36$) believe that involvement in the process of service provision has helped them, and that they feel valued in making a contribution. This may show that active involvement makes a positive contribution to a person's wellbeing. What needs to be discovered is what sort of involvement promotes the best feeling, being a volunteer at the front end (as a befriender for example), or being a contributor at higher levels (strategic planning for example). It should be noted that there is a perception (underscored by the experience of the interview and analysis teams), both of reductions in involvement at higher levels being implemented by Leicestershire County Council and other statutory organisations, and anecdotal evidence would suggest that this has led to the production of ill considered, professionally driven and financially focussed future planning. (Whilst this statement is not attributed to any one participant, it is however an articulation of several comments raised during interviews). SUCRAN feel that the voice of the service user must be present in shaping the development of services if they are to be relevant to the population.

Q27C

If you have been involved, What impact do you feel that this contribution has made to the world around you?

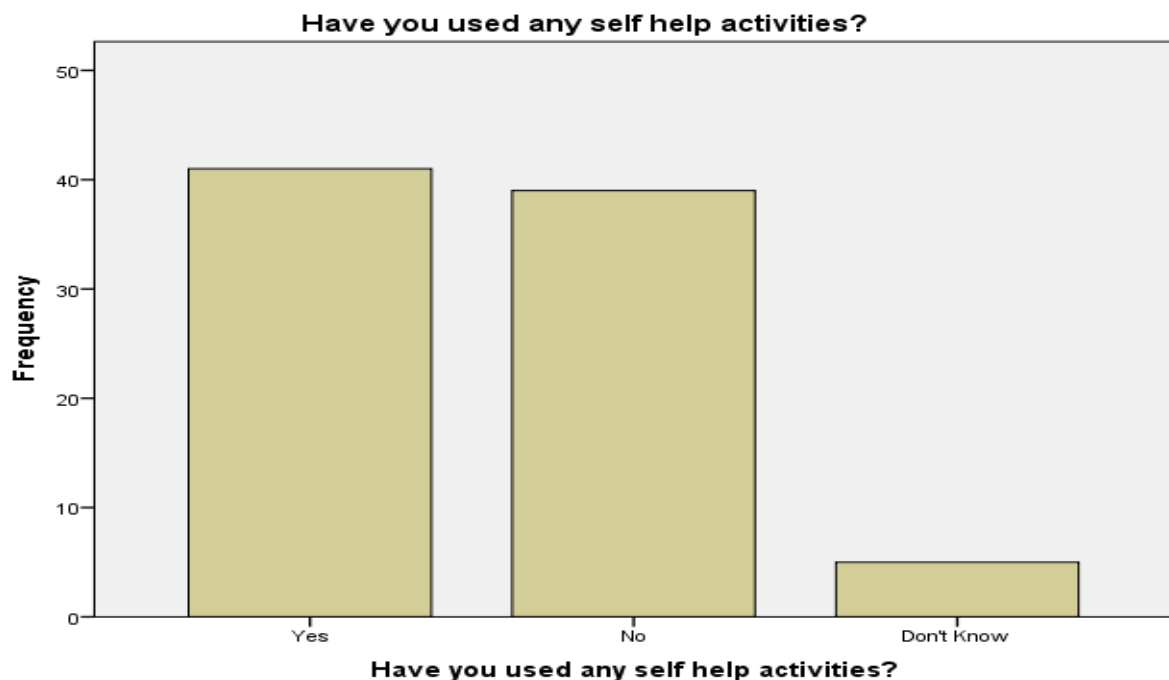


If you have been involved, What impact do you feel that this contribution has made to the world around you?

		Frequency	Valid Percent
Valid	Very negative	2	5.6
	Negative	2	5.6
	Positive	22	61.1
	Very positive	10	27.8
	Total	36	100.0
Missing	System	59	
Total		95	

Of the 36 people who responded to this question 89% (n = 32) were on the positive to very positive side, which is felt to be an excellent outcome. Those that have sought involvement seem to feel that they have had an impact on shaping services for the better. How this has occurred, and in what ways, could be explored in a future study.

Q27D



		Frequency	Valid Percent
Valid	Yes	41	48.2
	No	39	45.9
	Don't Know	5	5.9
	Total	85	100.0
Missing	System	10	
Total		95	

A lot of people who are service user or carers themselves seem to find satisfaction in participating in mental health associated services as an activist and in caring for their own health and wellbeing by participation. This suggests a sound knowledge of the need for health and wellbeing amongst the service user carer community.

What is not addressed here is a SUCRAN analysts' perception that reduction in "places to go" and "people to talk to " may well be forcing isolation and making service users do more things on their own. However, it should be recognised that responses to this study emanated from interviews conducted within provided service environments, a fact which suggests this has not yet occurred.

Q28 Please give examples of involvement or self-help activities (e.g. committees, meetings, self-help books) Please list

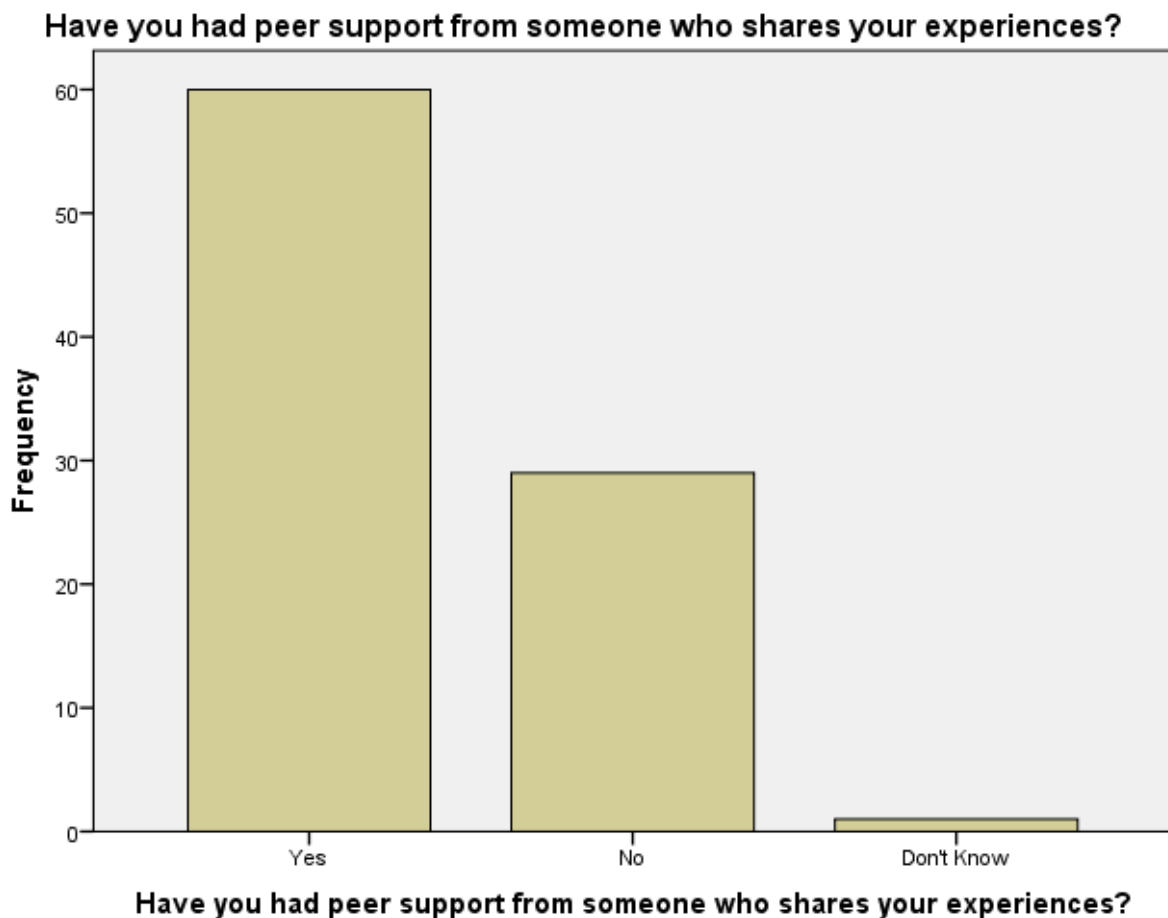
An analysis of the qualitative responses suggests that many of the respondents had limited vision of their options or were not willing or able to find social activities. This view is upheld by the large number of activities listed that required only the individual and some intent. Many of these included addressing the individual's deficiencies as well as addressing a pastime.

The number of respondents that went out to activities involving a social group was low, as was the number that practiced involvement in mental health related activities or committees. It would be interesting to discover the category of illness and state of recovery of these respondents as this could help shape the provision of available activities

The range of answers indicates the differing definitions of what constitutes self help

Knitting Group	Crossword book
I want a healthy living course and as a result I am volunteering with literacy	Sewing, knitting, crossword, play cards, bingo, hand cross stitch
OU course , web technologies	Self help books
I am on the bi polar website to learn how to deal with what I have. I went to a confidence course and I am writing my own book on the subject	Committee meetings, involved with mental health service user art group, self help books.
Self help Gujarati to improve English	Creative writing group.
Yes Exercise, Like reading	Beautician / masseuse , painting and decorating , jewellery making
Support worker at supported housing	Meetings at Civic Centre
Yoga, exercise, outings, walking, reading, religious books	Walking, Religious books and healthy eating
Take the minutes for group activities, one to one help with my panic attacks	Committee meetings, crafts, fundraising for friendship group.
Learning to read and write, craftwork and jewellery making.	Self help books, Reiki Course, First Aid Course.
Befriending – self help books, meeting (Mind).	Use of library and I do my own shopping
People's Forum, "How are you"	Confidence building course, art course
Books, gardening, meetings at Mind in Hinckley and Coalville	Exercise Group
Problems with my eyesight- can't read	Aerobics and gym
Oadby Drop-in	

Q29



		Frequency	Valid Percent
Valid	Yes	60	66.7
	No	29	32.2
	Don't Know	1	1.1
	Total	90	100.0
Missing	System	4	
Total		94	

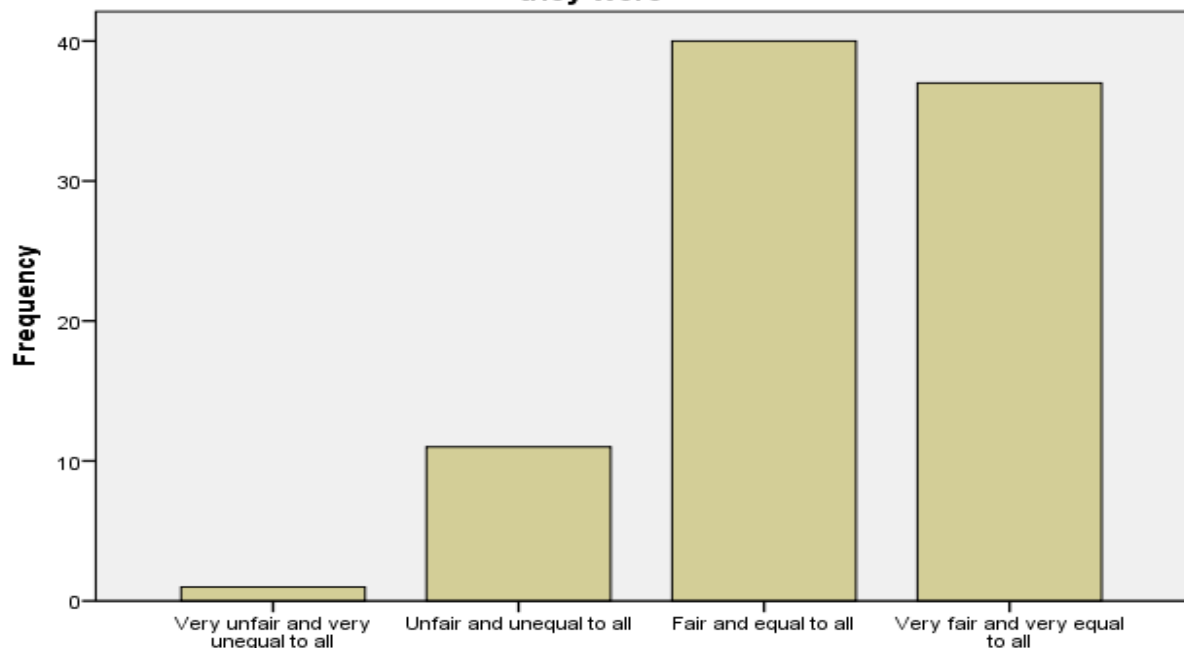
It appears that the majority of participants (n= 60, 67%), have had peer support from others. This is perhaps a reflection of the usefulness of the social drop in centres, providing a safe environment where people can share their experiences with others who are in a similar situation. Peer support should not be underestimated and is a valuable part of the services provided. The value of peer support is difficult to measure as it relies on factors such as good will and friendship, which is an advantage of social interaction and contributes towards the social capital of the individuals concerned.

Some respondents may not be familiar with the phrase peer support and the question should have explained this better, in terms people will understand.

Equity

Q30 and Q31

Thinking about services provided by Leicestershire County Council, do you think they were



Thinking about services provided by Leicestershire County Council, do you think they were

		Frequency	Valid Percent
Valid	Very unfair and very unequal to all	1	1.1
	Unfair and unequal to all	11	12.4
	Fair and equal to all	40	44.9
	Very fair and very equal to all	37	41.6
	Total	89	100.0
Missing	System	6	
Total		95	

86% of participants (n =77), felt that services provided by Leicestershire County Council were fair and equal or very fair and equal to all. This is a very positive reflection of the whole service working towards and achieving a consistent and non discriminatory approach.

“When I have needed advice, the County Council makes no discrimination on colour or background or who I am as a person. I see I get equal services” and

“Everybody is treated the same”

However, 12% (n=11) felt that services were unfair and unequal with one person saying that services were very unfair and very unequal.

Many of the positive comments highlighted the support given by staff, though there were some less positive: *“They do their best”, “There are limits to what staff can do”, “not enough to go round”* and one service user saying *“some people get more attention because they get to speak to the support worker”*

Although this may be the experience of just one service user participant, SUCRAN analysts feel this could become more of an issue in the future as the introduction of personal budgets and payment by results may further reduce the opportunity for services to accept self-referrals. In this scenario, people who choose not to spend their allocation on joining a group will not be able to get assistance from support workers at those groups.

The current situation appears very equitable and the majority of comments were positive echoing the following statements.

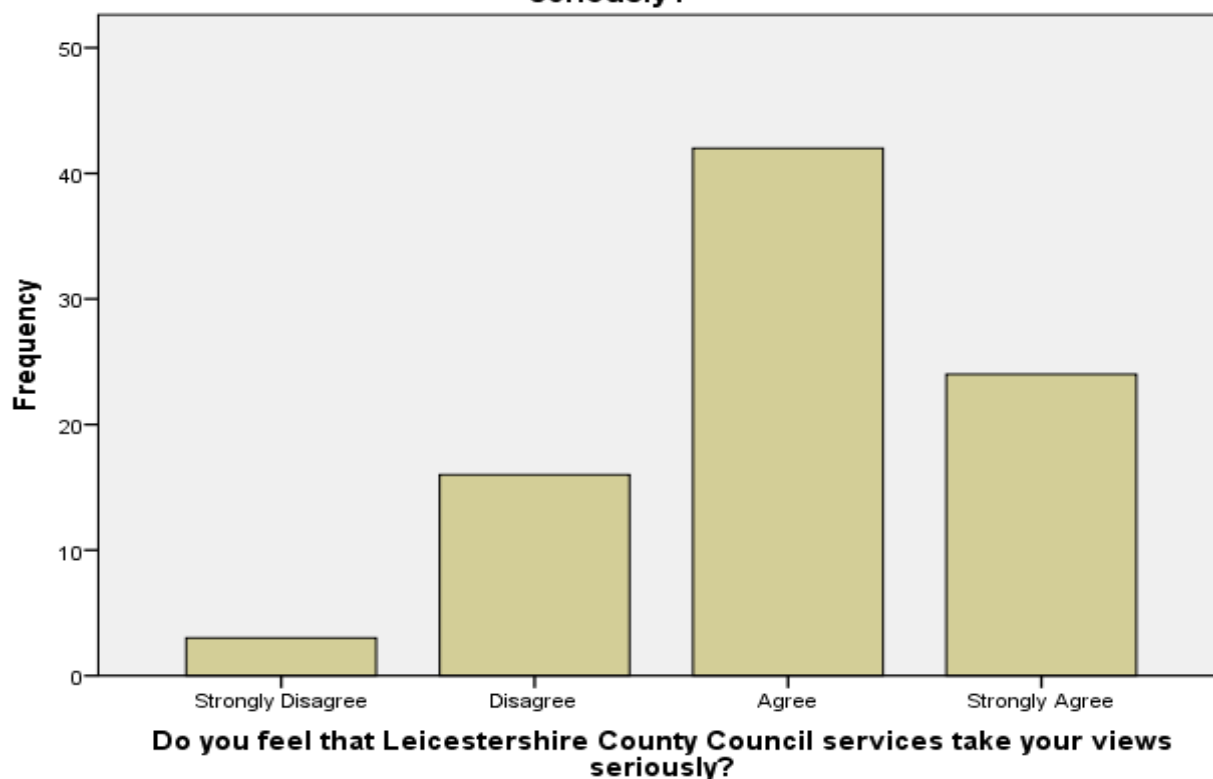
“The Support worker always there for me”.

“When you come into the services you are well looked after and pointed in the right direction. Always someone to talk to”.

Implementation of personalisation by its very nature may see the development of a system whereby there are those who receive support and those who do not.

Q32

Do you feel that Leicestershire County Council services take your views seriously?



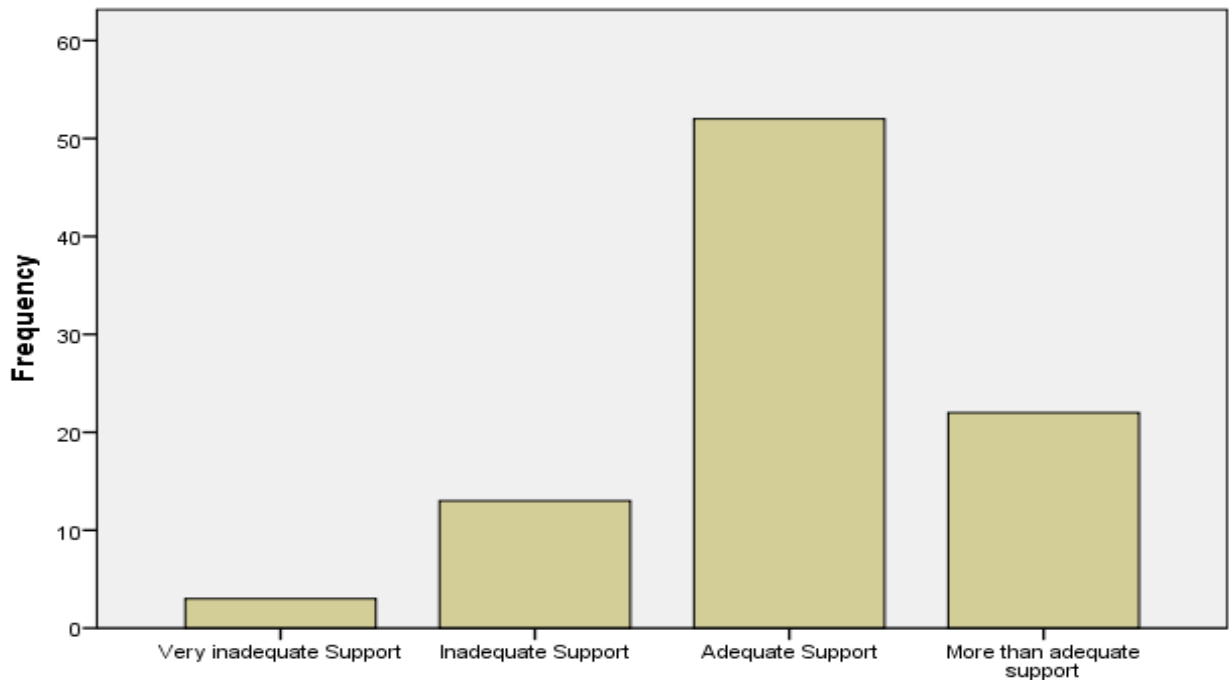
		Frequency	Valid Percent
Valid	Strongly Disagree	3	3.5
	Disagree	16	18.8
	Agree	42	49.4
	Strongly Agree	24	28.2
	Total	85	100.0
Missing	System	10	
Total		95	

78% (n=66) agreed or strongly agreed that Leicestershire County Council take their views seriously. However a significant minority (n =19) did not agree, with three people strongly disagreeing.

The analysis team interpreted those who disagreed with this statement as having their positive feelings contaminated by the last day services review which did not result (respondents' perception), in LCC listening or responding to what service users wanted.

Q33

What level of support do you feel you have received from Leicestershire County Council services.



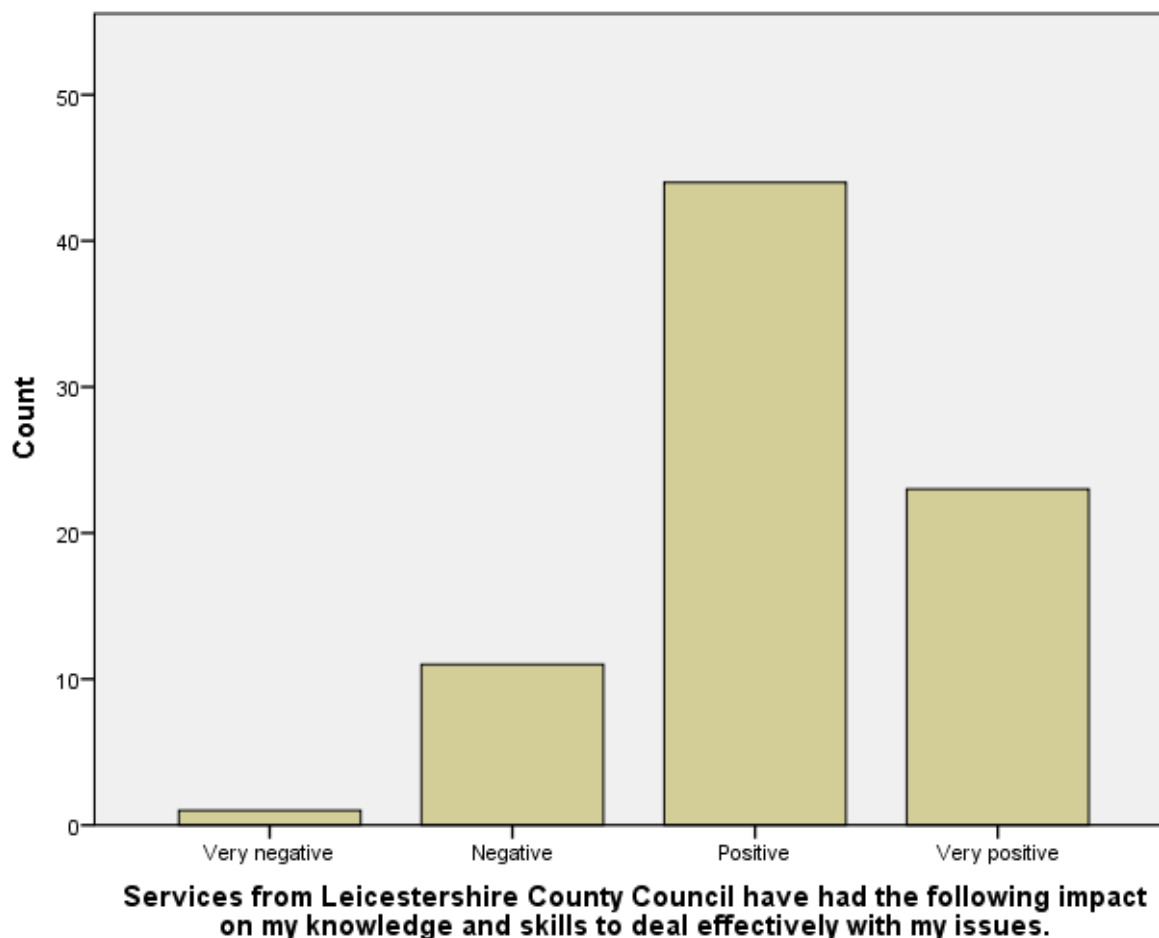
What level of support do you feel you have received from Leicestershire County Council services.

		Frequency	Valid Percent
Valid	Very inadequate Support	3	3.3
	Inadequate Support	13	14.4
	Adequate Support	52	57.8
	More than adequate support	22	24.4
	Total	90	100.0
Missing	System	5	
Total		95	

Although a large majority of people felt they received adequate or more than adequate support, (82%, n = 74). However 18% (n=16) feel that the support they receive is inadequate or very inadequate.

This is a significant number of people who are not satisfied with the support they are receiving, and may require further investigation to understand what the problems are that are not being addressed.

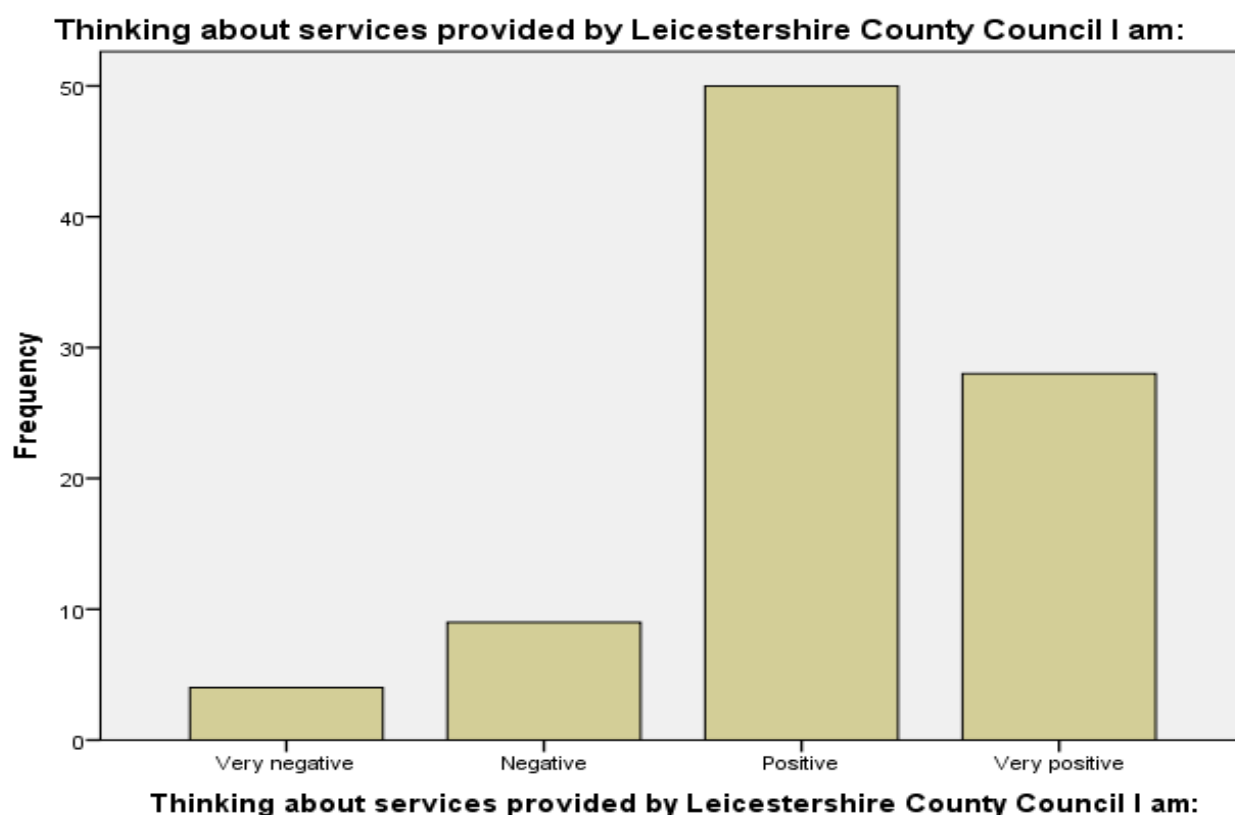
Q34



		Frequency	Valid Percent
Valid	Very negative	1	1.3
	Negative	11	13.9
	Positive	44	55.7
	Very positive	23	29.1
	Total	79	100.0
Missing	.00	15	
Total		94	

The majority of participants (n = 67, 85%) suggested that LCC Services are enabling the development of both skills and knowledge to deal with issues. Implicit in this is the necessary resilience that is required for mere survival in modern society. The remaining 15% (n = 12) had a negative outlook but did not expand on what LCC were doing to generate this negative impact. (See also further analysis).

Question 35 and explanation of Q36



		Frequency	Valid Percent
Valid	Very negative	4	4.4
	Negative	9	9.9
	Positive	50	54.9
	Very positive	28	30.8
	Total	91	100.0
Missing	System	4	
Total		95	

86% of participants (n =78) stated that they are satisfied or very satisfied with services provided by Leicestershire County Council, with 14% (n=13) being unsatisfied or very unsatisfied.

The answers to this question were very varied, with many highlighting that services help them to get out of the house and is somewhere to go to meet other people. Socialising and making friends seems to be one of the most important criteria in generating a level of satisfaction.

Negative comments included *“some people appear to get more attention than others in the group”, “I find it hard to show expertise in my personal condition”, “It meets some of the requirements to help me maintain my social life” and “I still feel low”.*

One interpretation of this is that most people are passive and accepting of what is offered, and social content is seen as more important than learning new skills.

Social drop-ins fulfil basic needs, place of safety that helps with isolation and social interaction. They are seen by respondents and SUCRAN to provide vital support, which can and does prevent people relapsing and using secondary care services. They can pick up early signs and be proactive in getting help needed before things escalate.

The SUCRAN analysis team deduce that social drop-ins on their own are very unlikely to provide the focussed support needed to help people move on – recover. From interviewer observations staffing levels appear to be based on minimum requirements for health and safety, and not on their ability to provide individual support (although it is acknowledged that these services are not necessarily designed to provide this). If groups are successful i.e. large numbers attending, then it becomes even more difficult to respond to individuals needs. Staff are perceived to be poorly paid on hourly rate to just cover the time of the groups and may not have received adequate training to provide them with the skills to work with people at anything other than a basic support level.

“If money is not put into preventative support and when people first present with mental health issues at GP surgeries then the impact on acute services will just continue to escalate. Volunteer befrienders and /or mentors who have been former mental health service users often are the best people to do this. They do need receive training and support to be able to do this. Voluntary organisations are the experts in providing this type of support but they have been decimated by ongoing cuts and the ‘tendering process’.”

There appears to be a desire from participants for better and more obvious joined up support between health and social care. Leicestershire Partnership NHS Trust might consider some increases to the funding of community based support in order to minimise the revolving door syndrome. (Where service users return to hospital because their life outside is chaotic and they are expected to survive, recover and thrive without external help).

“Why are there still these boundaries between what is mental health and what is social care”?

Q37 Is there anything else that you can think of that may have a positive impact on your mental health?

The responses to this question are important to identify supporting mechanisms that are not necessarily part of a provided service. There were a number of responses that did not make sense or add any value to the discussion which have been removed from this list.

"I have recently been given access to a mental health facilitator through the GP. I hope this helps

More local groups – not in Leicester City. Travel to e.g. Jasmine Centre is a real problem. Quick response from staff in moments of crisis

Mental Exercises – Mantras

Ability to hold down a long term job. Finances.

They did a computer course and I would like a follow up course

Coming out of shell by use of social groups

Physical exercise and medical checks such as blood tests etc

Resources for increased travel

The group makes me feel supported and not alone. They never give up on me.

They are there for me

We need more activities and drop ins. Open more days and for longer hours

I see the services as my life

This group keeps me well.

Coming to the Adhar Project and John Storer House helps my mental health.

I would like to see more understanding from the services. I have been treated for mental health now looking at my disabled by recommendation of psychiatrist.

More understanding from NHS, better access to therapy. I pay for a private therapist to help me.

I do work and this helps me.

Did go to a book club in Hinckley library (Mind) which finished. I don't know why but enjoyed it and would like to go again.

If I could get my physical health sorted, if I could get a proper assessment for my joint problems, would stop me worrying.

Stops me staying in the house

Another social group

Mentoring for GP reference

More social groups, better sign posting about personal budgets, too much paperwork (numbers, questions)

Waiting for results whilst I am in the Bradgate Unit, hoping the help I will eventually receive will help me further

Getting out amongst people

I would like to see more people here to give me more choice of friends

Would like more benefits to help pay for sessions

I am managing pretty well"

Q38 What would you wish had been available at difficult times in the past?

Of the 45 people who responded to this question four reported a need for better signposting. One stated they wished they had help “in time” and not had to wait 6 months for it. Ten people expressed a need for someone to talk to on a one to one basis and a further 14 suggested that group support would be of benefit. It was interesting that no one mentioned medication. The majority view was that when people were going through a difficult time, they need other people – in the form of one- to-one support or from a group. One praised the response from the crisis team and the psychiatrist, and the analysis team suggest that if they had been signposted earlier could the crisis have been avoided. First episode interventions seemed to have caused distress with both police and ambulance crews being criticised for what can only be interpreted as a lack of understanding, training and empathy.

Some of the qualitative comments that underpin these figures are set out below:-

“I used to be at home a lot, but I now meet more people”

“Someone to talk things through with and not wait 6 months for it. Help in time”

“Somebody to talk to that you feel comfortable with”

“Being able to talk to somebody truly without embarrassment”

“Some means to overcome social exclusion “what do you do with yourself”

“More groups”

“More joined up services”

“Everything that is available now that wasn’t available before”

“This used to be a tiny group, but has now built up. A group like this is now, would have helped in the past”

“A group like this, more group support” (Adhar)

“Someone to talk to on a one to one basis”

“Someone to talk to, a professional person and services available now”

“Centres that are available today, e.g. Mind, Roman Way”

“Places to go and meet people”

“Wish I had known about Mind sooner”

“Safe house for mental health problems rather than hospital”

“If Mind had been there before for services”

“Counselling would have helped”

“Help for people with mental and physical disability without discrimination”

“Psychotherapy, better sign posting”

“More support from doctor”

“Doctor and more group support”

However some of the comments were positive

“Nothing I can think of, got all the help I needed at the beginning

This support I am getting now.

“Groups like this’ would have helped

Q39 What would happen to you if you stopped using your current services?

Only seven of the 51 people who answered this question did not express concern that they would become isolated or depressed. This is overwhelming evidence that those who used groups within the provided services felt that the continuation of the service was essential to maintain their recovery. The statements are powerful:

"I would get dressed, feel lost - would not know what to do"

"I would lose contact with people"

"Return to isolation"

"Become withdrawn"

"Complete void, gap in social life and removal of support"

"I would not go anywhere"

"I would just stop at home"

"I would make the best of things but would be sad"

"Sad"

"Go back to depression"

"Lonely and sad"

"Isolation and depression"

"I would go downhill and be locked up in a ward again. Groups like this keep me well"

"I think I would miss my friends and get more depressed"

"I would relapse!"

"I would be lonely and get back to what I was before. This is a nice group. "We need each other"

"I don't want to stop – I would go down again. I would get depressed"

"I would be anxious worried if the Adhar project closed down"

"It would upset me greatly because I have no other contact from other people. I have no family & I get very lonely. My English is poor & if this stopped I would become unwell"

"I wouldn't like that to happen. I wouldn't know what to do. I would miss my friends and peer group"

"I would become isolated and get depressed"

"I would lose a large amount of my social life I would become more isolated again"

"Less social contact, I have made a lot of friends. I would get depressed"

"Probably become a hermit, shut myself away, relapse into depression"

"Would have nothing to do which would affect my mental health"

"I would get withdrawn and depressed"

"I would be stressed out and depressed because I wouldn't see the people I know anymore."

"I would probably relapse, feel lonely and isolated, no one to talk to"

"I don't think I would have a social life, I would get down more easily"

"Would stay at home in bed or watch TV"

"Rapidly decline"

"I would miss it"

"Don't know what I would do"

"Would get bored"

"Would be in depression"

"Go back to what I was like – go down"

"I just don't know"

"It would mess up personal circumstances, like attending social group and care about others also"

"I would get very depressed. I depend on Mind for some social and meeting with people I have made friends with"

"I would be dead"

"It would stop me from going out. I would sit at home and worry"

"I would go downhill fast"

"Will get depressed"

"I will feel depressed"

"Would feel depressed"

"Get frustrated"

"I would feel cut off"

"Would become ill again"

"Try not to think about that"

What is very clear from these comments is that the friendships and support gained from attending groups is very important to the people who attend them. It appears that social Contact contributes to buoyancy of affect (mood).

Q40 What would be the effect on your family if you stopped using your current services?

26 of the 50 participants who responded to this question indicated that family members would worry if their services were withdrawn. Two people feared loss of independence. One participant said if the services were withdrawn, her children would need to be taken into care. Though this was only cited by one individual, the potential cost to the service user, the children and public funds could be considerable.

Again the comments are powerful and stand up as deserving of inclusion:

"They would get worried because I live on my own"
"I am on my own"
"Worry"
"May have to move in with parents"
"My mum would worry"
"My husband might worry"
"I would make the best of things but would be sad"
"Husband would see me depressed at home"
"Increased worry on family members"
"I am not too close to my family"
"They would worry"
"It would be a great concern to them"
"Negative"
"Kids taken into care"
"He will not be able to get out and be worried about me"
"He would worry about me"
"He would be worried because he knows I am really happy when I come here"
"If I stopped using this service, then my family would find me a burden as it would put more pressure on them"
"Live with mum, we would argue a lot more"
"Live with mum, I would be under feet, she would be annoyed and it would cause arguments"
"Would end up arguing with wife, be no break to do anything different"
"It would have a knock-on effect on my mother if I became ill again"
"Live alone, no family to effect"
"I wouldn't be able to give the help to my mother which she needs"
"Partner now has peace of mind and this would be affected"
"They would worry, because this helps me so much"
"Catastrophic"
"Would be lost"
"My family would help me"
"Would be very negative"
"They would worry about me, what would happen to me"
"They would be disgusted if it closed, they would worry about me because they know I benefit from getting out"
"Family will be concerned, but they are supportive"
"Feel depressed"

“Hard for family”

“Family members would be worried”

“Not good”

Some people stated that they did not have any family to effect and others said “no effect” but it is clear from those who alerted interviewers to some effect that where this was present, the knock on effects would adversely impact upon relationships and stress within family units.

Carers Only

41. If you are a carer and services provided by Leicestershire County Council stopped for the person you care for, how would this affect you?

No one answered this question

41A. If you are a carer and Leicestershire County Council stopped carer support services, how would this affect you?

Social services, Rethink, Leaf (Leics).
Very little effect.

41.B Are you aware of any other support for good mental health in your community? Please list:

Most respondents were not aware of other service or groups other than the ones they were attending.

Of those who answered this question these are their comments:-

“CMHT (I used to have a CPN but not now)”
“West Leicestershire MIND”
“Rethink”
“No, only what I have access to Mind and Roman Way”
“College. (Concordia, singing through Mind)”
“Orchard Resource Centre”
“Rethink”
“Wigston self help group” x2
“Yes - already use them”
“Not many other groups”

42. Any other comments about your satisfaction with Leicestershire County Council services

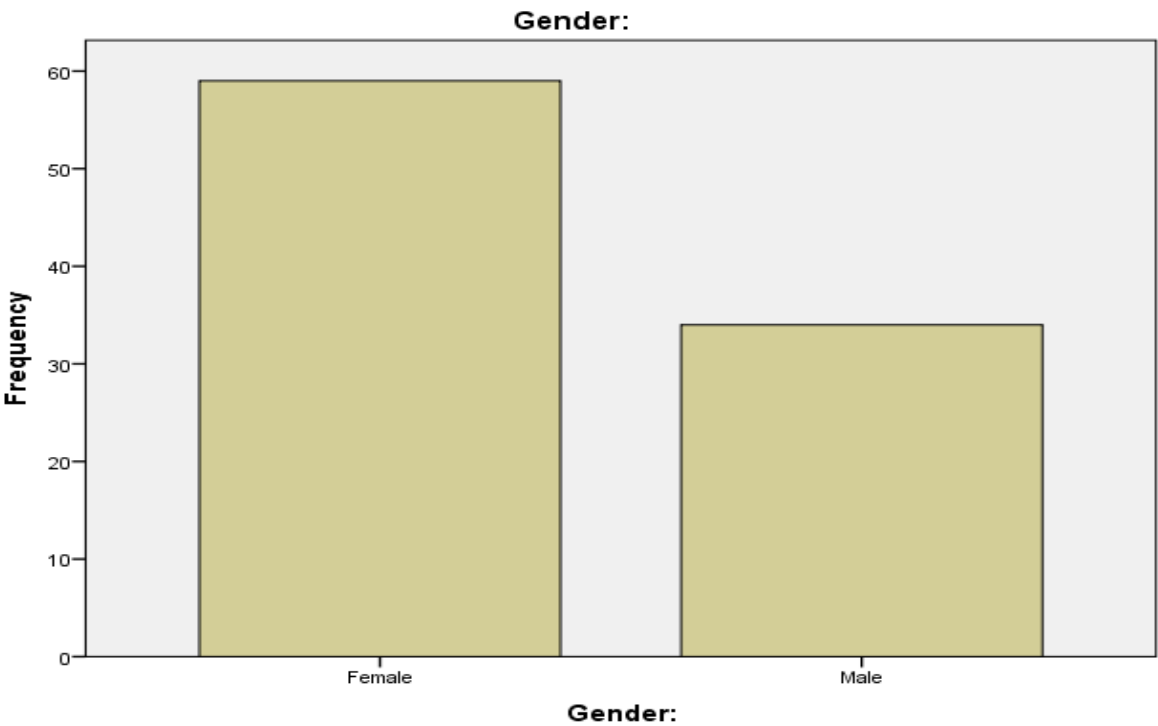
The comment *“I don’t think I would be here without support I have received”* stresses just how important LCC services are to the people who use them and is perhaps the most significant endorsement of the efforts and investment that targets mental health.

“Previous support groups have stopped due to removal of funding”
“Reasonably satisfied”
“It has given my confidence a big boost with the support from LCC given”

"Very pleased with the support I get"
"I would like to see the groups have longer hours per day"
"I would like it to carry on it helps me so much, don't know what would happen without the support"
"I just think that how Mind has grown is fantastic"
"Some good people"
"Would like more information about mental and physical disability"
"Too much paperwork"
"Satisfied with what I am doing"
"Getting the best available"
"All good and helpful, I would miss them if they weren't there"
"Good"
"Good service"
"Very good"
"Quite satisfied"

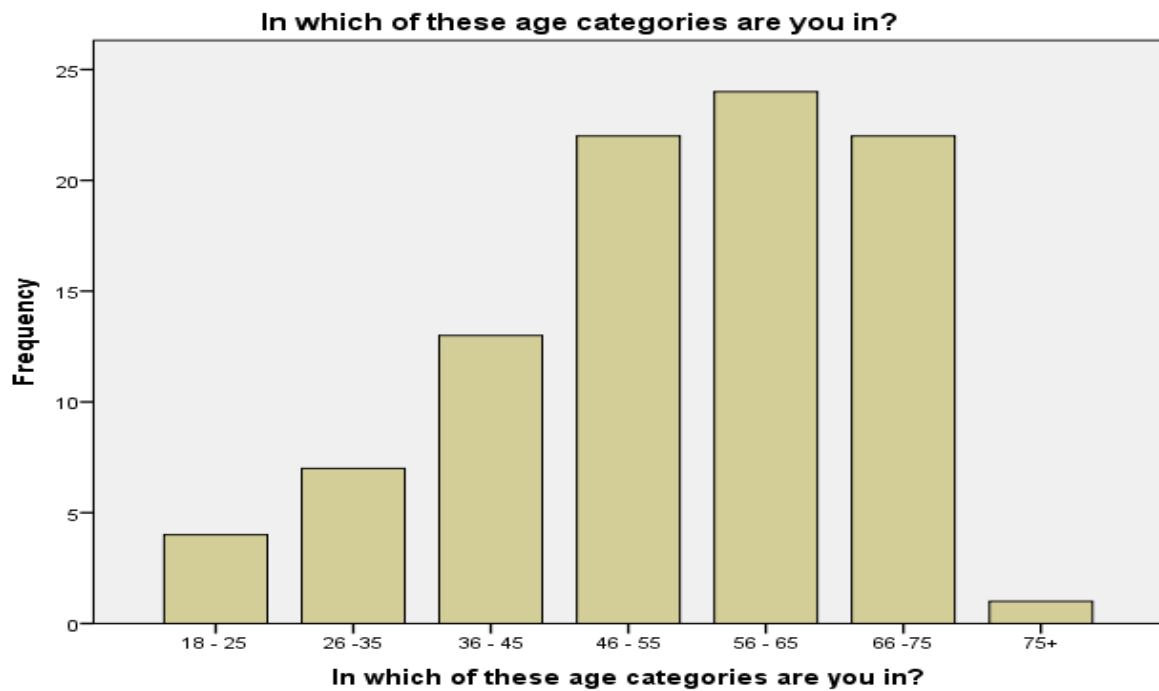
Demographics

Q43



		Frequency	Valid Percent
Valid	Female	59	63.4
	Male	34	36.6
	Total	93	100.0
Missing	System	2	
Total		95	

Q44

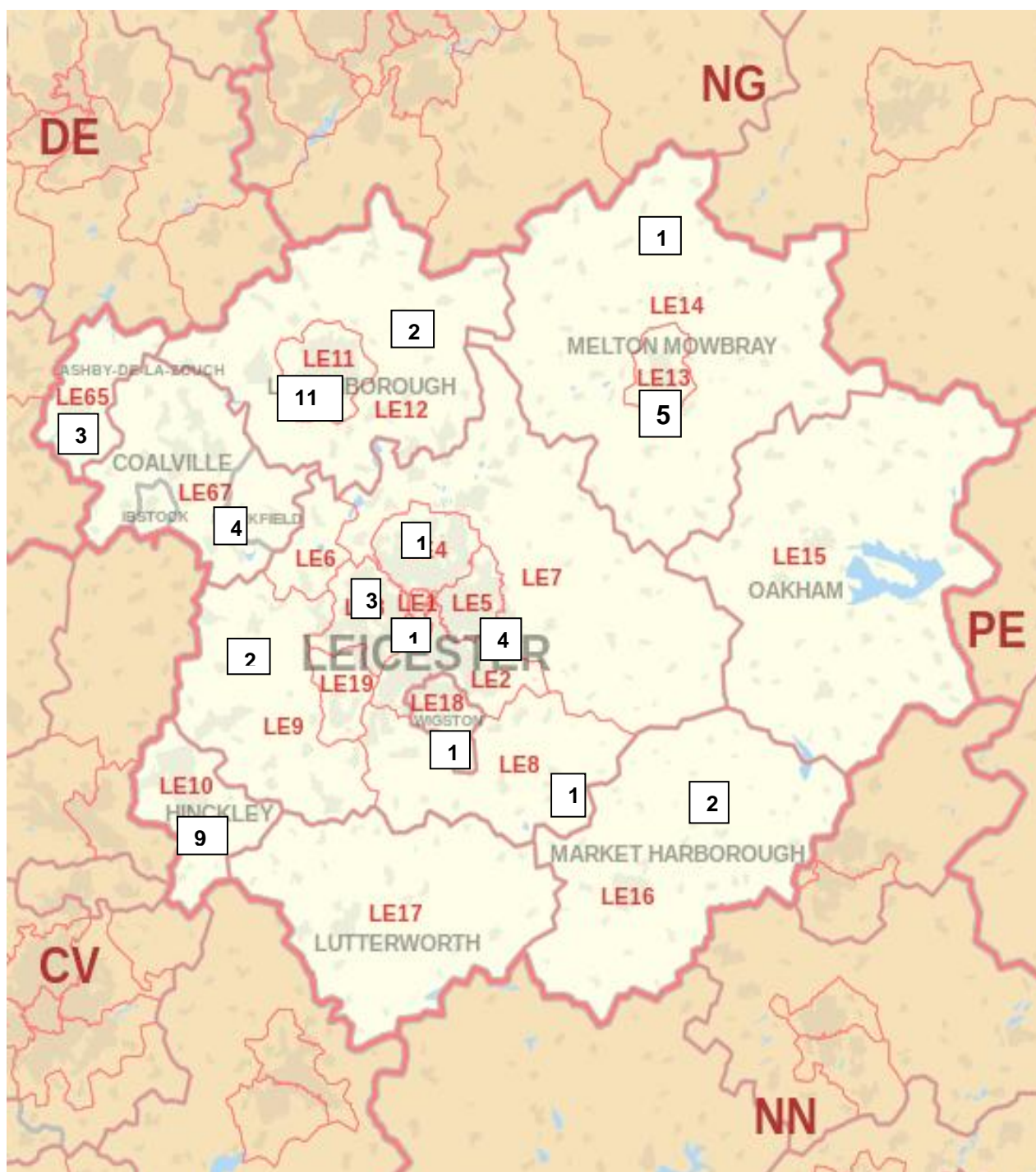


		Frequency	Valid Percent
Valid	18 – 25	4	4.3
	26 -35	7	7.5
	36 – 45	13	14.0
	46 – 55	22	23.7
	56 – 65	24	25.8
	66 -75	22	23.7
	75+	1	1.1
	Total	93	100.0
Missing	System	2	
Total		95	

These results represent a fair range of ages with the most prevalent group being in the 56 to 65 years age category.

Q45 Postcodes of Participants

Not all participants were comfortable with disclosing their postcodes, however those who did came from the following areas.



Postcode	Area	Number of Respondents
LE1	Leicester	1
LE2	Stoneygate, Oadby, Knighton, Highfields, Aylestone, Glen Parva	4
LE3	Braunstone, Glenfield, New Parks, Groby Road (A50), Leicester Forest East, Westcotes	3
LE4	Birstall, Belgrave, Beaumont Leys, Thurmaston	1
LE5	Hamilton, Thurnby Lodge, Evington	
LE6	Ratby, Groby, Newtown Linford	12
LE7	Scraptoft, Anstey, Billesdon, Gaddesby, Hungarton, Rearsby, Tilton on the Hill, Tugby, Cropston, Thurcaston, Rothley, Barkby, Syston	0
LE8	Blaby, Great Glen, Fleckney, Kibworth, Peatling Magna, Countesthorpe, Whetstone	1
LE9	Stoney Stanton, Cosby, Huncote, Croft, Desford, Newbold Verdon, Kirkby Mallory, Earl Shilton, Barwell, Sapcote, Sutton in the Elms, Broughton Astley, Thurlaston	2
LE10	Hinckley	9
LE11	Loughborough, Charnwood	11
LE12	East Leake, West Leake, Sutton Bonnington, Mountsorrel, Shepshed, Belton, Quorn, Sileby, Wymeswold	2
LE13	Melton Mowbray	5
LE14	Brooksby, Harby, Hoby, Ragdale, Rotherby, Scalford, Somerby, Stonesby, Waltham on the Wolds, Wymondham	1
LE15	Oakham, Empingham, Manton, Thistleton, Uppingham, Whissendine, Langham	0
LE16	Caldecott, East Langton, Hallaton, Market Harborough, Medbourne, Braybrooke, East Carlton	2
LE17	Leire, Lutterworth, Swinford, Bitteswell, Ullesthorpe	0
LE18	Wigston	1
LE19	Narborough, Enderby	0
LE21	Leicester	0
LE41	Leicester	0
LE55	Leicester	0
LE65	Ashby-de-la-Zouch, Boundary, Calke, Smisby, Willesley, Worthington,	3
LE67	Coalville, Ibstock, Markfield	4
LE87	Leicester	0
LE94	Leicester	0
LE95	Leicester	0

Q46**Where do you receive your main service?**

The following table identifies where people receive their main LCC Service:

Adhar Adhar Project Loughborough Adhar Project Loughborough Adhar Project , Loughborough Adhar Project. John Storer House Loughborough	West Leicestershire MIND Ashby West Leicestershire MIND Ashby Ashby Leisure Centre MIND Group Mind (Marlene Reid Centre, Coalville). Coalville	John Storer House John Storer House John Storer House John Storer House Marlene Reid Centre, Coalville). Marlene Reid Centre Marlene Reid Centre Mind
Bradgate Unit Psychiatrist at Coalville Hospital CMHT Local GP From outreach team Glenfield Psychiatrist – Glenfield Hospital Cricket Club	Oadby drop in session Community Action Partnership Oadby Community Action Partnership – Oadby Community Action Partnership – Oadby Pathways (Mind). Pathways and Mind meetings.	Advanced Housing and Support. Support Workers (Advance and support). Desford Mind Mind Desford Mind Hinckley Hinckley Mind Hinckley Pathways, Hinckley. Mind – Hinckley
Loughborough County Cricket At my supported housing and at the drop in at	Welcome House LTCC Roman Way MH. Breaking the Barriers Rethink	Headway Loughborough Loughborough Braunstone self help group Sporting change Leicester

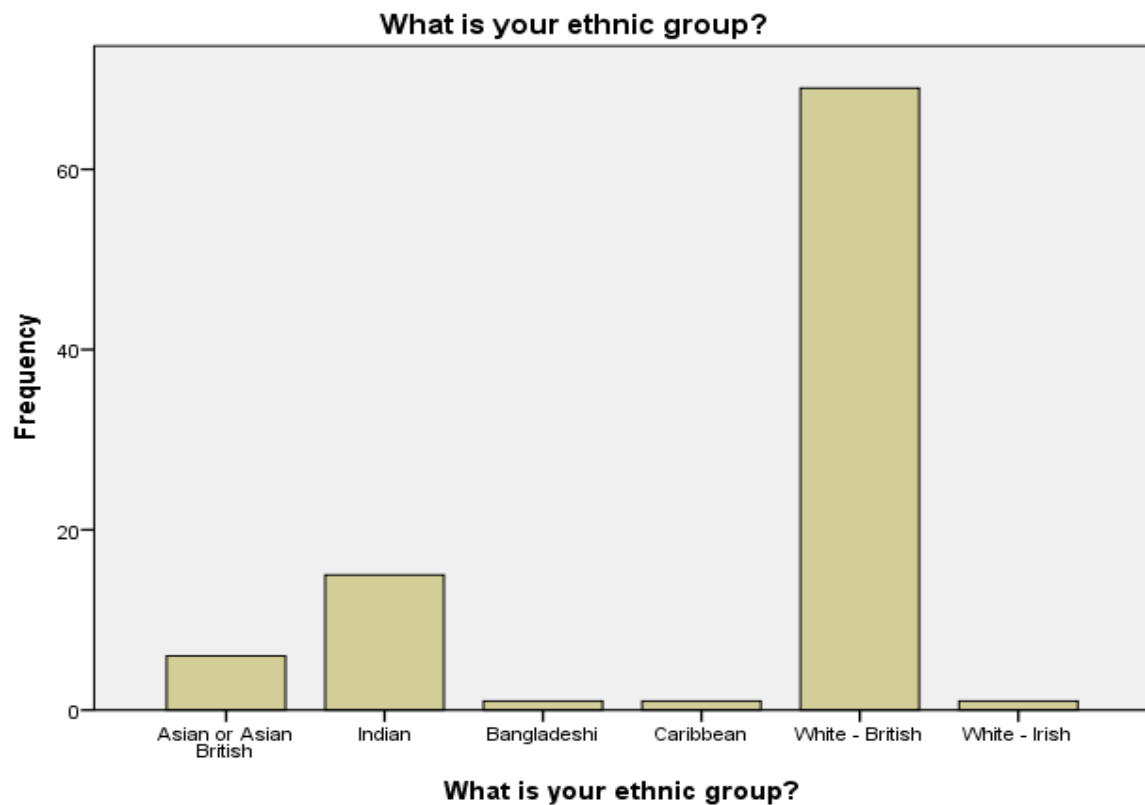
Q47



		Frequency	Valid Percent
Valid	Yes	26	29.2
	No	63	70.8
	Total	89	100.0
Missing	System	6	
Total		95	

29% (n = 26) of those who responded stated they were from an ethnic minority. SUCRAN consider this to be an important factor in ensuring the range and diversity of the population is being represented. It is however a significant improvement on previous SUCRAN attempts to capture the views of all groups.

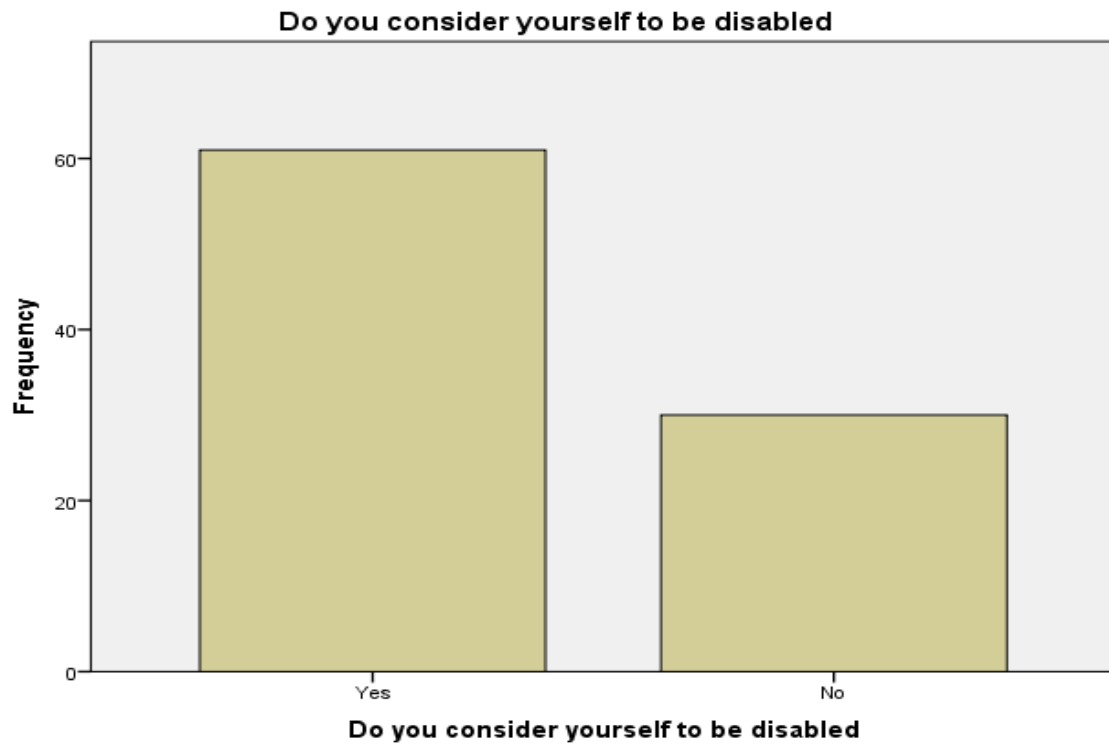
Q48



		Frequency	Valid Percent
Valid	Asian or Asian British	6	6.5
	Indian	15	16.1
	Bangladeshi	1	1.1
	Caribbean	1	1.1
	White – British	69	74.2
	White – Irish	1	1.1
	Total	93	100.0
Missing	System	2	
Total		95	

Categories to determine the ethnicity of participants were influenced by those contained in census questions. The results reflected here, represent only those categories that were recorded by participants.

Q49



		Frequency	Valid Percent
Valid	Yes	61	67.0
	No	30	33.0
	Total	91	100.0
Missing	System	4	
Total		95	

Despite using services designed for use by people with mental health conditions one third of respondents did not perceive themselves as having any disability. This is off- set by the respondents to question 50 who identified a mix of both physical, learning and mental health conditions.

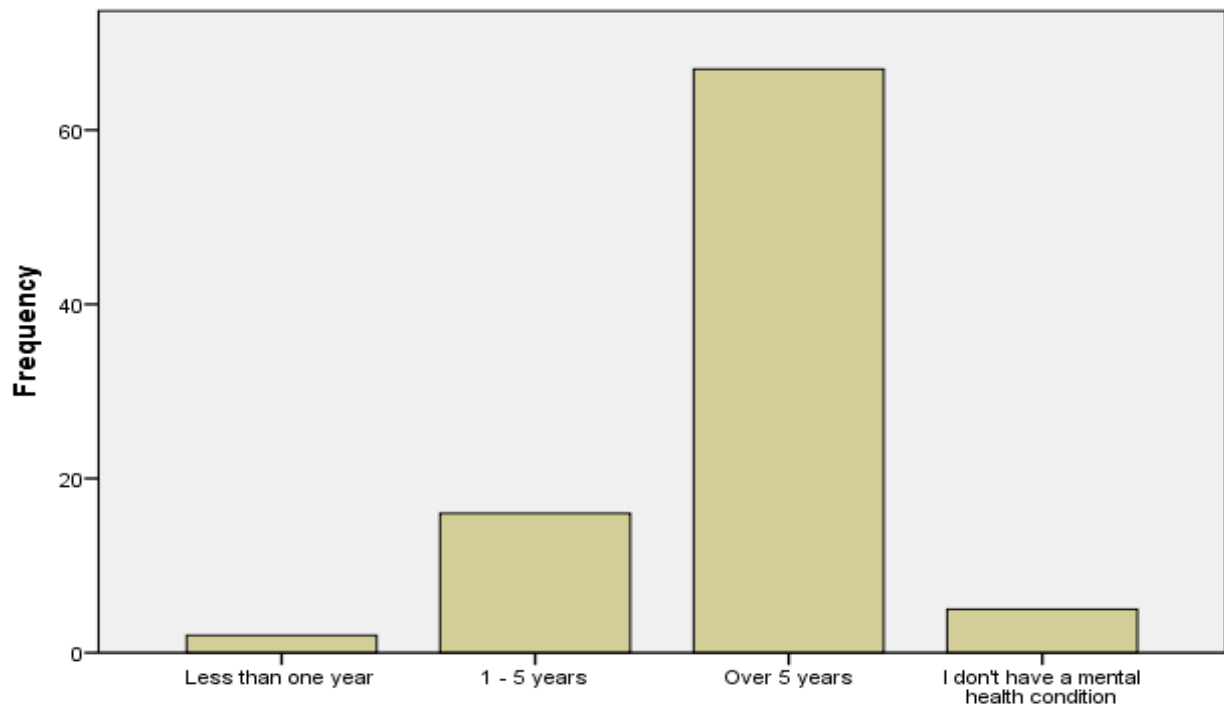
Q50**If yes, please state the nature of your disability**

Participants were asked to identify the nature of their disability and it is interesting to note that some people have identified their mental health issues as a disability which may not have been included until recent times.

Arthritis, poor eyesight and high blood pressure Mental Health Mental Health, Slow learning – anxiety Learning disability – Mental Health Mental related heart disease Clinical depression, bi polar, low blood pressure Mental health, learning difficulties Agoraphobia, PTSD <i>Post Traumatic Stress Disorder</i> Mental health problems Cerebal Palsy, Arthritis, Schizophrenia	Left sided weakness due to stroke Weakness in left hand side and knees Mental health problems, lack of co-ordination Diabetic
Asperger's Syndrome Learning disabilities, walking problem I have a learning disability Autistic	Mental health problems, lung disorder Diabetes, asthma, mental health I have a lot of problems with my mobility Can't walk

Q51

How long have you experienced or cared for someone with a mental health condition.



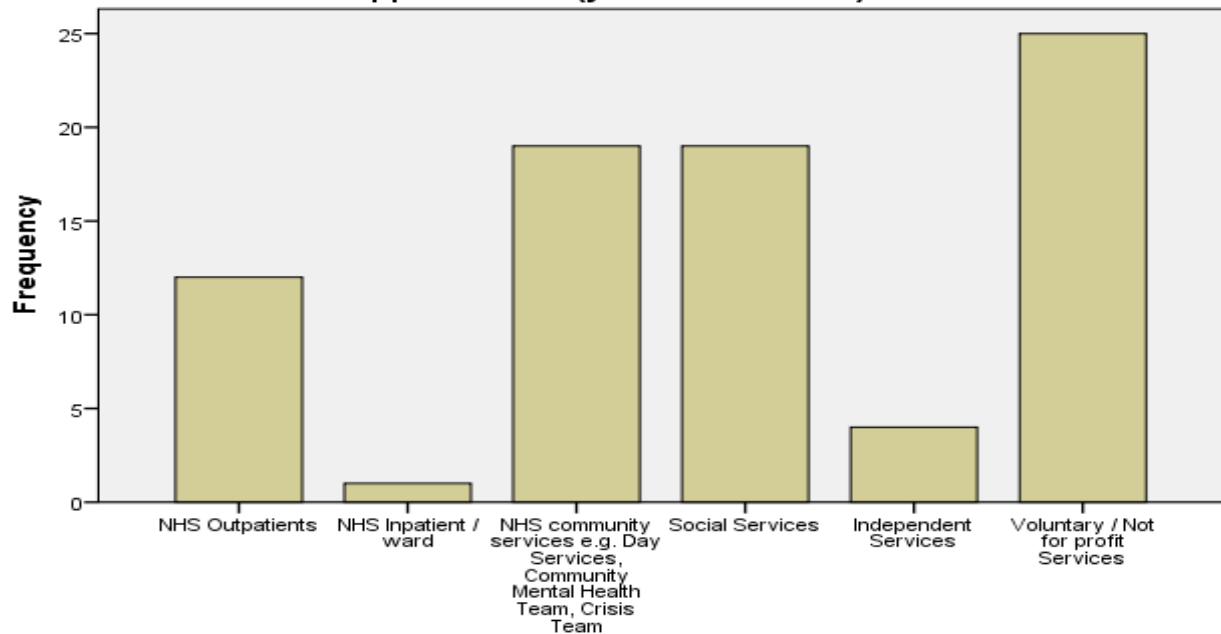
How long have you experienced or cared for someone with a mental health condition.

		Frequency	Valid Percent
Valid	Less than one year	2	2.2
	1 - 5 years	16	17.8
	Over 5 years	67	74.4
	I don't have a mental health condition	5	5.6
	Total	90	100.0
Missing	System	5	
Total		95	

The majority (n = 67, 74%) suggested that they had received or cared for someone for over five years.

Q52

Which service do you currently consider gives you most of your mental health support or care (your main service)?



Which service do you currently consider gives you most of your mental health support or care (your main service)?

		Frequency	Valid Percent
Valid	NHS Outpatients	12	15.0
	NHS Inpatient / ward	1	1.3
	NHS community services e.g. Day Services, Community Mental Health Team, Crisis Team	19	23.8
	Social Services	19	23.8
	Independent Services	4	5.0
	Voluntary / Not for profit Services	25	31.3
	Total	80	100.0
Missing	System	15	
Total		95	

Mental health support appears to be provided by a variety of mainly statutory services based in the community. Voluntary or not for profit services constitute the biggest single response but by default are spread across a number of separate provider organisations, which indicates the wide spectrum of support available and accessed by individuals to maintain their mental health.

Provider Responses

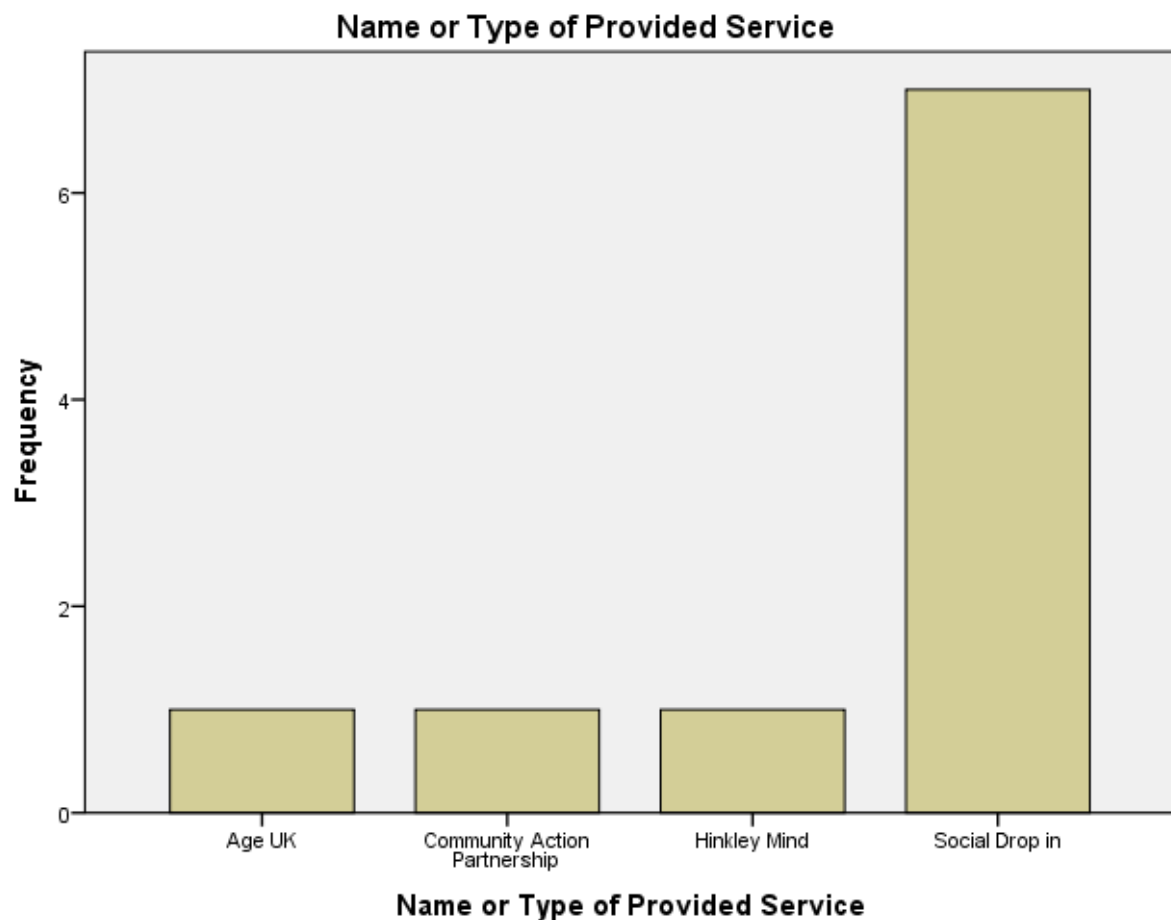
Providers of mental health services in Leicestershire County were contacted as the people who deliver services on behalf of Leicestershire County Council. Individuals were asked to undertake either a face to face interview with a SUCRAN Interviewer, or to complete an electronic questionnaire. Individual providers could self select into the project and were consented in to ascertain what factors their service contributes to the promotion of wellbeing for the community who attend their service.

Despite this open invitation the number of individuals who agreed to participate totalled 10. Eight of which undertook interviews and two opted for an electronic submission.

Interviewers reported that there was a general reluctance to participate, and where interviews did take place, provider participants declined in the main to disclose the actual name of their service. Seven participants described their service as a “social drop in” although three were happy to name their service being, Community Action Partnership, Mind Hinckley and Age UK.

The responses are generally positive almost impossibly so and it assumed that there was a reluctance to present anything negative in case this might provide funders with reasons to reduce or even curtail future funding.

Q1

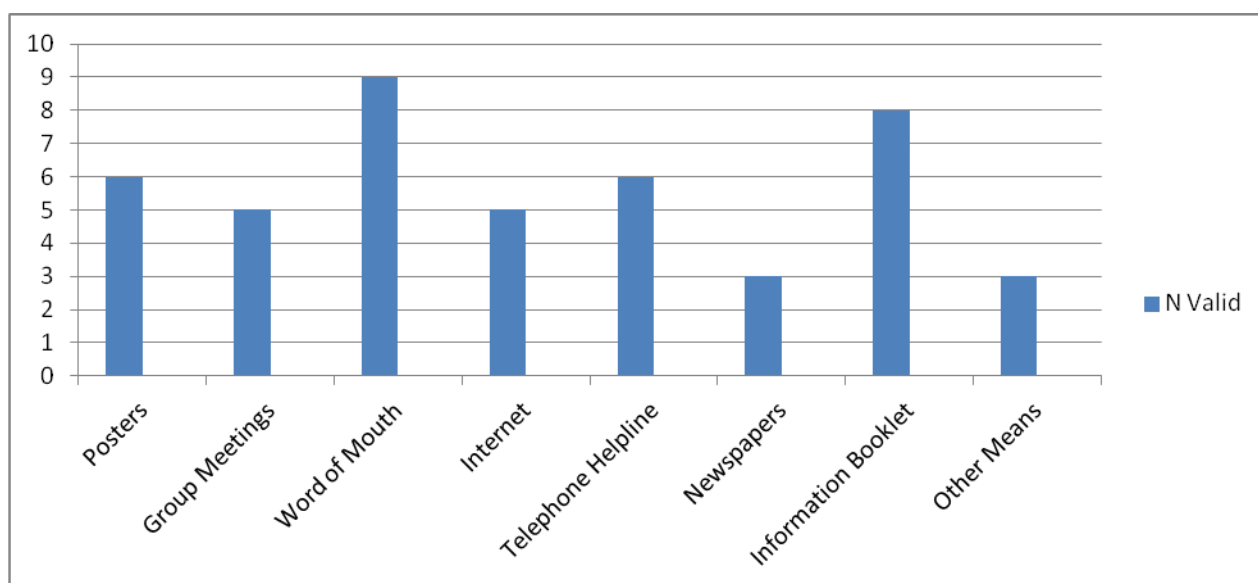


	Frequency	Valid Percent
Age UK	1	10.0
Community Action Partnership	1	10.0
Hinckley Mind	1	10.0
Social Drop in	7	70.0
Total	10	100.0

Only 10 providers of services responded to the request to become involved with the study. Of these, eight were interviewed face to face and two completed the online questionnaire.

It is difficult to ascertain the particular services as only three, Hinckley Mind, Age UK and Community Action Partnership identified themselves specifically. The remainder described themselves as “Social Drop in” services.

Q2



		Promote Service with Posters	Promote Service through Group Meetings	Promote Service by Word of Mouth	Promote Service by Internet	Promote Service by Telephone Helpline	Promote Service by Newspapers	Promote Service by Information Booklet	Promote Service by Other Means
N	Valid	6	5	9	5	6	3	8	3
	Missing	4	5	1	5	4	7	2	7
Sum		6.00	5.00	9.00	5.00	6.00	3.00	8.00	3.00

It is clear from these results that word of mouth appears to be the most popular means of promoting a service, followed by information booklets and posters and telephone helpline. Half of respondents identified using group meetings as a means of promoting services and activities and it is unclear if this could be included or subtracted from the word of mouth response. Word of mouth does however correlate with the focus group outcomes that suggested this is the most effective means of establishing the usefulness of a group. For those that indicated other means they did not expand on this response as a narrative.

It is surprising that only half of provider services appear to utilise the internet and it is assumed that newspaper advertisements are not used because of prohibitive costs.

Q3 What makes your service particularly unique?

Respondents were asked to identify the particular characteristics which they felt sets them aside from other services and the responses are set out below.

“It is just a drop in service as and when people feel like using it”.

“Promotes social contact for service user’s needs within mental health which otherwise would not be available, which is a valuable access point”.

“It is just a drop in service and when people feel like using it”.

“It allows clients to mix with fellow service users to socially engage which facilitates problem solving through service users’ interaction”.

“We are run by a charity- the sessions are group led i.e. what activities or discussions take place are the choice of the service users”.

“This service is provided to BME communities, some of these communities are hard to reach communities. Staff have language and cultural skills to provide sensitive services to this client group”.

“We run drop-in-sessions that are to provide a safe and secure environment within which to support people on their recovery path. The sessions are very much group led and geared around the requirements and dynamics of service users attending. It offers isolated and vulnerable people the chance to meet others and chat and share any issues they have”.

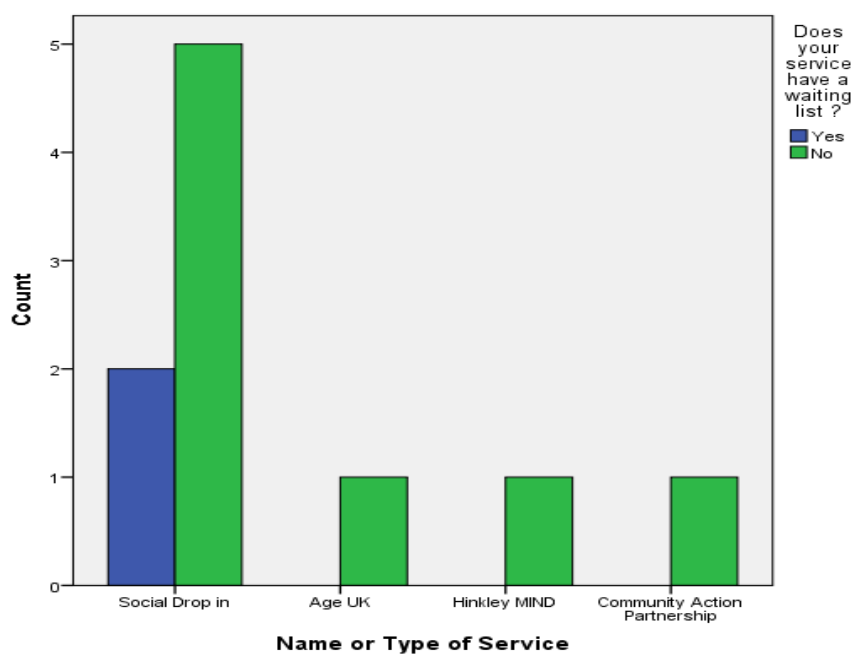
“Only one in the area”.

“Volunteering opportunities”.

These comments do not represent a particularly unique set of circumstances but may reflect the place in the hierarchy of those who responded and consequent understanding of what makes their service special, different or distinctive.

Q4 Does Your Service have a Waiting List?

Q5 How long do people wait

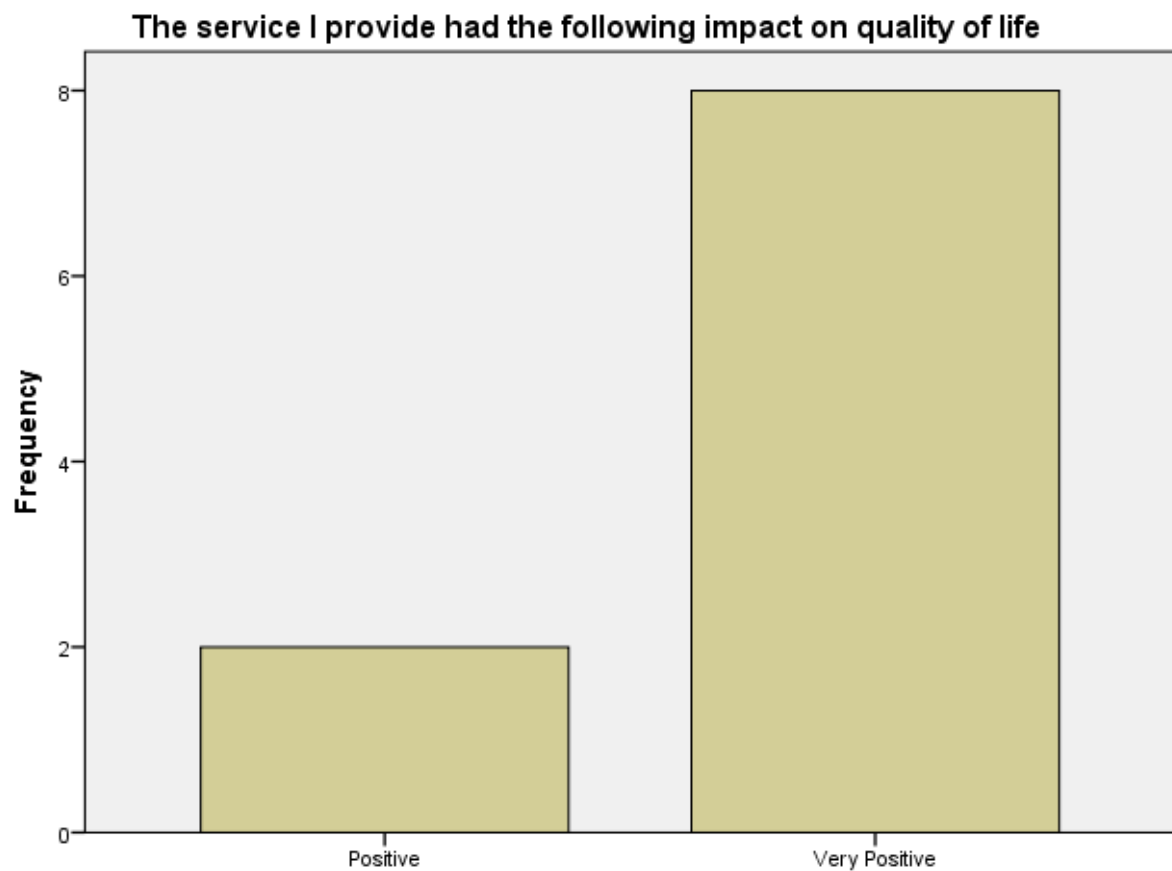


		Frequency	Valid Percent
Valid	Yes	2	20.0
	No	8	80.0
	Total	10	100.0

Only two of the 10 Providers stated that they did indeed have a waiting list, and for these two organisations, both described themselves as “Social Drop Ins”. One organisation stated that a potential attendee might wait two to three months and the other suggested a “few days to a few months”.

No detailed interpretation can be drawn from these results.

Q6

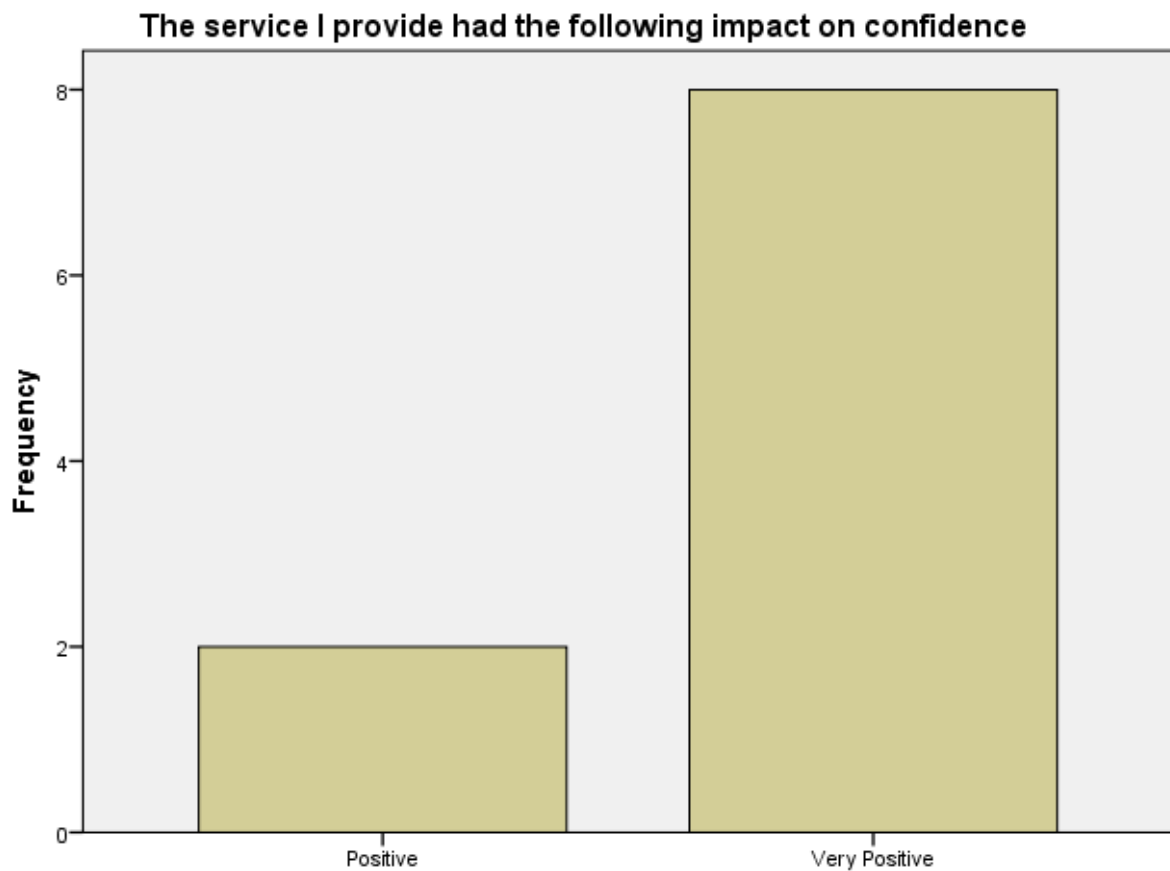


The service I provide had the following impact on quality of life

		Frequency	Valid Percent
Valid	Positive	2	20.0
	Very Positive	8	80.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having on the quality of life of service users.

Q7

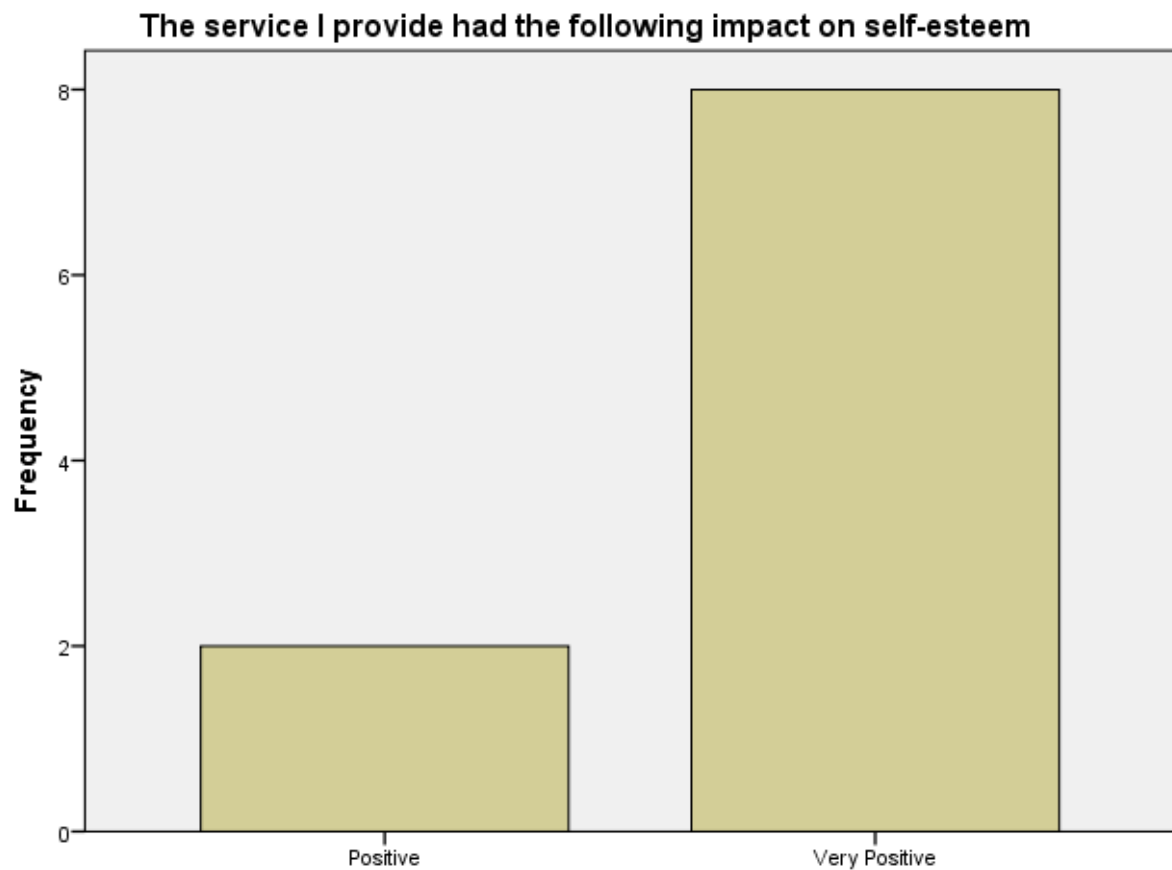


The service I provide had the following impact on confidence

		Frequency	Valid Percent
Valid	Positive	2	20.0
	Very Positive	8	80.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having on service users' confidence.

Q8

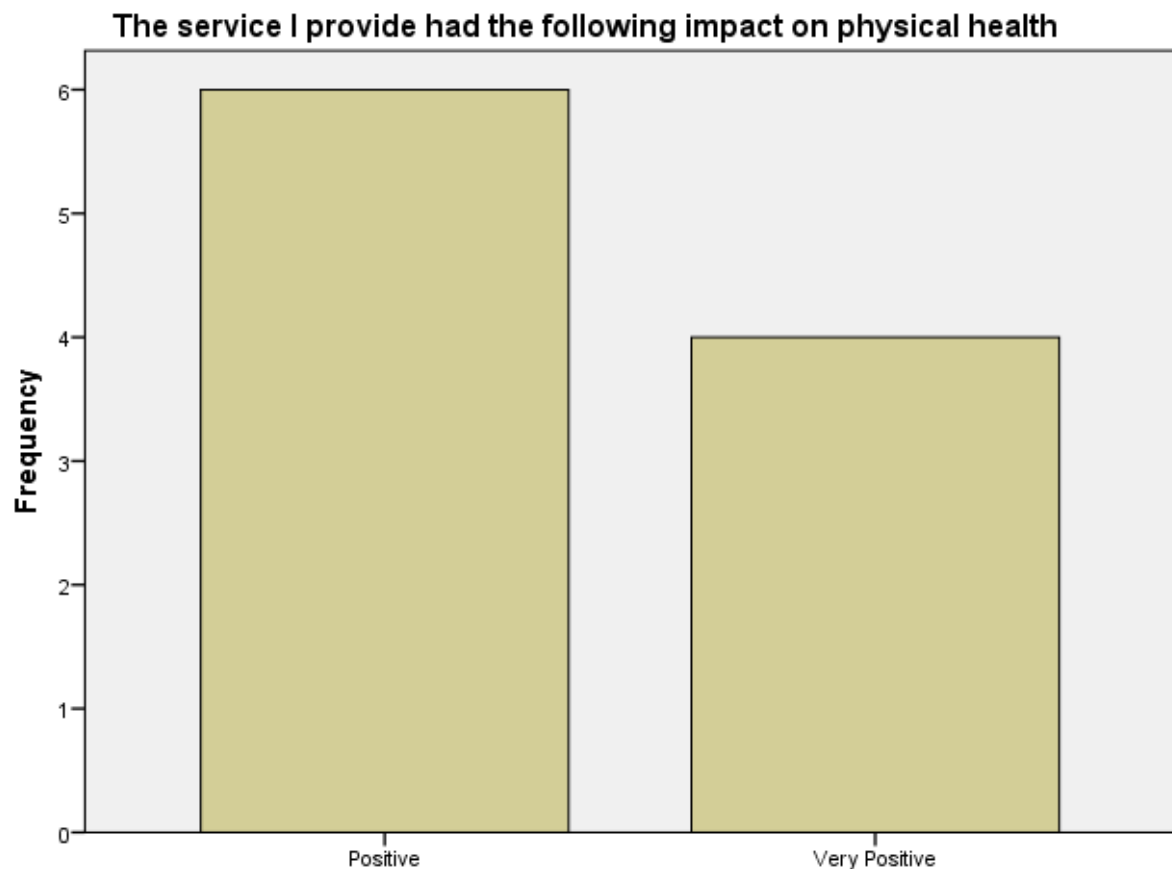


The service I provide had the following impact on self-esteem

		Frequency	Valid Percent
Valid	Positive	2	20.0
	Very Positive	8	80.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having on the self esteem of service users.

Q9



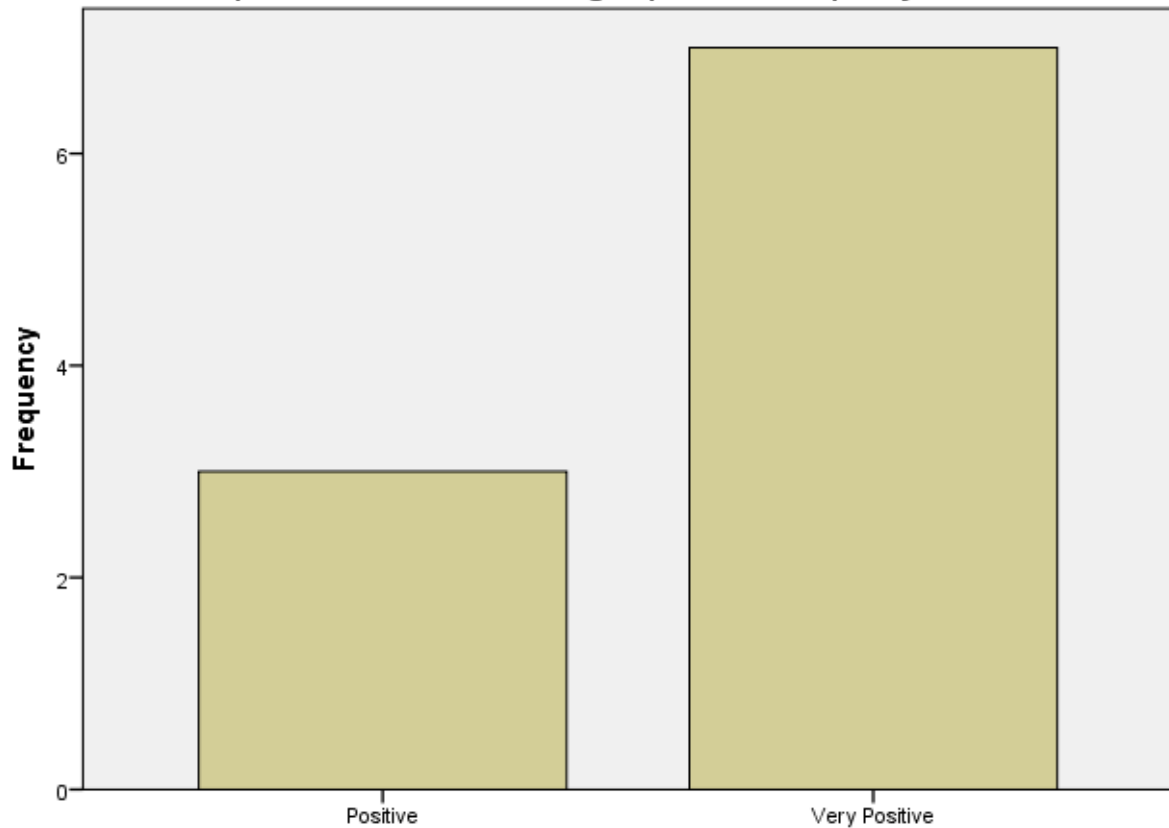
The service I provide had the following impact on physical health

		Frequency	Valid Percent
Valid	Positive	6	60.0
	Very Positive	4	40.0
	Total	10	100.0

Although providers were either positive or very positive about the impact they perceive they are having on the physical health of service users, by comparison with other responses seem less confident that this is the case.

Q10

The service I provide had the following impact on the quality of life 2 check



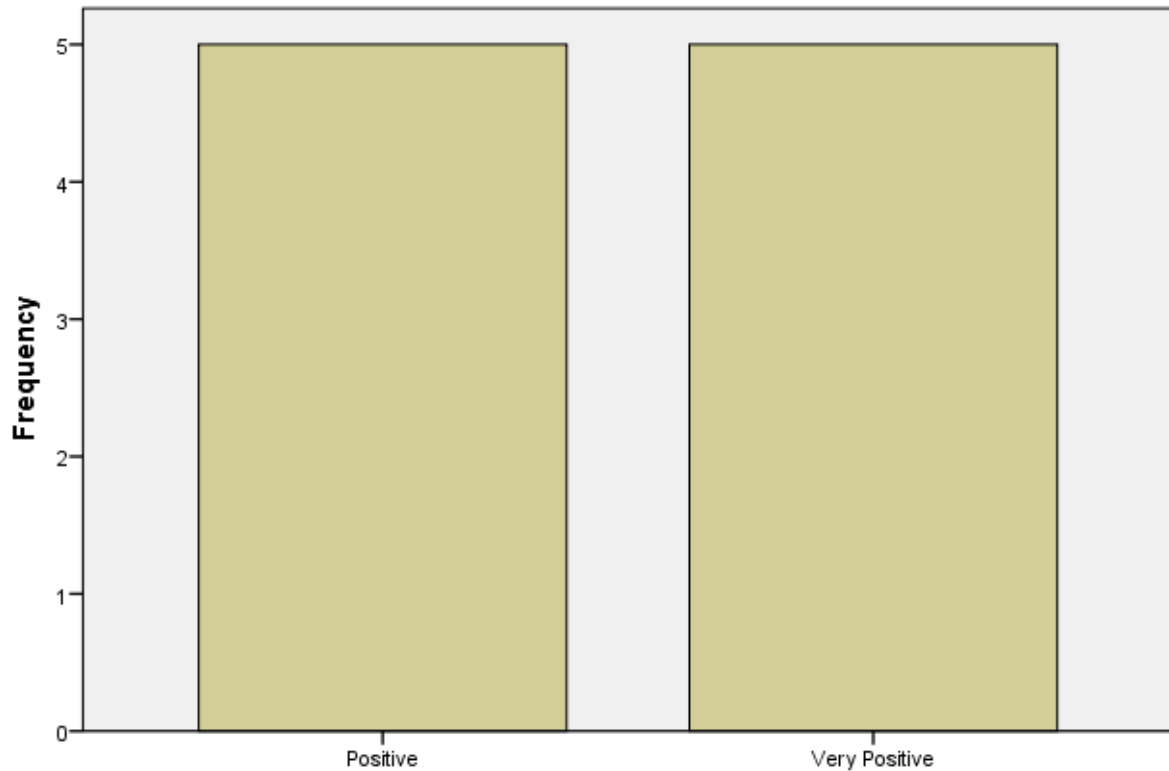
The service I provide had the following impact on the quality of life 2 check

		Frequency	Valid Percent
Valid	Positive	3	30.0
	Very Positive	7	70.0
	Total	10	100.0

This confirmatory question included to monitor consistency, does reveal a slight difference from question six with one social drop in service giving response shifting from very positive to positive.

Q11

The service I provide had the following impact on the ability to maintain caring roles



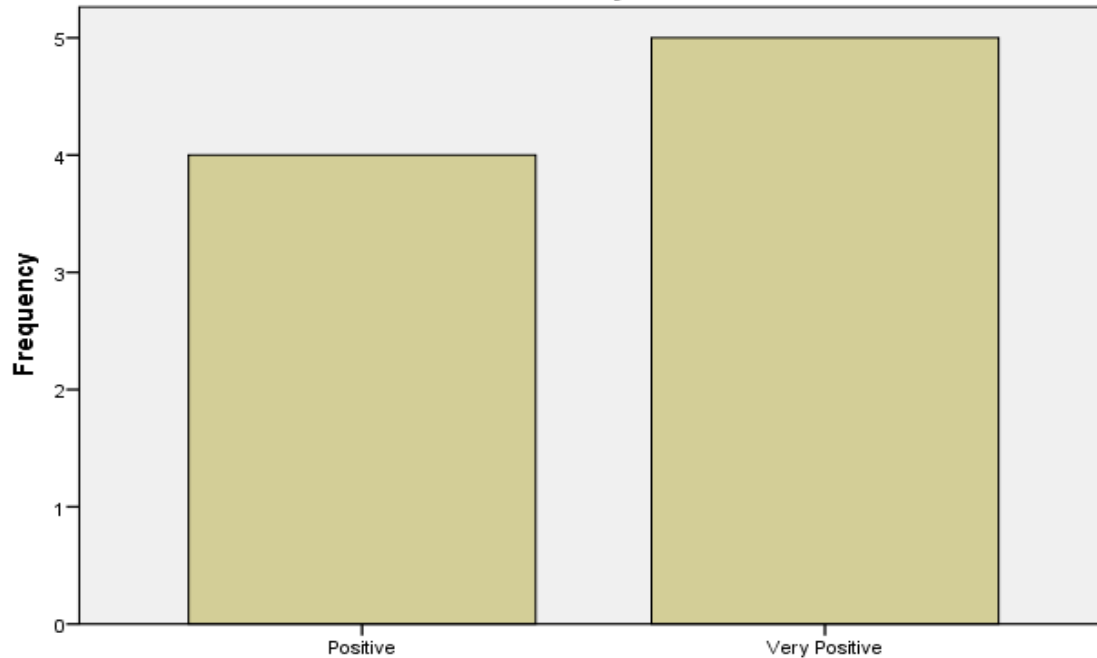
The service I provide had the following impact on the ability to maintain caring roles

		Frequency	Valid Percent
Valid	Positive	5	50.0
	Very Positive	5	50.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having in maintaining service users' ability to care for others.

Q12

The service I provide had the following impact on the involvement with the local community



The service I provide had the following impact on the involvement with the local community

		Frequency	Valid Percent
Valid	Positive	4	44.4
	Very Positive	5	55.6
	Total	9	100.0
Missing	System	1	
Total		10	

Providers were either positive or very positive about the impact they perceive they are having on service users' ability to be involved with their local community.

Q13 Please list the types of involvement

Provider respondents were asked to identify the types of involvement that their service users have within their local community

“Increased confidence and self esteem. Reduced isolation. Promoted individual's independence and choice. Increased potential employment (one successfully gained employment).

“Practical side is that the church next door will invite and offer service users opportunities to get involved with activities which are not religious”.

“One particular group of service users set up a friendship group, service users have participated in fund raising events within the community”.

“Building confidence in people so that they have been able to engage in the community and undertake tasks such as shopping independently within the community”.

“Stalls, shopping, raising funds for charity, Christmas dinners and carol services”.

“Trips out into the community”.

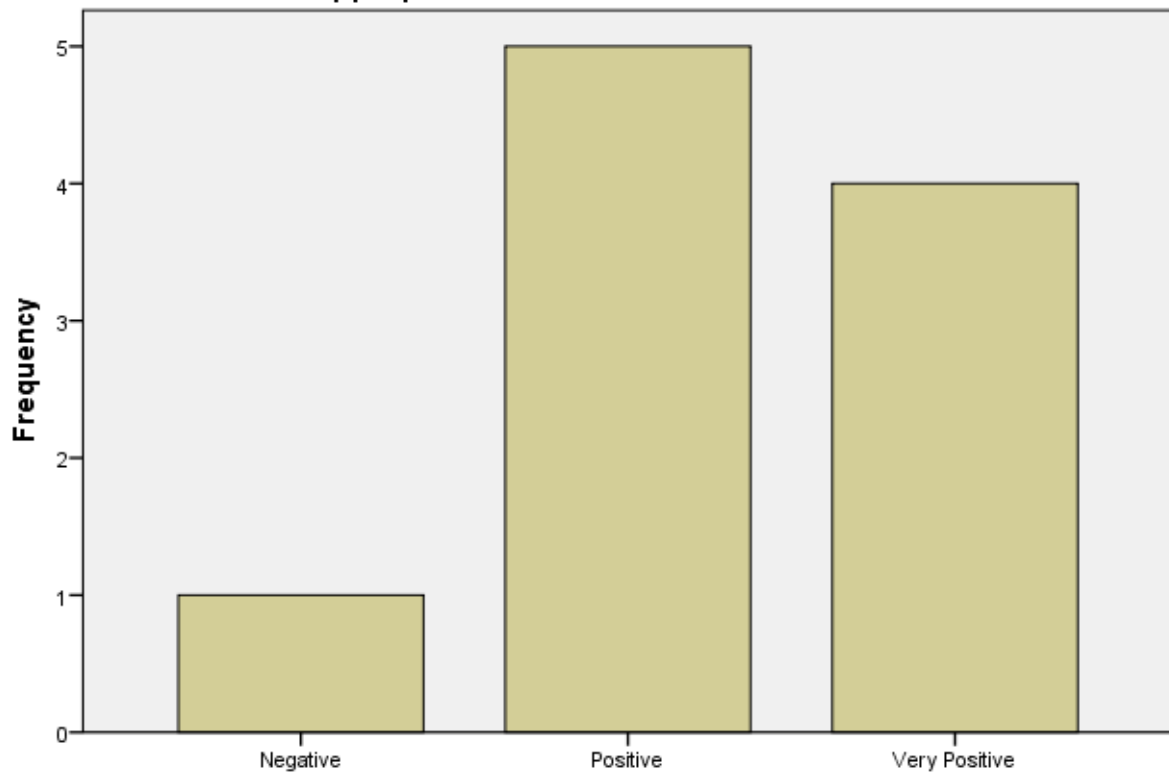
“Meals out in the community”.

“Mix with other community centre groups e.g.: mother and tots, church etc”.

These seem a limited set of responses which brings into question whether providers are engaging with local community and whether staff should have better knowledge of local resources. These responses are in contrast with Q18 and Q28 which indicate customers (despite staff knowledge), are accessing other community groups and whether we might suppose this means they are finding out about them of their own volition rather than through providers? This could mean that even more could be accessed with input from providers.

Q14

The service I provide had the following impact on the likely-hood of receiving appropriate benefits/ financial advice



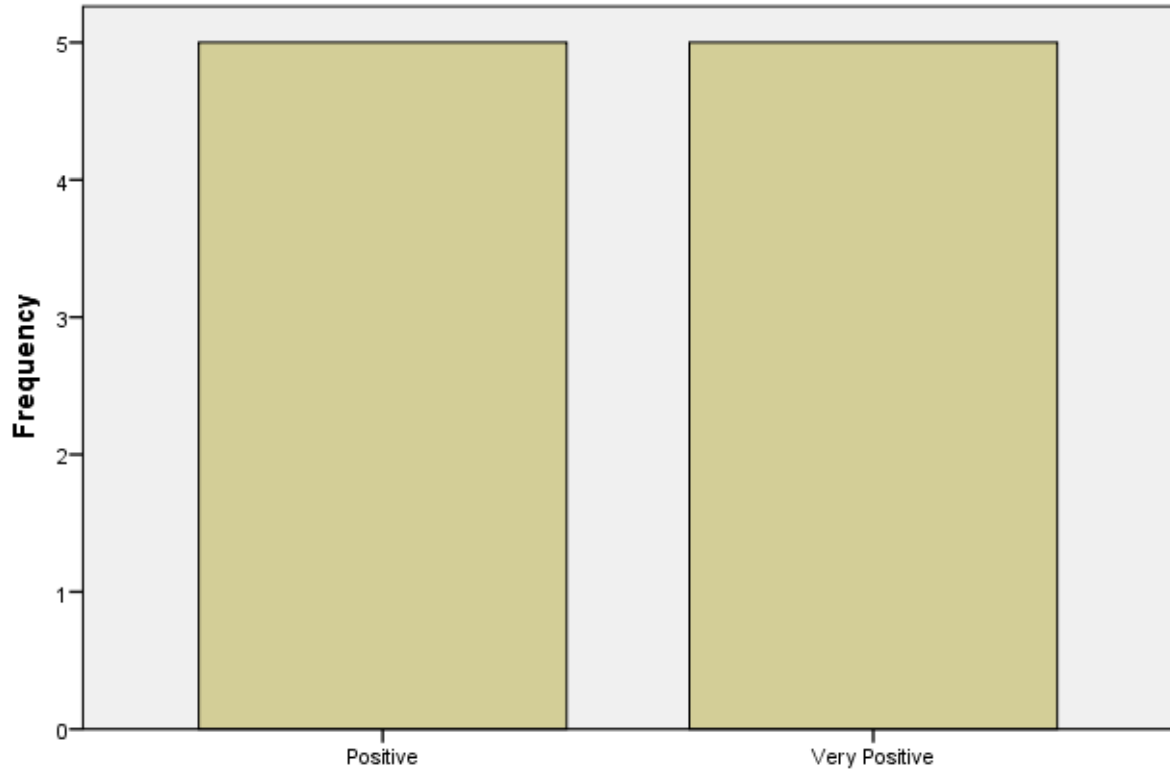
The service I provide had the following impact on the likely-hood of receiving appropriate benefits/ financial advice

		Frequency	Valid Percent
Valid	Negative	1	10.0
	Positive	5	50.0
	Very Positive	4	40.0
	Total	10	100.0

Providers gave a mixed response to this question with the majority stating either positive or very positive (n=9) but one respondent (from a social drop in) suggesting their service has a negative impact.

Q15

The service I provide had the following impact on being 'signposted' to the "right" place



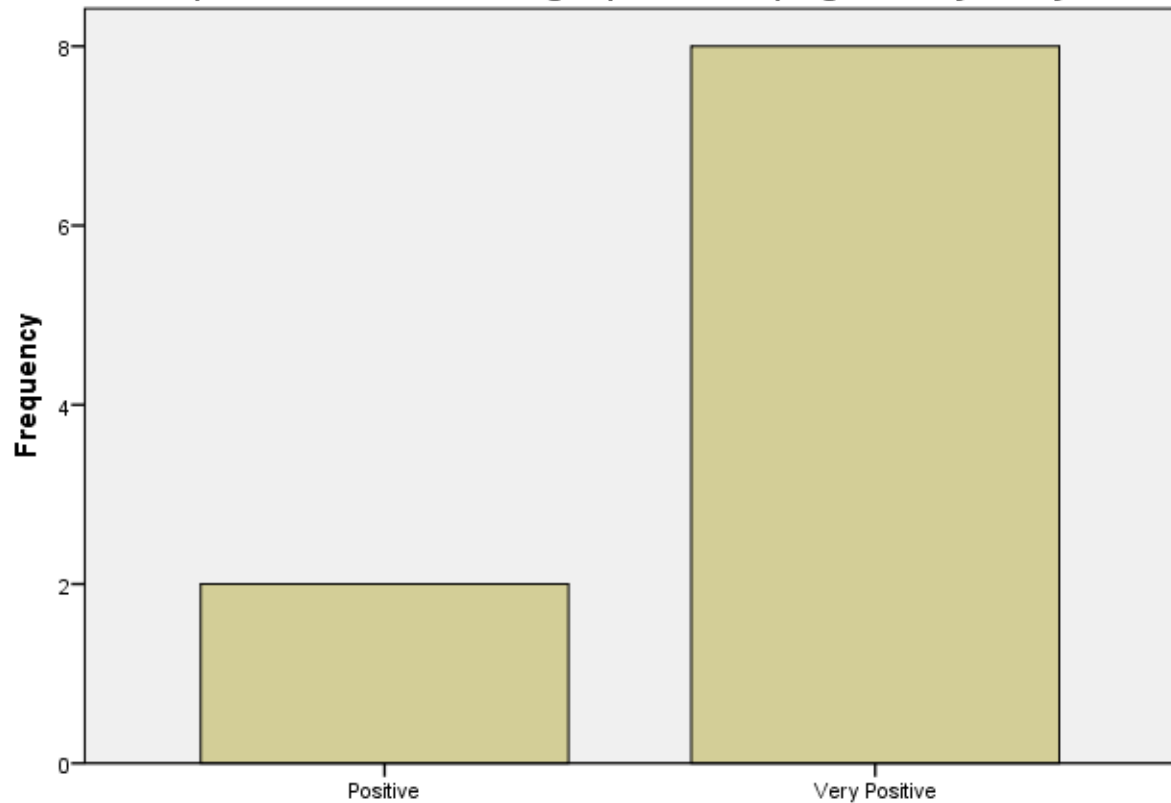
The service I provide had the following impact on being 'signposted' to the "right" place

		Frequency	Valid Percent
Valid	Positive	5	50.0
	Very Positive	5	50.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having on service users being signposted to the "right place".

Q16

The service I provide had the following impact on “coping on a day to day basis”



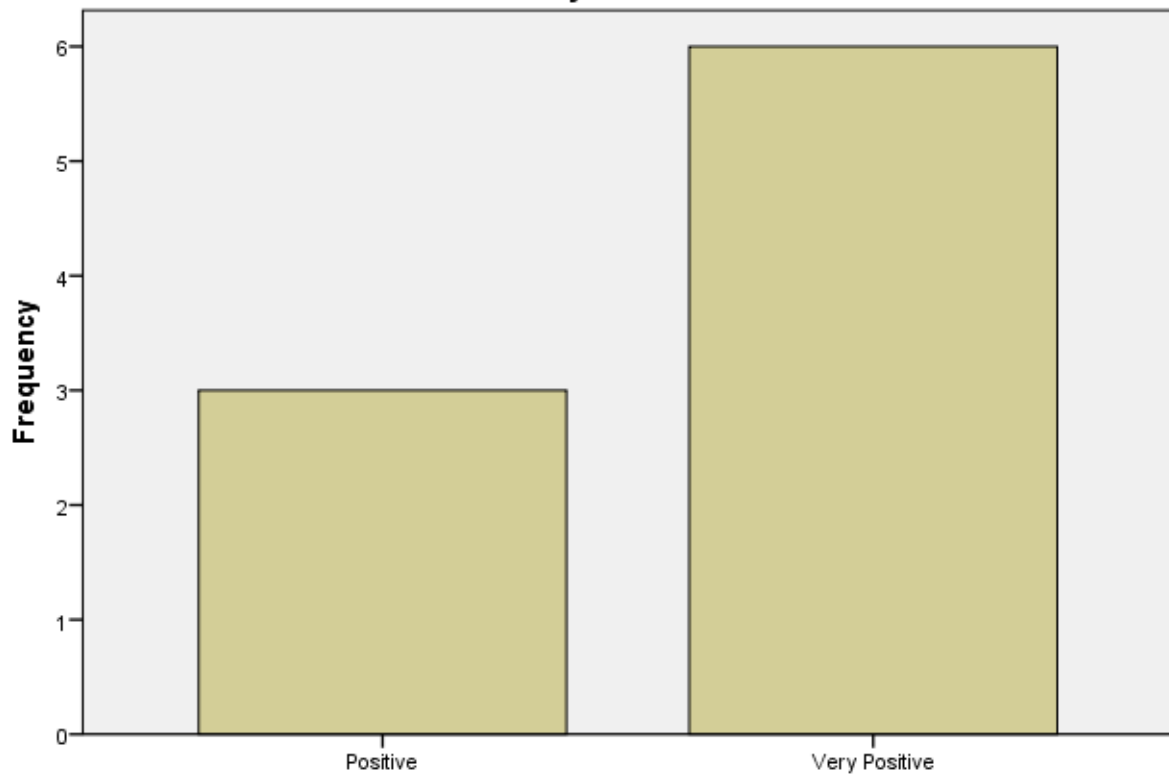
The service I provide had the following impact on “coping on a day to day basis”

		Frequency	Valid Percent
Valid	Positive	2	20.0
	Very Positive	8	80.0
	Total	10	100.0

Providers were either positive or very positive about the impact they perceive they are having on service users’ ability to cope on a day to day basis.

Q17

The service I provide had the following impact on making choices in their day to day life

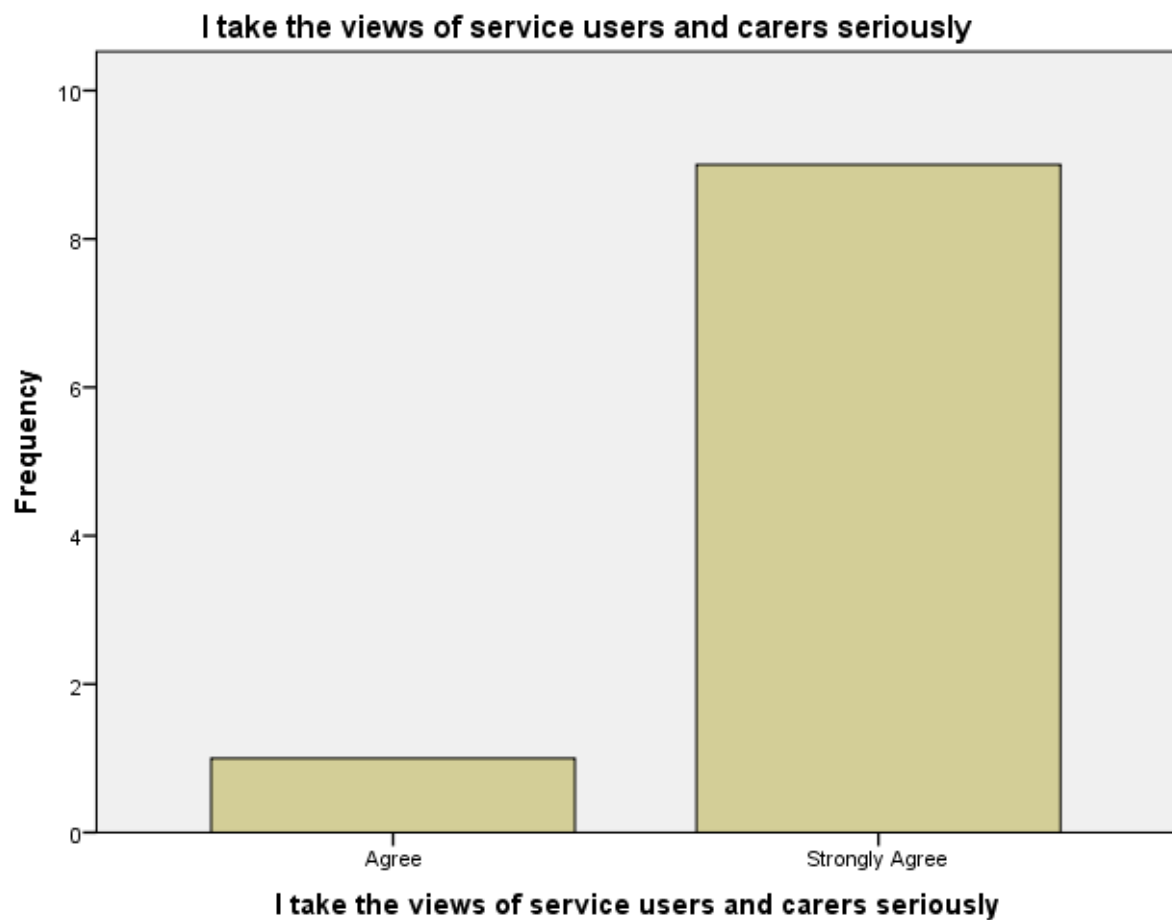


The service I provide had the following impact on making choices in their day to day life

		Frequency	Percent	Valid Percent
Valid	Positive	3	30.0	33.3
	Very Positive	6	60.0	66.7
	Total	9	90.0	100.0
Missing	System	1	10.0	
Total		10	100.0	

Providers were either positive or very positive about the impact they perceive they are having on service users' ability to make choices in their day to day life.

Q18



		Frequency	Valid Percent
Valid	Agree	1	10.0
	Strongly Agree	9	90.0
	Total	10	100.0

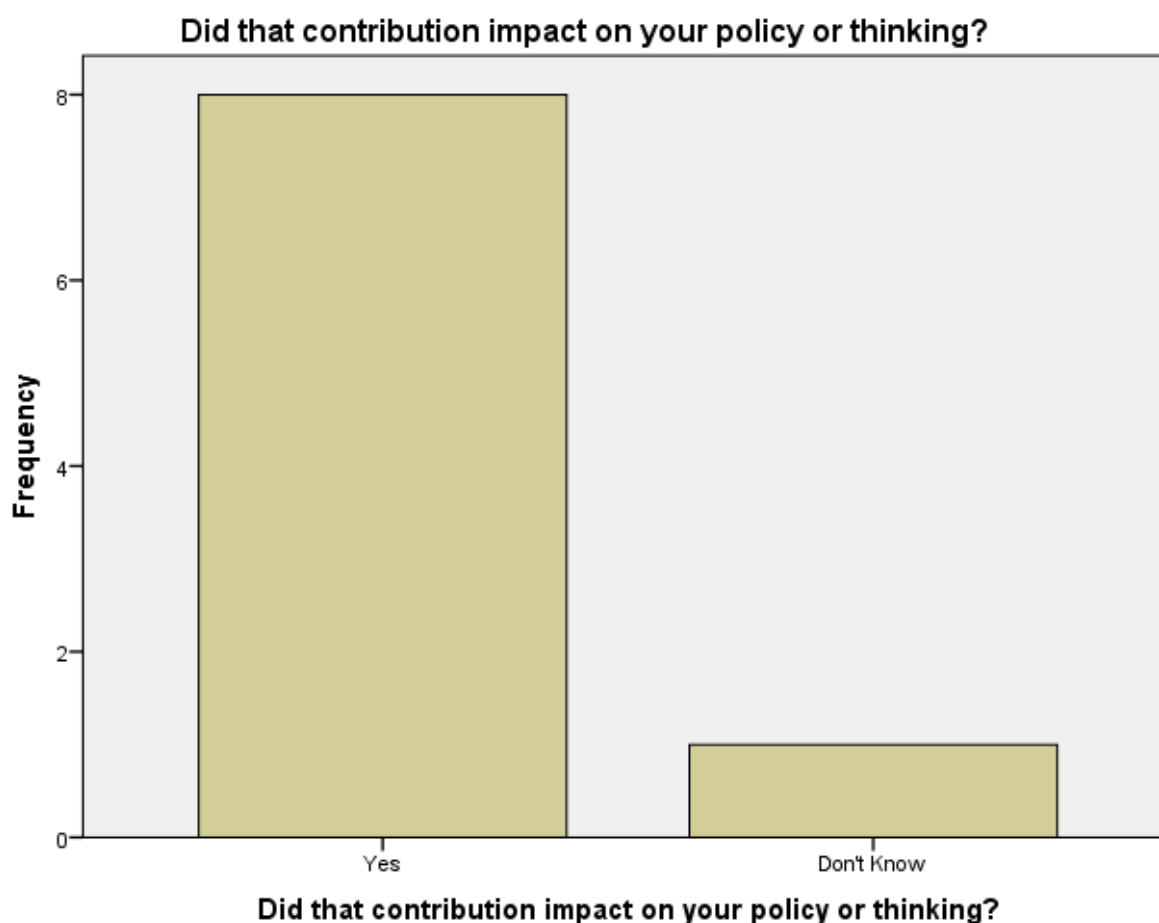
It is refreshing to note that the voice and opinion of service users is being taken seriously, although the analysis team did expect to see a 100% strongly agree response.

Q19, 19a, 19b

Do you involve Service Users or Carers in the design, delivery, management, review or development of your services?

If you answered yes, would you describe their contribution as helpful?

All 10 respondents stated that they did involve service users or carers in the design, delivery, management, review or development of services and that it was helpful.



The relationship between involvement and perceived impact is high with just one respondent not knowing, however of the 76 people who responded to this question from a service user perspective, (See Q27A, 27B, 27C) only 46% (n = 35) agreed or strongly agreed that they had had some involvement in service development. However the data suggests that both providers and commissioners have active programmes of inclusion for service users/carers in their processes, and that limited involvement may well be an issue of choice rather than exclusion. These results may also indicate that participants were unsure that their contribution could be classed as involvement, as it is understood that all provider organisations have a management committee with user or carer representation. What is clear is that where service users and carers do contribute, that it appears to be well received and able to shape future policy.

Q20 What would happen to your service users or carers if the service you provide stopped?

Provider responses tend to concur with those of the people who use their services and included comments such as:

“Isolation and an increased instance of hospitalisation”.

“Most, if not all, would become unwell and become unable to cope and anxious. Service users have described the drop ins as a lifeline to keeping them well and prevents them from being isolated”.

“Carer break down and an increase in unemployment causing a greater burden on state by statutory agencies involvement which is not a best value for taxpayers money”.

“Some of them would not cope at all, it is a lifeline for all users who would get depressed and lose their friends”.

“Isolation for many of our members”

“All service users would in my opinion suffer ill health and fall backwards on their path to recovery. Service users look forward to drop in sessions as it gives them routine and prevents them from feeling isolated. It helps their confidence and self esteem”.

“No other service to go to”

“Would have a big impact people. A lot rely on this service. Social Life and skills”.

“Clients would suffer mentally and physically and quality of life”.

Q 21 Are you aware of any other services in your community that may provide an alternative to your own?

All respondents affirmed that they had limited awareness of alternative services, however one person commented “Within our organisation we run many different services sports and craft groups for example” and another suggested that there is a “Mind Group that has a social drop in tailored for more of a creative activity environment”. A third person just stated “Cedars Centre”.

Q22 and 23

Do your current funds allow you to provide the services you believe you should be providing?



		Frequency	Valid Percent
Valid	Yes	5	55.6
	No	3	33.3
	Don't Know	1	11.1
	Total	9	100.0
Missing	System	1	
Total		10	

Five respondents felt that current funds appear to facilitate services that should be provided although three did not and one person did not know. It is assumed from interviewer feedback that this person’s position within the organisation would not necessarily enable them to develop an opinion with regards to funding issues

Asked to explain their answer (Q23), comments were:

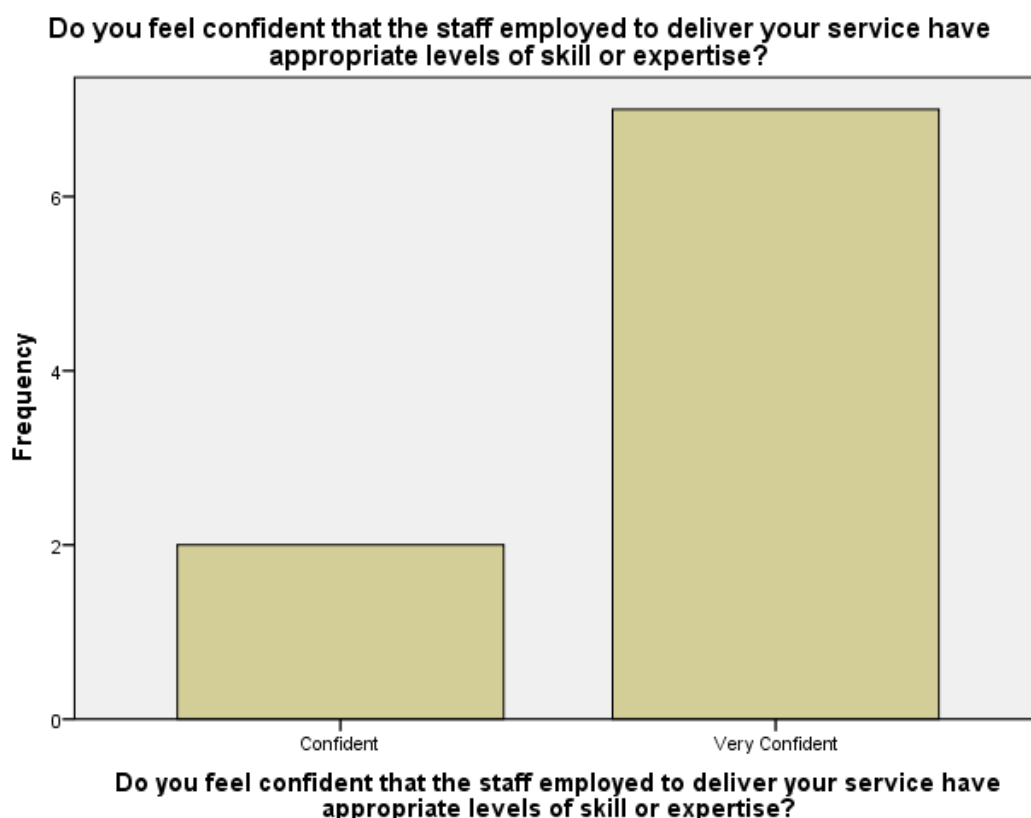
“Enough money to pay for their trips”

“This is a management decision- I have no knowledge of levels or streams of funding” and “Not part of our job to know this”

“The expense of trips limiting the number of people who can go on them”

“Covers all the needs to provide the services to users”

Q24 and 25



		Frequency	Valid Percent
Valid	Confident	2	22.2
	Very Confident	7	77.8
	Total	9	100.0
Missing	System	1	
Total		10	

Questioning respondents about their confidence in their colleagues levels of skill or expertise revealed a high level of affirmation with only one person failing to respond which as stated in Q22 may not have been in a position to answer this question. Asked to explain their answer comments were:

“Adhar staff are well qualified and trained to deliver the service”.

“I can only speak for myself and I have had basic mental health training”.

“life skills”

“All staff have a full knowledge of what is needed through training”

“Application and interview process and through any additional training. Additional training is provided”.

Focus Groups

Focus Group locations were selected upon the basis of Lea's (2011) study which identified that within the Index of Multiple Deprivation, North West Leicestershire (ranked 200th out of 354 nationally), and remains the most deprived district in the county. North West Leicestershire's movement in rankings between 2007 and 2010 suggest this area has become more deprived overall. Furthermore, Melton Mowbray showed the most marked increase of overall deprivation in Leicestershire between 2007 and 2010, and it was with is in mind that the team agreed to hold the focus group meetings these 2 areas:

- Northwest Leicestershire (Marlene Reid Centre)
- Melton Mowbray (Melton Carnegie Museum)

Focus group discussions are becoming an increasingly popular methodology in primary healthcare research. They can be used to understand people's beliefs, opinions and attitudes and with this in mind the focus group methodology was seen as the most appropriate way to serve the research questions.

The ideas was that sample groups would self - select and be consented into the project following an advertising campaign to alert the local communities about this opportunity. Advertising was in the form of a poster and the availability of participant information sheets which were distributed 2 weeks prior to the arrangement of focus groups.

SUCRAN advertised the Focus Groups using contacts from the Peoples Forum mailing list to service users who live in that area and posters sent to:

Melton	Coalville
CMHT Melton	10 individuals on service user mailing list who live in that area
Age UK who run the social drop-in group in Melton	CMHT North West Leicestershire
East Leicestershire Inclusion Support Service	West Leicestershire MIND who run the social drop in Coalville
Involvement Centre at Bradgate Mental Health Unit	West Leicestershire Inclusion Support service
3 x GP surgeries in Melton area	Involvement Centre at Bradgate Mental Health Unit
Melton Library	4 x GP surgeries in Coalville area
Melton Carnegie Museum	Coalville Library
Four individuals on service user mailing list who live in that area	Hermitage FM local radio & community cafe
	Marlene Reid Centre

In addition LAMP, ASPIRO and a contact at Good Thinking Therapies were made aware of the two events and asked to pass the details on to any clients who may be interested.

Despite this advertising campaign and interest being shown by agreeing to attend and booking a place, only one person attended the focus group in Melton Mowbray and no one turned up to the Coalville event.

- Following discussions with SUCRAN interviewers...’ something along the lines that way focus groups promoted might have had an impact AND what these assumed barriers might tell us about people with a mental health problem and their likeliness to access a group – This could inform a recommendation about awareness raising.

Following discussions with SUCRAN Interviewers, a number of assumptions as to why this happened were identified. It was considered that barriers to taking part might be related to attending the focus group alone and without support of a friend, travel issues, not knowing other people involved and possible stigma of attending a mental health labelled event. The way focus groups were promoted might also have had an impact.

SUCRAN interviewers suggest that stigma is still a real encumbrance for many people with a mental health problem and may well impact upon a person’s willingness to access a group with a mental health title.

As only one person attended this changed the dynamic of what the SUCRAN Team expected and rather than digitally record the conversation to be transcribed verbatim, notes were taken.

The principles of best practice were however maintained and the focus group participant was required to give consent through: being given the participant information sheet, providing an opportunity to clarify issues, raise concerns and ask questions, and were able to withdraw at any point during the discussions.

Focus group discussion themes were divided into two sections, positive and negative and these were as follows:

Positive section

- What role does your community play in protecting your mental health?
- What services or activities have worked for you or your family and friends (examples of best practice)?
- What helps you to be well?
- What does being well look like to you?
- Is being/feeling part of your local community important to you?
- If you were in charge of LCC what would you do to help people in this area have good mental health?

Negative section

- Does the community play a part in making your mental health worse and if so how?
- What gaps are there in services in your area?
- What support would you like, have liked to have been available?
- What services have not worked

Preventative Services Focus group meeting held at Melton Carnegie Museum
Friday 1st March 2013 10.30-11.30
Transcription

Discussion with one person from Melton who was happy to share their views about the area.

What role does the community play in protecting your mental health?

- Location close to countryside – walks, cycling, benefits of enjoying outdoors.
- Immediate access to CPN & GP.
- Impressed with Voluntary Action Melton

- Accessed some volunteering
 - o Not as many volunteering opportunities as in Oakham or Loughborough –mainly charity shops who have a waiting list and children's work.
 - o Voluntary Action Melton very enthusiastic and approachable but impact of funding cuts and centralisation.
 - o Gardening scheme – used to be minimal cost but now charge £25 per session which precludes people.
 - o Local focus for funding projects working with young people excluded from schools – reduced volunteering opportunities for other groups.

- Feeling part of a community very important – support of family and friends. There is a better community spirit in the villages around Melton. See more of the community if not in work.

Discussion about Melton

- Split allegiance between Leicester and Nottingham.
- Some feeling of isolation. Does not perceive there are the same opportunities to access courses or employment opportunities as in deprived areas of Leicester City.
- Changes due to economic situation in past few years. Job opportunities not good – local large employers in the area have poor reputation ref staff turnover. Personal experience is employers are not supportive of mental health. Lots of shops in the town but few retail opportunities advertised. Public transport barrier to people getting work outside Melton e.g. time to get to Nottingham is 1.5 hours, regular trains to Leicester but poor onward connections, earliest can get to Loughborough by train is 7.25am, poor night and weekend services – all barriers to job search outside Melton especially shift work. Local employers know difficult for people to work outside Melton so can recruit who they want. Impact of insecurity or difficulty finding work on mental health.
- Employment in farming? – few jobs advertised, tends to stay in families. Some seasonal temp work.
- Is Melton perceived as a deprived area? – South Melton and Dieppe Way are deprived areas within Melton. Drug and alcohol evident in some areas but not very bad.

What if you were in charge of Leicestershire County Council?

- Job centre in Melton is dreadful – reputation of being very bad and slow to respond.
- GPs make referrals to gym but have no idea of the outcomes or uptake of the scheme. Keep handing out the referrals with no feedback. Many people find it a barrier to go, need someone to go with them – the individual would be happy to mentor people but issues ref CRB checks etc. Suggestion that there is a role for a volunteer mentor who gets copies of referrals, contacts people and supports them to get into using the gym.
- Not enough done with local firms ref opportunities for employment. There are unfilled jobs but people do not have the skills or experience to fill them – free or subsidised access to appropriate training. Real investment from government and employers.
- Befriending schemes but maybe time limited.
- There are a lot of coaching courses (sports etc) in Leicestershire and Rutland which do not run because of low uptake. The courses are often free to people on benefits, or reasonably priced. Why don't people know about them? Discussion about whether lack of advertising was a form of rationing, making sure the courses do not run because they are undersubscribed. Need effective advertising and signposting or referral. Comment that there are no new people joining groups.

What negative effects does your community have on your mental health?

- Foxhunting. Get really distressed seeing hunting – can't go into the countryside at weekends in case see hunt – negative impact on mental health as gain benefit from being outdoors.
- Narrow pavements, poor crossing arrangements and bad traffic calming – makes walking around the town difficult and adds stress.
- Issues with job centre. People do not have the I.T. literacy to do online stuff at jobcentre & no support for this.
- People do not hear about services until they are really unwell. People have an awareness of support for other illnesses even if they do not suffer them. People don't know where to go to access help. Even more of an issue for people in rural areas and villages around Melton – how do you access services if you can't go out of your home?
- Stigma. People discriminate on all sorts of levels and MH is one of them. Employers in particular do not understand the need for time to attend appointments, make references to everyone getting depressed, etc.

Any gaps in mental health services in your area?

- Individual has support of CPN & GP. Not on benefits so cannot access many services. Need to be referred to courses and services, or go through jobcentre. Gets support from ASPIRO as can self refer. Volunteering keeps good mental health – coaches running classes so gives back to the community.

-Volunteering is beneficial to the individual but have to be self motivated and pro-active. Not everyone is at that level.

Services which have not worked for you?

- Jobcentre
- CMHT referral to drop in meeting – people were very ill so not a therapeutic environment.
- People won't criticise services because if that is all they have they are scared they will lose it.

Awareness & signposting

- For example everyone has heard of the Red Cross or Mencap but not everyone has heard of MIND or ASPIRO. Profile of mental health. What about advertising services e.g. on TV.
- People rely on word of mouth to find out about services. Promotion should be really effective. Leaflets don't work.

- Change attitudes / awareness. It is possible to change the attitudes of society over a period of time e.g. smoking. Needs to be tackled in the right way.

-Places who signpost – CPN @ Latham House; Adult Learning Service at Melton library; information through GP; Samworth Centre cafe has notice board; library has information centre although staff not always aware. There is some subtle anxiety within the community about mental health meetings in public venues – personal experiences of comments made etc.

Interpretation of Comments

Despite these being the views of only one person, and the focus group aspiration turning into an in depth semi structured interview the comments and observations are very interesting, and do provide some insight into the perceived shortfalls and solutions to preventative mental health services in the Melton Mowbray area. Indeed some of these ideas could be easily applicable to other parts of Leicestershire.

Further Analyses

A significant number of additional analyses were requested by the commissioners, some of those requests are contained within this section.

Request: Cross tabulations of question 4 and 5:

How did you find out about Leicestershire County Council Services matched against age, ethnic group?

Analysis: The four highest rated responses were considered.

- Found out through Social Worker
- Found out through GP, Nurse or other Professional
- Found out through Group meetings
- Found out through Friend or Other Service User

Age vs Found out about LCC Services through a Social Worker

How did you find out about Leicestershire County Council services? Social Worker			Frequency	Valid Percent
Age		18 – 25	3	13.0
		26 -35	3	13.0
		36 – 45	4	17.4
		46 – 55	7	30.4
		56 – 65	3	13.0
		75+	2	8.7
		7.00	1	4.3
		Total	23	100.0

Summary: Social Workers told 46 – 55 year olds about LCC services most commonly.

Ethnicity vs Found out about LCC Services through a Social Worker

How did you find out about Leicestershire County Council services? Social Worker			Frequency	Valid Percent
Yes	Valid	Indian	2	8.7
		Caribbean	1	4.3
		White - British	20	87.0
		Total	23	100.0

Summary: Social Workers told White – British People most commonly.

Gender vs Found out about LCC Services through a Social Worker

How did you find out about Leicestershire County Council services? Social Worker			Frequency	Valid Percent
Yes	Valid	Female	11	47.8
		Male	12	52.2
		Total	23	100.0

Summary: Of the 23 participants who responded there was no major difference between the gender of who Social Workers told about LCC Services.

Age vs Found out about LCC Services through Staff / GP / Nurse

How did you find out about Leicestershire County Council services? Staff e.g. GP or Nurse			Frequency	Valid Percent
Yes	Valid	26 -35	1	3.4
		36 - 45	3	10.3
		46 - 55	10	34.5
		56 - 65	9	31.0
		75+	5	17.2
		Total	29	100.0

Summary: Of the 29 participants who responded, Staff / GP / Nurse told 46 – 55 year olds about LCC services most commonly.

Ethnicity vs Found out about LCC Services through a Staff / GP / Nurse

How did you find out about Leicestershire County Council services? Staff e.g. GP or Nurse			Frequency	Valid Percent
Yes	Valid			
		Asian or Asian British	2	6.9
		Indian	2	6.9
		Bangladeshi	1	3.4
		White - British	23	79.3
		Total	29	100.0

Summary: Of the 29 participants who responded, Staff / GP / Nurse told 46 – 55 year olds about LCC services most commonly.

Gender vs Found out about LCC Services through a Staff / GP / Nurse

How did you find out about Leicestershire County Council services? Staff e.g. GP or Nurse			Frequency	Valid Percent
Yes	Valid	.00	1	3.4
		Female	15	51.7
		Male	13	44.8
		Total	29	100.0

0.00 = a missing value

Summary: Of the 29 participants who responded, Staff / GP / Nurse told 7% more females about LCC services most commonly.

Age vs Found out about LCC Services through Group Meetings

How did you find out about Leicestershire County Council services? Group Meetings			Frequency	Valid Percent
Yes	Valid	36 - 45	2	15.4
		46 - 55	5	38.5
		56 - 65	3	23.1
		75+	3	23.1
		Total	13	100.0

Summary: Of the 13 participants who found out about LCC Services through group meetings the majority were in the 46 – 55 age range.

Ethnicity vs Found out about LCC Services through Group Meetings

How did you find out about Leicestershire County Council services? Group Meetings			Frequency	Valid Percent
Yes	Valid	Indian	4	30.8
		White - British	8	61.5
		White - Irish	1	7.7
		Total	13	100.0

Summary: Of the 13 participants who found out about LCC Services through group meetings the majority were from a White British background, however the proportion of people from an Indian background that use group meetings is high.

Gender vs Found out about LCC Services through Group Meetings

How did you find out about Leicestershire County Council services? Group Meetings			Frequency	Valid Percent
Yes	Valid	Female	10	76.9
		Male	3	23.1
		Total	13	100.0

Summary: Of the 13 participants who found out about LCC Services through group meetings the majority were female.

Age vs Found out about LCC Services through Other Service User or Friend

How did you find out about Leicestershire County Council services? Other service user / friend			Frequency	Valid Percent
Yes	Valid	26 -35	1	6.3
		36 - 45	1	6.3
		46 - 55	1	6.3
		56 - 65	8	50.0
		75+	5	31.3
		Total	16	100.0

Summary: Of the 16 participants who found out about LCC Services through friends the majority were in the 56 – 65 age range.

Ethnicity vs Found out about LCC Services through Other Service User or Friend

How did you find out about Leicestershire County Council services? Other service user / friend			Frequency	Valid Percent
Yes	Valid	Asian or Asian British	3	18.8
		Indian	8	50.0
		White - British	5	31.3
		Total	16	100.0

Summary: Of the 16 participants who found out about LCC Services through other service users or friends the majority were from an Indian background.

Gender vs Found out about LCC Services through Other Service User or Friend

How did you find out about Leicestershire County Council services? Other service user / friend			Frequency	Valid Percent
Yes	Valid	Female	14	87.5
		Male	2	12.5
		Total	16	100.0

Summary: Of the 16 participants who found out about LCC Services through other service users or friends the majority were female.

Difficulty being referred to Leicestershire County Council services

Age vs Difficulty being referred to Leicestershire County Council services

Have you had any difficulty being referred to Leicestershire County Council services?			Frequency	Valid Percent
Yes	Valid	18 - 25	1	6.7
		26 -35	2	13.3
		36 - 45	4	26.7
		46 - 55	5	33.3
		56 - 65	1	6.7
		75+	2	13.3
		Total	15	100.0

Summary: Of the 15 participants who stated they had difficulty in being referred to LCC services the majority were in the 46 – 55 age range.

Ethnicity vs Difficulty being referred to Leicestershire County Council services

Have you had any difficulty being referred to Leicestershire County Council services?			Frequency	Valid Percent
Yes	Valid			
		Indian	1	6.7
		White - British	13	86.7
		Total	15	100.0

Summary: Of the 15 participants who stated they had difficulty in being referred to LCC services the majority White British.

Gender vs Difficulty being referred to Leicestershire County Council services

Have you had any difficulty being referred to Leicestershire County Council services?			Frequency	Valid Percent
Yes	Valid	Female	9	60.0
		Male	6	40.0
		Total	15	100.0

Summary: Of the 15 participants who stated they had difficulty in being referred to LCC services the majority were female.

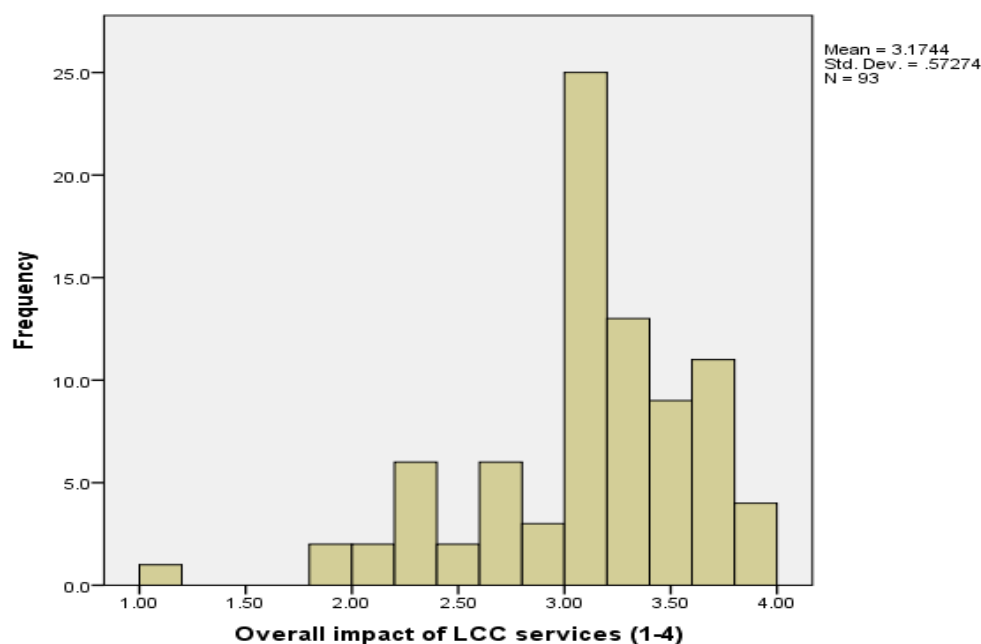
Impact Analysis

Reviewing questions 9 – 17 enables us to explore the overall impact of LCC services using a scale of 1 – 4 with 4 being very positive. This bank of questions asked participants to “think about their experience” of Leicestershire County Council services in the last 18 months and rate those services impact upon:

- Q9. Quality of life.
- Q10. Confidence
- Q11. Self-esteem (how you feel about yourself).
- Q12. Sense of who I am and where I “fit in”.
- Q13. Confidence to access social networks. (Not internet)
- Q14. Confidence to go to unfamiliar places and meet unfamiliar people.
- Q15. Physical health.
- Q16. Ability to maintain my caring role (family and home responsibilities).
- Q17. Involvement with the local community.

This set of questions was found to be internally highly reliable, with a Cronbach Alpha statistic of 0.935. This means that it is safe to add all the variables together and take an overall mean or average value, which summarises the overall reported contribution LLC services make to clients

The perceived positive impact of LCC services rested around 3.2. which is positive, (lowest possible value = 1, highest possible value = 4). This is the most important value as it shows how highly service users rate LCC services.



N	Valid	93
	Missing	1
Mean		3.1744
Median		3.1429
Std. Deviation		.57274

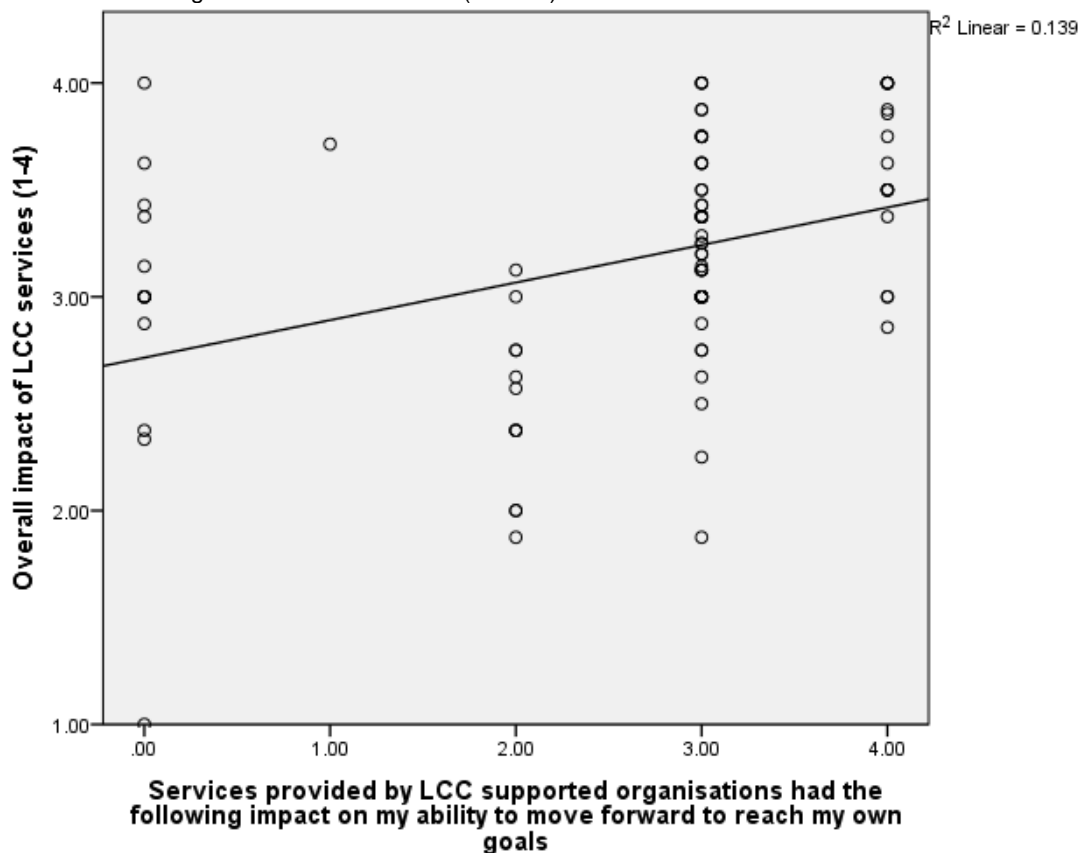
Correlations

Reaching own Goals

The averaged values produced above (impact analysis), were correlated against question 24, ('Services provided by LCC supported organisations had the following impact on my ability to move forward to reach my own goals'). The positive correlation shows that as overall impact of LCC services increases, so does the individual's ability to reach their own goals.

			Overall impact of LCC services (1-4)	Services provided by LCC supported organisations had the following impact on my ability to move forward to reach my own goals
Spearman's rho	Overall impact of LCC services (1-4)	Correlation Coefficient	1.000	.469**
		Sig. (2-tailed)	.	.000
		N	93	93
	Services provided by LCC supported organisations had the following impact on my ability to move forward to reach my own goals	Correlation Coefficient	.469**	1.000
		Sig. (2-tailed)	.000	.
		N	93	94

** . Correlation is significant at the 0.01 level (2-tailed).

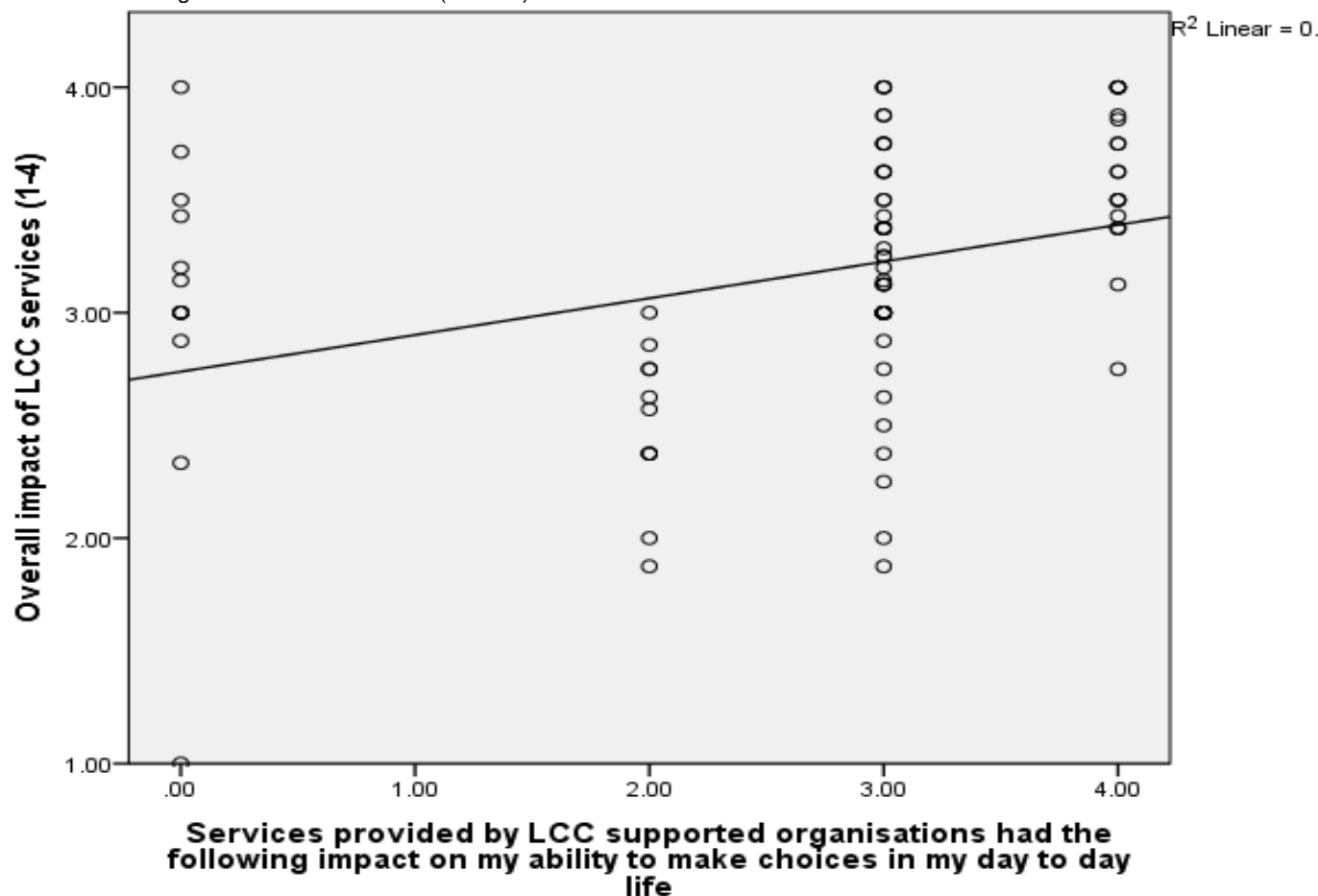


Choices

The averaged values produced above, were correlated against question 25 (impact on ability to make choices in one's day to day life); we see that as overall impact of LCC services increases so does the individual's ability to make choices in their day to day lives.

			Overall impact of LCC services (1-4)	Services provided by LCC supported organisations had the following impact on my ability to make choices in my day to day life
Spearman's rho	Overall impact of LCC services (1-4)	Correlation Coefficient	1.000	.487**
		Sig. (2-tailed)	.	.000
		N	93	93
	Services provided by LCC supported organisations had the following impact on my ability to make choices in my day to day life	Correlation Coefficient	.487**	1.000
		Sig. (2-tailed)	.000	.
		N	93	94

** . Correlation is significant at the 0.01 level (2-tailed).

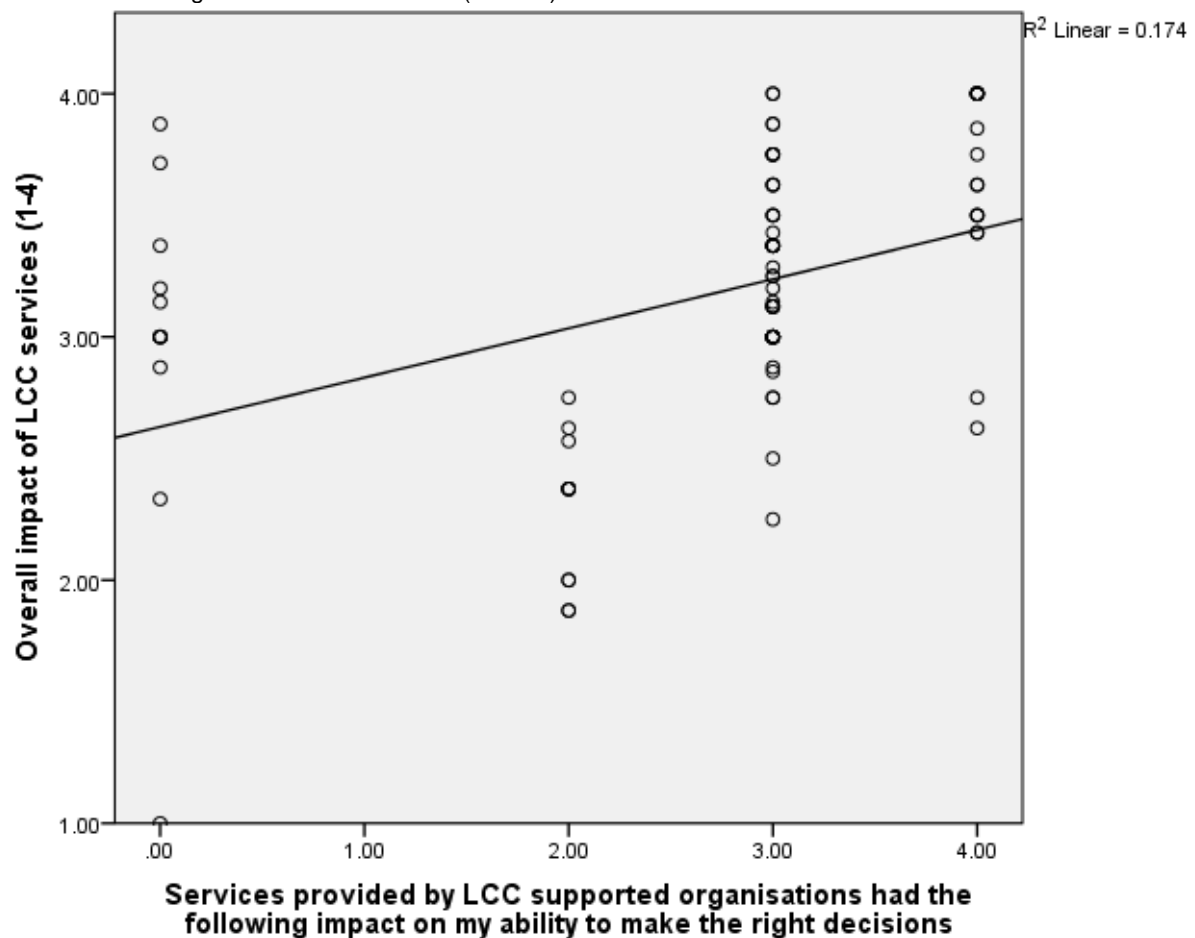


“Right Decisions”

The averaged values produced above, were correlated against question 26 (impact on ability to on ability to make the “right decisions”); we see that as overall impact of LCC services increases, so does the individual’s ability to make the “right decisions”.

			Overall impact of LCC services (1-4)	Services provided by LCC supported organisations had the following impact on my ability to make the right decisions
Spearman's rho	Overall impact of LCC services (1-4)	Correlation Coefficient	1.000	.544**
		Sig. (2-tailed)	.	.000
		N	93	93
	Services provided by LCC supported organisations had the following impact on my ability to make the right decisions	Correlation Coefficient	.544**	1.000
		Sig. (2-tailed)	.000	.
		N	93	94

** . Correlation is significant at the 0.01 level (2-tailed).

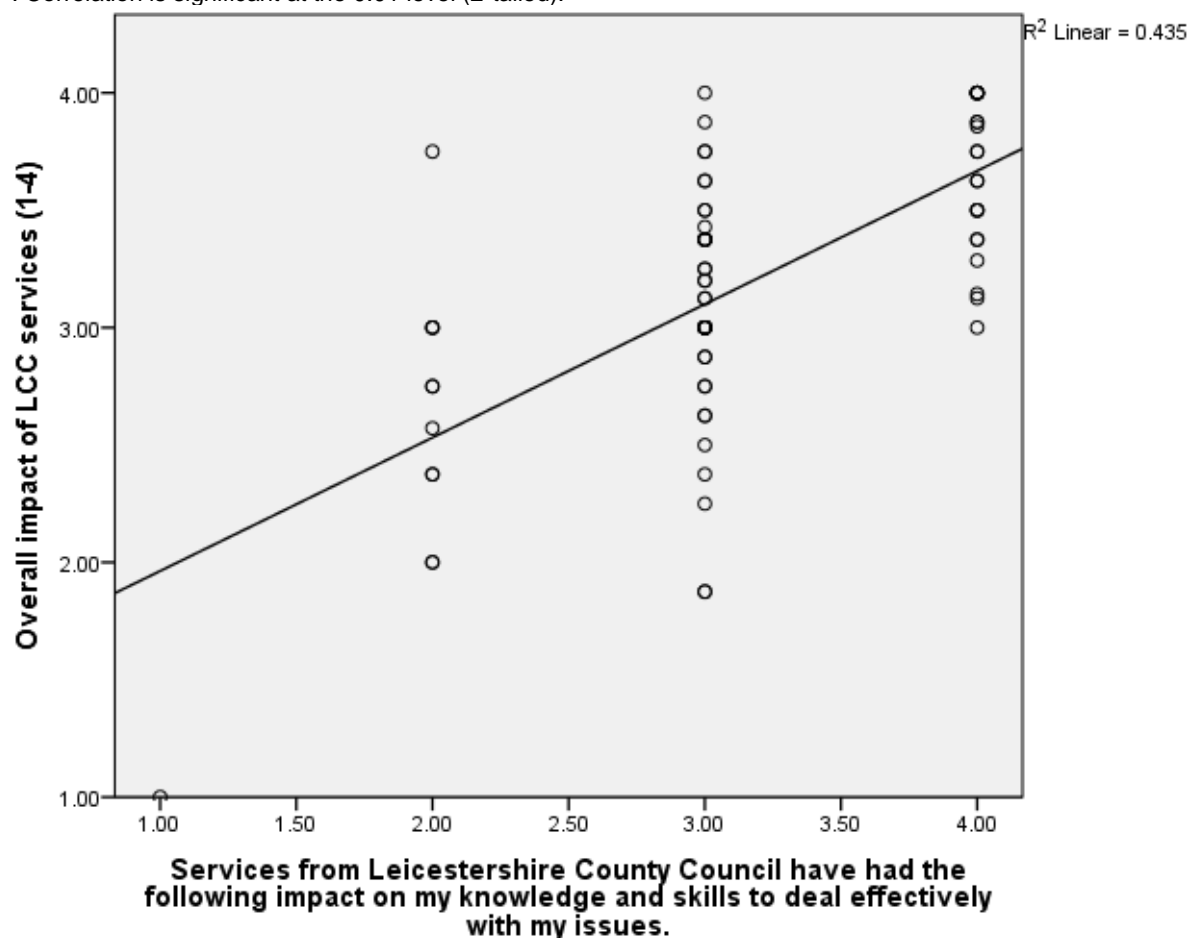


Deal Effectively with Issues

The averaged values produced above, were correlated against question 34 (impact on my knowledge and skills to deal effectively with my issues”); we see that as overall impact of LCC services increases so does the individual’s ability to deal effectively with their issues.

			Overall impact of LCC services (1-4)	Services from Leicestershire County Council have had the following impact on my knowledge and skills to deal effectively with my issues.
Spearman's rho	Overall impact of LCC services (1-4)	Correlation Coefficient	1.000	.646**
		Sig. (2-tailed)	.	.000
		N	93	79
	Services from Leicestershire County Council have had the following impact on my knowledge and skills to deal effectively with my issues.	Correlation Coefficient	.646**	1.000
		Sig. (2-tailed)	.000	.
		N	79	79

** . Correlation is significant at the 0.01 level (2-tailed).



Fairness and Equality

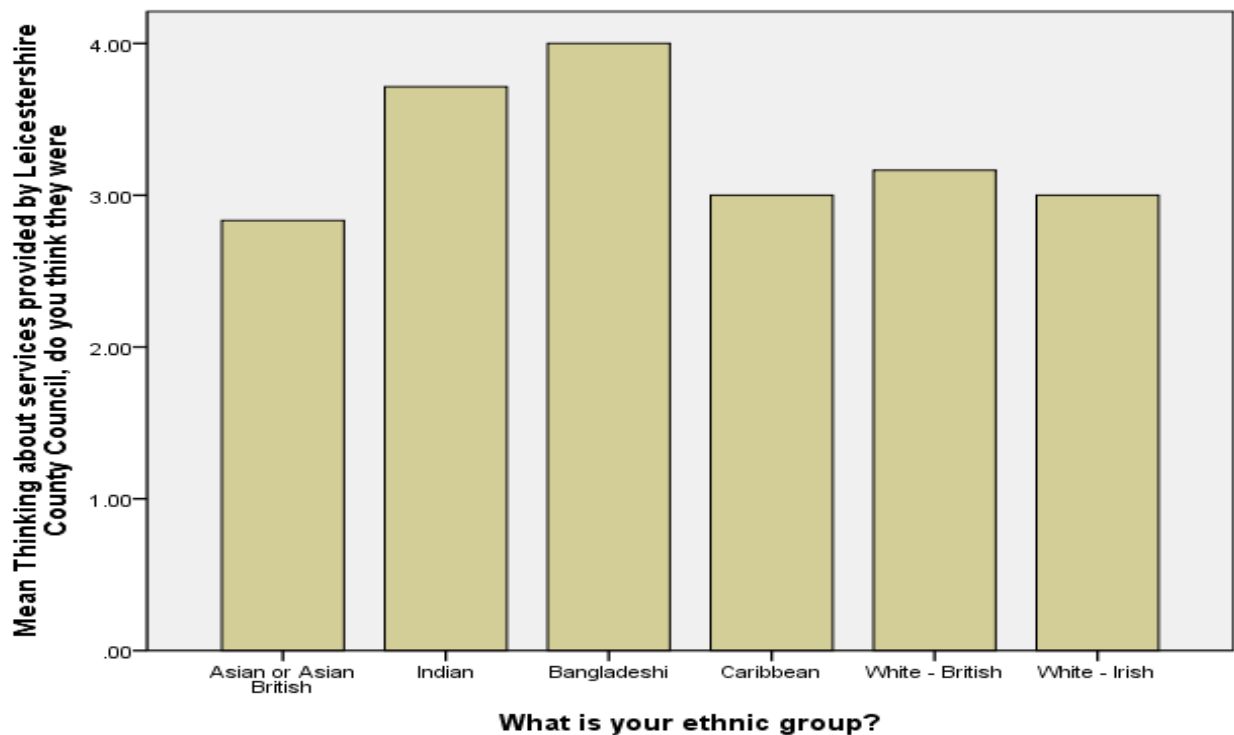
Ethnicity and Fairness

Considering participants perceptions about fairness (Q30) and the target for LCC services to be perceived as “Very fair and equal to all” a Kruskal Wallis Test was performed to explore perceptions by ethnicity, age and gender. The test showed that there were no statistically significant differences between ethnic groups and the variable ‘Fair and Equal to all’

Thinking about services provided by Leicestershire County Council, do you think they were fair and equal to all? (1-4)

What is your ethnic group?	Mean	N	Median
Asian or Asian British	2.8333	6	3.0000
Indian	3.7143	14	4.0000
Bangladeshi	4.0000	1	4.0000
Caribbean	3.0000	1	3.0000
White - British	3.1642	67	3.0000
White - Irish	3.0000	1	3.0000
Total	3.2333	90	3.0000
Chi-Square	10.733		
Asymp. Sig.	.057		

Kruskal Wallis Test

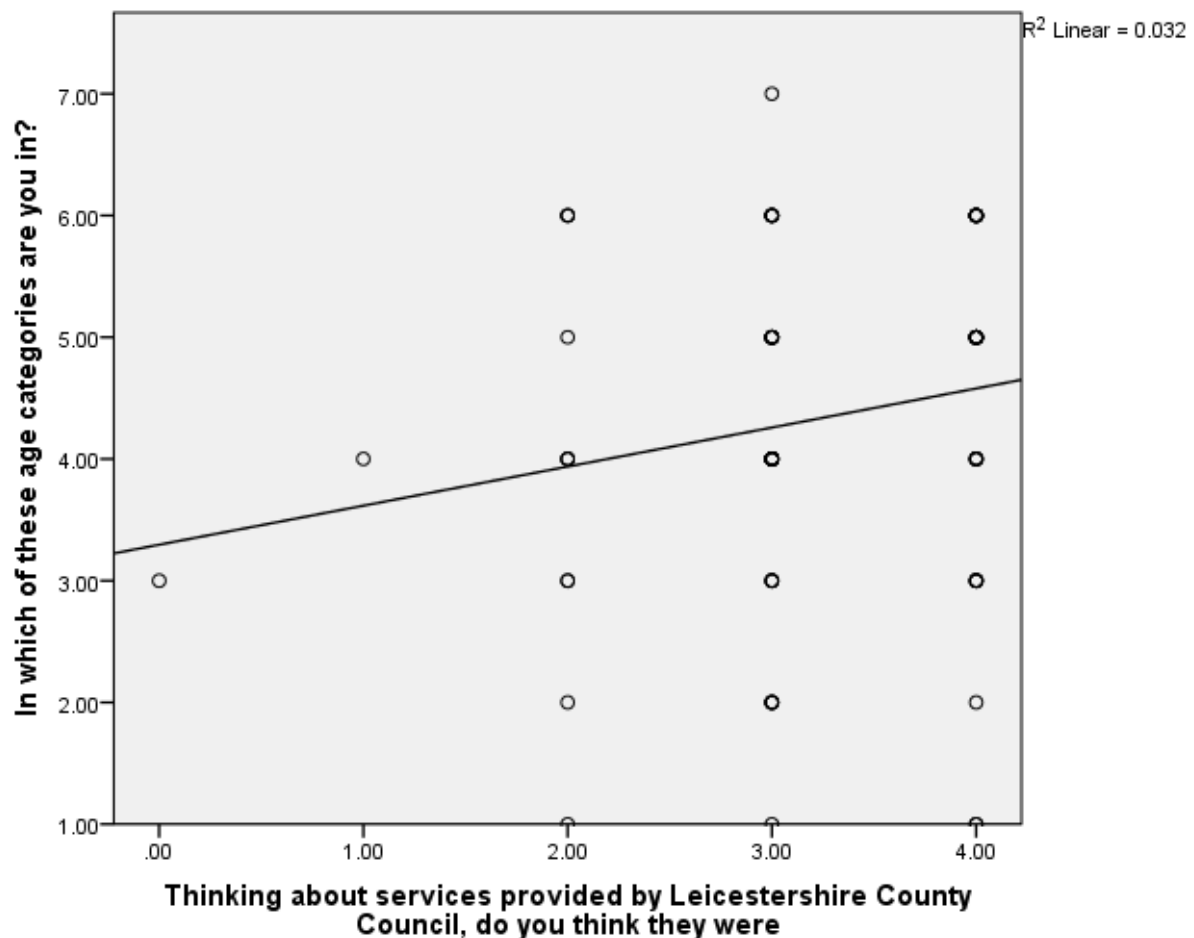


We see from the results that perceptions of fairness and equality are high across all ethnic groups who responded which is a positive result.

Age and Fairness

Considering participants perceptions about fairness Q30 and the target for LCC services to be perceived as “Very fair and equal to all” a Kruskal Wallis Test was performed. This was used to explore these perceptions by age which again, was determined as not being statistically significant. However what we can see is the outcome that as people get older they appear to be more likely to perceive services as fair and equal.

			In which of these age categories are you in?	Thinking about services provided by Leicestershire County Council, do you think they were
Spearman's rho	In which of these age categories are you in?	Correlation Coefficient	1.000	.191
		Sig. (2-tailed)	.	.071
		N	94	90
	Thinking about services provided by Leicestershire County Council, do you think they were fair and equal to all? (1-4)	Correlation Coefficient	.191	1.000
		Sig. (2-tailed)	.071	.
		N	90	90



Gender and Fairness

Fairness and equality perceptions by gender revealed no statistical significance or difference between experiences which were positive.

Gender:	Mean	N	Median	Test Statistics ^a	
Female	3.2241	58	3.0000	Thinking about services provided by Leicestershire County Council, do you think they were fair and equal (0-4)	
Male	3.2500	32	3.0000	Mann-Whitney U	904.000
Total	3.2333	90	3.0000	Wilcoxon W	1432.000
				Z	-.221
				Asymp. Sig. (2-tailed)	.825
				a. Grouping Variable: Gender:	

Ranks

	Gender:	N	Mean Rank	Sum of Ranks
Thinking about services provided by Leicestershire County Council, do you think they were	Female	58	45.91	2663.00
	Male	32	44.75	1432.00
	Total	90		

Discussion and Conclusion

It is clear that the provided services are valued highly by the people who use them, consistently rating them as good to very good and that if these services were to be withdrawn then it would have an impact on not only the service user but their family too.

If the perceived erosion of the voluntary sector progresses evidenced by documents such as Independence of the Voluntary Sector (2013) and Butler (2013), we will no doubt see an increased demand for statutory services in both primary and secondary care, which obviates any potential savings that may have been made. Demand for care and support will remain, but without the basic pillars of community support we will no doubt see an increase in disenfranchised, vulnerable, lonely, ex service users, with nowhere to go, and no opportunities for their voice to be heard (SUCRAN 2013). The loss of services and the impact of service redesign have resulted in the voluntary sectors inability to plan strategically and in anxiety for the people who wish to use those services. Drop in Centres give people a purpose and meaningful activity. In the absence of services informal carers become the primary backstop when things go wrong. They often have no choice, and provide both emergency, out of hours assistance, and day to day support, which invariably impacts upon their own economic productivity, and health.

When we consider day time activity and education, we see that simple low cost options work well, and emerging from this review is the belief that people need social interaction followed by care and support followed by learning and education, and the importance of this social contact facilitated by either LCC or the voluntary sector in Leicestershire cannot be underestimated.

Simple human contact seems to be averting intervention from statutory services including hospital admissions, preventing isolation and promoting friendships that form the glue of a cohesive community.

“If I stopped using this service, then my family would find me a burden as it would put more pressure on them”

Self help is, in the main seen as a positive source of help. From Q 4, investment in information booklets, helplines and newspaper advertisements appear at first glance to have little impact upon the promotion of services, however, it may well be the case that information from these sources has been recycled by others into a word of mouth recommendation. The success of information booklets and the internet have enormous potential to reach broader audiences. Results show that service information is passed on by word of mouth. If redoubled efforts were made to harness the media of Facebook and Twitter for example, as means of communicating what is available, far more people would know about them. SUCRAN suggest that work is done with service users and carers to find out how they would like information to be presented.

The experience of the SUCRAN Team leads us to believe that drop ins serve two functions. Firstly the named reason for the group to exist, for example a “Walking Group” and secondly the social interaction which emanates as a natural by product. In addition to these, the opportunity for people to relate to each other on a one to one basis, be that professional to service user, or service user to service user, is seen as a valuable aspect

of interaction, underscoring the umbrella title of the “social drop in”. The facilitation of friendships is something which can’t be planned or guaranteed in any set of programmed events or groups, but service users appear to both value and need one to one interaction to maintain their wellbeing. Social drop-ins do provide this, and skilled support from workers undoubtedly helps. Peer support groups and befriending schemes may also meet this requirement along with informed guidance from supportive professionals to help people know about, and find alternative local community groups or events.

In addition to the drop in services, education, library services, and sporting activities were cited as being very important to service users. Furthermore the use of faith based activities was significant for some and it seems that the “Church”, may be undergoing a resurgence in playing a central role within communities. Specialist intervention from professional bodies continue to influence service users’ care but these are increasingly coupled with personal counselling and befriending services.

Interviews were conducted at social drop in groups hosted by four of these service providers, so it would be expected that respondents would list those services in the support they receive. Our interviewers had a very positive response from the people using these services in completing the questionnaire. However some groups expressed reservations about the value of participating in consultation with Leicestershire County Council dating back to experiences with the last review of day services which influenced participants’ willingness to become involved in this study.

Anecdotal evidence from Interviews suggests that service users are “not bothered about where the funding comes from just that their service is maintained” , and that respondents were not always aware of the structure of service provision, but, what is important to them, is the support they receive, and the people they work with.

Whilst only a limited number of carers participated in this report it is important to remember the important role they play which was outlined by the Mental Health Alliance Convention Report 2011 highlighting a demand for increased choice and involvement to overcome a perceived lack of understanding or support for carers, and in particular, poor recognition of carers’ own mental health needs and respect for their views regarding those they care for. In this report and other SUCRAN (2012, 2013) studies, both service users and carers preferred voluntary sector styled services and wanted to see more investment in this area. They found these to be more flexible, responsive and empathic and the majority of service users were unhappy with hospital based services.

There is also a need for statistical information from both upstream (NHS services) and downstream (DWP – Jobcentreplus) to establish numbers and categories of service users entering and leaving the community social care system and the numbers that will never leave. The study results suggest that LCC has commissioned/contracted a successful core of services that are satisfying requirements, however without statistical information on the numbers it is easy for an individual organisation or umbrella group to appear to be performing well, when in fact either individual users, preceding or succeeding groups or providers are shouldering the burden of care. True success can only be measured by the

number of individuals the system returns to self-sufficiency not by the number of processes or discards.

When we consider what personalisation actually means, meeting the needs of individuals in ways that work best for them and incorporating prevention, early intervention, and self-directed support, it appears that the people who responded to this study have little understanding of the personalisation agenda, and if they have not been given the opportunity cannot make any assessment of how control of arranging and managing one's own support services might benefit them. Whilst we agree that having choice and control over one's life contributes to wellbeing, this shift of responsibility may only work for those who are relatively articulate, well-supported and well-resourced already.

The implementation of personalisation must ensure that those who are not already well-resourced in terms of support, or able to articulate their needs effectively, are given equal access to the benefits of personalisation and that reasonable adaptation, flexibility and ongoing assistance is provided for people with mental health conditions and their carers. This said, on the evidence presented in this report, there is no reason to suspect that expectations of what greater personalisation might bring, would offer anything different to what is currently provided.

This of course may obviate any perceived financial advantages of the personalisation agenda for Leicestershire County Council, and in the short term the need to redouble efforts to improve understanding of the implications of personalisation need to take place.

It appears that service users find satisfaction in participating in mental health associated services as an activist and in caring for their own health and wellbeing by participation. This suggests a sound knowledge of the need for health & wellbeing amongst the service user carer community, but what is not addressed here is that if services were cut back, whether any reduction in "places to go" or "people to talk to" might enforce isolation and self-directed activity.

Continuing to invest through sponsorship and the development of awareness in activities that promote social inclusion that are available at no or low cost, (including when a person is ill, in crisis and or unable to fund activities), would be seen as a positive commitment that actively supports the broader Health and Wellbeing agenda.

What the study does show most clearly is that many service users lack knowledge or are unaware of what is available and where they fit. Despite LCC's great emphasis on ensuring that printed information is made available in multiple languages it still seems that information only becomes useful when backed up by a trusted source, usually a trusted individual and not necessarily an official.

This points to a need for LCC to focus on more venues for service users to collectively gather, not less. Venues where service users and carers can feel comfortable and safe, where service users & carers can share positive experiences and information. Venues where outcomes can be monitored and driven by individual or group would seem to promote recovery and system efficiency. A social gathering approach is also supported

by many of the answers given in the survey that suggests that outcomes of individual health and feelings of worry would worsen if social contact and support were reduced or withdrawn.

Of course this seems to contradict the take up of personal budgets indicated by the survey, but then one has to remember that many long term mental health sufferers have given up on trying to follow the social norms approach. Feeling that the system has failed them, how many of those questioned are long term patients is not clear but would be interesting to know.

Long term mental health sufferers seem to want to shape a life with more personal control, a life where they have a choice about the direction they must follow and the rules they must obey. One must remember that a mental health label carries a stigma of distrust and prejudice amongst the general public. In some cultures it is still considered to be so bad that the illness must be hidden. This stigma results in behaviour towards the individual MH service user that most physical disabilities do not merit. The need to reduce isolation and promote ready acceptance by social groups should be/ is an important part of recovery and social integration. Isolation that is imposed by social rejection and removal of places where like individuals can gather and feel safe increases the feelings of stigma and promotes dysfunctional outcomes. Resulting in resentment and hampering a return to full social inclusion.

Provider Responses

There appears to be a contrast between provider responses and the more general responses of service users and carers which show typical areas of dissatisfaction in that there appears to be no or very limited provider dissent from the perfect outcome. Providers' responses reflected positives in all areas without reservation. Whether this is a true belief or blind faith (or fear), is an unknown, however this response does not agree with the recipients view of services which did not show a 100% satisfaction with service provision. This is a bigger problem than it may appear as it masks where changes need to be made to improve services. If providers are blind to the problems that exist then the need for change will never be recognized and improvements never funded or implemented.

It is also of some concern that many organisations did not admit to a waiting list. SUCRAN are aware that the reorganisation of the day services with respect to LCC funded drop-ins and befriending schemes resulted in a referral process (evidence supported by LCC leaflets for example), and a limited period of attendance for individual users. Future commissioning might consider building greater flexibility into contracts allowing services to respond to changes in demand.

Research Limitations

SUCRAN have been particularly aware that bias can occur when interpreting research that produces unexpected results that are not statistically significant (Hewitt et al 2008), and understand that as co designers it is critical for the credibility of the work that

neutrality and objectivity are maintained. The Group acknowledge that in designing the questions they invested a degree of both emotion and intellectual capital, and a hope that responses would provide conclusive evidence for each question that was asked.

Where conclusive responses were not achieved, care has been taken to sustain objectivity within the context of question.

It is rather disappointing that the qualitative responses failed to generate sufficient narrative to utilise some of the software we hoped to use, however as stand-alone comments SUCRAN felt they were a powerful set of contributions.

Despite the advertising campaign to generate interest in the Focus Group, only one person attended the Melton Mowbray event, and no one turned up to the Coalville event. A number of assumptions as to why this happened were identified. It was considered that barriers to taking part might be related to a person attending the focus group alone and without support of a friend, travel issues, not knowing other people involved and possible stigma of attending a mental health labelled event, (protecting one's anonymity). SUCRAN conclude that an open discussion within existing group meetings may be a more successful means of generating a service user debate rather than a separate focus group. As only one person attended this changed the dynamic of what the SUCRAN Team expected, and rather than digitally record the conversation to be transcribed verbatim, notes were taken. Although this discussion has been compartmentalised into the Focus Group section of the report it cannot be analysed as a focus group, rather a one to one discussion. This was a disappointment to the team who were hoping to generate further insight into how people protect their mental health.

The analysis team were rather disappointed with the uptake of provider service workers as only 10 providers of services responded to the request to become involved with the study. Of these, eight were interviewed face to face and two completed the online questionnaire. Furthermore, it was difficult to ascertain the particular services as only three, Hinckley Mind, Age UK and Community Action Partnership identified themselves specifically. The remainder described themselves as "Social Drop in" services. Anecdotal evidence from interviewers reported that workers who were interviewed were anxious about giving any negative perceptions in case they might contribute to the demise of that service.

Some service users and carers were reluctant to participate citing previous consultations as being "tokenistic" and "a waste of time". This resulted in interviewers being placed in a difficult position with regard to defending the project and highlighting the importance of ensuring proper consent.

The hours that some of the research interviewers were able to contribute to the project were inhibited by the Welfare Benefit System, which in turn limited the hourly rate which could be offered for involvement in the project.

Recommendations

SUCRAN recommends the following in terms of change:

1. There should be at least a small number of Leicestershire County Council sponsored activities that are available at no or low cost, to promote social inclusion including when a person is ill, in crisis and / or unable to fund activities. These activities could promote preventative mental health services in deprived areas under Health and Wellbeing agenda.
2. Maintain peer support groups and drop in services that already exist, and consider their role in signposting to other community groups and activities which give people someone to talk to. Informed guidance from supportive professionals will help people know about, and find alternative local community groups or events would be a welcome development.
3. Ensure that service providers engage with their local community and develop local knowledge of alternative, competing and complementary provision within their geographical or commutable area.
4. Develop a minimum level of knowledge through training and education, to ensure that all workers have sufficient understanding of mental health issues to provide them with the skills and competencies to work successfully with people with mental health conditions. This should include the ability to signpost towards appropriate benefit advice.
5. Word of mouth recommendations can be supplemented by information booklets, help-lines and newspaper advertisements. Harnessing the media of Facebook and Twitter for example, as means of communicating what is available could prove to be a useful development to broaden access to information especially to those who are not eligible to receive other services or do not have a budget to fund activity themselves. SUCRAN suggest that work is done with service users and carers to find out how they would like information to be presented.
6. Continue to actively promote opportunities for personalisation ensuring clarity with regard to eligibility, choice and access.
7. Work towards a greater clarity about who provides which service to celebrate the significant contribution LCC are making towards wellbeing and recovery, and also to differentiate what is provided by “health” and what is provided by “Social” sectors.
8. Recognition and support for Faith based services.
9. Continue to value and promote the contribution service users and carers make to the design, delivery and evaluation of provided services.

10. Activities which are not badged as “mental health” or health related support can actively promote wellbeing. Graduating from LCC services may enable a person to access more general activities and may be an indication of recovery. This transition may require support by befrienders and peer groups.
11. Future commissioning should build greater flexibility into contracts allowing services to respond to changes in demand.

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