

Improving Access to Talking Therapies for adults in Calderdale

Report of Findings Engagement and Equality

April 2020

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Executive summary

In Calderdale, IAPT is commissioned under the 'Any Qualified Provider model' whereby an individual can choose from a range of approved providers all of whom meet NHS standards. There are currently two providers – Insight Healthcare and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

The contracts for IAPT are due to expire in April 2020. The CCG has recently initiated the process to increase the number of providers under the Any Qualified Provider arrangement until 2022.

The IAPT model now extends to people with long-term physical health conditions, and has a digital therapy options available. The contract extension until 2022 with a break clause after 12 months provides an opportunity to undertake an engagement process to evaluate current provision and shape the future IAPT service specification.

In 2018 engagement activity took place in Calderdale around adult psychological services and captured feedback about a range of psychological interventions included as part of the IAPT offer; this includes CBT, guided self-help and counselling services.

The CCG wanted to look specifically at IAPT services for low level mental health and how they can be developed. We wanted to gather people's views, experiences and ideas from people who have used current IAPT services As well as ideas of how they feel the service could be improved. We would like to know more about:

- How patients manage their mental wellbeing
- What patients and staff's experience are of the IAPT service
- Exploring the use of digital technology to support managing your mental wellbeing

The purpose of this work is about providing people in Calderdale with accessible and appropriate psychological support to help improve and maintain their mental wellbeing. The engagement looked at what's working and what opportunities there are to provide low level mental health interventions in different ways. The feedback will be used to inform and shape a psychological service which meets the needs of local people.

The engagement was delivered over a five week period from 3 February to 6 March. We also wanted to try and address the gaps identified in previous engagement activity and the equality impact assessment (EIA). The key audiences and communities for this engagement will be:

- Service users
- Families and carers
- Staff
- Referrers to IAPT
- People who represent the follow communities;
 - Black and Minority Ethnic groups
 - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
 - Young people
 - People over 65

Overall findings and main themes

The CCG received **154 responses** to the survey. Overall findings and common themes from the engagement are summarised below:

The majority of people told us that if they were worried about their mental health that they would contact their GP for an appointment. This was closely followed by contacting family or friends. Some people also said that they would check an online website or app.

There were mixed responses from people who had accessed support for their mental wellbeing in terms of whether they found the support they were looking for and whether they found it helpful or not.

- Of those that said they did find the support they were looking for there was a mixture of what types of support they received such as; medication, meditation, talking therapies, counselling, course and going to groups.
- For those that said they didn't find the support they were looking for most felt that they had to wait too long for the support.
- There were other mixed comments from people who thought some of the support they received was helpful and other aspects not so helpful. It appears from the all the comments that the experiences people had was relative to each individual person and their circumstances at the time.

The most preferred ways people told us how they manage their mental being was taking part in physical activity or talking with family or friends. Other popular ways people said they manage their mental wellbeing is by attending groups, classes, taking up hobbies or doing mindfulness and relaxation techniques.

There was a mixed response from people in terms of digital support.

- Some people told us they were aware of online apps our courses to support their mental wellbeing and others said they weren't aware.
- Of those that were aware some told us that digital support such as apps, online courses; webchats were not a preferred method of managing their mental wellbeing.
- However, people who told us they were aware and were happy with the digital support they received said they like to use them for mindfulness, mediation to ease / help with anxiety, help with OCD/depression and sleep. And that they liked the accessibility of being able to use them when they need them
- Others said that they don't use apps for reasons such as they didn't use apps were because they struggled with technology, they don't like using apps, or because of their conditions or their reasons were too complex / complicated.

People told us that one to one support, face to face contact and being able to stay in touch was important to them. As well as support not being time limited and being able to access support in the community.

The majority of people who said they had accessed talking therapies said that they accessed it via their GP, closely followed by self-referral. And most people said that they thought it was easy to find information about talking therapies. However, there were several comments from people who said that there should be more awareness and promotion of the service.

Overall the majority of people are happy with the service they received or have received. From the comments that were received from people who told us 'what works well from their experience' there were more positive than negative. The most common themes from people were:

- Competent, interested, non-judgemental and compassionate staff
- Building a trusting relationship and consistency of seeing the same person
- Access to the service including telephone appointments and the referral system such as being able to self-refer
- Receiving one to one support and practical advice

Other themes from the comments received about Talking Therapies in Calderdale were:

- People want to access to services quickly and shorter waiting times around;
 - accessing therapy
 - 1-1 referrals to use group sessions
 - to see consultants
- People wanted support which is not 'time-limited'
- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred
- People wanted more self-help groups
- People wanted the CCG to invest in more IAPT services

Overall equality themes

Where numbers were available; disabled people; carers and those in receipt of benefits analysis has been undertaken and found;

Disabled people

- Disabled people were less likely to use apps and the internet
- Less likely to get the support they need
- Would like support in the community

Carers

- More likely to go to A&E and walk-in
- Less successful in accessing support
- Found online courses and apps less useful

Benefit recipients

- Less likely to use google or apps
- Less successful at getting support
- More likely to want support in the community

Free text comments also highlighted some of these groups' particularly disabled people. There were comments regarding autism, ADHD and dyslexia and requests to understand that carers need support too. There were comments about the lack of specialist knowledge and support for people with autism or those surviving abuse.

Recommendations

There were some significant gaps in representation, when compared with the Calderdale population but also when considering underrepresented users within IAPT services. These gaps also replicate those in the 2018 engagement on adult psychological services.

The gaps are;

- Men
- Young people under 29 and older people over 75
- Christians
- Muslims
- People from Pakistani ethnic groups

It is recommended that further engagement is carried out in order to reach the gaps identified in this report for improving access to low level physiological services and gaps which were also identified in 2018 when engagement took place on adult psychological services.

It is also recommended to identify different ways of engaging these groups in order to gain their views for example holding one to one interviews or targeted focus groups.

1. Purpose of the Report

The purpose of this report is to present the findings from the engagement activity Improving Access to Talking Therapies for adults in Calderdale, which took place between 3 February and 6 March 2020 for five weeks. This report describes the background to the engagement, the process followed to deliver the engagement and the findings which include equality.

The report also sets out the legal obligations for engagement and equality and the principles the CCG must follow as set out in the local strategy for 'Patient Engagement and Experience'.

2. Background

National context

The national Improving Access to Psychological Therapies (IAPT) programme was developed as a systematic way to organise and improve the delivery of, and access to, evidence-based psychological therapies for adults aged 18 years and above within the NHS. IAPT provides low level interventions focused on depression and anxiety, it has been in existence since 2008 and CCGs are required to commission it under part of the Five Year Forward View for Mental Health and the NHS Long Term Plan.

Psychological Therapy services provide support to people requiring longer term or experiencing more complex psychological interventions.

IAPT is a service which helps people with low level mental health, such as depression and anxiety to access psychological therapies. The service offers a range of talking therapies, advice, information and support. IAPT provide support from a psychological wellbeing practitioner in terms of cognitive behavioural therapy, guided self-help and courses. The most appropriate treatment for the individual is agreed, following an assessment.

Local context

In Calderdale, IAPT is commissioned under the 'Any Qualified Provider model' whereby an individual can choose from a range of approved providers all of whom meet NHS standards. There are currently two providers – Insight Healthcare and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

The contracts for IAPT are due to expire in April 2020. The CCG has recently initiated the process to increase the number of providers under the Any Qualified Provider arrangement until 2022.

The IAPT model now extends to people with long-term physical health conditions, and has a digital therapy options available. The contract extension until 2022 with a break clause after 12 months provides an opportunity to undertake an engagement process to evaluate current provision and shape the future IAPT service specification.

In 2018 engagement activity took place in Calderdale around adult psychological services and captured feedback about a range of psychological interventions included as part of the IAPT offer; this includes CBT, guided self-help and counselling services. The above engagement findings identified gaps in;

- an **under representation** of responses from individuals under 20 years, over 65 years, men, the South Asian community and pregnant women.
- Some demographic information is collated and reflects the above; information regarding sexual orientation **is not** collected.

National research identifies a higher prevalence of mental health issues within the indicated groups thus it is essential to actively engage to identify and remove barriers to access the service.

3. Legislation

Health and Social Care Act 2012

The [Health and Social Care Act 2012](#) makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The [Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity', and c) foster good relations. All public authorities have this duty so the partners will need to be assured that "due regard" has been paid.

The NHS Constitution

The [NHS Constitution](#) came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided

- In the decisions to be made affecting the operation of those services

4. Principles for Engagement

NHS Calderdale CCG has a '[Patient and Public Engagement and Experience Strategy](#)'. The strategy has been developed alongside key stakeholders to support our strategic approach to involving local people. This approach ensures the public understand what to expect from any engagement activity. The principles set out in this strategy state that the CCG will;

- Ensure that the CCG engage with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

5. Methodology

The CCG want to review how IAPT services are delivered in Calderdale. The purpose of the engagement is about providing people in Calderdale with accessible and appropriate psychological support to help improve and maintain their mental wellbeing. The engagement will look at what's working and what opportunities there are to provide low level mental health interventions in different ways.

The CCG wanted to look specifically at IAPT services for low level mental health and how they can be developed. We wanted to gather people's views, experiences and ideas from people who have used current IAPT services As well as ideas of how they feel the service could be improved. We would like to know more about:

- How patients manage their mental wellbeing
- What patients and staff's experience are of the IAPT service
- Exploring the use of digital technology to support managing your mental wellbeing

The feedback will be used to inform and shape a psychological service which meets the needs of local people.

The engagement was delivered over a five week period from 3 February to 6 March. An engagement, equality and communication plan was developed (see appendix 1) which sets out how we would promote and communicate the engagement.

We also want to try and address the gaps identified in previous engagement activity (see section 7) and the equality impact assessment (EIA). The key audiences and communities for this engagement will be:

- Service users
- Families and carers
- Staff
- Referrers to IAPT
- People who represent the follow communities;
 - Black and Minority Ethnic groups
 - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
 - Young people
 - People over 65

Detailed information and a survey with a number of questions was developed. In addition each respondent was asked to complete an equality monitoring form (see appendix 1) to ensure the CCG reached a diversely representative sample of views. All responses were gathered either online or through the CCG Freepost address which was cascaded through all our networks.

The link to the survey was publicised on the websites of the CCG and psychological services' providers such as South West Yorkshire Partnership Foundation Trust (SWYPFT) and was also shared with other organisations such as:

- Community and voluntary sector organisations and those with interest i.e. Insight Healthcare
- Voluntary Action Calderdale (VAC)
- Calderdale Council
- Calderdale Health Forum members
- Healthwatch
- NHS Calderdale CCG patient and public engagement steering group members
- NHS Calderdale CCG staff

6. What do we already know

In 2018 NHS Calderdale CCG completed an engagement exercise to listen to the views and experiences of people in Calderdale, who had used any of the psychological services provided by South West Yorkshire Partnership NHS Foundation Trust or Insight Healthcare. This included both low level support IAPT, and secondary care psychology including psychotherapy, art therapy and where more complex support maybe needed.

We asked people to rate services they had used, what travel method they used and what duration of travel they would be prepared to do, plus what is important when using a service and what other type of support the CCG should commission.

We received 175 responses from the engagement and themes from what you told us are below;

- Building a trusting relationship with the therapist
- Staff to be competent, interested, non-judgemental and compassionate
- People want to access services quickly with no long waiting lists
- People wanted support which is not 'time-limited'

- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred
- People wanted more self-help groups
- People wanted the CCG to invest in more IAPT services

If you would like to see the full report you can download by clicking [here](#) or go to the engagement and consultation page on Calderdale CCGs website www.calderdaleccg.nhs.uk/

The CCG continues to review secondary psychology services which provides therapy/solutions for people who have more complex needs, including how to reduce waiting times in secondary care and is working closely with South West Yorkshire Mental Health Trust on this.

The information will be used to ensure we have engaged a representative sample of the community and to establish whether there are any trends in opinion and feedback. The data will be used to support the development of the EQIA and provide assurance that any potential impacts on protected groups have been raised with the relevant decision-making bodies.

7. Findings from the engagement process

Engagement took place between 3 February and 6 March 2020, a period of five weeks. The CCG received **154 responses** to the survey.

7.1 Survey responses

Findings are set out below under each of the survey question headings. It is worth noting that not everyone replied to every question, so 100% is based on the total number responding to that question not 100% of the total responses received.

Q1.

Please tell us the first part of your postcode only (eg HX3)		
Answer Choice	Response Percent	Response Total
1	100.0%	140
<i>answered</i>		140
<i>skipped</i>		14

Out of the 154 responses received 140 people completed this question. A breakdown of postcodes can be found in the equality section (9) of this report.

Q2.

I am answering this survey as			
Answer Choice		Response Percent	Response Total
1	A service user	40.1%	61
2	A member of the public	37.5%	57
3	A referrer	11.2%	17
4	A member of staff	10.5%	16
5	Other (eg.carer or relative of service user) - please state	7.9%	12
		answered	152
		skipped	2

Of those who responded 40% said they were a service user and 37% of respondents said they were a member of the public. It is not clear if those that ticked this answer were answering the questions as someone who had used the service or not or whether they know people who have. 11% said they referred people into the service and 10% said they were staff. Of the remainder 10% who completed the survey as other; are below with the majority being a relative:

- Relatives of someone who uses the service i.e. a parent
- A member of emergency services
- Carers
- And one person as well as a relative also said they were a founder of a local community organisation which supports peoples wellbeing

Q3.

If you were worried about your mental wellbeing, what would you do? (Tick all that apply)			
Answer Choice		Response Percent	Response Total
1	Ring your GP practice for an appointment	76.4%	113
2	Go to a Walk in Centre	5.4%	8
3	Go to Accident and Emergency (A&E)	8.1%	12
4	Go to your local chemist	3.4%	5
5	Ring 111	6.8%	10
6	Google it	25.0%	37
7	Check an online website or app (like NHS Choices)	23.0%	34
8	Discuss it with a family member	52.7%	78
9	Discuss it with a friend	49.3%	73
10	Ignore it and hope it goes away	12.8%	19

Something else (please tell us below)	16
answered	148
skipped	6

We asked people if you they worried about their mental wellbeing, what would they do? Respondents were able to tick more than one option. The majority of people (76% of respondents) said they would contact their GP for an appointment. This was followed closely by people who said they would discuss with a family member (53%) or a friend (49%). The least popular that people said they would do is go to their local chemist (3%), walk in centre (5%) or ring 111 (7%). People also stated that it would depend on what their mood was at the time and how positive or negative they were thinking. 16 people said they would do something else, themes are below:

- Go to meditation classes
- Seek help by:
 - Self-referring to IAPT, Insight, counselling or a private practitioner
 - Talking friends, family and colleagues
 - Contacting voluntary and sector organisations such as Safe Space, Healthy Minds and the Samaritans and other support groups

Quotes

But obviously this would all depend on my Mood at the time i.e. right now as I'm thinking logically and rationally I'd behave differently to how I did whilst I was completely and utterly debilitated by Anxiety & Depression!!

Q4.

Have you tried to access support for your mental wellbeing?			
Answer Choice		Response Percent	Response Total
1	Yes	70.7%	106
2	No	29.3%	44
If you answered no, was this because you did not need support or for another reason? Please tell us more below.			33
answered			150
skipped			4

When asked if respondents had tried to access support for their mental wellbeing, the majority of people (71%) said yes. Of those who answered no (29%), we asked them to tell us if this was because they felt they did not need the support or for another reason. Themes below:

- They didn't need support / not needed for myself / didn't need support with medication / haven't needed support yet

- People said they were asking the support on behalf of someone else i.e. family member or they were a referrer

Q5.

Did you find the support you were looking for?			
Answer Choice		Response Percent	Response Total
1	Yes	49.6%	62
2	No	50.4%	63
If you answered yes, what support did you receive and was it helpful? Please explain below.			67
answered			125
skipped			29

Following Q4 (have you tried to access support for your mental wellbeing) those that said yes we then asked people 'did they find the support they were looking for'? This question was divided response with half of the respondents saying yes and the other half saying no to finding the support they were looking for.

Themes from what people told us who said they **found the support they were looking and said it was helpful** are below:

- Being able to talk to some who gave advice and support
- Being able to access talking therapies and support groups such as;
 - Local women's support group
 - Healthy Minds
 - Mediation
 - Insight counselling
 - CBT
 - Art therapy
- Being able to talk to my GP

Quotes

It was nice to be able to speak with someone impartial and the support and advice was really beneficial

The course and groups I attend have given me a different perspective. I've learnt and learning all about myself. I've a box of coping mechanisms that work most of the time. Sometimes I need reminding when I've got a low mood.

I self-referred to Insight. This service is invaluable. My mental health is much better and I now have strategies to help me manage my condition when it comes back.

The therapy provided exactly what I needed at exactly the right time. I was able to manage, control and deal with my personal issues after my talking therapy session. Thank you

I contacted Insight but I couldn't get an appointment as I worked shifts and wouldn't be able to commit to the same time every week. I didn't want work to know as I thought they would use it against me. I did speak to someone from Insight over the phone who was very helpful. Eventually, work found out about my struggles and referred me to someone in Leeds

Themes from what people told us who said they **found the support they were looking for but said it wasn't helpful** are below:

- The support they found people didn't feel it was appropriate for them such as counselling, CBT and Talking Therapies

Quotes

I attended a four week group session covering CBT. The course was not long enough and not very person centred as you attended with others which may not be accessible for everyone.

*There was very little consistency and too many, so-called, Professionals thought that that knew me and what was going on with me better than I did merely from their observations however they didn't take into account how I masked my true feelings and just because I had a smile on my face, could engage in banter and appeared on the surface to be okay they assumed that I therefore must be and neglected to accept that I still felt like utter **** in my mind! They didn't really ask and certainly if did Listening wasn't actually Hearing me!*

Themes from people who had **mixed comments**:

- People felt that longer term support is needed
- People feel that the waiting lists are too long

Quotes

My GP is extremely supportive but no other service has been

Whilst I was assessed very quickly, I'm still waiting nearly 6 months later

I was waiting for months to have an appointment with a consultant. That prolonged my suffering of paranoia

I paid for private therapy. It was horrifically expensive but helped a great deal. I am a relative and caregiver of someone with a mental health condition. I only got therapy because I could pay for it. I had ten sessions but that was all I could afford. Probably I need much more, but I just don't have the money.

Q6.

What other things do you do to manage your mental wellbeing? Tick all that apply		
Answer Choice	Response Percent	Response Total

1	Take part in physical activity	64.3%	92
2	Talk with family or friends	66.4%	95
3	Attend a group	21.7%	31
4	Other (please state):	44.8%	64
		answered	143
		skipped	11

Respondents were able to choose more than one answer to this question. The majority of people who told us what other things they do to manage their mental wellbeing said they would talk with family or friends (66%) or take part in physical activity (64%). 22% of people who answered this question said they would attend a group. And 45% of people told us they would do something else; themes are below:

- Attend classes such as meditation, yoga, art, mindfulness,
- Attend exercise/keep fit classes such as tai chi, zumba
- Exercise, such as walking, swimming, walk with friends,
- Eat well, relax
- Privately arranged therapy
- Work
- Keep busy
- Hobbies such as lego, gardening, computer games, crown green bowls, nature, reading, sewing, crafts
- Use technology such as, phone apps i.e. Calm, Headspace and websites
- Talk to friends and family
- 1-1 counselling
- Go to church
- Massage
- Mindfulness and relaxation techniques such as meditation or breathing techniques, sleep and self help / time for myself
- Take medicine
- Listen to self help audio book
- Attend groups such as Andy'sManClub, UnMasked, GetFit4MentalWellness, Heartbeat (Heart Group Brighouse), walk and talk groups, *KCRASAC called the power program*
- Volunteering
- CBT techniques
- Holidays
- Keep a diary
- Not applicable

Quotes

Do activities to prevent overthinking

Go for walks and make time for me

Sit with my feelings, identify the problem and then if possible solve it. My depression is usually situational and my mind's way of telling me to stop what I'm doing and make a change.

I try to do things I enjoy e.g. writing, drawing

I belong to an online support group. Calderdale has no provision for people in my situation

I belong to a group on facebook but it's not really a good substitute

I've recently engaged with a social prescriber, as recommended by one of my GPs. We've met once so far, and I felt it to be a very positive experience - was impressed with how this person came across and the fact that it's not just about one meeting only.

I practice mindfulness strategies as often as I can

Appointment with my GP to start medication

I try to do things that completely relax and revitalise me

Q7.

What is your preferred method of support for managing your mental wellbeing? Tick all that apply.			
Answer Choice		Response Percent	Response Total
1	Online support	20.1%	28
2	One to one support	81.3%	113
3	Telephone call	20.1%	28
4	Group work	18.7%	26
5	Web chat	6.5%	9
6	Course (attended classroom)	12.9%	18
7	Online course (completed on computer/smartphone)	8.6%	12
8	Drop in session	15.8%	22
9	Support in the community	26.6%	37
10	Use of an app	12.2%	17
		answered	139
		skipped	15

Respondents were able to choose more than one answer to this question. The majority of people (81%) said that their preferred method of support for managing their mental wellbeing was one to one support. With the least preferred choices being digital support such as web chats (6%), online courses (9%) and apps (12%).

Q8.

Have you accessed Talking Therapies in Calderdale?			
Answer Choice		Response Percent	Response Total
1	Yes	49.7%	71
2	No	50.3%	72
answered			143
skipped			11

When asked if people had accessed Talking Therapies in Calderdale? This question was divided with half of respondents saying yes and the other half saying no.

Q9.

We asked those who said yes 'how they accessed Talking Therapies'?

If yes, how did you access Talking Therapies? Tick the choice that applies to you.			
Answer Choice		Response Percent	Response Total
1	Self-referral	32.5%	26
2	Referred by your GP	50.0%	40
3	Referred by a mental health worker	1.3%	1
4	Referred by Local Authority	2.5%	2
5	Referred by a Voluntary Organisation	0.0%	0
6	Other (please state):	13.8%	11
answered			80
skipped			74

Respondents were able to choose more than one answer to this question. Half of those respondents who said yes (50%) told us they were referred by their GP. Closely followed by 32% who said they self referred. Extremely low numbers said that they were referred by a mental health worker, local authority. No one said they had been referred by a voluntary organisation. It could be thought that Talking Therapies is not widely known by other services and that more promotion of the service is needed? 14% of respondents ticked the option 'other' for how they accessed the service; see below:

- Relative referred by A&E
- Signposted to IAPT via telephone enquiries with a social worker and a mental-health worker
- Cessation clinic
- Referred by women's refuge

Quotes

After psychiatrist told me to self-refer - I am still waiting for apt 6 months later.

Q10.

How easy is it to find out information about Talking Therapies in Calderdale? (Please select one)		
Answer Choice	Response Percent	Response Total
1 Very easy	10.4%	14
2 Easy	39.3%	53
3 Difficult	17.0%	23
4 Very difficult	8.1%	11
5 Don't know	25.2%	34
How could it be made easier? Please tell us more below.		33
answered		135
skipped		19

Of the people who responded to this question most (39%) feel it is easy to find out information about Talking Therapies in Calderdale with 8% saying it's very difficult. 25% of respondents said they didn't know.

When asked how it could be made easier people told us:

- Not having to go through GPs who sometimes misunderstand certain MH conditions such as OCD
- More awareness and more readily available, more info online, flyers/leaflets in different formats and use of social media and better website
- GP could give information and refer
- Less waiting times
- Reducing the time between the initial assessment phone call and available appointments for CBT
- One place to go for information

Quotes

I'm only aware of private practitioners that can be accessed, unless you are referred via your GP.

If I hadn't gone to my GP I'd never have known

Was told about it by the doctor but would be easier for it to have been advertised more

It took too long to wait for an appointment. I waited 11 weeks and gave up

There is no pathway to see a psych for medication review in Calderdale if you have autism. We were only seen as I complained to SWYFT

I didn't know it existed till I was given referral

I was aware of insight in Halifax but struggled to find info on the NHS IAPT service in Calderdale. I'm not fully clear on which service covers which areas in Calderdale

I think the name "IAPT" is kind of a non-starter ... just sounds like jargon to most people. Locally, I think the service has changed its telephone number (I think) ... that hasn't helped either. All in all, I feel the service needs a better, more self-explanatory name rather than the current somewhat mystifying set of initials (even when expanded into words, it's still kind of jargon to most folk, I reckon) ... Talking Therapies is OK but needs enlarging upon. Get an ad on the telly about it, and maybe put leaflets on buses (punched & strung system is good so people can just tear off a leaflet) and other places. Reach people via social media too, local radio, everything.

Easy enough but the wrong kind of therapy for me one size does not fit all

I wasn't informed who I was seeing (what service). GP referred and it just happened - there wasn't any other information.

I didn't know it was a thing!

I think the first point of call is more education for GPs and other health care providers. One of the main frustrations and barriers I have found is the lack of understanding of mental health support and IAPT services from GPs. GPs have been incredibly unhelpful as a whole in the support of our long-term condition pathway (as advised by the 5 year forward NHS plan) and have been one of the main contributors to the downfall of that pathway being successful.

Q11.

Talking Therapies currently operates Monday to Friday from 8am to 8pm and some therapists offer telephone support on Saturday mornings. Are there any other time that you would want to access support? Please explain below.		
Answer Choice	Response Percent	Response Total
1	100.0%	51
answered		51
skipped		103

Out of the 154 respondents who completed the survey only 51 people completed this question, the main themes were:

- Weekends, evenings / night time hours
- 24/7 support should be available

There was strong sense of feeling that people could cope better during the day and that they felt that evenings and during the night can be the worst time for them,

Quotes

Mental illness is not specific to these times - has to be the right support at the right time

Make it more accessible for people who work shifts and may have to vary their times and days.

These hours are fine, more Saturdays would be useful, but the service is oversubscribed and it takes a while to be seen after assessment

24 hour support or certainly out of hours. Those who work and have children can find it tough during the day to find time to talk

Wasn't aware and wasn't told it was till 8pm

All weekend. Safe Space helps to fill this gap for people in a lot of emotional distress, but being able to contact someone at the weekend to plan an appointment could help people to feel like they are moving forward.

Evenings / night times are the worst time for mental health issues - if there was some form of access during the night (by website/webchat/online course) that would be more effective than just daytime appointments.

Q12.

If you have used or have referred to Talking Therapies, please tell us one thing you would change to improve your experience.		
Answer Choice	Response Percent	Response Total
1	100.0%	71
answered		71
skipped		83

Out of the 154 respondents who completed the survey 71 people completed this question. The main themes were

- Shorter waiting times around;
 - accessing therapy
 - 1-1 referrals to use group sessions
 - to see consultants
- IAPT needs to be more accessible;
 - more regular appointments
 - follow up calls
 - support which is not 'time-limited'

People also told us:

- Advertise the service more
- More talking therapy services as from referral to intervention can be a long time
- Someone with special interest such obesity, disordered eating, autism

- Communication with people and staying in contact
- More locations
- Go back to person centred approach using practitioners with life experience and empathic approach.

Quotes

Actually accept me as a patient and don't make a decision from one 30 min phone call, when I was feeling ok and optimistic for the help so came across obviously like I didn't need help

The session was one-sided with little or no contributions from the therapist. Therefore, at the time that sort of therapy was not appropriate for my situation. GPs should be better informed about what or when to refer to Talking Therapies rather than simply referring because they are free!

Therapists to understand that not everyone can access technology

Felt that the therapist talked more than I did, that it was more directive, rather than me exploring my own issues.

Shorter waiting list and check in with those on the waiting list.

I would also suggest that further links between secondary and primary care is needed- there are a number of barriers and clashes when trying to liaise with secondary care services as an IAPT service and lots of disagreements on what they will/won't accept. Further improvements need to be made in secondary care- again with further funding- as this significantly impacts on primary care IAPT services and the clients that we see.

Some sort of briefing or discussion beforehand would have been good - I just felt plunged into treatment, which was bewildering at the time. I didn't feel able to ask anything. The therapist was good and helped - the psychiatrist was rude and obnoxious and I wouldn't ever want to see him again

Communication after referral being accepted. Gaps are too long before initial conversation to first appointment without any information about what is happening and when - this fuels anxiety. A simple letter to explain clearly the process to say, you are on a waiting list and we hope to see you in and give a specific length of time e.g. one month

Triage would be good so people waiting are contacted regularly to say you are still on the waiting list - and to sign post to other services whilst waiting. Not knowing anything makes you think that nothing is happening, a simple contact every so often would alleviate a lot of stress and make people feel looked after. I understand there is a waiting time. Having communication which is clear holds the patient and enables them to wait without questioning if anything is happening.

Q13.

If you have used or have been referred to Talking Therapies, please tell us what works well from your experience.		
Answer Choice	Response Percent	Response Total
1	100.0%	60
	<i>answered</i>	60
	<i>skipped</i>	94

Out of the 154 people who responded to the survey, 60 people completed this question when asked if they had been referred to Talking Therapies.

Below are the themes from what people told us thought **worked well** from their experience:

- Seeing the same practitioner/counsellor
- Receiving one to one support
- Quick referral and assessment process and being able to self-refer and refer via email and telephone
- Telephone appointments
- Skilled staff who are non-judgmental, safe environment and feeling listened to
- Local venue

Quotes

Insight was great, CBT worked really well for me and made sure I had practical skills to take away after the sessions.

One to one, talking things through, recognising coping strategies and signs of stress. Not being judged, feeling as though I am heard and that I'm not wasting my life.

Psychodynamic psychotherapy has brought me sustained improvements in functioning at work, relationships and reduced symptoms of anxiety, depression and sleep problems. It has also massively improved my parenting so my children's mental health has improved.

The weekly phone call was useful as I was motivated to change and this helped me break down the things I could change and start to see things differently

I guess talking helps me decide for myself. In the end the therapists helped me get where I wanted by asking the right questions and the decision I came to was my own. That was very empowering.

The friendliness and openness of the people that I have spoken with, they are just like me, and that makes it more "normal" to feel like I am not alone

Q14.

Are you aware of online apps or courses to support your mental wellbeing?			
Answer Choice		Response Percent	Response Total
1	Yes	56.8%	71
2	No	43.2%	54
<i>answered</i>			125
<i>skipped</i>			29

125 people responded to this question. Just over half (59%) said that they were aware of online apps our course to support their mental wellbeing. And just under half (43%) said they weren't aware.

Q15.

Which apps or courses have you used and what for? (eg. Headspace for meditation and mindfulness)			
Answer Choice		Response Percent	Response Total
1		100.0%	71
<i>answered</i>			71
<i>skipped</i>			83

We asked people which apps or courses have they used and what for? 71 people commented, the themes from all comments are below:

The most popular app was Headspace (22 people) followed by Calm (12 people). The people used these apps were for mindfulness, mediation to ease / help with anxiety, help with OCD/depression, sleep

Some people (12) said they don't use apps. Reasons they said they didn't use apps were because they struggled with technology, they don't like using apps, or because of their conditions or they their reasons were too complex/complicated. One person said they hadn't used any but would now and will look them up.

Themes people suggested for apps or courses they have used were:

- Yoga
- Meditation
- Mindfulness
- Relaxation

Quotes

Yes Headspace, although would rather walk in fresh air than listen to my phone. Jessica Eaton Dr in Pschology online self help courses are really useful, she really seems to understand, working in a more trauma informed way.

I struggle with technology due to getting severe headaches from prolonged use.

None they all want access to my location and personal information. I suffer from paranoia I do not want people knowing where I am and having access to my details all the time.

These didn't help me... although as a NeuroDiverse person this may be why?

I wouldn't feel safe in some apps

I accessed some NHS resources for anxiety. Think from Northumbria mental health trust. They helped a lot to explain how I felt and gave simple exercises to do. This helped whilst I waited on the waiting list for CBT. This wasn't offered between triage and starting therapy. It should have been sign posted to at this point

Q16.

Did you find the apps or courses useful?			
Answer Choice		Response Percent	Response Total
1	Yes	50.0%	42
2	No	50.0%	42
Please explain why			55
answered			84
skipped			70

Following Q15 we asked those people who told us which apps or courses they've used. We then asked them if they found them useful? Out of the 84 people who answered this question exactly half (50%) answered yes and half (50%) answered no to finding the apps useful. We asked people to explain why,

Common themes from those who said they found them use were:

- People like the accessibility of being able to use them when they need them
- That they are simple to use
- Helped to relax and distract from thoughts and cope better
- Learnt new skills and techniques

Commons themes from those who said they didn't find them useful were:

- People prefer face to face contact or being able to talk someone
- Some people felt they were impersonal or unsafe and not confidential enough
- Prefer to do exercise or hobbies

Some people told us they hadn't used them because they weren't aware of them or they couldn't afford them.

Q17.

If you could access apps or courses to help improve your mood, build your confidence or improve your sleep - would you use them?		
Answer Choice	Response Percent	Response Total
1 Yes	53.3%	65
2 No	13.9%	17
3 Unsure	32.8%	40
<i>answered</i>		122
<i>skipped</i>		32

We asked people if they could access apps or course to help improve their mood, build confidence or improve sleep would they use them? Out of the 122 people who answered this question, just over half (53%) said yes. 32% of people said they were unsure and 14% said no.

Q18.

If you are interested in using apps or online courses - what would you like to see on offer? Please explain below.		
Answer Choice	Response Percent	Response Total
1	100.0%	48
<i>answered</i>		48
<i>skipped</i>		106

There were 48 responses to this question out of the 154 people who completed the survey. We asked if they were interested in using apps or online courses, what would they like to see on offer. Five people said this was not applicable to them and four people said they no they weren't interested.

Common themes from what people told us were:

- Free apps, or help to pay for them
- To help with insomnia, stress and anxiety
- Cognitive behavioural therapy (CBT)
- To help with;
 - confidence, self-esteem and coping mechanisms, resilience training
 - meditation, guided relaxation, general mindfulness
 - breathing techniques

There was a strong sense from people that apps can be too generalised and don't offer enough content. People want apps that can be tailored to support specific conditions such as:

- Overeating / eating disorders
- Hoarding / Cluttering
- Help to resolve past trauma

Quotes

I am Dyslexic and find Apps difficult to manage

I'm not sure a new app is necessary as there is already so much choice that is great quality. Perhaps a special offer to help make existing apps more affordable.

I think there is plenty good apps out there no need to reinvent the wheel; you need more face to face counselling

Apps that do not require access to my location all the time. Courses that were close to home and local to me

Something that enabled me to talk with a real person/therapist. Something that relaxed me or distracted me from my worries.

Q19.

What digital platforms and social media do you use now? Tick all that apply.		
Answer Choice	Response Percent	Response Total
1 WhatsApp	84.2%	96
2 Facetime	30.7%	35
3 Skype	22.8%	26
4 Web chat	9.6%	11
5 Apps	42.1%	48
6 Facebook	85.1%	97
7 Twitter	35.1%	40
8 Instagram	43.0%	49
answered		114
skipped		40

114 people out of 154 respondents answered this question. The two main digital platforms that people said they use is Facebook (85%) and WhatsApp (84%). The lowest used digital platform was web chat (10%).

Q20.

How would you feel about using guided self-help tools? Please tell us your views below. Guided self-help is where you work through a self-help workbook or computer course with the support of a therapist.			
Answer Choice		Response Percent	Response Total
1		100.0%	96
<i>answered</i>			96
<i>skipped</i>			58

96 respondents out of 154 completed this question. There was a mixed response, see below:

Of those people who had a **positive** response they told us:

- I would feel more independent
- Happy to do this, but with back-up from a real person
- Yes but only if it is decent. Please don't make your own there is good stuff out there already
- Useful for a few people who are well motivated. Good as a start whilst waiting for further treatment?
- Good for those who have had therapy when/if they start to relapse. Can do in own time at time that suits you
- I think this is a really good idea, potentially also a stepping stone whilst waiting to speak to someone

Of those people who had a **negative** response they told us:

- I am not looking for a certificate of competence so no. How is a book of one particular mental health issue written by one person going to help with everyone's DIFFERENT mental health issues?
- No I prefer to speak to a real person
- Not useful for people in crisis. Open to interpretation and no one picking up on warning signs
- Not tailored to individuals, struggle to read large amounts on screen.
- I prefer to work with a person not a book or computer.
- I don't find this as useful as having a more flexible and person-centred approach, where I am free to talk/discuss things in a way that works for me. This approach feels like homework and is less personal or tailored.
- I have done this as part of previous treatment. I found it very restrictive - I couldn't talk about and process the things I needed to with a counsellor / therapist because there was a rigid structured course to follow. It was not helpful.
- I spend time on a screen with work so I would not want to extend this by doing an online course - I want to have natural light and be stimulated by fresh air.
- I don't like working in isolation so online courses are not for me.
- Don't feel able to engage with something that relies on me pushing myself to do it.
- Working fulltime with a young family leaves little time for working though this kind of thing

Of those people who had a **neutral or mixed** response they told us:

- I would if I knew that there was evidence to support it and that a therapist was on hand to offer support if requested and to monitor progress
- For low level issues this may help but human contact is so valuable and we make less and less time for this these days.
- I have found them to be slightly helpful but really want to speak face to face with someone
- Not really sure that its more helpful to be more focussed on feelings and issues that are relevant at the time, rather than working through books and guides that someone else has written or devised.
- If they were autism aware it may work but I would still prefer 1 to 1 as I struggle to communicate my feelings
- It would depend on how User-Friendly it was
- I think it's important to have a range of things so that people can find what works for them.
- Needs to be personalised to needs of individual
- Would need to work alongside more personal support, such as group

Q21.

Do you have any other comments about Talking Therapies in Calderdale?		
Answer Choice	Response Percent	Response Total
1	100.0%	62
<i>answered</i>		62
<i>skipped</i>		92

Out of the 154 people who completed only 62 people completed this question. There was a mixture of positive and negative comments from people’s experiences and about this service and mental health services in general.

The most common theme was that **waiting times are too long**, other themes are below:

- Most people were happy with the experience they received however, did feel that they service was under resourced and more provision is needed
- People felt that there needs to be different levels of support for different needs and that there needs to be away of staying in touch with someone until they have reached the right support.
- People felt that more provision should also be provided within the voluntary and community sector
- Some people told us they had not heard of the service and others also said that the service needs more promotion

Quotes

More services or therapists are required as the waiting time is far too long when people are struggling they should not have to wait for months or years for support

I was very sceptical having tried before but the lady I saw was fab taught me coping strategies I'd not been told about before

The counsellor was lovely I can't remember her name. Every time I came out I felt as if more of the weight had been lifted from me. She was a fantastic listener and helped me to find myself again. Amazing woman

Criteria for access is limited, I was refused support for anxiety and stress due to having other medical conditions

I found it very helpful. It helped me a lot and I know I can always go back if I need to. It's a very valuable service that is on offer and should always have the funding to carry on.

You helped me. I can now deal with the negativity in my life calmly and as a 'parent'. Thank you

I had a few appointments with Insight two years ago, now when I self-referred myself again they told me my case was complicated and could not offer short term counselling

I think they need to be well-advertised. As with most things affiliated to my beloved NHS - too much demand and not enough supply

It is too hard to access the services. I tried twice and both times I was told that there was a long waiting list. I was desperate and could not wait three months so gave up.

I know it's down to funding but can waiting lists be looked at... reduced I mean

8. Equality

The survey returns have been analysed to understand if the sample who responded effectively represents the community of Calderdale, when compared to the census 2011 data; where gaps exist these will be highlighted.

The returns will also be analysed to understand if any equality groups felt differently than other respondents about IAPT. This will only be done for protected groups where there are enough responses to understand if any themes are emerging.

The free text responses will also be analysed to note any comments relating to equality have been made.

152 fully or partially completed the equality monitoring form. Given the sample size the analysis will be limited.

Representation

The sample of respondents will be compared to the demographics of Calderdale using data from the 2011 census, as previously noted the small sample size will have an impact on the percentages, with few people potentially having a large impact.

Postcodes

139 people provided postcodes, these have been analysed. Not all postcodes are in Calderdale but staff and carers were invited to respond, which may account for those out of area.

Postcode	Response Total	Response Percent
HX3	33	23.7%
HX2	19	13.7%
HD6	16	11.5%
HX1	16	11.5%
HX7	12	8.6%
OL14	10	7.2%
HX4	9	6.5%
HX6	8	5.8%
HX5	6	4.3%
HD3	3	2.2%
BD2	2	1.4%
BD12	1	0.7%
BD19	1	0.7%
HD8	1	0.7%
WF1	1	0.7%
WF12	1	0.7%

Who is this form about?		Response Percent	Response Total
1	Me	94.9%	129
2	Someone else - using their information	5.1%	7

Sex

Women are overrepresented to a significant degree in this survey, as men are likely to experience at least the same levels of mental health distress but less likely to use services this means we will have not heard men's views on the current provision or their ideas for the future.

Sex	Population	Respondents	
	%	No.	%
Female	51.1	109	79.0%
Male	48.9	23	16.7%
Prefer not to say		6	4.3%

The survey respondents are not reflective of the Calderdale community, but IAPT is an adult service so a gap for children and younger people could be expected. There are smaller gaps for people over 19 and under 29. The gap emerges again over 75, this may be

because some older people accept lower level mental health issues as part of aging and don't seek help.

Age	Population	Respondents	
	%	No.	%
0-4	6.3%	0	0.0%
5-9	5.9%	0	0.0%
10-14	6.2%	0	0.0%
15-19	6.2%	0	0.0%
20-24	5.6%	4	3.3%
25-29	5.9%	6	4.9%
30-34	6.1%	15	12.3%
35-39	6.7%	11	9.0%
40-44	7.8%	16	13.1%
45-49	7.8%	11	9.0%
50-54	7.0%	18	14.8%
55-59	6.1%	14	11.5%
60-64	6.5%	3	2.5%
65-69	4.8%	9	7.4%
70-74	3.8%	13	10.7%
75-79	2.9%	0	0.0%
80-84	2.3%	1	0.8%
85-89	1.4%	1	0.8%
90-94	0.6%	0	0.0%
95-99	0.1%	0	0.0%
100 and over	0.0%	0	0.0%

Respondents were asked if they had children, people may have responsibility for more than one child.

Are you a parent/primary carer of a child or children, if yes, how old are they?		Response Percent	Response Total
1	0-4	28.6%	16
2	5-9	23.2%	13
3	10-14	30.4%	17
4	15-19	39.3%	22
5	Prefer not to say	8.9%	5

Country of birth

91.8% of respondents were born in the UK of the rest the following countries were identified;

Afghanistan	1	0.7%
Canada	1	0.7%
Germany	1	0.7%

Greece	1	0.7%
New Zealand	1	0.7%
Pakistan	1	0.7%
South Africa	1	0.7%
Zimbabwe	1	0.7%
Ireland	3	2.2%

Religion

Christians are underrepresented in the sample; however at 37% of the respondents their views should have been heard. For Muslim people there is a significant gap in terms of the sample which will mean their views have not been collected.

Religion	Population %	Respondents	
		No.	%
Buddhism	0.3	4	3.0%
Christianity	56.3	50	37.3%
Hinduism	0.3	0	0.0%
Islam	7.3	2	1.5%
Judaism	0.1	0	0.0%
Sikhism	0.2	1	0.7%
No religion	28.1	61	45.5%
Prefer not to say		10	7.5%
Other	7.4	6	4.5%

Of those who defined as other the following religions were described – Catholic x 2, Humanist and Pagan.

Ethnicity

Of the groups under-represented the most significant gap is for Asian/Asian British people of Pakistani heritage. This will mean that this groups views will not have been heard in this survey.

Ethnic group/background	Population %	Respondents	
		No.	%
Asian or Asian British	8.3		
Pakistani	6.8	2	1.5
Bangladeshi	0.3	0	0
Chinese	0.2	0	0
Indian	0.6	1	0.7
Any other Asian background	0.4	1	0.7
Black or Black British	0.4		
African	0.2	0	0
Caribbean	0.2	0	0
Any other Black/African/Caribbean background	0.0	0	0

Mixed or multiple ethnic groups	1.3		
White and Asian	0.4	0	0
White and Black African	0.1	0	0
White and Black Caribbean	0.5	1	0.7
Any other Mixed/Multiple ethnic background	0.3	0	0
White	89.7		
English, Welsh, Scottish, Northern Irish, British	86.7	113	83.7%
Irish	0.9	3	2.2%
Gypsy or Irish Traveller	0.0	0	0.0%
Any other White background	2.1	4	3.0%
Other ethnic group	0.3		
Arab	0.1	0	0
Other ethnic background, please describe	0.2	1	0.7
Prefer not to say		9	6.7

The person who described as other defined as 'human'

Disability

Disabled people were represented in the survey, though given the nature of the topic it would be hoped that more disabled people may be represented. Of those who stated their impairment type/s the majority recorded mental health problems.

Disabled*	Population %	Respondents	
		No.	%
Yes		24	17.6
Limited a lot	8.2		
Limited a little	9.7		

*from 2011 Census –'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?' (Limited a lot and limited a little).

Impairment type	Respondents	
	No.	%
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	14	18.4%
Sensory impairment (such as being blind / having a serious visual impairment or being	5	6.6%

deaf / having a serious hearing impairment)		
Mental health condition (such as depression or schizophrenia)	43	56.6%
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	10	13.2%
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	22	28.9%
Prefer not to say	1	1.3%
Other	13	17.1%

Of those who defined as other the following were described; Undiagnosed issues that maybe learning difficulties, Autism x 4, Eczema & Asthma, COPD, Hypothyroidism, asthma & borderline osteoporosis, Lupus & under active thyroid and Multiple Sclerosis

Carers

There was a good level of representation for carers in the survey.

Carers	Population	Respondents	
	%	No.	%
Yes	10.5	28	21.9
Prefer not to say		3	2.3

Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual, in 2011-12. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

There was a good level of representation of LGB people responding to the survey, though a limited number of lesbian and gay respondents.

Sexual orientation	Respondents	
	No.	%
Bisexual (both sexes)	10	7.5%
Gay (same sex)	1	0.7%
Heterosexual/straight (opposite sex)	107	79.9%
Lesbian (same sex)	2	1.5%

Other	0	0
Prefer not to say	14	10.4%

Do you consider yourself to be a Trans* person?

1 person described themselves as trans.

Do you/or anyone you live with get any types of these benefits?

There is limited published information about broad benefits claimants.

Do you/or anyone you live with get any types of these benefits?	Response Percent	Response Total
Yes	21.6%	29

1 person was pregnant or had given birth in the previous 6 months.

Analysis of data

The data was analysed and reviewed to determine if any themes emerged for equality groups.

The free text responses were reviewed to highlight any content which related to protected groups, with the exception of mental health as the majority of comments understandably feature this.

A number of the issues/concerns related to disability; autism, ADHD, dyslexia and some comments about carers and young people.

If you answered yes, what support did you receive and was it helpful? Please explain below.

Talking therapy after 6 months wait. Person inexperienced with autism, was discharged after 4 sessions as she felt she couldn't work with me

The only time I've felt disappointed was when (some years ago) I plucked up courage to talk about my possibly having ADHD or similar. I was advised to talk with Insight - at the time, I felt as if my enquiry had really been dismissed, and I didn't see what the relevance was of going to Insight, nor was it explained to me. Result ... I didn't go ... couldn't countenance at the time, disclosing such personal stuff to another organisation that I didn't feel I had a relationship with ... ADHD is an embarrassing thing to own up to, and this somewhat abrupt referral, devoid of any elaboration, gave me the message that people aren't supposed to present with "awkward" possible diagnoses; also that perhaps the local MH services didn't really cater for this kind of thing. Result: I still feel like maybe I have ADHD

I had one to one counselling. A couple of years ago I was diagnosed with a long term health condition which left me unable to work and it changed my life dramatically. I really hadn't dealt with that and wasn't coping. I also attended a course for a few weeks (once weekly) that enabled me to continue healthy ways to manage my mental health and my long term condition

How could it be made easier? Please tell us more below.

Make in different formats (I have dyslexia)

There is no pathway to see a psych for medication review in Calderdale if you have autism. We were only seen as I complained to SWYFT

If you have used or have referred to Talking Therapies, please tell us one thing you would change to improve your experience.

That they have autism training I didn't complete the course of therapy sessions as it wasn't modified for me so it wasn't helpful

Therapists to understand that not everyone can access technology. Make it accessible to autistic people. Have been turned away five times now from IABT CBT for no apparent reason. Have been told that the service has acted in accordance with its own policy, thus dismissing any liability of malpractice or discrimination against disabled persons

Don't refuse to treat people with a Neurodevelopmental condition, work with user led organisations to change your therapy for this population. Challenge policy and procedure that creates barriers to treating people.

That carers and relatives of people with mental health problems need to be offered support, need to be able to access support when they ask and need to be able to self-refer to be seen quickly. We are the buffer between the mental illness and the outside world. If you lose us, it will then become everyone's problem. Not everyone is equipped to care for someone with mental health problems and many of us have no choice. We aren't robots, we can't do it in isolation. We also aren't at the forefront of mental health, we are the forgotten and ignored.

Missed appointments don't tend to be rebooked. I missed one appointment because at the time I was in an abusive relationship so I used a different SIM card and because I forgot to switch, I missed that appointment which I'd looked forward to all week.

They need to have better referral pathways for specialist services particularly Sexual violence

Someone with special interest in obesity or disordered eating

If you have used or have referred to Talking Therapies, please tell us what works well from your experience.

Didn't attend long enough to find out. I was discharged after 4 sessions cos they felt they couldn't work with autistic person

Evening appointments as well as during the day (for people tied up with work, caring responsibilities etc). Initial consultation by phone is fine by me ... saves a trip.

I keep having to go back every couple of years, it helps but I think it would be more effective long term to explore the why's, maybe consider possibility of autism or ADHD being behind some anxieties, trauma from childhood. I feel like I have had sticking plasters.

If you are interested in using apps or online courses - what would you like to see on offer? Please explain below.

I am Dyslexic and find Apps difficult to manage

How would you feel about using guided self-help tools? Please tell us your views below.

Not tailored to individuals, struggle to read large amounts on screen.

If they were autism aware it may work but I would still prefer 1 to 1 as I struggle to communicate my feelings

Don't feel able to engage with something that relies on me pushing myself to do it. Working fulltime with a young family leaves little time for working through this kind of thing

Do you have any other comments about Talking Therapies in Calderdale?

Relatives are crucial to recovery and managing their conditions, yet they are given no support to do this

Criteria for access is limited, I was refused support for anxiety and stress due to having other medical problems.

Complaints procedure difficult and contrived to make it hard to complain and very unfriendly for cognitively impaired service users.

Why doesn't my GP know about them? How do I get my GP to see that caring for my relative is consuming and at times, overwhelming? Where is the support for families?

Equality themes

The data was analysed to understand if there were any equality themes for protected groups, however when only service users were considered there were too few respondents to be able to effectively analyse equality groups. When all respondents were considered only those in receipt of benefits, disabled people and carers had enough respondents to analyse. Other groups included were members of staff, referrers, the public and carers.

Disabled people

The data related to disabled and non-disabled respondents was extracted and compared to determine if any themes emerged. 24 disabled people completed the survey; 75% of whom were service users.

Of the disabled people answering the survey 75% were service users compared to 31% of non-disabled people. This may have an impact on the results described below.

When asked if you were worried about your mental wellbeing, what would you do? Disabled people were most likely to call their GP (91%), or chat with a family member (61%) or friend (52%). Non-disabled people had similar responses with lower percentages, they were more likely than disabled people to use the internet; google it (27%) and look online or use an app (24%) which compares to google it (0%) and look online or use an app (4%).

95% of disabled people had tried to access support for their mental wellbeing contrasted with 62% of non-disabled people.

39% of disabled people found the support they were looking for compared to 52% of non-disabled people.

When asked what other things do you do to manage your mental wellbeing disabled people most answered 'other' (70%) non-disabled people were most likely to take part in a physical activity (72%).

What is your preferred method of support for managing your mental wellbeing – for disabled people 87% wanted one to one support with 54% wanting support in the community. Similarly non-disabled people wanted one to one support (82%) but their desire for support in the community was much lower 21%.

The majority of disabled people had accessed talking therapies in Calderdale (83%) compared to 40% of non-disabled people. Non-disabled people had accessed mostly by self-referral (40%) and through the GP (36%) compared to 69% of disabled people had been referred by their GP with only 22% self-referring.

Disabled people were more likely to be aware of digital technology (66%) compared to 54% of non-disabled people. There were similar results in terms of finding them useful.

Carers

All responses were analysed and the results for carers and non-carers compared to understand if there were any notable issues. There were 28 carers and 97 were not carers.

39% of carers were service users compared to 44% of non-carers.

Carers and non-carers results were similar when asked what they would do if they were worried about their mental health but carers were more likely to discuss with a friend than a family member. They were also more likely to go to A&E or a walk in centre than people who didn't provide care.

Similar numbers had tried to access help for their mental health but were less successful; 34% of carers found the support they were looking for compared to 52% non-carers.

While the top result for 'what is your preferred method of support for managing your mental wellbeing' was the same for both groups; one to one support, support in the community came next for carers. Similar percentages had accessed talking therapies in Calderdale carers and were slightly more likely to have self-referred.

There were similar levels of awareness of online courses or apps to support your mental wellbeing for both carers and others, but carers found them less useful; 39% versus 59% for non-carers.

Benefits

A similar analysis was undertaken for people who said they were in receipt of benefits, the question specifies the following benefits; Universal Credit, Housing Benefit, Income Support, Pension Credit - Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit. In this survey this was 29 people of which 18 were service users (62%) this compares with 35% of service users who didn't receive benefits.

The results for what people would do if they were concerned about their mental health the top 3 ranked results were the same, the differences came in using google/apps and other online resources which when added together came to 20% for those in receipt of benefits compared to 50%.

86% of benefit recipients had tried to access support compared to 66%, in terms of success those who were not in receipt of benefits found the support they were looking for (55%), this contrasts to 28% of those who did receive benefits.

Both groups preferred one to one support, but there was a contrast in the second most popular choice; for those receiving benefits 42% wanted support in the community then group work; 32%. For those who didn't receive benefits the second choice was online support 24%, then support in the community 21%.

When considering talking therapies 69% of those in receipt of benefits had used the service compared with 45%.the access routes to talking therapies closely matched.

More people who didn't receive benefits were aware of online apps or courses to support your mental wellbeing (67%) compared to 50% of those receiving benefits. People who didn't receive benefits also found the courses more useful (52%) contrasted to 41%.

Other results were very comparable.

9. Overall findings and common themes

The overall findings and common themes from the engagement are summarised below:

The majority of people told us that if they were worried about their mental health that they would contact their GP for an appointment. This was closely followed by contacting family or friends. Some people also said that they would check an online website or app.

There were mixed responses from people who had accessed support for their mental wellbeing in terms of whether they found the support they were looking for and whether they found it helpful or not.

- Of those that said they did find the support they were looking for there was a mixture of what types of support they received such as; medication, meditation, talking therapies, counselling, course and going to groups.

- For those that said they didn't find the support they were looking for most felt that they had to wait too long for the support.
- There were other mixed comments from people who thought some of the support they received was helpful and other aspects not so helpful. It appears from the all the comments that the experiences people had was relative to each individual person and their circumstances at the time.

The most preferred ways people told us how they manage their mental being was taking part in physical activity or talking with family or friends. Other popular ways people said they manage their mental wellbeing is by attending groups, classes, taking up hobbies or doing mindfulness and relaxation techniques.

There was a mixed response from people in terms of digital support.

- Some people told us they were aware of online apps our courses to support their mental wellbeing and others said they weren't aware.
- Of those that were aware some told us that digital support such as apps, online courses; webchats were not a preferred method of managing their mental wellbeing.
- However, people who told us they were aware and were happy with the digital support they received said they like to use them for mindfulness, mediation to ease / help with anxiety, help with OCD/depression and sleep. And that they liked the accessibility of being able to use them when they need them
- Others said that they don't use apps for reasons such as they didn't use apps were because they struggled with technology, they don't like using apps, or because of their conditions or their reasons were too complex / complicated.

People told us that one to one support, face to face contact and being able to stay in touch was important to them. As well as support not being time limited and being able to access support in the community.

The majority of people who said they had accessed talking therapies said that they accessed it via their GP, closely followed by self-referral. And most people said that they thought it was easy to find information about talking therapies. However, there were several comments from people who said that there should be more awareness and promotion of the service.

Overall the majority of people are happy with the service they received or have received. From the comments that were received from people who told us 'what works well from their experience' there were more positive than negative. The most common themes from people were:

- Competent, interested, non-judgemental and compassionate staff
- Building a trusting relationship and consistency of seeing the same person
- Access to the service including telephone appointments and the referral system such as being able to self-refer
- Receiving one to one support and practical advice

Other themes from the comments received about Talking Therapies in Calderdale were:

- People want to access to services quickly and shorter waiting times around;
 - accessing therapy
 - 1-1 referrals to use group sessions

- to see consultants
- People wanted support which is not 'time-limited'
- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred
- People wanted more self-help groups
- People wanted the CCG to invest in more IAPT services

10. Overall equality themes

There were some significant gaps in representation, when compared with the Calderdale population but also when considering underrepresented users within IAPT services. These gaps also replicate those in the 2018 engagement on adult psychological services.

The gaps are;

- Men
- Young people under 29 and older people over 75
- Christians (though at 37% views have been heard)
- Muslims
- People from Pakistani ethnic groups

Due to these gaps it has not been possible to understand different views of equality groups.

Caution needs to be paid to these results as they are based on cohorts of over 20 but under 30 respondents

Where numbers were available; disabled people; carers and those in receipt of benefits analysis has been undertaken and found;

Disabled people

- Disabled people were less likely to use apps and the internet
- Less likely to get the support they need
- Would like support in the community

Carers

- More likely to go to A&E and walk-in
- Less successful in accessing support
- Found online courses and apps less useful

Benefit recipients

- Less likely to use google or apps
- Less successful at getting support
- More likely to want support in the community

Free text comments also highlighted some of these groups' particularly disabled people. There were comments regarding autism, ADHD and dyslexia and requests to understand that carers need support too. There were comments about the lack of specialist knowledge and support for people with autism or those surviving abuse.

It was not possible to identify themes for people from different ethnicities, ages, religions (other than Christian) as too few people responded to the survey. This is a significant gap when considering the IAPT service.

11. Recommendations

It is recommended that further engagement is carried out in order to reach the gaps identified in this report for improving access to low level physiological services and gaps which were also identified in 2018 when engagement took place on adult psychological services.

The gaps are;

- Men
- Young people under 29 and older people over 75
- Christians (though at 37% views have been heard)
- Muslims
- People from Pakistani ethnic groups

It is also recommended to identify different ways of engaging these groups in order to gain their views for example holding one to one interviews or targeted focus groups.

12. How the findings will be used to inform our plans

The next steps following the recommendation of further engagement will be for the CCG to consider all the views and feedback within this report along with the EIA to inform the future of mental health services in Calderdale. We will do this by holding a stakeholder workshop to discuss the engagement findings and coproduce solutions.

The findings will also be shared through internal governance and with the Mental Health Innovation Hub.

The report will be published on the CCG website and next steps explained following consideration of the findings.

Appendix

Improving Access to Talking Therapies for adults in Calderdale

Engagement, Equality and Communication Plan

January 2020

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1. Introduction

NHS Calderdale Clinical Commissioning Group (CCG) is responsible for planning and buying healthcare services for the local population.

The purpose of the 'Engagement, Equality and Communication' plan is to describe a process which will help us to further engage people who work in and use Talking Therapies. NHS Calderdale CCG wants to ensure that future services meet the needs of the local population.

This plan describes the services currently provided by IAPT, the legislation relating to any service change, what we already know and how the CCG will continue to engage people who use these services.

2. Background

National context

The national Improving Access to Psychological Therapies (IAPT) programme was developed as a systematic way to organise and improve the delivery of, and access to, evidence-based psychological therapies for adults aged 18 years and above within the NHS. IAPT provides low level interventions focused on depression and anxiety, it has been in existence since 2008 and CCGs are required to commission it under part of the Five Year Forward View for Mental Health and the NHS Long Term Plan.

Psychological Therapy services provide support to people requiring longer term or experiencing more complex psychological interventions.

IAPT is a service which helps people with low level mental health, such as depression and anxiety to access psychological therapies. The service offers a range of talking therapies, advice, information and support. IAPT provide support from a psychological wellbeing practitioner in terms of cognitive behavioural therapy, guided self-help and courses. The most appropriate treatment for the individual is agreed, following an assessment.

Local context

In Calderdale, IAPT is commissioned under the 'Any Qualified Provider model' whereby an individual can choose from a range of approved providers all of whom meet NHS standards. There are currently two providers – Insight Healthcare and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

The contracts for IAPT are due to expire in April 2020. The CCG has recently initiated the process to increase the number of providers under the Any Qualified Provider arrangement until 2022

The IAPT model now extends to people with long-term physical health conditions, and has a digital therapy options available. The contract extension until 2022 with a break clause after

12 months provides an opportunity to undertake an engagement process to evaluate current provision and shape the future IAPT service specification.

In 2018 engagement activity took place in Calderdale around adult psychological services and captured feedback about a range of psychological interventions included as part of the IAPT offer; this includes CBT, guided self-help and counselling services. The above engagement findings identified gaps in;

- an **under representation** of responses from individuals under 20 years, over 65 years, men, the South Asian community and pregnant women.
- Some demographic information is collated and reflects the above; information regarding sexual orientation **is not** collected.

National research identifies a higher prevalence of mental health issues within the indicated groups thus it is essential to actively engage to identify and remove barriers to access the service.

Other themes identified from this engagement can be found in section 6.

3. The purpose of the plan

The purpose of the plan is to provide information on our approach to engaging with key stakeholders on adult psychological services. The aim of further engagement is to also address the gaps identified in previous engagement activity and the equality impact assessment (EIA). The key audiences and communities for this engagement will be:

- Service users
- Families and carers
- Staff
- Referrers to IAPT
- People who represent the follow communities;
 - Black and Minority Ethnic groups
 - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
 - Young people
 - People over 65

The plan sets out why we need to engage with these stakeholders, which includes the legislation we must work to and our approach to engagement.

The CCG as part of their legal responsibilities need to ensure that they continue to involve people in the development, design and delivery of adult psychological services. Any proposals following this period of engagement that constitute significant service change will be subject to formal consultation. If required a separate consultation plan will be developed to support this process

As part of our equality duty, we must consider equality at each stage of the decision-making process. What this means in practice is that this we will consider equality in the development of our plan to enable us to make fair and informed decisions; identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and ensure we comply with our statutory responsibilities under the Equality Act

2010. To evidence that equality is being properly considered as part of the decision-making process, an equality impact assessment (EIA) will be carried out.

We must ensure that any service change follows a legal process. The legislation the CCG must work to is set out below.

4. Legislation

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services

- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

5. Principles for Engagement

In addition to the legislation NHS Calderdale CCG has a 'Patient Engagement and Experience Strategy'. This strategy has been developed alongside key stakeholders. The strategy set out our approach to engagement and what the public can expect when we deliver any engagement activity. The principles state that we will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The strategy sets out what the public can reasonably expect us to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

6. What we already know?

In 2018 NHS Calderdale CCG completed an engagement exercise to listen to the views and experiences of people in Calderdale, who had used any of the psychological services provided by South West Yorkshire Partnership NHS Foundation Trust or Insight Healthcare. This included both low level support IAPT, and secondary care psychology including psychotherapy, art therapy and where more complex support maybe needed.

We asked people to rate services they had used, what travel method they used and what duration of travel they would be prepared to do, plus what is important when using a service and what other type of support the CCG should commission.

We received 175 responses from the engagement and themes from what you told us are below;

- Building a trusting relationship with the therapist
- Staff to be competent, interested, non-judgemental and compassionate
- People want to access services quickly with no long waiting lists
- People wanted support which is not 'time-limited'
- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred

- People wanted more self-help groups
- People wanted the CCG to invest in more IAPT services

If you would like to see the full report you can download [by clicking here](#) or go to the engagement and consultation page on Calderdale CCGs website www.calderdaleccg.nhs.uk/

The CCG continues to review secondary psychology services which provides therapy/solutions for people who have more complex needs, including how to reduce waiting times in secondary care and is working closely with South West Yorkshire Mental Health Trust on this.

The information will be used to ensure we have engaged a representative sample of the community and to establish whether there are any trends in opinion and feedback. The data will be used to support the development of the EQIA and provide assurance that any potential impacts on protected groups have been raised with the relevant decision-making bodies.

7. Aim and objectives of the engagement activity

NHS Calderdale CCG would like to gather people's views and experiences of using the current IAPT services. As well as ideas of how they feel the service could be improved. The feedback will be used to inform and shape a psychological service which meets the needs of local people.

The purpose of the engagement is about providing people in Calderdale with accessible and appropriate psychological support to help improve and maintain their mental wellbeing.

Further to the 2018 engagement, the CCG would like to further engage to look specifically at IAPT services for low level mental health and how they can be developed.

The CCG want to review how IAPT services are delivered in Calderdale. The engagement will look at what's working and what opportunities there are to provide low level mental health interventions in different ways.

The CCG want to obtain feedback and ideas from people who have used IAPT services since June 2018 along with staff, referrers and people who feel IAPT services are not for them.

We would like to know more about:

- How patients manage their mental wellbeing
- What patients and staff's experience are of the IAPT service
- Exploring the use of digital technology to support managing your mental wellbeing

The feedback will be used to inform and shape a service which meets the needs of local people with low level mental health needs.

In order to deliver this aim the CCG will need to ensure the views of those currently using IAPT services have been captured and considered. In order to deliver the objectives the CCG will;

- Communicate clearly and simply any messages in an accessible format
- Use appropriate engagement approaches to engage all stakeholders
- Ensure we gather feedback which will help the CCG to understand if there are any particular impacts on the nine protected groups as defined by the Equality Act 2010
- Analyse and identify key themes from key stakeholders including gathering information to support an Equality Impact Assessment (EQIA)
- Feed back to those people involved the outcome of any engagement and equality activity
- Ensure the engagement is captured accurately in order to help inform the development of proposals
- Ensure any engagement and equality activity is delivered in line with current legislation

8. Engagement

The engagement will take place over a five week period from 3 February to 6 March. The CCGs approach to engagement will be to use existing services and mechanisms who can reach each of the target audiences. This approach will ensure that the views gathered are done so by using the CCG as a facilitator to support the engagement with help and support from the providers. Engagement with staff will be the responsibility of the organisation providing services.

8.1 Survey

Using a survey tool a number of questions will be asked of all the key stakeholders (see appendix 1) in addition each respondent will be asked to complete an equality monitoring form. All responses will be gathered by the CCG through the CCG Freepost address or Smart survey tool. The returns will not identify individuals by name but people will be asked to identify the stakeholder group they belong to and the service they use. The set of questions will be asked using a number of different methods and approaches which are described below.

8.2 Groups, organisations and individuals who want to respond without a survey

Groups, organisations or individuals who want to respond to the engagement using a method that is more comfortable to them such as focus groups will be encouraged to do so. In order to gather people's views we understand that a survey is not always an appropriate tool for reaching some people.

Any emails, letters or correspondence written or verbal will be included in the engagement. This approach may restrict the gathering of equality data but the views on mental health service users at this stage will be encouraged through a range of options.

9. Communication

Existing communication channels will be utilised to reach key stakeholders and ensure any information on the engagement and opportunities to provide views and comments are promoted. The CCG will;

- Promote the engagement activity via the CCG website and Twitter account

- Support the production and distribution of any engagement materials including any supporting Q&A documents.
- Work with communications colleagues to develop further collateral

The methods below will also be supported by the communication lead for the organisation who will use the following delivery methods to reach each of the named target audiences:

Target Audience	Delivery Method
People who use services, carers and families	Raise awareness of the engagement through: <ul style="list-style-type: none"> • Membership forums • Third Sector networks • Patient groups • Carers groups
Referrers to IAPT	<ul style="list-style-type: none"> • GPs • Local Authority • Mental Health professionals • Third sector organisations
Staff	<ul style="list-style-type: none"> • Staff briefings • Internal bulletins • Staff Intranets • Cascades at meetings through managers.
Healthwatch	Email and personal discussions

10. Equality

Engagement activity should include all protected groups and other relevant groups. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed prior to any formal consultation.

The data from the engagement activity will be combined with other data and research to develop the EQIA. This will help us to understand the potential impact of the proposals on different groups so that these can be fed into the decision making process.

11. Non pay budget required

<p>Engagement Budget</p>

Item	Estimated Cost
Interpreters	TBC
Advocacy	TBC
Engagement documents (Printing cost)	TBC
Accessible formats – language, large print, Braille and easy read	On request TBC
Workshop – co-produce service specification	TBC
Involvement in the procurement process	TBC
Maximum total budget required	??

12. Analysis of data and presentation of findings

The findings from the engagement will be used alongside any existing intelligence to inform the development of proposals. All intelligence will be captured into one report. This report will provide an overview of the views of key stakeholders.

The report will be received through internal reporting mechanisms and a decision will be made on the next steps which may involve a formal consultation process. In this case a separate consultation plan and process will be developed. The process for ensuring we consider views is in stages. The stages are listed below:

- **Stage 1** – Listen to what people have to tell us about psychological therapy services as part of an engagement process.

The following stages would take place, if significant change was identified.

- **Stage 2** – Develop a model with the findings from engagement.
- **Stage 3** – Identify proposals for the service. Proposals that are deemed as significant service change will be subject to formal consultation.
- **Stage 4** – Develop a consultation plan and involve Overview and Scrutiny Committees in the plans for consultation. At this stage a draft consultation plan and questionnaire will be developed.

13. High level time line for the delivery of engagement, equality and consultation

What	By When
Preparation and planning for engagement	January 2020

EQIA – initial scope starts subsequent development throughout the period of engagement	December 2019
Engagement to start (5 weeks)	3 February 2020
Engagement closes	6 March 2020
Data input	9-13 March 2020
Report of findings starts – engagement/ equality analysis	20 March 2020
Report complete and shared on CCG website	TBC
Proposals developed. Feedback to key stakeholders	TBC

Improving Access to Talking Therapies for adults in Calderdale

NHS Calderdale Clinical Commissioning Group (CCG) is responsible for planning and buying healthcare services for the local population. We are looking at how we can improve services and would like hear your ideas and experiences how we could do this.

Talking Therapies includes CBT, anxiety management, managing depression and counselling and helps people with low mental health issues. It is about providing people in Calderdale with accessible and appropriate psychological support to help improve and maintain their mental wellbeing.

In Calderdale Talking Therapies are currently provided by Insight Healthcare and South West Yorkshire Partnership NHS Foundation Trust. These services are also known as IAPT (Improving Access to Psychological Therapy).

Calderdale CCG would like to gather people's views and experiences of using the current talking therapies services. As well as your ideas of how you feel the service could be improved. Your feedback will be used to inform and shape a psychological service which meets the needs of local people.

We would appreciate if you could take five minutes to share your thoughts/experiences with us by completing this survey. Your views are very important to us.

Background

In 2018 NHS Calderdale CCG completed an engagement exercise to listen to the views and experiences of people in Calderdale, who had used any of the psychological services provided by South West Yorkshire Partnership NHS Foundation Trust or Insight Healthcare.

This included both low level talking therapies and secondary care psychology including psychotherapy, art therapy where more complex support maybe needed.

We asked people to rate services they had used, what travel method they used and what duration of travel they would be prepared to do, plus what is important when using a service and what other type of support the CCG should commission.

We received 175 responses from the engagement and themes from what you told us are below;

- Building a trusting relationship with the therapist
- Staff to be competent, interested, non-judgemental and compassionate
- People want to access services quickly with no long waiting lists
- People wanted support which is not 'time-limited'
- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred
- People wanted more self-help groups
- People wanted the CCG to invest in more talking therapies

If you would like to see the full report you can download [by clicking here](#) or go to the engagement and consultation page on Calderdale CCGs website www.calderdaleccg.nhs.uk/

The CCG continues to review secondary psychology services which provides therapy for people who have more complex needs, including how to reduce waiting times in secondary care and is working closely with South West Yorkshire Mental Health Trust on this.

What do we want to know?

Further to the 2018 engagement, the CCG are now in a position to look further at talking therapies services and how they can be developed.

The CCG want to review how talking therapies are delivered in Calderdale. The engagement will look at what's working and what opportunities there are to provide low level mental health interventions in different ways.

We want to obtain feedback and ideas from people who have used talking therapies since June 2018 along with staff, referrers and people who feel talking therapies are not for them. This will support the CCG to shape talking therapies in the future.

We would like to know more about:

- How you manage your mental wellbeing
- What patients and staff's experience are of the talking therapies
- Exploring the use of digital technology to support managing your mental wellbeing

Your feedback will be used to inform and shape a service which meets the needs of local people with low level mental health needs.

Closing date for the survey

The closing date for the survey is Friday 6 March 2020.

How can you have your say?

If you want to fill in the survey online you can find it at on the CCG website [here](#), or return it to the **freepost** address provided.

If you require the survey in another format or language or need some help to complete the survey please call 01422- 307408 (Monday – Friday 9am until 5pm) and someone will help you.

Improving Access to Talking Therapies for adults in Calderdale

Section: About you

Q1. Please tell us the first part of your postcode only (e.g. HX3)	
Q2. I am answering this survey as:	
A service user	
A member of the public	
A referrer	

A member of staff	
Other eg. Carer/relative of service user (please tell us)	

Section: Managing your mental wellbeing

Q3. If you were worried about your mental wellbeing, what would you do?	
<input type="checkbox"/>	Ring your GP practice
<input type="checkbox"/>	Go to a Walk-in Centre
<input type="checkbox"/>	Go to Accident & Emergency (A&E)
<input type="checkbox"/>	Go your local chemist
<input type="checkbox"/>	Ring 111
<input type="checkbox"/>	Google it
<input type="checkbox"/>	Check an online website or app (like NHS Choices)
<input type="checkbox"/>	Discuss it with a family member
<input type="checkbox"/>	Discuss it with a friend
<input type="checkbox"/>	Ignore it and hope it goes away
<input type="checkbox"/>	Something else (please tell us below)
Q4. Have you tried to access support for your mental wellbeing? If no, what did you do?	Yes/No
Q5. Did you find the support you were looking for?	Yes/No
Q6. What support did you receive and was it helpful?	
Q7. What other things do you do to manage your mental wellbeing? (eg. Take part in physical activity, talk with family/friends, attend a group)	
Q8. What is your preferred method of support for managing your mental wellbeing?	
Online <input type="checkbox"/> One to one <input type="checkbox"/> Telephone <input type="checkbox"/> Group work <input type="checkbox"/> Web chat <input type="checkbox"/> Course (attended classroom) <input type="checkbox"/> Online course (complete on computer) <input type="checkbox"/> Drop in session <input type="checkbox"/> Support in the community <input type="checkbox"/> Use of an app <input type="checkbox"/>	

Section: Talking Therapies

Talking Therapies helps people with low level mental health problems, such as depression and anxiety to access psychological therapies. It is about providing people in Calderdale

with accessible and appropriate psychological support to help improve and maintain their mental wellbeing. In Calderdale Talking Therapies is currently provided by Insight Healthcare and South West Yorkshire Partnership NHS Foundation Trust.

Q9. Have you accessed Talking Therapies in Calderdale? Yes/No

If yes, how did you access them?

Self-referral

Referred by your GP

Referred by a mental health worker

Voluntary organisation

Other (please state)

Q10. How easy is it to find out information about Talking Therapies in Calderdale?

Very easy Easy Difficult Very difficult Don't know

How could it be made easier?

Q11. Talking Therapies currently operate Monday to Friday 8am-8pm and some therapists offer telephone support on Saturday mornings. What other times would you want Talking Therapies support to be available?

Q12. If you have used or referred to Talking Therapies:

a. tell us one thing you would change to improve your experience.

b. tell us what works well with Talking Therapies from your experience.

Section: Use of digital technology

Services have developed digital technology to support people's health and wellbeing such as apps for your phone, reminders for appointments, online chat rooms and blogs to read.

Q13. Are you aware of apps/courses available to support your mental wellbeing? Yes/No

Q14. Which apps/courses have you used and what for? (eg. Headspace for meditation and mindfulness)

Q15. Did you find the apps/courses useful? Yes/No Please explain why.

Q16. If you had direct access to apps/courses to help improve your mood, build your confidence or improve your sleep would you use these?

Yes **No** **Unsure** **Tell me more**

Q17. If you are interested in using apps/courses online – what would you like to see on offer?

Q18. What digital platforms and social media do you use now? i.e. whats app, face time, skype, web chat, apps, Instagram, Twitter and Facebook

Q19. How would you feel about using guided self-help tools? Guided self-help is where you work through a self-help workbook or computer course with the support of a therapist.

Q20. Do you have any other comments about Talking Therapies in Calderdale?

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data you can find out more using this link <https://www.calderdaleccq.nhs.uk/privacy>.

<p>1. Who is this form about? <input type="checkbox"/> Me <input type="checkbox"/> Someone else – using their information</p> <p>2. What is the first part of your postcode?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Example</td> <td style="width: 12.5%;">W</td> <td style="width: 12.5%;">F</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">1</td> <td rowspan="2" style="width: 25%; vertical-align: middle;"><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td>Yours</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>3. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female I describe my gender in another way (please write in) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Prefer not to say</p> <p>4. How old are you?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Example</td> <td style="width: 25%;">42</td> <td rowspan="2" style="width: 50%; vertical-align: middle;"><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p>5. Which country were you born in? <input type="checkbox"/> United Kingdom <input type="checkbox"/> Prefer not to say</p> <p>Other (please write in): <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>6. Do you belong to any religion?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Buddhism</td> <td><input type="checkbox"/> Islam</td> </tr> <tr> <td><input type="checkbox"/> Hinduism</td> <td><input type="checkbox"/> Christianity</td> </tr> <tr> <td><input type="checkbox"/> Judaism</td> <td>(all denominations)</td> </tr> <tr> <td><input type="checkbox"/> Sikhism</td> <td><input type="checkbox"/> No religion</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Prefer not to say</td> </tr> </table> <p>Other (Please write in) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>	Example	W	F	1	1	<input type="checkbox"/> Prefer not to say	Yours					Example	42	<input type="checkbox"/> Prefer not to say	Yours		<input type="checkbox"/> Buddhism	<input type="checkbox"/> Islam	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Judaism	(all denominations)	<input type="checkbox"/> Sikhism	<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say		<p>7. What is your ethnic group? <input type="checkbox"/> Prefer not to say</p> <p>Asian or Asian British</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> Pakistani</td> </tr> <tr> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Asian background (please write in)</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Black or Black British</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> Caribbean</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Black background (please write in)</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Mixed or multiple ethnic groups</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> White and Black Caribbean</td> </tr> <tr> <td><input type="checkbox"/> White and Black African</td> </tr> <tr> <td><input type="checkbox"/> White and Asian</td> </tr> <tr> <td><input type="checkbox"/> Other Mixed background (please write in)</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>White</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ British</td> </tr> <tr> <td><input type="checkbox"/> Gypsy or Irish Traveller</td> </tr> <tr> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Other White background (please write in)</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Other ethnic groups</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arab</td> </tr> <tr> <td><input type="checkbox"/> Any other ethnic background (please write in)</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian background (please write in)		<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Black background (please write in)		<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Other Mixed background (please write in)	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ British	<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Irish	<input type="checkbox"/> Other White background (please write in)	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic background (please write in)
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8. Are you disabled?

Yes No Prefer not to say

9. Do you have any long term conditions, impairments or illness? (please tick any that apply)

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment**
(such as being blind / partially sighted or deaf / hard of hearing)
- Mental health condition**
(such as having depression or schizophrenia)
- Learning disability**
(such as having Downs Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other** (please write in)
- Prefer not to say**

10. Are you a carer?

(Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

Yes No Prefer not to say

11. Please select the option that best describes your sexual orientation

- Bi/Bisexual
- Gay
- Lesbian
- Heterosexual/Straight
- Prefer not to say
- I prefer to use another term (please write in)

12. Do you consider yourself to be a Trans* person?

Yes No Prefer not to say

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

13. Do you/or anyone you live with get any of these types of benefits? **

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

Yes No Prefer not to say

**We are asking this question to help us understand if being on a lower income affects experiences of services or health.

14. Are you pregnant or have you given birth in the last 6 months?

Yes No Prefer not to say

15. Are you a parent/primary carer of a child or children, if yes, how old are they?

0-4 5-9 10-14 15-19

Prefer not to say

**Please return this form to:
Engagement Team
FREEPOST RLTG-JAYY-ZSRX
NHS Calderdale CCG
5TH Floor, F Mill
Dean Clough
Halifax HX3 5AX**

Thank you for taking the time to complete this survey, your views are important to us. Remember the closing date for the survey is *Friday 6 March 2020.*

