

Insight Report: Mental health

Understanding the experiences, needs and preferences of people using mental health services, their carers / family / friends, and staff

January 2023 V2.2

1. What is the purpose of this report?

This paper summarises what we know about the mental health population in Leeds. This includes the experiences, needs and preferences of:

- People with mental health difficulties
- Their carers, family and friends
- Staff working with people in health services

Specifically, this report:

- Sets out sources of insight that relates to this population
- Summarises the key experience themes for this population
- Highlights gaps in understanding and areas for development
- Outlines next steps

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). We have worked together (co-produced) with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voices at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of mental health care. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by mental health and mental health care?

Mental health is defined as being:

"...just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health, you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse (Mind, 2022)."

Depending on a person's need; they will have access to a range of mental health care and support that includes:

- Primary care mental health care (such as at your GP)
- Community mental health care, delivered by NHS and third sector (voluntary) services
- Inpatient mental health care (a stay in hospital)
- Self-care support and guidance (such as the [Mindwell](#) website)

It is our aspiration that Leeds will be a mentally healthy city for everyone, where it will feel normal to talk about mental health and that everyone, whoever they are and wherever they live, will be able to access good quality mental health services, if and when, they need them.

Leeds has a history of developing and delivering innovative and award-winning mental health services. We strive to develop services that are equitable, sustainable, informed by evidence and integrated into all health and social care systems where people require them.

You can find out more about mental health care by reading the Leeds Mental Health Strategy 2020 – 2025 here: <https://forumcentral.org.uk/wp-content/uploads/2021/03/Mental-Health-Strategy-2020-2025.pdf>

3. Outcomes for mental health care in Leeds

The Mental Health Population Board brings together partners from across Leeds so that we can tailor better care and support for individuals and their carers, design more joined-up and sustainable mental health services and make better use of public resources.

The ambition of our mental health work in Leeds is that we will improve the lives of people with mental health difficulties and their carers, family, and friends and that:

- People of all ages and communities are comfortable in talking about their mental health and wellbeing.
- People are part of mentally healthy, safe, and supportive families, workplaces, and communities.
- People's quality of life will be improved by timely access to appropriate mental health information, support, and services.
- People are actively involved in their mental health and their care.
- People with long-term mental health conditions live longer and lead fulfilling healthy lives.

These are our identified outcomes. By setting these clear goals, that are focused on how services impact the people they serve, the board is able to better track whether we're really doing the right thing for the people using these services. The full framework can be seen in [Appendix B](#).

4. What are the key themes identified by the report?

The insight review highlights a number of key themes:

- People have told us that they want to see **joint working** from all mental health and care services (regardless of who they are).
- A lot of people have told us that it is difficult to find **information** about local mental health and care services in Leeds. They told us that staff are often unaware of what is available too. This makes it difficult for people to access the right services at the right time.
- People want **communication** to be clear, efficient and not make assumptions that people know how services work.
- **Person centred** care is very important to people. People gave some examples of how this can be achieved, including the choice of face-to-face appointments, longer appointments, and different types of interventions.
- People have told us about the importance of the **workforce** in mental health and care services, and how the staff often make the biggest difference to someone's outcome, particularly in times of mental health crisis.
- People told us that staff across the wider system often lack understanding / awareness about individual needs of mental health and other conditions, such as autism (**workforce**).
- People told us that waiting times to access both crisis mental health care and waiting lists for therapy were too long (**timely care**).
- People's **satisfaction** with mental health and care services can influence whether they seek out help from services in the future (e.g., if someone has a very bad experience then they might not approach that service for help in the future).
- People want **involvement in service development**.
- People tell us they want care closer to home and that their mental health condition sometimes makes it difficult to travel to appointments (**transport and travel, health inequality**).
- People from diverse ethnic communities say that they want us to work with them in their local communities when we involve them in service development (**involvement in service development**).
- Service users and staff told us that referral criteria (the difficulties people need to have to access a service) can make it difficult for people to get an appointment. (**health inequality**).
- There are certain communities in Leeds that experience a higher rate of mental health difficulties than the general population, including people from LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and others) communities, and people from diverse ethnic communities (**health inequality**).
- There are some potential **gaps** in our insight including feedback from staff, carers, and working age adults.

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we may include relevant national and international data on people's experience of mental health care.

5. Insight review

We are committed to starting with what we already know about people's experience, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in [Appendix C](#).

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
Care Quality Commission (CQC)	NHS Community Mental Health Survey Benchmark Report 2022 – Leeds and York Partnership NHS Foundation Trust https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2022/RGD_Leeds%20and%20York%20Partnership%20NHS%20Foundation%20Trust.pdf	282 people took part (1250 were invited) Full demographics included in report – majority of respondents (86%) were White.	2022	<p>The survey collected feedback on community mental health services. The survey was available to people aged 18 and over who were receiving care or treatment for a mental health condition and were in contact with LYPFT between 1 Sept 2021 and 30 Nov 2021.</p> <p>Where service user experience is best compared to other mental health trusts (scored out of 10, 10 being the highest satisfaction):</p> <ul style="list-style-type: none"> • Person centred – people told us that members of staff understand how their mental health affects other areas of their life (7.6 out of 10). • Clinical treatment – people told us that mental health services were good at checking how they were managing their medicines (8.2 out of 10). • Wider determinants – people told us about the level of being given help or advice with finding support for finding or keeping work (5 out of 10). • Communication / person centred – most people felt that they were given enough time to discuss their needs and treatment with a member of staff (7.8 out of 10). • Wider determinants / person centred – people told us that decisions about their care took into account other areas of their life (7.6 out of 10).

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<p>Where service user experience could improve compared to other mental health trusts (scored out of 10, 10 being the highest satisfaction):</p> <ul style="list-style-type: none"> • Choice / involvement in care – people told us that they wanted more choice in deciding what NHS talking therapies to use (6.7 out of 10). • Involvement in service development – people told us that they didn't feel involved in service development (1.6 out of 10). • Timely care – people told us it took too long to access care when they were in crisis (5.7 out of 10) • Communication – some people told us that they sometimes found it difficult to understand what NHS talking therapies were available to them (8 out of 10). • Involvement in care / wider determinants – people told us that they would like their family / friends / carer to be more involved in their care (6.6 out of 10).
<p>British Red Cross and Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance</p>	<p>Barriers and opportunities: improving access to mental health support for refugees and people seeking asylum</p> <p>https://migrantinfohub.org.uk/issue-based-resources-1/barriers-and-opportunities-improving-access-to-mental-health-</p>	<p>32 people were involved, including:</p> <ul style="list-style-type: none"> • 16 people with lived experience of migration • 16 people who work in services that support people with 	<p>2022</p>	<p>This report looks at how we can improve mental health support for people with experience of migration. The report findings include:</p> <ul style="list-style-type: none"> • Person centred – people told us that a person-centred approach was important to them. • Person centred – people told us that a trauma-informed approach was important to them. • Communication / person centred / health inequalities / information – people told us that they would like longer appointment times to help them overcome language barriers, including written and translated communications.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
	support-for-refugees-and-people-seeking-asylum	experience of migration		<ul style="list-style-type: none"> • Communication / person-centred / health inequality / information – some people told us that they had a preference for face-to-face appointments. • Communication / person-centred / health inequality - people told us that they wanted consistent access to professional interpreters. • Communication / joint working - Services need to coordinate better and communicate with each other. • Resources / person-centred – people told us that more peer support would improve their mental health. • Choice / clinical treatment – people told us that it is important to see the health and care professional. • Involvement in service development – people told us that there needed to be better and more opportunities to feedback and these should be accessible and easy to understand.
Alzheimer’s Society	Left to Cope Alone – The unmet needs after a dementia diagnosis https://www.alzheimers.org.uk/sites/default/files/2022-07/left-to-cope-alone-after-diagnosis-report.pdf	Over 2,000 people affected by dementia contributed to this report. Services, members of	2022	This national report sought the views of people affected by dementia (patients and carers / family and staff) to understand what support people needed after diagnosis. <ul style="list-style-type: none"> • Resources – people affected by dementia reported not receiving adequate mental health support, if at all. • Timely care – 57% of people who had been signposted to mental health services report having to wait up to 12 months or more to receive the support they needed.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
		<p>staff were also involved.</p> <p>Demographics not available</p>		<ul style="list-style-type: none"> • Person-centred / workforce – staff reported that a lack of dementia expertise in primary care may mean people with dementia are less likely to be referred to Improving Access to Psychological Therapies (IAPT) services. • Workforce – psychologists reported that, given local pressure to diagnose dementia, much of their clinical time and input was too focused on diagnosis, leaving little room for post-diagnosis support, such as counselling.
<p>Healthwatch Leeds</p>	<p>Community Mental Health Transformation – What people told us was important to them when getting mental health support</p> <p>https://healthwatchleeds.co.uk/reports-recommendations/2022/community-mental-health-transformation/</p>	<p>421 responses from people with lived experience, carers and others</p> <p>Demographics available in the report</p>	<p>2021</p>	<p>Healthwatch Leeds were asked to carry out engagement work in three pilot areas of the community mental health transformation work. They wanted to know what really mattered to people when accessing mental health care and support, and what would encourage them to get involved in the work.</p> <ul style="list-style-type: none"> • Person-centred – people told us that mental health services should be available and accessible to anyone who needs it, ensuring it considers the specific needs of a person. • Person-centred – people told us that mental health services should be flexible enough to meet the needs of different communities and individuals. • Information – people told us that mental health services should have simple and clear information about the service, who can and cannot get support and how it can be accessed. • Joint working – services need to work together in a way that ensures people can get support for all their needs. • Involvement in care – people told us that carers are an important part of services, and they should be fully involved and supported.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Person-centred / workforce – people told us there should be key-workers in place to ensure consistency for people. • Timely care / information – people told us they wanted to see clear and honest communication about waiting times and said that there should be regular check-ins for people on waiting lists. • Involvement in care – people told us that they want to be involved in their mental health care wherever possible. • Choice – people told us that they want to have the choice of how their support is given, including face-to-face support, group sessions and remote appointments. • Involvement in service development – people told us about what is important to them to ensure genuine involvement and co-production in developing services: <ul style="list-style-type: none"> ○ Clear and simple information ○ Clear expectations ○ Clear principles and values ○ Be transparent throughout, what can and can't be done ○ Use a range of methods to involve people, adapting the approach to suit different people and communities ○ Go out to where people are, don't expect them to come to you ○ Offer incentives to show people feel valued for their time and contribution. ○ Provide regular feedback to demonstrate the impact involvement has had and provide regular updates on progress.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
NHS Leeds CCG	<p>Enhancing community mental health support services</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102632/https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/</p>	<p>645 people contributed to the engagement</p> <p>207 service users</p> <p>36 carers / family member</p> <p>189 health and care staff</p> <p>213 members of the public / non-health and care staff</p>	2021	<p>This engagement asked people in Leeds about proposals to enhance community mental health support services, delivered by third sector organisations. The engagement looked at six different topic areas, detailed below.</p> <p>Cross-cutting themes (themes that appeared across all topics)</p> <ul style="list-style-type: none"> • Joint working - people were keen to see services work better together so that the service user has a good journey between different services. • Health inequality (ethnicity) - people told us that they want services to work more proactively with diverse ethnic communities, people told us that services should “go to where people are”. • Health inequality (ethnicity) / workforce - people suggested ensuring staff are appropriately trained to understand the needs of different communities and the impacts of different cultures. • Communication / information - people told us that more needs to be done to promote local mental health services. • Joint working / information – people told us that all services need to have a greater awareness of each other so that they can effectively ‘signpost’ people to alternative and additional services. • Information – people told us they would prefer one place to find all the information they need about mental health services. <p>Crisis and urgent care support services</p> <ul style="list-style-type: none"> • Joint working – people told us that they were generally supportive of the of a single contract for crisis and urgent care support services because it would improve joint working and make it easier to access services.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Choice and workforce - people told us that longer opening hours, more staff and changing the way crisis services are delivered, including more locations of existing services would increase and improve the number of people services could support. • Joint working - people told us organisations sharing information with relevant organisations, such as GPs or care coordinators, would improve the quality of their care • Health inequality (disability) - people told us that having mental health difficulties can make it difficult to get find or get help. <p>Supported accommodation services</p> <ul style="list-style-type: none"> • Workforce - people told us that they supported the proposals to increase staff numbers. • Person-centred - people were supportive of a flexible, person-centred approach to length of stay. • Choice - people were supportive of a range of options to help support them to move on between different accommodations and services. • Involvement in service development - people were unsure about the proposals for Oakwood Hall and more work with service users and staff was needed. <p>Employment support services</p> <ul style="list-style-type: none"> • Satisfaction - people were largely positive about their experiences accessing employment support.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Communication – some people fed back that the referral criteria to get help from employment support services could be difficult and create barriers to getting support. • Resources - people suggested creating an online resource where people could get help online or find useful resources. <p>Specialist community support services</p> <ul style="list-style-type: none"> • Satisfaction - People were positive about their experiences accessing community-based support and noted the benefit of the ongoing support and having someone to talk to. • Communication - people fed back that the referral criteria to get help from community-based support services could be difficult and create barriers to getting support. • Involvement in service development - people supported the expansion of peer support for people with complex mental health needs. <p>Service user involvement</p> <ul style="list-style-type: none"> • Involvement in service development - people were supportive of the proposals to enhance service user involvement in Leeds. • Involvement in service development / choice / person-centred - people shared their feedback on options to support people to get involved, as well as different ways for people to get involved and find out how their involvement makes a difference. • Involvement in service development - People were keen that any involvement is meaningful and that we demonstrate the difference people’s involvement has made.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<p>People with experience of migration (refugee and asylum seeker) support</p> <ul style="list-style-type: none"> • Joint working - people were supportive of the proposals to bring refugee and asylum support services into one contract because it would improve joint working and make it easier to access services. • Health inequality (ethnicity) / information / timely care – people told us about the barriers and gaps people with experience of migration face in accessing mental health support services, including language barriers, lack of awareness of what services can offer and long waiting times. • Involvement in service development / resources - people were keen on community outreach with migrant communities as well as developing social support groups.
Leeds GATE	<p>Don't Be Beat – Advocacy, support and training for Gypsies and Travellers about mental distress and suicide.</p> <p>https://static1.squarespace.com/static/5d3ea250dd120200018267e2/t/5f569d716993cf0a0feb8b70/1599511945712/Leeds+GATE+Don't+Be+Beat+report+evaluation.pdf</p>	Worked with 40+ members of the Gypsy and Traveller community who are part of Leeds GATE	2020	<p>Leeds GATE's evaluation report on their Don't Be Beat project, to address mental health disparities felt by their members, found that:</p> <ul style="list-style-type: none"> • Health inequality (ethnicity) – members of the Gypsy and Traveller community did not feel able to access other mainstream services. • Information / communication / involvement in care – having low levels of literacy was highlighted as a barrier to both self-advocacy and to seeking support elsewhere, as not all mainstream services would provide adequate support around literacy. • Wider determinants – strong reports of people struggling with finance and accommodation as contributors to needing support for their mental wellbeing. • Wider determinants – men accessing the support were more likely to mention welfare support as a reason but would often disclose and seek support on issues relating to mental health.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Communication / person-centred / involvement in care – make Travellers feel important and listen to them, take extra time in appointments, and make them feel they are heard and important. • Involvement in care / involvement in service development – services should promote that they want to work with Travellers more and that they are welcome in the service. They should also do more outreach and visit sites.
<p>NHS Leeds CCG</p>	<p>Accessing mental health services in Leeds – Insight review</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/20220902104020mp_/https://1633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/04/2020_11_MH_Accessing_Services_Review_V1.0.pdf</p>	<p>N/A an insight review of existing mental health experience information</p>	<p>2020</p>	<p>This insight review aimed to pull together what people living in Leeds have already told us about their needs and preferences in relation to accessing crisis and early intervention mental health services.</p> <ul style="list-style-type: none"> • Workforce / person-centred – people told us that staff can be dismissive of their issues and that they need to be caring and empathic. • Communication / information / joint working – people told us it is important that staff are aware of services people can access, even if it's not in their organisation. • Communication / information – people told us that communication needs to be clear, efficient, include the right information and not assume a person knows how a service works. • Clinical treatment – people told us they want crisis services to be able to offer them meaningful interventions that aren't based around the service user creating them. • Clinical treatment – people told us that crisis services should not leave someone in a crisis situation without support or a meaningful intervention. • Timely care – waiting times to access crisis services need to be shorter • Joint working – people told us that all statutory and third sector services need to work better together.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Involvement in service development – services need to routinely collect experience feedback from service users and use this to shape their services.
<p>NHS Leeds CCG</p>	<p>Developing community mental health services for Harrogate and rural districts, Wetherby and its surrounding areas</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102640/https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/</p>	<p>89 people contributed to the engagement</p> <p>30 service users 42 carers / family members 11 workers / volunteers 8 health and care staff 26 without direct experience of mental health services</p>	<p>2019</p>	<p>This engagement heard from people in the Wetherby area about proposals to develop community mental health services in the area. People were generally supportive of the proposals:</p> <ul style="list-style-type: none"> • Joint working / resource - people told us that due to the boundary differences between Leeds and Harrogate they were not always getting a ‘full package of care’. • Communication – people told us that services should be clear about what people should be getting and where from (Leeds or Harrogate) as it is confusing for people. • Communication / workforce – people also told us that staff need to be trained in what services people can and cannot access in Wetherby given the geographical boundary between services. • Information / resource - people told us that it isn’t clear what services are available to people in Wetherby and there should be better promotion and help from services to access what is available. • Choice - people in the Wetherby area told us that they would like to see more services delivered within the Wetherby area. • Transport and travel - people told us that the Wetherby area is poorly served by public transportation and accessing services outside of the area can be time consuming, costly, and stressful. • Workforce / resources - people told us they would like to see investment in staff so they are supported enough to carry out their job as well as there being enough staff to meet the needs of the service.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
Healthwatch Leeds	<p>Mental health crisis in Leeds</p> <p>https://healthwatchleeds.co.uk/wp-content/uploads/2019/07/Crisis-Report-for-website.pdf</p>	<p>697 people</p> <p>Demographics are available in the report</p>	2019	<p>Healthwatch Leeds carried out an engagement on mental health crisis in Leeds in early 2019 to find out if people knew where to go for help and support and how that support was once they had accessed it.</p> <ul style="list-style-type: none"> • Information – almost half of people experiencing or supporting someone in crisis for the first time told us they would not know where to go for support. • Satisfaction – people told us about positive and negative experiences of care. They said specifically that staff had a big impact on their experience. • Timely care – people told us that access to support when in a mental health crisis needed to be quicker. • Person-centred - people told us that there was a lack of understanding of mental health in some ‘mainstream’ services. • Information – one of the most common reasons people did not seek help was because they were not sure it was a crisis. • Satisfaction / clinical treatment – one of the most common reasons people did not seek help in a mental health crisis was because they had used a service before and did not find it helpful or had a poor experience. • Resource – people told us that one of the most important things that is helpful in a mental health crisis is having someone to talk to. • Communication / information / joint working – less than half of people said that they were told about any further support that they could get after crisis. • Resource / clinical treatment – people told us that there needs to be better and earlier interventions to help avert a crisis. • Timely care – people told us about the long waiting times for mental health support services.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Person centred – some people told us that their individual needs had not been taken into account (including autistic people and carers).
NHS Leeds CCG	Long term plan for mental health in the NHS https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102314/https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-long-term-plan/	222 people contributed to the engagement 102 members of the public 71 service users 28 carers / family members 21 members of the health workforce 15 other stakeholders	2018	This engagement asked people what their priorities were for mental health over the next 10 years to help NHS England define its long-term priorities and focus for mental health. The themes below were from responses of people in Leeds: <ul style="list-style-type: none"> • Information - it is felt there is low awareness and understanding of mental ill health. • Timely care - it takes a long time to get an initial assessment and access specific therapies. • Joint working - sometimes services do not work or communicate in an integrated way. • Workforce - knowledge, experience and attitude of staff are vital in making services work. • Clinical treatment / timely care - lack of services, beds or access to counselling services exacerbate waiting times. • Health inequality / communication - services need to be easy to access with adequate signposting. • Clinical treatment - early intervention and prevention need more investment. • Person-centred - mental health care needs to be person-centred and last for the appropriate length of time for the individual. • Joint working - there needs to be greater integration of treatment of physical and mental health conditions.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Clinical treatment and person-centred - there needs to be an appropriate and person-centred transition service from children’s services to adult services.
<p>NHS Leeds CCG</p>	<p>Providing a primary care mental health service for adults in Leeds</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/2020902102612/https://www.leedsccg.nhs.uk/get-involved/your-views/primarycaremhservices/</p>	<p>1105 people contributed to the engagement</p> <p>Demographics in the report.</p>	<p>2018</p>	<p>This engagement asked people to tell us about their experiences of using primary care mental health services to help ensure that the new service meets the needs and preferences of the people of Leeds:</p> <ul style="list-style-type: none"> • Information - people told us that there is generally low awareness of mental ill health, especially amongst older people and men. • Information - people told us that there is a lack of consistent and clear information about mental health services in Leeds, especially around: <ul style="list-style-type: none"> ○ How to access services ○ What services are available • Timely care - people told us that it takes a long time to get an initial assessment and access specific therapies and that long waiting times can exacerbate existing conditions. • Communication - people told us that they don’t have information about the waiting times and often they are not contacted by the service while they are waiting. • Choice - people told us they want to be able to access the service in different ways. These included: <ul style="list-style-type: none"> ○ Referral via their GP ○ Self-referral ○ Referral via another organisation • Health inequality - people told us that the criteria for accessing the service was confusing, inconsistent and often lead to people ‘falling between the cracks’.

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
				<ul style="list-style-type: none"> • Joint working - people told us that services providing primary care mental health services sometimes did not communicate with each other. • Person-centred - people told us that the number of sessions that are offered should be flexible and negotiated with the service user. • Choice - people told us that there should be a choice of interventions and that people should not be limited to Cognitive Behavioural Therapy (CBT) or group therapy. • Choice - people told us that they should be able to access face-to-face support when needed. • Resources - some voluntary sector organisations told us that they often end up working with people who have struggled to access primary care mental health services or have been discharged before they were ready. • Person-centred – people told us that due to the nature of mental ill health, some service users may miss appointments. People asked services to understand this complexity and make reasonable adjustments. • Workforce - the majority of people told us that the knowledge, experience and attitude of staff made the biggest different to their outcome. They told us that the following qualities were very important: <ul style="list-style-type: none"> ○ Being listened to ○ Being treated with dignity ○ Having confidence in their worker ○ Consistency of worker
NHS Leeds CCG	Support needs of parents / carers of children and young	277 contributed to this engagement	2018	This engagement sought the views of parents and carers around services and support for children and young people with mental health issues, and aimed to find out what parents and carers in general would like should they have concerns about the mental health of a child / young person within their care:

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
	<p>people dealing with mental health issues</p> <p>https://webarchive.nationalarchives.gov.uk/ukgwa/2020902110406mp_/https://www.leedsccg.nhs.uk/content/uploads/2018/10/PMH_fi nal_report.pdf</p>			<ul style="list-style-type: none"> • Timely care / communication - parents and carers reported waiting long periods of time to access support for their children / young person, without advice or information during this time. • Person-centred - parents and carers felt that there was a lack of acknowledgment of the effects of certain conditions, such as Autism, on a child's or young person's mental health. • Involvement in care - parents and carers reported that they were not always listened to regarding their child's or young person's symptoms and behaviour. • Communication – people told us they had difficulty in obtaining a referral with parents and carers feeling the criteria for support was too high. • Information - lack of clarity around what services are available and the pathways to accessing that support. • Workforce – parents and carers noted a lack of support and understanding from school staff • Information – people told us about a lack of guidance, support and advice for parents and carers. • Wider determinants - parents and carers reported their child's / young person's mental health issues had adversely impacted their family as a whole. • Communication / joint working – people told us that communication between services could be better.
<p>Yorkshire MESMAC</p>	<p>Leeds LGBT+ Mapping Project</p>	<p>126 people who identified as LGBT+ took part in a survey, 25</p>	<p>2017</p>	<p>This piece of work aimed to map out LGBT+ activity and assets to build a better understanding of existing experiences, assets and challenges for the LGBT+ community in Leeds.</p>

Source	Publication	No of participants and demographics	Date	Key themes relating to mental health experience
	https://issuu.com/lopf7/docs/leeds_lgbt_mapping_project_full_report	<p>key organisations and agencies contributed and 15 LGBT+ members were involved in a project advisory group</p> <p>Full demographics available in report</p>		<ul style="list-style-type: none"> • Health inequality (sexual orientation) – mental health was the top health and wellbeing priority for LGBT+ people in Leeds. 90% (114 people) of respondents reported they had experienced difficulties with their mental health including: stress, low mood, confidence issues, anxiety, emotional distress, isolation and over reliance on drugs or alcohol. • Wider determinants / joint working – although mental health, sexual health, safe and welcoming spaces, trans health care and drug and alcohol abuse are presented separately, for many LGBT+ people these issues are linked with one another, negatively impacting and reinforcing each other. • Health inequality / wider determinants – the lack of safe and welcoming spaces for many LGBT+ people mean an increased risk of isolation and loneliness, as well as reinforcing difficult mental health experiences already associated with discrimination and prejudice. • Wider determinants / satisfaction – LGBT+ communities are disproportionately impacted by drug and alcohol abuse, driven by experiences of social marginalisation / isolation, discrimination and prejudice, and poorer mental health outcomes. Negative experiences with healthcare lead to and reinforce these poor outcomes.

Additional Reading

Nothing added at present.

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how mental health care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#)).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	<p>Older people who experience depression are at an increased risk of frailty, functional decline, cognitive decline and reduce quality of life. (Left to Cope Alone – The unmet needs after a dementia diagnosis, 2022).</p> <p>Rates of poor mental health are higher amongst people of non-working age and despite targeted provision, rates of access to IAPT for younger groups and older groups in Leeds do not reflect estimated prevalence</p> <p>The older people we spoke to told us that:</p> <ul style="list-style-type: none"> • They found it easy to find out information about PCMH services • It is harder for older people to recognise and accept that they need help with their mental health, causing further delay in accessing treatment. • Referrers told us that services should include age-specific interventions. <p>The young people we spoke to told us that:</p> <ul style="list-style-type: none"> • It was easy to find out information about PCMH services • Long waiting times, previous negative experiences and not feeling comfortable accessing the service would stop them contacting the service. • Some young people and professionals told us that they would like services to be better advertised to young people and have more activities available for young people. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Disability	<p>Depression and anxiety are highly prevalent in people with dementia; 38% of people with mild dementia have depression and or anxiety, as do 41% of people with moderate dementia and 37% of people with severe dementia.</p>

Protected Characteristic	Insight
	<p>The 2021 community mental health survey found that people with dementia were less likely to have seen an NHS mental health service often enough for their needs compared to the general population (Left to Cope Alone – The unmet needs after a dementia diagnosis, 2022).</p> <p>People told us that getting help when you're unwell can be stressful, upsetting and confusing (Enhancing community mental health support services, 2021).</p> <p>People with mental health difficulties noted that accessing mental health services can be difficult depending on their location, particularly if they are not in their local area as transportation can be difficult to navigate, particularly if someone is feeling unwell (physically or mentally). People highlighted the importance of the impact of their mental health on their ability to carry out tasks, such as navigating transportation and attending appointments. (Developing community mental health services for Harrogate, and rural districts, Wetherby and its surrounding areas, 2019).</p> <p>People want to see staff in health and care services receive training about mental health as well as other conditions including learning disabilities, autism and ADHD, as a lack of understanding and awareness of these conditions can contribute to poorer outcomes / experience of service users (Long term plan for mental health in the NHS, 2018).</p> <p>People told us that the criteria for accessing the service were confusing, inconsistent and often lead to people 'falling between the cracks'</p> <p>People with sensory impairments are at increased risk of Common Mental Health Disorder (CMHD) and experience barriers in accessing mental health support. Nationally, 30% of people with a long-term condition (LTC) are estimated to have a CMHD.</p> <p>Previous negative experience of using mental health services was a reason for people avoiding or delaying accessing support as the negative experience reduced confidence in the service's ability to help in the future</p> <p>The people with a hearing impairment we spoke to told us that:</p> <ul style="list-style-type: none"> • They found it difficult to find out information about PCMH services • They would like to access the service through their GP, however some told us that they would like to access the service through sign health.

Protected Characteristic	Insight
	<ul style="list-style-type: none"> They would like the services to be inclusive of, and appropriate for, their needs by offering BSL interpreters and having information and services in accessible formats. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Gender (sex)	<p>In Leeds, 19% of women have a recorded a CMHD in Primary Care, compared to 11% of men.</p> <p>Of the men spoken to, they told us about the stigma around accessing mental health support and that it shouldn't be an area of life that they need help in. (Providing a primary care mental health service for adults in Leeds, 2018).</p>
Gender reassignment	<p>People who identified as transgender and non-binary told us that a lack of understanding of the issues affecting them, or staff's attitude towards them is a barrier to accessing mental health services (Providing a primary care mental health service for adults in Leeds, 2018).</p>
Marriage and civil partnership	<p>At present, we have been unable to source any local evidence relating to marriage and civil partnership.</p>
Pregnancy and maternity	<p>Women in the perinatal period experience similar risk (20%) of CMHD as women in general - however, they may experience barriers to accessing mental health support associated with having young children and self-stigma. Young Parents in particular are more than twice as likely to experience mental health problems in the perinatal period as the population of childbearing women overall.</p> <p>Women also mentioned a lack of childcare could prevent them from accessing support for their mental health (Providing a primary care mental health service for adults in Leeds, 2018).</p>
Race	<p>People with experience of migration (refugees and asylum seekers) need mental health and care that is person-centred and flexible to the individual's needs (including improved communication with people and between services, longer appointment times, types of appointments, consistent access to professional interpreters). Their care also needs to be trauma-informed (Barriers and opportunities: improving access to mental health support for refugees and people seeking asylum, 2022).</p> <p>People from diverse ethnic communities want to see services reach out and work with them directly in the community and say that staff would</p>

Protected Characteristic	Insight
	<p>benefit from training to understand the needs of different communities / cultures.</p> <p>People from diverse ethnic communities told us that language barriers, long wait times and a lack of awareness of what services can offer in communities was a barrier to getting help / accessing services (Enhancing community mental health support services, 2021).</p> <p>Gypsy and Travellers are encouraging others in their community to tackle the stigma around mental health. A better view on mental health may encourage Gypsies and Travellers to access more mental health support in the future (Don't Be Beat – Advocacy, support and training for Gypsies and Travellers about mental distress and suicide, 2020).</p> <p>People noted that recruiting a diverse workforce, including staff of different ages, ethnicities and socio-economic backgrounds would help people feel more comfortable accessing services (Long term plan for mental health in the NHS, 2018).</p> <p>There is significant evidence that people from diverse ethnic communities experience both poorer mental health and increased barriers to accessing care. Within Leeds, these groups are under-represented in primary care records as having a CMHD and are less likely than White British groups to finish a course of IAPT treatment. Black women are particularly at increased risk of CMHD, as are asylum seekers and refugees and Gypsy and Traveller groups. There is evidence that some people within Muslim communities experience higher levels of depression which are more chronic in nature than in the general population.</p> <p>People told us:</p> <ul style="list-style-type: none"> • It was difficult for them to find information about primary care mental health services. • People from diverse ethnic communities are likely to have had negative experiences with mental health services in the past and that might prevent them accessing or trusting existing services. • They feel that services do not understand the needs of different communities. • Some communities, such as Gypsy and Traveller communities, would like to access primary care mental health services through a voluntary sector organisation in the first instance. • Friendliness of staff, location of service and waiting times are very important aspects when accessing services. • Caring responsibilities, not feeling comfortable and not being able to find mental health support would deter people from Gypsy and Traveller communities from using PCMHS.

Protected Characteristic	Insight
	<ul style="list-style-type: none"> Stigma attached to mental health issues in communities and what might happen if accessing a service (i.e. having a child taken away) are also potential barriers. <p>(Providing a primary care mental health service for adults in Leeds, 2018).</p>
Religion or belief	At present, we have been unable to source any local evidence relating to religion or belief.
Sexual orientation	<p>People from LGBTQIA+ communities told us that a lack of understanding of the issues affecting them, and staff attitudes towards them, are barriers to them accessing mental health services.</p> <p>People also said that they were worried about confidentiality being maintained when accessing services. (Providing a primary care mental health service for adults in Leeds, 2018).</p> <p>People from LGBT+ communities have a disproportionate experience of mental health difficulties, exacerbated by feelings of isolation, prejudice, use of alcohol and drugs, lack of safe spaces and poor experiences with health care (Leeds LGBT+ Mapping Project, 2017).</p>
Homelessness	At present, we have been unable to source any local evidence relating to homelessness.
Deprivation	In Leeds, nearly 200,000 people live in the most deprived 10% of neighbourhoods (when ranked nationally). These people have 2-3 times the risk of a CMHD compared to the general population. Specific associations / causes include – poor housing / homelessness / debts / unemployment (Providing a primary care mental health service for adults in Leeds, 2018).
Carers	<p>33% of carers for people with dementia have reported experiencing anxiety and 22% depression. They also reported spending a lot of time chasing services for support (Left to Cope Alone – The unmet needs after a dementia diagnosis, 2022).</p> <p>If services are not easily accessible, or local, then many carers will struggle to regularly visit and be a part of a service users ongoing care should they be admitted to an out of area inpatient service (Developing community mental health services for Harrogate and Rural districts, Wetherby and its surrounding areas, 2019).</p>

Protected Characteristic	Insight
	Parents and carers felt that: <ul style="list-style-type: none"> • There was a lack of acknowledgment of the effects of certain conditions, such as Autism, on a child's or young person's mental health. • There was a lack of knowledge and understanding from health and care professionals about the specific support needs of children and young people. • They were not being listened to regarding their children / young person's mental health issues and support needs. (Support needs of parents / carers of children and young people dealing with mental health issues, 2018).
Access to digital	People told us they would like to see technology better used to assess people's needs and signpost them to the right support (Long term plan for mental health in the NHS, 2018).
Served in the forces	At present, we have been unable to source any local evidence relating to serving in the forces.

7. Gaps and considerations

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

- People from diverse ethnic communities (told us we need to do more to work with them to develop services, in particular people whose first language is not English).
- People from areas of deprivation in the city.
- People from LGBTQIA+ communities, including people who are transgender.
- We know that people who are considered homeless are at greater risk of mental ill health. We need to ensure we hear from them to make sure services are accessible and approachable.
- We know that there are some people who do not believe services are for them and are disengaged from services (for example not registered with a GP practice).
- Experience from previous engagement work has identified working age people as one of the more difficult groups to involve due to being at work when engagement activities are often held, during the day, on weekdays.
- Experience from previous engagement work has identified that carers can find it difficult to be actively involved due to their caring responsibilities.
- Considerations need to be made around ensuring offline stakeholders (people who do not / can't access the internet or technology) are engaged and effort is made to reach out locally, to where people are.
- Feedback from people who have served in the armed forces.
- Feedback from people about how they manage and maintain their mental health.
- Feedback from staff working in mental health and care services.

Additional gaps and considerations identified by stakeholders

- In relation to service user engagement, there needs to be a West Yorkshire ICB system-wide approach rather than local place (just Leeds or Bradford) approach - as there is a danger that survivors are burnt out by local demands for involvement, or in many cases some place areas are unable to access such populations. To avoid that there should be a central ICB advisory panel in relation to sexual violence trauma - which brings together the insight and lived experience of sexual crime survivors - where it can be pulled together with all the reports and research to support better service options and the commissioning to drive and sustain them etc. Importantly it would also safeguard survivors by ensuring best practice engagement / support (**West Yorkshire Survivors**).
- Training for Gypsy and Traveller community members is being developed called 'Keeping our Friends and Family Safe', focused on having conversations with loved ones who may be at risk and feeling overwhelmed emotionally. Still a big taboo in the community (**Leeds GATE**).
- There is a huge amount of carer breakdown. They are incredibly isolated looking after someone with dementia, it is a full-time job and exhausting (**Alzheimer's Society**).
- The 'Dementia Voice' groups we run elsewhere in West Yorkshire aren't in Leeds (**Alzheimer's Society**).

8. Next steps – What happens next?

This insight report will be used to improve mental health services and support in Leeds as follows:

a. Add the report to the Leeds Health and Care Partnership website

We will add the report to our website and use this platform to demonstrate how we are responding to the findings in the report.

b. Hold a workshop with key partners in early 2023

We will meet with key mental health stakeholders in February 2023 to:

- Describe our mental health work in Leeds
- Outline and agree the findings of this report
- Identify and agree additional gaps
- Plan involvement work to understand the gaps in our knowledge
- Co-produce an approach to involving the public in shaping mental health services in Leeds

c. Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape and improve local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experience and assures us that our approach to insight is robust. To create this insight report on mental health care, we are working with the following key stakeholders:

Board members

Name	Organisation
Connor Toorish	Clinical lead - NHS West Yorkshire ICB in Leeds
Pip Goff	Forum Central (Third sector rep)
Caroline Baria	Leeds City Council - Adults and Health
Sam Prince	Leeds Community Healthcare NHS Trust
Andrea North	Leeds Community Healthcare NHS Trust
	Leeds Teaching Hospitals NHS Trust
Chris Hosker	Leeds and York Partnership NHS Foundation Trust
Joanna Forster	Leeds and York Partnership NHS Foundation Trust
Eddie Devine	NHS West Yorkshire ICB in Leeds
Caron Walker	Public Health

Third sector and public representatives

Name	Organisations
	Advonet
	Agness Foundation
Katty Keyhani	Alzheimer's Society
Iain Anderson	Age UK Leeds
	Andy's Man Club
	Armley Helping Hands
	Artlink West Yorkshire
	Asha Neighbourhood Project
	AVSED
	BARCA
	Basis Yorkshire
	Barnados
	Battle Scars
	Be Caring
	Behind Closed Doors
	Better Leeds Communities
	Big Issue North
	Black Health Initiative
Claire Turner	Carers Leeds
Sharon Brooks	Care & Repair Leeds
	CATCH
	Catholic Care
	Ciaran Bingham Foundation Trust
	Citizen's Advice Leeds
	Community Integrated Care

	Community Links
	Cloth Cat
	Creative Support
	Day One Trauma Support
	DIAL Leeds
	Dosti
	DREAM Leeds
	Emmaus
	Equine Pathways UK
	Escayp
	Fall into Place Theatre
	Feel Good Factor
Karl Witty Sarah Wilson	Forum Central
	Forward Leeds
	Foundation
	GamCare (LCH)
	GATE
	Gendered Intelligence
	Geraldine Connor Foundation
	GIPSIL
	Groundwork Leeds
	Hamara Centre
	Haqooq
	Heads Together Productions
	Health for All
	Healthwatch Leeds
	Home Start
	Humankind
	Humans Being
	Impact North
	Inspire North
Lesley Newlove	ICB project support
	ICB Volunteer
	Inkwell
	It's Our Day
	Joanna Project
	Karma Nirvana
	Leeds Bereavement Forum
	Leeds Black Elders Association (LBEA)
	Leeds Citizens
James Woodhead	Leeds Neighbourhood Networks Scheme
	Leeds Involving People
	Leeds Islamic Centre
	Leeds Jewish Welfare Board
Ali Kaye	Leeds Older People's Forum
	Leeds Society for Deaf and Blind
	Leeds Survivor Led Crisis Service

	Leeds Women's Aid
	Linking Leeds
	Living Potential
Rachel Ainscough	Local Care Partnerships Development Team
Kim Adams	Local Care Partnerships Development Team
	Making Space
	The Market Place
	Mental Health Hub – Lovell Park
	Mental Health Hub – Stocks Hill
	Mental Health Hub – Vale Circles
	Mermaids
	Mind
	Mindmate
	Mind Matters Society – Leeds Universities Unions
	Mindwell
	MINT – Men in Need Together
Nicolas Allen	NHS West Yorkshire ICB in Leeds
Amy Rebane	NIHR Leeds Biomedical Research Centre
	Northpoint Wellbeing
	PAFRAS
	Place2Be
	Pudsey Wellbeing Charity
	Relate
	Samaritans Leeds
	Shantona Women's Centre
	Shine
	SIGNHealth
	Sikh Mental Health and Wellbeing
	Simon on the Streets
	SOLACE
	Space2
	St. Anne's Community Services
	St. George's Crypt
	Stop Hate UK
	Street Angels
	Student Minds
	St. Vincent's Support Centre
	Support After Rape and Sexual Violence Leeds
	Survivors West Yorkshire
	SYNERGI
	The Conservation volunteers
	Together Women
	Touchstone
	Turning Lives Around
	United Response
	University of Leeds Student Counselling and Wellbeing Service
	West Yorkshire Community Chaplaincy Project
	Wetherby in Support of the Elderly (WISE)

	Women's Health Matters
	Women's Lives Leeds
	Workplace Leeds
	Voluntary Action Leeds
	Yorkshire MESMAC
	Young Lives Leeds
	Young Minds
	Zest

Networks and partnerships

Contact	Group
	Alliance of Experts by Experience
	Leeds Asylum Seekers Support Network
Francesca Wood	Leeds Health and Care Partnership Third Sector Reference Group
Hannah Davies	People's Voices Partnership
	Service User Network
	Together We Can Network

Appendix B: Mental Health Outcome Framework

Mental Health Population Outcome Framework		
Link to Healthy Leeds Plan Strategic Indicators		
Health Outcome Ambitions	System Activity Metrics	Quality Experience Measures
Improve healthy life expectancy Reduce potential years life lost avoidable causes and rates of early death Reduce premature mortality for those with LD and SMI Reduce suicide rate	Increase expenditure on the 3 rd Sector Increase proportion of people being cared for in primary and community services Reduce rate of growth in A&E attendances	Improve the experience of those using: - Primary care, community and hospital services Person centred co-ordinated care experience P3C-EQ
Outcome	Outcome Measure	Process Measure
1 People of all ages and communities are -comfortable in talking about their mental health and wellbeing	% increase in number of people feeling comfortable talking about mental health and wellbeing – Annual whole population Survey Measure for those supporting people with mental health issues? Community activation measure? - work with LCPs	Number seeking help/accessing support services Number of people utilising self care methods (apps, mindwell website etc) Reflect new public health contract measures which includes peer support etc.
2 People are part of mentally healthy, safe and supportive families, workplaces and communities	Primary care data - use of MHPs? Use of social prescribing? Link with children and family hubs set up by CYP board Support from community settings and workplaces - % of employers offering MH support Anchors Work	% of population in employment/training/meaningful occupation Number of people with a diagnosed mental health condition in receipt of benefits Capture reduction in isolation/loneliness – ONS social isolation and loneliness score Mindfulness employers measure Workforce diversity measure
3 Peoples quality of life will be improved by timely access to appropriate mental health information, support and services	Increase the number of people accessing mental health crisis assessment within 0-4 hours Reduction in out of area placements Reduce over representation of BAME groups detained Reduce the number of people attending A&E in a crisis % people accessed crisis care in last 3 months Increased access to community mental health services PROM – to be determined	Reduction in length of inpatient admissions/Reduce the number of working age adults in acute care with a stay over 60 days and the number of older adults with a stay over 90 days. Reduce the number of inpatient admission for people who have had no previous contact with community mental health services Increase the number of people starting treatment within 2 weeks – Early intervention in psychosis Reduction in waiting times for IAPT Reduction in waiting times for CMHT services Number of people that presented at A&E but could have been seen in alternative/more appropriate mental health services Number of people who had been in contact with crisis services x hours prior to presenting at A&E Number of people in touch with services prior to suicide Delayed transfers of care measure ALPS data
4 People are actively involved in their mental health and their care	% people have access to their care plan PROM – care plan has been developed with them, is being accessed and is effective % people achieving recovery objectives Goal based outcome measure – DIALOG Wellness recovery care planning measure Person centred care measure – P3CEQ?	Number of patients in contact with 3 rd sector organisations in 3 months prior to admission/CMHT Number of patients in contact with GP in 3 months prior to admission/CMHT % people who attend crisis service while on waiting list Increase % attendance peer delivered/led support Number of people accessing community based services Access to social prescribing services Leeds Wellbeing
5 People with long term mental health conditions live longer, and lead fulfilling, healthy lives	Reduce premature mortality for those with SMI % of population in employment/training/meaningful occupation PROM – QoL measure % population actively engaged in their community Suicide rate – for this population compared to other populations/whole population % people in stable housing / homelessness measure Improved outreach to engage people who do not respond	More people accessing support to gain and sustain employment People on SMI register having health checks completed Substance abuse measure % population with BMI over 30 People on SMI register accessing follow up/healthy lifestyle interventions – stop smoking/ weight management services Increase the number of people accessing screening services Community provision measure Optimising benefit uptake Increased numbers in individual placement support offer Self management of LTC measure? Reduction in the number of people who routinely DNA

Mental health population outcome framework

Link to Healthy Leeds Plan strategic indicators:

- **Health outcome ambitions**
 - Improve healthy life expectancy
 - Reduce potential years life lost avoidable causes and rates of early death
 - Reduce premature mortality for those with LD and SMI
 - Reduce suicide rate
- **System activity metrics**
 - Increase expenditure on the 3rd Sector
 - Increase proportion of people being cared for in primary and community services
 - Reduce rate of growth in A&E attendances
- **Quality experiences measures**
 - Improve the experience of those using:
 - Primary care services
 - Community services
 - Hospital services
 - Person-centred co-ordinated experience.

Outcome	Outcome measure	Process measure
1. People of all ages and communities are comfortable in talking about their mental health and wellbeing	<ul style="list-style-type: none"> • % increase in number of people feeling comfortable talking about mental health and wellbeing – Annual whole population Survey • Measure for those supporting people with mental health issues? • Community activation measure? - work with LCPs 	<ul style="list-style-type: none"> • Number seeking help/accessing support services • Number of people utilising self care methods (apps, mindwell website etc) • Reflect new public health contract measures which includes peer support etc.
2. People are part of mentally healthy,	<ul style="list-style-type: none"> • Primary care data - use of MHPs? Use of social prescribing? 	<ul style="list-style-type: none"> • % of population in employment/training/meaningful occupation

Outcome	Outcome measure	Process measure
safe and supportive families, workplaces and communities	<ul style="list-style-type: none"> • Link with children and family hubs set up by CYP board • Support from community settings and workplaces - % of employers offering MH support • Anchors Work 	<ul style="list-style-type: none"> • Number of people with a diagnosed mental health condition in receipt of benefits • Capture reduction in isolation/loneliness – ONS social isolation and loneliness score • Mindfulness employers measure • Workforce diversity measure
3. Peoples quality of life will be improved by timely access to appropriate mental health information, support and services	<ul style="list-style-type: none"> • Increase the number of people accessing mental health crisis assessment within 0-4 hours • Reduction in out of area placements • Reduce over representation of BAME groups detained • Reduce the number of people attending A&E in a crisis • % people accessed crisis care in last 3 months • Increased access to community mental health services • PROM – to be determined Audit of the quality of what matters to me assessments 	<ul style="list-style-type: none"> • Reduction in length of inpatient admissions/Reduce the number of working age adults in acute care with a stay over 60 days and the number of older adults with a stay over 90 days. • Reduce the number of inpatient admission for people who have had no previous contact with community mental health services • Increase the number of people starting treatment within 2 weeks – Early intervention in psychosis • Reduction in waiting times for IAPT • Reduction in waiting times for CMHT services • Number of people that presented at A&E but could have been seen in alternative/more appropriate mental health services • Number of people who had been in contact with crisis services x hours prior to presenting at A&E • Number of people in touch with services prior to suicide • Delayed transfers of care measure • ALPS data
4. People are actively involved in their mental health and their care	<ul style="list-style-type: none"> • % people have access to their care plan • PROM – care plan has been developed with them, is being accessed and is effective • % people achieving recovery objectives • Goal based outcome measure – DIALOG • Wellness recovery care planning measure 	<ul style="list-style-type: none"> • Number of patients in contact with 3rd sector organisations in 3 months prior to admission/CMHT • Number of patients in contact with GP in 3 months prior to admission/CMHT • % people who attend crisis service while on waiting list • Increase % attendance peer delivered/led support

Outcome	Outcome measure	Process measure
	<ul style="list-style-type: none"> Person centred care measure – P3CEQ? 	<ul style="list-style-type: none"> Number of people accessing community based services Access to social prescribing services Leeds Wellbeing
5. People with long term mental health conditions live longer, and lead fulfilling, healthy lives	<ul style="list-style-type: none"> Reduce premature mortality for those with SMI % of population in employment/training/meaningful occupation PROM – QoL measure % population actively engaged in their community Suicide rate – for this population compared to other populations/whole population % people in stable housing / homelessness measure Improved outreach to engage people who do not respond 	<ul style="list-style-type: none"> More people accessing support to gain and sustain employment People on SMI register having health checks completed Substance abuse measure % population with BMI over 30 People on SMI register accessing follow up/healthy lifestyle interventions – stop smoking/ weight management services Increase the number of people accessing screening services Community provision measure Optimising benefit uptake Increased numbers in individual placement support offer Self management of LTC measure? Reduction in the number of people who routinely DNA

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted

Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces