Improving Access to Mental Health Services across South Tees

WORKING TOGETHER TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES in SOUTH TEES

Healthwatch South Tees as well as 4 other Healthwatch organisations across the Tees Valley are working with the local Mental Health Alliance Partnership to understand how mental health services are being used by local people.

We would like to know what keeps you well and how you would like to access mental health services in South Tees. It is important they know what this looks like and how it feels for you. Your views will also establish a baseline of what local people's knowledge of current services are and your expectations of mental health services.

Healthwatch are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen.

By sharing your views with us, we will be able to help local providers and partnerships to understand what they need to do to enable you to have greater choice and control over your care, and for you to be supported to live well in your community.

We appreciate your time in completing this survey and welcome your comments and suggestions.

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Tell us about yourself or the person you are completing this form on behalf of:

* 1. Please enter the first part of your postcode

* 2. Are you completing this survey on behalf of yourself or someone else?

Myself

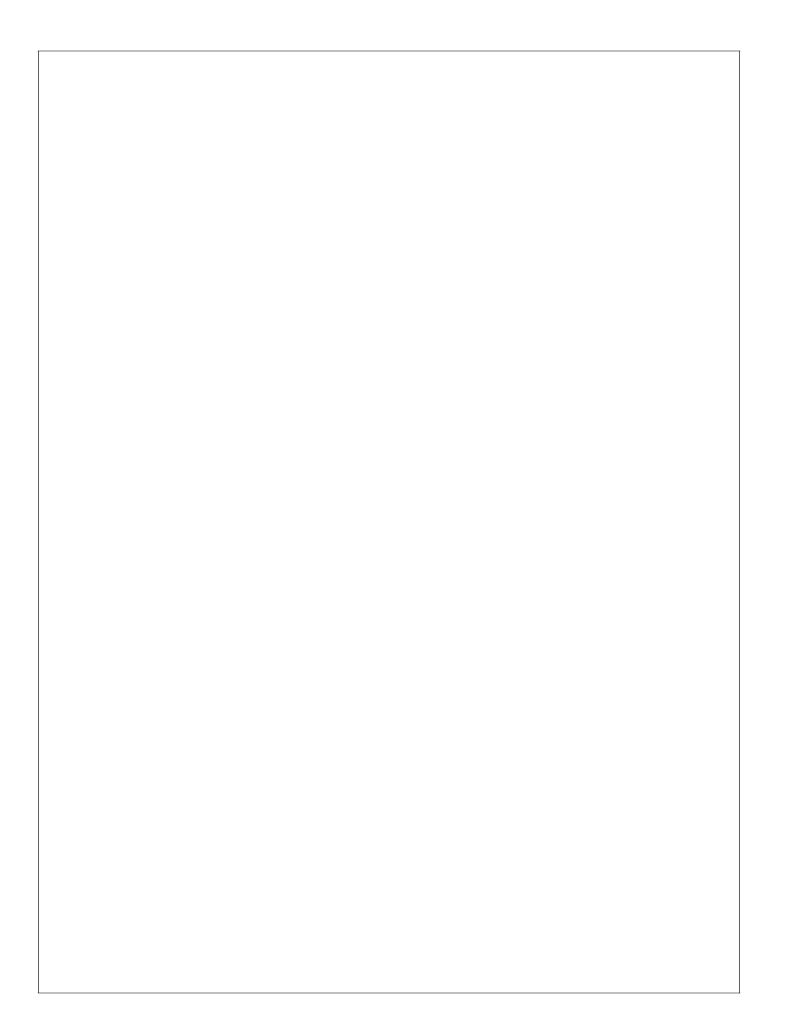
Someone else

3. If you're completing this on behalf of someone else, can you please tell us who and why?

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About You		
By answering these 9 questions, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to and can go straight to the survey.		
4. What age category do you fall into?		
13 - 17 years		
18 - 24 years		
25 - 34 years		
35 - 44 years		
45 - 54 years		
55 - 64 years		
65 - 74 years		
75 years +		
I'd prefer not to say		
5. Please tell us which gender you iden	itify with:	
Woman		
Man		
Non-binary		
Other		
l'd prefer not to say		
6. Is your gender different to the sex the	at was assigned to you at birth?	
Yes		
No		
I'd prefer not to say		

	Arab
	Asian/Asian British : Bangladeshi
	Asian/Asian British : Chinese
	Asian/Asian British : Indian
	Asian/Asian British : Pakistani
	Asian/Asian British : Any other Asian/Asian British Background
	Black/Black British : African
	Black/Black British : Caribbean
	Black/Black British: Any other Black/Black British Background
	Gypsy, Roma or Traveller
	Mixed/Multiple Ethnic Groups : Asian & White
	Mixed/Multiple Ethnic Groups : Black African & White
	Mixed/Multiple Ethnic Groups : Black Caribbean & White
	Multiple Ethnic Groups : Any other Mixed / Multiple Ethnic Background
	White : British/English/Northern Irish/Scottish/Welsh
	White: Irish
	White: Any other White background
	Another Ethnic background
	I'd prefer not to say
. Pl	ease tell us which sexual orientation you identify with:
	Asexual
	Bisexual
	Gay
	Hetrosexual/Straight
	Lesbian
	Pansexual
	Other
	I'd prefer not to say

9. Please tell us about your religion or beliefs:
Buddhist
Christian
Hindu
Jewish
Muslim
Sikh
No religion
Other
I'd prefer not to say
10. Please tell us about your marital or civil partnership status:
Single
Married
In a Civil Partnership
Co-habiting
Separated
Divorced/Dissolved Civil Partnership
I'd prefer not to say
11. Are you currently pregnant or have you been pregnant in the last year?
Yes
No
I'd prefer not to say
12. Do you consider yourself to be a Carer, have a disability or have a long-term health condition? (Please select all that apply)
Yes, I consider myself to be a Carer
Yes, I consider myself to have a disability
Yes, I consider myself to have a long-term health condition
None of the above
Please give details of your disability or long-term health condition



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Survey Questions				
13. Which of the fo	13. Which of the following best reflects your current situation			
I am current rec	I am current receiving mental health and wellbeing support from a local service			
I have previous	ly received mental health and wellbeing support from a local service			
I access comm	unity groups and activities which helps with my mental health and wellbeing			
I don't currently	access any service or community group to help with my mental health and wellbeing			
14. On a scale of 1-5 how would you currently describe your mental health and wellbeing (1 being extremely poor to 5 being extremely good)				
15. Tell us up to 5 thin exercise, etc)	ngs that contribute to your positive mental health and wellbeing (eg friends, family,			
1				
2				
3				
4				
5				
16. Tell us up to 5 things that impact negatively on your mental health and wellbeing (eg debt, housing, etc)				
1				
2				
3				
4				
5				

17. Who would you contact or go to for help/support for your mental health and wellbeing?
GP
Crisis Service
Telephone Helpline
Family
Voluntary Organisation
Friends
Employer
Other (please specify)
18. If you have received help and/or support for your mental health or wellbeing where was this from?
19. What help/and or support were you offered? (eg Counselling, Psychological Therapies, Group activities,
medication, Peer Support, etc)
20. Did this support meet your needs?
Yes
No
21. If your answered no to Q20 please tell us why
22. Is there anything that would prevent or prevents your from seeking help?
Yes
No
23. If yes, can you tell us what this is?

	you prefer mental health and wellbeing support to be located?
Community ver	nues
GP surgeries	
On-line	
Other	
25. What would influe	ence your decision to go and get the right help and support you need?
L	
2	
3	
ļ	
27. Where would y mental health and	you like to find information about how you can improve and/or access support for your I wellbeing?
Phone app	
Leaflets	
Websites	
Social media	
Other (where?)	
L	
28. Which websites a	and social media?
Vebsites?	
Social media?	

29. If you take part in community activities or groups that help your mental health and wellbeing what are they?

1	
2	
3	
4	
5	

30. If you don't take part in community activities or groups, can you tell us why?

31. Are there any community activities or groups that would help with your mental health and wellbeing that are not currently provided in your community?

32. Is there anything else you think is important for us to know?

33. If you would like to be kept informed of this work or be part of any future engagement, please provide your contact details below.

Name	
Email Address	
Phone Number	

Thank you for taking the time to complete this survey, your response is extremely valuable to us and will help shape the future of mental health and wellbeing support and improve experiences for local people across Tees Valley.