

Psychological Services in Shropshire, Telford & Wrekin

A report into service users experiences

Survey period February – March 2022
Report published 12th July 2022

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About Healthwatch

Healthwatch Shropshire and Healthwatch Telford & Wrekin are your local health and social care champions.



If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford & Wrekin Clinical Commissioning Group, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford & Wrekin

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us.

Context

The NHS 'Improving Access to Psychological Therapies' (IAPT) programme began in 2008 and each area of England has a service. It provides talking therapies to "help people overcome their depression and anxiety, and better manage their mental health."¹ IAPT services can support people with mild to moderate mental health issues such as anxiety or low mood.

In Shropshire, Telford & Wrekin the therapies are delivered by two services, Shropshire Psychological Therapies Service (IAPT) and Telford IAPT both of these are provided by the Midlands Partnership NHS Foundation Trust²

The services consist of teams of trained psychological therapists who offer talking therapies and support. Each team includes cognitive behaviour therapists, counsellors and psychological wellbeing practitioners. They deliver a range of psychological therapies in a variety of ways including web-based programmes, telephone, face to face, individual and group sessions..

The NHS is looking at how these services are organised and wants to understand people's experiences. They told us that they wanted to hear the views of people who have used the services so that they can design the service to best meet users needs.

¹ <https://www.england.nhs.uk/mental-health/adults/iapt/>

² <https://www.mpft.nhs.uk/>

What we did

We worked with both IAPT services to produce a short survey that would give users of the service since 2014 the opportunity to feedback on what had gone well, what had not gone so well and to share any suggestions on how the service could be improved.

We publicised the survey through the IAPT services, across the NHS and social care services and more widely through media, social media and community contacts, such as patient support groups, local councils and community centres

People were able to provide feedback through surveys on both Healthwatch Shropshire and Healthwatch Telford & Wrekin websites. Those without internet access could ring us to share their experience or send it by post.

The survey questions are available in Appendix B

The people we heard from

We heard from 35 people. Ten people who used the Telford IAPT service, 24 who used the Shropshire service and one person who did not tell us which service they used.

The majority of the people who contacted us were women; 27 women (77%), 5 men (14%) and 3 who preferred not to say (8%). Most people were aged between 25 and 49:

- 20 people (57%) were aged 25 - 49
- 9 people (26%) were aged 50 - 64



- 2 people (6%) 65 and over
- 2 people (6%) under 25



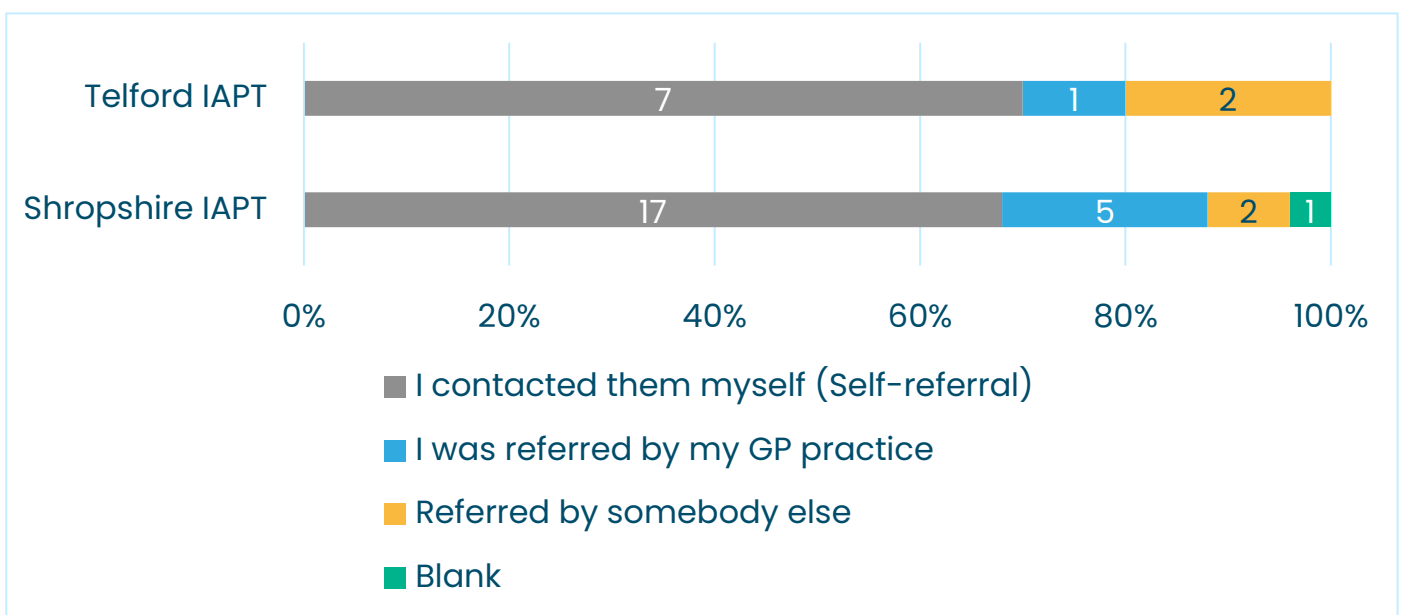
A full demographic breakdown is available in Appendix A

What people told us

Access to the service

Make a self-referral directly to IAPT. This can be done by telephone or using an online form.

How did you access the service?



Assessment Call

After people have contacted the IAPT service or been referred to the IAPT service by another service they will receive an assessment call.

How long did you wait for your assessment call?

- 18 people (51%) received the call within 4 weeks
- 8 people (23%) waited between 5 to 18 weeks
- 9 people (26%) waited over 18 weeks, 1 of these was still waiting for a call at the time of filling out the survey

We asked people to tell us if they accessed therapy before 2020 or since. This showed that the proportion of people, who responded to the survey, waiting for more than 4 weeks to receive their assessment call reduced from 58% prior to 2020 to 39% since 2020. We are unsure if this finding is reflected in the waiting times for all service users.

Did you find your assessment call useful?

We asked if people found their assessment call useful and if they were offered any information or advice to help them while they were waiting for therapy to start.

Of those who answered the question more people described a positive experience of the call than a negative experience.

Sixteen people (46%) described a positive experience



“Extremely. I didn't actually progress to therapy. After the assessment call, (which was itself incredibly cathartic) I was provided with a number of self-help resources. Working through these and with two further follow up calls, the practitioner and I agreed that I didn't need therapy.”

Shropshire IAPT Service



“Yes, it made me feel like something was happening. Did point me toward interim help.”

Telford IAPT Service



“The assessment call was useful and gave me some techniques for a short term period.”

Shropshire IAPT Service

Twelve people (34%) described a negative experience



“Unfortunately, I didn't find my assessment call useful. I felt like I wasn't able to convey my feelings and thoughts across in the assessment which I think affected the time I had to wait for my therapy to start. I was given a few pieces of information and support but after that there was no follow up or information on how long I would be waiting and no support following the assessment.”

Shropshire IAPT Service



“Details were taken but received no support or self-help information for me to use whilst I waited for an appointment.”

Telford IAPT Service



“The initial assessment call felt rushed. I was offered some leaflets which could be emailed to me whilst I was on a waiting list for online CBT but no other useful advice was offered.”

Shropshire IAPT Service

Four people told us that following the assessment call they did not have therapy, two provided more information:

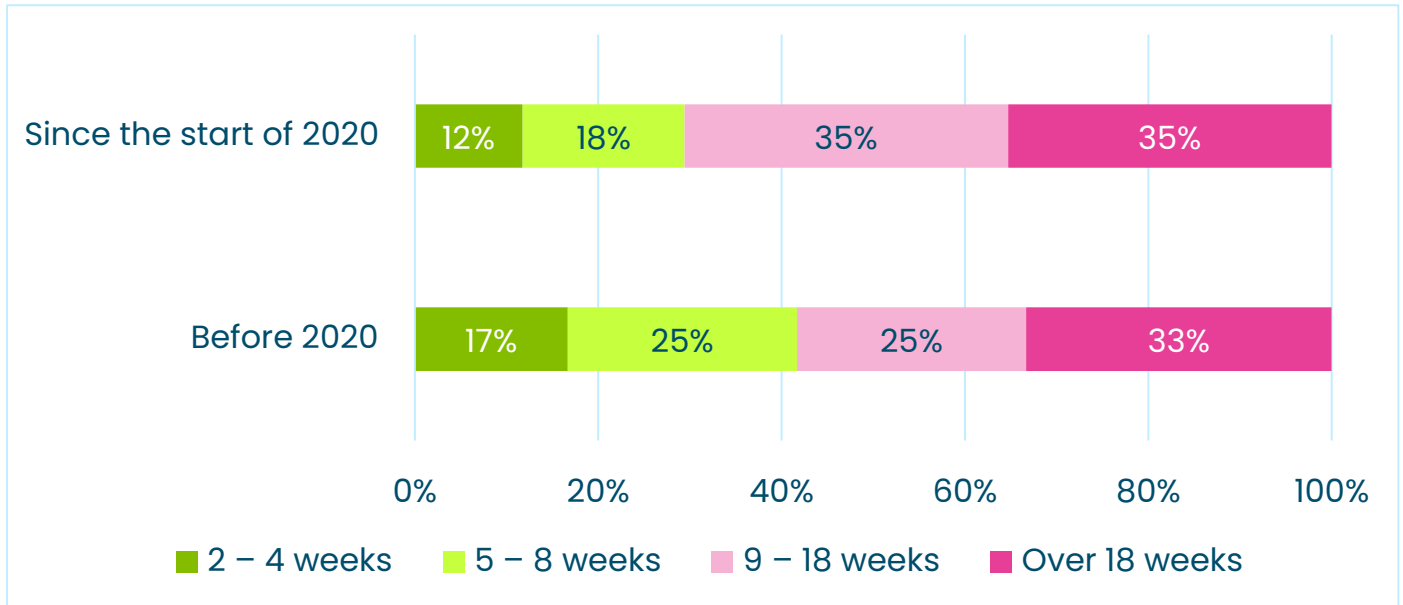
- One was not offered any
- One felt that it wasn't required, the assessment call and two subsequent follow up calls was all the help needed

Mental Health Access Line

To ensure that anybody needing urgent help has a point of contact 24/7 the Midlands Partnership Foundation Trust provides a Freephone Urgent NHS Mental Health Helpline, 0808 196 4501 or email access.shropshire@mpft.nhs.uk.

Waiting times for therapy to start

Twenty-nine people told us about how long they waited for therapy to start after they had contacted the service.



The proportion of people waiting 8 weeks or less fell from 42% before 2020 to 30% since. The figure for those waiting more than 18 weeks remained about the same.

A patient who waited over 18 weeks told us,



“Unfortunately, the waiting times were huge and whilst I was waiting my mental health deteriorated significantly.”

Therapy Services

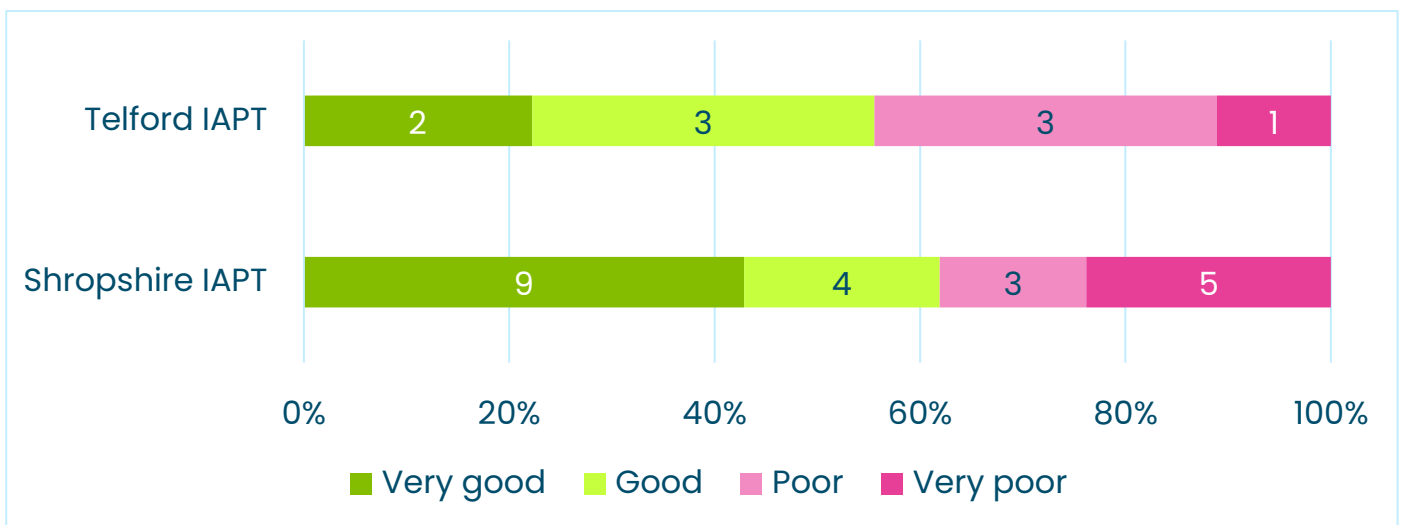
Thirty people told us which therapy they had received, some had several therapies

| Therapy | Participants |
|--|--------------|
| Guided self-help with a Psychological Wellbeing Practitioner (PWP) | 4 |
| A Course (e.g. Living well with illness) | 1 |
| CBT (Cognitive Behaviour Therapy) | 15 |
| cCBT (Computerised CBT – Silver Cloud) | 7 |
| EMDR (Eye Movement Desensitisation and Reprocessing) | 4 |
| IPT (Interpersonal Therapy) | 2 |
| Counselling for Depression | 4 |
| Couples Counselling for depression | 0 |
| DIT (Dynamic Interpersonal Therapy) | 2 |

Experience of therapies

We asked people to tell us about their experience of the therapy they received.

Overall how would you describe the therapy?



The majority of patients, 60%, told us that the therapy was good or very good, (56% of patients using the Telford IAPT service and 62% of those who used the Shropshire service).

Have you finished your therapy?

We wanted to know what barriers there might be to completing a course of therapy.

Six people (17%) told us that they did not finish the course of therapy they were attending:

- 4 people felt the therapy was not helpful and rated it as poor or very poor

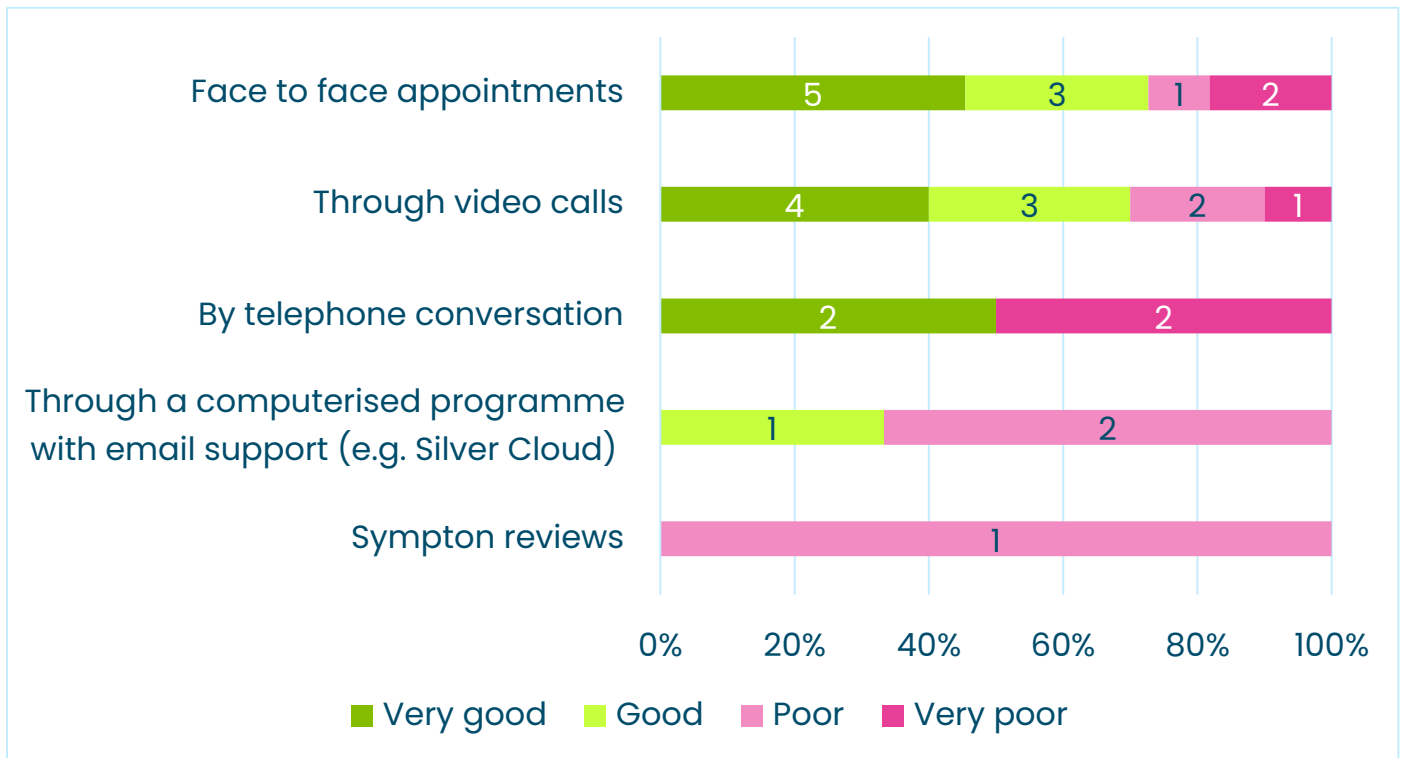


“The wait times between sessions was too long. There were 4-6 weeks between sessions, which when you have depression and are attempting to trust someone to talk to and help you, is entirely unhelpful and unproductive. I sought private weekly therapy as a matter of urgency instead.”

- One person did not complete therapy due to other priorities and one person was referred to another service. Both of these rated the therapy as very good.

We asked people to tell us how they received their therapy.

When we looked at how people rated their therapy it was apparent that those who had received it face to face or through video calls had similar levels of satisfaction.



6 "I did not mind that it wasn't face to face, the travel would have been inconvenient."

Tell us more

To help understand how people experienced the services we asked them to provide further details of what went well and what didn't go so well.

Twenty eight people gave us further information about their experience, 19 who attended Shropshire IAPT services and 9 who attended Telford IAPT services. We picked out the main themes from these responses:

What went well.

The two aspects of the service with most positive comments were:

Quality of staff

(58% of Shropshire responses and 56% of Telford responses)



"I speak to a very knowledgeable therapist who is validating and reassuring, they go at my pace and give me time and a safe space to process things and they have recommended a lot of helpful tools which have also improved my sleep and anxiety so far."



"Established a good rapport with therapist , she tailored the sessions for my needs"



"Current CBT therapist very supportive and therapy received has been good."

Quality of therapy

(47% of Shropshire responses and 33% of Telford responses)



"I'm 4 sessions into therapy and I can already feel the difference this is making to my well-being... I cannot recommend this service highly enough."



"I found the therapy sessions to be very useful and the therapist was very kind and supportive, we worked through lots of different techniques of CBT from questionnaires to validate/disagree with how my thought process perceived things at the time."



“I speak to a very knowledgeable therapist who is validating and reassuring, they go at my pace and give me time and a safe space to process things and they have recommended a lot of helpful tools which have also improved my sleep and anxiety so far.”

What didn't go so well

The two aspects of the service with most negative comments were:

Waiting times for therapy

(42% of Shropshire responses and 22% of Telford responses)



“Unfortunately, the waiting times were huge and whilst I was waiting my mental health deteriorated significantly. Can't fault the service once you get it.”



“[the assessment call] told me how depressed I was (moderate to severe) and then the length of time I would be on the waiting list – 9 months!”



“Whilst I appreciate Covid got in the way a wait time of 26 months with no support is hopeless.”

Communication between service and user

(21% of Shropshire respondents and 22% of Telford respondents)



“My last appointment was sprung upon me. I was unaware I was being discharged on the day.”

6

“Online CBT; the course was well designed and easy to follow. I got regular emails from my supporter with feedback on my progress. However, there was no face-to-face support or opportunity to speak to someone.”

6

“I don't know what's happening but my sessions finished in November and we agreed to receive further counselling which I'm still waiting for.”

Patient suggestions for improvement

We asked for suggestions on how patients would like to see the services improved. Full details of users' suggestions are listed in Appendix C

The suggestions can be summarised as follows:

- Provide more support while waiting for therapy to commence
- Ensure that there are not long gaps between therapy sessions.
- Keep changes to appointment times to a minimum.
- Make sure that patients know when the sessions will be coming to an end.
- Provide more information about the prescribed therapy before it starts.
- Provide a follow-up phone call after the therapy course ends.
- Reduce waiting times / employ more therapists.
- Provide patients with a direct means of communication with their therapist.
- Improve the assessment process to ensure therapy is aligned with the patient's previous experience of therapy.
- Provide individual face to face appointments in convenient locations.
- Improve information about support organisation in the local area.
- Ensure staff are aware of the complexities of living with long term physical conditions.
- Provide a forum where those with lived experience can feed into the running of the service.

Response from Service Providers

Response to the report and suggestions for improvement from the Clinical Lead for the Shropshire, Telford & Wrekin IAPT service at Midlands Partnership Foundation Trust.

Thank you to Healthwatch for conducting this review of our IAPT services in Shropshire, Telford and Wrekin. IAPT means Improving Access to Psychological Therapies and we need to ensure we are improving access and reviews such as this assist us in learning lessons to ensure our services meet the needs of our local populations. It was helpful to read about the lived experiences of individuals who have accessed IAPT services since 2014. All comments will help shape our services, learning lessons from both the positive and negative experiences.

The IAPT services in Shropshire, Telford & Wrekin are stretched. Since 2014 (the review period), the Shropshire IAPT service received 39,550 referrals and in the last financial year (2021/22), the service received 5953 new referrals. For Telford, 35,593 referrals were received since 2014 and in the last financial year, 5666 new referrals were received. We are working closely with our commissioners to attract new investment, to ensure we can grow a sustainable service with acceptable waiting times. We accept the waiting times are currently not acceptable and for that we apologise. We would like to assure the community we are currently working hard to address this issue.

We are exploring various options to address the issues of 'keeping in touch' with patients who are waiting. Due to the high number of referrals and the size of the teams and administrative staff this makes this very challenging to achieve in the current climate. IAPT services are not commissioned to provide waiting time interventions, however with higher waiting times we try to ensure we keep in touch where we can. Follow up calls are not therapy and for each follow up call, therapy capacity is lost and so this can impact on waiting times. It is sadly not possible to keep in touch and follow up everyone prior to starting therapy, we always seek to prioritise those whom who need this the most informed by a risk assessment and clinical assessment. Both services have sought manageable solutions to follow people up, ranging from regular letters to online programmes.

We understand that digital solutions will not help those in digital poverty or for those who do not use the internet and we will always provide patient choice.

Within the resources available to IAPT services, services need to employ a range of low and high intensity interventions, and this would be compliant with the national IAPT model and the NICE guidance. Low intensity interventions include guided self-help, online CBT, groups and community-based interventions. High intensity therapy tends to be more traditional 1-1 psychological therapy with an hour-long session. Low intensity interventions are short term, spanning around 4-6 sessions, are supported by research and very effective and high intensity tends to be longer (around 12 sessions). Services receive high numbers of referrals for high intensity interventions or requests for people to receive 1-1 therapy, however IAPT services should focus on the least intensive option first, which means starting at the low intensity step of the pathway first. We need to engage more people in digital guided self-help, therapy groups, as well as higher intensity options for those who need it. These are exciting therapy options, which have proven popular in IAPT services nationally, with digital options gaining ground through the pandemic.

We were saddened and concerned about some of the negative experiences. Someone reported they waited 4-6 weeks between therapy appointments. Clinicians are encouraged and generally work to 1-2 weeks between sessions. Holidays for staff and patients can sometimes impact on the gap between sessions and there are occasions that the gap may occur through holidays or sickness. The clinical evidence suggests proving a gap of 1 week between sessions (max 2 weeks), as anything more than this, can reduce the gains made in the therapy. Another individual reported that their discharge was 'sprung' on them. This is disappointing, as therapy endings are a key competency for IAPT practitioners and endings are typically planned with the patient and relapse prevention strategies are discussed. There are occasions when the patient has improved and it is agreed to end the therapy at that point, but this is typically agreed with the patient. Discharge and case closure is a validating and positive experience for many patients, as their discharge represents a graduation from therapy, as well as their recovery and self-determination. And finally, a respondent stated they were waiting over 18 weeks for their assessment and had still not heard anything. For all these negative experiences, we would encourage anyone to make contact with the service or PALS at MPFT, so we can look into individual cases to seek any resolution or learn lessons.

Finally, we are currently reviewing our IAPT services and how they function. We are undertaking a change and efficiency project to harmonise our services across Shropshire, Telford & Wrekin. We aim to build on the good practices already established and develop areas in need of improvement. We are working closely with the Shropshire, Telford & Wrekin Clinical Commissioning Group and regional partnerships to achieve this aim.

Thank you for your honest comments and we will use the report to support service development further.

MPFT response to the Patient suggestions for improvement (p.16)

The suggestions can be summarised as follows:

- Provide more support while waiting for therapy to commence

This is a very challenging area. IAPT services are not commissioned to extend to additional support. Digital solutions will be explored as a waiting time support option.

- Ensure that there are not long gaps between therapy sessions.

We agree and the evidence does not support long gaps between therapy sessions. The recommendation appears to be from one case and most clinicians keep close to the evidence base on this and gaps are mainly 1-2 weeks. If this is not the case for patients, we encourage people to contact their local services to raise this if this is an issue.

- Keep changes to appointment times to a minimum.

We will take this as a lesson for improvement.

- Make sure that patients know when the sessions will be coming to an end.

We agree and it is disappointing that a patient felt their therapy ending wasn't planned. All therapists should be working towards endings in a planned way, this is collaborative. Although it is not clear how representative this experience is of the general patient experience or therapist practice, or whether this is isolated. We will certainly remind staff and supervisors of the need to ensure endings are planned.

- Provide more information about the prescribed therapy before it starts.

Services do provide information on therapy and ensure patients receive as much information as possible in the initial appointment letters and initial engagement. We would be keen to work further with patients / service users on how we could improve this, as there is only so much information we can provide. It may be that the information we provide is not useful and we can seek ways to improve this. We can work with the service user groups in Shropshire and Telford to provide some feedback on our information packs.

- Provide a follow-up phone call after the therapy course ends.

This is a more challenging area, due to what is realistic within the commissioned offer. To follow up every patient would impact on treatment capacity and this is a difficult balance. *We will need to work with our commissioner, the services and wider community groups in seeking ways follow up can be provided within the commissioned offer. We will certainly take this recommendation forward.*

- Reduce waiting times / employ more therapists.

We would not disagree, however there are challenges within the current commissioned offer and the availability of trained and accredited therapists. It is becoming an increasing challenge for IAPT services to recruit newly trained therapists. There is just not the availability of trained and accredited therapists needed to staff IAPT services and we compete with other areas in attracting therapists to work in Telford and Wrekin and Shropshire. We are exploring alternative roles to attract people from the local population and developing new roles. We are also seeking different ways to recruit, however this is a very challenging area. The development of IAPT services cannot rely on one to one therapy alone and digital therapy offers will also be part of the service offer, to ensure there is a range of options available.

We are working on a number of projects to reduce waiting times and are actively undertaking key tasks to reduce the backlog of patients waiting.

- Provide patients with a direct means of communication with their therapist.

In Shropshire, patients who are waiting are provided with a named professional, however this is causing some challenges for the team and we need to explore systems, such as a duty system, which we will be trialling in Telford.

- Improve the assessment process to ensure therapy is aligned with the patient's previous experience of therapy.

Some context would be helpful to understand the gap.

- Provide individual face to face appointments in convenient locations.

We do provide venues across the patch and so it would be helpful to understand the context a little more on this. This may relate to the covid 19 pandemic and therapy was restricted to online delivery, which was a national issue. As we move out of pandemic restrictions, we will be offering more choice on venue and some therapists have already started to do this. We will still offer a remote / online therapy offer, as this is convenient for many patients as well.

- Improve information about support organisation in the local area.

We will revisit our signposting information. A number of new staff started through the pandemic and due to the remote nature of their tenure, they may not have had the chance to familiarise themselves with local organisations. We will certainly review this.

- Ensure staff are aware of the complexities of living with long term physical conditions.

Staff have continuing professional development in this area and are aware of the impact of long term conditions. Therefore, we would need to understand the context to this recommendation, as there is no evidence staff are not aware of this. IAPT staff are well trained and MPFT do provide ongoing CPD. If we do experience a gap in this area, it would be helpful to understand the context, so we can assess whether the CPD provided is sufficient.

- Provide a forum where those with lived experience can feed into the running of the service.

Agreed. Shropshire have already established a service user forum and Telford are in the process of setting up a patient committee. We are committed to establishing user forums and ensuring the user voice contributes to the ongoing development of services.

Response to the report and suggestions for improvement from the Shropshire, Telford & Wrekin Clinical Commissioning Group

We are so pleased that Healthwatch were able to support us with this important piece of work. The pandemic has taken its toll on everybody's wellbeing, so the survey will help us better understand the needs of our local population so that we can improve services going forward. It is a great opportunity to find out what works well within the service and what can be enhanced. By working with people in our communities we can improve services and support to keep people happy and healthy.

Following a review of the survey responses, we are now collaborating with the service provider to develop a new model that will improve accessibility into the service and offer more timely assessments and interventions, with the aim to improve outcomes for all individuals.

It is important to us that the service is able to provide the skills and confidence to manage mild to moderate anxiety and depression at the earliest opportunity so that individuals can live their life to the full.

Appendix A

Demographic Information

Gender

| Residential Area | Woman | Man | Prefer not to say | Total |
|------------------|-------|-----|-------------------|-------|
| Shropshire | 18 | 4 | 2 | 24 |
| Telford & Wrekin | 9 | 1 | 1 | 11 |
| Total | 27 | 5 | 3 | 35 |

Age

| Residential Area | 16 to 17 years | 18 to 24 years | 25 to 49 years | 50 to 64 years | 65 to 79 years | Prefer not to say | Blank | Total |
|------------------|----------------|----------------|----------------|----------------|----------------|-------------------|-------|-------|
| Shropshire | 1 | | 15 | 6 | 2 | | | 24 |
| Telford & Wrekin | | 1 | 5 | 3 | | 1 | 1 | 11 |
| Total | 1 | 1 | 20 | 9 | 2 | 1 | 1 | 35 |

Sexual Orientation

| Residential Area | Bisexual | Gay man | Heterosexual / Straight | Prefer not to say | Blank | Total |
|------------------|----------|---------|-------------------------|-------------------|-------|-------|
| Shropshire | 1 | | 15 | 2 | | 24 |
| Telford & Wrekin | | 1 | 5 | | 1 | 11 |
| Total | 1 | 1 | 20 | 2 | 1 | 35 |

Ethnicity

| | Shropshire | Telford & Wrekin | Total |
|--|------------|------------------|-------|
| White: British / English / Northern Irish / Scottish / Welsh | 19 | 10 | 29 |
| White: Irish | 2 | | 2 |
| Mixed / Multiple ethnic groups: other | 1 | | 1 |
| Mixed / Multiple ethnic groups: Black Caribbean and White | | 1 | 1 |
| Prefer not to say | 1 | | 1 |
| Blank | 1 | | 1 |
| Total | 24 | 11 | 35 |

Religion

| | Shropshire | Telford & Wrekin | Total |
|-------------------|------------|------------------|-------|
| None | 7 | 6 | 13 |
| Christian | 9 | 1 | 10 |
| Russian orthodox | | 1 | 1 |
| Prefer not to say | | 3 | 3 |
| Blank | 8 | | 8 |
| Total | 24 | 11 | 35 |

Long Term Condition

| | Shropshire | Telford & Wrekin | Total |
|---------------------------------------|------------|------------------|-------|
| Alzheimer's disease or dementia | 0 | 0 | 0 |
| Asthma or long-term chest problem | 3 | 2 | 5 |
| Blindness or severe visual impairment | 0 | 0 | 0 |
| Cancer in the last 5 years | 0 | 0 | 0 |
| Deafness or severe hearing impairment | 0 | 0 | 0 |
| Diabetes | 0 | 0 | 0 |
| Heart disease | 0 | 0 | 0 |
| Learning disability | 3 | 1 | 4 |
| Mental health condition | 14 | 4 | 18 |
| Other | 1 | 1 | 2 |

Appendix B – Survey Questions

We want to know about the experiences of people who have been in contact with Shropshire Psychological Therapies Services (IAPT) and Telford IAPT seeking therapy since 2014.

When you fill out the questions we don't need to know who you are and you will not be identifiable. We only want to know what help you received, what you thought of it and any suggestions you might have about how things could be improved. We know that services really want to hear what you think.

Which service were you in contact with?

- Shropshire Psychological Therapies Services (IAPT)
- Telford IAPT

How did you access the service?

- I contacted them directly myself (self-referral)
- Referred by GP
- Referred by somebody else

[If 'referred by somebody else'] Please tell us which service referred you (e.g. Maternity Services, Accident & Emergency, Social prescriber, Mental health services)

- Free Text

After your first contact with IAPT how long did you wait for your assessment call or assessment appointment?

- Less than 1 week
- 1 – 4 weeks
- 5 – 8 weeks
- 9 – 18 weeks

- Over 18 weeks

Did you find your assessment call or appointment useful? (for example were you offered any sources of support or information to help you while waiting for therapy)

- Free Text

Did you take up the therapy offered?

- Yes
- No

[If 'no' also skip page 2] What stopped you taking up the therapy?

- Free Text

[Page 2]

Please tell us which therapies you have taken part in: (tick all that apply)

- Guided self-help with a Psychological Wellbeing Practitioner (PWP)
- A Course (e.g. Living well with illness)
- CBT (Cognitive Behaviour Therapy)
- (cCBT) Computerised CBT – Silver Cloud
- EMDR (Eye Movement Desensitisation and Reprocessing)
- IPT (Interpersonal Therapy)
- Counselling for Depression
- Couples Counselling for depression
- DIT (Dynamic Interpersonal Therapy)
- Other

[If 'A course'] Please tell us which course you attended

- Free Text

How long did you wait from first contact to therapy starting?

- Less than 2 weeks
- 2 – 4 weeks
- 5 – 8 weeks
- 9 – 18 weeks
- Over 18 weeks

When did your therapy start?

- Before 2020
- Since the start of 2020

Have you finished your therapy?

- No, I'm waiting to start therapy
- No, I'm currently receiving therapy
- Yes, I completed the course
- Yes, I didn't complete the course

[If 'Yes, I didn't complete the course'] What stopped you from completing the course?

- Free Text

In the main how did you / do you take part in the therapy?

- Through a computerised programme with email support (e.g. Silver Cloud)
- By telephone conversation
- face to face appointments
- through video calls
- other

[If 'F2F'] Clinic location

- Free Text

[If 'other'] Other (Please Describe)

- Free Text

How many therapy sessions did you attend / have you been offered?

- Free Text

Overall how would you describe the therapy?

- Very good
- Good
- Poor
- Very poor

Please describe what went well and what didn't go so well? (If you have taken part in different therapy options please let us know which therapies you are telling us about)

- Free Text

Do you have any suggestions on how the service could be improved?

- Free Text

[Page 3]

Tell us a bit about you

It would really help to know a little more about you so that we can better understand how people's experiences may differ. These questions are completely voluntary.

Please tell us which council area you live in:

- Shropshire Council
- Telford & Wrekin Council
- Other

[If 'other'] Council area:

- Free Text

Please tell us which GP you are registered with: (This helps us identify if there are differences in services depending on where people live in Shropshire, Telford & Wrekin.)

- List of STW GPs
- Out of area
- Not registered

[If out of area] Name of GP practice:

- Free text

Please tell us your age:

- 16 to 17 years
- 18 to 24 years
- 25 to 49 years
- 50 to 64 years
- 65 to 79 years
- 80+ years
- Prefer not to say

Please tell us your gender:

- Woman
- Man
- Non-binary
- Intersex
- Prefer to self-describe
- Prefer not to say

[If 'Prefer to self-describe'] Please self-describe below: (Leave Blank if you'd prefer not to say)

- Free text

Please tell us which sexual orientation you identify with

- Asexual
- Bisexual
- Gay man
- Heterosexual / Straight
- Lesbian / Gay woman
- Pansexual
- Prefer to self-describe
- Prefer not to say

[If 'Prefer to self-describe'] Please self-describe below: (Leave Blank if you'd prefer not to say)

- Free text

Please select your ethnicity:

- 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 (please specify)
- Black / Black British: African (please specify)
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background (please specify)
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White

- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify)
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background (please specify)
- Any other ethnic group (please specify)
- Prefer not to say

[If any of the please specify options] Please specify

- Free text

Religion or belief

- Buddhist
- Jewish
- Christian
- Muslim
- Hindu
- Sikh
- Other religion
- None
- Prefer not to say

[If 'other'] Other (Please Describe)

- Free Text

Do you have a long term condition: (Please tick all that apply)

- Alzheimer's disease or dementia
- Asthma or long-term chest problem
- Blindness or severe visual impairment
- Cancer in the last 5 years
- Deafness or severe hearing impairment
- Diabetes
- Heart disease
- Learning disability
- Mental health condition
- Other

[If 'other'] Other (Please Describe)

- Free Text

Submission confirmation

The information contained in your response, along with the others we receive, will be used to produce a public report, no individuals will be identifiable in this report.

I give permission for my response to be used in this way and to be stored by Healthwatch Shropshire in accordance with our [Privacy](/privacy) statement so that they can use it help improve the delivery of health and care services in Shropshire and across the country.

- Yes
- No

Appendix C

Do you have any suggestions on how the service could be improved?

Reduce waiting times. Provide suggestions for whilst you are waiting. Provide information about support groups. Signpost to MPFTs Wellbeing and Recovery College for courses. Check in with people who are on the waiting list from time to time. My 7 month wait for intensive CBT was too long and was damaging

Nothing. I did not mind that I wasn't face to face, the travel would have been in convenient. I was ok with the session running order. recourses were introduced at the right time, I was able to influence a change of direction freely

Consistency. Long gaps between sessions are of no use to a patient and actually cause more harm than good, in validating feelings of society not really caring.

Listen to the patient, if they need more help offer it and help them get it. Offer talking therapies after EMDR and check the patient is OK! Make sure the patient knows exactly how many sessions they will get and ensure they know well in advance the therapy is coming to an end.

One thing that I find difficult is the end of the therapy - it finishes and there's no follow up phone call. I did feel that I'd done the course and that was it, that's what you're getting. A follow up after the course would haven been helpful. I would have liked to know what I was supposed to have achieved through it. I don't think it was well explained. Have since found out it's part of CBT. More information in advance of the course would have helped. I know the waiting list is very long - somebody else might have benefitted from this course more than I have.

No

I waited well over a year for my therapy sessions which I didn't feel like that was appropriate considering no follow up was provided. I'm not the sort of person to go out of my way to ask for help so the initial referral was a big step for me. I think the service could be improved by providing follow up

discussions for people waiting to receive therapy. Unfortunately during the time of my initial assessment and my therapy sessions my depression and anxiety got to the lowest point and I felt that I was at a loss due to referring myself but having to wait such a long time for support.

I understand the waiting lists are very long and if I hadn't been prioritised then it is likely things would have been a lot worse by the time I received any support. I think this is a real issue.

Shorter waiting times. Too many questionnaires

Assess how much the service user knows about cat because it's very basic on silver cloud, although I did learn one useful suggestion

Some means of leaving a message for specific staff apart from ringing the main number.

Invest in more CBT people who are passionate supportive and empowering like [staff member]

Whilst I appreciate Covid got in the way a wait time of 26 months with no support is hopeless. I was feeling suicidal several times but luckily my husband 'rescued me'. I wouldn't be here without him. The assessor made me feel terrible every time he rang to 'reassess'. No therapy was offered while I waited and his calls were so bad I asked him not to ring me till he had some positive news. Each call every 6 months or so just made me feel worse and worse. He often changed appointment times too and that's not easy to deal with when you have extreme anxiety and PTSD. Not impressed with the assessment and waiting process. Diabolical.

Keeping options for local appointments , (Newport to Madeley and then on to work in Wolverhampton was a bit of a trek , Donnington better) possibly more early or late appointments for those working

More experienced therapists are needed. There is no quick way of helping patients who have struggled for years with no support for their poor mental health. It is a travesty that the NHS and politicians still do not give sufficient priority to these services, and think a quick bit of CBT will fix problems that have arisen silently for individuals over years and in many cases generations

of families. I have relatives who have waited years to be provided with the right care from these services and it is not getting any better

Face to face consultations

Get rid of the weekly forms. Ensure that the therapy type is appropriate to the client. More workers to reduce the waiting time.

I don't know what's happening but my sessions finished in November and we agreed to receive further counselling which I'm still waiting for.

Shorter waiting lists

I understand that the use of online resources can provide support to some people suffering with mild anxiety but it doesn't support in the same way as speaking to someone face to face. I was told there was no option for face to face therapy and feel that this should be an option for people.

More trained therapists- funding and training and opportunities for people who want to go into this field. The investment will reap huge rewards not only for people who are struggling but also in terms of the economy and workforce. Mental health is not going away.

Let people know about local offerings of support that are available, e.g. Enable, Marches energy trust, etc. If I could have got help to get some heating sorted sooner then I think my mental health might have improved quicker.

Get rid of the course and train more therapists, it's a total waste of everyone's time. If that doesn't happen please change the name it's patronising to people suffering to suggest that by simply thinking better they'll feel better. I still can't believe a medical professional would suggest self medicating with alcohol, I'd suggest some training from AA on the dangers of suggesting this. I'm still waiting for 1:1 therapy, I've been told it's better, but I'm concerned it'll feel as though they are blaming me for a mental health issue that aren't easily fixed by thinking better.

Have some councillors trained in dealing with the realities of having multiple chronic illnesses so that they are aware of how much self-care, how much management of my professionals I have to do. Integrate those with lived experience in the service and how it is run etc. Have an Equality and Diversity

group including those from the community and those with lived experience who feed into how the service is run.

Being offered something appropriate and not fobbed off to a 'community' offer where I don't think that volunteers can offer me the support I needed

My last appointment was sprung upon me. I was unaware I was being discharged on the day as I still had 4 weeks until my Bee U appointment so was upset I was not getting support from any service those 4 weeks apart from my GP. The service would also be better if more branches were open across Shropshire in places like Oswestry. This would help with transport issues from individuals and not relying on public transport and other people.

No, the service has been amazing from the moment of referral. I wasn't sure how well I would get on with video appointments, initially I would of liked face to face, but I have to say now I actually prefer video therapy.



Healthwatch Shropshire

www.healthwatchshropshire.co.uk

t: 01743 237884

e: enquiries@healthwatchshropshire.co.uk

 [@HWshropshire](https://twitter.com/HWshropshire)

 [Facebook.com/Healthwatchshropshire](https://www.facebook.com/Healthwatchshropshire)

Healthwatch Telford & Wrekin

www.healthwatchtelfordandwrekin.co.uk

t: 01952 739540

e: info@healthwatchtelfordandwrekin.co.uk

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