Themes from MH Sanctuary questionnaire
open from 9 Dec 2019 to 10 Jan 2020



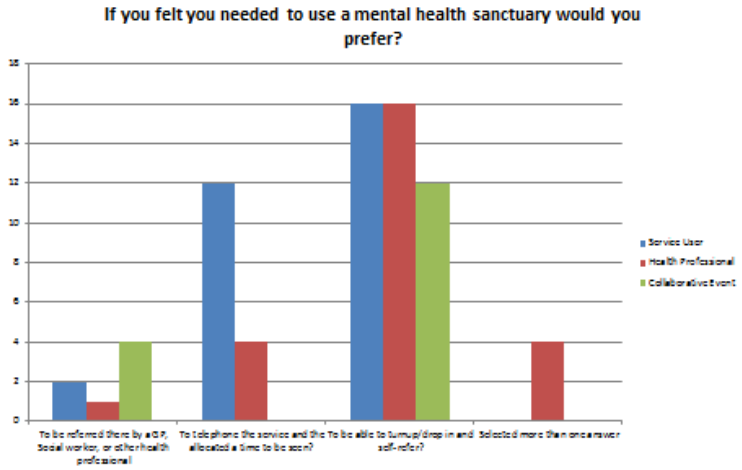
(Above is a ‘workcloud’ of, the more frequently a word came up in the responses the greater the size it has been displayed)

A meeting took place, the afternoon of 15 Jan, attended by 9 members of the Mental Health Sanctuary collaborative group. The group came together in order to reflect and identify themes in the responses that had been returned.

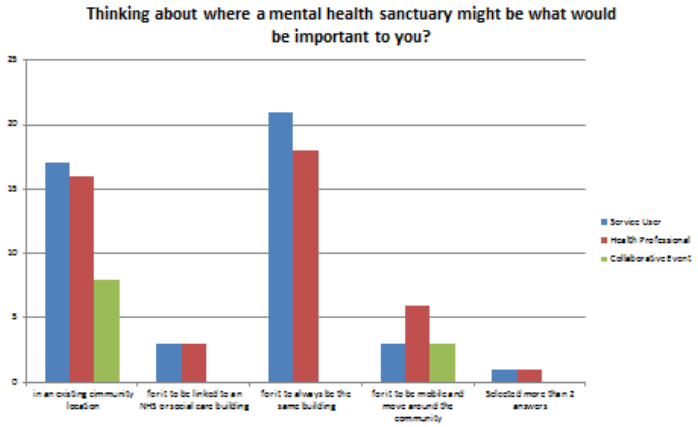
32 responses had been received from service users and carers across Nottingham and Nottinghamshire.

It was initially noted that there was a lack of views from an inpatient perspective. This is something that we can take forward in terms of capturing views from people currently on wards, but we may first want to be clear how this extra data will feed into the process.

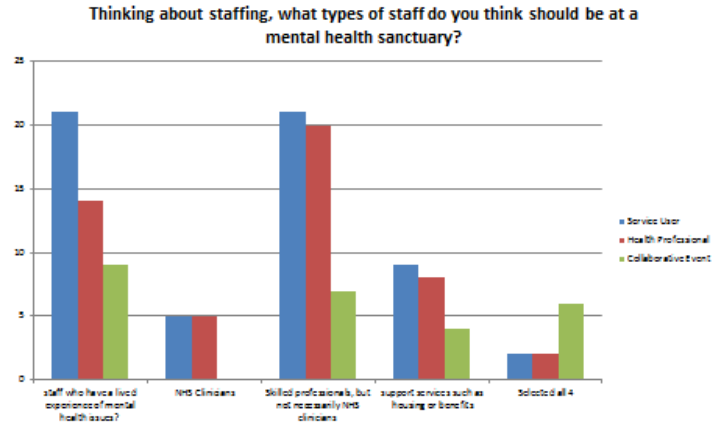
Bar charts can be viewed in separate document and are simply for reference in relation to those who attended meeting on 15.1.20



Gatekeeping was clearly more important for staff, the service user/carer perspective signalled the desire for immediate access



There appears to be agreement on a fixed location, however it was noted that the results could be city centric and that in more rural parts of the county this may be different.



Fairly clear it doesn't have to be NHS staff, later feedback in text format confirms this but states that the service needs to have strong working links with NHS services.

Lived experience is clearly hugely valued from a service user/carer perspective, again this is reflected in the text responses.

Along with lived experience, service users and carers are clear that the staff there need to be very skilled, but again not NHS

Theming the text responses

Three questions were asked:

1. What do you think a mental health sanctuary would be for?
2. What might you need to think about so it is accessible for everybody? For the many types of communities across Nottingham & Nottinghamshire?
3. Any other comments?

What do you think a mental health sanctuary would be for?

- Peer support, a place to talk and get support. For people there to **listen – listening is backed up from info Healthwatch has gathered from other sources**
- Peer support/representation – Healthwatch had gathered info specific to what peer support looked like for BME communities
- Issues around the name
- It would be a service for people 'pre-crisis', but feeling like they needed extra support to possibly avert a crisis for them.
- There should be follow up, and a plan going forward – strong links to social prescribing
- Relaxed environment, and a safe space – **The info Healthwatch has gathered from other sources backs this up**
- Information for carers to be available

Question: it needs to be very clear where about on the 'crisis pathway' the service is designed to be used. This also links to what the name should be and what that might be interpreted as.

What might you need to think about so it is accessible for everybody? For the many types of communities across Nottingham & Nottinghamshire?

Important to reflect diverse communities – (Above data from Healthwatch on peer support backs this up). It should be reflected in the environment, the workforce and the culture.

Transport to a place

The continuity of staff, so you see the same staff working there not simply a rota of bank staff

Publicity – this links to getting the name right, but more than that the offer of the service needs to be completely clear and clearly communicated in a way that is useful to all the communities that the service should be serving.

Staff there to have 'brilliant' links with other services and not just signpost to a service, but telephone services on behalf of the service user/carer. Going that extra bit further rather than just handing out leaflets.

Friendliness/culture in staff and an open door

Healthwatch has some data on how a sanctuary might work for young people and younger adults and how this could partly be delivered through social media/apps.

Any other comments?

Interesting conversation about how can the sanctuary capture feedback on the rest of the system, not just it's own service – there were a number of comments regarding the failings of other services. An oversight group would be needed – perhaps Healthwatch?

The other comments backed up the previous themes that had already been pulled out.