**Nottingham and Nottinghamshire adult mental health JSNA Profile 2024: People's Views**

This section summarises the views of local people in relation to common mental health disorders, mental wellbeing and mental health prevention. Local people's views have been sourced from a range of existing engagement and consultation projects.

Healthwatch Nottingham and Nottinghamshire Specialist Mental Health Services Report 2024

Healthwatch Nottingham & Nottinghamshire (HWNN) were commissioned by Nottinghamshire Healthcare Foundation Trust to undertake a project that aimed to understand people's experiences of accessing and using Specialist and Community Mental Health Services in Nottingham & Nottinghamshire[1].

- Most people would contact primary care in the first instance, if they were concerned about their own or a loved one's mental health.
- While many people shared positive feedback of speaking to their GP when trying to access mental health services, 28% of people who had sought help from a GP reported difficulties. Examples included a lack of knowledge about mental health problems, a lack of compassion, a lack of knowledge about services that are available, a preference for prescribing medication.
- People felt it would be useful to receive communication on waiting times.
- Several people described how they were told their needs were too complex for one service but not complex enough for another service and were left without any support.
- Some people felt that earlier intervention and proactive (rather than reactive) support was lacking.
- Improve mental health awareness across all professionals and increase knowledge and understanding in relation to neurodivergences.
- Holistic and personalised care, active listening, regular and consistent contact, and allowing people to make decisions about their support were present in positive experiences of mental health support.
- Some people identified a need to employ culturally competent healthcare professionals, and to employ people who had similar lived experiences as 'experts by experience' or in peer support roles.
- Some people highlighted the need to consult and involve family, friends and carers where possible.
- A need for improved communication and information sharing was identified.
- There was mixed feedback in relation to stigma and discrimination, with some people feeling that stigma around mental health has declined in recent years.

Engagement with residents to inform the Nottinghamshire Joint Health and Wellbeing Strategy

Engagement to inform the Nottinghamshire Joint Health and Wellbeing Strategy took place in 2021 through an online survey, roadshows and an online survey for children and young people[2]. This engagement also considered the findings of previous engagement including the Big Notts Survey and the Big Ask Survey.

[1] A mixed-methods research project, gathering data from existing, previous and prospective service users via a survey, focus groups and one-to-one interviews. 328 surveys were conducted with the general population, three focus groups and 16 one-to-one interviews with current and/or recent service users, case studies were also collected.

[2] Over 270 people responded to the online survey, approximately 90 people attended the roadshows, and 75 people responded to the online survey for children and young people.

- Mental health was a very high priority and was highlighted as a top concern by young people.
- Gambling is a growing problem with strong links to mental health.
- Communities are key to addressing social isolation and providing support.
- Access to health services, including mental health services is a major concern for many people in Nottinghamshire.
- Rapid access to services, including mental health services, was commonly raised. Signposting and coordinating access to services was important to stop people falling through the gaps.
- The Big Notts Survey found that female residents and those with long-term health needs and disabilities were more likely to cite mental health as a concern.

Nottinghamshire County Council Community Plan Consultation

Nottinghamshire County Council commissioned DJS research to carry out a community plan consultation among a representative sample of residences in 2021[3].

- Mental health was a common concern following the COVID-19 pandemic. 23%-25% of respondents were concerned about their own mental health.
- People aged 65+ were significantly less likely to have concerns surrounding their own mental health than people in younger age groups.

Nottingham City Collaborative for Better Mental Health Let's Talk Event

In September 2023, the Nottingham City Collaborative for Better Mental Health ran a Let's Talk event for citizens who have mental health problems or care for someone with mental health problems, and for people who provide support in the community. The theme of the event was the cost of living and mental health. Participants identified:

- The cost of living limits many people's ability to afford the basics of daily living such as heating and food, harming their health and wellbeing.
- The cost of living prevents people from accessing community activities and events which provide social connection and support; people would like more access to free activities.
- Financial crisis can be a 'tipping point' for mental health problems.
- The stigma and stress of seeking and accessing financial help could exacerbate existing mental health problems.
- People are not always aware of available financial support, and experience barriers to accessing it, including because of digital exclusion and lack of culturally appropriate support.

Suicide Prevention Listening Project

In 2024, Nottinghamshire County Council, Nottingham City Council and Nottingham and Nottinghamshire Integrated Commissioning Board commissioned a Suicide Prevention Listening Project from Opinion Research Services (ORS). The Listening Project engaged with practitioners and people with lived experience of suicidality or bereavement by suicide[4] with a specific focus on five identified risk groups:

- Males,

[3] A total of 1,123 interviews were completed. Nottinghamshire County Council also ran their own, open version of the survey with 9,471 responses.

[4] The Listening Project involved a mixture of one-to-one interviews and group conversations with 19 practitioners, eleven people who had been bereaved by suicide and 23 people who had experienced suicidality or crisis.

- Financially vulnerable, unemployed and/or gambling,
- People with neurodevelopmental conditions,
- Young people/young adults at risk of self-harm/suicide,
- People bereaved by suicide.

While the Listening Project was focused on experiences of suicidality and bereavement by suicide, some of the key findings are applicable to mental wellbeing, prevention, emotional distress and crisis.

- Stigma is one of the main barriers to seeking support. Poor past experience and not knowing where to go for help were also noted as barriers.
- Physical barriers to accessing support include transport, finances and a lack of IT infrastructure.
- Peer support models were valued as providing relatability, compassion and empathy, helping to lesson perceptions about judgement and stigma.
- The importance of community support was recognised in reducing social isolation, reaching people before crisis point and having multi-agency working to improve outcomes.
- Early intervention, open access support, information on support, services and treatment options and how to access them, quicker access to support, and expert mental health support in primary care were felt to be important.
- Pro-active early intervention for people who have become recently employed, people experiencing gambling related harms, and autistic young people.
- Having safe, non-judgemental spaces to have conversations about mental health is important. Privacy, confidentiality and anonymity were also a key concern.
- Lengthy waiting lists or perceived lengthy waiting lists were identified as a barrier to engaging in support. Information about waiting times and support available while on waiting lists should be communicated.
- Recovery stories were considered valuable in offering hope.
- Support needs to be available online, by text, accessible to people whose first language is not English, and available outside of working hours.
- Recognise that the autism pathway can be difficult both pre and post diagnosis and people may need emotional support.
- Practitioners would benefit from trauma-informed therapy training.
- Consideration should be given to the appropriateness of A&E for people with mental health issues, including autistic people with mental health issues. Alternatives to A&E for crisis should be available.
- Practical support around issues such as financial and relationship problems, academic challenges and bereavement were thought to be important.
- Pay attention to the views of people's family, friends and significant others.
- Communication campaigns should:
    - Encourage people to seek help.
    - Promote additional support options (such as self-help resources).
    - Increase education and awareness, including the prevalence of mental health problems.
    - Reduce shame and fear.
    - Use the influence of public figures to share lived experience to promote talking and reduce stigma. Use recovery stories to promote hope.
    - Encourage family, friends, colleagues to ask people directly about their mental health.
    - Improve help seeing among men by overcoming gender stereotypes.

- Be available online and through social media, visible in the community, targeting people in workplaces, on transport.

Engagement as part of the Nottingham Gambling Related Harm Strategy 2024-2029

In 2023, engagement with people with lived experience of gambling related harm informed the development of the new Nottingham City Gambling Related Harm Strategy. Citizens identified:

- Gambling adversely affected people's mental health and emotional wellbeing in Nottingham as well as finances, relationships, and physical health, and has driven crime.
- Some of the main challenges to accessing support are awareness and visibility of support services, and the varying needs of people affected by gambling.
- Stigma surrounding gambling harm prevents disclosure and help seeking. Peer-led support and de-stigmatisation, and having support that was flexible and convenient, acted as facilitators to accessing support.
- Their view that gambling industries need to do more to prevent and respond to gambling related harm. There were calls to raise awareness of gambling related harm and support to the public, professionals, and children and young people.

Engagement as part of the Nottingham and Nottinghamshire Integrated Mental Health Pathway: Strategic Plan 2024/25-2026/2027

Engagement with people with lived experience has been undertaken to inform the development of the Nottingham and Nottinghamshire Integrated Mental Health Pathway Strategic Plan[5]. Key themes identified included:

- Accessing services is difficult and GPs lacked knowledge and understanding.
- People with additional needs on top of mental health needs feel pushed from one service to another.
- Compassionate and understanding personalised care that treats 'the person not the diagnosis' is important.
- Repeatedly having to share stories and experiences causes distress.
- People want more community services.
- People want services to adopt a strengths-based approach.
- People want support after discharge including advocacy, support in the community, handholding or buddy support.

[5] Engagement with people with lived experience was undertaken through patient interviews (17 people), Experts by Experience Integrated Mental Health Meetings (10 people), engagement with people at Beeston Middle Street Resource Centre and Arnold Mental Health Drop In (47 people). It also considered the findings from the Healthwatch Nottingham and Nottinghamshire Specialist Mental Health Services Report.