



Northumberland
Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT)

Focus Group Feedback Report

August 2021



1 Purpose of report

To outline feedback received from two focus group sessions held on 27 August 2021 that sought views on the Improving Access to Psychological Therapies (IAPT) service for consideration by the NHS Northumberland Clinical Commissioning Group (Northumberland CCG).

2 Background

IAPT is a national programme, offering Primary Care Talking Therapies to those experiencing common mental health problems such as Depression and Anxiety. The local service in Northumberland is called 'Talking Matters Northumberland' (TMN) and it offers services to those over the age of 16.

TMN offers approved therapies for a wide range of difficulties including Depression, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Social Phobia, Health Anxiety, Panic Disorder, Stress, sleeping problems, bereavement/loss and relationship difficulties.

The purpose of the focus groups was to understand, in more depth, local patient experience of the service to support people with common mental health problems and identify where improvements need to be made.

3 Methodology

Following the circulation of the IAPT Engagement Report June 2021 to the IAPT Steering Group, TMN provided a response to the report in July 2021 (see appendix 1) and the Steering Group requested further engagement to get a more in-depth understanding of the experience of service users.

Meetings were held between the TMN Service Manager and the NHS Engagement Team to discuss Information Governance (IG) issues and the most appropriate way to invite service users to the focus groups. Due to ongoing concerns over the spread of Covid-19, it was agreed the focus groups should be held virtually, rather than face to face.

It was agreed we should aim for 10 – 15 service users per focus group and two different times would be offered on the same date. Each focus group would last one hour and the facilitation and note taking would be carried out by the NHS Engagement Team. The TMN Service Manager would attend to offer administration support and answer any TMN specific questions. It was agreed that the questions used on the IAPT survey in June 2021 would also be used for the focus groups (see appendix 2).

TMN's Caldicott Guardian advised that TMN would need to send the invitations to service users, as they had not consented to their information being shared with the NHS Engagement Team. They also advised that the focus groups be held using the same video platform used for one to one therapy appointments (OneConsultation),

as this could be set up as a group, with participants accessing the platform using a PIN then the room could be 'closed'. It was also end to end encrypted and therefore provided the level of safety and security required.

TMN process to invite service users to the focus groups

- 3009 service users were discharged from TMN between 1st August 2020 and 31st July 2021. These were for a variety of reasons, including: completed treatment, referred elsewhere, disengaged, requested early ending.
- Of that 3009, a sample of 2000 was identified using the random number tool in Excel.
- Of that 2000, 76 service users were not included as they did not have an email address, we were advised that the email address was invalid after the email was sent, they had been discharged from the IAPT part of the service and into non-IAPT (therefore still actively engaging with TMN), or they had re-referred to TMN since the discharge that triggered their inclusion in our data collection.
- A total of 1924 email invites were sent to service users using an email template (see appendix 3)

A total of 24 service users responded to accept the invite and indicated their preference for the 9.30am – 10.30am session (1) or 11am – 12noon session (2) on Friday 27th August.

Following the focus group sessions, all service users who responded to accept the invite, whether they attended or not, were emailed the questions discussed in the sessions, to enable them to provide feedback or further feedback.

4 Results

Eight service users attended session 1, four males and four females (see appendix 4) and seven service users attended session 2, four males and three females (see appendix 5). Three people sent in feedback by email (see appendix 6). No equality and diversity data was requested from the attendees however, from observations, the ages of the focus group attendees varied from people in their early 20s to people in their 70s.

Most attendees found it 'easy' to access the service and many mentioned their GP as an initial contact with some referred by their GP to the service but approximately half self-referred.

All attendees talked about a 'quick response' after referral but the length of the waiting time for therapy was mentioned by nearly all attendees. The wait for TMN services ranged from a few days to eight months, with most waiting approximately 2 – 3 months.

Some attendees said they had been told about the waiting times during their initial consultation and others talked about receiving text messages to let them know they were still on the waiting list. For those who talked about getting the text messages, they found it very reassuring.

The wait often depended on the type of support offered e.g. group or online was a shorter wait with one to one having the longest wait. The wait also depended on whether the person saw a trainee or a qualified counsellor.

Most people who saw a trainee didn't mind however, one respondent felt they were not supervised enough and another had an inconsistent and unsatisfactory experience with a trainee.

When considering if the service had met their needs, nearly all attendees said it had met their needs with two people saying it only partially met their needs and one person saying it didn't meet their needs at all. The reasons for these responses were waiting times, staff attitude / ability and unsuitable therapy. The majority of attendees were satisfied with the service and would recommend it.

When attendees were asked 'In your opinion, are there any improvements that could be made to the service?', the much-repeated response was to reduce the waiting time. A few people discussed the need to move through the introductory sessions quicker and a number of attendees suggested a 'follow-up session' or a 'check-in' after their therapy had finished.

Most attendees would also have preferred to access these services face-to-face, however several people talked about their 'surprise' at how well telephone sessions worked and their 'convenience' e.g. when childcare was an issue.

The top three ways people would like to see the service advertised were at GPs, on social media and with leaflets / posters. A few attendees discussed the need to get the right messages to young people about seeking help early for mental health issues. Several attendees also mentioned their concern, that by advertising the service, the waiting times may increase.

Very few attendees answered the question about where would be the best places to provide the service. Those who did respond talked about community venues and the TMN offices.

6 Themes

A number of themes emerged from the focus groups, these will be explored in more detail below.

Waiting times

The length of the waiting times for therapy has been referred to by nearly all attendees and this is the improvement to the service that the majority would like to see. Telling people about the length of the wait at the beginning of their journey did help some people manage the wait, as did sending text messages to let people know they were still on the waiting list.

Follow-up session

Several people who attended the focus groups talked about the need for a 'follow-up session' / 'touch base service' / 'check-in' after their therapy sessions ended. One attendee talked about their sessions ending 'abruptly', one talked about the need to 'refresh' what they had learnt, whilst another felt a follow-up would 'close the circle'. This is something service users suggested could be offered after an agreed period of time and would provide reassurance as well as an opportunity for evaluation of the service.

Communication

Ongoing communication was important for many attendees and helped them cope with the long waiting times, as did being given an approximate waiting time during their initial consultation. For those that received text messages, they appreciated knowing they were still on the waiting list and as one attendee said 'it helped knowing it was coming'.

When people had a poor experience of the service, this often resulted from poor communication between the service user and therapist for example, one attendee discussed not being kept informed about sessions being cancelled and the need to be able to 'assess throughout' if a particular therapy is working or not.

Many of attendees were referred to the service via their GP and some did not know that you could self-refer to the service. A recommendation would be to raise awareness of self-referral to the service.

7 Conclusion

For the people who attended the focus groups, they have mainly responded that they are satisfied with the TMN service and would recommend it. They found that it was easy to access and the self-referral option was used by some, however, long waiting times are still people's biggest concern.

Based on the feedback from the focus groups, action is needed to reduce waiting times, increase face-to-face contact, expand the offer to include a 'follow-up' session and ensure communication is maintained throughout the process to facilitate understanding and provide reassurance.

8 Next Steps

This report will be shared with the IAPT steering group and a copy uploaded to Northumberland CCG's website.

The information will be used as a 'thermometer gauge' around service provision and, whilst IAPT services are very prescriptive in terms of what's offered, there is much to be gained regarding future delivery in terms of where and how sessions can be offered and how this links in to greater integrated working across all partners, whether secondary care, primary care or the VCS.

A communications campaign to raise awareness of the IAPT service will be designed around the feedback from the engagement activities.

Appendices

Appendix 1



TMN Response to the IAPT Engagement Report

Talking Matters Northumberland (TMN) value feedback from service users and stakeholders and welcome the opportunity to respond to this and use the feedback constructively.

It is gratifying to hear that there was consistent feedback that clients and stakeholders found it easy to access the service, and also that the public awareness of the service was good. However, we do also recognise the concerns that have been raised within this report and have categorised these into themes with our responses below:

Waiting times are too long

Waiting times vary across TMN according to the type of therapy being offered, but we do agree that in some parts of the service waiting times are longer than we want. To help reduce these, TMN have carried out rolling recruitment campaigns and recruited locum qualified staff to support the permanent team in the interim. We have increased training opportunities so that we can continue to offer the range of therapies recommended by NICE and promote client choice.

Staff did not have the right skill level to help me; the approach of the staff member was unhelpful/unkind

If anyone has found their therapist to be unhelpful or unkind to them, we would please invite them to call the service or to email us and ask to discuss this with a manager. We can reassure anyone who does this that this does not affect the service they receive from us and that we take all feedback seriously.

All therapists working within TMN are either accredited or working towards accreditation with an appropriate body. This means that not only are they qualified but their commitment to maintaining a high level of clinical quality is recognised and assessed. Furthermore, we use recognised training providers and local Universities when booking training courses. However, we do understand that a therapist's individual approach might not match a client's learning style and we encourage an open dialogue about this so that we can support clients to find the right match for them.

Many anxious or depressed patients fear answering calls from unknown numbers

TMN hide their number to protect confidentiality, and this can be particularly important if a client is experiencing domestic abuse or has their phone calls "tracked". However, we do understand that a call from an unknown number can be anxiety provoking. All appointments

are scheduled with clients well in advance and, where we have consent, we send a reminder email and text in advance of the appointment, which does advise that the call will be coming at a specific time from a withheld number.

Asking GPs to refer after 3 DNAs creates more work and is not supportive of GPs with an unprecedented workload

This was not a decision TMN took lightly but unfortunately was one borne out of need. We experienced a small but significant minority of clients who made multiple referrals to the service but then found themselves unable to engage with either the assessment or with treatment for a variety of personal reasons. This is disheartening for the client, and undoubtedly impacts their self-esteem and wellbeing, but it also can impact our waiting times too.

We do appreciate the pressure facing GPs, especially during the pandemic, and we have tried to make the referral process as easy and quick as we can by offering the opportunity for referrals via fax or online, as well as a direct line to our Referral Coordination team.

Given demand, the service focuses on brief interventions, even when a patient is likely to benefit from longer interventions

As an Improving Access to Psychological Therapies (IAPT) service, we adhere to the NICE guidelines on assessing and treating common mental health problems in primary care. These guidelines make recommendations on the most appropriate intervention for the client's needs, as well as length of treatment, and are not governed by the demand on the service at any time. When we recognise that we are not the appropriate service to meet a client's needs, we actively work to facilitate the client's referral to the right service.

The service is very quick to discharge patients who do not answer the phone

We understand that therapy in itself can be anxiety provoking and that life circumstances can pose a barrier to anyone attending a planned appointment. However, when someone does not attend an appointment (or "DNAs") it does unfortunately increase waiting times across the service. In June 2021, the service lost 116 hours of assessments because we did not know that the planned appointment was not going to be attended.

To offer a balanced approach, we do have a clear cancellation and "DNA" policy and this is reinforced in our appointment letters, our therapy contract and, where consent is given, our emails. We make clear how many appointments can be missed before we will discharge and we do advise clients of this during their individual therapy if we think they are at risk of this.

I was offered phone instead of face to face; online isn't suitable for me; I was offered a class instead of one to one

During the initial wave of the pandemic TMN, like many talking therapy providers, temporarily moved to a digital approach so that we could put measures in place to keep staff and clients safe in all of our venues. As many of the social distancing measures have remained in place, TMN's ability to offer face to face was limited so that we could comply with regulations.

Telephone and video appointments will remain part of our offer, as well as face to face, as many clients have shared with us how convenient they have found this in terms of accessing an appointment with minimal disruption to their day. We know it doesn't suit everyone though and we will continue to offer face to face at community venues across Northumberland, including some of our more rural communities.

With regards to our classes, TMN recognise that there can be reassurance in being in a safe environment with others who may be experiencing similar difficulties. As such, we offer a range of workshops and will offer these only when it is clinically appropriate to do so.

I wanted extra help with money problems

TMN will always signpost clients to appropriate services when they share stressors or matters impacting their wellbeing that we are unable to offer support for. Examples of this include finances, housing and legal matters. Often, this can form part of the therapy process and complement the work being done in the therapy room.

I was discharged for sounding too cheerful

We would hope that none of our clients were given the message that sounding cheerful was a reason not to offer therapy and apologise if this has been anyone's experience.

TMN use questionnaires to measure progress during therapy, as well as feedback from clients about their own symptoms. Discharges should be planned with our clients so that they feel prepared for this and can develop a plan with their therapist.

More work is needed around learning disabilities and access to psychological therapies

TMN would value the opportunity to work with local services in order to improve access and treatment for clients with learning disabilities.

We follow the IAPT positive practice guide to help us to make appropriate adjustments and our therapists do undertake additional training to improve their knowledge. However, this is an area that we will always welcome and appreciate further guidance on.

Improving the service

It was clear that respondents had given thought about how to improve the service and tailor it more to their needs. TMN are actively pursuing some of these suggestions, such as increasing staff numbers and continuing to promote continuing professional development through training for all staff members. As restrictions have eased in relation to COVID, our face to face capacity across Northumberland has been able to be increased.

With regards to the request to improve people's trust and availability to improve online services, we'd be grateful to hear what would help improve confidence with this. Video conferencing in particular is a new experience for many of us and we are mindful of the negative press at the onset of the Pandemic around platforms such as Zoom that might have undermined people's confidence in using online services. TMN are able to assure anyone concerned though that we do use a secure end-to-end encrypted platform for video calls.

Although many respondents had found access easy, there were also several suggestions around advertising that suggested a greater focus on improving awareness and access might be helpful. We would be very keen to hear from anyone with ideas about how we can ensure that the people of Northumberland are aware of what TMN is able to provide and how to access the service. We currently have a website and Facebook page as well as leaflets in GP surgeries and other community venues. In the past we have attended local events and groups, as well as healthcare open days and we'd be delighted to do so again!

Some of the suggestions made are already in place. TMN would welcome feedback from anyone who feels that this was not their experience though so this can be more directly addressed:

- *Information if a client needs immediate help; signpost clients*
- *Keep patients better informed of their progress*
- *Bereavement support*
- *Increased flexibility to accommodate the patients' preferred choice*
- *Contact with patients on waiting lists*
- *Better training for therapists/counsellors*

Unfortunately, there are some restrictions that make implementing some other suggestions more difficult:

- *Longer sessions/treatment-* as discussed above, our service provision is governed by NICE guidelines
- *Help with money problems-* we will actively signpost clients to services who are able to offer more tailored and expert advice on matters such as finances
- *Make a clear diagnosis to avoid confusion-* diagnoses are medical terms and, as such, can only be given by suitably qualified professionals. While TMN will work with clients to help them to make sense of their personal experiences, we are unable to offer a formal diagnosis.

Appendix 2

IAPT Focus Group Questions



Question 1

How easy did you find it to access the service? For example: getting an appointment or being referred to the service.

Question 2

How did you access the service? Self-referral? GP referral? Other?

Question 3

Did the service meet your needs?

Question 4

In your opinion, are there any improvements that could be made to the service?

Question 5

Where would you like to see the service advertised?

Question 6

Where would be the best places to provide this service? (Healthcare venues, community-based venues (accessible by car/public transport), dedicated TMN offices (accessible by car/public transport))

Question 7

Would you recommend the service?

Question 8

How satisfied are you with the service?

Appendix 3

IAPT Focus Group Email Template

Good afternoon

We are looking for Northumberland residents who have previously used Talking Matters Northumberland (TMN) services to join a small focus group. The purpose of the focus group is to help NHS Northumberland Clinical Commissioning Group (CCG) to understand people's experience of this service – what works and what needs to improve.

The focus group will take place online using the OneConsultation platform, which will provide a safe, private space to discuss your experiences. We plan to hold the focus group on **Friday 27 August** and the session will last for **one hour**. You can choose to attend at either **9.30 – 10.30** or **11 – 12**.

If you are interested in sharing your experiences or have any questions, please email Louise Stubbs, TMN Service Manager, at tmn.info@nhs.net using the email subject: FAO Louise Stubbs Focus Group or call 0300 30 30 700.

We look forward to hearing from you.

Kind regards

TMN Management Team

Appendix 4

IAPT Focus Groups 27.08.21 – 9.30am – 10.30am (Session 1) Notes



Louise Stubbs, TMN Service Manager – welcome and introductions

Lucy Thomson, NHS engagement team (facilitator)

Lesley Tweddell, NHS engagement team (note taker)

8 participants (4 male, 4 female)

Background (Lucy)

Focus group for Northumberland residents who have previously used Talking Matters Northumberland (TMN) services. The purpose of the focus group is to help NHS Northumberland Clinical Commissioning Group (CCG) to understand people's experience of this service – what works and what needs to improve.

Feedback will be written up as a report and shared with the Head of Commissioning for Mental Health Services in Northumberland, the CCG Board and published on the CCG website. No names will be used.

Housekeeping (Lucy)

Using the OneConsultation platform, which provides a safe, private space to discuss experiences.

The session will last for a maximum of one hour, cameras can be on or off. Please stay muted if you are not talking and use the 'raise hand' option if you would like to speak.

Any questions?

None.

Question 1

How easy did you find it to access the service? For example: getting an appointment or being referred to the service.

Question 2

How did you access the service? Self-referral? GP referral? Other?

Participant 1 - Called GP and got referral very quickly but 8 weeks to receive TMN service. 8 weeks was quite a while to wait. Told in initial consultation session that there could be a 16 week wait period.

Participant 2 - Similar, contacted straight away after referral but waited 18 weeks for first appointment. Used the service twice and had to wait same time. 18 weeks in lockdown and before lockdown. 18 weeks is a long time. Made aware about the waiting time - reassurance given at beginning – it helped knowing it was coming and I was ready by the time it arrived.

Participant 3 - Response was quick, got a telephone consultation. Within days got a call back to meet up, was a male. Preferred to speak to a female and next day got to see female counsellor.

Participant 4 - Went on website and got initial consultation within two weeks with a trainee. Really, really impressed, really good. Access easy. Good experience.

Participant 5 - My situation was different. I had given birth three months earlier, self-referred to the service as thought it was quicker than going to the GP. I was contacted quickly for initial consultation but waited two months to be seen. Received text messages regularly and got support from midwife and postnatal mental health team, read self-help books and talked with friends. Getting text messages made the wait a bit easier.

Participant 6 - GP gave me telephone details and had given me options about treatment. I wanted 1-1. Contacted in sept 2019, contacted in April to say 1-1 would start May 2020. It was mentioned that there was a longer wait for 1-1 and there were other options if I didn't want to wait.

Participant 7 - Used TMN a couple of times. Latest was self-referral. Initial consultation within 1 week. 10 weeks wait. Was updated every 2-3 weeks to say I was on the list. I was given various options at the initial consultation: 1-1, group, online material. I went for 1-1, as it worked best in the past.

Participant 8 - Found it very easy, not a problem. Self-referral to TMN. Waited 10 weeks for first 1-1 session, was referred to trainee.

Question 3

Did the service meet your needs?

Question 4

In your opinion, are there any improvements that could be made to the service?

- Service met my needs, I found it fantastic and a great help. Would have liked a face to face consultation and more handouts for the future. I asked if I could have a 'touch base service' in a month's time to refresh what I've learnt and received it - I've had more of an education than a consultation!
- It met my needs. Given same counsellor as over the phone. Improvement would be to the waiting times – this was the biggest problem. Did get texts to let me know they were still thinking about me and trying to get me in. I had weekly, then fortnightly sessions and it was great.

- Was a huge help. Was in a dark place. Every time I spoke to the counsellor I felt better. It would have been good to see someone face to face but the phone consultation was good for childcare. It wasn't just talking, did a bit of breathing and grounding, also got book recommendations for practical stuff to get better. Improvements would be to the waiting time.
- After the first round of sessions I saw a difference in myself and I was proud of myself; it gave me a lot of confidence. I wasn't excited for the sessions and had to go out of the house to speak. Face to face would have been better but telephone worked well. It was like speaking to a friend. Zoom to see the counsellor would have been better. Speaking and getting things off my chest made me feel better.
- Mine were face to face. A couple of years ago. Service for me has been outstanding. I was in a seriously bad place. Every time I saw my therapist it made a difference. TMN was a permanent thing. Doesn't matter how long it will take – I was in the service for a long time. Sessions ended and I went back to normal and then I crashed again after a little while and within 5 minutes of contacting the counsellor, I was back in the service again. I was given reading to do too. A follow-up meeting after 3-6 months, decided by the person, to see if things are still going right or wrong, would be good.
- One lot in Covid and one out of Covid. Face to face was my first ever look at mental health and I found it very informative. Young People don't take mental health seriously. Only improvement would be the wait. Highly used resource. Each session felt like a stepping stone. Both times CBT. It's given me a lot of mechanisms and skills to battle anything myself. Both times were great. Both times trainees. It wasn't a problem for me. The second time, I knew how the sessions were going to go, which I didn't know the first time. After 3 months I got a call back and felt ok. For me, overall, it's been a really good service and I can't applaud it enough.
- Really, really impressed with how 1-1 worked over the phone. I was a bit sceptical. The counsellor quickly found out the best ways of working with you. They understood my learning style and what suited me. One improvement would be to have a 'check-in' following the last session.
- I hope to continue face to face. I have weekly goals and a really good treatment plan. I agree that a follow-up appointment 3 months down the line would 'close the circle'.

Question 5

Where would you like to see the service advertised?

Question 6

Where would be the best places to provide this service? (Healthcare venues, community-based venues (accessible by car/public transport), dedicated TMN offices (accessible by car/public transport))

- Social media for advertising the service. Put quotes on during the day, stories, have a private group on Facebook. Leaflets at GP's. It needs to come up if you Google search. I had never heard of them until I rang the GP.
- Through NHS Trusts. Workplaces need to be more aware of local services.
- I'm concerned that if it's advertised too much, it would 'clog up' the system with people who have a 'low mood' one day. Louise - this is the reason for the telephone triage service, which would 'flag up' if this wasn't the right service for someone.
- I don't see TM anywhere, it's not advertised very well. For young people, it needs to be on social media and advertising. Hospital notice boards, GPs, leaflets for older generation.
- I'm 21 years old and I didn't know where to go, except for the GP. Schools and colleges need to put the message out there. We need to get messages to young people earlier. Some people think they don't need to talk to people and get help. They need to know it is OK to get help and talk to people.
- My concern is, if you advertise too widely, the waiting times will go up. Have TM got the resources? Otherwise, you are making waiting lists even longer. They need more counsellors.
- If you Google 'mental health Northumberland' TMN comes quite low down the list. It needs to be higher up and make it clear that it's a main service. If you are self-referring, you need to know what services are available locally.

Question 7

Would you recommend the service?

Yes - Everyone

Question 8

How satisfied are you with the service?

Yes, satisfied – Everyone

Lucy - thank you for taking part in this focus group.

Your feedback is really valuable to us and will be used to make sure NHS Northumberland Clinical Commissioning Group continues to improve mental health services in the county.

Appendix 5

IAPT Focus Groups 27.08.21 – 11.00am – 12noon (Session 2) Notes



Louise Stubbs, TMN Service Manager – welcome and introductions

Lucy Thomson, NHS engagement team (facilitator)

Lesley Tweddell, NHS engagement team (note taker)

7 participants (4 male, 3 female)

Background (Lucy)

Focus group for Northumberland residents who have previously used Talking Matters Northumberland (TMN) services. The purpose of the focus group is to help NHS Northumberland Clinical Commissioning Group (CCG) to understand people's experience of this service – what works and what needs to improve.

Feedback will be written up as a report and shared with the Head of Commissioning for Mental Health Services in Northumberland, the CCG Board and published on the CCG website. No names will be used.

Housekeeping (Lucy)

Using the OneConsultation platform, which provides a safe, private space to discuss experiences.

The session will last for a maximum of one hour, cameras can be on or off. Please stay muted if you are not talking and use the 'raise hand' option if you would like to speak.

Any questions?

None.

Question 1

How easy did you find it to access the service? For example: getting an appointment or being referred to the service.

Question 2

How did you access the service? Self-referral? GP referral? Other?

Participant 1 - Ease of access really good. GP referral. Wait varied, anything up to 10 weeks and shorter at times as well.

Participant 2 - Went to GP with something unrelated but told about the service. Self-referred online. The delay was quite significant - 5 months. This is a long time - it was hard to wait that long.

Participant 3 – Easy to access through the GP. Rang. 5 – 6 weeks to get phone call for initial assessment.

Participant 4 - Referral from GP, not long to wait. Best thing for me. (Internet connection not great).

Lesley – Suggested Louise email questions for anyone having internet difficulties.

Participant 5 - GP was initial route. Gave TMN my contact number and got the initial assessment 4-5 weeks later. For me, it was cracking. 4-5 weeks for 1-1 sessions.

Participant 6 - Very easy to access service through a GP referral. Face to face consultation then online / telephone earlier this year. Several weeks wait, longer during Covid. It was worthwhile waiting for – a very life affirming experience. During lockdown it would have been better to be seen sooner but I understand the service was under a lot of pressure.

Participant 7 - Went to see GP first and they said I could self-refer. (Internet connection not great).

Louise – All participants will get the questions emailed and can provide feedback that way if they are having internet connection issues.

Question 3

Did the service meet your needs?

Question 4

In your opinion, are there any improvements that could be made to the service?

(Asked at the same time Question 7 Would you recommend the service? and

Question 8 How satisfied are you with the service?)

- I found Helen extremely empathetic. It didn't solve issues but the reflection helped. I am not able to move on. I look forward to sessions and the help received. She was able to listen, empathise and help, at a time when friends and family were not able to understand. It was not the same as face to face on the phone, as eye to eye contact is so important when emotions are raw. I absolutely recommend the service. The only dissatisfaction is that I would like to use the service more. Not a criticism – they have been enormously helpful and reassuring and I am satisfied and would recommend.
- I had an extremely good experience with TMN. Some long-term things, short term things and end point - really good outcomes. There is only a certain amount of sessions they give you and another course would be useful.

- I had a poor experience with a graduate and wonder how well they are monitored. They need more supervision. I rang to complain and the admin person's response was excellent and they found me another counsellor.

Louise – All trainees are highly monitored.

- My experience was great. The first few weeks, I was sceptical. I never had any experience and I was quite prejudice against anyone who uses therapy. I was reluctant and if I hadn't spoken to the crisis team I wouldn't have gone. It got me out of the loop of trying to get back to being perfect rather than dealing with the issues. Yes, I absolutely recommend the service and I'm 100% satisfied with the service.
- I had a trainee, one year into lockdown. The phone was either not working, appointments were being rescheduled or the counsellor was off ill or on holiday and didn't tell me. It felt like the whole process was too slow to start and I only got a limited number of sessions, so I felt I didn't get very far. It hasn't had the lasting effect I expected it to and I'm probably worse than before. I asked if I could get further support but I was told I had to finish the first lot. I think they need to assess throughout to see if it's working for you, as you may need something different. My wife didn't have a good experience either and felt she wasn't given enough time. With some adjustments, it could have done what it needed to do but I can't recommend the service and I wasn't satisfied.
- I agree with the last person; the process takes too long and people need the chance to change if it's not working for them.
- I knew when I joined it wasn't going to solve my problem but it was really helpful to talk to someone – a problem shared is a problem halved, what it did do is give me the tools to help myself.
- I also agree that the 'getting to know you' bit curtailed the counselling time. Perhaps they should add time to the course for that rather than take time away from it. Phone calls have their issues and I never thought they would work for me, but they did. Perhaps people could be given a choice of phone call or face to face.

Question 5

Where would you like to see the service advertised?

Question 6

Where would be the best places to provide this service? (Healthcare venues, community-based venues (accessible by car/public transport), dedicated TMN offices (accessible by car/public transport))

- GP surgery notice boards would be good but most people haven't had access during the pandemic. Leisure Centres (Willowburn, Alnwick). The courses in Alnwick at the TMN office were great - it was a quiet place and a nice room. I would probably prefer community venues.
- Getting it into the younger generation's mind, that it's OK to ask for help, is so important. Have someone in secondary schools and colleges letting people know it's OK to ask to help - getting in when people are young, rather than them getting information from peers, will help more people down the line. Flyers are the last thing you look at.
- I agree.
- Plant ideas in people's mind. Posters in village halls and adverts in community magazines - something where people don't have to talk to anyone or make a fuss, you can just call yourself. I didn't realise I could refer myself and not go through my GP, people need to have more information on this.

Lucy - thank you for taking part in this focus group.

Your feedback is really valuable to us and will be used to make sure NHS Northumberland Clinical Commissioning Group continues to improve mental health services in the county.

Appendix 6

IAPT Focus Groups 27.08.21 – Email feedback



Following the focus groups, TMN emailed everyone who had been invited to them and used the 8 questions as a template. Three responses were received.

RESPONSE 1

1. Referral to the service was easy once I had plucked up courage to phone!

2. It was a self-referral, following an online appointment with my GP.

Sadly, I don't know who answered the phone, but she didn't say who she was, or even that I was through to TMN, she was also adamant that I couldn't self-refer.

This was not a good introduction to your service.

3. Only partially, as I wasn't that keen on the virtual CBT, but stuck it out to the end.

4. If we lived in a world with lots more mental health staff, it would be greatly improved by being able to access help quicker.

5. At events like Wooler Wheel, in libraries, charity shops, farmers markets.

6. Any of these.

7. Yes, but I would hope they had a better experience than I did.

8. Fairly satisfied

RESPONSE 2

1. Being referred to the service was easy as I was given the number by my GP. Getting an appointment was a different story as it took almost a year after my initial assessment to speak to a therapist.

2. GP gave me the number and I self referred.

3. Partially. I was grateful for the first block of therapy but disappointed that I had to wait another year before being offered any other help. In that time, I was able to self-refer to another service and be seen too.

4. The initial assessment could be improved. There's no scale of someone's needs to speak to a therapist. Everyone waits the same and I believe some are in more need than others. Also, the waiting time is beyond ridiculous. A lot of people that could potentially be suicidal probably wouldn't be able to survive the waiting times.

5. I don't think seeing the service advertised will help with the waiting times. It isn't that awareness of talking matters needs to improve but the service must be improved first.

6. I believe that if someone wants to access the service then the venue isn't important. I think the telephone appointments have been beneficial as there's probably less waiting times etc. between appointments.

7. No I wouldn't recommend the service. After my initial block of therapy, I rated the therapist that helped me. But the service is too slow and assessments aren't accommodating to each individual's needs. I turned down my second block of therapy after being referred for the wrong treatment. I requested CBT therapy after being in a domestic abusive relationship and was given a male therapist that made me feel like it was my fault who didn't offer CBT or any help.

8. I was dissatisfied with the service which was disappointing as my initial therapist was lovely. But the treatment after that was horrendous.

RESPONSE 3

Question 1

How easy did you find it to access the service? For example: getting an appointment or being referred to the service.

Fairly straightforward following discussion with GP but what felt like a long time before referral was accepted and work started (understand that this is due to the high demand of such a service and the need to prioritise cases).

Question 2

How did you access the service? Self-referral? GP referral? Other?

Spoke to GP and had to self-refer.

Question 3

Did the service meet your needs?

Partially. The support I had identified OCD, depression, anxiety and PTSD. I received treatment for OCD but not direct work for PTSD etc. Regarding these conditions I have been doing independent reading.

Question 4

In your opinion, are there any improvements that could be made to the service?

Some sessions felt 'rushed'. I felt the duration of 3/4hour session was good as it wasn't too long but felt another two weeks would have helped me further. I understand however this is no doubt due to the demands of the service. I felt I needed another two weeks to understand what was being asked of me and did struggle when the course ended somewhat 'abruptly'

Question 5

Where would you like to see the service advertised?

More advertisements on local radio, community centres, local newspapers, libraries etc. But the knock on from that would be will you guys have the staff to manage such a potential increase in workload, particularly during such challenging times as the world is currently experiencing when already the waiting time seems a long time when a client is struggling?

Question 6

Where would be the best places to provide this service? (Healthcare venues, community-based venues (accessible by car/public transport), dedicated TMN offices (accessible by car/public transport))

All of the above really but for me personally the office was the best venue. I struggled with the phone sessions (totally understandable due to pandemic) as I feel not seeing someone just added to my 'mistrust'. I know when I had face to face it worked much better for me and I felt I was more open with my answers having someone right in front of me. The office workers were welcoming and I did not feel 'judged' which had been a concern before my first session.

Question 7

Would you recommend the service?

Yes, I have in fact already recommended the service and will continue to do so to anyone I feel needs your expertise to support their issues

Question 8

How satisfied are you with the service?

Satisfied with the actual identification and tackling of OCD (to coin the phrase of a weight being lifted from my shoulders felt almost literal - it made sense as soon as I was told - knew about the condition but somehow hadn't recognised it in myself - goodness knows how not but I obviously couldn't see for looking!!!) I feel unsatisfied re PTSD etc not being dealt with. However, with me having so many 'issues' to be addressed I recognise there are other people who need help and I'd rather they had the time. I will just continue researching this for myself but feel it will take so much longer than with a professional's input.

On another note, thank you to all for your hard work and support. I hope you get more funding etc to support your cause and enable you to help more people. I know my life feels improved from your advice and guidance and has resumed my interest into understanding mental health.