Engagement Report:

Public experiences of referral into Norfolk and Suffolk Foundation Trust’s mental health services through the Access and Assessment team in Suffolk
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1.0 ACKNOWLEDGEMENTS

1.2 Healthwatch Suffolk would like to thank every person who took the time to respond to our survey about referral into mental health services in Suffolk. We value your feedback and appreciate you sharing your views and experiences with us.

1.3 Healthwatch Suffolk acknowledge the support that was provided by Norfolk and Suffolk Foundation Trust (NSFT) who disseminated the postal surveys to service users.

1.4 Healthwatch Suffolk offer their thanks to local organisations in and around Suffolk such as Suffolk MIND and YMCA, for providing their support whilst we have been completing this project. Their assistance with dissemination of our survey and their willingness to allow members of staff from Healthwatch Suffolk to attend drop in sessions for mental health service users, enabled us to reach a more representative sample of the population.

1.5 We would like to thank all other organisations who helped us to complete this very important piece of work by electronically disseminating our survey and actively encouraging service users to fill in our survey.

1.6 Healthwatch Suffolk would like to encourage any questions about this report to be directed to our researcher via info@healthwatchsuffolk.co.uk.
2.0 INTRODUCTION

2.1 Healthwatch Suffolk have been working with their well-established Mental Health Focus Group, which includes service users, clinicians and health professionals, in partnership with NSFT to explore patients’ experience of being referred into mental health services. Specifically we explored experiences of being referred into NSFT’s mental health services through the AAT. The AAT is the referral and assessment service that is provided by NSFT.

2.2 NSFT already carry out broad, overarching patient satisfaction surveys. Therefore it was recognised that additional research insight and perception of quality from other independent sources would support local service improvement. More specifically, Healthwatch Suffolk have provided specific insight into the Access and Assessment pathway.

2.3 The aim of this project was to analyse experiences of being referred into local mental health services provided by NSFT via the AAT. Specifically the aims were to explore the quality of the service and the level of care provided by members of staff within the AAT.

2.4 This report sought to provide a balanced reflection of data gathered, offering both commentary and recommendations. NSFT and Healthwatch Suffolk have agreed that the outcome of this report will be used to underpin service improvement within the AAT.
3.0 BACKGROUND

Mental Health

3.1 The World Health Organisation (WHO) state that mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

3.2 Good mental health and wellbeing is important in order to feel good about oneself, to get the most out of one’s life and to feel connected to others. Good mental health and wellbeing is more than just feeling happy, it is about feeling able to cope when things get tough in your life or your physical health suffers (WHO).

3.3 Mental health problems can affect the way people think, feel and behave. Mental health problems affect around one in four people in Britain. Although mental health problems are very common there can still be stigma and discrimination towards people with mental health problems (Suffolk Mind). It is possible to recover from a mental health problem and live a productive and fulfilling life (Suffolk Mind).

The National Picture

3.4 Nationally, the most common mental health disorders that people may experience are;

- Depression
- Anxiety
- Obsessive-compulsive disorder (OCD)
- Phobias
- Eating disorders (bulimia, anorexia nervosa)
- Schizophrenia and/or personality disorders (Suffolk Mind).

3.5 At least one in four adults will experience a mental health issue at some point in their life and almost half of all adults will experience an episode of depression at least once in their lifetime (No Health without Mental Health).

3.6 The government paper ‘No health without mental health’ provides a cross-governmental mental health outcomes strategy for people of all ages. The paper summarises the importance of improving services at a local level.
3.7 The overall number of people with mental health problems has not changed significantly in recent years, but worries about things like money, jobs and benefits can make it harder for people to cope (Mind, 2014).

3.8 The Care Quality Commission (CQC) undertook a survey of mental health service users aged 18 and over in 2012. Nationally around 13,000 people were invited to participate and there was a response rate of 29% overall. Service-users tended to be positive about staff, however improvements were identified in most other areas including information and involvement in decisions about medication, care planning, care reviews, crisis care and support with day to day living (CQC, 2013).

The Local Picture

3.9 Suffolk Public Health are currently undertaking a mental health needs assessment. The report estimates 84,909 people in Suffolk are living with a common mental disorder.

3.10 According to the data that has been collected so far, it is estimated that 46,600 people are living with mixed anxiety/depression disorder in Suffolk.

3.11 More specifically the aforementioned report estimates that 23,461 people are living with generalised anxiety disorder, 9,230 people are living with phobias, 5,801 people are living with OCD, 3,690 people are living with panic disorder and 86,749 people are living with a neurotic disorder (SCC, 2014).

3.12 In 2013 the Clinical Quality Commissioners (CQC) published a report on experiences of mental health services in Suffolk. Responses were based on 231 service users at NSFT, and highest scores were for being treated with respect and dignity and being listened to. The lowest scores were for support with day to day living including care responsibilities, work and accommodation and out of hours crisis contact (CQC, 2013). Although the report summarises findings from a small number of respondents the results corroborate views shared from other sources such as the ‘conversations’ workshops.

3.13 There is also the work on commissioning strategy. Locally the WSCCG and IESCCG are carrying out a piece of work to develop a mental health commissioning strategy by March 2015. The output of this study will help to inform the contents in the strategy.
3.14 Healthwatch Suffolk aim to compare the findings of local reports and national reports that are summarised in this section, to the findings of this report.
4.0 MENTAL HEALTH SERVICES IN SUFFOLK

Norfolk and Suffolk Foundation Trust (NSFT)

4.1 Norfolk and Suffolk NHS Foundation Trust provide mental health, substance misuse and learning disability services across Norfolk and Suffolk. NSFT believe in recovery and wellbeing, and understand the importance of good physical health, maintaining relationships and achieving a balance between treatments and continuing an active life.

4.2 Service users and carers are at the centre of all aspects of NSFTs’ work and are vital in helping shape and support service strategy. NSFT’s strategy supports and enables people with mental health problems, or who need to improve their wellbeing, to live a fulfilling life and make their personal recovery journey.

The Access and Assessment Team (AAT)

4.3 NSFT launched their new Transforming Service Strategy (TSS) in 2013, which summarised the redesign of mental health services in Suffolk, Norfolk and Waveney. For East and West Suffolk, the proposed model is based on a new single point of assessment called the Access and assessment team (AAT), which is based at Mariner House in Ipswich. The Trust’s Crisis and Home treatment Team now devolved into 2 separate teams with the crisis work taken on by the new Access and Assessment team.

4.4 The AAT started to receive referrals from July 2013. NSFT state that the AAT make it easier for service users to get the right mental health and social care service as quickly and efficiently as possible. NSFT operate one access and assessment team within Suffolk;

- Access and Assessment Service Suffolk

4.5 The AAT accept referrals from GPs or other healthcare professionals. Referrals are made on grounds of concern via a GP on behalf of a service user following an assessment of the service user’s circumstances. However, AAT do not accept self-referrals from the individual themselves unless they are for the Suffolk Wellbeing Service, Early intervention services or the service user is known to NSFT and recognises signs or relapse.

4.6 The AAT accept referrals when service users meet one or more of the following criteria:
• A referrer or the family have concerns around the emotional and mental health of a child, young person or adult
• An individual is displaying signs of suicidal intent or if there seems to be risk of harm to others
• A GP wishes to confirm a diagnosis or implement specialist treatment
• Specialist advice on what medication is required

4.7 The AAT state that they employ multidisciplinary teams of mental health professionals who are dedicated to seeing people quickly, assessing their mental health and social care needs and providing an initial treatment plan.

Assessment

4.8 Once the AAT receive a service user’s referral, they triage the referral and if appropriate assess by phone or face-to-face and provide a plan of support. This plan may include referral on to other services within or external to NSFT. The AAT provide advice and assessment on all mental health conditions across all ages. The AAT do not provide ongoing treatment but make referrals to other mental health teams following a service user’s assessment if needed.

4.9 The AAT have a permanent team of specialist assessors representing a range of services, with training in enhanced assessment skills. They provide services for referred individuals registered with the two Suffolk Clinical Commissioning Groups, plus the two Thetford GP Practices. They operate predominantly within community settings and sometimes in a user’s home environment.

4.10 The AAT identify the urgency of a service user’s referral and the severity of the risk. The decisions that the AAT make are guided by an assessment framework used by qualified professionals and considers both the service user’s health and social needs. The AAT’s triage team then signpost appropriately or arrange a face to face assessment. They provide the referrer with feedback on the outcome of the service user’s referral.

4.11 The AAT triage, assess and signpost referrals within agreed time limits in relation to the level of urgency of referral. The following targets have been set by the two Clinical Commissioning Groups (CCG’s) in Suffolk:

• Emergency - within four hours of referral
- Urgent - within 72 hours of referral
- Routine - within 28 days of referral

4.12 The AAT can't take referrals from individuals but should guide and support service users to access the services they need to help maintain or improve their mental health. The AAT can offer advice and information to family carers on general matters and with the service user’s consent can provide specific advice and support on their individual need.
5.0 METHODOLOGY

5.1 The methodology adopted for this project was developed jointly by Healthwatch Suffolk and NSFT.

5.2 The methodology consists of three components in two phases:

- A questionnaire (Phase 1)
- A follow-up telephone interview and drop in sessions (Phase 2)

5.3 The survey (see appendix 1) was designed by Healthwatch Suffolk in collaboration with the AAT’s service manager and NSFT’s service user and carer experience Lead. Service-users who attend Healthwatch Suffolk’s Mental Health Focus Group (MHFG) were given the opportunity to modify the wording of the questions within the survey to ensure questions were accessible. The final version of the survey incorporated suggestions from all involved parties. The survey sought to obtain both qualitative (comments on the service) and quantitative (numerical) data.

5.4 The survey was created and uploaded to www.surveymonkey.com, which is an online survey creation service. It allows Healthwatch Suffolk to gather responses with one URL by including a link on emails, websites, Twitter and Facebook. Hard copies of the questionnaire were also made available on request from Healthwatch Suffolk.

5.5 Phase 1 was a survey, which consisted of 21 closed questions (quantitative) and 4 open-ended (qualitative) questions, see Appendix 1. Phase 2 consisted of telephone interviews, which aimed to collect qualitative data (in-depth experiences), see Appendix 3 for the script used to guide the interview. Phase 2 also consisted of drop in sessions at YMCA and Suffolk MIND, both organisations are providers of services for people living with mental health issues.

5.6 The questions within the survey aimed to explore the following themes;

- Contact with GP or Healthcare Professional
- Contact with NSFT
- Treatment
- Improvements
Specifically, questions within the survey tapped into the following constructs:

- Level of care (provided by GP or Healthcare professional and NSFT)
- Waiting times (between referral + contact, waiting time for treatment)
- Satisfaction (with treatment)
- Provision of information
- Suggestions for improvements (Time and Quality)

The telephone interviews and drop in sessions aimed to explore people’s experiences of accessing mental health services via the AAT, in more depth.

**Dissemination**

- 2,000 surveys were printed by Healthwatch Suffolk and delivered to NSFT’s base in Ipswich. The administration team within AAT agreed to post one copy of the survey to each service user upon discharge from the AAT.

- Additionally two hundred and fifty surveys were distributed by Healthwatch Suffolk’s community development team. These surveys were disseminated to a number of local organisations and individual members of the public. The full dissemination list can be found in Appendix 4.

- The survey was also circulated electronically to Healthwatch Suffolk’s existing network of contacts within the community. The URL to the electronic version of the survey was disseminated with the help of local organisations in Suffolk. The full dissemination list can be found in Appendix 4.

- The survey was also circulated by the Healthwatch Suffolk Information Team in the following ways:
  - An article in the Healthwatch Suffolk quarterly newsletter issued to Friends and Members.
  - Repeated articles in Healthwatch Suffolk electronic fortnightly updates.
  - Regular social media updates on Facebook and Twitter.
  - Front page feature on the Healthwatch Suffolk website including a banner animation with supporting updates on the news, consultation and surveys page.
5.13 The newsletter and bi-weekly update reach over 3,100 local people who have registered as friends or members of Healthwatch Suffolk.
6.0 RESPONDENTS

6.1 In total Healthwatch Suffolk received 124 completed responses to our survey.

6.2 As 2,250 surveys were disseminated, Healthwatch Suffolk calculated a response rate of 12%. Healthwatch Suffolk usually anticipate a response rate of 10% for a project that uses postal surveys as the main dissemination method. Healthwatch Suffolk and NSFT acknowledge that a range of factors had the potential to reduce the response rate. For example, a service user who is trying to access support for a mental health need may not willing or able to complete a patient satisfaction survey about their experience and although accessing insight from mental health service users is often problematic, Healthwatch Suffolk believe that the findings provide a touchstone for further research.

6.3 Healthwatch Suffolk are particularly grateful to everybody that took the time to respond to our survey. The majority of service users who received the survey are presumed to be experiencing mental health issues as they are seeking treatment from NSFT. Therefore, Healthwatch Suffolk would like to acknowledge the importance of the contribution that these service users have provided by contributing their views and experiences of being referred via the AAT.

6.4 When you sample a survey of the population, you do not know that the views expressed by your sample are an accurate representation of the views that belong to the entire population. Healthwatch Suffolk acknowledge that opinions are subjective as they are often a result of personal experience. Therefore one should consider these points when interpreting the findings of this report. Importantly due to the low response rate Healthwatch Suffolk do not claim that responses are statistically representative of the population of mental health service users within Suffolk.

Healthwatch Suffolk do not claim that the responses to our survey are statistically representative of all mental health users in Suffolk. Despite this, Healthwatch Suffolk are confident that the personal stories that are shared in the data that we have collected has great value in terms of evaluating the service that the AAT provides.

6.5 It should be acknowledged that all service-users were sent a copy of the survey upon discharge from the AAT. Respondents who completed the survey and posted their responses back have self-identified themselves as
being willing to take part in the survey. Therefore respondents may present with a self-selection bias. This should be acknowledged when interpreting the results and when considering the implications of this research.

Demographics

6.6 Respondents were asked to provide the following demographics:

- Post code
- Gender
- Age
- Sexual Orientation
- Ethnicity

Post Code

6.7 Eighty-nine of 124 respondents (72%) provided their post codes, 35 respondents skipped this question.

6.8 Respondents provided coverage for most of the county, however the majority of responses came from respondents that live in Mid Suffolk and Ipswich. This fits with Suffolk County Council’s (SCC’s) data that suggests there are a higher number of people living with mental health issues in these more densely populated areas of Suffolk.

6.9 Importantly Suffolk Public Health estimate that there are more people in Ipswich and East Suffolk Clinical Commissioning Group (IECCG) experiencing mental health problems, due to a larger population and a higher level of deprivation in that area. Our spread of respondents results reflect SCC’s estimation.

6.10 Healthwatch Suffolk mapped respondents’ post code to show the coverage over the 7 districts within Suffolk, see Figure 1. As expected with any county-wide, small-scale research project, certain areas of the county are underrepresented or - as seen below - there are no respondents from some geographical locations within Suffolk.
6.11 There are several reasons that could account for non-responses in specific geographical locations. One of these could be ‘non-response bias’, which refers to the bias that exists when respondents to a survey are different from those who responded in terms of demographic or attitudinal variables. In the words of Couper (2000), “not all people included in the sample are willing or able to complete the survey”. Overall, nonresponse has increased in recent years. In general, surveyed populations—with healthcare patients among the more heavily surveyed groups—are responding at lower rates than previous decades, which may have biasing effects on the data.

6.12 Another reason for non-responses could be attributed to the methodology used for this piece of research as the surveys were only sent out to patients that had been discharged from AAT over a two-month period. This does not mean that the methodology was flawed, rather one variable could be that there were no patients living in these areas that were discharged from AAT in this time. Therefore, attempting to achieve an increased response rate from low-responding locations would mean extending the timeframe in which the survey was in field in the hope that patients from the low-responding areas would be discharged from AAT, which was beyond the scope of this research. However, it is important to note that the reasons for non-responses seen in figure 1 could be due to a myriad of variables, and as such, the aforementioned reason are not all-encompassing nor exhaustive.

**Gender**

6.13 111 respondents provided their gender and 13 respondents skipped this question.
6.14 Of the 111 respondents who provided their gender, 79 (71%) respondents self-identified as female, 30 (27%) respondents self-identified as male, 1 (1%) respondent self-identified as Transgender/Transsexual and 1 respondent (1%) stated that they would rather not say, see Figure 2.

![Figure 2: Gender of respondents](image)

Age

6.15 106 (85%) respondents provided their age group, 3 respondents (2%) recorded that they would rather not say and 15 (12%) respondents skipped this question, therefore 12% of respondents’ age group is unknown, see Figure 3.

![Figure 3: Age of respondents](image)
6.16 16 respondents (15%) reported that they were aged under 18, 38 respondents (35%) stated that they were aged between 19-40. 38 respondents (35%) indicated that they were aged between 41 and 60 years of age. 13 (12%) respondents stated that they were aged between 61-80. 1 respondent (<1%) stated that they were over 80 years of age, and 3 (2%) stated that they would rather not say, see Figure 3.

6.17 The majority of people living in Suffolk are classed as being part of the ‘working age group’ (25-64 years). Importantly over 1/3 of people that replied to our survey stated that they belonged to this age group, therefore our sample is likely to be representative of this group.

Sexual Orientation

6.18 103 (83%) provided their sexual orientation and 21 (17%) skipped this question, therefore 17% of respondent’s sexual orientation is unknown.

6.19 83 (81%) respondents reported that they were heterosexual, 12 (11%) respondents reported that they were LGB, and 8 (8%) respondents stated that they would rather not say, see Figure 4.

Figure 4: Sexual orientation of respondents
6.20 As the majority of respondents identified themselves as being heterosexual it is important to acknowledge that results cannot be generalised to the proportion of the population who identify themselves as Lesbian, Gay or Bisexual (LGB).

Ethnicity

6.21 110 (89%) respondents answered this question and 14 (11%) respondents skipped this question, therefore 11% of respondent’s ethnicity is unknown.

6.22 The majority of respondents (103, 94%) stated their ethnicity as White British. 91% of the population in Suffolk are of White ethnicity (ONS), therefore our sample consists of an accurate split of respondents from a White background.

6.23 4 respondents (4%) stated that they were classed as other white background. 2 respondents (1%) respondents stated their ethnicity as White and Asian. And 1 (<1%) respondents stated that they would rather not share their ethnicity, see Figure 6.

Figure 5: Ethnicity of respondents
7.0 SURVEY FINDINGS

Time of access (Q1)

7.1 Out of a total of 124 responses, 116 (94%) provided a response to this question. 8 respondents skipped it. 100 respondents recorded that they had used the service since AAT started accepting referrals (June 2013).

![Referral into the Access and Assessment Team (AAT)](image)

Figure 6: Referral into the AAT (AAT)

7.2 The AAT started taking referrals from June 2013, therefore all respondents who stated that they accessed the service before June 2013 (16) were excluded from analysis. In addition, respondents who did not specify when they accessed the NSFT’s mental health services (8) were excluded from analysis.

7.3 100 respondents recorded that they had used the service since July 2013, therefore all statistics after this point in the report are calculated as 100 being the total number of responses.

7.4 The majority of respondents who responded to our survey were referred into NSFT in 2014. More detail as below:

- 5 respondents accessed the AAT in 2013
- 95 respondents accessed the AAT in 2014
- 69% of respondents accessed the service between June 2014 and September 2014
Have they used the service before? (Q2)

7.5 Out of 100 respondents 95 (95%) provided a response to this question, 2 skipped it.

7.6 44 (46%) stated that they had used the service before, 51 (54%) stated that they had not used the service before and 2 (2%) skipped this question.

![Pie chart showing previous referral into the AAT (AAT)](image)

Figure 7: Previous referral into the AAT (AAT)

7.7 It should be acknowledged that almost half of the respondents had previously been referred through the AAT. It is common for people who have mental health issues to recover, relapse and enter services again (Suffolk Mind).

7.8 As many respondents may need to enter mental health services again in the future it is important that they have a positive experience of being referred through the AAT. A negative experience may create a barrier to accessing relevant clinical support for their mental health issues.

Explanation of the referral process (Q3, Q4)

7.9 Respondents were asked to record whether their GP or Healthcare Professional explained to them and/or their family carer what would happen after they had been referred to NSFT.

7.10 All 100 respondents provided a response to this question (Question 3).
7.11 The majority of respondents (57%) stated that their GP or healthcare professional did explain what would happen next, over one third (32%) of respondents stated that their GP or healthcare professional did not explain what would happen next. 11 respondents stated that they didn’t know, see Figure 8.

![Bar chart showing the number of respondents who explained the process post referral.](image)

Figure 8: Explanation of process post referral (AAT)

7.12 Respondents were asked to record they had understood the explanation that their GP or Healthcare Professional had provided about what would happen after they had been referred to NSFT. Out of a total of 100 responses, 87 provided a response to this question. 13 skipped it (Q4).

7.13 58 respondents (67%) felt that they understood the explanation that was provided by their GP or Healthcare Professional, whereas 15 (17%) respondents did not, see Figure 9.

![Bar chart showing the number of respondents understanding the explanation.](image)
Type of mental health need (Q5, Q6)

7.14 Respondents were asked whether their mental health needs were classed as urgent. Out of a total of 100 responses, 97 provided a response to this question. 3 skipped it.

7.15 One third (33, 33%) of respondents stated that their needs were classed as urgent, which meant to be seen within 72 hours. Just under one third of respondents stated that their needs were not classed as urgent. The remaining respondents (32) stated that they didn’t know what their mental health needs were classed as, see Figure 10.

7.16 Respondents were asked what type of help they were referred for. Out of a total of 100 responses, 98 provided a response to this question. 2 skipped it. The majority of respondents indicated that they were referred for routine health care, which means they should have received an assessment within 28 days. 10 respondents stated that they were referred for an urgent response (within 72 hours of referral) and 3 respondent stated that they were referred for emergency help (within four hours of referral), 35 respondents did not know. See figure 11.
Contact with NSFT (Q7, Q8, Q9, Q10)

7.17 Respondents were asked to record how NSFT first contacted them. Out of a total of 124 responses, 97 provided a response to this question, 31 skipped it. The majority of respondents were contacted by telephone (60), a smaller proportion (18) received a face to face consultation and a smaller proportion of service users were contacted by letter (15), see Figure 12.

7.18 Respondents were asked to record how quickly the first contact took place. Out of a total of 100 responses, 98 provided a response to this question. 2
skipped it. The majority of respondents indicated that they received contact more than 7 days but less than 1 month (48%) - 47, see Figure 13.

![Figure 13: Length of time before first contact from NSFT](image)

**7.19** Respondents were asked to record whether they were kept informed about what would happen next. Out of a total of 100 responses, 98 provided a response to this question. 2 skipped it. The majority - 69 respondents - indicated that they were kept informed. 20 respondents felt that they were not kept informed about what would happen next, and 9 respondents did not know. See Figure 14.

![Figure 14: Informed process](image)

**7.20** Respondents were asked to record whether the initial information was what actually happened next. Out of a total of 100 responses, 84 provided a
response to this question. 16 skipped it. 57 respondents indicated that this is what happened, whereas 6 respondents indicated that what happened next was not what they had been told to expect, 21 respondents did not know. See Figure 15.

![Figure 15: Actions following explanation](image)

**Treatment (Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18)**

7.21 Respondents were asked to record whether they had been treated with dignity and respect by all members of staff at all times. Out of a total of 100 responses, 98 provided a response to this question. 2 skipped it. The majority of respondents indicated that they had been treated with dignity and respect (92%). Three respondents indicated that they had not been treated with dignity and respect, 3 did not know. See Figure 16.

![Figure 16: Treatment by staff](image)
7.22 Respondents were asked to record whether their views about the treatment that they needed were listened to. Out of a total of 100 responses, 98 provided a response to this question. 2 skipped it. 76 (78%) found that their views about the treatment that they needed were listened to. 12 (12%) respondents did not feel that their views about the treatment that they needed were listened to, 10 did not know. See Figure 17.

![Figure 17: Needs listened to](image)

7.23 Respondents were asked to record whether they were referred for more treatment following contact with the AAT. Out of a total of 100 responses, 98 provided a response to this question. 2 skipped it. Sixty eight respondents indicated that they had been referred for more treatment, 23 hadn’t been referred for more treatment, and seven people indicated that they didn’t know, see Figure 18.

![Figure 18: Referral for treatment](image)
Respondents were asked to record whether their treatment had begun yet. Out of a total of 68 people who said they had been referred for treatment, all respondents indicated whether their treatment had begun yet. Only 7 respondents indicated that their treatment had started, 58 respondents indicated that their treatment had not started yet, 1 respondent recorded that they didn’t know, see Figure 19.

![Figure 19: Status of treatment](image)

Respondents were asked to record whether they had received the treatment that they had been referred for. Out of a total of 68 people who said they had been referred for treatment, 68 respondents indicated whether they had received the treatment that they had been referred for. 10 respondents said yes, 8 respondents said no, 45 respondents said they were currently waiting for treatment, 2 did not know. See Figure 20.

![Figure 20: Treatment received](image)
7.26 Respondents were asked to record the reasons why their treatment had not begun yet. Out of 68 people who said they had been referred for treatment, 15 respondents commented on why they thought their treatment had not yet started, see Table 1. Hypothesised reasons fall into the categories of staff sickness, waiting times for appointments, gaps in service provision and the clinician’s decision that the service user did not require referral for psychological treatment.

<table>
<thead>
<tr>
<th>Month</th>
<th>Comment</th>
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<tbody>
<tr>
<td>April 2014</td>
<td>‘it was only an assessment of possible condition’</td>
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<tr>
<td>June 2014</td>
<td>‘do not get assessed by eating disorder specialist as requested’</td>
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<tr>
<td></td>
<td>‘not started the treatment waiting for an appointment’</td>
</tr>
<tr>
<td>July 2014</td>
<td>‘Staff sickness’</td>
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<td></td>
<td>‘after a phone call to assessment team, after 4 weeks from receipt of referral report/assessment, [her] file has been “ping pongoed” between youth pathways and AAT with no explanation to ourselves or of course an action to be taken’</td>
</tr>
<tr>
<td></td>
<td>‘I was hoping to have same support from a person maybe on a monthly basis or when i hit a “low” with depression which i could not cope with. The assesor did not feel this was needed at this present time’</td>
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<tr>
<td></td>
<td>‘I been given a time and date sent to me in the post then i will go back and for mores tests’</td>
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<tr>
<td>August 2014</td>
<td>‘Told they were referring us to a team within social care which was not appropriate for my daughter. Youth support worker has spoken to CAHMS’</td>
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<tr>
<td></td>
<td>‘[my son] was meant to be referred to a psychiatrist not a phone assessment’</td>
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<td></td>
<td>‘I have a referral to Ipswich IDT’</td>
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<td></td>
<td>‘I was told I could have a CPN but now they wont assist me with one’</td>
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<tr>
<td>September 2014</td>
<td>‘Seen mental health I have PTSD + personality disorder to be monitoring of mental state change of meds + referred 2 IDT + counselling’</td>
</tr>
<tr>
<td>October 2014</td>
<td>‘I had already started getting help that maybe OK if not, I will be offered an alternative’</td>
</tr>
<tr>
<td></td>
<td>‘I have an appointment with the Physicist’</td>
</tr>
<tr>
<td></td>
<td>‘They said I didn’t need it, had to make an official complaint before they made any changes’</td>
</tr>
</tbody>
</table>
Treatment (Q17, Q18)

7.27 Respondents were asked how long they had to wait after initial contact with AAT for their treatment to begin. 68 respondents skipped this question and 32 respondents answered this question.

7.28 Four people (13%) received treatment over 24 hours but less than 7 days, 16 respondents (50%) received treatment over 7 days but less than 1 month, 12 respondents (37) waited over a month since initial contact with AAT to receive treatment, see Figure 21.

Figure 21: Delay before start of treatment

7.29 Respondents were asked to record how satisfied they were with the treatment that that they received. 50 respondents answered this question and 50 respondents skipped it.

7.30 Twenty five respondents stated that they were satisfied (11) or very satisfied (14) with the treatment that they received. Twelve respondents stated that they were neither satisfied nor dissatisfied. Thirteen respondents stated that they were dissatisfied (6) or very dissatisfied (7) with the treatment that they received, see Figure 22.
Improvements (Q19)

Out of 100 respondents, 82 respondents provided suggestions for how the AAT (AAT) could be improved. The most common themes were waiting times, treatment, listening and communication and staff.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting times</td>
<td>16</td>
</tr>
<tr>
<td>Access and Assessment Team (AAT)</td>
<td>11</td>
</tr>
<tr>
<td>Communication</td>
<td>10</td>
</tr>
<tr>
<td>Staff</td>
<td>9</td>
</tr>
<tr>
<td>Treatment</td>
<td>8</td>
</tr>
<tr>
<td>Listening</td>
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<tr>
<td>Processes</td>
<td>7</td>
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<td>Services</td>
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<td>Explanation</td>
<td>2</td>
</tr>
<tr>
<td>Telephone assessment</td>
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</tr>
<tr>
<td>Services (CAMHS)</td>
<td>1</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
</tr>
</tbody>
</table>
8.0 INTERVIEWS

8.1 Telephone interviews are often an effective and resourceful way of collecting in-depth information from a participant about a particular experience, as they provide the opportunity for an exchange of information between a researcher and a participant.

8.2 The researcher at Healthwatch Suffolk contacted all respondents (62) who shared their contact details and provided consent to be contacted for a follow up telephone interview within their survey response. Respondents were either contacted by email or by telephone, depending on the type of contact details they had provided.

8.3 As a result the researcher completed ten telephone interviews with participants. The researcher designed an interview script which was used to guide the flow of each interview. In order to design the interview script the researcher identified themes from the participant’s survey response and asked questions that related to these themes. The interview script was adapted accordingly for each interview and was applied in a semi-structured manner. This means that the researcher allowed the service user to dictate the direction of the conversation, but used the interview script to guide the topic of conversation back to the participant’s experience of being referred through the access and assessment team at NSFT.

8.4 All respondents were provided with a written information sheet, which provided detail about the rationale for the interview and detail about their role as a participant. All participants were informed that they could withdraw from the interview at any time and they were informed that they could refuse a question if they would prefer to do so. Before the interview was conducted the researcher informed the participant that all comments shared within the dialogue of the interview may be included in a final report. The participant was informed that these would be presented to NSFT in an anonymous format. The researcher collected verbal consent from all participants before asking any questions that related to the participant’s experience of being referred through the AAT.

8.5 Each telephone interview lasted between 10-20 minutes. Seven females and three males took part in the interviews. One respondent provided detail about their spouse’s experiences of being referred into NSFT’s mental health services through AAT, and another respondent provided detail about their child’s experiences of being referred into NSFT’s mental health services through AAT.
services through AAT. The remaining eight respondents shared details about their own personal journey into NSFT’s mental health services through AAT.

8.6 Out of the respondents who took part in the telephone interviews, two accessed the AAT in April 2014, two accessed the AAT in June 2014, four entered the AAT in August 2014 and two respondents accessed the AAT in October 2014. As the respondents accessed the service over a period of six months Healthwatch Suffolk were able to gain a reflection of the service that was provided during this time period.

8.7 The following themes arose from the telephone interviews:

- Positive experiences of being referred through the AAT
  - Positive experiences of receiving psychological treatments
  - Positive treatment from staff

- Negative experiences of being referred through the AAT:
  - Lack of contact from AAT post-assessment
  - Lack of communication between teams within NSFT
  - Lack of information provided
  - Confusion over AAT’s role
  - Negative experience of treatment from staff within the AAT:
  - Criticism of AAT’s processes

8.8 Positive experiences of being referred through the AAT

8.8.1 Positive experiences of receiving psychological treatments as a result of AAT referral

‘I have seen Psychologist and have had CBT.’ It went very well [...] they were pretty good, they have been really helpful for me’

‘The CBT was offered face to face and 1:1. I thought it was a good course, helped me to feel better.’

‘I was really struggling but I feel fairly able to cope for now until my next appointment’

8.8.2 Positive experiences of treatment from staff

‘I could not fault the service at all. They’re bang on’
‘The staff in the AAT were brilliant, phenomenal’

‘The lady was very nice to me and helpful’

‘It was alright. I was treated fine. Yes dignity and respect’

‘They told me well done for everything I had been through and they seemed to listen to me. They made it easier to talk about everything and they were able to answer most of my questions during my assessment.’

8.9.1 Negative experiences of being referred through the AAT

8.9.2 Lack of contact from AAT post-assessment

‘I assume they will contact me about the next steps’

‘Only confirmed that my wife is on the waiting list for face-to-face CBT because I put in a formal written request and so did my GP. We both had to request for more information before they confirmed that she was even on the waiting list’

‘GP + NSFT should have better communication from the beginning so that they both tell the patient and carer accurate information from the start. It is simply not enough to be told you’re ill and given medication and not be offered any other type of support’

8.9.3 Lack of communication between AAT and other services

‘GP + NSFT should have better communication’

8.9.4 Lack of information provided

‘...you get a letter that will explain what will happen, which was good but still their details were very vague. But then we did have 3 weeks of waiting and we didn’t know what was happening’

‘When the psychiatrist came out 3 days ago he was better but I think he assumed we knew more than we did. To make the situation much easier for us, it would have been better if somebody had told us what was going to happen’
‘If the discharge letter could contain more information about what was going to happen next, it could be more helpful – just make it more clear from Access and Assessment Team’

‘They could have provided me with relevant information and better communication - letting me know that the person who I wanted to see [the eating disorder specialist] wasn’t going to be there at the new time of this appointment’

8.9.5 Confusion over AAT’s role

‘Better understanding of condition’

‘I don’t know what the AAT do. What their remit is. I don’t know what the IDT do. I did have to ask, that information wasn’t made clear to us’

8.9.6 Negative experience of treatment from staff within the AAT:

‘I didn’t feel supported when I first access the service’

‘It was just a vetting process, maybe I was expecting that they would actually try to understand’

‘My wife was not treated with dignity and respect at all’

8.9.7 Criticism of AAT’s processes:

‘My main criticism of the service is that it is not a holistic one’

8.9.8 In summary Healthwatch Suffolk collected data through telephone interviews from 10 respondents who shared stories of accessing NSFT’s mental health services through the AAT. Overall respondent’s shared stories of being treated fairly by members of staff but shared stories of factors that affected their experience in a negative way.

8.10 Themes match the surveys

- Positive experiences of being referred through the AAT
  - Positive experiences of receiving psychological treatments
  - Positive treatment from staff
9.0 KEY MESSAGES AND FINDINGS

9.1 During analysis certain trends started to emerge. A mixture of positive experiences and negative experiences of being referred through the AAT were identified.

9.2 Almost half of the respondents had previously been referred into NSFT’s mental health services. This is not uncommon among mental health service users as many have specific triggers or circumstances that will lead back seeking aid. Therefore, Healthwatch think that it is beneficial for service users to receive a level of continuity in regards to a positive experience of being referred through the AAT.

9.3 Key messages and findings are summarised under the following headings:

- Level of care
- Waiting times
- Satisfaction
- Provision of information
- Suggestions for improvements

Level of care (provided by GP or Healthcare professional and NSFT)

9.4 Although the majority of respondents stated that they were happy with how members of staff within the AAT had treated them, three respondents indicated that they felt they had not been treated with dignity and respect.

9.5 A theme that arose from analysis was whether members of staff listened to the service user’s wishes about the treatment that they wanted to access. Importantly 76 respondents (78%) found that their views about the treatment that they needed were listened to but 12 respondents did not feel that their views about the treatment that they needed were listened to. 10 respondents did not know or could not recall if they were listened to. Overall, this is a positive outcome, but more should be done to allow service users to guide their treatment as over 10% of respondents did not feel that their views were listened to.

Waiting times (between referral and contact, waiting time for treatment)

9.6 Throughout analysis the theme of waiting times arose. Some respondents were satisfied with the length of time they had to wait to access a booking
in appointment with the AAT. The majority of respondents indicated that their waiting times were not excessively long. The majority (47, 48%) received contact between 7 days but less than 1 month after they were referred into the service.

**Satisfaction (with treatment)**

9.7 Half of respondents stated that they were satisfied with their treatment, however twelve respondents stated that they were neither satisfied nor dissatisfied with the treatment that they received. Thirteen respondents stated that they were dissatisfied (6) or very dissatisfied (7) with the treatment that they received following their referral into the AAT. Considering service users may be emotionally vulnerable whilst trying to access the AAT it is important that their needs are met and that they are provided with treatment that they deem to be appropriate for their own level of personal mental health needs.

**Provision of information**

9.8 Throughout analysis the issue of provision of information about what would happen after the GP’s referral arose from many respondent’s comments. Over one third (32%) of respondents stated that their GP or healthcare professional did not explain what would happen after their GP had processed their referral for an assessment by the AAT.

9.9 Some respondents identified that the explanation that their GP provided was not explained in an accessible way. 15 respondents (17%) did not feel that they understood the explanation that was provided by their GP or Healthcare Professional.

9.10 Some respondents identified that the AAT failed to provide adequate information regarding what would happen after the referral into AAT. Twenty respondents felt that they were not kept informed about what would happen after their assessment by the AAT. Therefore, 20% of respondents - 1 in 5 - did not feel that they received adequate post-referral information.

9.11 Another theme that arose from the analysis was issues around how mental health needs were classified. Thirty two respondents (33%) stated that they didn’t know what their mental health needs were classed as. Put simply, 1 in 3 respondents did not know the classification of their mental health. Although some respondents may have been referred for the first time, this
finding highlights that more needs to be done to help service users and the wider population understand the needs of individuals with mental health problems.
10.0 RECOMMENDATIONS

10.1 Healthwatch Suffolk acknowledge that the AAT provide an essential service to members of the public in Suffolk who are referred into mental health services. From the findings within this report we are confident that members of staff within the AAT provide a high level of service to the majority of the service users that are referred into their service.

10.2 Upon review of the data that has been collected Healthwatch Suffolk conclude that service users feel that GP’s, Healthcare professionals and members of staff within the AAT could refine their practice in order to improve patient experience of being referred into mental health services through the AAT. Recommendations fall under the following headings:

- Informed contact
- Accessible explanation
- Provision of information
- Treatment
- Service user involvement
- Communication
- Previous use of the AAT
- The role of the AAT
- Communication between teams within NSFT and between the AAT and service user
- Improvements

Informed contact

10.3 A theme that arose from the data was that some respondents felt uninformed throughout the referral process. Healthwatch Suffolk are concerned about this finding, considering the literature suggests that being uninformed can have additional impact on a service user’s mental health. For example it may cause a service user additional unnecessary anxiety. Therefore Healthwatch Suffolk highlight the important of providing a service user with relevant amount of information at the point of referral, at the point of assessment and throughout the referral process.
Accessible explanation

10.4 Following on from the previous recommendation Healthwatch Suffolk recommend that GP’s, Healthcare professionals and members of staff within the AAT ensure that they provide an accessible explanation to service users. GP’s/Health professionals and members of staff within the AAT should clarify the service user’s level of understanding to that they can answer any queries that the service user may have and avoid a service user leaving a consultation feeling anxious or confused about the next steps of their referral.

Provision of information

10.5 Many service users stated that they had not been informed how their mental health needs had been categorised. Healthwatch Suffolk did not receive specific comments from service users that they would benefit from this information. However as NSFT have to meet different targets for waiting times dependent on the categorisation of a service user’s mental health need, Healthwatch Suffolk feels that this is important information for a service user to have access to.

Treatment

10.6 All service users who are referred through the AAT should be treated equally and appropriately by all members of staff associated with NSFT. Considering some service users reported that they felt that had not been treated with dignity and respect this may highlight a need for additional care to be taken by staff when interacting with service users.

Service user involvement

10.7 Healthwatch Suffolk acknowledge that clinicians employed by NSFT are clinically trained and therefore have the professional expertise to determine which treatment a service user should be referred for. However it is important for service users to be feel that their views about the treatment that they need are listened to. AAT’s process of referring on to further services should enable service users to feed their own views and desires into their treatment plan within reason and where appropriate.
Communication

10.8 Healthwatch Suffolk recommend that NSFT review their processes when communicating with service users. Importantly service users reported that they felt uninformed whilst they were waiting for services. NSFT could identify additional opportunities to contact service users and update them regarding waiting times, in order to provide reassurance and support that the service user will still be able to access the treatment that they have been referred for. Additionally some respondents stated that they would have appreciated more information about what would happen next, once they had been discharged from the AAT.

Previous use of the AAT

10.9 Almost half of the respondents had previously been referred into NSFT’s mental health services. Many respondents recover from mental health needs and relapse therefore they may need to enter mental health services again in the future. Therefore it is important that they have a positive experience of being referred through the AAT. A negative experience may create a barrier to accessing relevant clinical support for their mental health issues.

The role of the AAT

10.10 Two respondents commented that they were confused about the remit of the AAT. Therefore Healthwatch Suffolk recommend that staff within the AAT should offer the option to explain the role of the AAT. Healthwatch Suffolk are aware that some service users may not be in an emotional state to receive this information, therefore all service users should be given relevant contact details of a named person within the AAT of whom they can contact directly and ask for further information about the AAT if required. The AAT should be able to offer sending a printed leaflet or signposting to a website that provides an accessible summary of the remit of the AAT, which the service user can refer to at a later date.

Communication between teams within NSFT and between the AAT and service user

10.11 Ensure a more robust communication system between professionals so that if appointments are amended or changed last minute, service users are made aware with enough time for them to request that the appointment is rearranged.
Improvements

10.12 Participants were invited to share how they thought the AAT could be improved. The most common themes that arose were:

- Waiting times
- Treatment
- Listening and communication
- Staff
- Processes within the AAT
11.0 CONCLUSIONS

11.1 The results of this project partially support the CQC’s findings that mental health service users were positive about staff (CQC, 2013). Overall the majority of respondents stated that they were happy with the way that members of staff within the AAT had treated them. Healthwatch Suffolk acknowledge that this is due to the hard work and commitment of current staff and encourage members of staff within the AAT to continue the high level of care that they are currently delivering.

11.2 NSFT state that the AATs make it easier for service users to get the right mental health and social care service as quickly and efficiently as possible. Healthwatch Suffolk feel that the recommendations made in the previous section will support AAT to meet the AAT’s aims. Considering people may be vulnerable and may be experiencing mental health issues at the time that they are referred into the AAT it is important to ensure that all service users are having their needs met.

11.3 Healthwatch Suffolk acknowledge that the response rate for this project is not high enough to claim to be statistically representative of the population of service users that are referred through the AAT at NSFT. However due to the depth of qualitative data that was collected through the survey and telephone interviews, we feel that opinions and experiences shared in this report are of extreme value. Importantly we feel that responses should be considered by the AAT as a valid method of evaluating the service.
Tell us what you think about mental health referral services in Suffolk.

Healthwatch Suffolk is your local consumer champion for health and social care services in Suffolk. We find out what you think about health and social care services in Suffolk so that we can use your views to improve services for everyone.

We are working with Norfolk and Suffolk Foundation Trust (NSFT) to find out your experiences of mental health referral in Suffolk. We have attached a questionnaire that asks important questions about your experiences of using the Access and Assessment Team (AAT) in Suffolk. Your answers may help us understand how we can improve the mental health referral service in your local area.

If you are able to, please help us fill in the questionnaire online by entering the following link into your web browser; [www.surveymonkey.com/s/NSFTReferral](http://www.surveymonkey.com/s/NSFTReferral)

Alternatively you can fill in the questionnaire that is attached to this letter and return it in the envelope provided (no stamp required). The deadline for responses is 31/10/2014.

If you have any questions, please do not hesitate to get in touch, we are here to help. More information is available on the Healthwatch Suffolk’s website ([www.healthwatchsuffolk.co.uk](http://www.healthwatchsuffolk.co.uk)) or NSFT’s website ([www.nsft.nhs.uk/](http://www.nsft.nhs.uk/)). You can also call Healthwatch Suffolk on 01449 703949.

Healthwatch Suffolk and the Norfolk and Suffolk Foundation Trust appreciate your feedback and we look forward to receiving your questionnaire.

Yours sincerely,

Annie Topping
Chief Executive
Healthwatch Suffolk

Steve Hunt
Access and Assessment Team Manager
Norfolk and Suffolk Foundation Trust
Questionnaire:

Please tell us about your experience of and your views on Mental Health Referral within Suffolk

Contact with your GP or Healthcare Professional

1. When did your GP or Healthcare Professional refer you to the Mental Health Service at Norfolk and Suffolk Foundation Trust (NSFT)? If you select ‘other’ please record the month and year that you were referred into the Access and Assessment Team in the box below.

   J   
   u   
   n   
   e
   2014    July 2014    August 2014    Other

2. Have you been referred to a mental health service outside of your GP’s or Healthcare Professional’s care before?
   Yes   No

3. Did your GP or Healthcare Professional explain to you and/or your family carer what would happen after you had been referred to the Norfolk and Suffolk Foundation Trust (NSFT)?
   Yes   No   I don’t know

4. Did you understand the explanation?
   Yes   No   I don’t know

5. Were your mental health needs classed as urgent?
   Yes   No   I don’t know

6. What type of help were you referred for?
   Emergency help (to be seen within 4 hours)   
   Urgent response (to be seen within 72 hours)   

45
Routine mental health care (to be seen within 28 days)

I don’t know

Contact with Norfolk and Suffolk Foundation Trust (NSFT)

7. How did Norfolk and Suffolk Foundation Trust (NSFT) first contact you?
   a. A face-to-face consultation
   b. Telephone contact
   c. Other (please detail below)

8. Once your GP or healthcare professional had referred you to the service, when did the first contact take place?
   a. Less than 1 day (24 hours)
   b. More than 1 day but less than 7 days
   c. More than 7 days but less than 1 month
   d. More than 1 month

9. Were you kept informed about what would happen next?
   Yes  No  I don’t know

10. And was this what actually happened? Please include more detail in the box below.
    Yes  No  I don’t know

Treatment

11. Were you treated with dignity and respect by all members of staff at all times?
    Yes  No  I don’t know

12. Were your views about the treatment you needed listened to?
    Yes  No  I don’t know
13. Were you referred for more treatment following your contact with the Access and Assessment Team? If you select ‘no’ please skip to Question 19.
   Yes ☑ No ☐ I don’t know ☐

14. Has your treatment begun yet?
   Yes ☑ No ☐ I don’t know ☐

15. Did you receive the treatment that you were referred for? If you select ‘yes’ please skip to Question 17.
   Yes ☑ No ☐ I don’t know ☐ I am currently waiting for treatment ☐

16. If you selected ‘No’ to Question 15, please use the box below to explain the reasons for why you did not receive the treatment.

   17.

18. How satisfied were you with the treatment that you received?

   Very satisfied ☑ Satisfied ☑ Neither satisfied nor dissatisfied ☑ Dissatisfied ☑ Very dissatisfied ☑
19. How do you think Norfolk and Suffolk NHS Trust’s (NSFT) Mental Health referral process could be improved? Please record your comments and experiences in the box below.

20. May we contact you to discuss any of your answers in more detail?
   Yes [ ] No [ ]

   [Box for comments]

21. Is there a family member close to you (wife/husband/partner/child/sibling) who may be willing to share their opinions about your referral?
   Yes [ ] No [ ]

If you have answered yes to Questions 20 and/or 21 above, please supply us with some details so that we can contact you further.

Name: ..........................................................................................................................................................
Telephone: ...........................................................................................................................................
Email: .....................................................................................................................................................

Whether or not you want to hear the outcome, please tell us:

The first four digits of your postcode: ..............................................................

Demographics
Demographics may be used for the final report, however you do not have to fill in this section.

Your gender: Male [ ] Female [ ] Trans [ ] Other [ ] I’d rather not say [ ]
Your sexuality: Heterosexual [ ] Lesbian, Gay or Bisexual [ ] Other [ ] I’d rather not say [ ]

Please indicate your age:
Interview Script:

- Action point: Confirm details in respondent’s survey
- Date of referral
  - When did you access the AAT?
- Access
  - Have you used the AAT before? YES/NO
- Referral method
  - Did your GP refer you?
- Could you tell me a bit about why you were referred into the service?
- Method of initial contact
- Have you received any treatment so far?
- What treatment have you received so far?
- How do you feel the treatment has been? How has it affected how you have been feeling?
• Are you waiting for any further treatment? Do you know what type of treatment you have been referred for? Have you been given a date for treatment?
  o Was this information offered to you or did you have to ask for it?
• Treatment - you stated that you were treated by dignity and respect and that your views were listened to, can you tell me a bit more about that?
• Have you received any support from elsewhere? E.g. friends/family/Suffolk MIND [didn’t ask this question]
• Were you given advice? If yes, was it specific to your needs? Did you feel it was helpful?
• Did you feel supported?
• Was the care and treatment provided in a friendly manner?
• Was the care provided in a flexible and timely manner? E.g. did you have to rearrange/miss any appointments? [didn’t ask this question]
• If you have any questions about your treatment, do you know who to contact? [didn’t ask this question]
  o Have you needed to contact anybody about your treatment/care?
  o Was it easy to contact them? [didn’t ask this question]
• Is there any aspect of your experience that you feel has been particularly positive?
• Do you feel that the service could be improved in any way?
• Do you feel that your experience could have been improved in any way? If so, how so?
• Are there any other comments that you would like to add about your experience of being referred through the Access and Assessment Team?