10,000

TEN THOUSAND MORE VOICES

"You and Your Experience of Mental Health Services"

Regional Report 2019

Share your story, shape our service

# ACKNOWLEDGEMENTS

The Public Health Agency would like to express their heartfelt thanks to the patients, clients, relatives and carers who shared openly their experiences of Mental Health Services in Northern Ireland. It is recognised the stories shared have been part of a very difficult time and your engagement with this project is central to improving our Mental Health Services. The PHA would also like to thank the representatives for Mental Health Services who supported the Trust leads in the design and rollout of the project, providing senior oversight throughout the work.

"I have learned so much about myself - that I am important, that my opinion matters... and I am not defined by my diagnosis"
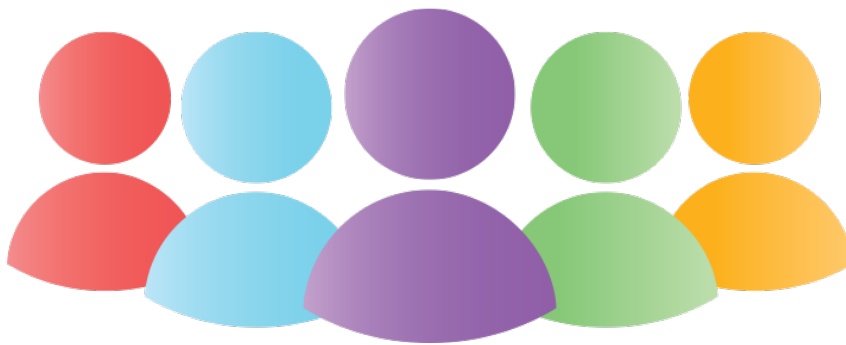
Many extracts from the stories and free text questions have been included throughout this report, some of which have been edited to ensure anonymity of participants. If you are interested in discussing any of the information presented please contact the Regional Office or local Trust facilitators as detailed in Appendix 1.

CONTEXT

Data collection commenced in December 2018 and ended August 2019. In total **632** stories were collected across the region.

Trust

- **150** from Belfast Health and Social Care Trust
- **142** from Northern Health and Social Care Trust
- **135** from South Eastern Health and Social Care Trust
- **115** from Southern Health and Social Care Trust
- **90** from Western Health and Social Care Trust

Location

- **70%** - Urban resident
- **30%** - Rural resident

Age Represented

- **5%** - 0-18 yrs
- **18%** - 19-29 yrs
- **17%** - 30-39 yrs
- **21%** -40-49 yrs
- **20%** - 50-59 yrs
- **11%** - 60-69 yrs
- **3%** - 70-79 yrs
- **1%** -80+ yrs
- **2%** - No comment

Rating

- **29%** - Strongly positive
- **28%** - Positive
- **16%** - Neutral
- **11%** - Negative
- **12%** - Strongly negative
- **4%** - Not sure

ANALYSIS OF SURVEYS

Key messages and areas of reflection highlighted in this report have been identified using a range of analysis tools, these provide rich insight and understanding into the experience of the people engaging with Mental Health Services.

Key messages and themes from the narrative of the patient, relative or guardian.

Self indexing in triads to reflect upon key statements - analysed using Sensemaker® software.

Opportunity to provide deeper analysis according to defined demographics or clinical settings.

Exploration of the key principles within the Regional Mental Health Care Pathway applied in practice.

New findings and areas of reflection highlighted within the narrative.

RESULTS

Summary of the main findings in relation to the key concepts analysed through Sensemaker®.

1 Access
45% of respondents highlighted they could access the right services at the right time.

2 Information
63% of respondents indicated information provided by the Mental Health staff was useful & relevant.

3 Communication
70% of respondents stated verbal communication with the staff was respectful & considerate.

4 Planning Care
53% of respondents recognised they were fully involved and respected in the planning of care.

5 Treatment
59% of respondents stated they were fully involved and respected in decisions around treatment.

6 Outcomes
46% of responses highlighted they felt stronger following the engagement with mental Health Services; it is recognised many respondents were still on a journey through treatment and care.

7 Impact
It was widely recognised by respondents that attending Mental Health Services had an impact upon everyday life, relationships with friends and family and employment & education.

8 Progress
46% of respondents identified they made positive progress after engaging with Mental Health Services.

9 Making a Difference
75% of responses indicated that practical support with day to day living made the biggest difference in managing their illness.

10 The Journey
48% of respondents reflected upon a smooth journey through Mental Health Services.

11 Hope
36% of respondents stated they felt more hopeful for the future. 20% indicated they were still working with others to plan a future; it is recognised many respondents were still on a journey through treatment and care.

12 Recovery
55% of respondents indicated recovery was an integral part of treatment & support.

13 Holistic approach
49% of respondents highlighted physical needs were discussed in detail when engaging with mental health teams.

KEY MESSAGES

The following is a summary of the findings from the regional data. Each Trust can also review local Trust data to inform further service improvement.
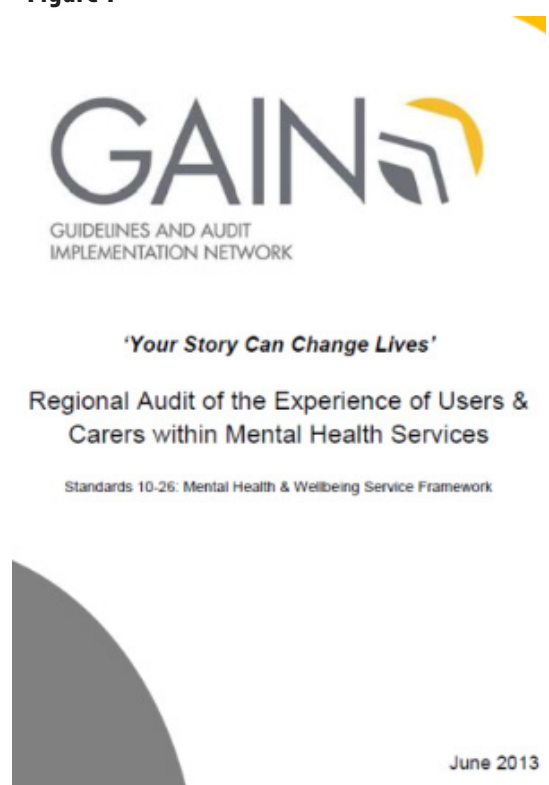
- **The application of the principles of the Regional You in Mind Mental Health Care Pathway supports a positive patient/family experience.**

- **Parents/cares highlighted the importance of being part of the plan of care to promote and support recovery of their child/relative.**

- **Parents/carers identified the need to develop services and information for teenagers and young adults transitioning into adult service.**

- **There is a need to focus upon the principles of the Regional You in Mind Mental Health Care Pathway for patients in crisis or attending the Emergency Departments.**

- **The concept of recovery is supported through peer support groups, peer advocacy and engaging with the Recovery Colleges.**

- **Mental Health Services should continue an ongoing process of meaningful engagement with patients, families & carers through a range of opportunities.**

1.0 INTRODUCTION

The 10,000 More Voices Initiative has been commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) to provide a person centred approach to improving and influencing experience of health and social care services. Embracing the principles of co-production, Patient Client Experience (PCE) is both a driving force for service improvement and also a quality indicator for service improvement. The methodology for 10,000 More Voices engages service users at the point of survey design, and on completion of the project presents the findings to service users to validate or challenge the findings. Projects are undertaken in partnership with HSC Trust nominated service leads and the Trust PCE facilitators for 10,000 More Voices (detailed in Appendix 1).

Figure 1

'Your Story Can Change Lives'

Regional Audit of the Experience of Users & Carers within Mental Health Services

Standards 10-26: Mental Health & Wellbeing Service Framework

June 2013

Historically, there has been a lack of good quality information about mental health services, particularly from the service user, family and carer point of view. In 2012, the Public Health Agency and the Health and Social Care Board surveyed people across Northern Ireland to assess their experience of Mental Health services. The 'Your Story Can Change Lives' report (figure 1) was based upon nine questions developed by service users and carers from each Trust area. In addition, through providing supplementary 'free text', individual respondents could tell their story and describe their personal experience of using Mental Health Services.

This survey yielded rich experience information about what was working well in services and what needed to be improved. These issues and concerns were highlighted in the 2012 report, such as the importance of 'good communication', 'shared care', and 'timely information'. Each Trust subsequently engaged in service improvement activities to help address their own particular areas for change. A key part of this process has been the 'Implementing Recovery through Organisational Change' programme (ImROC: www.imroc.org/). This is based upon staff, service users and their families working together to ensure mental health services become more recovery-focused.

To assess progress from the work identified in 2012, a '2nd Edition' of the regional survey was undertaken between Oct-Dec 2015, representing the updated views of service users and families/carers. This report was entitled 'You In Mind – Your Experience Matters' (figure 2). Comparable data distribution across both data capture periods for questions 1-9 was received and overall, it is really encouraging to state that the findings published in the 2016 report demonstrate a general improvement from 2012 across the 9 survey questions. The 2015 survey had three additional questions, with no comparable data.

Figure 2

Overall, the re-audit data suggests that there was a positive dynamic in how people perceive mental health care services. Approximately one third of all respondents said that they are hopeful for the future and for the majority, recovery focused practice has been an important part of their treatment. However, it is recognised that work needs to continue to improve the overall satisfaction rate of service users and their families/

carers. The report found an observable variation across responses given by users themselves compared to the responses of carers. It was then agreed to commission 10,000 More Voices to undertake a further survey in 2018-19 to assist with service improvement and development in Mental Health Services going forward.

This report presents the findings of the service user survey (included in Appendix 2) with reference made to Regional You in Mind Mental Health Care Pathway which was implemented in 2014 and how the key concepts are reflected in the data. Data collection commenced on 22nd December 2018 and continued over a period of 6 months. In total there were 632 stories shared by service users and carers.

2.0 AIM

The aim of this study is to explore the lived experience of service users and carers within Mental Health Services*
Objectives include:

- Reflect upon experiences of service users or carers within mental health services over the past 12 months, through the collection of stories across all trusts
- Support service users or carers to engage in service improvement work.
- Provide a survey which is co-designed with service users and gives opportunity for open and honest reflection of experiences.
- Explore service improvement projects to date, reflecting upon the outcomes of previous Sensemaker surveys undertaken in 2012 and 2015
- Highlight key messages within the patient stories to inform recommendations at both a local and regional level.

(*The experience of staff working within Mental Health Services will be addressed in a further project which was conducted in conjunction with the service user project)

3.0 METHODOLOGY

3.1 Method

10,000 More Voices promotes the principals of Co-production through engaging service users at the start of each project through the design of the survey. Therefore the survey designed through service user engagement in 2012 and further developed in 2015 was reviewed. It was agreed to support a consistent analysis of the key messages the same survey would be used as the data collection tool. This survey was based upon questions developed by service users and carers from each trust area and also reflects current emergent themes of recovery and physical health. Upon approval of the survey design data collection commenced in December 2018. Date collection was completed in August 2019

All data collection is anonymous with no personal identifiable detail recorded. All raw data was collated on the Sensemaker® Analyst Online programme by 10,000 More Voices team to support the analysis of the data and identify key themes mapped to the Mental Health Services. The survey collected qualitative information of the experience of Mental Health Services and further explored how services could be improved. Section 4.0 presents the collective data and analysis of the findings using Sensemaker®.
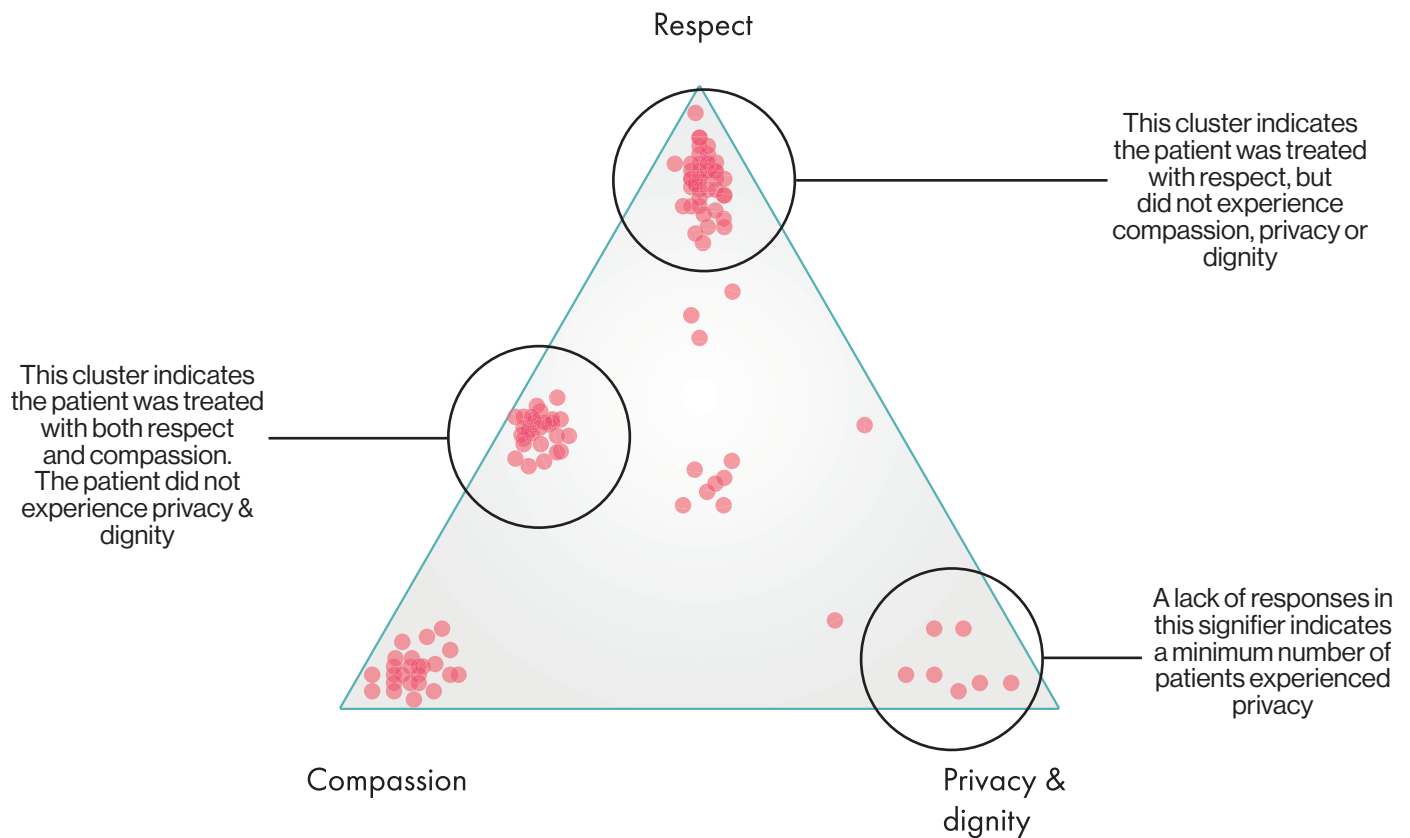
3.2 Using Sensemaker®: Understanding the responses.

When completing the survey respondents were first asked to describe the experience of Mental Health Services. The second section contained a number of statements to support the respondent to "self-index" or analyse their experience.

The following section (4.0 Findings) will display a series of triangles (known as triads) which contain clusters of response to the statements. In relation to triads, respondents were asked to mark in each triangle the position which best describes their experience in relation to three pre-specified response (known as signifiers). If none of the response applied the respondent could tick "this does not apply to me". The closer the marker is to any one statement, the stronger this relates to the experience.

Each dot within the triad represents an individual experience of the patient, client, relative or carer. A high concentration of dots in a specific area identifies an emerging pattern in relation to the signifier. An example of responses to a triad is demonstrated in Diagram 1.

COGNITIVE EDGE

Diagram1. Example of a Triad

Responses to statement: In my experience I was treated with ...

Respect

This cluster indicates the patient was treated with respect, but did not experience compassion, privacy or dignity

This cluster indicates the patient was treated with both respect and compassion. The patient did not experience privacy & dignity

A lack of responses in this signifier indicates a minimum number of patients experienced privacy

Compassion

Privacy & dignity

3.3 The limitations to the project

• Sample selection for the study was opportunistic. The project endeavoured to reach all possible service users for Mental Health. This included an online survey available via social media however the majority of the surveys were completed through face to face contact with trained facilitators during the data collection phase.

• The data collection for 2012 and 2015 are not in direct comparison as it is not the same individuals responding. Also in this dataset there were a number of responses reflecting upon services for teenagers with mental health issues and developments in current issues such as services for Eating Disorder and perinatal mental health & wellbeing. These were not covered in 2012 and 2015

• The scope of Mental Health Services in each trust varies in relation to learning disabilities, brain injuries and dementia. This report provides a generic overview of the data; however these areas can also be explored through separate briefing papers at a local level.

• Briefing papers can also be generated in accordance with demographics and context. For example data can be analysed according to age, gender, rurality etc.

4.0 FINDINGS & ANALYSIS

Presenting the voice of the service user

4.1 The Context

Data collection commenced in December 2018 and was completed in August 2019. The total number of stories collected was 632.

The following diagrams provide an overview of the context and demographics to which the data relates.

Diagram 2. Responses to question: "Which trust does your experience relate to?"
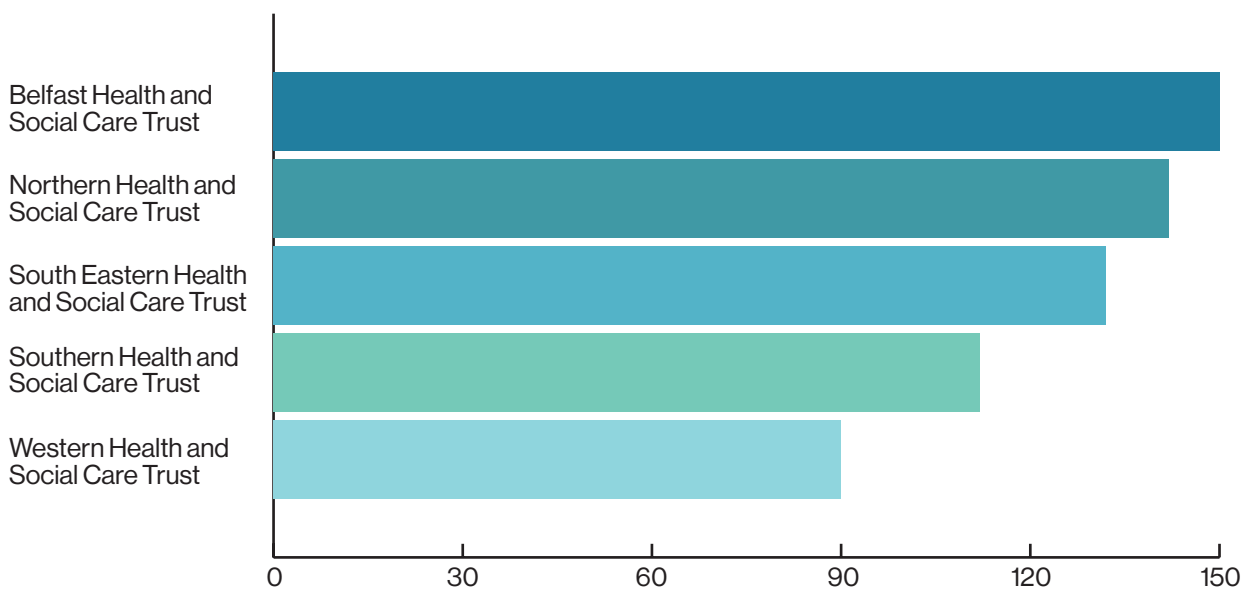
Diagram 3. Responses to the question: "Do you live in an urban or rural area?"
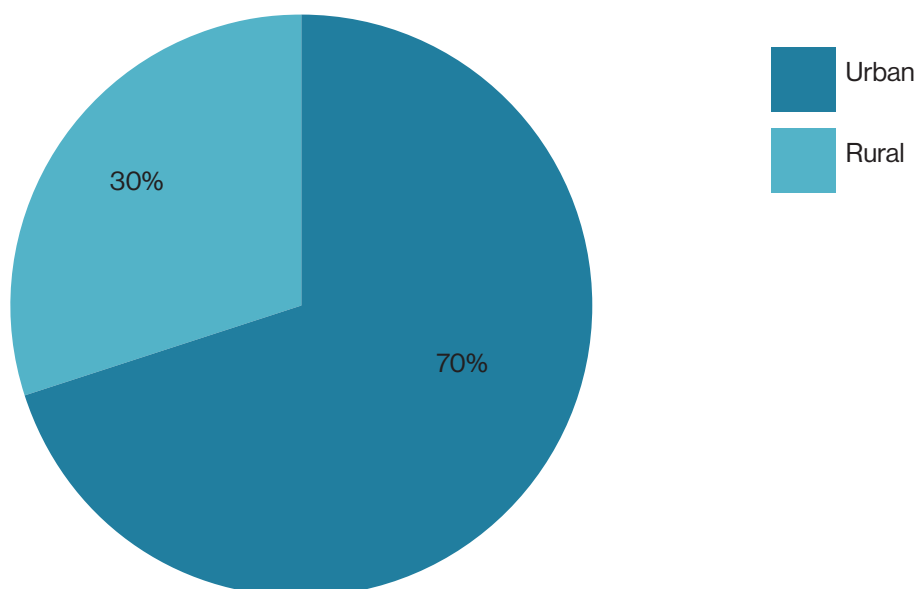
Diagram 4. Responses to question: "Which of the following services (or professionals) do you engage in relation? to your experience of mental health?"

(More than one answer could be selected)

Service	Number of responses
General Practitioner	95
Psychiatrist	88
Community Psychiatry Nurse (CPN)	63
Social Worker	44
Crisis Team	38
Counselling	38
Occupational Therapist	38
Nurse	32
Psychologist	32
Other (*)	32
Voluntary Organisations	25
Church or Faith organisations	25
User Support Group	19
Helpline	19
Advocacy Services	19
Day Hospital	12
Dietician	12
Community Group	12
Recovery College	6
Don't Know	3

*In relation to "Other" the services highlighted were personal trainer, key worker, Emergency Department, Residential worker, Inspire Beacon Centre, Fellow residents, Speech Therapy, CAUSE Group, friend & community, social clubs (such as motorbikes & caravans) rehabilitation units, Victim Support, Psychoanalytic Psychotherapist, Reflexology and Prison Outreach/probation support, .

Diagram 5. Reponses to question "What best describes your condition, or the person you care for condition at the time of this experience?"

(More than one answer could be selected)

Condition	Number of responses
Anxiety/Fears/Phobia	379
Depression	372
Self-Harm	138
Post-Traumatic Stress	128
Schizophrenia	112
Alcohol or substance misuse	105
Psychotic Illness	97
Bereavement or grief	92
Bipolar disorder	81
Obsessive Compulsive Disorder	67
Personality Disorder	78
Other(*)	76
Eating Disorder	56
Postnatal Depression	17
Gambling addiction	11
Don't know	20

*In relation to "Other" fifteen stories related to brain injury; Respondents also highlighted workplace stress. Asperger's syndrome, post-menopausal anxiety, personality disorder, insomnia, dementia and homelessness.

To compliment this regional report the data is available to be further analysed using these filters through contact with the 10,000 More Voices Regional team. A full demographic breakdown on responses is summarised in Appendix 2 presenting data returns in relation to age, gender, sexuality, place of birth and ethnicity. Also as part of context respondents were asked to consider if the definition of disability is relevant to them.

"In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities" Under this definition, do you consider yourself as having a disability?

Responses are demonstrated in diagram 6 and 7.

Diagram 6. Responses to the question: "Under the definition of disability do you consider yourself to have a disability?"
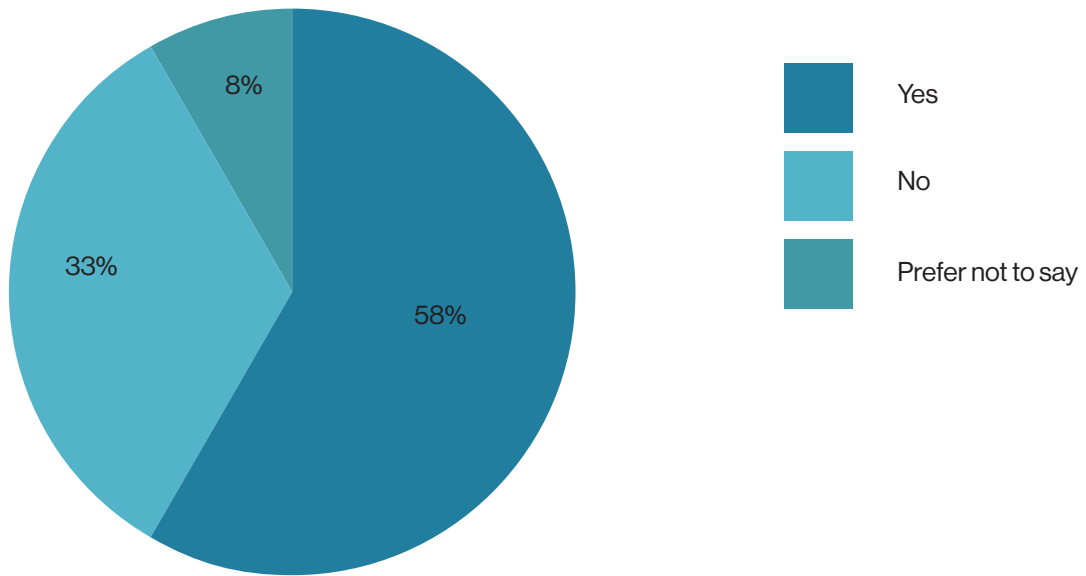
Diagram 7. Responses to the question: If yes, please indicate which type of impairment(s) applies to you (You can choose more than one)
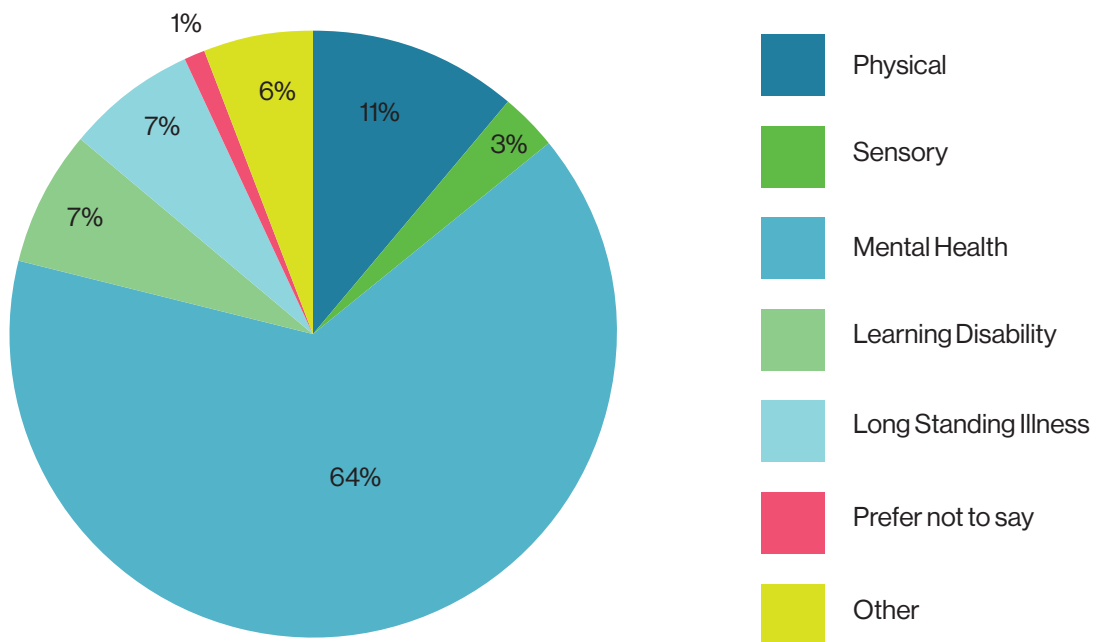
Within this dataset 12 stories shared related to a rare disease or a syndrome with a name (SWAN). Conditions highlighted were discoid lupus, porphuria and birdshot uveitis.

4.2 The Triads

The following section presents the responses in relation to the thirteen statements covered in the survey. The key messages are highlighted as main clusters and indicate the majority of responses however it is also important to take cognisance of the smaller patterns emerging which can indicate areas for further reflection and development. Each triad is analysed using the narrative shared and the results further illustrated using anonymised quotes from the database

4.2.1 Access of services

Statement 1 considers access to services at the point of need, illustrated in Diagram 8.

Diagram 8. Triad 1. Were you able to access the services when you needed them?...

I received the right services at the right time

Main cluster

I was unable to access the services I needed

I did not know what services were available

Main emerging pattern of 45% (n=284) responses stated they received the right service at the right time. Main themes related to advocacy service, easy and regular access to a CPN, positive impact of supported living service, meeting with peers in Recovery Colleges, support of a GP, services outside of NI via online/ telecommunications, access to a clinical psychologist and timely intervention at point of crisis. This supports the Regional Mental Health Care Pathway which highlights the importance of access to services and the importance of outlining all the steps required to access the right service.

"…I didn't know what direction to turn to. My head was very disturbed. I had a lot going on in my family most related to the conflict and effects of the past. Who could I talk to who could I turn to? Then someone mentioned I could self-refer in the community. I was astounded I was seen within a week…"

18% (n=114) stated "I was unable to access the services I needed". The narrative reflected upon long delays from referral to assessment, delays resulted in seeking help privately, difficulty accessing services for under 18, assessed by telephone with no follow up, difficult access through primary care, accessing help following traumatic illness, lack of continuity between acute and community, short term measures with no long term plan, not the right therapy, difficult to navigate the services and a lack of resource for children with autism.

"…My daughter was diagnosed with BPD [borderline personality disorder] when she was still in adolescent mental health [services]. Since she became an adult 4 years ago her experience with adult mental health has not been good. When she wasn't able to participate in the group there was nothing for her and she had been discharged. In order for her to be admitted into the self-harm / PD team we had to fight against bureaucracy…"

13% (n=82%) stated "I didn't know what services were available". Themes in the narrative included a sense of nowhere else to go, not clear where to seek help for eating disorder, lack of clarity around what is in community to avoid admission, no support for carers, having to seek help alone and difficultly to find help for adult with learning disability.

"…For past year it has been a struggle until finally being referred to CBT [Cognitive Behavioural Therapy] which I have completed and now starting XXXXX [local voluntary community service]. Before given this I felt really let down by my GP as any time I went to discuss about my social anxiety and depression I felt I was ignored and just given pills without being listened to…"

4.2.2 Provision of Information

Diagram 9. Statement 2. How useful was the information provided to you by staff in Mental Health Services?
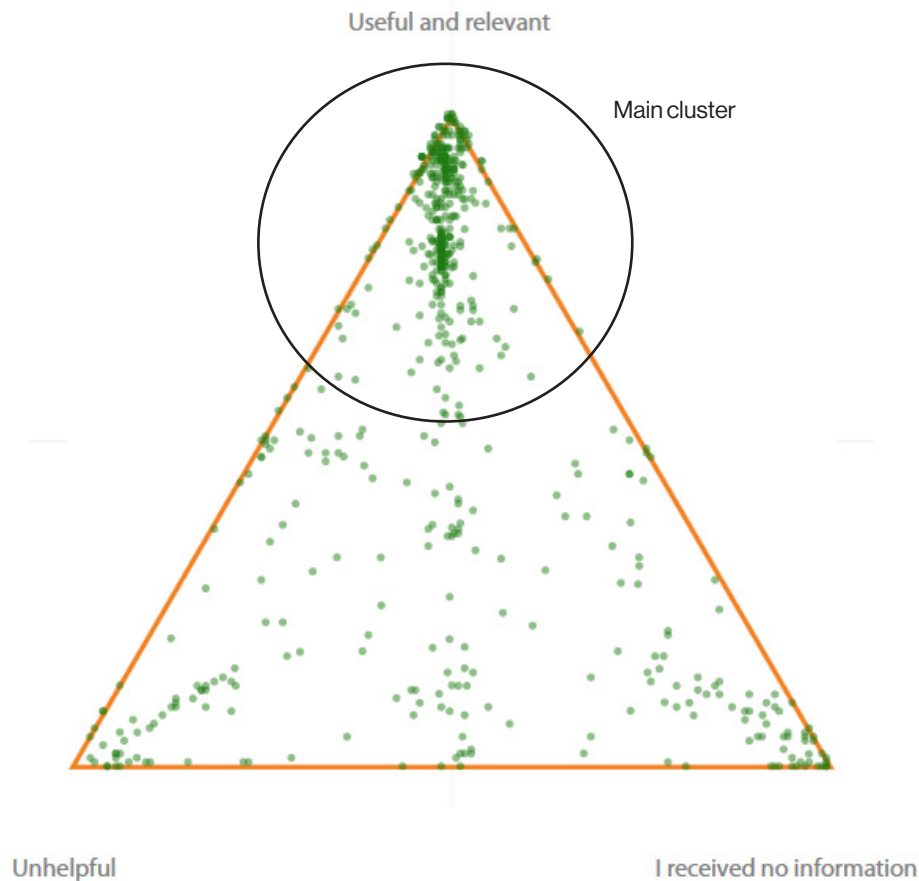
The main cluster of 63% (n=398) indicated the information provided was useful and relevant. All the stories mapped to this signifier demonstrated a positive emotional tone highlighting the importance of provision of information to patients and families.

"...My experience of mental health services has been mainly positive. The staff involved in helping me have been very pleasant and approachable as well as helpful in helping me understand my mental health condition and how to help deal with it as best as I can..."

The signifiers to the base of the triad are of a negative emotional tone and represent 29% (n=183) of the responses stating information was unhelpful or that they received no information. Themes in the narrative reflect being unable to engage the service/the feeling it is the wrong therapy, attending Emergency Department in crisis with no information provided and lack of communication with the staff in mental health services. In stories where no information was given service users highlighted concerns regarding no follow up/progress, no diagnosis, no designated staff/constant change of staff, long delay since referral and no communication of delays.

"...I went back to my GP and asked again to be referred to mental health services I waited 5-6 months for an assessment. I got assessed I don't know who it was I saw a CPN [Community Psychiatric Nurse] or social worker but he wasn't very helpful just referred me to some leaflets which wasn't beneficial he felt I didn't need mental health services.."

"...Got discharged no phone call to ask if I was ok. Phoned looking help and told to go to A&E which I felt I was unable to do. Never any phone calls to check if I was ok no appointment offered..."

"..She has never been given an official diagnosis formally by any doctor. She and we have been made to feel as if we are attention seeking, and have been belittled by one particular acting consultant psychiatrist who had excuse after excuse as to why the system was failing to support us. Our daughter has her whole life ahead of her... She is smart, clever, and highly intelligent, but, because of the poor, insufficient, unhelpful tick boxing experience that she and we have experienced life for us all is a struggle and challenging..."

Overall this triad demonstrates the information which a service user or carer would value is in relation to diagnosis, to progress, continuity of staff support and communication regarding delays.

4.2.3 Verbal Communication

Diagram 10. Statement 3. How did the staff in mental health services communicate with you?

Respectful and considerate

Main cluster

Insensitive and impersonal   There was no communication
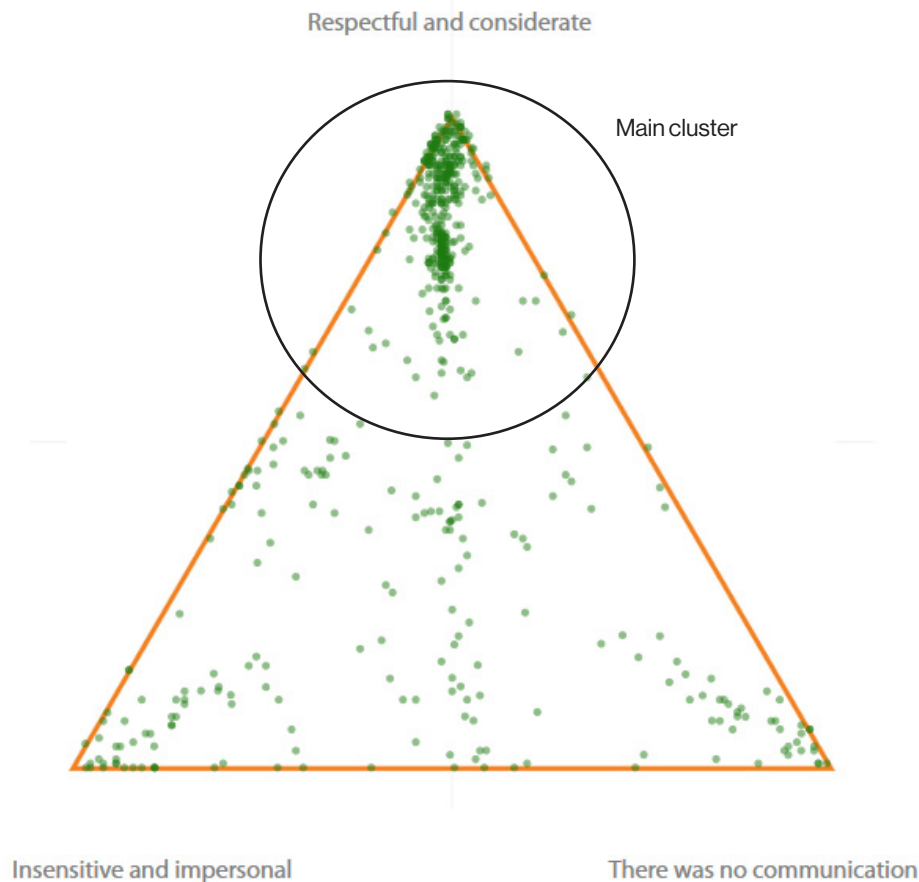
The third statement asked respondents to consider how the staff verbally communicated during their engagement with Mental Health Services. In the main cluster 70% (n=442) selected the positive signifier "respectful & considerate" demonstrating a positive experience in relation to communication.

"...I am currently attending the day hospital with input from acute treatment team as I have not yet fully recovered. Everyone that I have seen has been excellent. I was taken by surprise by how helpful and considerate everyone has been. Can't speak more highly of them..."

"...I was beginning to see hope for the future she [counsellor] encouraged me to search for the coping strategies that I always had but had lost sight of for a long time. I often wonder at our first session when she said I don't have a magic wand to fix you, only you can do that! Emphasising the YOU we'll work together to get you there. And that's what we did work together and I'm here to tell the tale. Some weeks were harder than others... I'm here to tell the story..."

"... I am glad that staff are knowledgeable about mental illness. Staff understand more about my conditions because I open up and speak to them on a daily basis. I have found staff very helpful the past year..."

The two more negative signifiers – no communication or insensitive & impersonal communication, were only indicated by small number responses. . The narrative reflects feeling inadequate in therapy, no consistent point of contact/constant change in services, family concerns not listened to, experiences in Emergency Department, concerns raised about individual staff behaviours, lack of trust/relationship building with therapist and too many staff involved.

"…We have known her since birth - yet our opinions and judgments are not taken into consideration as she is considered to be of a consenting adult. However we are the experts and know when she is well and when she is suffering from psychosis…"

"…I was referred to the crisis response team last summer and one mental health nurse told me to simply go home and take diazepam and go to bed- not the sort of help or advice I was after… I find although they are trained in mental health they do not understand the impact of anxiety and depression has on someone's quality of life. I feel worthless and beyond help due to these poor services…"

There were also a small number of stories which related to young adults and concerns regarding the lack of communication with family or engagement with services.

"…my almost 18 year old daughter was referred to local mental health service by our GP when she became so anxious that she couldn't complete her A- level exams. Although she had only just had her 18th birthday on the day of assessment with a counsellor, he didn't want to speak to me or allow me to sit in for any part of the meeting. My daughter would have been happy for me to be there…"

"…My daughter accessed for an eating disorder. Her initial assessment was provided by a lady who I found unapproachable & unhelpful. As my daughter is an adult I was aware that the service could not provide me with information but this lady was unwilling to assist me in anyway as a mother & carer…"

4.2.4 Planning: Partners in Care

Statement 4 considers the patient/clients level of involvement in managing care. This is a key underlying principle of the Regional You in Mind Mental Health Care Pathway which states " The care pathway puts me, and/or my family, partner and nominated friend at the heart of all decision making".

Diagram 11. Statement 4. How involved were you in the planning of your care?
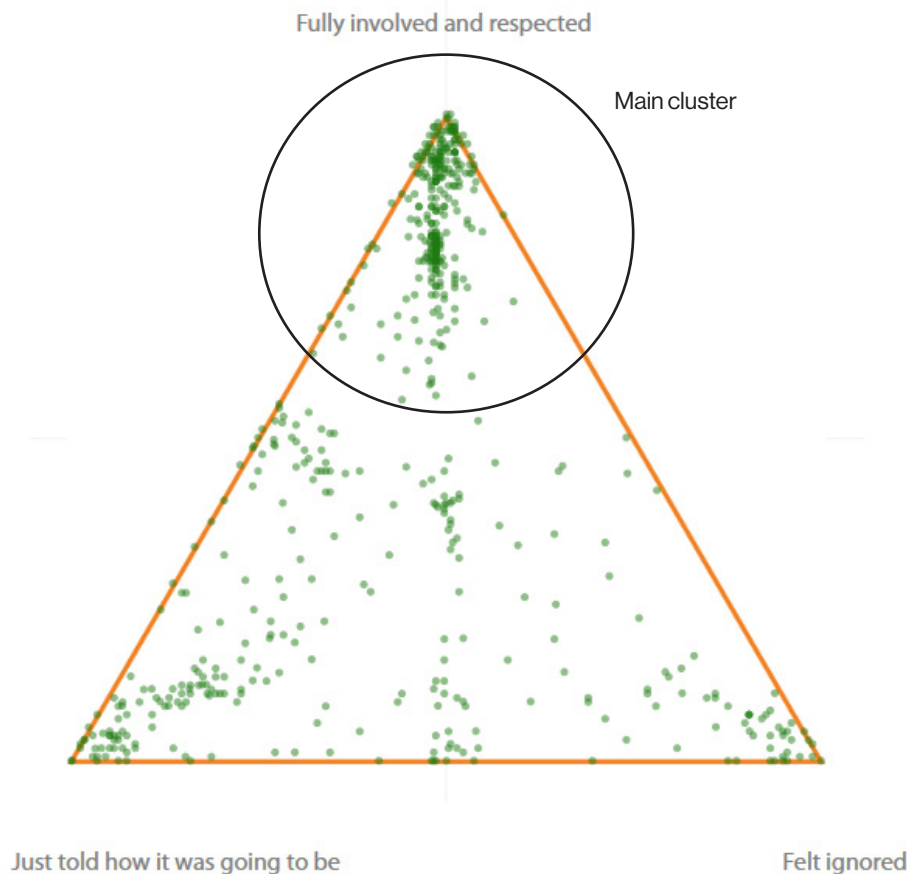
Emerging main cluster of 53% (n=335) recognised they were involved in the planning of care. Key themes in the narrative include a consistent designated staff, relief to finally access the right service, planning for the future and the positive impact of the Recovery College. The narrative also explored the importance of recognising the issue, engagement with charity and support groups, small practical steps, partnership working, meeting others with similar goals (support groups), collaboration across all the MDT and respecting personal wishes.

"...Staff are my stepping stones towards a better future..."

"...I had treatment and although I felt afraid it was good to hear other people's stories and the staff were great..."

"...I attend the women's' group on a Wednesday and the recovery group on a Friday.... I attend the groups because I am comfortable with self-minded people and can speak to them knowing I am not being judged. The staff are very helpful and try to be available if you need to talk to them. I would not be in recovery if I did not have this help..."

23% (n=145) focused on "Just told how it was going to be". The key themes include being moved between services multiple times, lack of consistency with staff, struggle to find help/ lack of onward referral, move from children's services to adult service, lack of staff and time to talk, no diagnosis and poor engagement in Emergency Departments. Some respondents also noted at the beginning they were too ill to be fully engaged and required a higher level of direction from the professional teams.

"…I understand that not one size fits all. I have found it extremely difficult to accept what has happened to me .The day hospital made me feel inadequate, less than, and I ended up with suicidal thoughts. I stopped attending because this obviously wasn't helping my recovery.."

"…My family member was suicidal I called the doctor [GP] on many occasions to raise my concern and I believe I was ignored until I demanded to be seen/ listened to in regards to my concerns for my niece… even then there was nothing available to help us and we were told to go private…"

Felt ignored is in the minority regarding involvement in plan of care. Themes identified were not being listened to as a parent, discharged with no follow up, experience in Emergency Departments, lack of engagement with family when patient refused care or understanding of consent, lack of knowledge regarding patient diagnosis and plan, rudeness of individual staff, no assessment of the pressure on a carer and high staff turnover in the clinical setting. Parents also raised concern they were ignored in relation to their child's mental health.

"…A close relative was detained under the mental health order. I felt that for the first five weeks there was poor communication between the hospital staff (consultant and social worker) and myself and my relative's sister, so that the staff had an incorrect and exaggerated view of my relative's symptoms. This view would have influenced treatment decisions…"

"Unfortunately following on from that [counselling] when I went into the care of a CPN I went backwards. Everything I said was challenged or counter acted and all the good work that the counsellor had done with me started to unravel… She had never even read my notes. She had a tendency to dispute everything I said… It confused me. It was as if her training made her challenge my perspective… I would say my perspective or experience (which also allowed for illness) was mostly correct. I know my own head. I have lived in it all my life."

It is evident where the patients and families have not been engaged in planning of care there is a direct negative impact upon their progress and for some causes further decline in their mental health. The same patterns are also evident in the data for Statement 5 which considers treatment.

4.2.5 Treatment: Partners in Care

Diagram 12. Statement 5. How involved were you in the planning of your treatment?
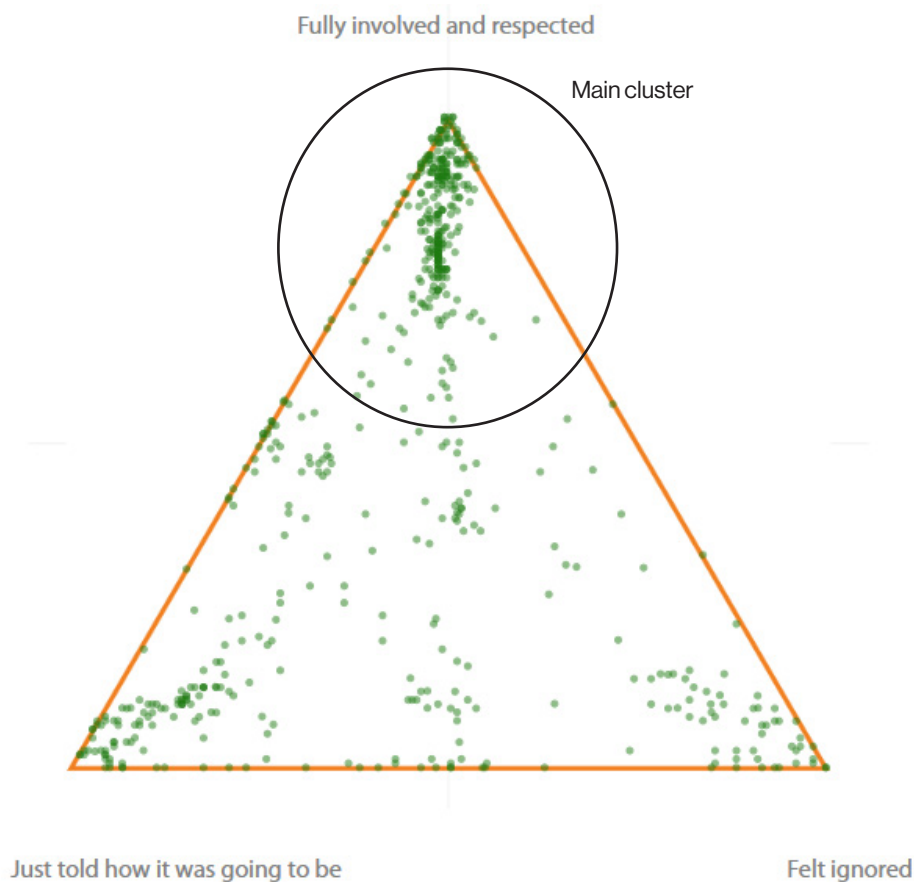
In relation to treatment 59% (n=373) of responses clustered towards being "fully involved and respected". The narrative reflects upon the importance of staff listening and taking time during sessions, how Mental Health Services have improved, the importance of support within community and voluntary sector and the benefits of engaging others in similar situations.

"...I have been using Mental Health Services for past 20+yrs. My best experiences have been over the last few recent years particularly the past 12 months. I am treated with utmost respect from point of contact receptionist right through to consultant psychiatrist. When in danger or feeling suicidal I am able to access my local Mental Health Services. I am able to chat with a CPN at any time. This is a vast improvement from times gone by.."

"...My Consultant is excellent, she spends time really listening. I have had bad experiences in the past. I also used the CRHTT in the last year and was pleasantly surprised by their prompt response to my request for help and I have noticed they are more understanding and supportive than in the past.."

"...a place called head peace it was actually really good they took it at my pace didn't force me to go because it's more beneficial if I was to go myself but they were very welcoming friendly and they let me in on what happened to them to put my head to peace because I knew then that I could get through it..."

"...I have learned so much about myself, and overcame some horrific memories to realise that I matter, my opinion matters and I am not my diagnosis... , from one to one sessions and group therapy, for just being there when I needed them...I feel I am going back into the world a more, confident comfortable, well-adjusted version of myself and I thank them all from the bottom of my heart xx..."

Similar to statement 4 there were minor patterns in relation to the two negative signifiers – "Just told how it was going to be" and "felt ignored". Examples from the narrative highlight lack of individualised care, issues with treatment in Emergency Departments and concerns for limited services or treatments for teenagers/young adults.

"...Very negative, whilst under 48 hour detention I was not once spoken to by a nurse or provided with any food that was suitable for my diet, upon leaving they told me that they had ordered food for me, unfortunately they did not tell me this and therefore I did not get anything to eat for 2 days..."

"....More support and training needed for frontline staff in A & E - need more dedicated mental health facilities - mental health problem specific i.e. drugs and alcohol addiction related - young people support - really nothing for 16 - 18 yrs. olds - they are forgot about and relatives get little or no support..."

Issues were also raised in relation to treatment for addictions in relation to alcoholism, drugs and gambling and the impact upon the family.

"...There is not enough residential facilities Ireland wide, to cope with the huge increase in addiction - alcoholism, drugs, gambling. It is destroying people's lives and those of their families... "

4.2.6 Personal Outcomes

Statement 6 explored how attending Mental Health Services personally impacted the patient/client or family? This is reflective of the Regional Mental Health Care Pathway which states "promoting hope, opportunity and personal control" as an overarching aim.

Diagram 13. Statement 6. How has this experience of mental health services left you feeling?
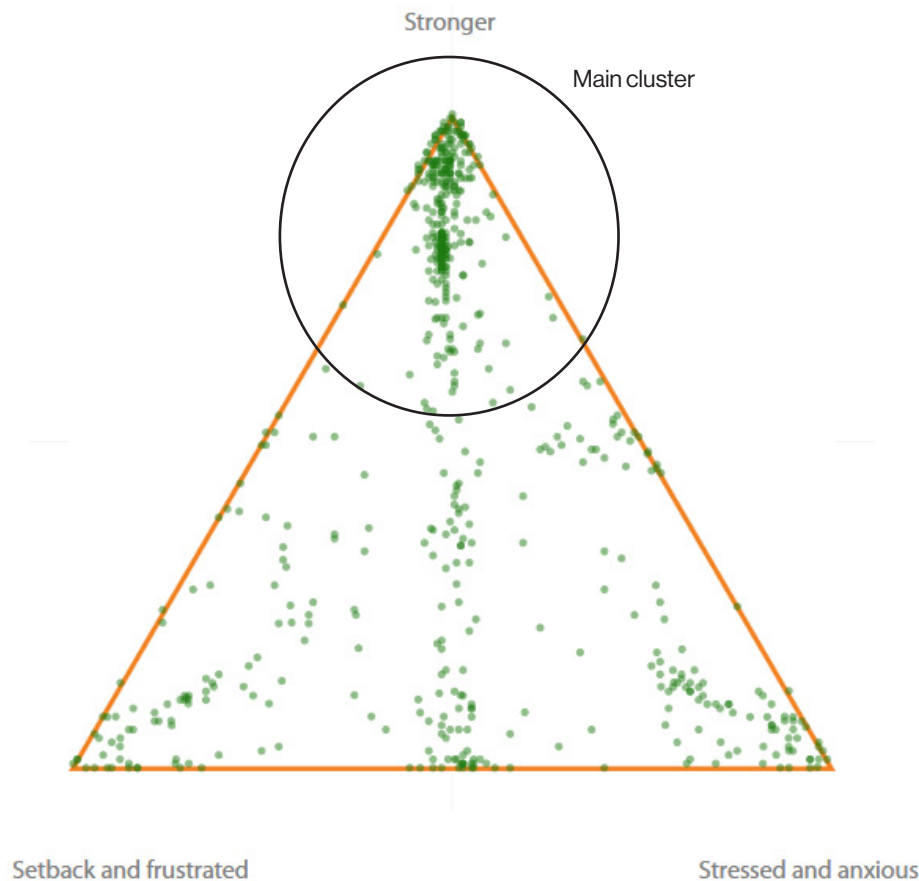
Emerging pattern of 46 % (n=291) indicated a positive emotional tone stating they felt stronger following the experience within Mental Health Services. Key messages within the stories reflect upon the importance of the relationship with the mental health staff as drivers for a positive experience in mental health services. Within this cohort 20% (n=58) stories described a very difficult experience, reflecting on the extent of their illness and the hard journey they had to follow, and how they now feel stronger at the end of this journey. This is a positive reflection on the service provided for these individuals and supports the aim of the care pathway which is to inspire hope in the patient and maximise recovery opportunities.

In triad 6 the two signifiers with negative emotional tones – "setback & frustrated" and "stressed and anxious" accounted for 40% (n=253) of responses. In the narrative some of the respondents reflected upon how they were not at the end of their journey and there was more work to be done. It is important to highlight this survey was conducted across all areas of mental health and not only patients who have completed the journey. There was also reflection on how progress can be slow and periodically there will

be times of deterioration. These comments are illustrated further by the question "If you were to give your story a title what would that be?" with some of the answers as follows;

- The Long Road to Recovery
- The Merry-Go-Round
- My never ending Nightmare
- Mountains & Valleys
- Ups & Downs
- Storm in my Life
- The Maze of Mental Health
- Swings & Roundabouts
- From Dark to Light
- I am a Work in Progress

However on a small number of stories respondents reflected upon how the experience of mental health services negatively impacted their progress. In the narrative they reflected upon delays in accessing the service, difficulty raising concerns, lack of progress in current service and reinforcing negative feelings of low self-worth. Services reflected upon in these stories included experiences in the Emergency Department, delays in response to eating disorders and lack of services for children's' mental health, especially children with autism or teenagers.

"...I am involved with psychological therapies, community mental health team and consultant psychiatrist. I have been to A&E due to overdose and also been involved with home treatment team throughout this time on more than one occasion. There have been times when my needs have been too much for one service but not deemed bad enough to need the next step up. I have been involved with services for two and half years my experience has been very mixed..."

"...I am doing the best I can within the service. I'm bored there's nothing to do, I want to paint, and I'm trying to keep busy to give up smoking. I've been doing it for a while... I like to paint and be on my own, have my own art stuff in my own room. I'm nervous as I'm in a new place. I feel I am more depressed as there's nothing to do. I need to be able to go to the shop as I need things..."

4.2.7 External Factors

Statement 7 considered important areas of a person's life which would be impacted by the experience of Mental Health Services/illness.

Diagram 14. Statement 7. What area of your life was impacted most by this experience?

There were 4 small clusters evident with no main cluster. 25% (n=158) of responses were in the centre and highlighted how engaging Mental Health Services affected all three areas of life – relationships with family & friends, everyday life and employment or education. The emotional tone for these responses was mainly positive or strongly positive, with respondents reflecting upon how Mental Health Services engaged with the family and provided hope through goal setting. The narrative highlighted the importance of the Occupational Therapist in mental health to support these aspects of personal life following engagement mental health services.

"...I am bipolar and have used Home Treatment Team on several occasions... which I would say they have saved my life... my CPN... couldn't do without her... I see my psychiatrist every 3 months... I can hold down a job thanks to these professional..."

"...He [psychiatrist] tried many different ways to get my son to engage with other facilities available. He would give him a goal to meet and would encourage my son to achieve it. He encouraged him to use emails which has been a huge step. The neuropsychiatrist involved me and communicated with me..."

"...Since accepting a bed... I have progressed and finally see light at the end of the tunnel. The MDT and acute day treatment teams are knowledgeable, compassionate, Caring, encouraging and nurturing. The activities and groups have helped my confidence. I am reassured to know once I leave, I will still be supported as long as required. This has been a humbling positive experience..."

"...My life has been completely transformed from someone who lived in fear of leaving the house to a person who is currently working full time in career I have always wanted. Studying part time to better myself in mental health awareness and helping children..."

Stories with a more negative emotional tones for each signifier reflected upon the effect mental illness has had upon family, friends, education and employment, highlighting the daily challenges of living with their condition. In the narrative it is highlighted how delays or gaps in the service adversely affect family & friends, education & employment and daily life.

"...It took us 14 months of pure hell to get anyone to actually help. Within that period we have had hospital admissions, afraid to leave my son alone. It has affected our whole family unit – and there is absolutely no help out there for young people with mental health issues..."

"...It's a surprise to family and myself that I made it this far. I've been suicidal, made attempts and had long periods where I couldn't function or hold down a job. Although I am getting some help now it always too little too late. I can't see how it is going to get better..."

"...I have to say that in general the service is not designed to meet the needs of carers who struggle to be heard. It is also difficult to access support services unless you do this privately which I had to do as my own mental health suffered. It's not just the person with the mental illness who suffers I had to care for my husband, hold the family together and become the main breadwinner..."

4.2.8 Personal Progress

Statement 8 explored the progress made by the patient following engagement with Mental Health Services.

Diagram 15. Statement 8. What was the impact of using Mental Health Services?
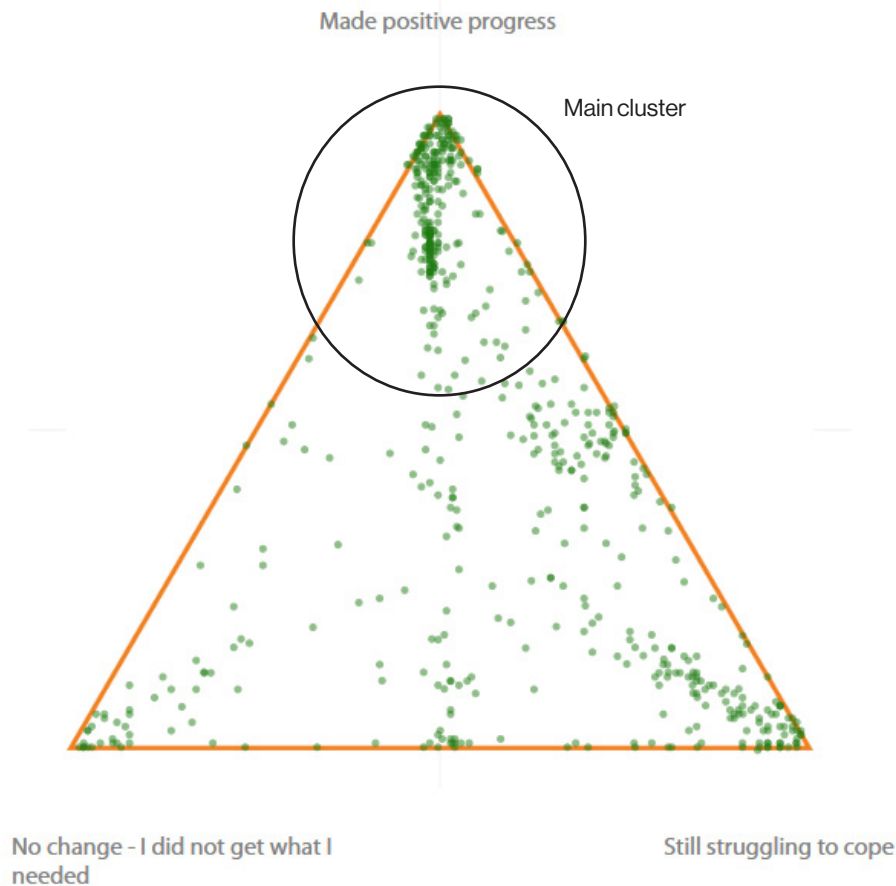
46% (n=291) of responses identified the experience to have resulted in positive progress. Key factors in the narrative that are attributed to the positive progress are knowing the keyworker, knowing where to find help, staff advocating for the patient and meeting peers as part of the recovery. Carers/relatives reflected upon their involvement and observing the patient's recovery. Also 16% indicated the experience resulted in positive progress, however still struggling to cope. Within this cohort of stories respondents reflected upon delays in accessing the services, difficulty navigating the various services and treatments and anxiety regarding seeking help upon discharge.

"...I found the recovery groups very beneficial and a good way of having support. Meeting other people with the same goal and relating to things they have to say. The group meetings make you feel that you're not the only person that have had problems or have had the same experiences as yourself. It is very important for recovery to be able to talk and have a voice and t being confidential. It is a great way of unloading any concerns or feelings you have..."

A minor pattern of 18% (n=114) highlighted they were still trying to cope after the experience of Mental Health Services. 50% of responses in this pattern are written by parents/relatives reflecting on concerns for teenagers or young adults, acknowledging the long term nature of the illness. Other responses also reflect upon the duration they have engaged Mental Health Services and that recovery can be slow and frustrating or impacted by other contributing factors such as dementia, stroke or brain injury. A number of stories highlight the lack of consistent key worker to impact upon their ability to cope or lack/delay in diagnosis. 5% (n=31) reflect upon a crisis resulting in attending the Emergency Department.

"...My daughter had a mental health crisis in the summer, she was not admitted to hospital but was cared for by the home care team and attended the day hospital. She was improving but when she was discharged from the day hospital she reverted to the state she was in before the crisis. In my opinion she would have benefited from more input when she left the day hospital. She was advised to go to the Day Centre which she obviously agreed to but of course did not go. Her CPN visits 1-2 times a month for only a short time and her support worker takes her to a shop once a week when she is not on annual leave or sick leave..."

There was also a minor pattern relating to no change. The narrative highlighted the feeling of not being believed, lack of resources/ dedicated services, especially in relation to children and experiences in Emergency Departments (It is important to note these stories do not differentiate in the general staff of the Emergency Department experience or experience of mental health team withinin Emergency Departments).

"...I went to my parents and GP and school but they didn't take me seriously and done nothing about it, even though I knew what I was talking about and made it clear that there were problems with my mental health.."

"...During that time my views have been consistently ignored. In fact staff have gone out of their way to ensure my views are not heard, to the extent of cancelling meetings rather than letting me have my say. It has been made quite clear to me that staff think they know best about everything and that what I find helpful is unimportant. They have acknowledged that their plan isn't working but say they will continue regardless in the hope that it does rather than listening to my suggestions of what would be helpful..."

"...Mum had an episode of psychosis- went missing from the family home. Found and taken to ED by police with no recollection of who she was. Voices in her head telling her to kill herself...Took 16 hours to be assessed by unscheduled care team at which point she was out of her crisis. Scored too low for Home Treatment Team help. Discharged from ED back into the community and family care with suicidal ideology and voices in her head.. we were left alone to deal with it..."

4.2.9 Making a difference

Statement 9 considered what makes the greatest difference in the patient's experience of services as shown in Diagram 16.

Diagram 16. Statement 9. What would have made the biggest difference to you in this experience?
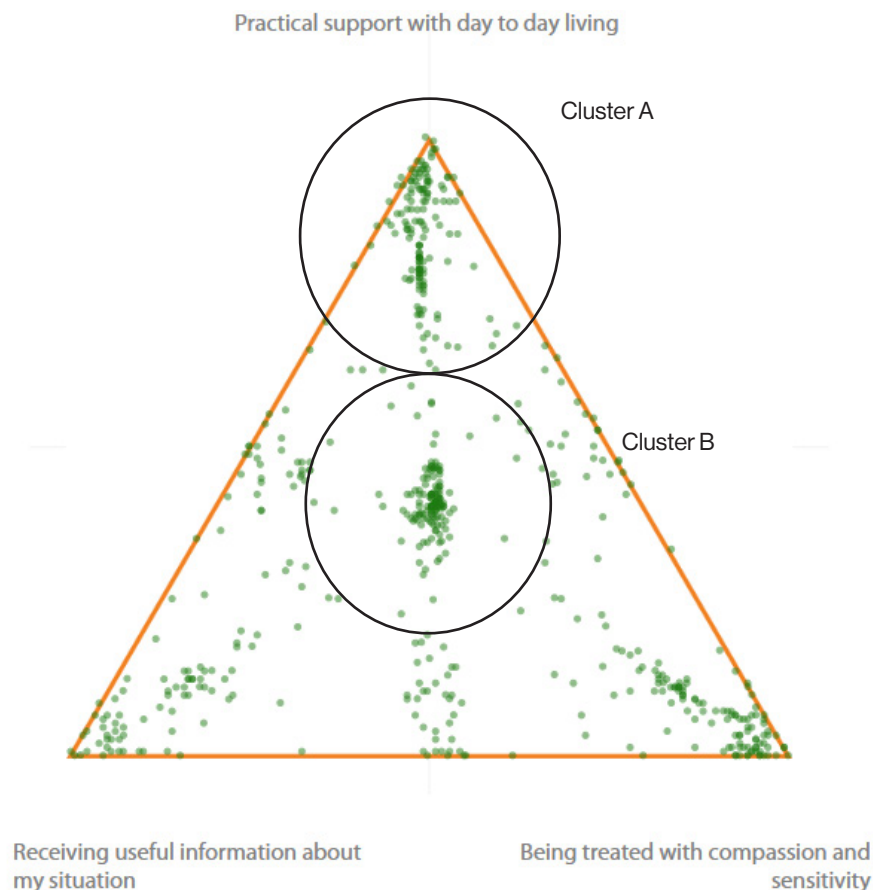
There were two clusters of similar density in relation to the factors which made the greatest difference in the experience. Notable both clusters highlight the signifier "Practical support for day to day living" as being significant in the experience. The majority of responses in this cohort are positive and reflect on the practical help received through recovery colleges, supported living and a dedicated key worker. Stories in this cohort which are strongly negative (9 in total) highlight a lack of practical support, are largely from carers/relatives with teenagers/young adults with mental health problems. Themes discussed include transition from services when turning 18 and lack of parental engagement when patient is a young adult (over 18yrs) especially in relation to understanding capacity.

Central cluster (cluster B) represented 25% of responses, highlighted all three factors made a big difference to their experience of Mental Health Services (practical support, useful information and being treated with compassion).In this cohort 75% (n=98) reflected upon the positive experiences, attributing a positive relationship with staff, timely access to services and recovery plans to be present in their experience. Conversely 25% (n=32) of this cohort reflected upon a negative or strongly negative experience, sharing concerns regarding lack of compassion by staff, long delays in referrals processes with lack of communication on delays, lack of progress in recovery and difficulty navigating services.

"...My experience has been very positive... They [nurses] listen and there is a connectedness they share notes with the doctor and assist the psychologist. The OT and all of the staff have helped toward my health and recovery. I'm currently getting periods of home leave when I come back I use the time to rest, reflect and get ready for my next home leave...I have a named nurse who I can see everyday... I have experienced joined up working; my thinking now is that I will be co-operative and engage with the program that has been offered to me as fully as possible..."

"...he has given me a clear plan and a goal which is patient centered around me. He knows me, he has taken on my traits and symptoms... I have been here 3 weeks I have a named nurse who speaks to me everyday. The ward manager here has brought a new lease of life into the ward... they give me distraction techniques instead of getting PRN's handed out all the time. It's helping me to learn techniques that I can use in the real world so as I don't go straight to drugs. They have lifted my mood and have helped me to focus on the positives in my life and help me to think about my positives and what I have to live for, even when I'm really low..."

Another emerging cluster (n=126) is in the bottom right apex "being treated with compassion and sensitivity"; Within this cohort 48% (n=60) reinforced compassion and sensitivity was evident in their experience of Mental Health Services. Conversely 42% (n=53) of responses reflected negatively on the lack of compassion and sensitivity. In the narrative of theses stories respondents reflected upon delays in appointments, lack of consistent keyworker and rude & dismissive individuals demonstrating a lack of compassion.

"...Poor. Exasperating, patronising, . Waiting on a PTSD (Post Traumatic Stress Disorder) treatment and just left to wait nine months to see a professional. Even though my GP referred me to MH services I had to bend his arm up his back, metaphorically, to get me seen..."

4.2.10 The journey

Statement 10 explored the experience of the journey as a whole as illustrated in Diagram 17

Diagram 17. Statement 10. Thinking about this experience how would you describe your journey within mental health services?
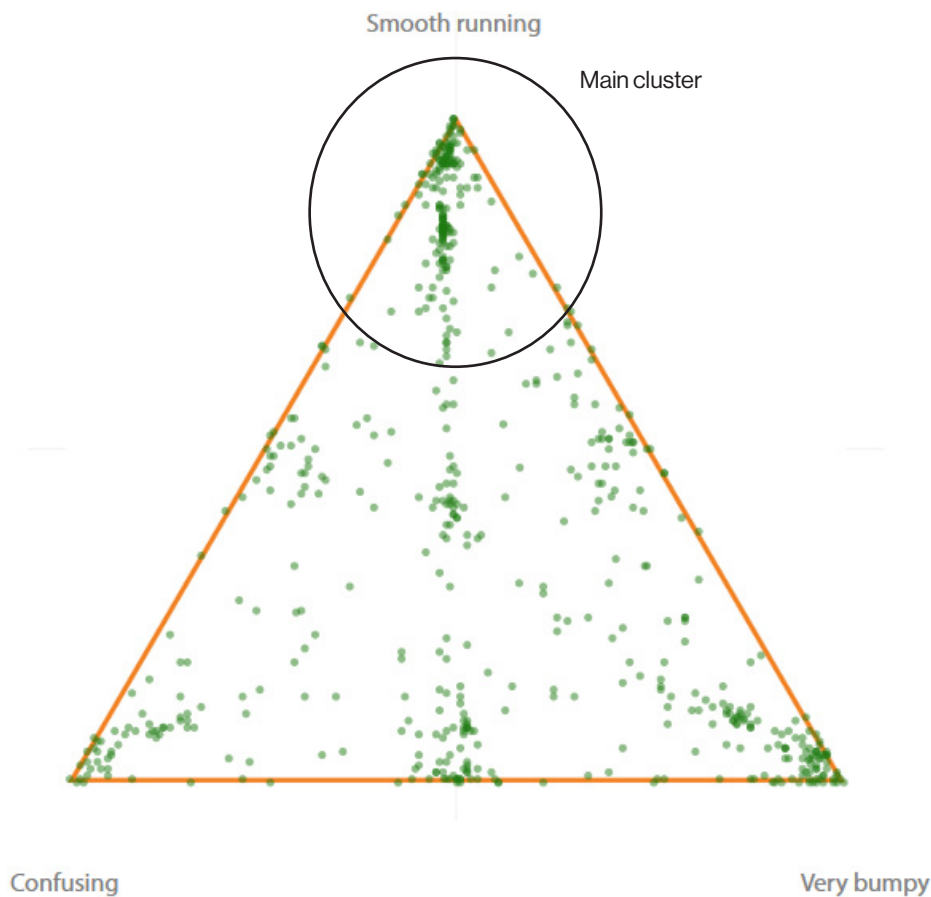
In this triad 48% (n=290) highlighted their experience to have been smooth running. The experiences reflected in this cohort relate to Recovery College, the experience following an admission and experience of supported living. Themes attributed to smooth running include a consistent staff/keyworker with open communication. Narratives highlighted the importance of having staff who advocate for the patient and having confidence in their ability and skill.

"...I have lived in supported living for four years. I am very happy living here and get all the support I need with medication, socialising, looking after myself and being independent. I am very happy with staff in supported living and my community keyworker..."

"...I have had a very positive experience over the past twelve months. Recovery College has helped me so much in that I am able to cope with my illness. The knowledge I have gained and the people I have met have changed my outlook on life..."

Minor clusters were apparent in the bottom two signifiers of which have a more negative emotional tone. 20% (n=116) stories considered their journey to be very bumpy; Respondents reflect upon delays from referral by GP, delays in appointments, lack of trust in services and concerns regarding lack of knowledge and skills. The stories also reflected a lack of time to talk to the healthcare professionals and consideration of the pressures in Mental Health Services in relation to staff levels.

"...All fixated on prescribing numerous pharmaceutical medications despite many of these meds having serious side potential effects including those relating to mental health deterioration such as paranoia, anxiety, delusions and may trigger suicidal tendencies in some instances..."

"...I felt that the hospital dealt with his [son] mania - but lacked a total understanding of his Autism and didn't recognize when he was having a meltdown from his Autism that it should have been handled in a better way than the very strong measures the staff used. I did at times try to explain to them that my son's aggressive outbursts were at times due to his Autism and his special interests / fixations; I feel more education re: Adults with Autism and have dual diagnosis of mental health illness should be introduced to all mental health staff..."

"...My experience over the last 12 months with the services has been pretty bumpy. They provided good care and understanding over a crisis period and seen my keyworker every week. Then just disappeared. Every time I tell them I need more support with living in the community as I have mental and physical disabilities it doesn't appear to happen. Understand have more clients than just me..."

22% (n=129) stories also related to the experience as being confusing (cluster to left apex) or very confusing and bumpy (cluster in centre bottom border). In this cohort the respondents reflected upon confusion accessing help during crisis, difficulty navigating the services and sharing of information especially in relation to children or adults with learning disabilities.

"...Honestly theres not a lot of help to be had when your child transfers to adult mental health. You are informed that as they are not technically adults they must seek the help themselves! So all the fighting for help for your child gets harder. There is no transition period and you are basically shut out. I've been to meetings with my son and have been looked at like I was mollycoddling my son..."

"...I was seen by the home treatment team before I was discharged and they said I wasn't ready to go home and that they wouldn't accept me into their services, my psychiatrist decided to discharge me anyway. I was seen by my key worker a week after I was discharged and then didn't see anybody for 3/4 weeks after that which was extremely difficult for me and I felt I needed more support at the time..."

"... with this illness his [husband] personality changed and had behavioural issues... We had to leave family home due to effects on mine and our childs mental health and safety concerns... Due to patient confidentiality adult services will not share information with childrens services and therefore cannot assess risk to child. Needs of child not met..."

"..Long gaps in treatment due to staff issues but lack of information about the changes so was often left in limbo..."

2.4.11 Current Plan

Statement 11 asked respondents to reflect upon how they feel about managing their mental health, with signifiers exploring the concept of hope in the future. This is illustrated in Diagram 18.

Diagram 18. Statement 11. How do you feel now about managing your mental health?
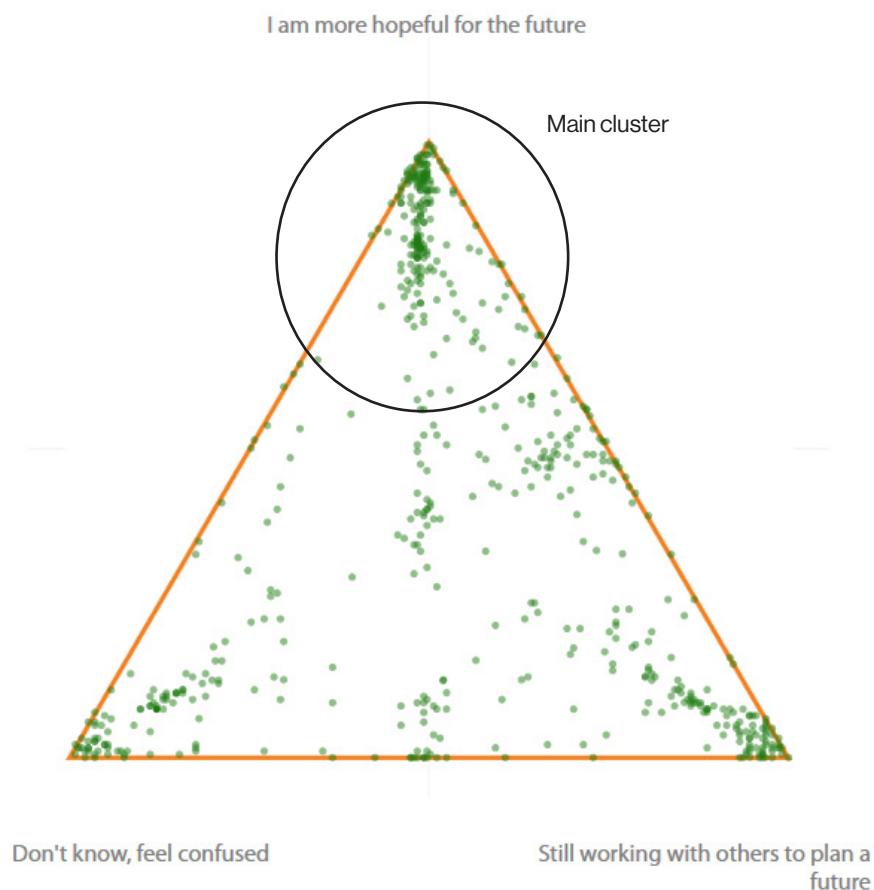
The main emerging pattern is identified to the top apex with 36% (n=228)stating they felt more hopeful for the future. The narrative to this response reflected upon the patient's inner strength, the difficulty of the journey, the importance of the recovery approach and the importance of the Recovery College. Respondents also reflected upon a sense of personal responsibility for the progress.

"... I have learned so much about myself, and overcame some horrific memories to realise that I matter, my opinion matters and I am not my diagnosis..."

"...I am the mother and carer of my teenage son who has been diagnosed with a mental illness. I was treated with respect and involved, after my son give consent, in all aspects of his care. We never felt rushed in our appointments and listened to, reassured and given hope for the future..."

"... The beginning of a new me...Attending a WRAP group, I have found both the team members and groups very helpful. I hope to continue on with this team in different various groups I can attend..."

In the triad 20% (n=126) of responses are mapped to the bottom right apex "still working with others to plan a future". This cohort is reflective of patients who are starting the journey of recovery or experiencing a crisis in their current plan. The respondents reflect upon the journey to be variable. The therapeutic relationship between the mental health staff and the patient is highlighted as a key component of working towards hope and a future.

".... I am currently being referred again for some counselling and again the referral seemed quick, although there are long waiting times (6-8 weeks) to actually see a counsellor which is a long time to wait if you are someone already struggling to cope. I have found everyone that's dealt with me very professional, confidential and as helpful as they could be..."

"...I'm getting great support after I leave. I have a CPN and GP support. This is essential to make me feel safe and supported so able to move on with my life. I'm planning to befriend with a suicide charity. I would never have been able to do this just over a year and a half ago.... You have saved my life..."

15% (n=95)of responses selected "Don't know, feel confused". Within the narrative carers of teenagers and young adults raised concern over the future, patients stated they felt ignored or dismissed or the current treatment plan/ intervention was not working. Other themes include a perceived lack of resources to manage the high demand on Mental Health Services.

"... am looking after my elderly brother and it is getting to me. I went to my GP and was told that I was suffering from depression and just gave me tablets. The doctor spent his whole time on the computer and barely looked at me..."

"...Underfunded, under staffed means that's mental health care is seriously lacking in Northern Ireland. People are crying out for help in Northern Ireland and it's just not there, and when they do receive care in my experience the facilities etc are not fit for purpose..."

2.4.12 The concept of recovery

Statement 12 explored the concept of recovery and how it is integrated into the plan of care as outlined by the Regional You in Mind Mental Health Care Pathway.

Diagram 19. Statement 12. To what extent has recovery been discussed with you by your mental health team?
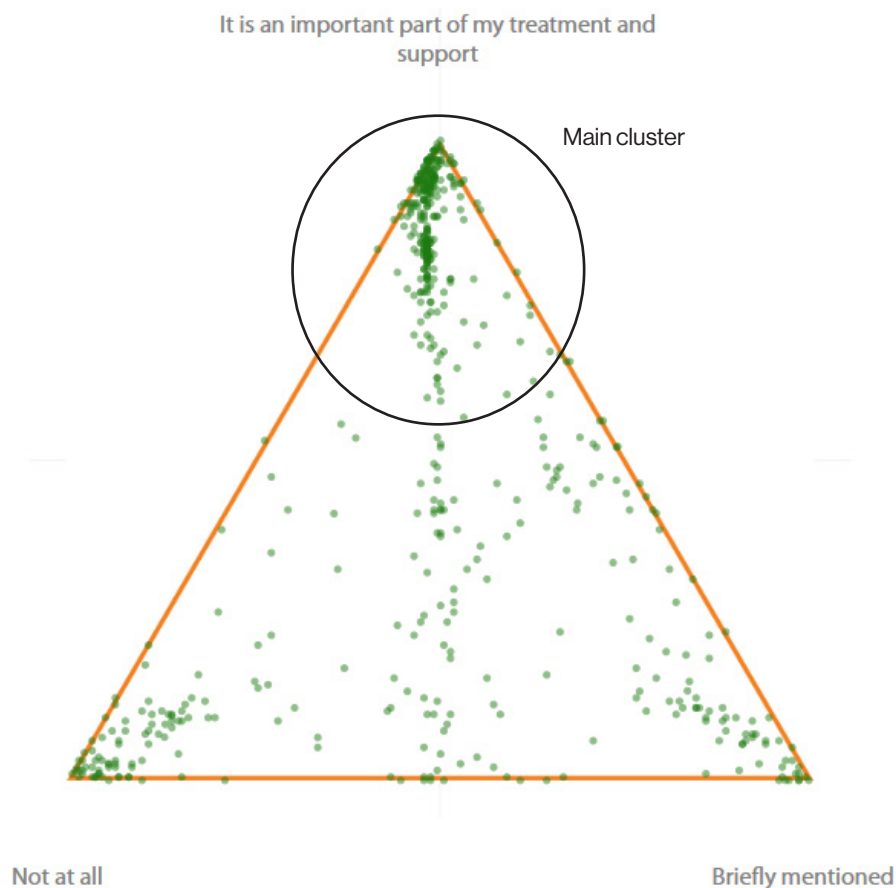
The major cluster of responses relates to 55% (n=348) to the top apex indicating recovery was an important part of treatment and support. This cohort reflected upon feelings of hope and a future. The narrative also included experiences of working alongside peers and supporting others in their journey of recovery.

"...My experience has been very good and has opened a lot of door's for me. Couldn't see my future before and now I can from using the Mental Health Services. Thank you..."

"...After coming out of hospital after having crisis my child was unable to live alone, so he went into assisted living. Here staff looked after him 24/7 providing him with support with every day living such as cooking, cleaning etc. He is now relaxing support from the rehab team to prepare him for living within the community..."

Conversely 14% (n=88) of responses highlighted recovery was not mentioned at all. Narrative themes reflect on delays in accessing services, accessing help through the Emergency Department or during crisis and the feeling of being dismissed or not believed when engaging with services. A number of respondents also highlighted they were only at the beginning of their journey, which may impact the response to this question.

"…When he [son] is at the appointment [outpatients] he is told that he will be seen for a review appointment in 6 months time! However it is always near to a year when his next appointment letter arrives…"

"… I have lost all faith in all doctors and nurses and find it difficult to attend any appointments and have left mental health services, because of my experience…"

"…I had to travel by ambulance and found it very distressing when I was changed from one ambulance to another and the ambulance staff member was sitting with his eyes closed for the journey, the other ambulance man before I was changed talked to me and made me feel safe…"

2.4.13 Holistic Approach

The final statement is related to the holistic assessment of the patient through the question "Were your physical health care needs considered by your mental health team/practitioner?". Within the Regional Mental Health Care Pathway the concept of physical health is highlighted as important in the personal wellbeing plan – recognising physical health is just as important as mental health and should be assessed to promote wellness. Diagram 20 illustrates the answers to statement 13.

Diagram 20. Statement 13. Were your physical health care needs considered by your mental health team/ practitioner?
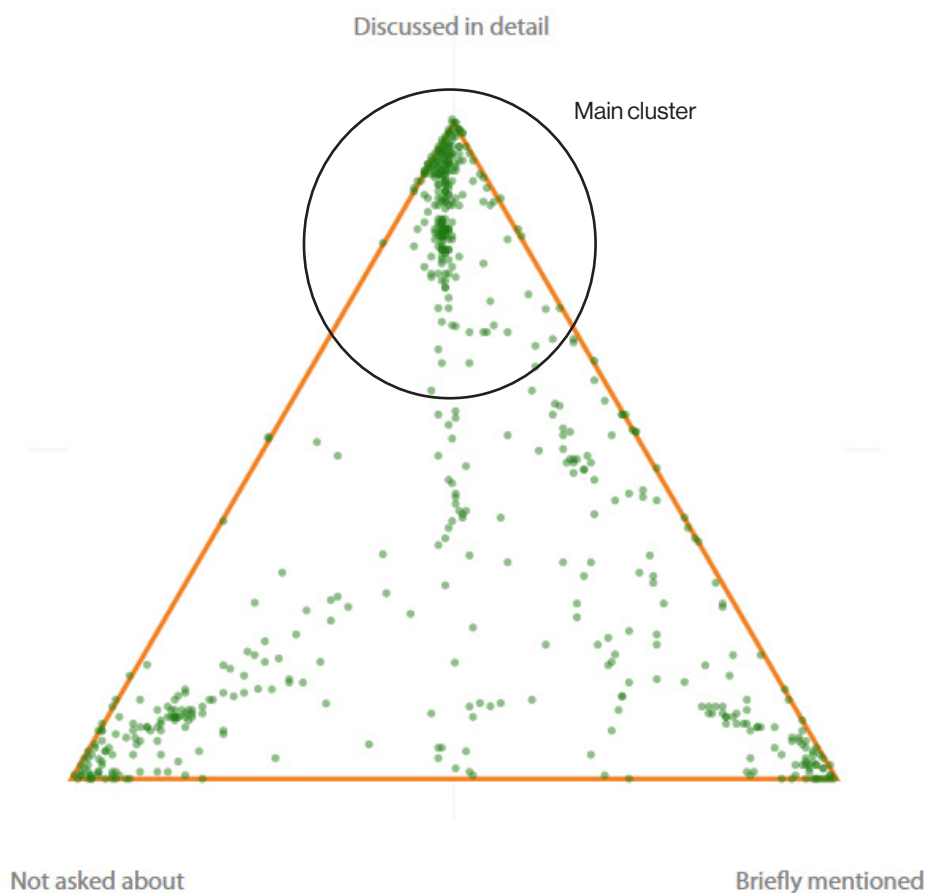
The major cluster of responses in Triad 13 demonstrates 49% (n=310) highlighted physical needs were discussed in detail when engaging with the mental health teams. A high number of this cohort highlight other co-morbidities in their narrative such as eating disorder, stroke, dementia, parkinsons and brain injuries. 29 stories in this cohort identified to having a physical disability or long term condition. Deeper discussion around these conditions (brain injuries, stroke, eating disorder, etc...) can be facilitated through separate briefing papers.

"My eating disorder deteriorated and I had to go to London. There they did it all... but is was not ideal...absolutely do think that Northern Ireland does need a specialist eating disorder inpatient unit, and I believe that there are obstacles in my recovery which wouldn't have had the same impact, if I could have been given specialist treatment closer to home."

Conversely 21% (n=133)responses identified they were not asked about physical needs when engaging with mental health services. The stories reflected a negative experience of mental health services with a sense the experience did not support mental health. Within the demographic profile a number of physical illnesses/factors were identified such as dysphagia, stroke and postnatal phase. 14% (n=88) of responses stated the physical needs were mentioned briefly. The emerging themes from these stories include long term patients with mental health services, changing between services/interventions and attending mental health services during an acute crisis.

"My husband has a brain injury and is currently on respite, the social worker came to the discharge meeting for my husband, and she told me to contact her if I need anything. My main contact would be the speech and language therapist who is amazing and very supportive and with the fact my husband is very limited she has helped us step by step. That's the only contact I have with brain Injury since he has been out for 2years- I feel that amount of time we see the staff is shorter and shorter"

"Having suffered with anxiety and post-natal depression following the birth of my son I sought out help and advice from my GP local Midwife and Health Visitor. I was offered anti-depressants and no other form of therapy. I felt much unsupported in a time of need. I was so embarrassed and felt as though when I asked for help and advice this was not given. With the support and help of my family I was able to cope. I never received any further follow up with GP, Midwife or Health Visitor No further medication advice was given. I felt as though I was discharged from the services and left to 'sort myself out'.

4.3 The Closing Questions

The final questions of the survey help to summarise the patient experience. One of the final questions asks the respondent to rate the experience they reflect upon as illustrated in Diagram 21.

Diagram 21. Responses to the question "How would you rate your experience of mental health services?"
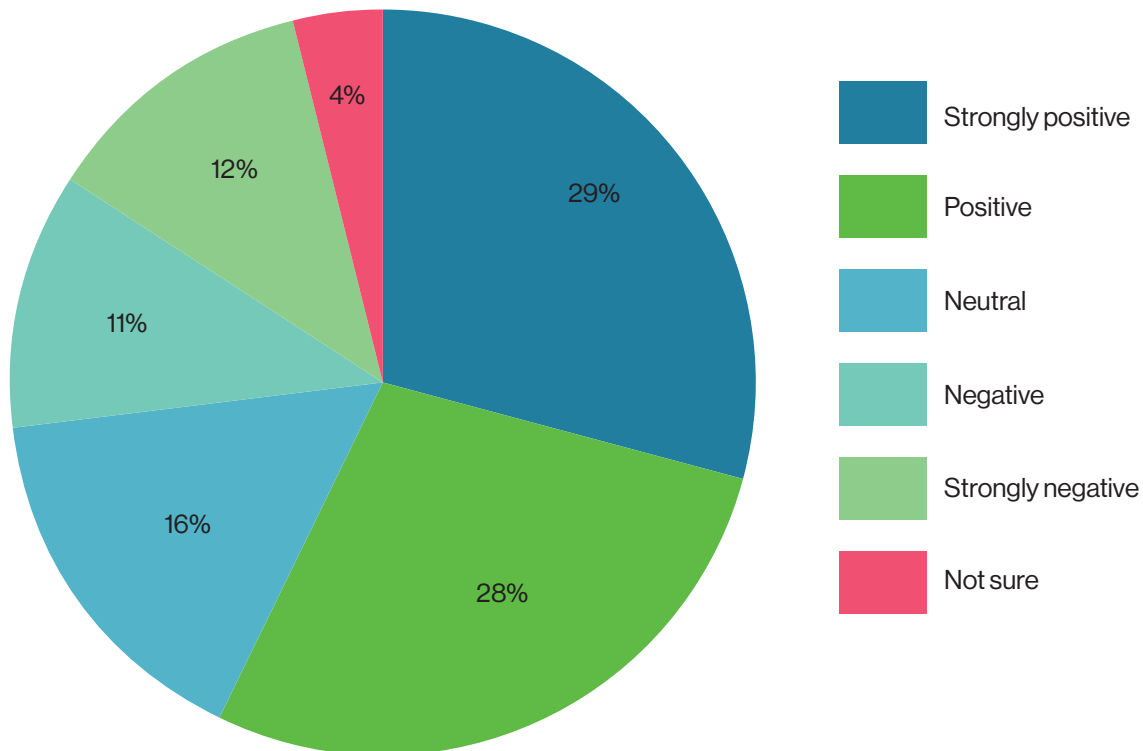
Over 50% of responses had a positive emotional tone and reflected upon good relationships with the staff, embracing the concept of self care and recovery and the importance of peer support. Stories with a negative or strongly negative rating were managed at a local level of the relevant trusts as part of the governance arrangements of the 10,000 More Voices Project.

This is further explored in the question "Would you recommend our services to a friend or family?" as illustrated in Diagram 22. This diagram shows that 63% recognised the service would be beneficial to a friend or family member.

Diagram 22. Responses to the question "Would you recommend our services to a friend or family?"

Legend:
- Yes
- No
- Not sure
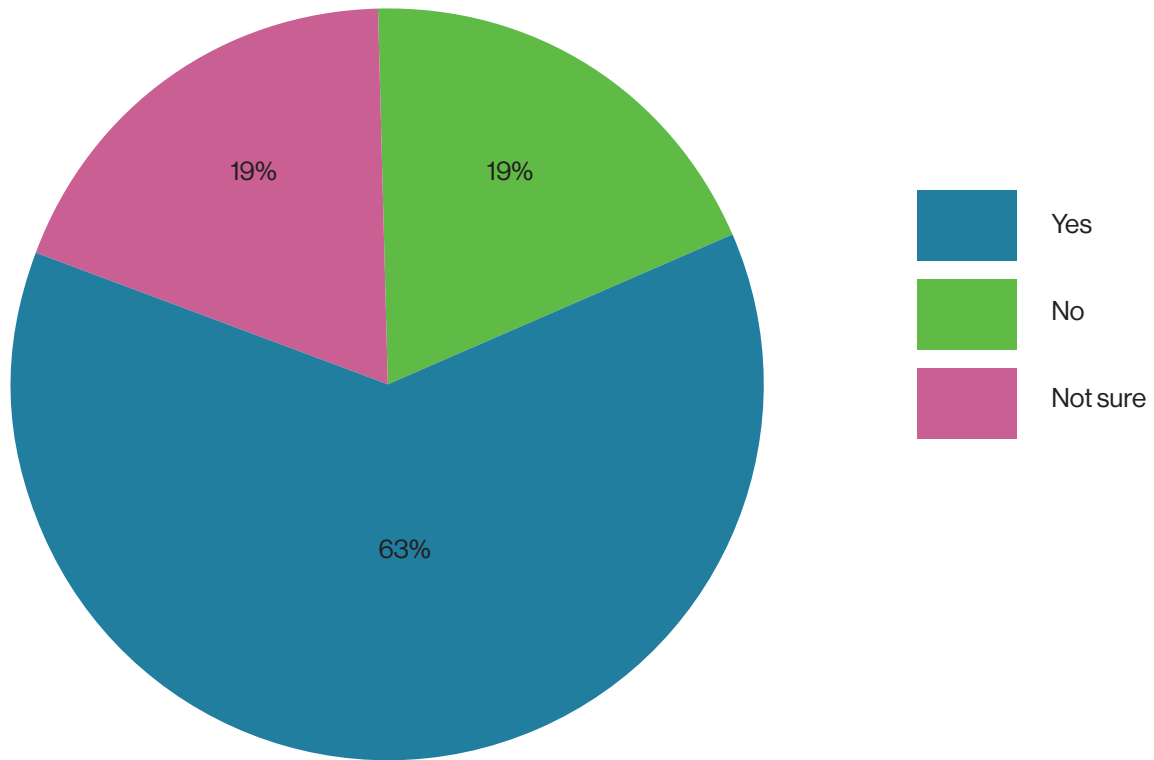
5.0 AREAS OF REFLECTION AND LEARNING

The following summarises and applies the findings in Section 4 and reflects upon next steps to ensure the patient's voice continues to be heard across Mental Health Services.

- The principles of The Regional You in Mind Mental Health Care Pathway are evident in the large portion of the patient responses rated positive or strongly positive.

- It is important to celebrate at both a local and regional level the positive experiences and continue to promote the Regional You in Mind Mental Health Care Pathway.

- The principles of the Regional You in Mind Mental Health Care Pathway are not easily identified in the stories relating to acute crisis or attendance to the Emergency Departments.

- Parents/carers highlight the importance of being part of the plan of care to promote and support recovery of their child/relative.

- Parents/carers identify the need to develop services & information for teenagers and young adults transitioning into adult Mental Health Services.

- The concept of recovery is supported through peer support groups, peer advocacy and engaging with the Recovery Colleges.

- In relation to Autism parents/carers highlighted the need for further training and understanding across Mental Health Services.

- The database is available for deeper analysis of conditions such as Brain Injury, Eating Disorder or Alcoholism though the Patient Client Experience team (detailed in Appendix 1).

- Future 10,000 More Voices projects will require a new survey design in collaboration with service users. Projects should offer a deeper dive into defined areas of mental health to support development of the services for example experience of Eating Disorder, Perinatal mental health or transitioning into adult services.

- Mental Health Services should continue an ongoing process of meaningful engagement with patients, families and carers through a range of opportunities.

6.0 APPENDICES

Appendix 1 – 10,000 More Voices Leads

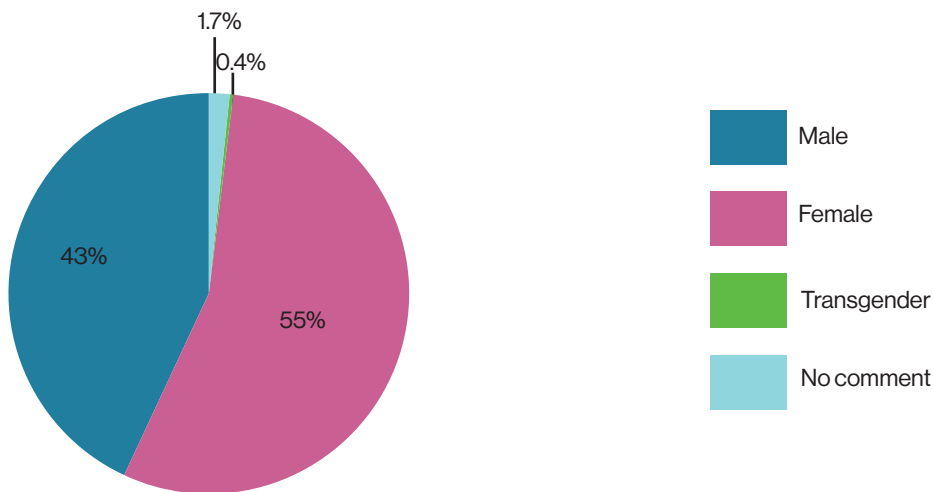| Name	Role	Organisation	Email
Mrs Michelle Tennyson	Assistant Director for AHP,PPI & PCE	Public Health Agency	Michelle.tennyson@hscni.net
Mrs Linda Craig	Project Lead for Patient Client Experience	Public Health Agency	Linda.craig3@hscni.net
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Mr Barry Murtagh	Patient Client Experience (PCE) Facilitator	Belfast Health & Social Care Trust	Barry.murtagh@belfasttrust.hscni.net
Mrs Sarah Arthur	Patient Client Experience (PCE) Facilitator	Northern Health & Social Care Trust	Sarah.arthur@northerntrust.hscni.net
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Miss Emma Campbell	Patient Client Experience (PCE) Facilitator	South Eastern Health & Social Care Trust	Emma.campbell@setrust.hscni.net
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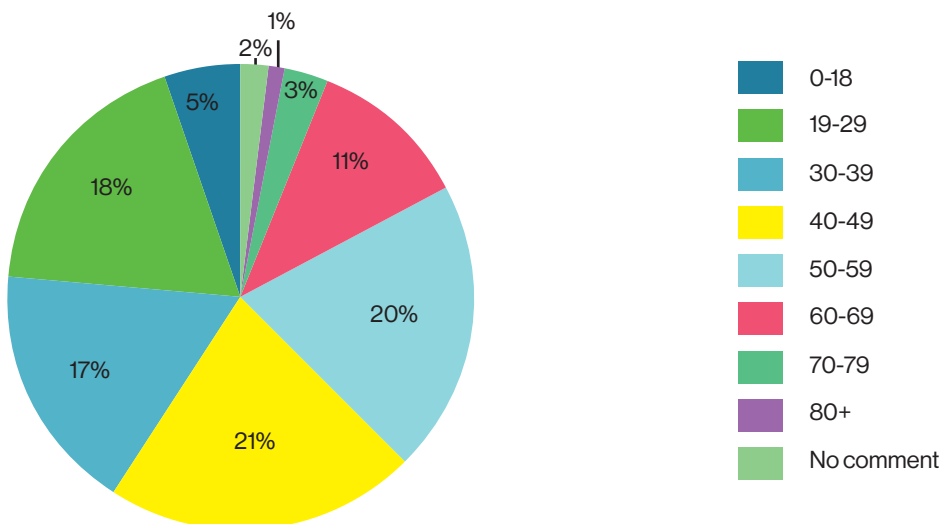The Regional Team for 10,000 More Voices can be contacted by

Email: 10000morevoices@hscni.net

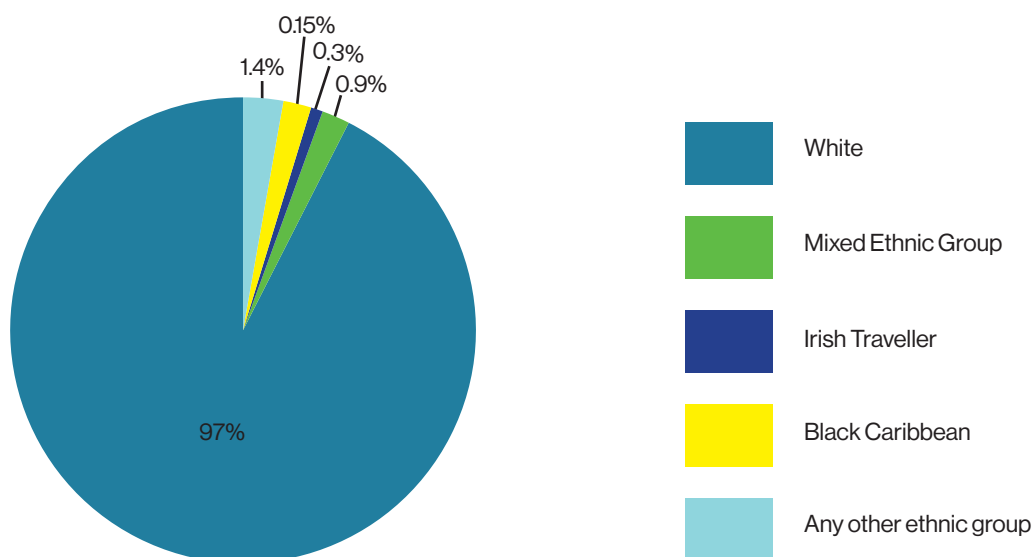Telephone: 028 95362868 (Monday-Friday 9am-5pm)
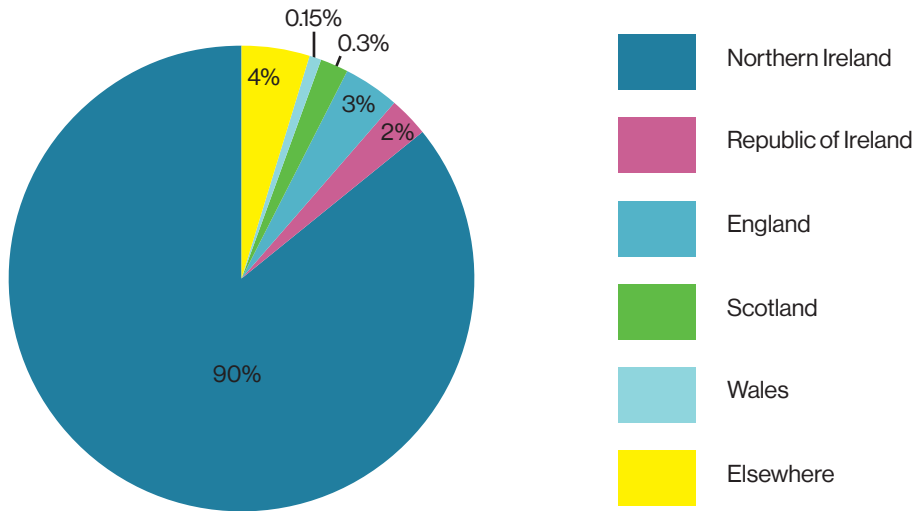
Appendix 2 - Demographics

1 - Gender

Legend:
- Male
- Female
- Transgender
- No comment

Values: 1.7%, 0.4%, 43%, 55%

2 - Age

Legend:
- 0-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+
- No comment

Values: 1%, 2%, 3%, 5%, 18%, 17%, 21%, 20%, 11%

3 - Ethnicity

Legend:
- White
- Mixed Ethnic Group
- Irish Traveller
- Black Caribbean
- Any other ethnic group

Values: 0.15%, 0.3%, 0.9%, 1.4%, 97%

4 - Country of Birth

■	Northern Ireland
■	Republic of Ireland
■	England
■	Scotland
■	Wales
■	Elsewhere

Pie chart values: 90%, 4%, 0.15%, 0.3%, 3%, 2%

5 - Sexuality

■	Heterosexual
■	Gay
■	Lesbian
■	Bi-Sexual
■	Other
■	Prefer not to commmet

Pie chart values: 83%, 9%, 1%, 3%, 1.8%, 1.7%