The

National Conversation

2025

Content warning: This report contains quotes and details around people’s experiences of mental health and services, which may be distressing to read.

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## Acknowledgements

Thank you to everyone who shared their experiences as part of the survey and focus groups. Your contributions are central to this report and will continue to inform Mind Cymru’s work going forwards to ensure that no mind is left behind. We’d also like to thank North East Wales Mind, Pembrokeshire and Carmarthenshire Mind and Mid and North Powys Mind for hosting the focus groups.

## A purple line on a black background Description automatically generatedSummary

A national online survey and focus groups completed by people with lived experience of mental health problems across Wales, provides an insight into the challenges people are facing in the mental health system in Wales, people’s top priorities and the ways they wish to be involved in Mind’s work going forwards.

We have heard that people with lived experience of mental health problems across Wales:

* Face several barriers to accessing timely and good quality support that meets their needs.
* Want to be involved in shaping and influencing the work of the mental health sector nationally and in their communities.
* Want Mind to focus campaigning around:
  + The availability and access to support
  + The quality of support people receive
  + Earlier access to support
  + More connected services that provide smooth transitions and appropriate signposts.

## Background

At Mind, we believe lived experience leadership is vital for driving meaningful change and delivering effective support. That’s why it is at the heart of our refreshed strategy, *No Mind Left Behind: Our Strategy to 2030*.

As part of this commitment, Mind and the National Survivor User Network (NSUN) commissioned the *Mapping Lived Experience Project*, aiming to explore the complexities of lived experience leadership and determine the role that Mind, NSUN, and other mental health charities could play in supporting it. The final report (2020/21) compiled insights from 106 survey submissions, 32 interviews, and seven focus groups involving 31 participants. Key findings highlighted the challenges of lived experience leadership, including:

* Serving someone else’s agenda
* Not being valued
* A heavy personal toll

The report also emphasised the need for a more supportive and empowering approach, which should include:

* Foundational principles such as independence
* A range of flexible engagement opportunities
* Embedding lived experience at all levels
* Commitment and adequate resourcing

In 2023, Mind partnered with the Service User and Carer Forum (now the Wales Mental Health & Wellbeing Forum) and Practise Solutions to explore how these recommendations could be applied in Wales. The key recommendation from this engagement was to launch a *National Conversation*: a deeper exploration of what matters most to people in Wales and how they want to see lived experience engagement shaped.

The three objectives of the *National Conversation* project were to:

1. Understand the experiences of people with mental health problems within the Welsh mental health system.
2. Identify priorities for Mind Cymru’s future work, based on lived experience perspectives.
3. Explore how people with lived experience want to engage with Mind Cymru and the Mind Federation in Wales going forward.

The findings from the *National Conversation* will inform our policy and influencing work and shape a framework for lived experience engagement from 2025 to 2030. This will help us achieve our goal of being truly led by the experiences, priorities, and aspirations of people with mental health problems in Wales.

## Research approach

This research was designed to answer the following research questions:

1. **What are the key issues when accessing mental health services in Wales?**
2. **What are the top 5 priority areas for change for Mind Cymru to focus on?**
3. **What is the best way to increase the number of people with lived experience who have a say in our work at Mind Cymru?**

We designed the following mixed methods approach to answering the research questions. In both methods these research questions were framed to participants as:

1. **What are the key issues for you having accessed mental health services in Wales?​**
2. **If we could drive change, what should the top 5 priorities be?​**
3. **What is the best way to get people more involved in the work we do?**

#### Survey

A national online survey was designed to capture the views and strength of opinion of the public in Wales against the 3 main research questions.

The survey was a bilingual Microsoft Form that was open for responses between 15th March and 8th April 2024 and was promoted via Mind Cymru’s social media channels through organic and paid for content.

This method lends itself to hearing from a wider range people compared to the focus groups and produced information which can be generalised to the population in Wales.

#### Regional focus groups

Between November 2023 and March 2024, we conducted 3 in person focus groups hosted at 3 local Minds across Wales. The focus groups were focused around the 3 main research questions, designed to capture in-depth views and experiences.

These took place in 3 diverse locations across Powys, North East Wales and Pembrokeshire. Participants for each focus group were recruited by each local Mind from their existing service users, carers and staff.

The focus groups were conducted by staff from Mind Cymru in collaboration with staff from the local Minds. They were hosted in accessible venues. All responses to the questions were captured on flipchart paper in each group.

#### Reach

In total we heard from 177 people across the 2 research methods. This included:

* 135 survey respondents and
* 39 focus group attendees

There was good spread of responses across different areas of Wales.

Reach against each method is presented in Table 1 below.

**Table 1. Reach by research method.**

|  |  |
| --- | --- |
| Face to face focus groups | National survey |
| 3 Local Minds:   * Mid and North Powys Mind (29th November 2023) – 7 participants * North East Wales Mind (1st Feb 2024) – 15 participants * Pembrokeshire and Carmarthen Mind (19th March 2024) – 17 participants | Completed by 138 people from across Wales  2 of the 138 responses were in the Welsh language. |

#### Analysis

The qualitative data generated from both the focus groups and the survey was analysed using a thematic approach. A thematic analysis was conducted on both data sets, drawing out the common themes across the data. Some responses fitted into more than one theme.

*Focus groups*

The responses captured on the flipchart paper from each focus group, and audio recordings of the focus groups, were counted and themed, and were ranked based on the frequency of responses by topic.

*Survey*

Individual responses captured through the survey were themed and the frequency of each theme was then counted to create a ranking of the most common themes.

#### Caveats and limitations of the research

As the focus groups were promoted to existing service users through local Minds this may have excluded people who experience barriers to community services and support. Furthermore, the national survey overrepresented women compared to men, was limited in terms of representation of ethnicities other than White British/Welsh and did not reach people in a few counties of Wales. Therefore, a priority for future research should be to hear from people who experience barriers to access community services and to hear views and experiences of men and people from racialised communities with lived experience of mental health problems, as well as reaching the counties which weren’t represented within the research.

### Demographics

The demographics of research participants are presented below for the research overall and against each research method. Completing the demographic forms was optional and therefore the base size for each question is presented alongside the data.

A graph of a number of people

Description automatically generatedOverall, we heard from a variety of people in almost every county in Wales, with a range of backgrounds and experiences. The demographic details can be found below:

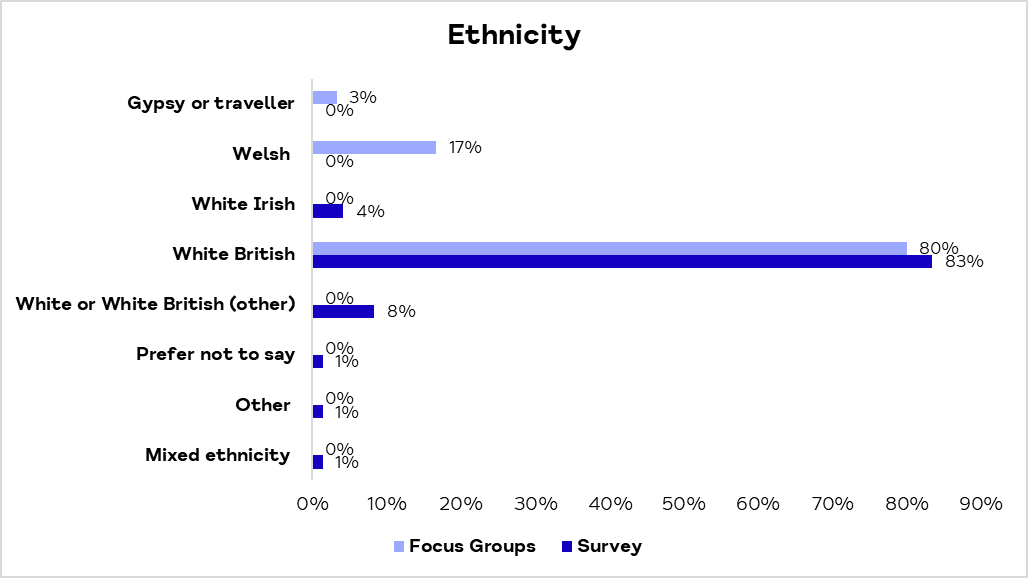
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## 

n=99

## Findings

This section presents the findings from across the research.

Here the top 5 themes are presented from the survey and focus groups for each question. A full detailed ranking and breakdown can be found in Appendix 1.

### Question 1 – Barriers and issues when accessing mental health services and support in Wales

**What are the key issues for you having accessed mental health services in Wales?​**

This question was answered by 124 out of 138 people (89.8%) who took part in the survey and all participants in the focus groups discussed this question. The top 5 themes are presented in Table 2 with a summary of each theme below.

We heard that service users across Wales are facing several barriers to access timely and good quality support for their mental health. These include the quality of care they receive once accessing a service, services being poorly designed and only available at crisis point, long waiting lists and services not being connected enough to provide smooth transitions and appropriate signposts.

The focus groups were largely aligned with these themes with some additional themes, such as a need for more community-based support, more anti-stigma work and a focus on equity was also raised in some areas. A detailed breakdown of the findings can be found in Appendix 1, Tables 1 and 2.

**Table 2. Q1 survey themes ranked**

|  |  |  |
| --- | --- | --- |
|  | **Theme** | **Percentage of 124 responses which raise this theme (%)** |
| 1. | Quality of care | 58% |
| 2. | Support available sooner/waiting lists | 57% |
| 3. | Crisis Care | 19% |
| 4. | Frontline staff capacity | 18% |
| 5. | Connected services | 13% |
| 5. | Service quality and access for young people | 13% |

#### Quality of care

These findings show that the overall quality of care people receive is felt to be poor. This includes:

* People do not feel appropriately supported by staff and often feel that staff are make incorrect assumptions about them.
* The treatments suggested are often not suited to the individual and people are being sent away with medication rather than being given access to appropriate therapeutic support.
* There is a significant gap in thresholds for services, with people being passed from one service to another and being told their needs are either too high or that they are not unwell enough.
* Challenges in accessing ongoing care that is more than a few sessions.
* The care received does not leave people feeling safe and supported, or that they can build a relationship with a service provider.

“I have nothing good to say about mental health services in Wales and to all intents and purposes we don’t actually have any. It’s farcical and dangerous. Suicidal kids offered 6 sessions of robotic CBT from a computer programme; suicidal adults phoning crisis teams being told they have capacity so they can choose to kill themselves and no-one can do anything about it; people with mild and easily-treated conditions are left on waiting lists for years, referrals lost, accidental discharges made, until their condition becomes so bad they lose their jobs, houses and relationships. All the time being patronised by people saying, ‘you just have to ask for help’ or ‘you have to want to get better’. People working in CMHTs say this to people all the time. What services? What treatment? What help? There is none.” **Survey participant**

#### Lengthy waiting lists

People currently wait a long time for mental health support and get more unwell while waiting. This includes:

* Long waiting lists to access support they have been told they need, including for counselling and talking therapies.
* While on waiting lists, there is no communication or interim support and even getting an appointment with a GP is becoming increasingly challenging.
* Some people are refused treatment until they get more unwell and only get support when they reach crisis point.
* Being forced to pay for expensive and sometimes unaffordable private support, which can leave people struggling financially.

#### “It needs to be available within a few weeks, not a few months for an appointment with someone who doesn't address any of the issue, but is there just to meet waiting list targets, before you're passed on for the real appointment with the real professional to start the multiyear wait for help. It's ridiculous that the waiting list game is being played at the expense of unwell patients.” Survey participant

#### Crisis care

These findings show that people trying to access services are being told that they need to be in crisis before they will be given support, however once in crisis the support they receive does not meet their needs. This includes:

* A&E is not a suitable environment for people in a mental health crisis, however there is a lack of other options in most areas.
* When presenting in crisis, there is often a lack of compassion from the staff they meet within services.
* People are being sent far from home to access support. If they do manage to access an inpatient bed locally, inpatient environments often feel unsupportive, and some people described their experiences on wards as traumatic because of a lack of staff capacity and therapeutic support.
* People feel there is not enough preventative support available to stop people from reaching crisis.

#### “Knowing you have all the dark thoughts can be so overwhelming and not knowing who to voice them to. It’s like something is needed between the crisis team and nothing.” Survey participant

#### Frontline staff capacity

There is currently insufficient frontline staff capacity to meet the demand within services. This includes:

* People want to see more qualified and specialist staff such as counsellors, psychologists, psychiatrists and occupational therapists, who have appropriate training to support them.
* Wanting more access to support workers who can support them to engage in local community activities.
* Furthermore, high levels of staff turnover, along with a lack of consistency in allocated key workers prevent people from building meaningful the therapeutic relationships.

“These should be provided by qualified members of staff and not putting volunteers through a bit of training. The damage can be detrimental to clients if done inappropriately. And staff should be monitored regularly by external supervisors and creating a safe support system for them to be able to get support for themselves.” **Survey participant**

#### Connected services

People who do manage to access services experience poor communication, and a lack of joined up communication between services they are accessing. This includes:

* People are passed from one service to another and forced to repeat their stories because information has not been shared.
* Support is often promised but not followed up on and it is left to the person to follow it up themselves, which can be difficult when you are struggling.
* Transitions between services are not streamlined and people fall off the radar easily.

“I've been on antidepressants for over half my life. I've been trying to wean myself off them but have physical withdrawals that are difficult to manage. The doctors don't care. They referred me to silvercloud again which, after completing an initial questionnaire to best asses my needs, advised that silvercloud wouldn't be able to help me and I should seek help from my GP. My GP has referred me to mental health team but not once asked the questions that silvercloud had. The docs seem very happy to prescribe meds without offering any further help or giving any advice or warning about the physical side effects of coming off the meds.” **Survey participant**

#### Young people

These findings show that families, carers and young people themselves are concerned about the care they are receiving. We heard that:

* Services are relying too heavily on parents to keep children and young people safe when in crisis with a lack of adequate support around during this time.
* The transition between Child and Adolescent Mental Health Services (CAMHS) to Adult Services remains challenging. Young people in the 16 to 18 age bracket are being denied care because they are too old for one service and too young for the other.
* In terms of the support provided, people would like this to focus on the whole family, with more support provided in schools, and they would like to see a more creative methods used in support provision.

“I'm 17 and 8 months. I've been turned down from pretty much everywhere I've turned to for free counselling because I'm either too old to get childcare or too young to get adult care. I am really struggling and don't have the money for private care. I really don’t want to go on medication but it's looking like that might be my only option for the next few months. I need shorter waiting lists and a plan in place for people aged 16 and 17.” **Survey participant**

### Question 2

**If we could drive change, what should the top 5 priorities be?​**

This question was answered by 128 out of 138 people (92.8%) who took part in the survey and all participants in the focus groups. The top 5 themes are presented in Table 2 with a summary of each theme below.

In response to the challenges currently experienced within the mental health system, service users across Wales feel that Mind’s priorities should focus on availability and access to support, the quality of support people receive, the training provided for the mental health workforce, improving crisis care and ensuring that services across the sector are better connected.

The focus groups were largely aligned with these themes with some additional themes. These include the range and types of services provided by local Minds and the third sector, providing quality information about mental health, increasing awareness of mental health and of services available to support people, and campaigning for adequate funding for services and support. A detailed breakdown of the findings can be found in Appendix 1 (Tables 3 and 4).

**Table 3. Q2 survey themes**

|  |  |  |
| --- | --- | --- |
|  | **Theme** | **Percentage of responses which raise this theme (%)** |
| 1. | Access to support | 70 |
| 2. | Quality of support | 59 |
| 3. | Workforce training | 21 |
| 4. | Crisis care | 20 |
| 5. | Connected services | 17 |

### Access to support

The first priority for the mental health sector is to reduce the length of waiting lists to access support, make support easier to access, and increase the availability of support. This included:

* Reduce the amount of time people spend on waiting lists to access support.
* Increase the available of support to prevent and manage mental health problems before reaching crisis point.
* Increase the availability of talking therapies and specialist care.
* Ensure that services and support can be accessed in a timely manner, including options to access this at all hours.
* Ensure the mental health system is easier to navigate for people trying to access support and that tiered systems are adequately explained to the public in an understandable way.
* Provide a choice of care and treatment pathways, along with support to help people navigate the system.
* More locally available community-based services which are easy to access via public transport.

**“**Be more honest help is not available, quit lying and telling people to reach out for help that isn't there. Even going to A&E does not have the resources anymore. Work with what is there and be brutally honest about what help is there and how long current waiting lists are. We are given the impression that when in crisis help is there, but it is not” **Survey participant**

**Quality of support**

The second priority for the mental health sector is to improve the quality of support that is provided so that we can ensure people are receiving the care they deserve. This includes:

* Better monitoring of the quality of mental health services
* Receiving evidence-based treatment not just whatever is available at the time.
* Increase the number of professional and specialist mental health staff within services to provide evidence-based treatments.
* Provide a range of treatments and support alongside clear information about them allowing people to make an informed choice about their care.
* Recruit and train mental health service staff to have greater compassion, empathy, and understanding towards people accessing services, along with effective communication skills.

“Better services that work. My husband reached out for help with anxiety (which he frequently chased) and was offered CBT sessions. These however, were only during the week and not after work hours. My husband could not take time off work. Having sessions that are not during work hours could be life changing impact on many people who currently, can’t access them.” **Survey participant**

**Workforce training**

The third priority for the mental health sector is to improve the training provided to staff working within mental health services. This includes:

* Better quality training on mental health for the healthcare workforce - including as part of initial training for doctors and nurses.
* Create better pathways for staff to train in professions such as counselling and psychology to increase the number of qualified and specialist staff within services.
* Provide training for staff on specialist therapies such as Eye Movement Desensitisation and Reprocessing Therapy (EMDR) and Dialectical Behaviour Therapy (DBT)
* Increase the number of staff who can draw on their own lived experience, within their practice.

“Better education for trainee mental health nurses to incorporate psychological skills training as a baseline.” **Survey participant**

**Crisis care**

The fourth priority is for clearer crisis pathways, along with crisis care which is safe and compassionate. This includes:

* All environments that people attend while in crisis (such as A&E) include dedicated spaces which feel therapeutic, are trauma-informed and avoid causing further distress.
* Increase the availability of preventive care to prevent people from reaching crisis point.
* Increase the availability of community-based crisis care, such as crisis cafes.
* Ensure that inpatient wards are adequately staffed.
* Ensure that inpatient care includes therapeutic support and activities.

“In our local area it is known you have to attempt suicide a few times before getting help-so instead of being heard at the point of needing help, we are taking desperate steps to be heard, or when not heard justified in feeling death is a viable option” **Survey participant**

**Connected services.**

The fifth priority is to better connect services and ensure that there is a ‘no wrong door’ approach for people to access support. This includes:

* Not passing people back and forth between services. Instead, services work together and understand each other’s remit and thresholds.
* Sharing information more effectively between services so that people are not having to repeat their story.
* Taking a more holistic approach to supporting people’s mental health with joined up working between mental health services, social support, and activities within people’s communities.

“Inter agency working, with regular briefings, offers stability and safety for individuals and everyone involved in their professional, therapeutic and social care. Which, in turn, ensures that no-one slips through the cracks.” **Survey participant**

### Question 3

**What is the best way to get people more involved in the work we do?**

This question was answered by 114 out of 138 people (82.6%) who took part in the survey and all participants in the focus groups. The top 5 themes are presented in Table 2 with a summary of each theme below.

Service users across Wales want to be involved in shaping and influencing the work of the mental health sector and want to be heard and listened to in their communities.

The focus groups were largely aligned with these themes with some additional themes such as a focus on peer support and having a greater variety of ways to get involved, such as online workshops, forums and surveys as well as and leadership roles. A detailed breakdown of the findings can be found in Appendix 1, (Tables 5 and 6).

**Table 4. Q3 survey themes**

|  |  |  |
| --- | --- | --- |
|  | **Theme** | **Percentage of responses which raise this theme (%)** |
| 1. | Listening | 31 |
| 2. | Outreach | 27 |
| 3. | Awareness raising | 15 |
| 4. | Removing barriers | 13 |
| 5. | Advertising | 11 |
| 5. | Education/training | 11 |

**Listening**

People with lived experience want to feel listened to and have their voices heard within the mental health sector. When it is done well, and people feel heard it is an empowering experience. We heard that:

* People currently feel ignored and dismissed even when they raise feedback and concerns within services.
* There is a need for the mental health sector to build relationships with people so they can feel safe to share their opinions, and listen authentically to what they say (i.e. act based on feedback)
* When engaging people with lived experience, do this with compassion, while also being honest and transparent about the boundaries of the work and what is possible. Engagement opportunities should be both consistent in availability and flexible in their approach so that people can take part in a way that works for them, which may vary from day to day.
* After engaging people with lived experience people share resulting actions in a ‘you said, we did’ format so the impact of their contributions is clear.
* Avoid expecting everyone to re-tell their stories. Sharing stories shouldn’t be the only opportunity to influence the work of the sector.
* People want opportunities to be heard by and influence all levels of the sector including government and services.

“If people knew that what they said was going to be listened to I feel more people would speak up however most of us are shut down and no change is ever made so makes people feel like it’s useless and they are just wasting their time” **Survey participant**

**Outreach**

People with lived experience want to see a visible presence from the sector within the communities and spaces they spend time in, to influence these organisations. This includes:

* The sector needs to carry out outreach into the spaces people spend time – including within rural areas.
* When conducting engagement and influencing work tie this into community activities that support people’s wellbeing such as arts and craft sessions
* Building relationships with other community groups, such as older people’s groups, sheltered living, Women’s Institute (WI) and youth groups and attend these spaces to promote their work as a route for engagement.
* National Mind should work more closely with local Minds to carry out local engagement activities.

“Talk to people where they feel safe, and where they can chat openly about their likes and dislikes of a particular service. If they feel more secure having a member of staff involved, let them” **Survey participant.**

**Awareness raising**

Involve people with lived experience to support the sector to raise awareness of mental health along with the experiences of people with mental health problems. We heard that:

* Stigma around mental health is preventing some people from getting involved in shaping the sector’s work.
* Other people feel a strong desire to use their experiences to make a difference and support others.
* People want to be involved in developing and delivering training for professionals that reflects their lived experience.
* People want to see a range of ways to get involved in influencing the sector’s work that give everyone the option to share their story or not.

“I think there is still a fair bit of stigma about mental health issues and people who use services... Although this has definitely improved and I appreciate the contribution Mind has made to improving it, I still think there is a lot of work left to do. Many people are still ashamed of using services so would be reluctant to talk about it in any kind of public way. I think surveys like this are definitely a good thing.” **Survey participant**

**Removing barriers**

People with lived experience face a number of barriers to shaping the work of the sector. This included accessibility concerns, stigma and communication preferences. We heard that:

* The same barriers people are facing when accessing services, such as not feeling heard or not being listened to are also stopping them from wanting to be involved in our work.
* When people can’t access timely support, it makes it harder for them to engage in this work because they feel they are too unwell.
* It is important that different communication methods are available, as people have different preferences for phone calls, emails, texts and face to face ways of engaging. A variety of methods to engage need to be available so that each person has a choice and barriers such as transport links and access to technology can be overcome.
* The mental health stigma people face can be a barrier to getting involved as they worry about others finding out about their involvement.
* The sector should be more conscious of the language used to describe people. For example, we heard that for some people being referred to as a service user stops them from engaging.

“In terms of encouraging service user involvement, it’s all about accessibility. That’s to places, to content, to format of giving feedback. Not everyone will be able to fill in an online form for example. Or read or write. Some people may want to provide feedback qualitatively in other ways - such as through art form, or storytelling. Getting in touch with local groups and organisations that provide platforms like this, and collaborating could be a good idea.” **Survey participant**

**Advertising**

People with lived experience want more awareness about the different ways they can engage in and influence the sector. We heard that:

* People are not currently aware of the opportunities to get involved in the sector’s work.
* There is a need to share opportunities locally in communities and via social media.
* Some people were interested in a regular newsletter advertising opportunities to get involved, along with online webinars introducing them influencing the sector or an organisation.

“Advertising of opportunities to join conversations through website, social media, posters on notice board in the community as well as word of mouth.” **Focus group participant**

**Education and training**

People want to be involved in shaping the training that professionals receive around mental health. They would also like to receive training themselves on being lived experience advocates. We heard that:

* People want to be involved in developing and delivering training for professionals that reflects their lived experience and the changes they want to see in services.
* People want to receive training on topics such as public speaking so they can effectively shape the work of the sector.

“I would love to teach everyone how to look after themselves, be a mental health trainer or advocate.” **Survey participant**

## Conclusion

Whilst this work set out to identify how best to engage with people with lived experience of mental health in Wales, what we found was a much broader response relating to the experiences of those we spoke to. The discussions we had and the responses we received painted a picture of a system under pressure, with those receiving support lacking information and a voice in their treatment. Access, quality and connectivity are all key themes across the views gathered.

We heard the impact of significant waiting times, leading to a deterioration in mental health and feelings of being lost in the system. Where support was being offered it is felt to be more at crisis point and transitions between support are often traumatic experiences, particularly for young people. There is a clear need to improve the support to navigate the mental health system and for the support available to be more responsive of the needs of individuals, particularly if it is not working.

The need to reduce waiting times has to be complemented with more community-based activities that can support recovery and provide safe spaces to talk and receive support if someone’s mental health begins to deteriorate. These are often delivered by a voluntary sector with limited financial resources.

However, we also heard of the desire for people to be more involved in the development and effectiveness of the mental health system. A feeling that by fully harnessing the lived experience of those receiving support and acting on the feedback given the changes and improvements needed are possible. Undoubtedly there is a need to diversify the voices we are listening to and become more proactive in how we work with others to reach individuals and communities whose voices we do not hear as often. The key point being that it is not just about listening but about acting on what we hear. To achieve this, we need to develop engagement plans and activities that are long term, building trust through the actions we take and investing in the people who have the experience to show us where improvements need to be made.

We believe this report adds to the growing evidence in Wales of experiences of the mental health system. We look forward to developing our own work in Mind Cymru based on the feedback we have received and to working in partnership with communities, individuals and organisations across Wales to create a mental health system that meets the needs of all.

## Contact

If you’ve like to find out more about working with people with Lived Experience and/or working with Mind to help improve services you can get in touch with us by emailing LivedExp@mind.org.uk

## Appendices

#### Appendix 1.

#### Table 1. Q1 Survey Themes Ranked

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Theme** | **Number of survey responses which raise theme** | **Percentage of responses which raise theme** |
| 1. | [Quality of care](#_Quality_of_care) | 72 | 58 |
| 2. | [Support available sooner/waiting lists](#_Support_available_sooner/waiting) | 71 | 57 |
| 3. | [Crisis care](#_Crisis_care) | 24 | 19 |
| 4. | [Frontline staff capacity](#_Frontline_staff_capacity) | 22 | 18 |
| 5. | [Connected services](#_Connected_services) | 16 | 13 |
| 5. | [Young people](#_Young_people) | 16 | 13 |
| 6. | [Family/carer support](#_Family/carer_support) | 14 | 11 |
| 7. | [Workforce support](#_Workforce_support) | 11 | 9 |
| 8. | [Community support](#_Community_support) | 9 | 7 |
| 9. | [Government policy and funding](#_Government_policy/funding) | 8 | 6 |
| 10. | [Neurodivergence](#_Neurodiversity) | 7 | 6 |
| 10. | [Mind's services / Role of wider 3rd sector](#_Mind’s_services_and) | 7 | 6 |
| 11. | [Accessibility](#_Accessibility) | 6 | 5 |
| 11. | [Helplines](#_Helplines) | 6 | 5 |
| 12. | [Link to physical health](#_Connection_to_physical) | 5 | 4 |
| 12. | [Substance use](#_Substance_use) | 5 | 4 |
| 13. | [Equity](#_Equity) | 4 | 3 |
| 13. | [Social determinants](#_Social_determinants) | 4 | 3 |
| 13. | [Older people](#_Older_people) | 4 | 3 |
| 14. | [Misdiagnosis](#_Misdiagnosis) | 2 | 2 |
| 14. | [Awareness/stigma](#_Awareness_and_stigma) | 2 | 2 |

**Table 2. Local Mind Focus groups – Top Themes Q1**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **North East Wales Mind** | **Pembrokeshire and Carmarthen Mind** | **Mid and North Powys Mind** |
| 1. | Quality of care | Community support/ Mind’s support | Community support/Mind’s support |
| 2. | Connected services | Quality of care | Quality of care |
| 3. | Frontline staff capacity | Connected Services | Support available sooner/waiting lists |
| 4. | Community support/ Mind’s support | Family/carer support | Awareness/stigma |
| 5. | Support available sooner/waiting lists | Equity | Connected services |

#### Table 3. Q2 survey themes

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Theme** | **Number of responses which raise this theme** | **Percentage of responses which raise this theme** |
| 1. | [Access to support](#_Access_to_support) | 89 | 70 |
| 2. | [Quality of support](#_Quality_of_support) | 76 | 59 |
| 3. | [Workforce training](#_Workforce_training) | 27 | 21 |
| 4. | [Crisis care](#_Crisis_care_1) | 26 | 20 |
| 5. | [Connected services](#_Connected_services_1) | 22 | 17 |
| 6. | [Role of 3rd sector](#_Role_of_3rd) | 20 | 16 |
| 7. | [Young people](#_Young_people_1) | 18 | 14 |
| 8. | [Social determinants](#_Social_determinants_1) | 16 | 13 |
| 9. | [Funding](#_Funding) | 12 | 9 |
| 10. | [Carer support](#_Carer_support) | 10 | 8 |
| 11. | [Equity](#_Equity_1) | 9 | 7 |
| 12. | [Neurodiversity](#_Neurodiversity_1) | 7 | 5 |
| 13. | [Workforce support / workplace](#_Workforce_support/workplace) | 6 | 5 |
| 14. | [Government policy](#_Government_policy) | 5 | 4 |
| 14. | [Serious mental illness](#_Serious_mental_illness) | 5 | 4 |
| 15. | [Lived Experience](#_Lived_experience) | 3 | 2 |
| 15. | [Stigma/awareness](#_Awareness/stigma) | 3 | 2 |
| 15. | [Research](#_Research) | 3 | 2 |
| 16. | [Frontline staff](#_Frontline_staff) | 2 | 2 |
| 16. | [Substance use](#_Connected_services_1) | 2 | 2 |

**Table 4. Q2 Local Mind Focus Groups – Top Themes**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **North East Wales Mind** | **Pembrokeshire and Carmarthenshire Mind** | **Mid and North Powys Mind** |
| 1. | Connected services | Range of support/services | Quality of support |
| 2. | Quality of support | Quality of support | Range of support/services |
| 3. | Crisis care | Equity | Funding |
| 4. | Access to support | Information | Equity |
| 5. | Workforce training | Awareness | Information |

#### Table 5. Q3 survey themes

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Theme** | **Number of responses which raise this theme** | **Percentage of responses which raise this theme** |
| 1. | [Listening](#_Listening,_honesty_and) | 35 | 31 |
| 2. | [Outreach](#_Outreach/community_work) | 31 | 27 |
| 3. | [Awareness raising](#_Awareness/anti-stigma_work) | 17 | 15 |
| 4. | [Removing barriers](#_Accessibility/removing_barriers) | 15 | 13 |
| 5. | [Advertising](#_Advertising) | 12 | 11 |
| 5. | [Education/training](#_Education/training) | 12 | 11 |
| 6. | [Complaints](#_Complaints_procedures) | 11 | 10 |
| 7. | [Government influencing](#_Government_influencing_and) | 7 | 6 |
| 8. | [Online community](#_Online_community) | 4 | 4 |
| 8. | [Patient forums/feedback](#_Patient_forums/feedback) | 4 | 4 |
| 8. | [Staff support](#_Staff_support_and) | 4 | 4 |
| 9. | [Honesty](#_Listening,_honesty_and) | 3 | 3 |
| 9. | [Surveys](#_Engagement_methods) | 3 | 3 |
| 10. | [Influencing](#_Engagement_methods) | 2 | 2 |
| 10. | [Creative](#_Engagement_methods) | 2 | 2 |
| 10. | [Consistency](#_Accessibility/removing_barriers) | 2 | 2 |
| 10. | [Influencing wider social change](#_Government_influencing_and) | 2 | 2 |
| 11. | [Breaking down jargon](#_Government_influencing_and) | 1 | 1 |
| 11. | [Self-referral](#_Patient_forums/feedback) | 1 | 1 |
| 11. | [Lived Experience staff](#_Engagement_methods) | 1 | 1 |
| 11. | [Trauma-informed](#_Listening,_honesty_and) | 1 | 1 |
| 11. | [Open days](#_Engagement_methods) | 1 | 1 |
| 11. | [EDI](#_Accessibility/removing_barriers) | 1 | 1 |
| 11. | [Offering incentives](#_Engagement_methods) | 1 | 1 |
| 11. | [Recruitment](#_Engagement_methods) | 1 | 1 |
| 11. | [Peer support](#_Engagement_methods) | 1 | 1 |

**Table 6. Q3 Local Mind Focus Groups – Top Themes**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **North East Wales Mind** | **Pembrokeshire and Carmarthenshire Mind** | **Mid and North Powys Mind** |
| 1. | Outreach | Outreach | Removing barriers |
| 2. | Listening | Levels of involvement | Listening |
| 3. | Advertising | Removing Barriers | Outreach |
| 4. | Consistency | Listening | Peer Support |
| 5. | Service design | Online | Advertising |

**Example Mind**

Address line 1

Address line 2

Town

Post Code

T: 000 0000 0000

examplemind.org.uk

Registered charity number 000000