Baseline report for the Brighton and Hove Voluntary Sector Mental Health Strategy: Findings from a Consultation and Delphi Survey

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Foreword

The Mental Health Voluntary Sector Network within the Community Sector Forum has been able to develop a greater sense of itself during this last year. The network comprises of a number of disparate organisations and groups who all engage with the network at different levels.

As a network, a key achievement has been working with the Community University Partnership Programme to gather information for a baseline report. This details what the Network's members feel are their aspirations, aims and goals for producing a Voluntary Sector Mental Health Development Strategy. This piece of work is significant because of the huge change in the way services are going to be offered to the public and communities. In the past the voluntary sector has trailed in the wake of statutory sector initiatives but the report will give the voluntary sector a clear mandate from itself and service users to develop initiatives and social enterprise; paradoxically it will make us more effective fundraisers with funders offered a level of reassurance that the sector is responsible and efficient, does not duplicate services, and is not competing with the statutory sector.

We now have really good information, which includes information from carers and service users, about the collective priorities of network members. It gives confidence to the network as well as to funders that the process has been robust and the emerging data is of a good pedigree with a strong provenance.

The support from the Community University Partnership Project has enabled this work to be taken forward and has been critical in achieving ongoing continuity, with a representative approach being used as well as the effective communication and facilitation of workshops. The academic authority that the work has achieved by having the support of a professional researcher supporting the process and producing the report has provided a stronger platform for this work to be developed further. The work that has been facilitated by CUPP has brought about a sense of cohesion within the network and we have developed a stronger understanding of the collective purpose as organisations and groups and a greater understanding of the potential we have for development in the future.

Contents

1. Summary

The mental health network, supported by the Brighton and Hove Community and Voluntary Sector Forum (CVSF), undertook a piece of work in partnership with the University of Brighton (funded by the Community University Partnership Project – CUPP) to develop a mental health strategy for the community and voluntary sector. Between January 2006 and March 2006, a working group formed from the mental health network worked with a researcher from the university to facilitate a dialogue about shared values and vision within the sector. All members of the CVSF mental health network were invited to participate as well as other stakeholders identified by the working group. Voluntary sector workers, volunteers, service users and carers were included as well as some statutory sector workers who were members of the network. Both qualitative and quantitative approaches were used allowing a range of views to be expressed; a combination of rapid appraisal techniques and a Delphi survey were used.

At the first stage, the opinions of all the stakeholders were gathered using qualitative approaches, these were then fed back to all members allowing them to see each other's opinions and indicate their levels of agreement with each other. This allowed a larger number of people to contribute to ideas about a shared strategy than can usually be achieved through standard consultation processes, and it facilitated the communication of ideas to each other. This approach of structured feedback allows consensus to be developed and it allows a measurement of such consensus and agreement.

In total 68 people participated in the work and 22 different local organisations or projects were involved. A strong level of agreement and consensus was found between those participating. There was strong agreement and consensus about the needs of local people in relation to mental health service provision; gaps in services were identified and the needs of specific groups of people or communities were identified.

There was also strong agreement and consensus about ways that voluntary sector organizations can work together to provide services, and ways of working together and developmental work that would help to build capacity. In particular, voluntary sector organisations showed an interest in learning more about social enterprises and finding ways of working in partnership or building consortia with each other.

2. Aims and Purpose

This piece of work was carried out in partnership between the Mental Health Network (supported by the Brighton and Hove Community and Voluntary Sector Forum) and the University of Brighton; it was funded by CUPP (Community University Partnership Project). The Mental health Network formed a Working Group to steer the project and work with a university researcher over a period of three months. The aim of the project was to work towards the development of a mental health strategy for the Community and Voluntary Sector projects with an interest in mental health in Brighton and Hove. The project needed to capture the shared values and good practice within the sector in order to build on this good practice; it also needed to develop a consensus about how the sector could work together to build capacity and sustainability. Such a consensus would help to identify any development work which needed to be done to help the sector become more proactive around competing for funds, tendering to provide services and sharing resources. A major driver behind this was the need to be able to respond to the Change Up initiative for voluntary sector infrastructure support; this emerged from the Government's cross cutting review of voluntary sector services in 2002. An approach was needed which would enable the sector to clearly state its strengths and identify developmental needs; it was also important to involve as many community and voluntary sector organisations, and other stakeholders, as possible in order to confidently establish a consensus of opinion and agreement about how to take developments forward. A combination of rapid appraisal and consensus methods were used in order to achieve this.

3. Methods used and participation in the project

3.1 Background

The development of a mental health strategy for the community and voluntary sector required a participatory approach which would allow all the major stakeholders to express their opinions and work towards some sort of agreement. In order to do this a combination of rapid appraisal techniques and a modified Delphi technique was used. Rapid appraisal techniques are used "for the swift assessment of local views and perceptions of problems and needs" (Bowling, 2002, p. 414); it is a qualitative approach based on a combination of interviews with key people and group meetings. This approach can be used to establish the foundations for an "ongoing relationship between service purchasers, providers and the public" (Pickin and St Leger 1993, p. 414 cited in Bowling, 2002) and there is an interest in the approach because of NHS ME 1991 statement that "purchasers of health care will need to discover and respond to the views of local people about the pattern and delivery of services" (Bowling, 2002). Rapid appraisal was appropriate because of the time scale of the project which was a 3 month period prior to a local re-organisation of the health service

trusts; the network were keen to be in a position to clearly state their collective views and vision to coincide with this re-structuring in order to be able to negotiate contracts and influence the pattern of service delivery.

The Delphi technique is a consensus method and it is an economical way of contacting large numbers of people:

> "Consensus methods are increasingly being used to establish the extent of consensus, and in some cases to develop it, in areas of uncertainty in clinical medicine and health policy, where there is a lack of definitive evidence about the effectiveness and appropriateness of health care interventions" (Bowling, 2002, p. 406)

The Delphi technique is an appropriate method to use where the opinions of a large group of "experts" are needed with a move towards agreement; the method was originally developed by the RAND corporation to forecast technological developments (Linstone and Turoff, 2002) and more recently has been used extensively in health related research. The method is designed to transform opinion into group consensus (Hasson et al., 2000); it works through surveying the opinions of a group of experts, feeding back those opinions to the whole group in further stages and asking participants to give their opinions again in the light of the responses from the rest of the group. The semi-anonymity of the group (i.e. participants know who is in the group but cannot identify individual responses in the feedback) encourages participation (Keeney et al., 2006), and it encourages debate (Powell, 2003). Furthermore it provides a threat-free environment where each member of the expert panel has a chance to express their opinion without the effects often seen in face-to-face groups or meetings where dominant individuals control the outcome; it also reduces the effects of the group following the leader or getting side-tracked (Linstone and Turoff, 2002). It does not however remove uncertainty about the future and may be more of a structured "brainstorming" than an exercise in prediction (White, 1991). The feedback between rounds can widen knowledge, stimulate new ideas and be motivating in and of itself and tends to produce a convergence of opinion or consensus (Powell, 2003). It is a prospective method that allows the latest and best thinking to inform policy and strategic developments and helps policy makers to anticipate the implications of proposed changes (Patton, 2002). It can also encourage debate amongst those participating about their values (Proctor, 1995). This technique moves large groups of people towards consensus through participation and feedback. The method has been found to increase participatory commitment and helps to identify the groups information needs and helps them to set priorities (Oranga and Nordberg, 1996). The advantages of the method are that it allows a large group of experts to be consulted without having face-to-face meetings and the effects of powerful or dominant individuals in groups are reduced (Powell, 2003). It also allows people to change their ideas, and consider new ideas, in the light of feedback from the responses of others and therefore

promotes ownership of shared ideas and produces consensus (Hasson et al., 2000).

The method therefore has a number of stages or “rounds” where feedback is given until consensus is reached. The first round of the survey is usually informed by the opinions of a group of stakeholders obtained through interviews and focus groups; this qualitative component allows the identification of a wide range of views (Keeney et al., 2006). This first stage used rapid appraisal techniques and involved consulting with key stakeholders through the establishment and involvement of a working group (a sub-set of the mental health network), focus groups with service users and interviews with local commissioners and user-involvement officers in the Primary Care Trust. A desk review of previous mapping and consultation exercises alongside national and local strategic developments also informed the first round. This first stage of rapid appraisal was used to design round one of the Delphi survey which consisted of open-ended questions to generate qualitative data on people’s opinions (see appendix one for a copy of the round one survey). The round one survey was sent to all members of the mental health network. The responses from the round one survey, and any additional information from the focus groups and interviews, were used to design the round two Delphi survey which captured all the opinions which had so far been expressed (see Appendix 2). This was a quantitative survey with 139 items under four headings –participants were asked to indicate their agreement or disagreement with each item on a five point Likert scale. Statistical analysis of the second round responses through the calculation of means and standard deviations allowed a measure of the degree of agreement about items and the degree of consensus within the group.

3.2 Participants in the first stage of the research

Two focus groups were held with service users to gather qualitative data to inform the design of the first round of the Delphi survey; one group was held at East Brighton Community Mental Health centre; it was advertised within the statutory mental health services and invitations were sent to Mind in Brighton and Hove’s user-consultants. Three people attended this focus group and it was co-facilitated by Mind’s user involvement officer. Another group was held with service users at Preston Park day Centre and it was attended by 11 people and it was co-facilitated by staff at Preston Park Day Centre. Most of the participants expressed an interest in the later stages of the Delphi survey and they participated in the second round. User-consultants who had been unable to attend the focus group were invited to take part in an interview and one person took this up. In total 15 service users were involved in the early stages of the research which informed the design of the first round of the Delphi survey.

The design of the Delphi survey was also informed by discussions with the working group and interviews with three members of the working group. Interviews were also held with the mental health commissioner of the Primary Care Trust and two people who were centrally involved in the Brighton and Hove Change Up Consortium local infrastructure development plan (Brighton and Hove Change Up Consortium, December 2005) (the Community Participation Manager of the Primary Care Trust and the co-ordinator of the Brighton and Hove Community and Voluntary Sector Forum). Other recent exercises or surveys also informed this stage of the project. An earlier exercise had taken place within the mental health network at CVSF quarterly conference in March 2005. At this meeting 16 members of the network participated in a workshop were they identified the key aims, purpose and components of a community and voluntary sector mental health strategy (Community and Voluntary Sector Forum). Of these 16 members of the network, 10 were involved in later stages of the work developing a mental health strategy. Another relevant piece of work was a questionnaire sent to all the carers on the database at the Carers Centre asking about their experiences of Crisis Resolution and Home Treatment Team (Carers Centre, 2005). Both these pieces of work contributed to the design of the Delphi Survey.

3.3 Participants in the Delphi Survey

The first round of the Delphi survey (see Appendix one) was a serious of open-ended questions divided into six sections:

1. Details about the participant
2. Needs and gaps in services
3. Models of providing support
4. Representation and involvement
5. Capacity building and infrastructure support
6. Further comments

The second round consisted of 139 items, divided into the same six sections, which were derived from the first round, interviews, focus groups and previous consultations (see Appendix 2). This enabled each participant to see the opinions of others and rank their agreement with each item on a 5 point Likert scale. There was an opportunity for open comments at the end of each section.

The first round of the Delphi survey was sent out to all the members of the Mental Health Network – the CVSF hold this list and the majority of members have e-mail addresses and the survey was sent electronically to them. Those without e-mail addresses were invited to participate through an initial telephone call and were sent the survey by post with an SAE for its return. The exact number of members on the list is unclear as it is difficult to keep it updated regularly – however new members often join the network through participation in the quarterly CVSF conferences. A quarterly conference coincided with the

second round of the survey and people were invited to join the second round even if they had not participated in the first round, This is a major modification to the Delphi technique but the working group chose to follow this course for the sake of inclusivity and increasing participation. The participants in each round of the survey are shown in Table 1 and it can be seen which organisations participated in both rounds. It was agreed by the working group that the network and the participants who responded were representative of the sector including larger and smaller community and voluntary sector organizations and within that communities of interest and some neighbourhood based groups.

Table 1: Community and voluntary sector participation in the Delphi Survey

	Completed Round One	**Completed Round Two**
Age Concern	√	√
Allsorts LGBT Youth Project	√	
Alzheimer's Society	√	
Ashley Homes		√
Black and Minority Ethnic Community Partnership	√	√
Brighton and Hove Black Women's Group		√
Brighton and Hove Unwaged Advice and Rights Centre		√
Brighton Housing Trust	√	
Brighton Lesbian and Gay Switchboard Counselling Project	√	√
Care Co-ops Life Opportunities Service	√	
Carers Centre	√(4)	√ (2)
Citizens Commission on Human Rights		√
Consumer Consultancy	√	
Epilepsy Action (Brighton and Hove Branch)		√
Friends First		√
Hove YMCA	√	√ (2)
Mind in Brighton and Hove	√ (2)	√ (2)
MindOut LGBT mental health project	√	√
Money Advice and Community Support	√	√
Patient Advice and Liaison Service		√ (2)
Relate	√	
Rethink	√	
Richmond Fellowship (Limited Editions)	√(7)	√
Rough Sleepers Unit		√
Service users who had attended focus groups		√ (12)
Southdowns Housing Association (Preston Park Day Centre)	√ (5)	√ (2)

Spectrum LGBT community forum	√	√
Sussex Interpreting Services	√	
The Light Centre	√	√
Threshold women's mental health project	√	
Workability	√	√(2)
Total number of participants in each round	36	39
Total number of voluntary sector projects/organizations in each round	22	22

√ indicates participation in the round – numbers in brackets indicate where more than one person completed the survey together. The total number of participants indicate the minimum number as some participants discussed their responses with a group but did not always indicate this on their return.

3.4 Summary of the methods and participation

The project was conducted in three stages; the first stage gathered qualitative data through interviews and focus groups with working group members and service users, from the workshop held at a CVSF quarterly conference and the questionnaire sent to carers by the Carers Centre; the second stage was the first round of the Delphi survey sent to all members of the Mental Health Network. This gathered qualitative data; the third and final stage was the second round of the Delphi survey. This was completed by people attending the mental health network meeting at the CVSF quarterly conference and was sent to all members of the Mental Health Network. It was also sent to some of the service users who had participated in earlier stages of the research. The second round of the Delphi survey was quantitative and statistical analysis of the data allowed a measure of the degree of agreement and consensus between participants.

In total 22 different local organisations or projects were involved, and 68 people participated. Of these, 18 were service users, four were volunteers, two were carers, 40 were voluntary sector paid workers, one was a student on placement and three were statutory sector service workers. With the Delphi survey, 13 organisations or projects and 28 people completed both the first and second round of the survey.

4. Findings

The interviews and focus groups with service users, and round one of the Delphi survey generated 139n items which participants were asked to indicate their agreement or disagreement with in round 2 of the Delphi survey (see Appendix 2). The round two results were analysed to see how much agreement and consensus there was. The Likert scale was scored from 1-5 with one indicating strong disagreement and 5 indicating strong agreement with an item:

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Average or mean scores were then calculated for each item – a mean score of 4 or greater indicated overall agreement within the panel on a particular item. A score between 3 and 4 indicated that the panel were between neutral and in agreement. All the mean scores for all 139 items were greater than 3 indicating agreement or neutrality (i.e. none of the mean scores indicated disagreement within the panel about any of each other's opinions). 2/3rds of the items showed overall agreement and 1/3rd of the items indicated that the panel was between neutral and in agreement. The standard deviations for each item were also calculated – this measure shows how much variation there is within the panel and therefore indicated the level of consensus or shared opinion. A standard deviation of 1 or less indicates that the panel have a strong consensus i.e. most of them are close of the overall average score. A standard deviation of more than 1 indicates there is a wide range of opinion, and therefore a low consensus, within the panel. The means and standard deviations are shown in Table 2 in order of mean score within each section of the survey. It can be seen from this that only 120 out of 129 items had a standard deviation less than 1 (94%). This means that the panel agreed with each other and had a very high level of consensus amongst them.

Table 2: Results of the Delphi Survey Round Two - in order of Mean Score

Key to scores:
1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

Statement generated from Round 1 of Survey	Total number of responses	Mean score	Standard Deviation
Section 2: Needs and gaps in services			
17. There is a need for shorter waiting times to access talking treatments/counselling	32	**4.7**	0.63
45. Greater awareness about mental health would enable earlier preventative work to take place	32	**4.6**	0.55
49. The police station is not a suitable place of safety	30	**4.6**	0.81

1. There is an unmet need for out of hours crisis support in the evenings and at weekends where face-to-face support is available	31	**4.5**	0.72
2. There is a need for more telephone support out of hours	32	**4.5**	0.89
3. There is a need for halfway houses for people who do not need to go into hospital but are too unwell to stay at home	32	**4.5**	0.67
16. There is a need for more preventative services which offer low level support	32	**4.5**	0.72
30. Education providers need to be made more aware about the support needs of people with mental health problems	31	**4.5**	0.85
43. The public need to be made more aware about mental health issues in general in order to reduce the stigma	31	**4.5**	0.62
11. There is a need for out of hours drop-in services	32	**4.4**	0.71
13. There is a need for day care 7 days a week	32	**4.4**	0.49
15. There is a need for support to help people to attend appointment and group activities (i.e. to be accompanied on their journeys)	32	**4.4**	0.55
29. Employers need to be made more aware about the support needs of people with mental health problems	32	**4.4**	0.76
31. There is a need for more accessible counselling of young people and their parents through schools and other community settings	29	**4.4**	0.68
32. There is a need for more preventative work in schools especially in relation to homophobic bullying	30	**4.4**	0.71
37. Carers need more information about mental health and treatments	30	**4.4**	0.57
46. There is a need for more support for families who are affected by mental health issues	32	**4.4**	0.56
54. Older people need opportunities for social interaction which promote mental health	30	**4.4**	0.62
56. There is a need for vulnerable groups to have a safe space where they can access an integrated service i.e. primary and community care services alongside self help and user led activities	30	**4.4**	0.56
8. There is a need for a "gate-keeping" service so that people can access immediate crisis support which would also help them to access mainstream services	32	**4.3**	0.64
9. Out of hours support should link voluntary and mainstream services	31	**4.3**	0.59
14. There is an unmet need for holidays, social and leisure activities for people with long term mental health needs	31	**4.3**	0.71
18. There is a lack of access to alternative therapies	32	**4.3**	0.77
21. There is a need for more community support workers	32	**4.3**	0.78
33. There is a need for more bilingual interpreters to work with people with mental health needs	30	**4.3**	0.68
40. Young carers need more support	31	**4.3**	0.65
47. There are insufficient services for people with a dual diagnosis	29	**4.3**	0.72

48. There are insufficient services for people with a diagnosis of personality disorder	30	**4.3**	0.69
55. There is a need for local services so that people do not have to travel when they are under stress	30	**4.3**	0.53
60. Men have specific needs which get neglected (e.g. survivors of sexual abuse)	31	**4.3**	0.64
5. There is a lack of crisis housing or community wards	30	**4.2**	0.72
6. There is a lack of supported housing	30	**4.2**	0.86
7. There are insufficient respite services	32	**4.2**	0.61
10. There is a need for more drop-in services including those for specific group (e.g. women only, LGBT)	31	**4.2**	0.93
22. There are not enough STR (Support, Time, Recovery) workers to promote recovery and help people lead ordinary lives	28	**4.2**	0.7
26. There is a need for learning and work advisors to help people get back into employment or training after a period of illness, and to offer ongoing support	31	**4.2**	0.59
28. There is a need for more support to help people keep their employment through a period of illness	31	**4.2**	0.73
38. Current advice and information services are over-subscribed to meet current demand	25	**4.2**	0.78
39. Carers need more support at the start of their role	30	**4.2**	0.64
44. There is a need to educate people about the myth that transgender people and mental illness always go together	31	**4.2**	0.75
52. There is a need for a one-stop shop where people can access information, advocacy and advice about benefits, legal issues and housing	32	**4.2**	0.54
59. There is a need for women only services	32	**4.2**	0.67
62. Statutory service providers need training to enable them to respond better to service users presenting in crisis	29	**4.2**	0.76
12. There is a need for day care where places are by referral as not all service users are able to access drop-in sessions	32	**4.1**	0.76
20. There is an unmet need for services where people will be listened to in mainstream services	31	**4.1**	0.88
24. Many people in need are unable to access support from Community Psychiatric Nurses	31	**4.1**	0.81
25. The criteria which enable people to be able to access support at home need to be lowered	31	**4.1**	0.74
42. Existing advocacy services are over-stretched	28	**4.1**	0.74
51. There is a need for more advice about welfare benefits	31	**4.1**	0.76
57. There is a need for statutory services to recognise that Brighton and Hove have a specific local need in relation to the mental health of	29	**4.1**	0.7

the LGBT community			
58. There is an ongoing need to provide specific community based services for LGBT communities	29	**4.1**	0.82
4. There are insufficient hospital beds when people need admission	30	**4**	0.81
19. There is a need for a specialised service for people who have experienced a trauma	29	**4**	0.62
34. There is a need for a communication strategy for all service providers that recognises the needs of refugees and asylum seekers	30	**4**	0.61
36. There are insufficient services for refugees with mental health needs	29	**4**	0.68
41. There is an unmet need for advocacy for carers	30	**4**	0.74
61. There is a need for specific community based support for Black and minority ethnic communities	28	**4**	0.84
27. There is a need for a specialist employment advisor at Millview Hospital	31	**3.9**	0.85
35. There is a need for language specific self help groups	28	**3.9**	0.74
53. There is a lack of services for younger people with dementia	30	**3.8**	0.71
23. There are not enough survivor managed services	29	**3.7**	0.79
50. There is an unmet need for specialist ambulances for people in crisis	29	**3.6**	1.01
Section 3: Models of providing support to service users and carers			
95. There needs to be more collaboration between services based on the recovery model rather than the medical model	31	**4.6**	0.84
97. There needs to more alternatives to drug treatments as a first option from mainstream services	31	**4.3**	0.73
63. Self care needs to be promoted	29	**4.2**	0.67
72. Returning to work or entering paid employment is not a realistic target for all service users	32	**4**	0.75
84. Current models of support in the voluntary sector feel less punitive to service users than mainstream services	28	**4**	0.58
85. There is less of a sense of "them and us" in voluntary sector provision compared to mainstream provision	28	**4**	0.86
88. Current models of support in the voluntary sector work in a preventative way preventing relapse, promoting recovery, and reducing hospital admissions	29	**4**	0.77
92. There could be more user involvement within mental health projects within the voluntary sector	29	**4**	0.79
74. Current models of support in the voluntary sector offer opportunities for voluntary work which builds self esteem	32	**3.9**	0.67

75. Current models of support in the voluntary sector increase opportunities to socialise and build community	29	**3.9**	0.75
77. Voluntary sector mental health projects give service users a sense of structure and purpose	31	**3.9**	0.57
91. Current models of support in the voluntary sector encourage user involvement	26	**3.9**	0.57
96. More use of advance directives should be made	27	**3.9**	0.78
66. Current models of support in the voluntary sector build the confidence of people with mental health needs	29	**3.8**	0.97
69. Current models of support in the voluntary sector improve the well being of people who use the services	29	**3.8**	0.85
70. Current models of support in the voluntary sector are empowering for service users	26	**3.8**	1.04
79. Current models of support in the voluntary sector are more accessible than mainstream services	30	**3.8**	0.9
87. Service users are more trusting of voluntary sector mental health projects than they are of mainstream services	29	**3.8**	0.77
93. There is too much emphasis on diagnosing people in mainstream services	29	**3.8**	1.06
89. Current models of support in the voluntary sector offer more choice to service users than mainstream services	28	**3.75**	0.59
65. Current models of support in the voluntary sector build the self esteem of people with mental health needs	28	**3.7**	1.04
67. Current models of support in the voluntary sector give hope to people with mental health needs	28	**3.7**	0.91
68. Current models of support in the voluntary sector improve the quality of life for people with mental health needs	29	**3.7**	0.97
76. Current models of support in the voluntary sector increase opportunities to physical activities which promote well-being	28	**3.7**	0.76
64. Current models of support in the voluntary sector reduce isolation amongst people with mental health needs	28	**3.6**	0.91
73. Current models of support in the voluntary sector help people to take up educational opportunities	25	**3.6**	0.81
80. Voluntary sector mental projects work effectively with service users that the statutory services find "hard-to-engage"	28	**3.6**	1.29
83. The voluntary sector provides low threshold services which helps to identify need	26	**3.6**	0.69
98. The current CPA process is ineffective	27	**3.6**	0.88
78. Current models of support in the voluntary sector work in a holistic way	26	**3.5**	1.1
86. Voluntary sector workers are less judgemental than staff in mainstream services about people with mental health needs	27	**3.5**	0.8
90. The Expert Patients Programme "Looking after me" for carers is an effective model which helps carers to manage	27	**3.5**	0.8
94. There is too much emphasis on risk assessment in mainstream services	29	**3.5**	0.94
82. Voluntary sector projects increase access to their services through provision of crèches where women feel safe to leave their children	27	**3.4**	0.69

71. Current models of support in the voluntary sector help people to return to work or maintain their employment	28	**3.3**	0.82
81. Voluntary sector projects increase access to their services through provision of transport for those unable to travel on their own	26	**3.2**	0.63
Section 4: Representation and involvement			
106. Users need to be encouraged more to be experts on their own lives	30	**4.5**	0.64
100. The mental health forum provides a useful way of sharing information and liaising within the voluntary sector	30	**4.1**	0.64
103. Statutory sector staff would benefit from training from voluntary sector providers and service users in how to make their services more accessible to users	30	**4.1**	0.92
104. There is a need for a user forum to provide representatives to all relevant voluntary sector management committees	30	**4.1**	0.94
105. Provision of transport would enable more users to be involved and represented (e.g. at the LIVE session)	29	**4.1**	0.58
102. Voluntary sector workers would benefit from training in how to represent their organisations	27	**3.8**	1.09
108. There is a need for a dedicated worker to represent all mental health voluntary sector projects with commissioners	26	**3.8**	0.78
99. Small voluntary sector groups lack the capacity to get fully involved in order to ensure representation	27	**3.7**	1.17
101. Carer's voice training is an effective model for promoting involvement	24	**3.6**	0.77
107. The Expert Patient Programme "Living Well" is a valuable model to promote involvement for service users	27	**3.6**	1.31
Section 5: Capacity building and infrastructure support			
129. Short term funding makes it difficult to plan and develop services	29	**4.6**	0.53
113. There is a need for further development of partnership working between voluntary sector mental health projects	30	**4.4**	0.49
114. There is a need for more partnership working between the voluntary sector and the statutory sector	29	**4.4**	0.62
128. There is a need to find funding streams for projects where there are ongoing needs	31	**4.4**	0.57
121. Collaborative working would lead to better co-ordination of services	30	**4.3**	0.56
125. Voluntary sector organisations could skill share (e.g. provide each other with specialist training for their volunteers)	31	**4.3**	0.59
127. Voluntary sector projects need to use the full cost recovery model when putting in tenders or funding bids (i.e. making sure that all the management, development and hidden costs are covered)	30	**4.3**	0.66
131. There is a need for an independent service to help all community and voluntary sector organisations to complete funding applications	28	**4.3**	0.65
132. There is a need to find ways of sharing information across the sector which would support funding bids (e.g. keeping up to date with relevant policy and strategic developments and gathering evidence	31	**4.3**	0.59

about what works and identifying potential funding sources)			
116. The voluntary sector is more flexible than the statutory sector and therefore more able to respond to user demand	31	**4.2**	0.73
120. Partnership working would reduce isolation amongst small organisations	31	**4.2**	0.48
123. Voluntary sector organisations should share human resources by for instance building a database of freelance providers who are tried and trusted to help with accounts or fund-raising	30	**4.2**	0.62
126. Voluntary sector mental health projects need more information about how to form partnerships where the costs of resources are shared	28	**4.2**	0.63
130. Voluntary sector agencies need to build consortia in order to be able to put in joint bids to provide services	29	**4.2**	0.71
133. Social enterprises need to be developed to bring in sustainable funding (i.e. ways of generating income within the aims and ethos of existing projects)	31	**4.2**	0.65
138. Voluntary sector workers need more training about specialist mental health needs	29	**4.2**	0.86
119. Partnership working would lead to less duplication	30	**4.1**	0.79
134. Voluntary sector mental health projects need more information about social enterprise	29	**4.1**	0.69
112. The diversity of mental health projects is a strength of the sector	29	**4**	0.72
115. Voluntary sector projects should be able to take on a care co-ordinator role so they can re-refer to community mental health teams when service users relapse	30	**4**	0.98
117. The voluntary sector is more able to innovate than the statutory sector	30	**4**	0.85
118. The voluntary sector is more able to engage with communities than the statutory sector	30	**4**	0.81
135. Voluntary sector mental health projects need development work in order to help them compete on a business model	30	**4**	0.79
139. The mental health network needs to identify which organisations would be able to take on, or develop, infrastructure support for the sector	30	**4**	0.74
110. A communal diary across the voluntary sector would help to improve networking and communication	30	**3.9**	0.83
124. Voluntary sector organisations with similar aims or client groups should form partnerships so they can reduce their administrative burden (e.g. by having only one management committee, and sharing finance workers)	29	**3.9**	0.82
136. The voluntary sector need to share a contracts expert who could advise and train smaller organisations competing for bigger contracts	29	**3.9**	0.7
122. Voluntary sector organisations should share buildings so they can reduce costs such as reception staff, crèche facilities, and equipment	29	**3.8**	0.85
137. Voluntary sector workers need more training about governance of their organisations (i.e. management of their organisation)	28	**3.7**	0.86

109. There are good networks between voluntary sector organisations allowing signposting and referrals to be made	24	**3.4**	0.83
111. There is good partnership working between voluntary sector mental health projects	26	**3.4**	0.7

A mean score of 4 or greater indicates overall agreement within the panel on a particular item. A score between 3 and 4 indicated that the panel were between neutral and in agreement. All the mean scores for all 139 items are greater than 3 indicating agreement or neutrality (i.e. none of the mean scores indicated disagreement within the panel about any of each other's opinions). 2/3rds of the items showed overall agreement and 1/3rd of the items indicated that the panel was between neutral and in agreement.

The standard deviations for each item were also calculated – this measure shows how much variation there is within the panel and therefore indicated the level of consensus or shared opinion.

A standard deviation of 1 or less indicates that the panel have a strong consensus i.e. most of them are close of the overall average score. A standard deviation of more than 1 indicates there is a wide range of opinion, and therefore a low consensus, within the panel. The means and standard deviations are shown in Table 2. It can be seen from this that only 120 out of 129 items had a standard deviation less than 1 (94%). This means that the panel agreed with each other and had a very high level of consensus amongst them.

4.1 Needs and gaps in services

A large number of needs and gaps in current services were identified as well as needs to continue to provide services for specific communities. It was felt that the statutory services' responses to people in crisis was poor and that training was needed. It was agreed that there was a need for better access to, and more of the following:

- Crisis services
- Out of hours services
- Drop-in services
- Day services
- Supported housing
- Respite services
- Holidays, social and leisure activities for people with long tem mental health needs
- Talking treatments
- Accompaniment and transport
- Alternative therapies

- More alternatives to drug treatments as a first option in mainstream services
- Community support workers
- Support, time and recovery workers
- Low threshold preventative services
- Support at home
- Learning and work advice
- Support in employment or education
- Support for young people and their families
- Preventative work re bullying in schools
- Bilingual interpreters
- Welfare advice

It was agreed that existing information and advocacy services are over-stretched and there is a need for neighbourhood based services for people who are too unwell to travel. The idea of a one-stop shop for information, advocacy and advice was also supported.

It was also agreed that there is a need for separate services, or more support, for the following specific groups:

- Black and minority ethnic communities
- Refugees and people who have suffered trauma
- Lesbian, gay, bisexual and transgender people
- Older people
- Women
- Men who have experiences abuse
- Carers
- People with a dual diagnosis
- People diagnosed with Personality Disorder

It was also agreed that more preventative work could be done to raise public awareness about mental health and dispel myths (e.g. in relation to transgender people). Another point was that the police station is not a suitable place of safety

4.2 Benefits of existing voluntary sector provision

The interviews and focus groups with service users showed that service users were more trusting of the voluntary sector and found it more accessible than statutory sector services. They felt that existing voluntary sector mental health projects led to important outcomes such as:

- Giving hope
- Increases in self esteem

- Building confidence
- Developing friendship and support networks
- Building a sense of community
- Improved well-being
- Improved quality of life.

There was a strong view expressed that returning to paid work was not always a realistic outcome but that voluntary work was an important opportunity giving structure and meaning to people's lives. Voluntary sector services were also seen to be more empowering for service users and seen to have a preventative effect for people vulnerable to relapse.

Overall, it was agreed that the sector works in a preventative way, promoting recovery, reducing relapse and hospital admissions. The diversity of the sector was seen as a strength offering people choice and the sector was seen a being more able to engage with communities than the statutory sector. There was an agreement that further partnership working with the statutory sector was desirable. This could include taking on a care-coordinator role or providing integrated services where people can access primary and community care alongside self help and user led activities.

4.3 Representation and Involvement

There was agreement that a number of current initiatives support user involvement; these were the Expert Patient Programme; Carer's Voice training and the LIVE sessions although transport would increase participation. It was also agreed that statutory services would benefit from training from service users and voluntary sector providers to make statutory services more accessible. It was also felt that user involvement within the voluntary sector could also be improved with an identified need for a user forum to provide representatives to all relevant voluntary sector management committees.

4.4 Future ways of working and capacity building within the sector

There was a high level of agreement and consensus within the panel that the sector needed to find ways of working together more in partnership to tender to provide services or to obtain funding. It was felt this would lead to less duplication and allow knowledge, expertise and resources to be shared. It was agreed that more information was needed about how to develop partnerships and share costs of resources suggesting the need for capacity building and/or infrastructure support in this area. The idea of developing social enterprises was also supported but again developmental needs were identified in order for this to happen. It is worth noting that very few participants mentioned social enterprise, or sharing backroom resources in the first round of the Delphi survey but once their attention was drawn to it in the second round a high level of interest was registered. It was also noted by the local Change Up consortium that local mental

health projects had not been involved in the development of a local plan. This suggests that there is a low level of awareness about the Change Up initiative and that capacity building opportunities in relation to this would be useful for the mental health network, The mental health network was seen as a good way of sharing information but it was also agreed that there was a need to identify organisations able to take on an infrastructure role for local mental health voluntary sector projects.

5. Discussion

The consultation and Delphi survey showed a high level of agreement and consensus within the voluntary sector, and amongst other stakeholders, about mental health needs and provision. It also identified agreement and consensus about developmental needs which would enable the sector to work together to build capacity in order to provide some of these services in a sustainable way. The Working Group of the Mental Health Network will develop an action plan to progress the developmental needs identified in this report.

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Appendix 1

Developing a Mental Health Strategy for the CVS in Brighton and Hove

Delphi Survey Round One

You are invited to take place in this survey in order to help the local community and voluntary sector state and develop its shared vision in relation to mental health. This will strengthen the collective voice of the CVS when campaigning for better services, when tendering to provide services and when representing the interests of service users. It is important that we identify the CVS' views on local needs and priorities and the contribution that the CVS can make in relation to meeting needs and setting priorities.

You are part of a panel of experts who have an interest in mental health and who represent the CVS. You will be invited to participate in two further rounds of this survey – in the second and third rounds you will get some feedback about the opinions of the rest of the panel and will be invited to indicate to what extent you agree with the opinions of the rest of the panel. The responses of each member of the panel will be anonymous so you will all know what other people have said but not who said it. Please complete this questionnaire and **return it by February 20th** to h.platzer@brighton.ac.uk. If you are unable to e-mail your response please post it to Duncan Blinkhorn, Brighton & Hove Community & Voluntary Sector Forum (CVSF) Community Base, 113 Queens Road, Brighton BN1 3XG. This piece of work is being conducted by the CVSF Mental Health Network and the University of Brighton and we hope to complete it by the end of March 2006.

Section 1: About you (your responses to this survey will be anonymous)

Your name:	
Your group or organisation (if any):	
Please state in what capacity you are participating in this survey (e.g. a service user; carer, volunteer, voluntary sector paid worker; statutory sector paid worker etc)	
If you have been given this survey by another member of the panel please indicate who gave it to you.	

Section 2: Needs and gaps in services

Question 1: What kinds of support and services do you think are lacking in Brighton and Hove in relation to mental health?

Question 2: Which of these gaps do you think could be filled by the voluntary sector in terms of providing those services?

Question 3: Which of these gaps do you think the voluntary sector should be involved in by campaigning for better services from the statutory sector?

Question 4: Please identify which groups of people locally are particularly vulnerable in relation to their mental health?

Question 5: Which of these vulnerable groups (identified in question 4) does the voluntary sector have a role in supporting?

Section 2: Models of providing support

Question 6: In what ways does the voluntary sector make its services accessible to people with mental health problems?

Question 7: What do you think are the benefits of existing voluntary sector provision to people in relation to their mental health?

Question 8: How does the voluntary sector work differently with people in relation to their mental health compared to the way the statutory sector services work?

Question 9: What do you think are realistic outcomes against which we should measure the success of voluntary sector support in relation to people's mental health?

Section 3: Representation and involvement

Question 10: Do you think the voluntary sector is adequately represented with statutory agencies in terms of developing local strategies in relation to mental health? If not, please indicate how you think this could be improved.

Question 11: Do you think that service users are adequately represented with statutory agencies in terms of developing local strategies in relation to mental health? If not, please indicate how you think this could be improved.

Question 12: What priorities do you think should be set in relation to meeting local mental health needs?

Section 4: Capacity building and infrastructure support

Question 13: What makes it difficult for the voluntary sector in terms of obtaining funding to provide services?

Question 14: If there was additional funding for new roles or structures, what would make it possible for the voluntary sector to compete more effectively to provide services?

Section 5: Other Comments

Question 15: Do you wish to make any further comments about how you think the CVS can state and develop its vision in relation to mental health?

Thank you for taking the time to participate in this survey – you will receive feedback about the panel's responses and will be invited to comment again. Please feel free to pass copies of this survey to anyone who has an interest who has not already been invited to participate. If you need any further information you can contact Hazel Platzer on 01273-297597.

Appendix 2

Developing a Mental Health Strategy for the Community and Voluntary Sector in Brighton and Hove

Delphi Survey Round Two

You are invited to take place in this second round of a survey in order to help the local community and voluntary sector (CVS) state and develop its shared vision in relation to mental health, and to help develop a voluntary sector mental health strategy. This will strengthen the collective voice of the CVS when campaigning for better services, when tendering to provide services and when representing the interests of service users. It is important that we identify your views on local needs and priorities and the contribution that the CVS can make in relation to meeting those needs and setting priorities.

You are part of a panel of about 60 "experts" who have an interest in mental health and who represent the local CVS. This second round of the survey combines everyone's responses from the first round so you are now getting to see everyone else's opinions – the first round included carers, service users, volunteers and paid workers from the community and voluntary sector. In this second round you are asked to indicate how much you agree with each other; you can do this by ticking the appropriate box after each statement if you are completing it by hand. If you have received a copy by e-mail you can click on the box with your mouse to put in a cross (if you make a mistake click on the box again and the cross will be removed). **If you are not sure about a particular item or don't have an opinion please leave it blank.** After each section you can add any further comments if you wish to.

The responses of each member of the panel will be anonymous so you will all know what other people have said but not who said it. After this second round the survey will be written up and it will show how much agreement there is amongst the panel.

You will have an opportunity to complete this questionnaire at the CVSF **quarterly meeting on March 8th** – we are e-mailing this out as well so if you are unable to come on March 8th please can you return this survey by **Tuesday 14th March** to h.platzer@brighton.ac.uk. If you are unable to e-mail your response please post it to Duncan Blinkhorn, Brighton & Hove Community & Voluntary Sector Forum (CVSF), Community Base, 113 Queens Road, Brighton BN1 3XG.

This piece of work is being conducted by the CVSF Mental Health Network and the University of Brighton and we hope to complete it by the end of March 2006. We think that **it will take you about half an hour to complete** this round of the survey and very much hope that you will be able to participate. **You may copy this survey to other people who wish to participate.**

BRIGHTON AND HOVE COMMUNITY AND VOLUNTARY SECTOR FORUM

community university partnership www.cupp.org.uk

University of Brighton

Section 1: About you (your responses to this survey will be anonymous)

Your name:	
Your group or organisation (if any):	
Please state in what capacity you are participating in this survey (e.g. a service user; carer, volunteer, voluntary sector paid worker; statutory sector paid worker etc)	
If you have been given this survey by another member of the panel please indicate who gave it to you.	
Did you complete the first round of this survey?	

Section 2: Needs and gaps in services

1. There is an unmet need for out of hours crisis support in the evenings and at weekends where face-to-face support is available				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

2. There is a need for more telephone support out of hours				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

3. There is a need for halfway houses for people who do not need to go into hospital but are too unwell to stay at home				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

4. There are insufficient hospital beds when people need admission				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

5. There is a lack of crisis housing or community wards				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

6. There is a lack of supported housing				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

7. There are insufficient respite services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

8. There is a need for a “gate-keeping” service so that people can access immediate crisis support which would also help them to access mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

9. Out of hours support should link voluntary and mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

10. There is a need for more drop-in services including those for specific group (e.g. women only, LGBT)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

11. There is a need for out of hours drop-in services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

12. There is a need for day care where places are by referral as not all service users are able to access drop-in sessions				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

13. There is a need for day care 7 days a week				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

14. There is an unmet need for holidays, social and leisure activities for people with long term mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

15. There is a need for support to help people to attend appointment and group activities (i.e. to be accompanied on their journeys)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

16. There is a need for more preventative services which offer low level support				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

17. There is a need for shorter waiting times to access talking treatments/counselling				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

18. There is a lack of access to alternative therapies				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

19. There is a need for a specialised service for people who have experienced a trauma				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

20. There is an unmet need for services where people will be listened to in mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

21. There is a need for more community support workers				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

22. There are not enough STR (Support, Time, Recovery) workers to promote recovery and help people lead ordinary lives				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

23. There are not enough survivor managed services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

24. Many people in need are unable to access support from Community Psychiatric Nurses				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

25. The criteria which enable people to be able to access support at home need to be lowered				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

26. There is a need for learning and work advisors to help people get back into employment or training after a period of illness, and to offer ongoing support				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

27. There is a need for a specialist employment advisor at Millview Hospital				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

28. There is a need for more support to help people keep their employment through a period of illness				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

29. Employers need to be made more aware about the support needs of people with mental health problems				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

30. Education providers need to be made more aware about the support needs of people with mental health problems				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

31. There is a need for more accessible counselling of young people and their parents through schools and other community settings				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

32. There is a need for more preventative work in schools especially in relation to homophobic bullying				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

33. There is a need for more bilingual interpreters to work with people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

34. There is a need for a communication strategy for all service providers that recognises the needs of refugees and asylum seekers				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

35. There is a need for language specific self help groups				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

36. There are insufficient services for refugees with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

37. Carers need more information about mental health and treatments				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

38. Current advice and information services are over-subscribed to meet current demand				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

39. Carers need more support at the start of their role				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

40. Young carers need more support				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

41. There is an unmet need for advocacy for carers				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

42. Existing advocacy services are over-stretched				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

43. The public need to be made more aware about mental health issues in general in order to reduce the stigma				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

44. There is a need to educate people about the myth that transgender people and mental illness always go together				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

45. Greater awareness about mental health would enable earlier preventative work to take place				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

46. There is a need for more support for families who are affected by mental health issues				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

47. There are insufficient services for people with a dual diagnosis				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

48. There are insufficient services for people with a diagnosis of personality disorder				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

49. The police station is not a suitable place of safety				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

50. There is an unmet need for specialist ambulances for people in crisis				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

51. There is a need for more advice about welfare benefits				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

52. There is a need for a one-stop shop where people can access information, advocacy and advice about benefits, legal issues and housing				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

53. There is a lack of services for younger people with dementia				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

54. Older people need opportunities for social interaction which promote mental health				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

55. There is a need for local services so that people do not have to travel when they are under stress				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

56. There is a need for vulnerable groups to have a safe space where they can access an integrated service i.e. primary and community care services alongside self help and user led activities				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

57. There is a need for statutory services to recognise that Brighton and Hove have a specific local need in relation to the mental health of the LGBT community				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

58. There is an ongoing need to provide specific community based services for LGBT communities				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

59. There is a need for women only services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

60. Men have specific needs which get neglected (e.g. survivors of sexual abuse)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

61. There is a need for specific community based support for Black and minority ethnic communities				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

62. Statutory service providers need training to enable them to respond better to service users presenting in crisis				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments about items in Section 2

Section 3: Models of providing support to service users and carers

63. Self care needs to be promoted				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

64. Current models of support in the voluntary sector reduce isolation amongst people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

65. Current models of support in the voluntary sector build the self esteem of people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

66. Current models of support in the voluntary sector build the confidence of people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

67. Current models of support in the voluntary sector give hope to people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

68. Current models of support in the voluntary sector improve the quality of life for people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

69. Current models of support in the voluntary sector improve the well being of people who use the services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

70. Current models of support in the voluntary sector are empowering for service users				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

71. Current models of support in the voluntary sector help people to return to work or maintain their employment				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

72. Returning to work or entering paid employment is not a realistic target for all service users				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

73. Current models of support in the voluntary sector help people to take up educational opportunities				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

74. Current models of support in the voluntary sector offer opportunities for voluntary work which builds self esteem				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

75. Current models of support in the voluntary sector increase opportunities to socialise and build community				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

76. Current models of support in the voluntary sector increase opportunities to physical activities which promote well-being				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

77. Voluntary sector mental health projects give service users a sense of structure and purpose				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

78. Current models of support in the voluntary sector work in a holistic way				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

79. Current models of support in the voluntary sector are more accessible than mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

80. Voluntary sector mental projects work effectively with service users that the statutory services find “hard-to-engage”				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

81. Voluntary sector projects increase access to their services through provision of transport for those unable to travel on their own				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

82. Voluntary sector projects increase access to their services through provision of crèches where women feel safe to leave their children				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

83. The voluntary sector provides low threshold services which helps to identify need				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

84. Current models of support in the voluntary sector feel less punitive to service users than mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

85. There is less of a sense of "them and us" in voluntary sector provision compared to mainstream provision				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

86. Voluntary sector workers are less judgemental than staff in mainstream services about people with mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

87. Service users are more trusting of voluntary sector mental health projects than they are of mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

88. Current models of support in the voluntary sector work in a preventative way preventing relapse, promoting recovery, and reducing hospital admissions				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

89. Current models of support in the voluntary sector offer more choice to service users than mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

90. The Expert Patients Programme "Looking after me" for carers is an effective model which helps carers to manage				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

91. Current models of support in the voluntary sector encourage user involvement				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

92. There could be more user involvement within mental health projects within the voluntary sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

93. There is too much emphasis on diagnosing people in mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

94. There is too much emphasis on risk assessment in mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

95. There needs to be more collaboration between services based on the recovery model rather than the medical model				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

96. More use of advance directives should be made				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

97. There needs to be more alternatives to drug treatments as a first option from mainstream services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

98. The current CPA process is ineffective				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments about items in section 3

Section 4: Representation and involvement

99. Small voluntary sector groups lack the capacity to get fully involved in order to ensure representation				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

100. The mental health network provides a useful way of sharing information and liaising within the voluntary sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

101. Carer's voice training is an effective model for promoting involvement				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

102. Voluntary sector workers would benefit from training in how to represent their organisations				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

103. Statutory sector staff would benefit from training from voluntary sector providers and service users in how to make their services more accessible to users				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

104. There is a need for a user forum to provide representatives to all relevant voluntary sector management committees				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

105. Provision of transport would enable more users to be involved and represented (e.g. at the LIVE session)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

106. Users need to be encouraged more to be experts on their own lives				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

107. The Expert Patient Programme "Living Well" is a valuable model to promote involvement for service users				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

108. There is a need for a dedicated worker to represent all mental health voluntary sector projects with commissioners				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments about items in section 4

Section 5: Capacity building and infrastructure support

109. There are good networks between voluntary sector organisations allowing signposting and referrals to be made				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

110. A communal diary across the voluntary sector would help to improve networking and communication				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

111. There is good partnership working between voluntary sector mental health projects				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

112. The diversity of mental health projects is a strength of the sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

113. There is a need for further development of partnership working between voluntary sector mental health projects				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

114. There is a need for more partnership working between the voluntary sector and the statutory sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

115. Voluntary sector projects should be able to take on a care co-ordinator role so they can re-refer to community mental health teams when service users relapse				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

116. The voluntary sector is more flexible than the statutory sector and therefore more able to respond to user demand				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

117. The voluntary sector is more able to innovate than the statutory sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

118. The voluntary sector is more able to engage with communities than the statutory sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

119. Partnership working would lead to less duplication				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

120. Partnership working would reduce isolation amongst small organisations				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

121. Collaborative working would lead to better co-ordination of services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

122. Voluntary sector organisations should share buildings so they can reduce costs such as reception staff, crèche facilities, and equipment				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

123. Voluntary sector organisations should share human resources by for instance building a database of freelance providers who are tried and trusted to help with accounts or fund-raising				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

124. Voluntary sector organisations with similar aims or client groups should form partnerships so they can reduce their administrative burden (e.g. by having only one management committee, and sharing finance workers)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

125. Voluntary sector organisations could skill share (e.g. provide each other with specialist training for their volunteers)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

126. Voluntary sector mental health projects need more information about how to form partnerships where the costs of resources are shared				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

127. Voluntary sector projects need to use the full cost recovery model when putting in tenders or funding bids (i.e. making sure that all the management, development and hidden costs are covered)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

128. There is a need to find funding streams for projects where there are ongoing needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

129. Short term funding makes it difficult to plan and develop services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

130. Voluntary sector agencies need to build consortia in order to be able to put in joint bids to provide services				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

131. There is a need for an independent service to help all community and voluntary sector organisations to complete funding applications				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

132. There is a need to find ways of sharing information across the sector which would support funding bids (e.g. keeping up to date with relevant policy and strategic developments and gathering evidence about what works and identifying potential funding sources)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

133. Social enterprises need to be developed to bring in sustainable funding (i.e. ways of generating income within the aims and ethos of existing projects)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

134. Voluntary sector mental health projects need more information about social enterprise				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

135. Voluntary sector mental health projects need development work in order to help them compete on a business model				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

136. The voluntary sector need to share a contracts expert who could advise and train smaller organisations competing for bigger contracts				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

137. Voluntary sector workers need more training about governance of their organisations (i.e. management of their organisation)				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

138. Voluntary sector workers need more training about specialist mental health needs				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

139. The mental health network needs to identify which organisations would be able to take on, or develop, infrastructure support for the sector				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments about items in section 5

Section 6: Further Comments (please add anything else that you feel is important in terms of the local Community and Voluntary Sector's shared values and vision in relation to mental health)

Thank you for taking the time to participate in this survey – you will receive a copy of the results which will show how much agreement there is among you. This will help to make a statement about shared values and vision and it will help the CVS to set priorities. If you need any further information you can contact Hazel Platzer on 01273-297597.