What People in Sandwell Say About Getting Mental Health Support

Report June 2026

Engaging Communities Solutions

healthwatch Sandwell

Contents

Introduction

Healthwatch Sandwell is an independent organisation that listens to the views and experiences of people who use health and social care services. It uses this feedback to help influence and improve how local services are planned, delivered and reviewed. Healthwatch is part of a national network and shares insight with organisations including the Care Quality Commission, which regulates health and social care services in England.

As part of Healthwatch Sandwell's priority work programme, this project explored local residents' experiences and awareness of community mental health services. The project aimed to understand how people access support, identify barriers that may prevent them from seeking help, and gather feedback on how services can be improved to better meet the needs of local communities.

Context

Awareness of available services, confidence in accessing support, and experiences of care can vary significantly between communities. Healthwatch Sandwell identified community mental health services as a priority area due to ongoing concerns about access, waiting times, awareness of services, and health inequalities affecting different groups across the borough.

Through this project, Healthwatch Sandwell sought to hear directly from local people about their experiences of community mental health services, their understanding of the support available, and any barriers they encountered when trying to access help. The findings will help inform local partners and service providers about what is working well and where improvements may be needed.

What We Did

To gather feedback, Healthwatch Sandwell carried out community engagement across the borough. We visited community settings, spoke directly with residents about their awareness and experiences of mental health support, and held focus groups to explore access, barriers and recommendations in more depth. This approach allowed us to capture both individual experiences and wider community perspectives.

Who Took Part

We spoke to a diverse range of people from communities across Sandwell, including individuals with lived experience of mental health challenges, people who had accessed community mental health services, and people who had not previously used support services. Participants represented different ages, backgrounds and communities, helping to ensure that the findings reflected a broad range of experiences and perspectives from across the borough. A demographic breakdown is included later in this report.

Executive Summary

Healthwatch Sandwell explored people's experiences of low-level mental health support across the borough through a survey, conversations with people who had experienced mental health difficulties, and discussions with local organisations and service users.

The findings showed that people were most aware of support available through their GP and community organisations. However, awareness of services such as bereavement support, peer support, wellbeing services, online support, and telephone counselling was much lower.

Although many people knew that support existed, accessing it was often difficult. The most common problem was long waiting times, alongside confusion about where to go, complicated referral processes and a lack of clear information. Some people felt their mental health difficulties were not taken seriously until they reached crisis point.

Experiences of services were mixed. While some people reported positive experiences, particularly with bereavement and specialist support, many described poor or average experiences when seeking help for anxiety, depression, and low mood. Several people said they were offered medication but were not made aware of other support options, while others wanted more opportunities for one-to-one support rather than group-based services.

People also reported barriers linked to transport, digital access, language, culture, stigma and eligibility criteria. Many felt support was not always personalised to their needs and circumstances.

The focus groups highlighted the important role of community organisations, peer support, Link Workers, volunteering opportunities and social connections in supporting mental wellbeing. Participants felt more should be done to promote services, provide support earlier, reduce waiting times and ensure services are more flexible and inclusive.

Overall, the findings show that Sandwell has a range of mental health support available, but many people still struggle to find, access and navigate services. People need better awareness of available support, earlier intervention, shorter waiting times, clearer signposting and more personalised support so they can get the right help before reaching crisis point.

Our Findings

Through our engagement activities and focus groups, we gathered views and experiences about community mental health services in Sandwell. Participants told us about their awareness of available support, their experiences of accessing services, and the challenges they faced when seeking help. Several themes emerged, highlighting both positive experiences and areas where services could become more accessible, responsive and inclusive. The findings below reflect residents' voices and identify opportunities to improve community mental health support across Sandwell. Questions were optional, so not every participant answered every question.

The main themes from our findings are:

- Awareness of services
- Experiences of using services
- Factors for poor ratings
- Barriers to support
- Waiting times
- Personalised support
- People's stories
- Data breakdown

This report includes residents' stories, focus group feedback, survey questions and response data to show both the themes that emerged and the evidence that supports them.

Awareness of Services

Key Findings

The survey findings suggest that awareness of low-level mental health services in Sandwell is shaped by visibility, trusted referral routes and personal experience. Services embedded in primary care, particularly GP support, had the highest awareness and use. Voluntary and community organisations were also well recognised because of their strong local presence.

By contrast, awareness of wellbeing services, peer support, online support, bereavement services and telephone counselling was much lower, suggesting that these forms of support are less visible or less consistently promoted. Awareness does not always lead to use, with barriers including stigma, eligibility requirements and uncertainty about how to access services. Overall, services linked to trusted organisations and established referral pathways were more widely known than specialised or alternative forms of support.

Accessing services

Most respondents had recently accessed community-based mental health services, with self-referral being the most common route. Referrals from healthcare professionals, family and friends, and other organisations were also important pathways.

Support was mainly delivered through face-to-face or telephone appointments, with less use of online services.

Awareness of services was largely driven by GPs and other health professionals, followed by recommendations from personal networks, online searches, and community organisations.

Overall, the findings highlight the important role of healthcare professionals in signposting support, alongside the value of self-referral in accessing services.

Experiences of using services

Key Findings

Respondents accessed community-based mental health services for a wide range of needs, including depression, anxiety, low mood, bereavement, trauma, perinatal mental health concerns, eating disorders, and mental health difficulties linked to physical health conditions.

Experiences were mixed, with many rating support as poor or average, particularly for common mental health problems, while more positive experiences were reported for bereavement, post-traumatic stress, and perinatal support.

Many respondents also reported limited understanding of available services before accessing them and found the process of obtaining support difficult, suggesting barriers to accessing timely and effective care.

Factors for poor ratings

Key Findings

Survey findings suggest that poor ratings of community-based mental health services were linked to difficulties accessing support, limited understanding of available services and dissatisfaction with the support received. Many respondents described challenges navigating services and getting help when they needed it. Others were unclear about what services could offer before engaging with them, which may have contributed to unmet expectations.

Some respondents also felt that lower-level mental health concerns were not taken seriously, while dissatisfaction was particularly evident among those seeking support for common issues such as anxiety, depression, and low mood.

Barriers to Support

Key Findings

Respondents reported a range of barriers to accessing mental health support. Long waiting times were the most common challenge, but people also raised transport and location issues, uncertainty about where to seek help, difficulties accessing digital services, stigma, complex referral processes, and concerns about cultural, language and physical accessibility.

Some felt there was a lack of one-to-one support and that group services did not meet their needs, while others were unable to access help because their difficulties were not considered severe enough.

Overall, the findings highlight challenges relating to awareness, accessibility, eligibility, and the availability of appropriate support options, all of which may delay or prevent people from receiving timely mental health support.

Waiting Times

Key Findings

The findings show that waiting times for mental health support varied significantly. Many respondents waited several weeks, while some experienced much longer delays and a small number were still waiting for support after several months. Feedback also suggests that some people received limited guidance when they first sought help, with support often not being proactively arranged.

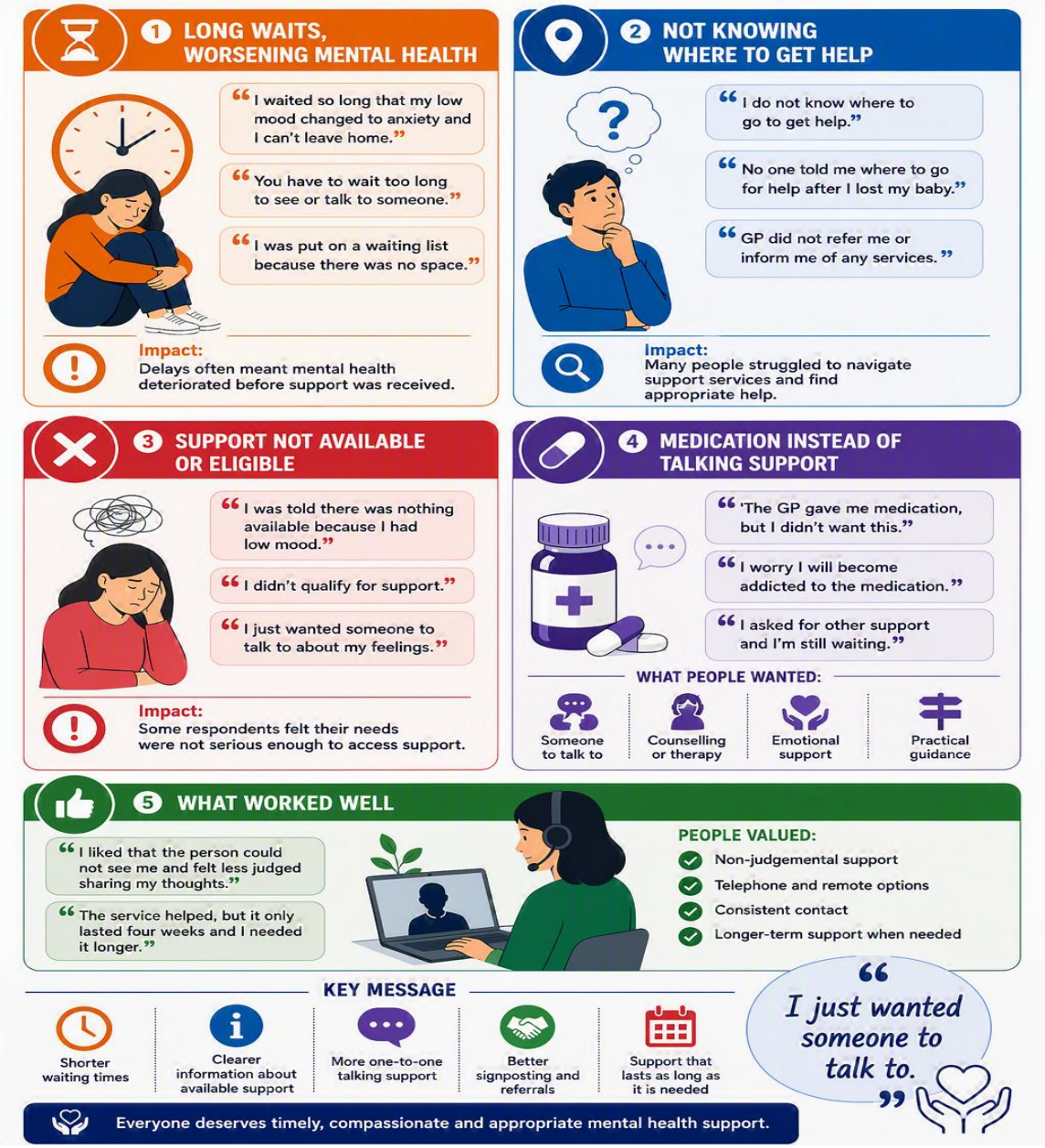
Overall, the results highlight delays in access and indicate that some people do not receive timely or effective support when they initially reach out for help.

Personalised Support

Key Findings

The findings suggest that many respondents did not feel the support they received was personalised to their individual needs. While some felt services were tailored to their circumstances and others reported mixed experiences, almost half said the support was not personalised. This suggests that many people felt their mental health needs, preferences or personal circumstances were not fully understood or addressed.

Overall, the results highlight the importance of providing more person-centred support that is responsive to individual needs and experiences.



People's Stories

Healthwatch Sandwell held in-depth discussions with people who had experienced poor mental health and felt they had not received the support they needed. The following stories illustrate the impact of delayed, limited or unclear support.

Story one

A mother shared that her daughter had been feeling low following the birth of her first child. Initially, the family believed this was due to the physical and emotional impact of childbirth, along with the challenges of adjusting to life as a first-time mother. However, her mood did not improve; instead, it continued to worsen, although there were occasional moments when she seemed to be coping well.

Eventually, the new mother was encouraged to speak to her GP about how she was feeling. It took two weeks to secure a telephone appointment, but she missed the call because her baby was unwell and needed care at that time. As no follow-up call was made, she had to book another appointment, which took a further week.

During this consultation, the GP explained that it can take time to feel like oneself again after giving birth and adapting to changes in family life. The new mother was advised to be patient, even though she had shared that she was struggling to leave the house. The GP mentioned that medication could be considered if her symptoms persisted but stated that there was no clear diagnosis at this early stage. They also explained that referrals to specialist mental health services were generally reserved for more severe cases, giving self-harm as an example.

A few weeks later, her condition deteriorated significantly. Feeling unable to cope, she harmed herself and required treatment at A&E. She was subsequently referred for mental health support.

Story two

A woman shared that her mental health had gradually worsened to the point where her husband encouraged her to see their GP. She explained that her struggles had built up over time and did not feel like something that could easily be resolved.
She described feeling constantly frightened and overwhelmed. She had stopped going out and was persistently worried, particularly about how the ongoing stress might affect her physical health. Everyday situations, such as hearing distressing news on television or having visitors at home, would trigger intense reactions, leaving her shaking and in tears.
Her GP made a referral to the community mental health team; however, a month later, she was still waiting to be contacted for further support.

Story three

The participant explained that losing their brother at the age of eight left a sadness that never fully went away. They were still trying to understand that loss when they also lost their sister. At that point, everything seemed to unravel: the grief felt deeper, heavier and much harder to carry. Since then, they have lived with a constant fear of losing the people they love.
It was not until after their sister's death that they began to realise what they were feeling went beyond grief. Before that, they had told themselves it was just the past, something they had to live with. This felt different: it was overwhelming and all-consuming. Their thoughts would not stop, and they were unable to find any peace.

Eventually, they went to their GP, hoping for some relief. They were prescribed antidepressants and took them for a while, trying to trust that the medication might help. However, they felt uneasy about relying on it and became afraid of becoming dependent, so they stopped taking it.

Focus Group on Mental Health Services and Support

Healthwatch Sandwell facilitated a focus group at West Park Pavilion in Smethwick to gather views and experiences about mental health services and support within the borough. The group included representatives from organisations that support people with mental health needs, individuals with lived experience who currently receive support services, and a local councillor.

The discussion aimed to understand:

- What mental health services and support organisations people are aware of.
- What would help prevent individuals from reaching a mental health crisis.
- What aspects of current support are working well.
- What improvements are needed to better meet people's needs.

Awareness of Mental Health Services and Support Organisations

Participants demonstrated a good awareness of local mental health support services and organisations. Collectively, the group identified 22 services and organisations, reflecting the strong representation of community organisations already working within the sector.

What Would Help People Stay Out of Crisis?

Participants identified several factors that they felt would help prevent mental health crises and improve wellbeing:

- Mental health helplines and telephone support services need to be more accessible and responsive.
- Services should offer greater flexibility, including support outside traditional office hours.
- Safe and welcoming outdoor spaces, alongside community-based outdoor activities, would encourage social interaction and wellbeing.
- More integrated services and culturally appropriate activities are needed to meet the needs of diverse communities.
- Increased promotion and publicity of available support services, including advertising on local public transport.
- Improved signposting and outreach support following bereavement, particularly from hospital services after the death of a loved one.
- Concerns were raised about the low representation and engagement of people from Afro-Caribbean communities within mental health services.
- Greater access to early intervention and preventative support to reduce the likelihood of individuals reaching crisis point.
- Building on family and community-based approaches where local networks can provide support and resilience.
- Greater recognition of mental health as a priority area, supported by appropriate investment and attention.
- More support relating to end-of-life issues, debt and financial pressures, with participants highlighting the significant impact of the cost-of-living crisis on mental wellbeing.
- A review of the criteria used to determine mental health crisis intervention, with a view to broadening eligibility.
- Faster responses from GP services, with improved signposting to appropriate support rather than relying solely on medication-based interventions.

What Is Working Well?

Participants highlighted several positive aspects of current mental health support provision:

- Peer-led and lived experience services provide valuable understanding, empathy and encouragement for those seeking support.
- Volunteering opportunities help individuals develop purpose, routine and confidence.
- The Five Ways to Wellbeing approach supports people to better understand and manage their own mental wellbeing.
- Consistent community-based mental health provision is valued, with participants expressing a desire to see fewer short-term pilot projects and more sustainable services.
- Link Workers play an important role in helping people access services, build confidence and navigate available support.
- Opportunities for social connection and community engagement help reduce isolation and improve wellbeing.

What Needs to Improve?

Participants identified several areas where mental health support could be strengthened:

- More consistent and sustainable funding for community-based mental health services.
- Greater flexibility in service design and delivery, with services co-produced alongside people with lived experience.
- Increased recognition of the wider determinants of health, including the relationship between physical health, financial wellbeing and mental health.
- Reduced waiting times for NHS Talking Therapies and improved onward referrals where services are unable to provide timely support.
- Increased availability of Link Workers to help people navigate services and access appropriate support.
- Better communication and promotion of available mental health services and community resources.
- Increased access to free or low-cost activities and support services.
- Services that are designed around the needs and experiences of individuals, rather than being driven solely by commissioning requirements.

Focus Group Conclusion

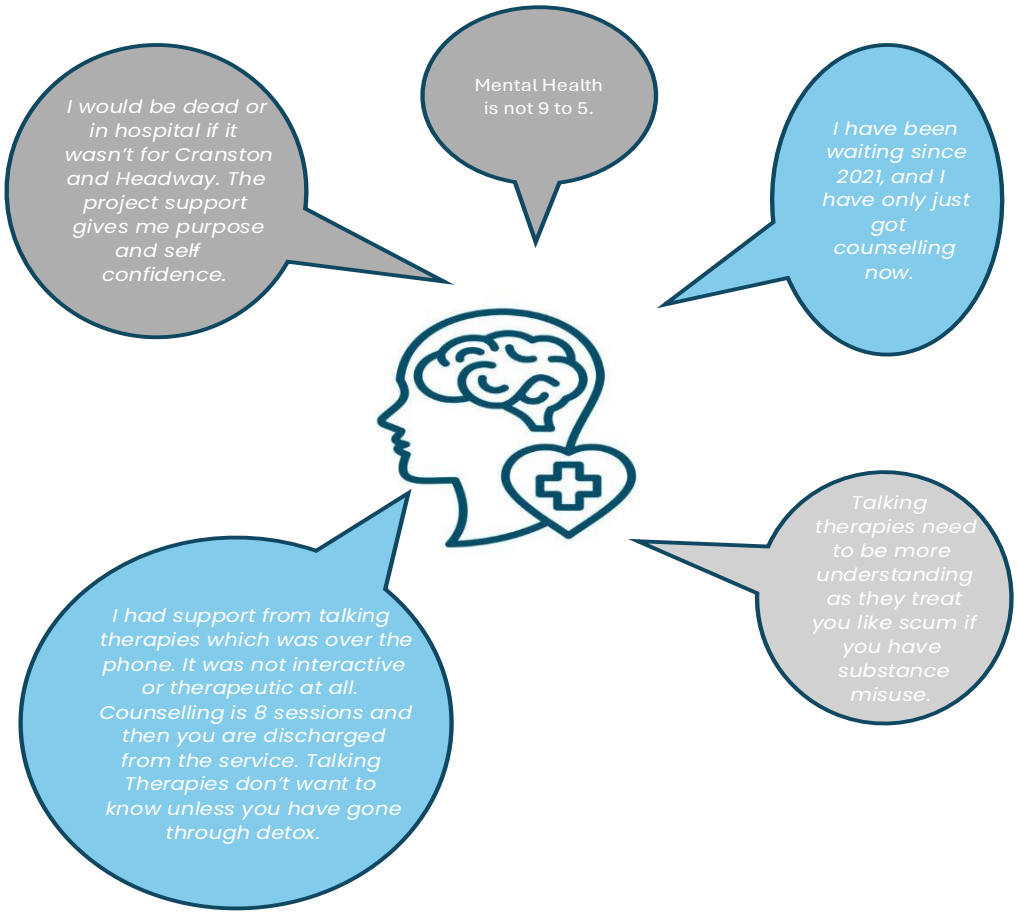
The focus group highlighted the depth of knowledge and commitment across Sandwell's mental health sector. Participants recognised the value of peer support, community-based services and social connections in maintaining positive mental wellbeing. However, there was clear consensus that improvements are needed in accessibility, awareness, service flexibility and long-term investment. Participants also emphasised the importance of early intervention, culturally appropriate support and greater attention to the wider social and economic factors that influence mental health.

Focus Group with people supported by Ideal for all, Headway and Cranstoun

Healthwatch Sandwell was invited to speak with people experiencing poor mental health, including some whose challenges were linked to drug and alcohol dependency. Participants were being supported through a partnership between Ideal for All, Headway and Cranstoun. The three organisations are commissioned by Sandwell Council to deliver a befriending and support project.

Although this focus group sat partly outside the scope of the project, it provided valuable insight. Speaking with people with lived experience of mental health issues helped us understand the support they receive, the impact it has on their wellbeing, and how they were able to access these services.

The focus group was informal rather than structured, as we wanted participants to speak freely and avoid feeling under pressure to answer set questions. The following section provides a snapshot of what we were told.



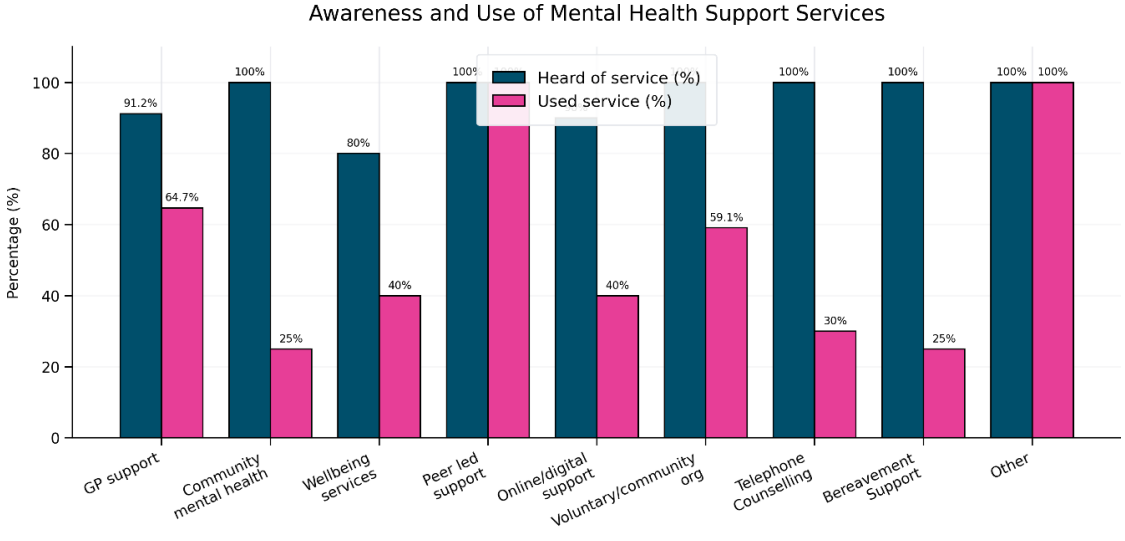
Recommendations

- Increase awareness and promotion of mental health services across Sandwell, using accessible, community-based and digital channels.
- Make it easier for people to find clear information about available support, including who services are for, how to access them and what to expect.
- Improve signposting and referrals from GP practices and other services.
- Provide support earlier, before people's mental health reaches crisis point.
- Reduce waiting times and provide interim support, updates and signposting while people are waiting.
- Increase access to one-to-one talking and listening services.
- Ensure support is more personalised and based on individual needs.
- Improve accessibility for people facing language, cultural, transport, physical or digital barriers.
- Continue investing in community organisations, peer support, and Link Worker services.
- Recognise the impact of issues such as bereavement, loneliness, debt, financial pressures, and physical health on mental wellbeing.
- Involve people with lived experience in the design and development of mental health services.

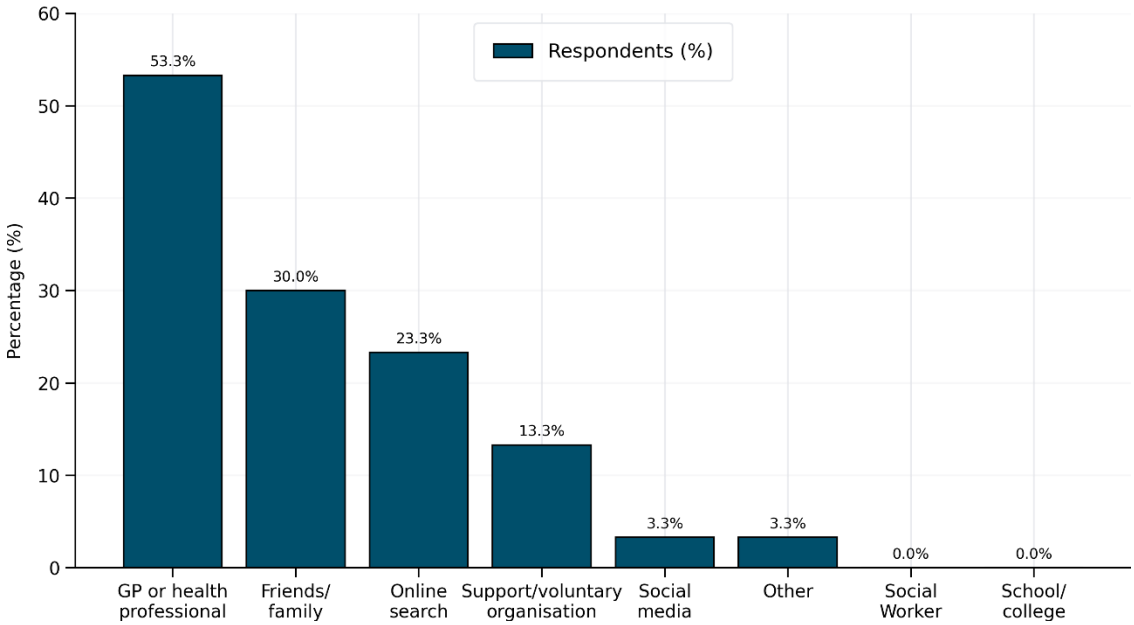
Mental health support in Sandwell should focus on earlier intervention, shorter waiting times, clearer information and more personalised support. Residents need services that are easy to find, easy to access and responsive to individual needs before people reach crisis point. Services should work together so residents receive the right support, at the right time, in a way that works for them.

Data Breakdown

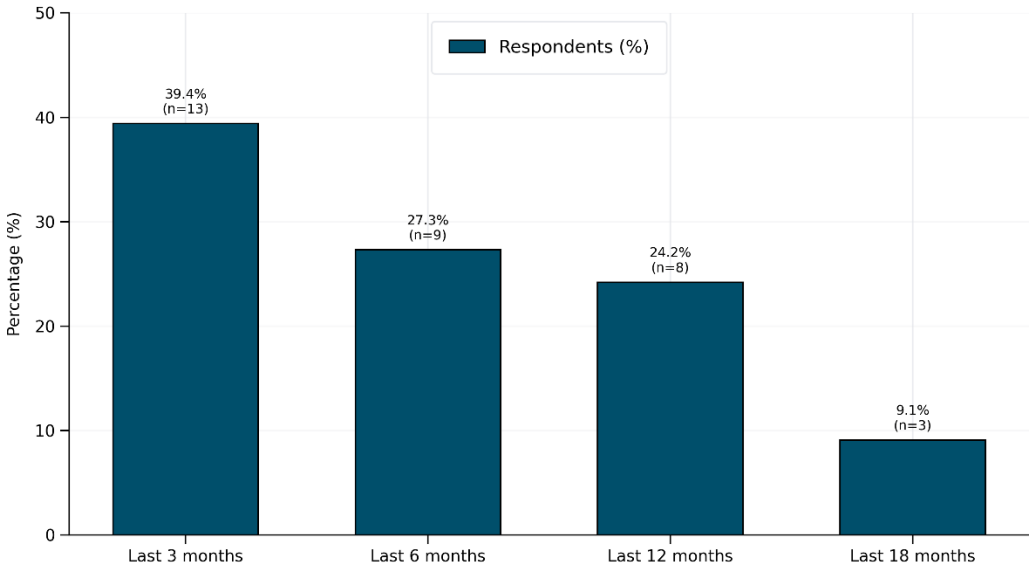
The following section provides a breakdown of the survey questions and responses received. It supports the themes and findings presented earlier in the report.



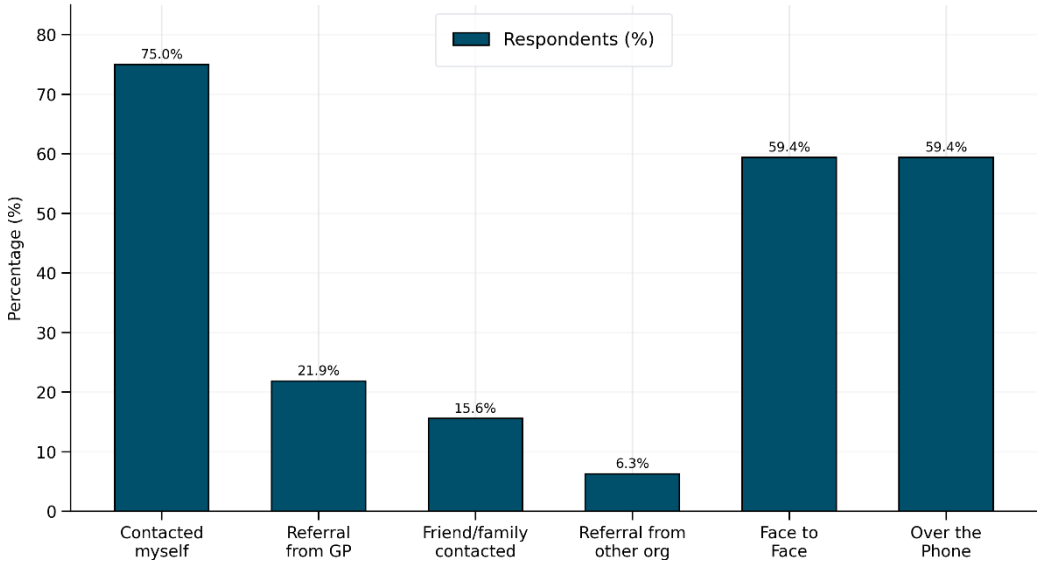
How People First Heard About Support Services



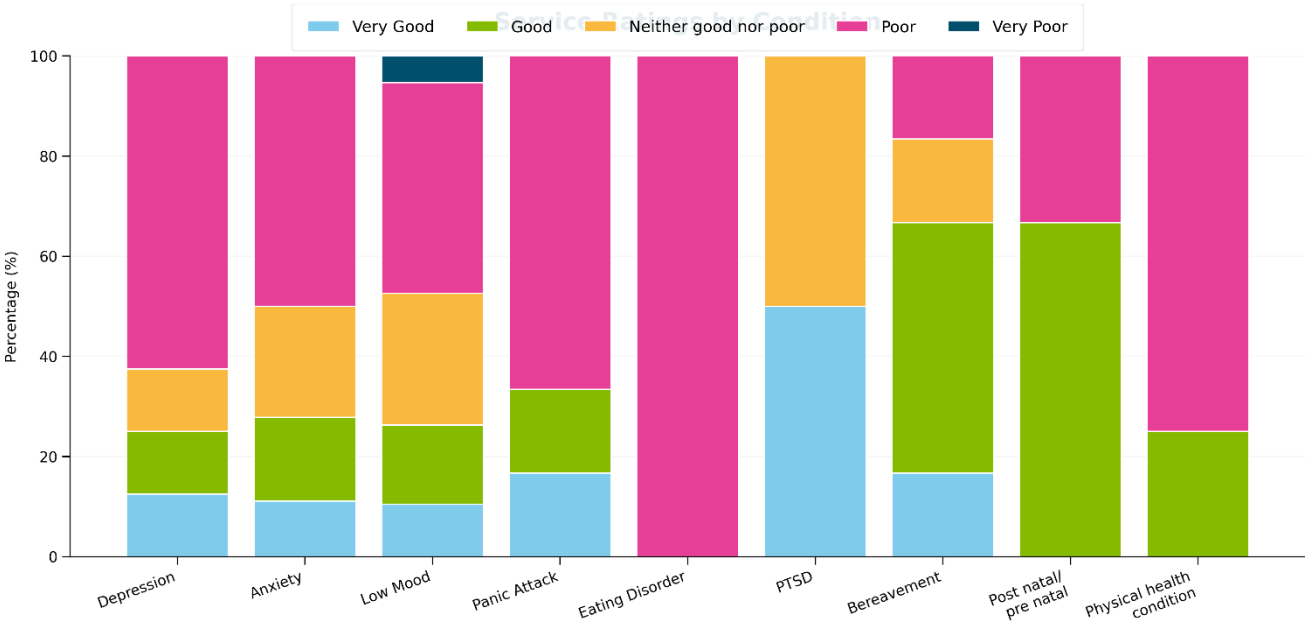
When Support Was Accessed

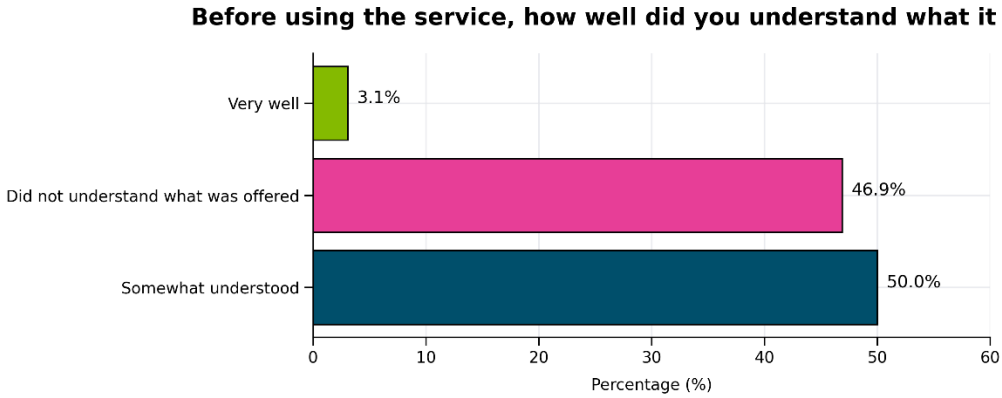


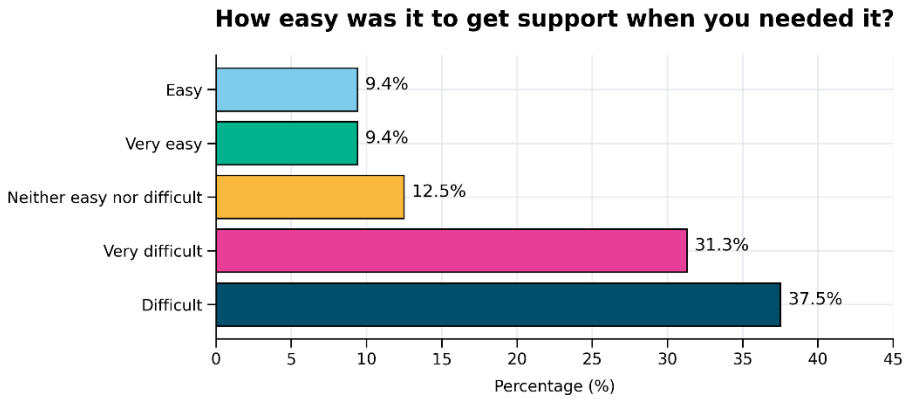
How Services Were Accessed and Support Received

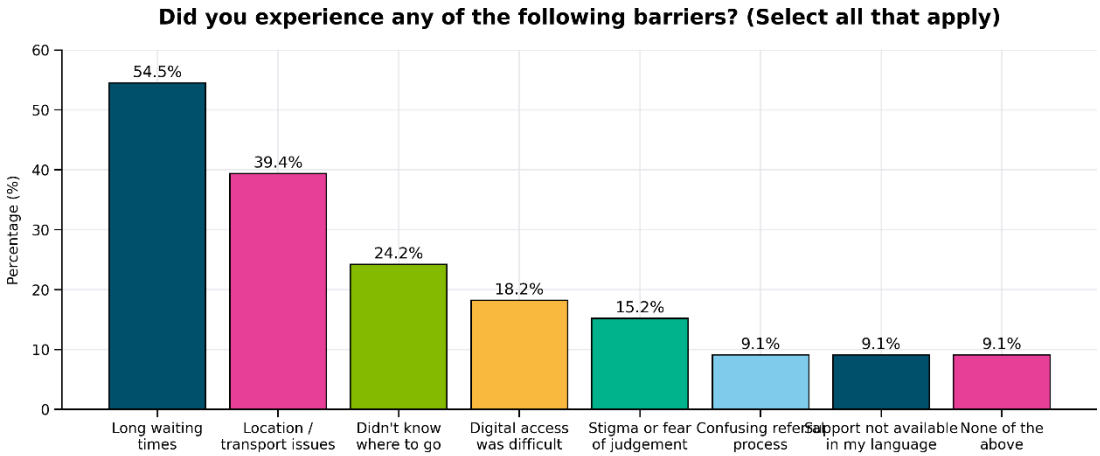


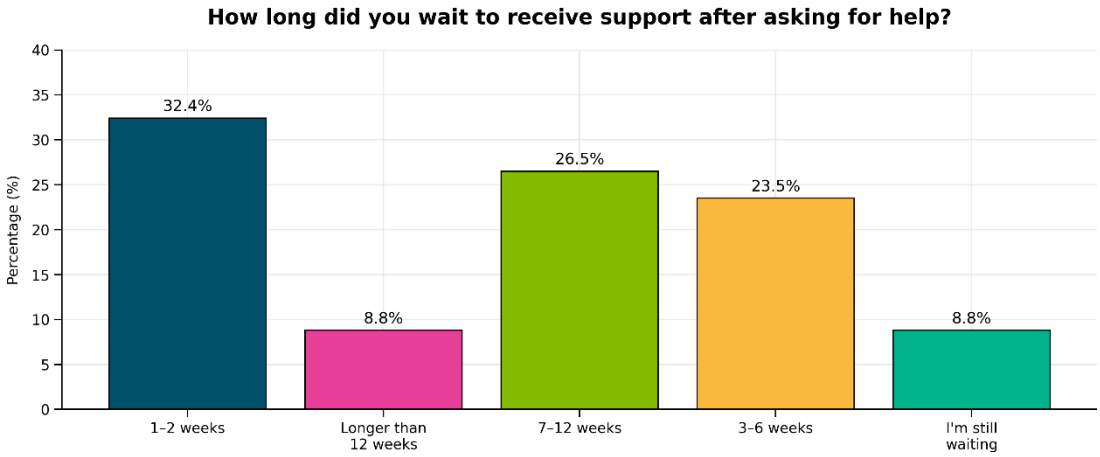
What did you use the services for and based on your experiences how would you rate the service(s) you received?

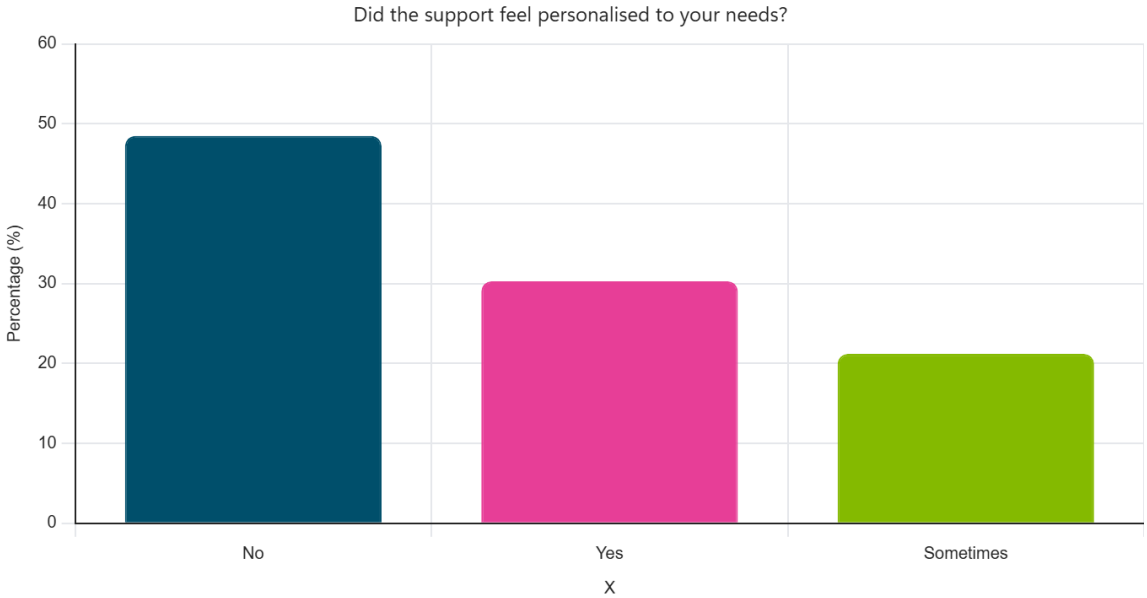


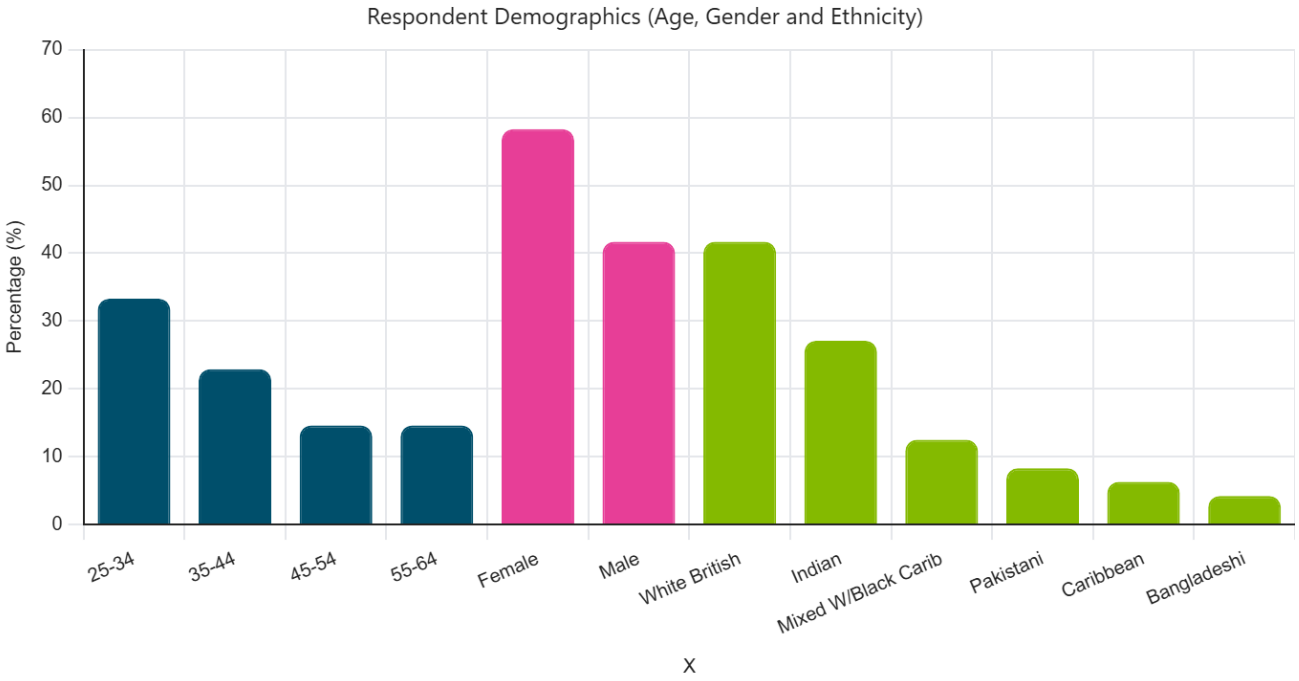


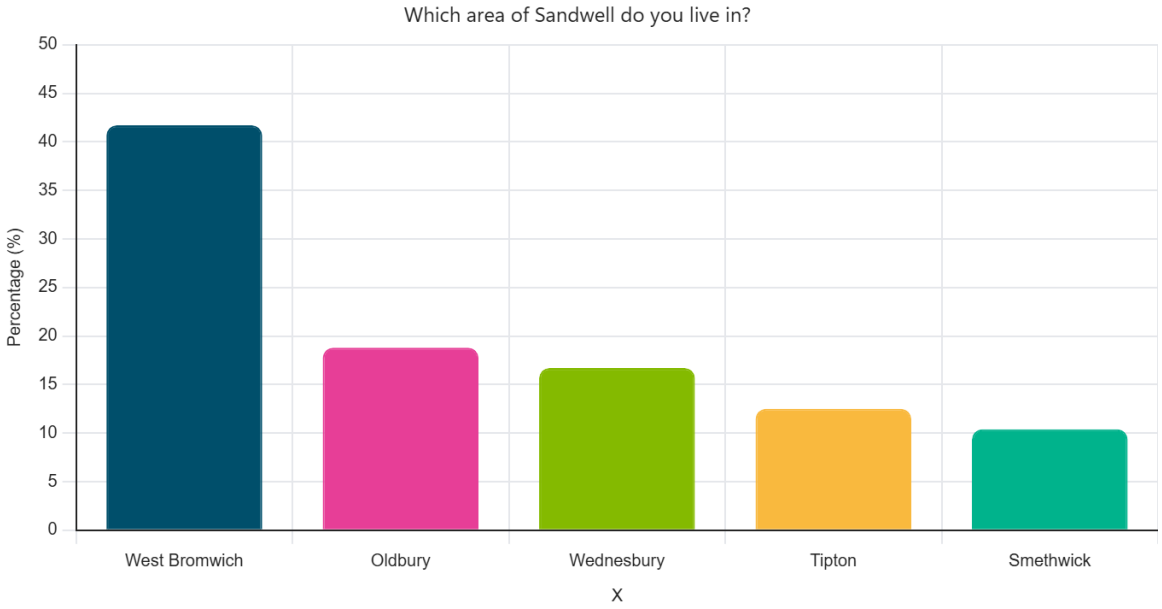



Did you experience any of the following barriers? (Select all that apply)
Percentage (%)
54.5%
39.4%
24.2%
18.2%
15.2%
9.1%
9.1%
9.1%
Long waiting times
Location / transport issues
Didn't know where to go
Digital access was difficult
Stigma or fear of judgement
Confusing referral process
Support not available in my language
None of the above


How long did you wait to receive support after asking for help?
Percentage (%)
32.4%
8.8%
26.5%
23.5%
8.8%
1–2 weeks
Longer than 12 weeks
7–12 weeks
3–6 weeks
I'm still waiting


Did the support feel personalised to your needs?
Percentage (%)
No
Yes
Sometimes
X


Respondent Demographics (Age, Gender and Ethnicity)
Percentage (%)
70
60
50
40
30
20
10
0
25-34
35-44
45-54
55-64
Female
Male
White British
Indian
Mixed W/Black Carib
Pakistani
Caribbean
Bangladeshi
X


Which area of Sandwell do you live in?
Percentage (%)
50
45
40
35
30
25
20
15
10
5
0
West Bromwich
Oldbury
Wednesbury
Tipton
Smethwick
X

Engaging Communities Solutions

Committed to quality

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