

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Total Number of surveys submitted	227
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Question	Response	Count	% of total
Q1. Please tell us who is completing this questionnaire:	A Rotherham resident who accesses mental health services	30	13.2%
	An unpaid carer for someone who has mental health needs	11	4.8%
	A family member of someone with mental health needs	19	8.4%
	A resident of Rotherham	45	19.8%
	A representative of a local community group or residents association	1	0.4%
	A health professional	5	2.2%
	A Councillor or Member of Parliament	2	0.9%
	An independent care sector provider	0	0.0%
	A charity, voluntary or community sector organisation (VCS)	23	10.1%
	A Council employee	77	33.9%
	Other, please specify	14	6.2%
Q1a. If you are responding on behalf of an organisation, please tell us the name of your organisation.	TEXT - See separate Sheet	n/a	n/a
Q2. Please tell us your postcode:	TEXT - See separate Sheet	n/a	n/a
Q3. How did you find out about this consultation?	Social media	17	7.5%
	From a friend or relative	26	11.5%
	Council website	42	18.5%
	Local network or group	13	5.7%
	Local Councillor	8	3.5%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Newspaper	0	0.0%
	From another organisation	11	4.8%
	Other, please specify:	110	48.5%
<p>Q4. We want to create a vision for mental health services in Rotherham. By developing a vision for mental health, this will underpin the focus of the strategy to help the goal and purpose become a reality.</p> <p>What would be the two most important statements to you in this vision?</p>	Empowering you, by receiving the right support, at the right time.	107	47.1%
	People can improve their overall mental health and wellbeing	58	25.6%
	Everyone has the same opportunities to access support, regardless of their background and need	60	26.4%
	Access to help, advice and services which are closer to home	58	25.6%
	Help to maintain daily living activities and have a voice in how your needs are met	37	16.3%
	Reducing inequalities (this means reducing or stopping gaps that exist for people experiencing mental ill health)	51	22.5%
	Support you to be a part of your local community	23	10.1%
	Your voice informs how we work together with residents, partners, families and carers to design and deliver services	22	9.7%
	Offering mental health services that are sensitive to diverse needs	36	15.9%
	Other	17	7.5%
<p>Q5. Values are the beliefs and guiding principles that guide our actions, decisions and behaviours.</p> <p>If you could choose 3 words to describe the values for the strategy, which 3 words would you pick from the list below? (Please select 3 options)</p>	Kind	42	18.5%
	Caring	90	39.6%
	Passionate	21	9.3%
	Honest	58	25.6%
	Integrity	22	9.7%
	People- focused	107	47.1%
	Collaboration	37	16.3%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

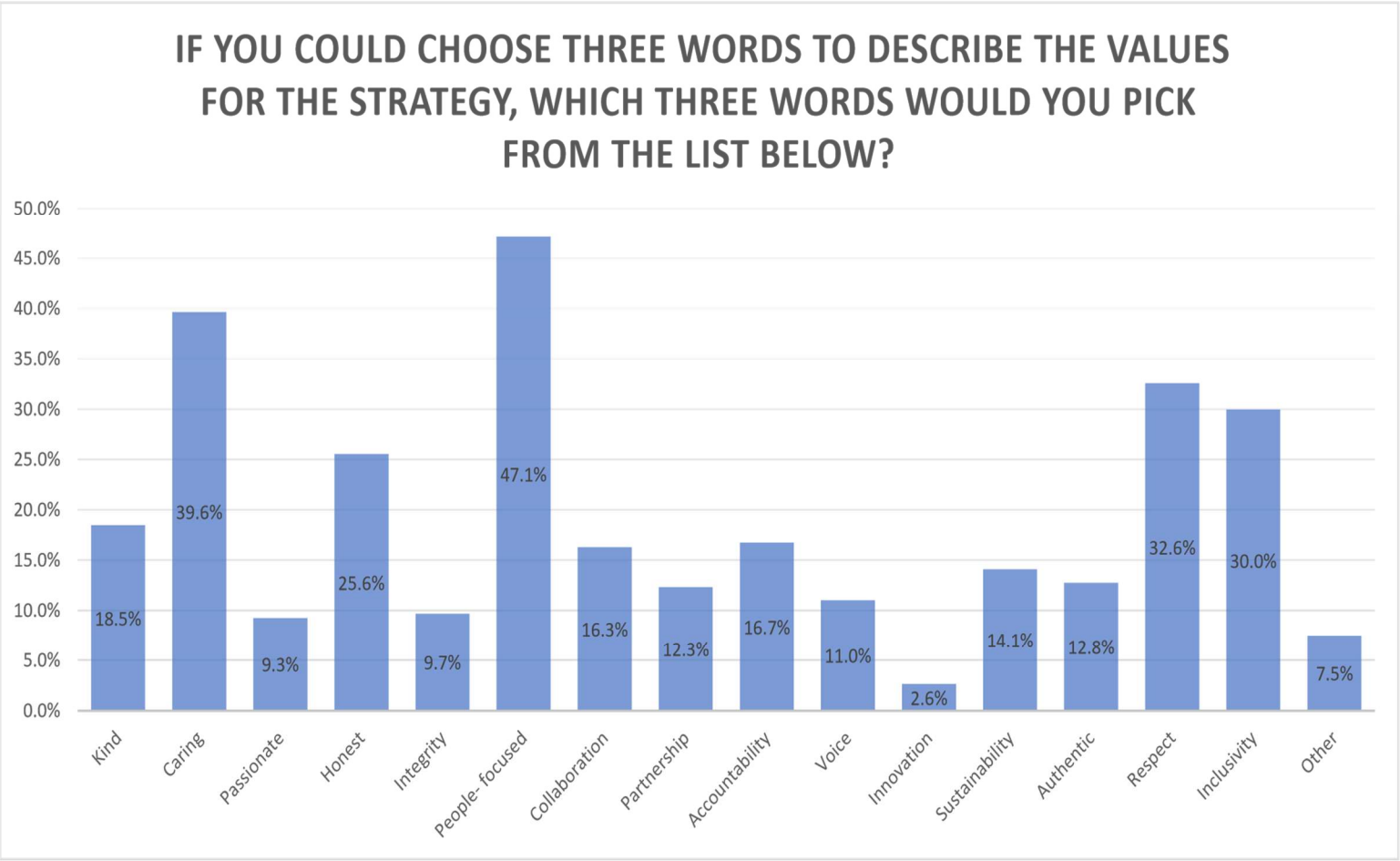
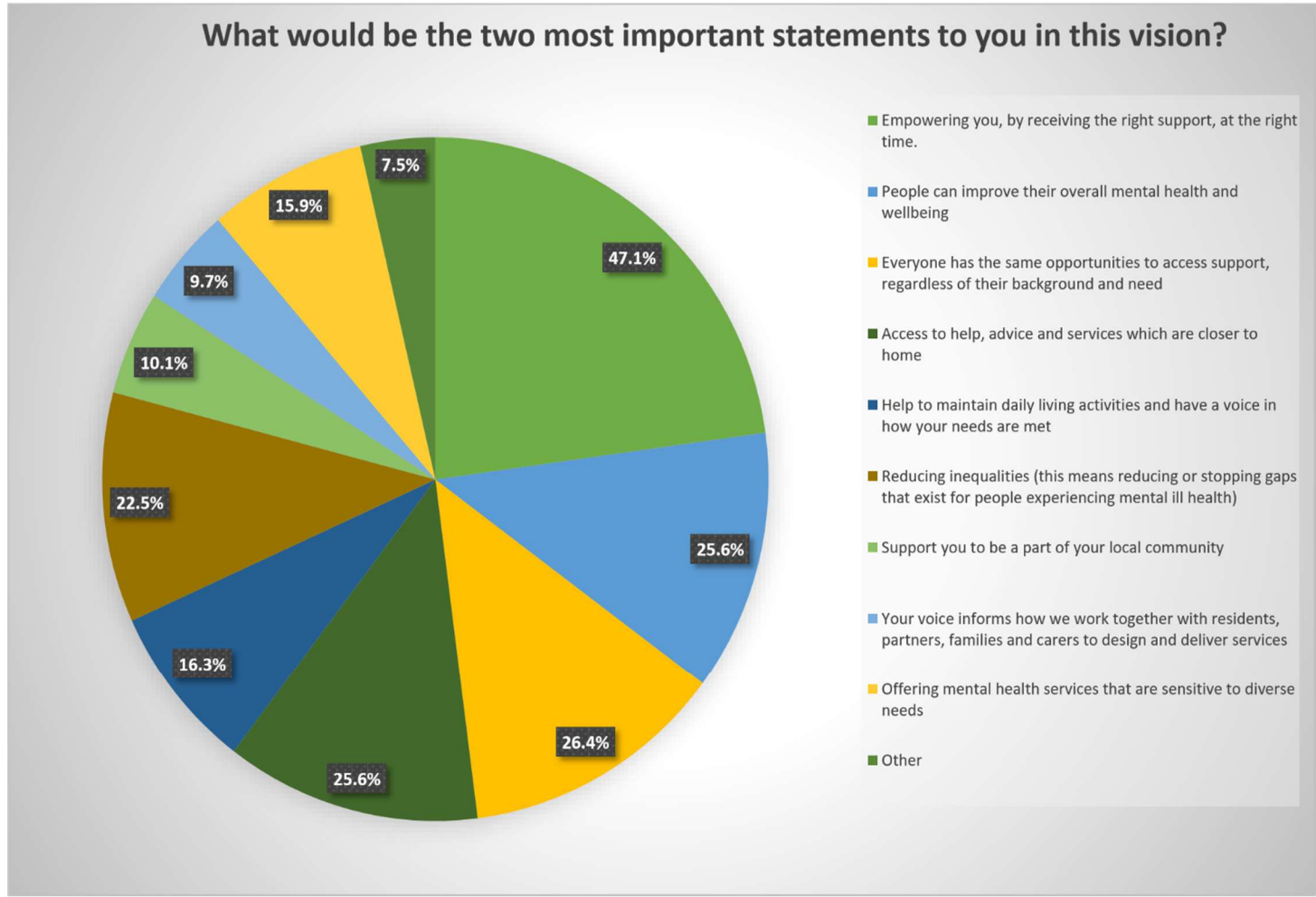
	Partnership	28	12.3%
	Accountability	38	16.7%
	Voice	25	11.0%
	Innovation	6	2.6%
	Sustainability	32	14.1%
	Authentic	29	12.8%
	Respect	74	32.6%
	Inclusivity	68	30.0%
	Other	17	7.5%
Q6. What would be your top 3 topics for the strategy to focus on?	Partnerships with other agencies such as health and the voluntary sector	69	30.4%
	Support for young people who are approaching adulthood	50	22.0%
	Support for unpaid carers	48	21.1%
	Support for people to prevent experiencing crisis	108	47.6%
	Preventing reducing or delaying the need for support	73	32.2%
	Ensuring the person’s voice is heard	108	47.6%
	Improving mental wellbeing	88	38.8%
	Improvements to mental health services	107	47.1%
	Digital and assistive technologies (assistive technologies are tools to support in completing tasks such as mobility aids, smart home technology, sensors etc.)	17	7.5%
	Other	13	5.7%
Q7. Please tell us why these top 3 topics are important to you:	TEXT - See separate Sheet	n/a	n/a
Q8. Thinking about your current experiences of mental health services, what four priorities do you think the strategy should focus on?	Access to services across Rotherham	99	43.6%
	Wait times for assessments and / or services	134	59.0%
	Opportunities to work more with the voluntary and community sector	43	18.9%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

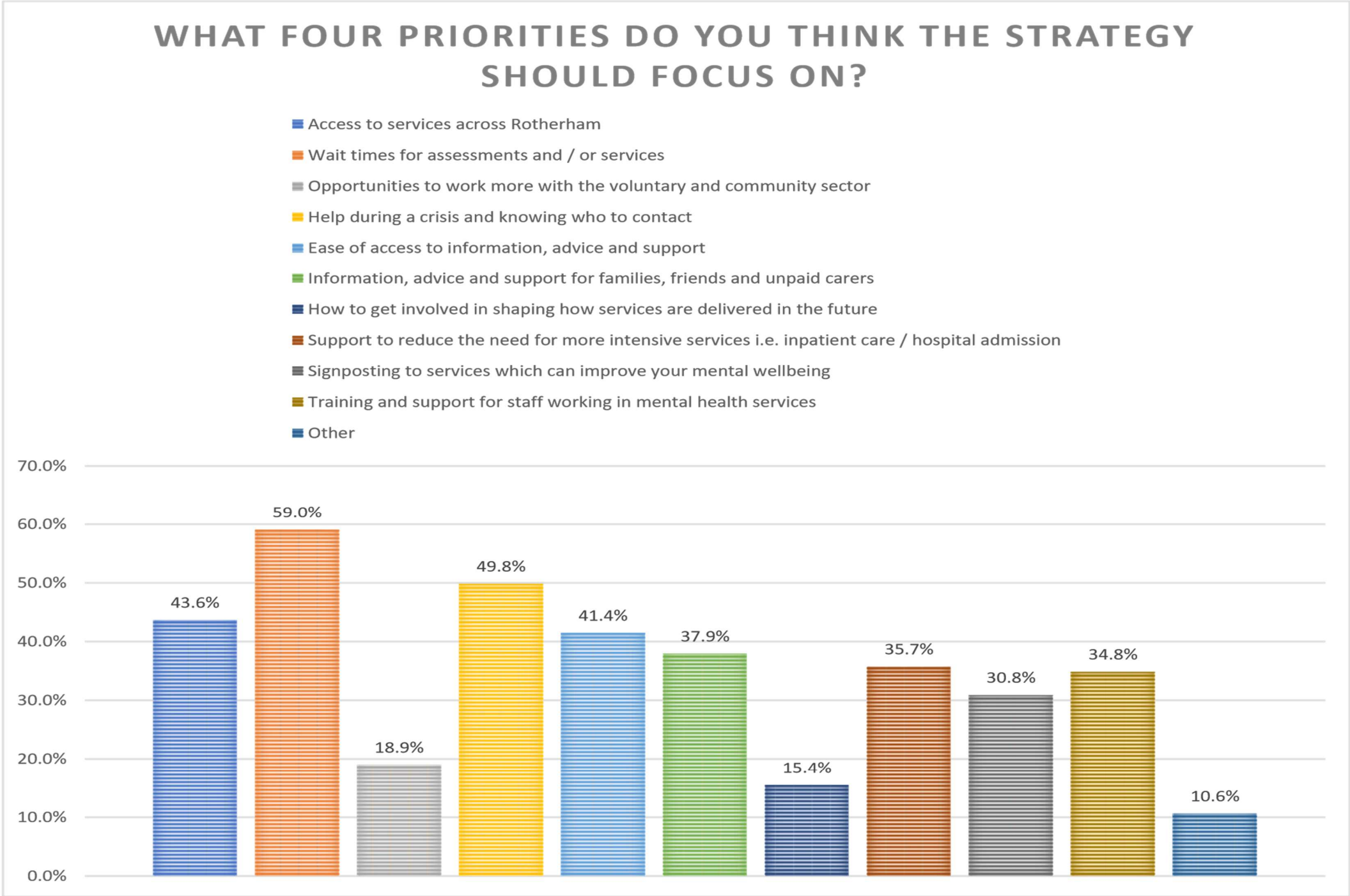
	Help during a crisis and knowing who to contact	113	49.8%
	Ease of access to information, advice and support	94	41.4%
	Information, advice and support for families, friends and unpaid carers	86	37.9%
	How to get involved in shaping how services are delivered in the future	35	15.4%
	Support to reduce the need for more intensive services i.e. inpatient care / hospital admission	81	35.7%
	Signposting to services which can improve your mental wellbeing	70	30.8%
	Training and support for staff working in mental health services	79	34.8%
	Other	24	10.6%
Q9. Our Rotherham Health and Wellbeing Strategy focuses on: ‘Supporting all people to maintain and improve their mental health throughout their lives, accessing and shaping the services and resources they need to be able to do so.’ What should this mental health strategy focus on to achieve the above goal?	TEXT - See separate Sheet	n/a	n/a
Q10. Is there anything else you would like the Council to consider regarding mental health for unpaid carers, or is there anything you think the Council should include in the mental health strategy to support unpaid carers?	TEXT - See separate Sheet	n/a	n/a
Q11. Please tell us about anything else you feel may need to be considered in the strategy.	TEXT - See separate Sheet	n/a	n/a
Section 3 - I would like to get involved in in the Adult Social Care Co-Production Panel	Yes	48	21.1%
	No	179	78.9%
Do you want to provide additional information about yourself?	Yes	102	44.9%
	No	125	55.1%

Total Number of surveys submitted	227
Chart Analysis of Key	Questions

The % is the total responses out of 227



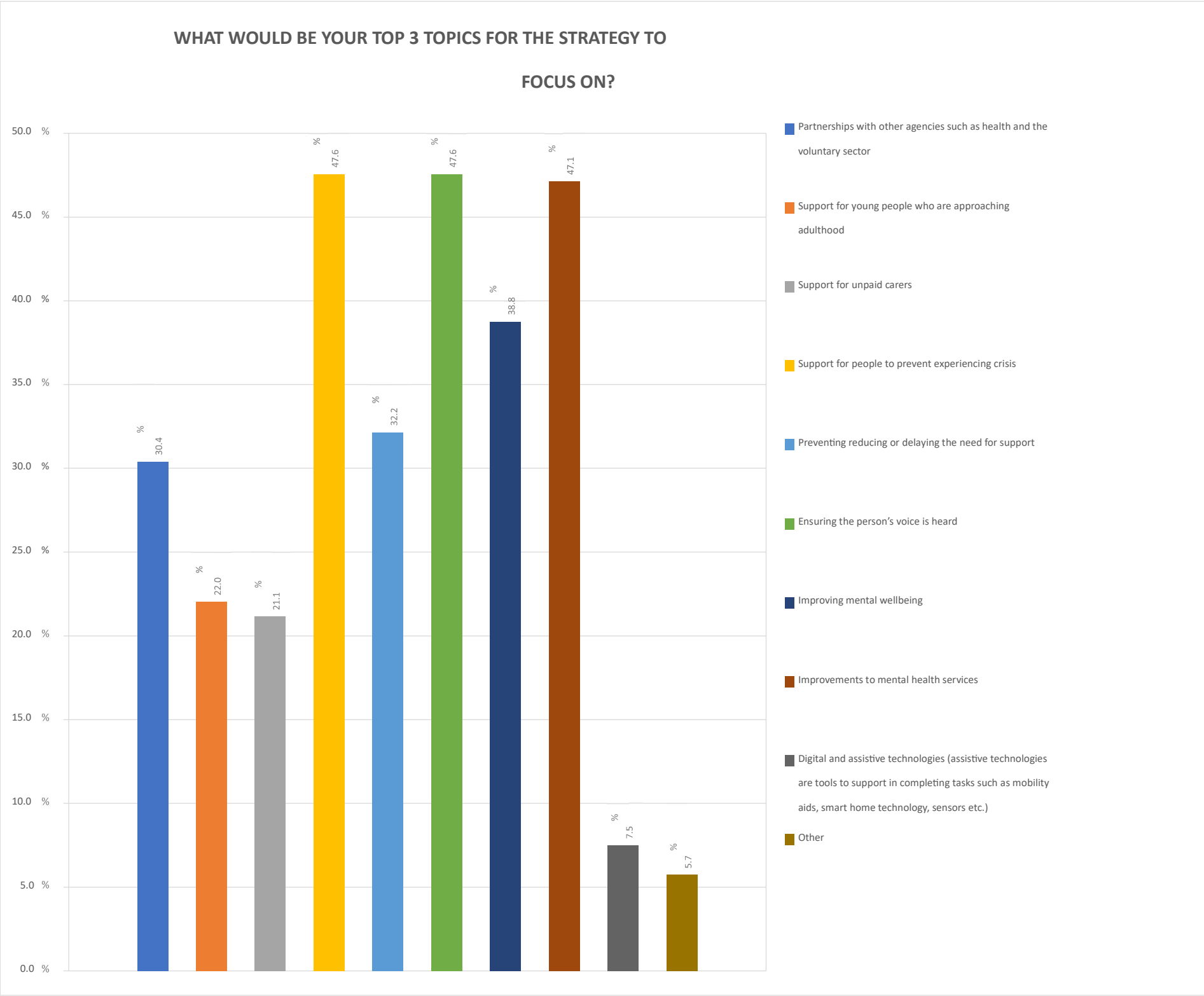
Total Number of surveys submitted	227
Chart Analysis of Key	Questions



Total Number of surveys submitted	227
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Chart Analysis of Key

Questions



EQUALITIES MONITORING OF RESPONDERS			
TOTAL NUMBER OF RESPONSES, (who consent for details)		102	
CHARACTERISTIC	ANSWER/GROUP	COUNT	% OF RESPONDERS
Age	Under 25	1	1.0%
	25-45	17	16.7%
	46-64	30	29.4%
	65+	12	11.8%
	Prefer not to say (or not answered)	0	0.0%
Which of the following describes how you think of your gender?	Female	71	69.6%
	Male	29	28.4%
	Other	0	0.0%
	Prefer not to say	2	2.0%
Do you identify as transgender?	Yes	1	1.0%
	No	95	93.1%
	Prefer not to say	6	5.9%
Which of the following describes your sexual orientation?	Heterosexual/ straight	85	83.3%
	Gay/lesbian	4	3.9%
	Bisexual	2	2.0%
	Other	2	2.0%
	Prefer not to say	9	8.8%
What is your current marital status?	Single	25	24.5%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Married	48	47.1%
	In a civil partnership	2	2.0%
	Living with partner	12	11.8%
	Divorced / separated	8	7.8%
	Widowed	5	4.9%
	Prefer not to say	2	2.0%
Are you pregnant?	Yes	0	0.0%
	No	101	99.0%
	Prefer not to say	1	1.0%
Have you had a baby in the last 12 months?	Yes	3	2.9%
	No	98	96.1%
	Prefer not to say	1	1.0%
Do you have a disability or condition which has lasted or expected to last for at least 12 months?	Yes	53	52.0%
	No	45	44.1%
	Prefer not to say	4	3.9%
What are your disability conditions?	Physical disability	17	32.1%
	Blindness or a partial loss of sight	3	5.7%
	Deafness or partial loss of hearing	9	17.0%
	Speech or verbal communication issues	4	7.5%
	Mental health condition	30	56.6%
	Learning disability	4	7.5%
	Long-term illness or health condition	31	58.5%
	Developmental disorder	7	13.2%
	Illness or condition that is not mentioned here	6	11.3%
How would you describe your ethnic background?	White - British	88	86.3%
	White – Irish	0	0.0%
	White – Eastern European	0	0.0%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

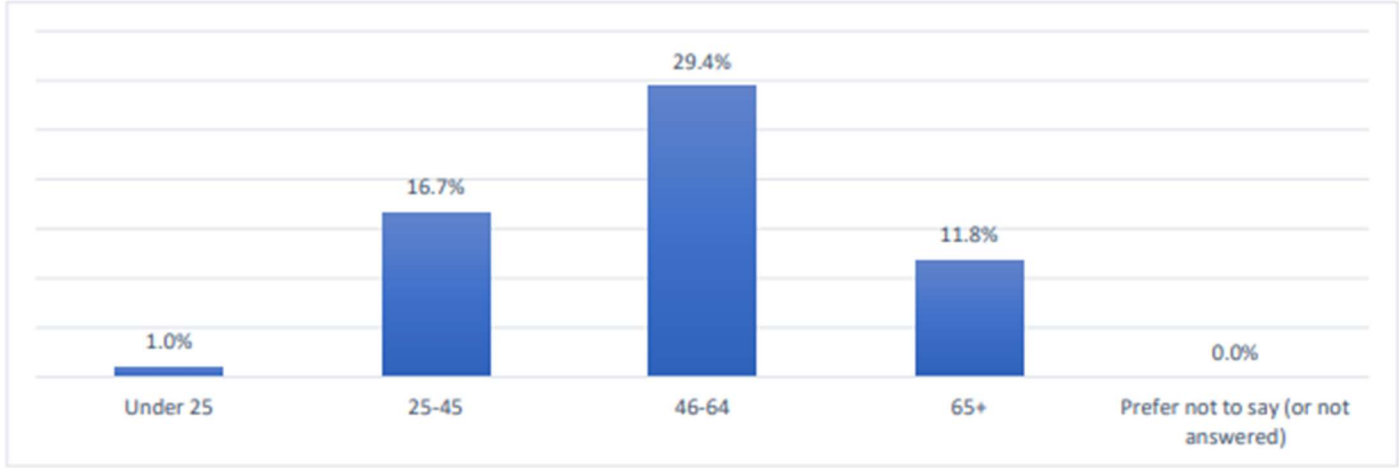
	White – Western European	0	0.0%
	White – Roma	0	0.0%
	White – Gypsy or Traveller	0	0.0%
	White – Any other background	0	0.0%
	Asian or Asian British - Indian	0	0.0%
	Asian or Asian British - Pakistani	1	1.0%
	Asian or Asian British – Bangladeshi	0	0.0%
	Asian or Asian British – Kashmiri	0	0.0%
	Asian or Asian British – Any other background	0	0.0%
	Black or Black British – Caribbean	1	1.0%
	Black or Black British – African	2	2.0%
	Black or Black British – Any other background	0	0.0%
	Dual Heritage – Asian and White	1	1.0%
	Dual Heritage – Black African and White	0	0.0%
	Dual Heritage – Black Caribbean and White	2	2.0%
	Dual Heritage – Any other background	0	0.0%
	Chinese	4	3.9%
	Yemeni	0	0.0%
	Arab	1	1.0%
	Other ethnic group	1	1.0%
	Prefer not to say	1	1.0%
What is your religion?	Buddhist	0	0.0%
	Christian (all denominations)	54	52.9%
	Hindu	0	0.0%
	Jewish	0	0.0%
	Muslim	4	3.9%
	Sikh	0	0.0%
	Other religion or belief	4	3.9%
	No religion	37	36.3%
	Prefer not to say	3	2.9%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

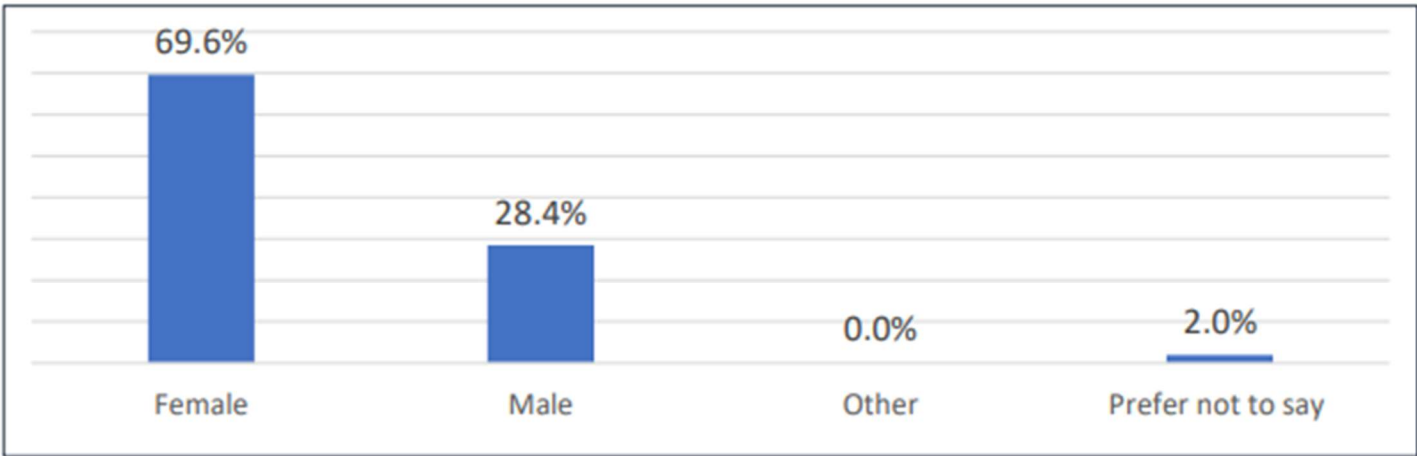
What is your refugee or asylum seeker status?	Refugee	1	1.0%
	Asylum Seeker	2	2.0%
	Neither	88	86.3%
	Prefer not to say	11	10.8%
Carers Unpaid carer for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.	Yes	30	29.4%
	No	70	68.6%
	Prefer not to say	2	2.0%

EQUALITIES MONITORING OF RESPONDERS

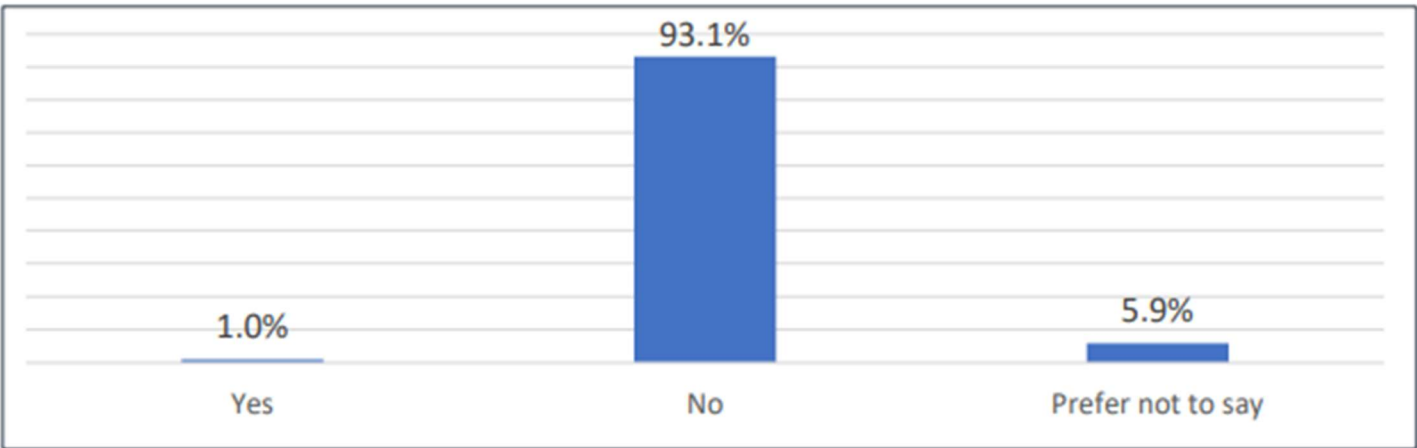
Age Band



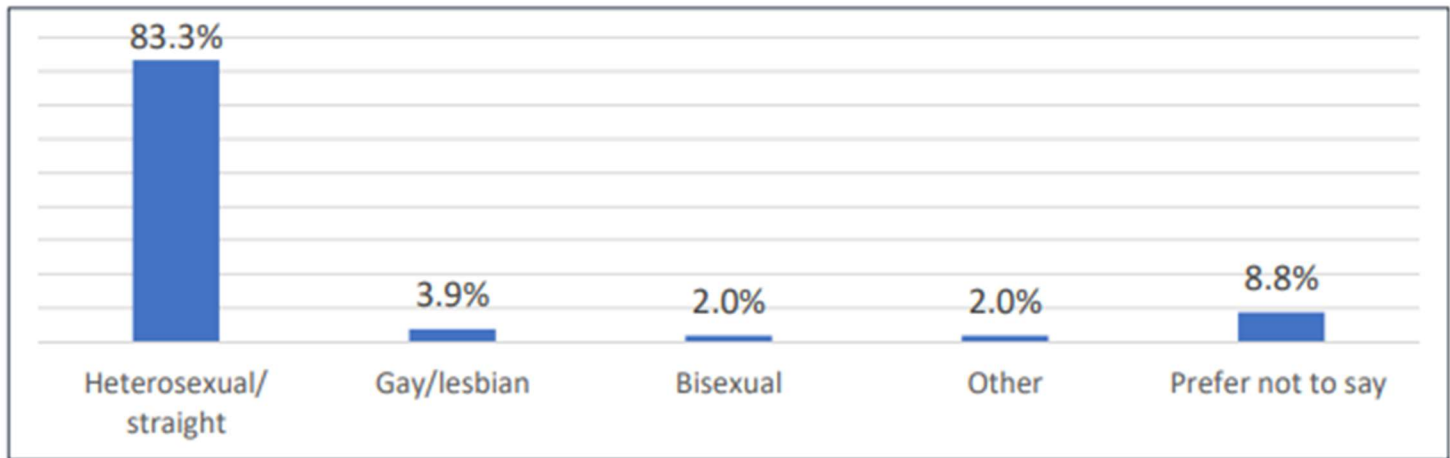
Sex



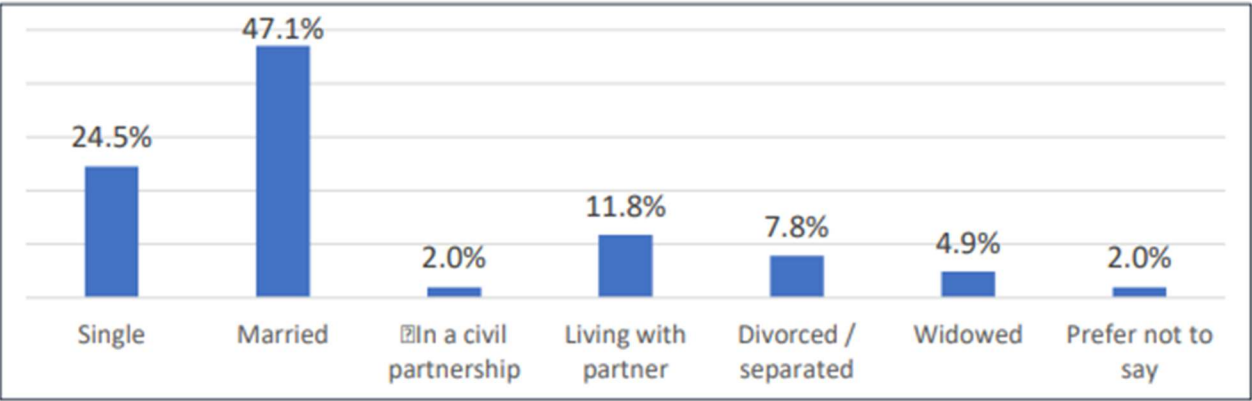
Transgender



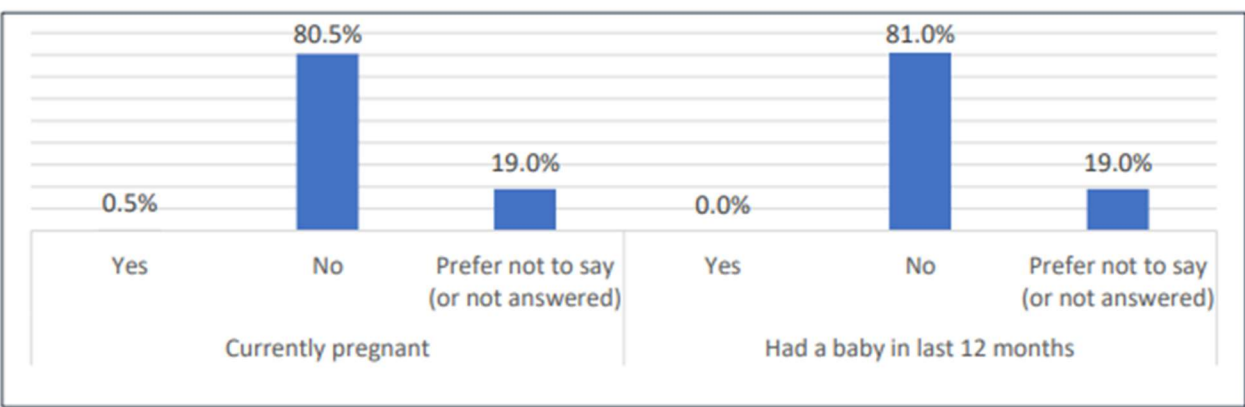
Sexual Orientation



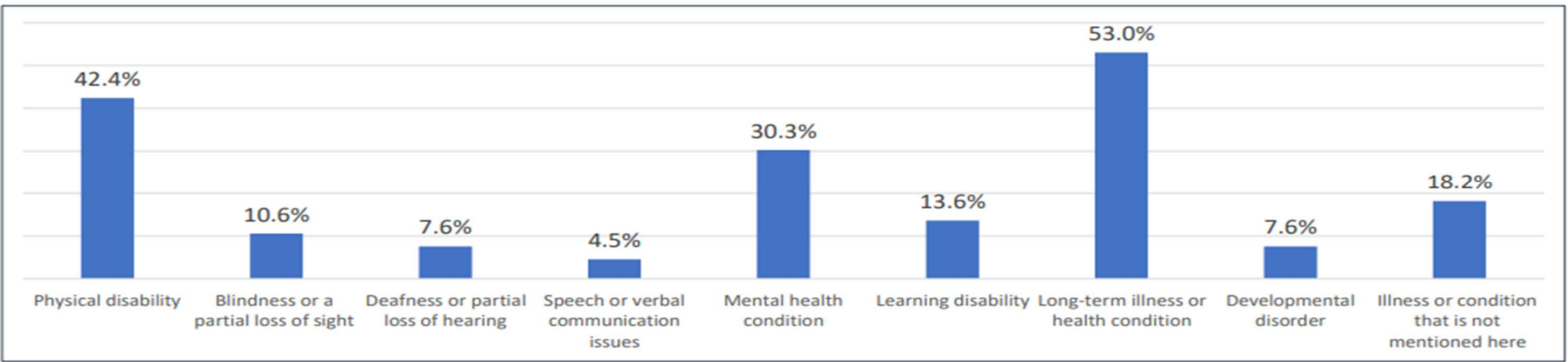
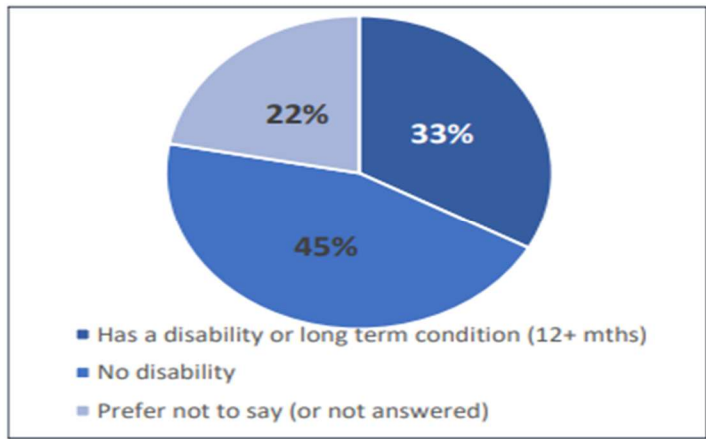
Marriage and Civil Partnership



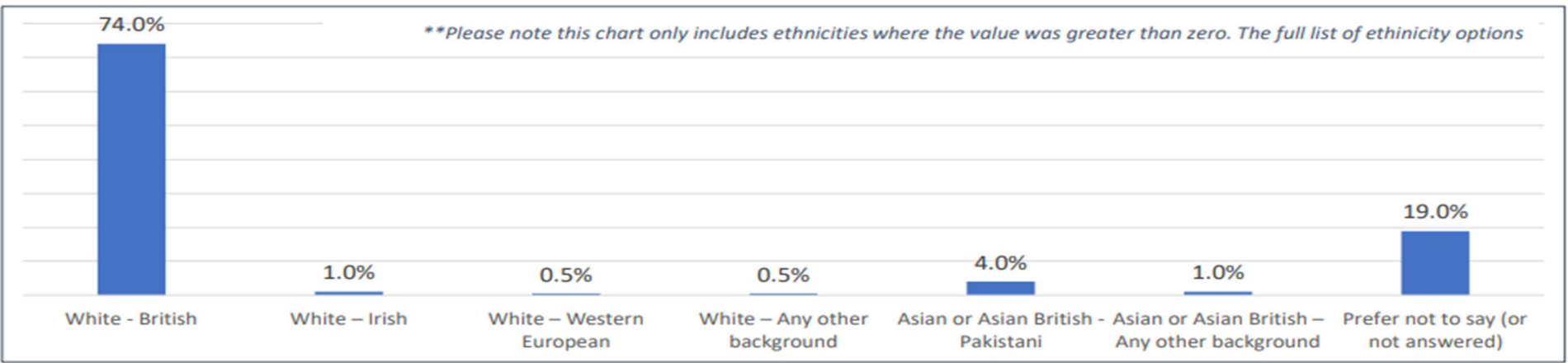
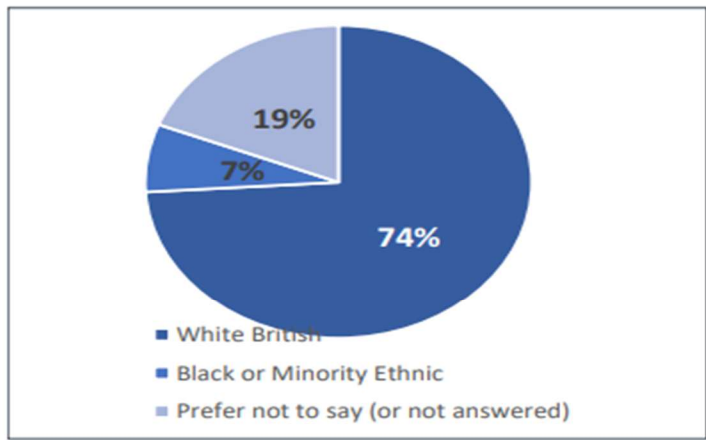
Pregnancy and Maternity



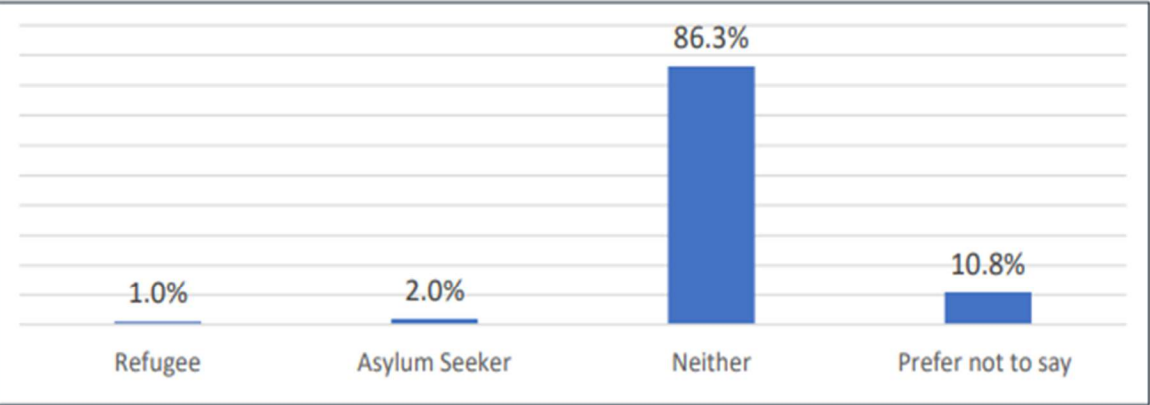
Disability



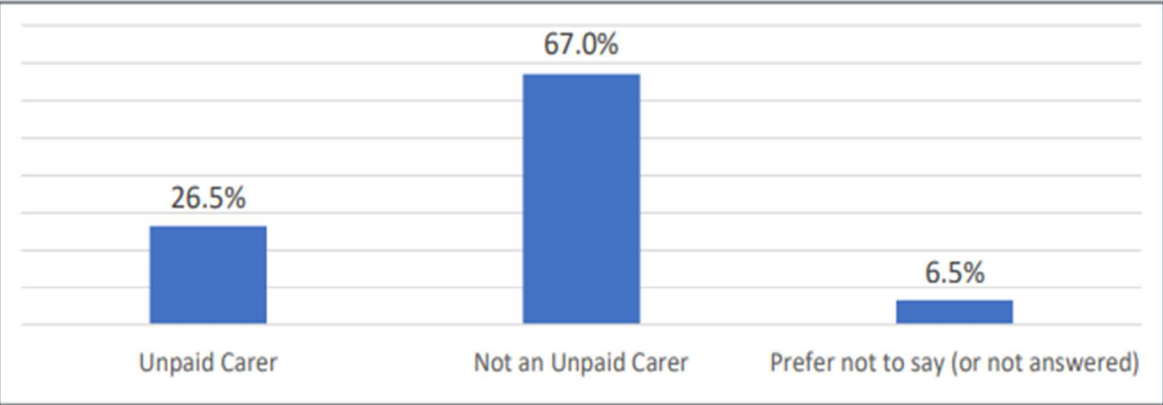
Ethnicity



Refugee or Asylum Seeker status



Carers



Geographical analysis of responses
The following analysis is calculated via the postcode submitted by the responder via each survey.

Adult Care Locality reach area	Ward	Number of Responses	% of Total Responses
CENTRAL	Boston Castle	26	11.5%
	Greasbrough	0	0.0%
	Keppel	21	9.3%
	Rotherham East	26	11.5%
	Rotherham West	0	0.0%
	Sitwell	0	0.0%
	CENTRAL TOTAL	73	32.2%
NORTH	Dalton & Thrybergh	0	0.0%
	Hoover	0	0.0%
	Kilnhurst & Swinton East	9	4.0%
	Rawmarsh (East & West)	15	6.6%
	Swinton Rockingham	1	0.4%
	Wath	8	3.5%
	NORTH TOTAL	33	14.5%
SOUTH	Anston & Woodsetts	9	4.0%
	Aston & Todwick	0	0.0%
	Aughton & Swallownest	0	0.0%
	Bramley & Ravenfield	0	0.0%
	Brinsworth	0	0.0%
	Dinnington	1	0.4%
	Hellaby & Maltby West	33	14.5%
	Maltby East	0	0.0%

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Rother Vale	3	1.3%
	Thurcroft & Wickersley South	0	0.0%
	Wales	3	1.3%
	Wickersley North	0	0.0%
	SOUTH TOTAL	49	21.6%
Out of Area	TOTAL	29	12.8%
Not provided	TOTAL	43	18.9%
Grand Total		227	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses Q1. Please tell us who is completing this questionnaire Answer: Other, please specify:	
Response	Count
A person who works in Rotherham	1
Engagement worker	1
IPS Employment Specialist	1
Resident of rotherham	1
Retired mental health professional (art psychotherapist and lecturer at master's level)	1
A conisbrough resident with mental health problems, own craft business which help people with mental health issues	1
Employment Specialist	1
Choir leader	1
from Sheffield	1
Sheffield Resident	1
Brain Injury survivor	1
access support group in Rotherham	1
A temporary resident in Rotherham	1

Open Text Responses Q1a. If you are responding on behalf of an organisation, please tell us the name of your organisation. Please write below.

Response	Count
Cortonwood Comeback Community Centre	1
Empowering Men Initiative CIC	1
Headway Rotherham	1
Manvers Lake	1
No	1
REMA	2
RMBC/Rotherham Council/Rotherham Metropolitan Borough Council/Rotherham MBC	13
RMBC and Payroll	1
RMBC Housing	1
RNN Group	1
Steel City	1

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Talking Therapies	1
The Rainbow Project Rotherham	1
Wellgate Court Session	1
Working Win- part of shaw trust	1
Outreach and Engagement team - North	1
Citizens Advice - Rotherham Cancer Advocacy Service	1
Idrees munir	1
Volunteers at various of organisations and groups, cross roads been one	1
Rotherham metropolitan borough council	2
Jobs Plus	1
Tuneless Choir	1
South Yorkshire WH Community	2
Age UK	1
Headways Rotherham	1
RBL	1
Speakup Self Advocacy	1

Q3. How did you find out about this consultation?

Answer: Other, please specify:

Response	Count
A leaflet / Leaflet in Dinnington library / Riverside Cafe Leaflet	3
AC Feedback and Suggestion	1
ACPH&H Online Workshop	8
Council employee - Riverside House cafe drop-in	1
Email / Email from a colleague / email sent to me asking that I complete it / I am employee as well as a resident who accesses mental health services. Was sent survey on my email / Internal email / Rmbc e mailing list	16
MH Consultation - Wellgate Court	10
REMA	3
Riverside House cafe drop-in session	3
Salvation Army	8
Wentworth Health and Wellbeing drop-in	5
work colleague	5
Social worker	2
Consultation Event	1
Lady in library	1
Rawmarsh drop in	1
On receipt of this questionnaire.	1
Leaflet at council meeting	1

Rotherham Council Mental Health Strategy 2026-2029 Consultation

MH Consultation - South Yorkshire WH Community	4
MH Consultation - VAR	11
MH Consultation - Headway Rotherham	10
MH Consultation - Maltby Drop in	3
MH Consultation - ACHPH Staff Workshop	10

Open Text Responses

Q4. What would be the two most important statements to you in this vision?

Answer: Other, please specify:

Themes	Awareness and Accessibility of Services	Improvement and Quality of Services	Support and Timeliness	Community Support	Frustrations
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Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Awareness and discoverability. Many people are not aware of the support services available so any help with improving how easy it is to discover the current service sin the areas to help support would be a big win.	Upskilled practitioners that don't make judgements and assumptions on a persons mental health and take information given by unpaid carers as key, relevant and accurate.	Help with letters and phone calls.	Service users need more one to one outreach work from mental health professionals, in conjunction with professionals on the ground in communities. Mental health services need to appreciate there are some actions caused by some people with mental health issues, which cause significant nuisance and anti-social behaviour within the communities they live. Without adequate community support the actions of a minority have a major impact on service delivery of other Council services, as well as the emergency services.	Stop classing transplant patients as in need of sectioning for mental health. Its totally ignorant and cruel
	Awareness and discoverability. Many people are not aware of the support services available so any help with improving how easy it is to discover the current service sin the areas to help support would be a big win.	Turbocharge RMBC's All-age Autism Strategy so that it identifies deficits in provision eg for undiagnosed older adults and any other under-diagnosed cohorts. Think, 'Could it be autism?' Ensure all MH service providers meet accessibility standards without always requiring specific adjustments.	Look after young people with poor mental health. Need helpers to claim PIP and other benefits	People can improve their overall mental health and wellbeing. I find a lot of help and advice plus community service at Wellgate Court, which I know helps us as a little community.	My son has been on a waiting list for an ADHD assessment for nearly two years it has affected his studies. If he can get a diagnosis maybe he will get some support with how to manage his sleeping patterns or support through his university
	Council recognising it, all services need making. Educating people on about life, impact of MH on people at young age. Some carry it all through their life.	Access to services at are joined together and are adequate for individual needs. Currently they aren't.	Services that don't have prolonged waiting lists, ensuring support is fast in response to need.		There are far too many people wandering around Rotherham who should be in social services care. for some reason its been decided that care in the community is the best way to go but all that does is mean that there are loads of people with serious mental health problems walking around town causing a nuisance and or intimidation and fear. Many of these people are migrants too which is even worse as we have allowed people to come and live here who are nothing but a drain on resources. We should not be giving asylum or immigration status to people who are just going to claim the dole and clog up the health service. The general public (yet again) are the last people

Rotherham Council Mental Health Strategy 2026-2029 Consultation

					anyone thinks about when making a decision, the people reading this will probably say that I am biggoted or something daft but many people think this who i speak to of all ages and backgrounds. I think you see us as cash cows to milk through taxes and nothing more, everything you do is to improve the lives of everyone but the people who are paying for everything. The town centre is an absolute joke because of this and no amount of advertising forge island is going to change that, no one wants to come to town to be harassed & intimidated by alco's, druggies, nutters and immigrants. My mum wont go to Rotherham if its dark anymore. Well done RMBC you absolutley ruined a nice town with your pie in the sky ideas. Nice one!
		Reducing inequalities: .Gaps in commissioned services. .Some providers are not on the connal framework. .Difficulties with dual diagnosis placements.	Fast access to services in an emergency		
			Empowering you, by receiving the right support, at the right time. ^{1.} Being able to access services with clear boundaries and criteria to ensure people know what is available. ^{2.} To stop delays in allocations. ^{3.} Having committed services for working age adults.		
Total	3	4	5	2	3

Q5. If you could choose 3 words to describe the values for the strategy, which 3 words would you pick from the list below?
(Please select 3 options)

Answer: Other, please specify:

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Response	Count	Top 3 Most Common Themes:
Empathetic	3	Empathetic
Caring / compassion	2	Caring / compassion
Understanding	2	Understanding
Focus on different faiths	1	
Quality	1	
Awareness of local groups to join to get out and about	1	
Timely, responsive	1	
Advocate: Learn how to be an advocate	1	
Friendship, Support, Community	1	
Honest: To ensure workers have honest and open support from practitioners. For users to feel safe being honest with practitioners.	1	
Collaboration: for Adult Social Care and NHS to work together without trying to 'get rid' of cases to benefit themselves.	1	
Voice: person's wishes at the centre - views carrying weight. Advocacy and representation, incorporation of views of experts by experience.	1	
All these words are buzz words that mean nothing, safety, security and the wellbeing of the tax payers is the main priority of the government (local and national), at the moment the opposite is true and you look after everyone but the tax payer	1	

Q6. What would be your top 3 topics for the strategy to focus on?

Answer: Other, please specify:

Response	Count	Top 3 Most Common Themes:
Support: There are groups and charities all over Rotherham waiting to welcome new people to meet new friends and get out and about. These should be accessed before someone is sent to their GP	4	Support
Support for neurodiverse people and others where the typical cbt doesn't work for them	1	Accessibility
Support to people experiencing crisis	1	Medical Factors
Support for children and young people who are leaving care	1	
Accessibility: catering to individuals with disabilities and making more availability to services, e.g. elderly with digital barrier, neurodivergents inc. dyslexia, deaf etc.	3	
Accessibility: Delivery of the strategy must be available by more than one method, not solely digitally. Assistive technologies may have their place, but for some individuals they may also be a barrier.	1	
Accessibility: Reducing wait times to access mental health services	1	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Medical Factors: Awareness of people with head injuries and what they go through / More support for those with memory problems, especially those with brain injuries	4
Medical Factors: Stop classing transplant patients as mentally ill	1
Voice: Listen to people with mental health issues, and don't assume you know what is best for them.	1
Transport: is an issue for some individuals	1
Collaboration: and holistic approach. Time limits in bin.	1

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses

Q7. Please tell us why these top 3 topics are important to you:

Top 3 Topic Answers	Improvements to Mental Health Services				
Themes	Accessibility and timeliness	Person-centred and inclusive care	Service, Workforce and funding	Integrated and holistic support	Digital and Assistive Technologies
Quotes	As a previous user of such support, I found it a lengthy process. Anything that speeds up access to help is positive	It is important that we ensure services are inclusive, and ensuring digital technologies are available will support with this.	The mental health service is stretched and needs to be improved for but in the right areas of need	We also find barriers to refer to them as it has to go through GP. Working in partnership would guarantee that people have access to all range of support available and supported to access it. We need to do more to reduce inequalities on accessing mental health services	Digital and assistive technologies - aids and adaptations can enable people to be more independent, they can also stop someone feeling isolated or excluded
	Giving people access to services	People should be able to express how they feel and how they feel services could support them and prevent them hitting a brick wall and at crisis point	By ensuring improvements are made to mental health services, this will allow people to access the support and services they need to improve their mental health, in turn reduce repeat contacts which will also provide cost savings. This will allow more budget to be put back into the mental health sector to continuously improve services for people.	They often share with us that they don't feel heard, they find the process to get mental health support very complicated. They will go to the GP and get medication prescribed but difficult to access therapy. For this group of people language and low digital skills are a big barrier. They struggle to understand leaflets and websites shared by GP.	Digital - Most people use technology to find solutions.
	Improved coordination and access to mental health services are crucial for supporting individuals with mental health needs.	mental health should be person-centred	More funding is required to improve mental health services- bottom line Government cuts over last 20 years has been a disaster for mental health. Tax the rich - bring mental health and social services back into NHS or Local Government control with local communities and workers making the decisions not the top down approach we have today. Stop privatisation and outsourcing pay mental health workers decent money to stay in the service. Fill all the vacancies. We know all this , a survey is not what we need its action.	Organisations working together improves services	It is important that we ensure services are inclusive, and ensuring digital technologies are available will support with this.
	In my limited experience, so far, of having to reach out for help in caring for my elderly mother, I have found it WAY too complicated and dis-jointed. This makes me hesitant to request the future help I know I will need at some point.	People are individuals and what works for one person doesn't necessarily work for the next ; so making treatments and plans that suit the individual rather than the other way round . I have been made to feel that i was at fault because the treatment didn,t work .	Current lack of services, long waiting times, not joined up, gaps for 17 year olds	agencies need to work together to offer a wrap around support to meet people's needs.	Technology could help people stay safely at home longer

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	there needs to be a responsive service at the time of the crisis.	Needs to be strengths based and person centred and improve understanding of and access to support.	I think currently, we are firefighting throughout the entire country, and the reason for this is because we need a system that is more front loaded in prevention rather than cure. Other Cities are training people to be more mental health aware. They are training Champions or mental health first aiders through government grants. Many people only need a supportive conversation with somebody non-judgemental, but because there is a lack of education around poor mental health, this doesn't happen, and then the problem festers, until such time as the person needs talking therapy. We need something before it gets to that point. Training everyday people in how to build resilience, how to access to relevant support (not necessarily counselling, but social prescribing, or just engaging in contact with Others) will help to prevent a build up of poor mental health, then alleviating some of the problems of low level mental health problems entering the system.	Other services and providers should work together with us on shared goals.	Digital and assistive technologies - Rothercare and other services who offer AT are the way forward. It helps people to still become independent at home. However, helping the elderly to understand their packages and knowing they are supported will increase uptake.
	Mental health services should be easily accessible to all at the right time without the judgement and challenges associated with it	A person should feel included in the process of planning their support.	Mental health, education and social services are not joined up enough for anyone (child, adolescent or adult), and improving professional and social connections for people of all ages and across the diversity spectrum is essential to improve mental health. This includes before, during and after crises.	Mental health services seem increasingly stretched, more and more people are presenting with complex needs. Support seems very distant and hands off, IE phone numbers/websites. As a Housing Officer I know who my local Police officers and PCSO's are, I would like to be able to say the same for mental health workers. Locality working and partnership working is key.	Digital - to assist with daily living tasks
	I feel that there is a lack of services for people suffering with their mental health which means they hit crisis point before receiving the help they need.	if we concentrate on supporting people initially, then crisis can be lessened and avoided in some circumstances due to people using techniques learnt	The current services in Rotherham are not adequate they are not fit for purpose and you have to wait a very long time in order to get into services. I need to find out that they will not help you in the way that you need help they are also not going together so do not communicate with your GP any other services and if you need specialist services such as the Sheffield eating disorder service room services do	A large percentage of the population has poor mental health which is influencing many other health factors. Improvements to services and better partnerships would help to tackle this. But prevention is also key.	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		not link up with them and treatment is put on hold even longer and you cannot get a holistic view of your treatment which is so ridiculous considering we are all under the NHS But it is the most disjointed unorganised and chaotic service I have ever been a part of		
More accessible information, in different languages	Ensuring the person's voice is heard - care needs to become more person-centred. Enabling a person's voice to be heard will encourage them to have more faith and trust in the service we provide.	We need support and help as a group like Wellgate Court to help each other to stay mentally and physically well and to socialise which I feel is very important.	people can be waiting too long to access services, multi agency working is a better approach offering more options for treatment,	
making sure that mental health services improve is important - often they use a one size fits all approach which doesnt work for e.g. neurodivergent people. and long waiting lists for more specialist therapies.	People should be at the centre of their own care.	Support is very hit and miss. More staff.	often there are gaps between services- service users are too well for one service but too poorly for another	
What's the point of a strategy if services are so unreliable?	I believe that working in partnership with other agencies results in a joined up approach will result in the best outcome for the person and also reduce number of any individuals falling between the gaps.	Pathway for vulnerable adults being streamlined.	Working together with a range of services is key taking sure people get the mental health support they need	
waiting times for evidenced based treatment are too long	Timing of care and individualised/person centred care	Mental health services are woefully underfunded and often completely inadequate for people that are neurodivergent. CBT doesn't fix everything, but seems to be often the only option open unless you really fight for something else. Even then 6weeks is the bare minimum that some people need just to start opening up!	Improve collaboration between services to maximise impact	
The mental health services need improving so everyone can access them when they need to. Not just be put on a waiting list and hope to be seen soon. People are left waiting and end up going into crisis when it could have been prevented.	For other agencies to take different needs into consideration e.g. housing, transport	The service is disconnected, not proactive and doesn't offer real help to people and families when they actually need it.	People working in the service need support from partnership agencies too.	
Waiting lists too long for help. Quick diagnosis. Support when needed so can continue your daily life and work	The strategy has to be people centred and building upon already existing services and understanding will help us to support people in our borough	There appears to be an inconsistent approach to Mental Health Services, which put additional pressure on other agencies	Partnership working allows me to receive the care I need.	
There needs to be quicker support available hence choosing to improve mental health services.	It is always important to have the person at the centre. Despite what the "rules" or agreements are, everyone should have a voice and be treated	The mental health services in the borough are lacking and people's voices need to be heard to make the right changes. if we can put more	We need more mental health services. All agencies work more closely with each other	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		<p>equally.</p> <p>We need more mental health services out there, more options for people at a time when they are vulnerable.</p> <p>Also mental health services are often for the person to opt in and at a time your mental health is not in a good place you may lack the motivation to opt in.</p>	<p>support in to stop people reaching crisis point that would be so much better.</p>		
Timescales on receiving mental health support and the criteria that needs to be met makes receiving help difficult	<p>Its important that mental health services are more person centred and their care plans are centred around the person needs and not a tick box. without listening to people you don't know what needs to change in mental health services. people have experience of mental health services should be encouraged to work with mental health services in the future to help and design services and also offer peer support working roles so people with lived experience to have the confidence that they are making a positive change for mental health services in the future. we think that unpaid carers should get more support from mental health services cause their supporting their loved ones because it can effect their own mental health and should be entitled to more benefit to help with financial worries.</p>	<p>Recognition of VSCE value, contribution and benefit to cost saving to NHS and secondary services, make funding for VSCE organisation who take the majority of responsibilities, community cohesion and delivery</p>	<p>It is important for the dots to be joined, different departments need to be able to have access to records and work together to provide a more joint up care plan and holistic care.</p>		
<p>People are suffering and require prompt help. I was under Mental Heath team and support was hit and miss and was often delayed</p>	<p>While antidepressants can work for some things, again isnt a one size fits all thing, so people need to be assessed better for a diagnosis. Everything can fit into the "generalised anxiety disorder" category however this then means underlying mental health conditions or learning disabilities can go undiagnosed. People who are entering the world of work, entering university or difficult phases in their lives quite often approach mental health issues. Starting a first job can be daunting and if things such as ADHD have not been picked up at school, when starting a job this can create mental health problems such as anxiety and depression .</p>	<p>Working for the council, I know many people who struggle with their mental health as a result of their job. Employees at all levels are given too much work outside of their job description and over time are expected to go above and beyond and it has become the new norm. When employees bring this up, managers either ignore this or encourage them to seek external help and advice and do not hold their practices accountable, even though multiple employees bring similar concerns frequently or have to take sick leave to recuperate. Managers have these similar pressures to deliver so often their hands are tied to create any meaningful change, but they do have a higher salary than other employees so are able to use that</p>	<p>I believe that working in partnership with other agencies results in a joined up approach will result in the best outcome for the person and also reduce number of any individuals falling between the gaps.</p>		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

			to go on holiday and buy things to counteract their busy work life, when many employees cannot afford even a trip to the coast to be able to de-stress outside of work.		
Because its too difficult to access support for mental health and the waiting lists are too long			I think there is too much emphasis on the physical aspects of sick leave and no acceptance of mental wellbeing as a legitimate reason for being on sick leave. I know that this is a problem council wide, so I would suggest that if the push of external services and wellbeing walks are to combat the institutional overworking then they are not successful and there should be more research council-wide into the reason many of the workforce are on sick leave.	The more joined up services are the better for people who have to navigate the system, work as one to help people	
There is a significant lack of support for mental health sufferers and it's imperative that it needs improving - to prevent people giving up as they think since they don't receive support, they have no option but to give up - which is extremely unfortunate and upsetting			Easy to understand information. Improve all services, F2F training for all services.	More networking opportunities for services to work together, as commissioned services are risk duplicating support, so do not receive funding. All services need to working together, possibly have community MDT meetings with the individual in the room	
There do need to be improvements to mental health services as waiting lists are too long.			employers dont know how too deal with mental health in the work place	All agencies should work together so people know where to come to if one doesnt work they can go on to someone else for help and support.	
At present the waiting time for access to services is unacceptable. People need help immediately they have an issue and this will obviously have a positive impact.			Not enough is done now. More training, care and understanding is required to assist people with their struggle to function day to day. Also people need to do what they say they are going to do. At the very least stay in contact so they know they have not been left and forgotten.	Partnerships with other agencies: currently having issues with NHS colleagues with 'who belongs to whom' in regard to responsibility which is not person centred at all.	
more accessible without long waits			Everyone is likely to have suffered with mental health in some way or another throughout their life. Often referrals to mental health support take weeks or months, during the waiting period you often learn to cope with the issue/mental health trigger on your own... or it escaltes further into a bigger mental health problem which could have been prevented. Mental health should be treated as a 2 week pathway the	Support for people to prevent experiencing crisis: I feel especially at Riverside House we should have 'talking point' live function that sits downstairs to support those in crisis situations. In this function could be be a housing worker, MH worker and someone from DWP.	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		same as cancer, 2 weeks to be assessed and a treatment plan formed and appointment booked for the first session the week after. Currently you get assessed and for some services it is a 16 week wait for the first appointment, during which the probably may have passed or gotten ten times worse		
Pathways are unclear and access to support can be slow which impacts on health and wellbeing. If support was available to prevent, reduce and delay need there would be less occurrence of crisis.		Remove duplication, being together expertise working, working together to achieve customer outcomes.	issues as to whose budget is it. Seeing people in parts - health need and social care. Not holistic.	
Mental health services in Rotherham are difficult to access, don't meet everyone's needs and aren't always available when we need them the most			Improving mental wellbeing: More focus on support and cure than putting in services. More joint working including the person.	
My personal experience is that mental health support is very weak and hard to access, no support is given				
The waiting lists are too long for clinical help. There are too many people not having access to specialist phycologists and too much access at the wrong time with assistants, associates and support workers. People need to feel like there is a plan, something has been done, they are listened too and seen by someone at an appropriate level in an appropriate timeframe. The burden of this extra wait to be seen by a consultant is bore by family and friends who need more support in how to help, however people with mental health are very sensitive to being "brushed off" or told to "take a bath and have a hot drink". It sends the message that their issue is not important and neither are they and it is left to the family and carers to keep them here and healthy by filling this gap.				
Wait times for counselling and diagnosis of things like adhd that can affect a persons mental health needs to be quicker				
If anyone should need help, they need it at that point in time, not for there to be any kind of delay, which could then lead to drastic consequences				

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	People need to be supported more waiting too long needs to definitely be reduced				
	People need more help				
	Preventing, reducing or delaying the need for support: having the correct resource such as social workers and support workers to stop delays. At the moment staff cannot move on work as no through road so unable to pick up work.				
	The waiting lists for mental health services is massive, often when you finally get to speak with someone It is just an over the phone initial assessment, then a wait for a further appointment, often the only option offered by the NHS is CBT which doesnt work for everyone as mental health is not a one size fits all treatment and often the lack of talking therapy support often leads to being put on antidepressants to mask rather than resolve the issue				
	Support to people experiencing crisis: This again leads back to early referrals and early support with shorter waiting lists. People need help whilst going through a difficult event, not after the event which can lead to experiencing mental crisis which can be long term damaging and becomes a larger issue if unsupported through the initial issue.				
Total	32	16	22	23	6

Top 3 Topic Answers	Support for people to prevent experiencing crisis			
Themes	Early Intervention and Prevention	Community-Based Support	Support for Young People	Support for Unpaid Carers
Quotes	Its better to help someone before it becomes to late	We feel that it's missing a better connection between health and the volunteer sector as better path could guarantee that after reporting mental health issues to the GP they are not left just waiting months/years for support. Community sectors should be more involved as they can offer support that can support their mental health while they are waiting for health services. Social prescribing is a good project but it's not reaching far enough.	Support for young - Young people always worry about mistakes. Less worry would build confidence.	Support should be easier for people who care forOthers and those with SEND.
	Anything that can be done to prevent anyone experiencing crisis has got to be a priority - often when people get to the crisis stage it can often have drastic consequences for either	not enough is being done in the community to support people, needs more investment in community activity, often relies on volunteers and we shouldn't be taking advantage of	supporting young people - very important - need to grow and develop a future in this country	Unpaid carers take up lots of support for people with health issues and are always overlooked and under appreciated.

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	themselves or their families/friends - any preventative support can only be a good thing	those, the offer is poor and should be funded appropriately		
	Early intervention is essential for those experiencing such needs; if left unaddressed, reaching a crisis point can be more resource-intensive and challenging for the individual to handle.	Community groups seem to be under valued or a forgotten group	I feel young people don't necessarily have access to support them in transitioning to become more independent.	Unpaid carers often suffer in silence as they put their cared for person's need ahead of their own. As an unpaid carer their has been a catalogue of failings/opportunities to offer support to my son and myself, however due to referral waiting lists, service capacity this has lead to additional pressures being put on myself and my sons life at risk- Due to lack of space my son was left in my care as he couldn't keep himself safe and there was no beds in impatient facilities.
	Early intervention will also help and prevent any major mental health breakdowns or impacts on Other family members.	It is important for joint working across the whole community.	I feel its really important to support young people, undertaking preventative work, in order to help & support them with the transition to adulthood & ensure they have the correct tools and coping mechanisms in place, particularly given the everchanging climate.	As a parent of a young person with SEMH i would value better support. Improvements to services would benefit all
	People do not want to hit crisis point they need it recognising before	Some people are shy to access the support by having stronger community around them, this will support them to access support.	young people are really struggling and need help. they are our future so ensuring they have better mental health is important.	unpaid carers undertake a massive amount of work that benefits the economy but is detrimental to their own lives and wellbeing
	It is better to support someone to prevent them going into crisis because it preevents stress , empowers th0e person to stay well and ultimately saves money .	Services delivered by public, voluntary and charity sectors need a collaborative working approach with the service user at the heart of that ideally with 1 point of contact to signpost enabling them to access everything, easily and quickly. Currently info is outdated and fragmented additionally services can be duplicated which is a waste.	As a parent of a young person with SEMH i would value better support. Improvements to services would benefit all	Unpaid carers need to know that they can count on mental health support when they need it. Being an unpaid carer takes a toll on you mentally. A lot of them feel lonely and invisible. If they are not offered the support when they need it, it could lead to them not being able to care for that person anymore.
	Prevent avoidable admissions	Listening to people, having places to talk to other people who are going through mental health e.g mental health and wellbeing craft group. Getting other agencies to help e.g family Hubs, mind, etc.	I work with supporting young people in Rotherham with various health conditions, disabilities and barriers preventing them getting back into employment, including getting the right type of support for their health conditions. Most find it difficult to find and get support due to several factors mentioned in previous responses to questions. Making it easy and catering to their health conditions which create barriers and awareness as 99% have no idea of the amazing services available to them as often they are not marketed or advertised well (due to limited budgets, which is where more partnership would help spreading the word, centralisation / hollistic approach to plug the gaps etc.).	Carers are the backbone so services dont have to be encompassing
	Crisis is the point that needs to be avoided.	Singing, knitting and coffee morning groups need more people and people need these groups. Get social prescribers more on the	When young people are moving into adulthood it is a very daunting thing. For many it means moving from a place where you had lots of people around you supporting you to	Support unpaid carers who have a heavy load.

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		ball with this and bring the community together to cheer each other up!	not having anyone there anymore. They need to have the the right support to make that transition a good experience.	
	Prevention is key	We need to look at preventative and long term support to improve Mental Health and wellbeing of our community. Community responds faster and has a better overview of more obstacles people are facing, they are also trusted more than statutory services and have more connections on the ground to create a wider support system for long term care.	Current lack of services, long waiting times, not joined up, gaps for 17 year olds	Support for unpaid carer's is essential to prevent further pressures on Social Care.
	They are the most important because we need to avoid crisis and work on a prevention model.		Got a niece who is young who didn't get support - she's at Swallownest Court. In crisis people can commit suicide and need someone to talk to.	Support for unpaid carers should be a given not a topic
	I feel until someone's mental health is at crisis there is very little support out there		Help prepare young people for transition to adulthood	There is a need to support unpaid carers, this could also lead to health issues for the carer.
	Improvement & support to prevent crisis		Working with 16-18 year olds, I find there is a gap in service, CAHMS take too long to support but too young to have adult services.	Recognition for unpaid carers and more services and support. Understanding of the impact this role can have on MH / physical health.
	so many people become really unwell before services become aware and help		There is a very evident gap for young people between 16-18 years of age, who are too old for children's services but too young for adult services. Better access to help and support to find out what adult services offer to help transition to adults. Ensuring young people's/ adults voices are captured to ensure the right support is put in place.	Carers are amazing and need support
	Mental health is ongoing. Early and crisis support gives the chance to help people understand what they can do to help to improve their own mental health and reduce it reaching a crisis point in the future. Everyone should be entitled to professional help as well as support to get through the worst times		I can see how detrimental it is. Two years to wait for an assessment could be catastrophic for some young people.	
	Prevention strategies to avoid crisis and alleviate worsening problems		Young people are often in a desperate place & its hard to access support if they're not in total crisis.	
	Early intervention and support thereafter		young people who are approaching adulthood may not have support from a responsible adult at home to provide support and guidance. more accessible mental health services needed	
	Crisis - due to people feeling uneasy at night/evening time. Prevent - this allows for reduction in admissions and crisis		Supporting young people should be at the front of our minds.	
	There needs to be improvements in the Mental Health Service, it is at capacity at the moment and lots of people are being failed		Support for young people who are approaching adulthood - this needs to go beyond. I feel there needs to be support for	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	and are not receiving the support they need, this then leads onto my second choice as there needs to be a preventative approach, to support people before they reach crisis and to ensure they have the support and have coping strategies before things get too bad. My third choice is that there are so many delays that often service users have reached crisis point because of the long wait for initial support.		young people who have a learning disability to be supported in transitioning into adult services. Adult Services are a lot different to CYPS therefore, supporting them through this can be impactful.	
	Helping to prevent me from needing support say from crisis people would help as being in crisis is difficult to go through and recover from. If I had help to prevent me before hand, it would be better for my wellbeing and also for services that are busy and overstretched i.e crisis teams		There is a gap in services available for those between childhood and adulthood e.g., 17 year olds. This can extend waiting times for them to access support which is not ideal if struggling with a mental health condition.	
	Prevention in MH is important. Help shouldn't only come as a result of reaching a crisis point. Allow people to self care for their Mental Health in the same way people are encouraged to self care for their Physical Health. Improve services so this is possible.		Brigding the gaps between services ie. CAMHS drop off - journey into adult services kooth, quell, talking therapies	
	Improving mental wellbeing should be a key priority, preventing people reaching a point where intervention is necessary is vital in any mental strategy.		Providing services to suit 17year olds, as they do not fit into either services, this is a gap for support	
	Prevention is more cost effective & reduces the anguish people with mental health issues suffer so helping family & communities too.		If young people are helped at this stage in their life it help them prepare for adult life and may prevent problems later on. I am an unpaid carer and it is very stressful doing this, unpaid carers are often forgotten. Mental health services need to be more accessible and timely.	
	The focus should enable prevention of mental ill health and identify escalation.		Not enough support for younger people and also adults services are difficult to access	
	In my role prevention is very important when it comes to supporting rough sleepers. If the support can be put in early then this could make a huge difference to someone's wellbeing going forward. From working with rough sleepers they do face many barriers when it comes to accessing any kind of support, including mental health, one of the reasons for this is due to the persons living conditions being unstable. If more outreach support could be put in place this may stop people from hitting crisis point.			
	I think prevention is the best policy. Granted, you may not be able to prevent crises from happening, but I think you can prevent a lot of the lesser struggles with mental health. For			

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	me, peoples material positions are far more important and should be supported in that way. That and exercise are the big drivers in my eyes. Exercise should be prescribed for people who are able.			
	people should be supported in a timely manner to access the support they need. early intervention can reduce the need for more intensive support later, prevention is better than a cure			
	Early intervention and assistive tools may help someone identify how their mental health is before it becomes severe and support them into recovery quicker			
	Because support is needed straight away before it gets to crisis point			
	There is a lack of early mental health support when it is needed which leads to people deteriorating and ending up worse			
	Its better to help someone before they experience depressive symptoms			
	All of my team are currently experiencing mental health issues and prevention of/ care for this is very limited.			
	Support for people to prevent them experiencing crisis: More early intervention, signposting, universal services, information, breaking barriers to accessibility.			
	Improving mental wellbeing can impact on a person mental health, if we improve this we can reduce the need for services			
Total	33	9	23	13

Top 3 Topic Answers	Ensuring the Person's Voice is Heard			Other
Themes	Lived Experience and Co-Production	Respect and Empathy	Communication and Advocacy	
Quotes	Your voice is important to ensure it is tailored to your own needs and circumstances	Its easy to feel unheard when you have mental health issues and get dismissed without people asking and listening to what you need.	Ensuring the persons voice is heard - so many people don't have someone to talk to or they feel embarrassed and therefore won't talk to anyone. Talking is one of the most powerful therapies. When someone talks they need someone to listen, they need someone to understand. They need to be able to say/write how they feel in a safe environment and everyone should have a right to be heard.	Housing/adaptions/choice of where to live and supportive of major adaptation to remain at home with family.
	Personal experience	People should be able to express how they feel and how they feel services could support them and	Ensuring voice is heard - People need to be listened to, to inform.	The persons voice is important as it teaches you about them. Nothing about them without them.

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		prevent them hitting a brick wall and at crisis point		
	Capturing customer voice is pivotal, in order to ensure that the public are at the forefront of services and have the opportunity to shape and have an input into how future services are delivered.	It's important to remember that the person needing help is a person who should be treated with respect I.	Whilst individuals may not always be able to voice their concerns, my personal view is that it is the responsibility of all professionals to ensure that a persons voice is heard.	Provide ways to improve mental wellbeing provides stimulation away from ones own mind.
	The people we are supporting are the best people to know what works best and have a lived experience.	People need to feel heard and important.	important for everyone who suffer from any problem to have someone to hear them and support them and get signpost them to the right place. Annoymus support line that signposting to local community support, feel safe. some people feel scared to access support, want safe line and secure support.	If I had not had involvement from Wellgate I would not be here I would not have anything in my life or would have had the motivation to do anything. The support I have received has really helped me and provided structure in my week, it's provided me a life and keeps me going, making me less isolated.
	Important to listen to people's voices as their experience may be useul to someone else.	Practitioner should talk to the individuals not their partner or carer	By empowering voices to be heard and working in partnership we can develop sustainable Mental health well-being	Disparity between primary and secondary care provision and what you are "allowed" to access. Lots of barriers currently. Reviews are not always in best interest of individual with regular medication changes which is unsettling. More support services, groups and access to talking therapies if you are under secondary care would be helpful. Social prescribing only happens in the week (i work full time) and work very hard to maintain my own MH and work. I not longer access "health" provision and pay for private support as i feel i am more in control.
	Only the person experiencing the mental health issue can explain how their issues affect their day to day lives.	Some communities are getting overlooked due to traditions or seen as hard to reach	Underpinning my 3 words is communication. Talking, giving opportunities for social contact helps support individuals mental health and makes keeping connected normal. Any dropping away can be a red flag for friends, family and services	there's only one- theOthers on the list are how you get there
	I am autistic with ADHD assessment pending. I have PTSD and was diagnosed anxiety and depression in my 20s. I had now help throughout my childhood nor very much in adulthood. I feel people are always telling me about my conditions rather than listening to me. I have the experience and knowledge of these conditions and should be listened to and taken seriously.	I'm vision impaired and need suitable adjustments but services don't provide them all the time.	Listening to someone with Mental Health is vital, and listening in person, not electronically. Mental Wellbeing is for person diagnosed with Mental Health and their families. Prevention listening early rather than waiting until something is a crisis.	Teamwork is the dreamwork! share knowledge and understand background, what has worked and what doesn't work etc.
	Its important to be listened to as we know ourselves and what would help us the best. Too often mental health professionals dont take our feelings into consideration.	I feel unless a person is heard you cant know whats going on. A lot more people should not keep labelling someone because they have issues it may not be mental	Regular contact to avoid crisis is important	Partnership - allows for support for the person for different needs

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		health if they are allowed to speak and explain how they are feeling.		
	Patients should be allowed to attend their own MDT meetings	Having had CBT therapy I feel I was not listened to but was part of a box ticking exercise by the therapist.	It's vital that peoples' voices are heard and they get help in a timely manner	People don't want to experience relapse so its important to prevent it esp - paranoia schizophrenia
	A person with lived experience can give you more because they know how the other person is feeling	I have experience crisis of mental health and is very hard to have someone that deal with it to help. May be would be great if we the services work more around mental area and that people wouldn't be so negativly against suffering with it. Is a illness that can hit anyone in a different level.and the professionals like nurses care assistants should be more compassionate and emphatics. More campaign to help youngs one to studying this area.	Listening to the person experiencing mental health difficulties is the most important. They will tell you what support they need, it's important that they get it quickly.	Because services & Wellgate have helped me, getting out & meeting people is a great support to me.
	In order to improve mental wellbeing there needs to be the right services that are available and ensuring the persons voice is heard you get a true understanding of the needs of the community, staff etc.			Especially foe young people fhe different internships or apprenticeship
				<p>People often suffer from poor mental health because they dont feel anyone listens or wants to listen to them. They also don't want to burden someone else with their issues. I enjoy seeing the weight lift from their shoulder when they talk about problems and allow the emotion to come through.</p> <p>Mental wellbeing is the foundation we set ourselves to deal with what ever significant event happens in our life. If the foundations are cracked, we have difficulty processing tough emotions. I want to help people realise they are allowed to have tough times and can grow from it and become a better version of themselves.</p> <p>All to often, we hear of people comitting suicide because they didn't feel their was a way out. With my help i want to make an impact in this field, offering a listening ear to anyone who needs time to process things. It's incredibly frustrating to me when i hear people don't feel they have been taken seriously. Increasing frustration for them</p>
				Because of my experience I see stigma attached to trauma, especially around bereavement, as stigma does not allow trust and people shut themselves off. It needs for services and people to be honest and offer support. Social interactions is important and needed.
				Many people struggle to cope living in the community, waiting times are too long and support mechanisms are too difficult to access for individuals and the professionals that support them. This leads people to reach crisis point much quicker which has a detrimental effect on them and the communities where they live in some cases.

Rotherham Council Mental Health Strategy 2026-2029 Consultation

				Often people's voice's go unheard and there's a lack of services available
				Supporting is most important for everyone
				The people need the services most and can be supported by long term service improving mental health
				I dont feel there is enough support for people suffering mental health difficulties, this needs to improve.
				We have to address root causes first
				It is important that everyone is heard, no matter what mental health issues they have. However, putting measures in place to prevent mental health issues would be the most important.
				I have had a brain injury and bipolar disorder for 25 years, every time my medication needs a small tweak I have to be referred to a mental health team. Give GP's the power to sanction this!
				To enable the most 'normality' possible
				I didn't feel my voice was heard properly when I needed support. Accessing the correct service was hard to navigate which led to a delay in support
				Manners and society has gone down hill, there is nothing for the community do to. The appointment system is a pain as it's digital and I'm an elderly individual who is not used this
				As i have said previously we need to be ensuring the safety, security and wellbeing of the tax payers and normal citizens of Rotherham.
Total	11	10	10	25

Open Text Responses

Q8. Thinking about your current experiences of mental health services, what four priorities do you think the strategy should focus on?

Answer: Other, please specify:

	Access and Navigation of Services	Person-Centred, Varied and Inclusive Support	Access of Information	Workforce Training and Support	Integration and System Design
Themes	For people who live on the boarder of Rotherham, example Barnsley and have a Barnsley GP to be able to access support services in Rotherham and vice versa. Boarder creates grey area with no clear route to access support	Letters and help with benefits.	Signposting can be traumatic! Support required by some ppl to navigate so many interactions. Less reliance on sodding signposting. Does it work? It hasn't for me. Support for carers and families doesn't mean giving them a leaflet or a weblink!	Training for services in the council about how to support these experiencing SMI better.	Long generative of services, there needs to be enough time to build trust with the support provided, as some may need long term interventions

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Consistent long term options being available. Having someone to help me for a set amount of weeks is good and helpful but once it ends I often find myself struggling to maintain any changes I've just started making.	Nothing about the person without the person. Involve them at every single stage and in every single conversation. Excluding them causes additional distress.	Phone numbers made more available for brain injury survivors has I have no idea who to contact?? other than 999	Training is needed for the general public not just staff working in mental health services. The mental health services are full, we need to build a system that prevents people getting to a point of crisis. We need to educate people on how to be more resilient. I realise this won't stop everybody from becoming unwell, but it would syphon some of the people off. Education would mean people would understand when they have the early signs of poor mental health and then they would be able to ask for help immediately, rather than leaving it until it gets to crisis point.	Services connected to GPs would help GPs understand more about mental health which, in turn, would help with access to services. Many times, the bottle-neck to services and support occurs in primary care.
	Wait times for assessment - takes too long at present.	much more support and understanding of neurodiverse people and their mental health needs.	Ease of access to information, advice and support. People need to know where to go. If someone's mental health is deteriorating the last thing they need to do is jump through hoops to get help.	Support to reduce the need for more intensive services, i.e. inpatient care / hospital admission. Training and support for staff working in mental health services.	Face to face visits when someone is experiencing a mental health crisis
	Ease of access to information advice and support should always be readily available this should not come to a mental health strategy to make this stand out. Signposting to services which can improve your mental wellbeing “ walking clubs, yoga, breathing classes, art classes etc.Training and support for staff working in mental health services“ witnessing people going through mental crisis or going through difficulty must be distressing for staff so maybe they should get regular debriefs and check ins to make sure they are not overwhelmed or struggling themselves.	Signposting to services which can improve your mental wellbeing. Opportunities, not just 'services', for example - physical activity.		Training and support for staff working in wider partners and VSC	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Total		Volunteering can be a positive experience for people with poor mental health Support to remain at work Mutual support between people who have poor mental health			
		give people time to support, volunteer to help and better opportunities.			
		Again all buzz words and business speak, nothing about making the town a safer and better place for EVERYONE who pays the bills.			
	4	7	3	5	3

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses

Q9. What should this mental health strategy focus on to achieve the above goal?

	Accessibility and Availability of Services	Early Intervention and Prevention	Person-Centred and Tailored Support	Community-Based and Holistic Approaches	Communication , Co-Production, and Feedback	Workforce Training and Capacity	Integration and Coordination of Services	Specific Needs and Inclusion	Other
Theme s	Clarification of what it means to improve mental health throughout lives, how to access services, how people can be involved in shaping the services, and what resources are available to achieve all of the above.	Ensuring that people with mental health challenges do not get to crisis point	Ensure individuals feel involved, that their individual circumstances are understood, engaging with other professionals to achieve the best outcome.	ensure that specifically in relation to social housing and anti-social behaviour issues, those with complex mental health difficulties are properly supported in a community which suits their needs and is a sustainable tenancy for them.	Co production - work with people who have used the service or been refused has they do not meet criteria	Ensure education establishments are including mental health topics in their curriculum. Ensure you educate your staff on topics around mental health, so when people use the call line in an agitated state, it is recognised that there may be a wider reason for this state of mind.	The focus should be on the transition from childhood to adulthood and ensuring communication and appropriate service transition between the two.	As English in second language when accessing therapy would like the same therapy worker and translator. Appointments can be an issue with them been online, and not been shown how to access them.	The 4 areas that I have just answered as focus/priorities
	it needs to be more specific the statement above is very woolly How can this be achieved? - inclusiveness, access to what they need making it easier for people to access it	More robust support for young people to build confidence and resilience.	Timely and appropriate care tailored to the individual taking into account their feelings and wishes on how best they can be supported.	Adaption Choice Empowering Housing Support to keep accessing the community	Support with day to day activities, phone calls, and letters.	Less wait time and more training and understanding from professionals	Collaborate with charities and voluntary groups.	provide easy and accessible information e.g. online - easy to understood, different languages, language is a barrier provide multiple languages materials/translated website have translator - make sure all council sites have them	Should link in with the Autism Strategy so that both are meaningful, not just documents sitting on a shelf. How is the effectiveness of these strategies assessed?
	Keep people from crisis before they become a problem in the community so they are accountable for the action's	More support available before crisis happens	earlier intervention and support within communities.	A proactive approach to encourage engagement- sometimes as a result of mental health, home circumstances etc individuals can be reluctant to engage, chaotic lifestyles impact on their ability to engage. Stating that due to non engagement there	More confident in themselves and services to help people to build their confidence. They need to be able to go to services to talk about what they need. Can't always trust computers.	Train staff so they know how to identify someone with mental health issues and direct / refer them to other services and to be involved in future strategies.	Intergrate mental health services	Supported Employment. A support worker to go to work with them to encourage the adult to reach there full potential.	More funding stop pretending the existing services can be improved without more funding

Rotherham Council Mental Health Strategy 2026-2029 Consultation

			is no service is not an appropriate response- what actions have been taken to encourage engagement, offering a safe place, understanding an individual and their own needs and the most appropriate way to encourage engagement.					
Availability of services (more appointments and clearer signposting to help centres/online help). Web presence - ease of finding out where help can be found.	Talking to the people who need help, focusing on the early signs with resources to help. In my experience, if the signs aren't alarm signs then it could take months to get any Kindof assessment / help. Access to help early on would be great to see	For practitioners to understand that no one case is the same	Community groups for those needing support - carers or those with health issues: Could be best starting point to then move on to other services via signposting from the community groups. I am unsure how many groups already exist but maybe more health and wellbeing groups could be made available across the Borough to allow more people to attend them locally. May benefit those who find it hard to travel. Smaller groups may make it easier as well if anxiety of being in a large group is an issue for people wishing to attend. Could be advertised as a coffee morning rather than mental	Digital Inclusion Focus on vulnerabilities	Decreasing the time taken for people to get diagnosis for increasing numbers of neurodivergance i.e. ADHD, autism. Improving the resources available to speed this up from staffing to implementing better strategy and use of resources, for example, AI to improve efficiency and take less time	First and foremost, communication between agencies for formal or otherwise referrals Too many agencies not working on alternative pathways if first option offered unsuited. Indeed if anything offered.	need more trauma informed therapies. lots of people particularly neurodivergent people who cant get emdr and other therapies they needs. also training for staff in mainstream services about neurodivergence.	reduce waiting times increased access to evidence based treatments fo all including those with SMI not just anxiety and depression

Rotherham Council Mental Health Strategy 2026-2029 Consultation

			health meeting so it seems more welcoming. Advertise in local press or even newsletters pushed through letter boxes.					
quicker help for the person suffering with mental health issues and carers of people suffering with mental health issues	Knowing who to contact with correct resource Early access to support	Motivation to help people who are suffering and empowering them to move forward. Listening to people's needs	Link with all the other offers that can support wellbeing overall, such as volunteering, being involved in community groups, improve the offer of physical activities and connection with nature.	Provide information on how people can have an input in to the strategy and have their opinions heard.	Ensure the appropriate resources are in place in order to deliver the vision, i.e. information, trained staff, time, and budget.	Building effective partnerships to enable people to access the appropriate service.	Understand the specific needs of LGBTQ	People and society
Access to information that they need to know what is available to them	Prevention plans and contacts	Person centred	more active especially in winter more community space to meet with others in community indoor activity, especially during winter better opportunities to learn: crafts, maths, language, daily life tasks - feel have something to do and purpose	Open communication	Resources available Improving waiting times through detailed assessment and signpost to the right agencies	signpost to support and support workers, work together with voluntary services	Having more services to aid ESOL for our diverse communities. Having more holistic approach to getting all the available services available in one place, like a centralised website to improve awareness and discovery.	There is a need to look at colleagues mental health needs in some parts of the council.
Connecting with others in similar situations. Information sharing. Knowing how to get information.	Prevention and early support.	Routine needed which will support the individual	Access to private spaces within community groups to have	Listening to people and communicating with them properly.	staffing levels to be at a maximum	Ensuring that the people who are suffering have continuous	Male victims of domestic abuse and raising awareness that males can be	More help when you need it

Rotherham Council Mental Health Strategy 2026-2029 Consultation

				someone to talk to in confidence.			support before and after	victims too and it's OK to ask for help.	
	Make it more accessible for people with mental health	Mental health services access is only normally grandkid when you are on edge. It seems to wait for people to hit the button before reaching out. Support needs to stop before the point of deterioration to save people before it's too late early intervention should be a main priority for those who have already slept through the cracks adequate services that linked up and communicate with each other need to be put in place in the waiting times need to reduce significantly.	To improve person centred working and not just targets. Knowing where to go when help is needed	Helping people to look after themselves and get well Improving all knowledge and allowing people to make their own decisions Encouraging people to prepare	Encouraging anyone with mental health issues to become involved in shaping policy by being open about their issues and how they affect their day to day lives and their ability to work.	Fairness. Politeness. Professional. Trusting. Approachable and staff trained not to be rude or racist or as all rmhc staff dismissing all and everything.	Promote MH services, alongside Physical. Yes, have the option to be referred to a specialist MH nurse etc in GP surgeries for example, but make services visible and part of mainstream care. It shouldn't be a case of having to know about it, to ask for it.	Equality and expertise and experience	AI can be used to send reminders for appointments

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Make it more accessible to people with mental health and reduce waiting times.	Early intervention (childhood) continuous care and understanding . Help with filling in forms. Having a contact number for somebody to talk to about issues. Listening to us and making sure we are listened to as much as the mental health professionals. Make sure our notes, file is available to all involved, so we don't have to keep answering the same questions at appointments and when filling in forms.	Having their voice heard when accessing services so regale feedback opportunities to say what's working and what isn't work for them.	Maintenance of wellbeing - on going small activities through mental health services	Raising awareness of services which can be accessed for anyone suffering poor or ill mental health. Listening and using feedback from service users to improve delivery and gain funding to meet the needs of the residents in the borough	Information and training	Promoting partnerships between private practise counsellors and the local council. Allowing for subsidised costs for clients. This would allow people to gain access to mental health support easier and quicker.	Making sure that all aspects of living are supported in the correct way. Giving people the with mental health issues a key person or service they could access any time to help with all aspects of life. This could be just simply talking things through, getting information that they need. It may mean helping with a housing issue, paying bills, getting in touch with services and making them aware that this person needs help, as often picking up the phone and talking to a new person can be very daunting for someone who is struggling with mental health issues. In many cases if this Kindof support was given it would stop many peoples mental health issues escalating.	No special comment
	Make the support available as clear and easily obtainable as possible, ideally a one-phone-call which is what is necessary in a crisis	It needs to focus on the whole person and be a prevention strategy. It needs to focus on the elderly population and the wider health, as well as younger population, especially with getting support at	It needs to focus on what is most important as the outcomes of the consultation etc.	Supporting people to get into support groups/networks to improve their mental health.	give people enough time to speak	Having an adequate amount of the right staff and facilities to support those in need and their informal support system.	collaborative working with voluntary, charity and other public services to deliver a joined up service. Upto date info on referral or signposting to organisations Online directory of all relevant services across all sectors that's accurate and	Understanding the barriers to people accessing services	Supported any person with mental health issues

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		school, so they know where to look for support in the future. Mental health should not stand alone it should be joint with other health and wellbeing issues, this would save NHS/Adult Care money.					updated regularly - GISMO is out of date and also people are not aware of this website so they cannot help themselves to find info to access a service.		
	Someone should be available for support 24hrs a day - 7 days a week	Normalise accessing mental health services - get rid of the stigma. Early support. Listen to all residents as they may all need to access mental health services at some point in their lives.	Get the voice of the individuals	Flexibility of approaches, different types of therapy and support, before, during and after crises, alongside quick referrals (not just to the first assessment appointment, but to proper treatment/support). One of the biggest strategies that would improve mental health at a stroke (although I realise this is beyond the narrow scope of this specific strategy) would be through improving social and economic inequality.	The Homelessness Prevention and Rough Sleeper Strategy is currently under consultation for the next cycle 2026-2031, a lot of people who experience homelessness also have issues with their mental health. It may be useful if something could be embedded in the Homelessness strategy in regards to additional mental health support when people approach as homeless. Links can be made to someone with poor mental health and them not being able to manage their property/bills etc which contributes to them becoming	Having constant access to trained health care professionals.	clinical specialist could visit informal groups such as the social prescribing hub	transport can be a barrier: community transport does not have sufficient provision and some people are not comfortable using public transport	Promote work life balance Promote the role of well being champions across the council

Rotherham Council Mental Health Strategy 2026-2029 Consultation

					homeless. If the person's mental health could be improved whilst experiencing homelessness it may lead to more positive results when they're rehomed. The Homelessness strategy has 6 key priorities, an improvement in someones mental health could be linked to at least 3 of the priorities.				
	Putting things in plain English without use of Jargon For services to be open and available, with everyone been able to access support no matter what they need or where they live	Timely support and intervention	Post admission/discharge prevention to avoid re-admissions social support - so people are exposed to positive wellbeing in their daily life	Everyone should have support and be able to talk about their issues. Getting people out of their homes to the services and having community groups e.g craft groups, fitness classes, chat and cuppa groups. Getting people to know about how to access the service	Reduce stigma by discussing mental health and supporting needs as openly and routinely as we would discuss physical health needs	Good care staff. Not too young.	Having more classes at Wellgate Court, e.g. yoga mindfulness.	Lived experience - consultation.	The person who is suffering, and providing help and someone to talk to asap.
	Advertise your social prescribing more widely	Definitely start from a younger age to help children and young people that need mental health help. Offer up more local availability of services, perhaps inline with each gp practice.	Focusing on individual needs for general wellbeing - early education in schools and college	Raise awareness of local groups trying to bring communities together. New hobbies and new friends should be the first signpost to improve mental health. Contact the groups im sure they will contact the person to introduce themselves	Also need to provide regular opportunity for people to feed into how the services are performing - this information on how to do this needs to be accessible.	Reducing waiting times, more training for staff and not just the generic CBT (which doesnt work for sever mental health) but things like EMDR, CBIT etc more access to higher health professionals such as psychiatrists who can then address the real	Give more access to places like Wellgate Court to avoid hospital admissions. To provide craft and group facilities at Wellgate Court which is very helpful to our health.	Well trained mental health practitioners with a better understanding of what living with a mental illness is really like. How to better signpost and for more support to be readily available.	Reduce poverty and deprivation - mental health suffers when people are struggling to live, to feed themselves and their families and to pay their rent/mortgage.

Rotherham Council Mental Health Strategy 2026-2029 Consultation

						issues whether that be more intense therapy or psychiatrist prescribed medication to aid severe mental health			
	Improving services and reducing wait times More services for young people experiencing SEMH	Focus on listening to the voice of the person and implementing measures to reduce, delay and prevent the need for support	Supporting people	Advice on how to maintain health such as exercise and time spent in the outdoors.	Mental health is an important cornerstone of people's health and wellbeing and by collaborating with the Health and Wellbeing Strategy we can enable this to be consistently integrated throughout the Council's services.	More services and trained staff, reduced assessment waiting times	improved communication between services and organisationS	Ensuring all workers who come into contact with the public should have training in mental health awareness.	Council meeting in Maltby needs to improve, they cannot see eye to eye and there is no straight answer for the community.
	Ensure that provision is accessible to people throughout the borough. Rawmarsh isn't accessible from Laughton for anything therapeutic.	Ensure the importance of mental health is taught in an age appropriate way from a young age	Giving a voice to people to shape services.	more groups, and a range of activities	Information, advice and support is available in a timely manner	Good staffing levels, well planned services, listening to and respecting all service users.	Visit commissioned service	Focus on peoples material conditions. Often IMO peoples material, living conditions and working conditions are a large source of mental health woes.	That is a load of waffle
	Awareness of services in the borough, reduced wait times, having a voice about services	prevention, early intervention before reaching crisis point or worse	connect with people from good relationships improve services, offer different options of support tailored to the individual	Look money is being wasted. Reopen community groups, this supported left out people. Wardens supported communities, need to use community centres. Volunteer groups to run things.	and involve all stakeholders to help ensure its success	Timely help, no waiting lists.	For health to not sit in silo, physical and mental health need to be joined up and sometimes this is missed.	Take into account those with neurological conditions/injuries as they are missed out due to not fitting in with the autism or learning difficult categories	Transport for people with mental health challenges linked with physical health challenges that may be permanent or temporary.
	The council being more accessible and visible ; giving people the support that works for them not	Early intervention is key, need to provide support early	I think one to one supporting is key element of successful	There is not enough in the community for elderly people to stay occupied and	Service user / resident / expert by experience - having input into the strategy.	Provider longer term therapies and support to prevent relapse. Offer drop	RDASH are interested in working in the community	Most importantly from my own family's perspective it would be more tailored help	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	what someone else thinks they need .	rather than been reactive		the things happen all at once.		in sessions for all unpaid carers.	which will be beneficial	for neurodiverse people	
	Providing accessible services, including clearly signposted self help resources to mitigate issues created by the time it takes to get appointments.	Early intervention before condition becomes critical/crisis point	people are not numbers - people are people - stop or rethink outcome measures to be more person centred	HWB Workplan Rotherham Suicide Prevention Action Plan 2025 - 28 Rotherham Public Health action Plan (Better Mental Health for All 2017 - 25), currently being refreshed. Rotherham Loneliness Action Plan (2023-25), will be refreshed end of 2025 / early 2026. Early intervention and prevention. Tackling wider determinants - good housing, services, good employment, reducing loneliness, reducing poverty, addressing health inequalities.	Better communication between Multi disciplinary teams and a greater understanding of what everyone involved in a persons care does but also what they cant do. More non digital marketing, approx. 40% of customers I have dealt with dont have the internet/computer, fear technology or simply dont use it.	Council staff to have better understanding of different conditions such as memory loss and brain injuries	Improving mental wellbeing and services available across Rotherham and across a range of platforms (online, face to face, virtual)	more available, fee or low cost transport - reduction of unnecessary anxiety	
	Accessibility of services	Classes / printed materials for parents of school children with tips and support of how to approach the subject with their children or day to day tips that can improve mental health for prevention of bad episodes.	listen to real people living with mental health, live experience, peer support	Any partner/spouse being a carer without knowing be offered support and specific meeting groups once a month in wards throughout the borough. This could create a network of peer support for carers who dont recognise themselves as being carers.		giving employers and managers the training to help with their employees and mental health	Integrating with their local VCS to work collaboratively	A waiting well strategy that includes all services working in cohesion	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Information on access to services.	Ensuring people know where they can go/speak to before any incidents actually occur	Commissioning/funding: how success is measured does is not person centred or look at true impact the service is having on an individual			Employ willing and able people. Retain peer support. Flexible working, especially around holiday times such as xmas, New Year, when people likely to go into crisis. Additional support for single people no matter the age, or people with chronic health conditions.		reduce inequalities transport and help with access to services, sessions etc.	
	Clear pathways for all ages, and if they don't fit the criteria for one service, there should be another service there -no gaps	Timely access to support when its needed to avoid deterioration of mental wellbeing. Services need to be flexible, recognising that mental wellbeing can fluctuate.	give people a voice, lived experience			more staff		More funding to community initiatives, getting more people together from different backgrounds - community support of mental health that is not advertised as so, as to not scare people off.	
	Better access to services A clear understanding for everyone what services are out there for different levels of needs. Being more flexible- home visits.	It should focus on supporting people with all levels of mental health - waiting lists are so long that people are left without help and support and ultimately get worse - fewer people would be in crisis if support was given earlier	Empowering people to say that they need help and that there won't be any consequences to that (e.g. at work).			Training for staff More staffing More home visits To get permissions to discuss with carers		Reaching out to groups of people that may not come forward with mental health issues. In work, it should be mentioned in team meetings and in 1-1s.	
	Reducing waiting times. - Follow through with gentle support after treatment is complete.	Living well - what does this mean - prevention	Need more of a patient centred focus			ensuring staff have the skills, knowledge and		I think that any strategy should be bold and ambitious by tackling	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	- Regular check ins, even if a text or call. - Listen to the service users and their needs.	links to care act.				resource to deliver it		inequalities, transforming how and where the service is delivered,	
	Availability of services, long wait lists mean young people and adults are left waiting for support with no services there to help in the meantime. Professionals knowing how and where to transition people to adult services.	School children syart early looling at well being and support Older people	Talking with and listening to people who are experiencing poor mental health. How can we help you? What will make their lives better? Tell us how we've failed you in the past?			Training and availability		A more serious commitment to supporting staff mental health, need to help yourself before you can help others approach.	
	having more long term options. help for a few months can start to help me make improvements but often help/support ends too early. More services to access when we need to. Be it once a week or once a month etc. Sometimes, its difficult to access support consistently due to our difficulties.	The strategy should support on early intervention /prevention rather than acting once the person has reached crisis. Often people suffering with mental health suffer further or become more complex as they dont feel heard in the initial period of needing support. Not just for general mental health but all things such as people with things such as ADHD or a known mental health diagnosis should have more regular check ins, not just be put on medication and then no	The voice of the patient and the families helping them			Reduce the estigma of mental health. Improve the services finding a way that the professional are more compassionate in their roll. To improving our wellbeing give hope to people in comunity		we think that unpaid carers should get more support from mental health services cause their supporting their loved ones because it can effect their own mental health and should be entitled to more benefit to help with financial worries.	

		check ins from then on. Again with things such as dementia, learning difficulties etc.. carers should be checked in on often as well as the person who they are caring for. This all leads back to early intervention and prevention. This can link to housing, employment support, R&E all services within RMBC anywhere that a person may feel ignored or not valued of their opinions or feelings.							
	Keep these services going as they are a big support to people.		face to face contact with service users					Knowledge around MH, diverse range of services and support. Support and recognition for carers. Work to fill commissioning gaps. Crisis and early intervention. Focus on reducing waiting times for diagnosis so individuals get the right support. Recognising how females and males present with differing symptoms, i.e. masking. Provisions for loneliness - there's a	

Rotherham Council Mental Health Strategy 2026-2029 Consultation

							big gap in B-friend services.	
I think first of all wait times for assessments need to be shortened and then help going forward needs to be consistent. I know its difficult with limited funds.		The person should be heard not just seen. Find out why they need the help and support them. Not to feel judged. Some people who are labelled with mental illness may not be it could be a trauma that isnt being recognised. That doesnt make you mentally ill.					Our service is in the homelessness sector, it would be my hope that this strategy aligns with the new homelessness strategy that is currently being developed. Homelessness is no longer just about rough sleepers - we are seeing couples, families, asylum seekers, victims of domestic abuse come through our door. Trauma plays a huge part in the homelessness situation and people won't be able to move on fully unless their mental health is also taken care of.	
Inclusion. Information spread into communities, schools & accessible places.		To reduce waiting times to enable individuals to feel heard and seen before hitting crisis. To understand how each person is an individual and will not fit into a box.						
I believe it should focus on the waiting times for people to receive support		Realising that people have different needs and more services should be available						

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	People who need services might not be able to get to them without support		Its important that mental health services are more person centred and their care plans are centred around the person needs and not a tick box. without listening to people you dont know what needs to change in mental health services. people have experience of mental health services should be encouraged to work with mental health services in the future to help and design services and also offer peer support working roles so people with lived experience to have the confidence that they are making a positive change for mental health services in the future.						
	Understanding the barriers to people accessing services								
	make services available at the same time and in the same place - co-location								
	Access should be easier and speed of response quicker especially when someone is in a Mental Health crisis. Knowing who and what can help also.								
	Availability of support								
	A transparent, joined up pathway that is easy to access and navigate								
	How they can access the services?								
	Making it easier to contact a service, it to be clear, concise and not full of red tape. Being passed from pillar to post								

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Timely and sustainable access to services								
	long term support rather than short term funding								
	Having services available throughout Rotherham, for all levels of mental health.								
	Be more available avoiding long waits to be seen								
	Ensuring that services are accessible to all and that they get the support they need.								
	Quicker and easier access to consultant led care. Less reliance on assistants, associates and support workers as these don't move people on particular they just continue the delay in treatment and people do not feel listened to or supported when not seeing a consultant who specialises in mental health. Theses support roles should be used after initial assessment from consultants and less focus on keeping people out of hospital as this actually results in people feeling as though they are not listened to and it feels like a money saving exercise. ENSURE PEOPLE COME FIRST NOT MONEY. It is obvious to a service user whether the strategic thinking is one based on quality and compassion or one based on efficiency and keeping numbers down. By changing the eligibility for intensive services for example, may make it look as though people are less seriously unwell but the reality has changed none, in fact it gets worse as people are not accessing the intensive								

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	treatment they need at the right time.								
	Possibly specific mental health trained person to run a clinic within doctors surgeries that you can be triaged to without having to be referred to. Mental health first aiders within work places who can be a point of call within each team to provide support.								
	More access to speak to people in a crisis								
	Supporting general mental health but also to support people with things such as adhd and autism as if these go undiagnosed then they can serverly affect mental health								
	Scrap labels and DSM5 diagnosis before support is offered. More staff to be able to support rehab for visual impairment.								
	Increase staff and funding								
Total	44	25	30	19	18	25	19	27	16

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses

Q10. Is there anything else you would like the Council to consider regarding mental health for unpaid carers, or is there anything you think the Council should include in the mental health strategy to support unpaid carers?

	Recognition and Value of Unpaid Carers	Access to Support and Services	Respite and Breaks	Mental Health and Wellbeing of Carers	Financial and Practical Support	Communication and Coordination	Inclusion of Specific Groups	Other
Themes	Acknowledging and providing a support system for unpaid carers can be beneficial. Offering incentives such as respite activities like cinema tickets or meals out with a support group could help make their efforts more visible and recognised.	They should outline their ambition for working in partnership with other agencies like GP's, Schools. Work organisations etc to help unpaid carers not have to go to lots of organisations for help - a one stop shop - it should be preventative and not reactive when it is too late.	I imagine respite is a big issue for unpaid carers - or even talking to someone in the same position	Unpaid carers play a significant role in the support system for individuals with mental health needs. However, these carers may also require support, as their own mental health can deteriorate due to the demands of caregiving.	Possibly help financially	More support and easily accessible services where carers voices are valued and listened to	The role lgbtq play in this arena	My carer died. Does the strategy address that?
	May be some incentives or freebies to support them in their unpaid role, or even recognition awards if they were interested. A Rotherham Awards event not down to health or police or council singular awards night a whole Rotherham event	Lacking support of unpaid carers for LD/MH much more focus on elderly.	Support groups for carers to give time away from caring duties and provide each other with support.	Not been able to use mental health as an excuse to take that extra time off work every year so they are at home in the summer months. Not using MH as an excuse to make others around you miserable and cause damage in the community. I have mental health issues so its ok for me to what i want.	Carers benefit stops when working, reduces chance to work as cares full time and work	Information sharing		Already given my plan in previous answer
	Messages of praise or thanks from the cared for person may go a long way for some people - simple practical things - talk to them to find out why they do it	Support to complete major adaptation to properties owned,/rented to prevent younger adults entering into supported living. By supporting this spend to save can support people to remain in home of choice safely for longer periods	Unpaid carers would benefit greatly from being able to have a break themselves while the person they care for was being supported elsewhere.	As a past carer, I found it difficult to have 5 minutes to myself, as the stress is unmanageable, hence I feel training should be provided to widen knowledge of poor mental health and building resilience. Luckily I am educated in mental health, so knew what I needed during the time of my	Even paid carers aren't properly paid. Anyone who needs care support should have access to at least one regular weekly paid care session to give the unpaid carer a break	Being involved with varying mental health departments and services over a number years: Please - NHS, RMBC, VAR, Local community groups - talk to each other		Yes

Rotherham Council Mental Health Strategy 2026-2029 Consultation

				life when I was a carer. Some people are not educated in what our mental health needs, and support groups, whilst are great to some, I personally would not have been able to attend due to my responsibilities. I needed to understand what I needed in order to keep myself well.				
	recognition of unpaid carers-their role can incorporate abuse both verbal and physical and too often this is ignored. Carers beg for assistance and support and often feel not listened too. The support offered by these carers is difficult to quantify because it is emotional support, financial support and often their main concern is that the individual receives the support they need. Carers may understand if offered information around the mental health.	Making GP's aware of unpaid carers to offer them the support they need. Carers are often forgotten about as the cared for person is prioritised.	Un paid careas should be paid ,supported and have rest bite from people they care for.	There is currently too much focus on the unpaid carer and not enough on the individual with the mental health problem. Focus on the person with the mental health condition.	enable adequate support for people supporting the struggling family member too. dont minimise their struggles.	Increase awareness for unpaid carers on the support available, and more information on how they can access this. Also increase outreach work with other agencies, to reach a wider audience so more unpaid carers can access the support available.		Don't know any carers.
	Unpaid carers need support regularly - nt just in a crisis. They need to feel appreciated / valued. They save the NHS and council millions by caring for their loved ones.	increase the support offered to unpaid careers, like more support groups and wellbeing activities	Nothing specific to unpaid carers beyond respite help so they have the time to attend appointments.	Think about the person diagnosed with Mental Health firstly, but also think about families, carers what advice and support can they be offered, it is sometimes talking to someone to know whether you are doing the right thing to support someone.	More community support to reduce isolation of these people.	Having someone to talk to get ongoing socialisation and share their experiences		Yes. Stop staff telling transplant patients that they need sectioning. Its utterly wrong and cruel.
	Carers needs ae just as important as the people they are caring for.	More help and support for unpaid carers so that they don't feel isolated and excluded	Easier and quicker access to respite services to prevent burnout rather than wait till burnout. The	Carers wellbeing is key because if it's not considered then you have two people with mental health	Access to carers allowance, benefits and other services. An unpaid carer is usually a friend / family member sacrificing	Listen to family please, when we are asking for help on our 'cared for person's' behalf we tend to		Unpaid carer is critical issue for the new comer , i think it is

Rotherham Council Mental Health Strategy 2026-2029 Consultation

			impact on a carer when crisis happens	problems instead of just one. Wrap around support planning	their opportunities to cater for a loved one. By increasing the service sin care etc., it will get more into paid employment, returning investments and resources back into the local economy, less barriers and take aways, more innovative care and wellbeing spaces?	know them better than someone that has just met them.		important to provide some opportunities for the new comer
	Acknowledgement of their contributions Support networks that focus on them not the service user Named contacts not ad hoc	Make the support available as clear and easily obtainable as possible, ideally a one-phone-call which is what is necessary in a crisis	Regular respite required	Most carers I know recieve no consideration for their own well-being. Caring creates reduction in economic and social status, often causes loneliness, and can often be the beginnings of deep distress and mental illness in its own right.	Extra training for unpaid carers. For them to have someone to talk to.	Send out regular questionnaires to carers/unpaid carers to have their voice heard - and not just a select number. The council should accumulate the statistics of how many carers/unpaid carers there are in the Rotherham area and offer support for them		get it right for people first
	Recognition for their role and possible respite.	Support and guidance	Unpaid carers need a break themselves knowing the person they care for is safe. This could take the form of respite or groups for tge person who is being cared for.	Help to educate carers on MH conditions, and vulnerabilities (to low mood & relapse). More support for carers - counselling.	Professionals working along side unpaid carers to ensure their wellbeing in being maintained	I think how they can get the support that they required such as hotline, online enquiry and email.		Is there evidence that unpaid carers suffer more than the rest of the population?
	I think unpaid carers should be valued more and given more support, they do an amazing job.	Support and guidance	Give unpaid carers more credit, support and access to respite care	This strategy should cover carers too because carers can struggle with mental health.	Discounts on gyms, swimming etc so they can have down time and look after their own mental health.	RMBC work more with unpaid carers to find out the support needed, give a voice to unpaid carers		More partnership training to help identify unpaid carers that don't recognise that in themselves so that they can sign post to support they might not have known was there as they didn't identify as

Rotherham Council Mental Health Strategy 2026-2029 Consultation

							an unpaid carer themselves.
They need all the help they can get. They are heroes.	support to be available	Respite should be available when required by carer. This is seldom the case. Prioritise carer if they have ill health, either supported or respite or whatever they feel will alleviate how they feel when down.	I don't think anyone realise the stress on unpaid carers, when they don't receive support it can lead to depression and affects their mental health.	Unpaid carers need to have the same rights as employed carers when it comes to getting credit, loans they save the government millions and it should be noted.	communication, need to listen.		
So many people offer support to family and friends, this can have a massive impact on their lives. Acknowledgement and empathy for all those unpaid carers when they need it is an essential addition to the mental health strategy, without them so many people would be in crisis and be accessing mental health services if they are able to do so.	Support been available at the start of the caring journey Support to be offered across South Yorkshire for unpaid carers, no boarder (GP/Post code) eligibility or criteria	Respite and access to therapy to ensure their needs are not neglected	Support networks for unpaid carers would be a great help especially with a focus on supporting good mental health.	More support, financial and mental health support	More support A phone line to other support that dedicated for carers		
I think carers can often be missed in the support they can access themselves so more consistency and awareness would be beneficial for the council to consider, ie they may be aware of who are carers but what support do they offer to them?	Access to services and support.	More understanding of impact in the workplace on MH and support around this. More respite available for carers.	I imagine there is a link between unpaid carers and mental ill-health, so provide targeted resources for unpaid carers struggling with their mental health in a way that is accessible for them such as thinking about what will happen to the cared for person whilst they are receiving support	Lots of training and support	For professionals to understand and be confident in what the carers offer is. For carers to be able to gain easy instructions.		
If you have someone who is caring for someone with mental health issues either drink drugs or even domestic violence. Concentrate on helping the carer so the one that needs caring for is done	Unpaid carers need to know that there are people there for them in the first place. As an unpaid carer myself I wouldn't know who to turn to apart from my GP and that's often not the right route. It needs to be	More respiteday care services so they can have a break	Better early support and post hospital support for carers - many carers feel abandoned once they leave hospital/return home better financial	Provide some training.			

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	well. The carer always seems to be overlooked and told to get on with it. If you was to help that person then you would be helping two people	understood that many unpaid carers don't have the opportunity to get to appointments with ease because they have no one to look after the person they caring for. For many it's a 24/7 job and they are stuck.		support/social support Most mental health problems stem from struggling to cope - remove barriers that lead to poor mental health				
	Recognition of individual circumstances	Unpaid carers should receive the help they need from the council ; identified during a carers assessment , not being told the council don,t offer this .		Also the risk of them developing their own mental health related illnesses is high in this situation and it can quickly spiral. People need access to the right people who can diagnose and move them forward, there is far too much reliance on assistants and support workers providing this role.	Visit commissioned service listen to real people living with mental health, live experience, peer support long term support rather than short term funding prevention, early intervention before reaching crisis point or worse more available, fee or low cost transport - reduction of unnecessary anxiety			
	If a person is regularly attending A&E or the GP and seems to be attending with a partner or family member and may look to be at a level where they are needing regular support“ I think this needs to be flagged that that family member should be offered mental health support. For example, an elderly couple where one person is dealing with dementia or health issues and the other is having to provide support dressing bathing etc, but is not an official carer and also isnt subscribed to in house carers. This person should be checked in on to see if they need support. Quite often it is just assumed that if they look to be managing or are physically able that they are coping.	Possible groups they can attend as carers. They need support groups to help them manage daily stresses that come with being a carer		people who are caring for their love ones could experience their own mental health issues. there need to have their own plan but should all have a plan with their loved so they know what services are available to support their own mental health and wellbeing.	Training and help and advice to better understand the person they are caring for			

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	More support for unpaid carers, information that is accessible to them easily		Unpaid carers should be in a minority, anyone with serious issues should be under professional supervision.	Support with accessing support for them and those who they are caring for Support with development and progression			
	we have drop in session once a month for carers to attend with people we support and also events during the year for them to have time to enjoy themselves and ask anything			a register for peoples (the person being cared for) unpaid carers would be useful so RMBC could contact in emergency or is assistance if required.			
	Free support groups where they can socialise with other carers/ have free advice for benefits/ health etc			Having protocols in place to ensure unpaid carers don't/aren't struggling in work and all aspects of life as they perform vital work			
	This strategy should include more support for carers.			Get awareness and contact with unpaid carers - this may help to intervene at earlier intervals if someone was to decline with their mental health.			
	Support for young carers			Some form of actual payment			
	Help for carers when they get carers fertege and no one to turn to There is no help at night Trust me have phoned emergency number got no were			Like with ECS, when someone is a carer they could be provided with a business card with the contact info on for the services available.			
	They need to support the carer and have regular contact, because if not, the carer becomes locked into providing care and nothing else						
	Support for carers.						
	Consider young carers particularly and any young person who ends up as 'looked after' due to their caring responsibilities.						
	Availability of services needs to be more widely advertised						
	Local wellbeing groups!						

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Yes more support for the carers						
	People need more assistance and availability and services need more advertising						
	More support for unpaid carers, support that the carer needs rather than carers having to fit into whats provided.						
	easy access to help if required						
	Accommodations to support unpaid carers to stay well						
	More carer's groups						
	Help to liaise these with advocacy organisations and peer support to enable them to access all help available to them.						
	It's hard for carers but the hospice has been a huge help, they do breakfast/lunch/tea but people don't go as they are not aware, however it's been a lifeline for me.						
	more community groups						
	The carers are left to bridge the gap between services and wait times / lack of available services or specialist services. They are helpless and their actions may or may not be helpful to the individual if they are not supported appropriately.						
	Mental health services linked to adult care that can support people who are unpaid carers						
	To make sure they have the correct support at the point they begin caring for someone and throughout						
	Support groups						
	Do different events in town centre or local libraries , college that engaged and						

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		developed good impact at mental services support. And that the professionals works with caring and integrity not just for money.in order to reduce the level of so many that having suicidal feelings						
Total	15	35	13	16	21	12	1	9

Open Text Responses

Q14. Please tell us about anything else you feel may need to be considered in the strategy.

Themes	Access to Services and Information	Waiting Times and Service Capacity	Service Delivery, including Continuity and Quality of Care	Mental Health Awareness and Education	Early Intervention and Prevention
	Access to information and a variety of services should be part of the overall strategy to ensure ease of use and choice.	waiting times to be reduced	Better understanding from OT more dignified assessments	How younger generations are so much more aware of their mental health signs and symptoms but also need to be resilient and not used as a get out card for everything - hard to describe or how this will be addressed but an undertone	This strategy needs to focus on helping people at the start, with a contact to phone and advice to be guided to support. I now have a Rotherham Carer booklet which is good but would be better if it outlined the type of support such as Health or Social, so I can see if I'm able to attend due to postcode/registered GP.
	the use of alternative therapies/ taking responsibility for your own well being	Reduce waiting times	Taking a more innovative and modern approach.	more understanding of underlying mental health issues that may link to substance use in order to block thoughts etc	Early intervention is key!
	What funding can be accessed as a individual or a workplace/organisation to support mental health initiatives?	waiting times for services need to be improved	Utilise modern solutions like AI to lower costs and increase efficiencies.	consideration that individuals can have chaotic lifestyles and may not fit into a service- how can we incorporate more flexibility in the delivery of service.	Prevention and early help with problems can often prevent issues escalating and needing a lot of intervention at a later stage.
	information to carers to understand the specific diagnosis- support in working with the individual, how to respond	There's to many form filling and not enough help and waiting to to long for the right help	Waiting times and times allocated for pieces of work, meaning the length of time we can support individuals, as sometimes 12 weeks is not long enough to form a relationship and provide sustainable support	People with mental health conditions need to be valued and feel important.	Early intervention and prevention is more valuable than reacting to the issue
	a proactive approach to encourage engagement rather than - no involvement didnt engage	The delays in assessment have a negative impact on child/parent relationships and increase other agency workers caseload	Peoples mental health needs can change from week to week so services need to flex around the individuals	I promote mental health support to all individuals who need it, its important to reduce the stigma attached to mental health as its preventing people to access support.	It is a growing problem, if it is identified that someone is struggling with their mental health then speedy, early intervention can prevent further deterioration and the need for more

Rotherham Council Mental Health Strategy 2026-2029 Consultation

					intensive and expensive interventions later
	keep things updated - information, support and community venues	not enough money spent in Rotherham regarding Mental Health Waiting lists too long More staffing is needed	Like to see more support workers with faith & spirit. & a vibrant attitude & a freshness.	There is a lack of awareness of the mental health services and support available	Should be prevention rather than reactive
	Many people cannot access online services, so information should not only be available online.	The biggest problem is waiting times - people end up in crisis or go long periods with no support and then, when they do get it, it's limited and often ends abruptly because people have had their allocated number of sessions. Also, services are so under resourced that support often feels rushed and like a tick box exercise as opposed to actual care and support.	The strategy should focus on self-development - for example reading books and gardening & volunteering in green spaces. countryside	<p>I believe that the strategy should focus on the importance of keeping mentally healthy and not just on where to go for help if you are struggling/in crisis.</p> <p>I think the new 'My Plan' document addresses mental health well and has prompts to promote discussion - I routinely discuss mental health with my team during 1;1's appraisals and generally in day to day work.</p> <p>Training to improve awareness - I completed a GCSE equivalent a few years ago on mental health needs which I accessed remotely.</p> <p>We need to promote the view that it is a strength to ask for help to reduce the stigma around mental health.</p> <p>I struggled severely with my mental health a few years ago and was advised by my then team leader to not mention this to the schools I visited as it might appear 'unprofessional'. I chose not to take that advice and explained in a professional manner what I was dealing with and how they could support me during my visits to school. The schools responded really positively and I was blown away by their understanding and support which then aided my recovery. It also meant that school staff were more open in talking about their own mental health with me.</p> <p>Support needs to be personalised for staff - for some people continuing to work helps and for others a period of time off can help more. It is about keeping the channels of communication open and responding at a personal level.</p>	We need to support our young people, life is difficult, becoming an adult is difficult, more education around life, work, money and expectations of being an adult need to be embedded into everything they learn through all stages of their lives.
	More leaflets. A number that people can call for help. The people who	Often access to mental health services is given too late due to long waiting lists.	Continuity of care is important: Enablement has been helpful but it ends after 12/15 weeks	As a person that has suffered and sometimes still suffers with mental health issues I would say it should be	Thinks such as diagnosis with life changing illnesses cancer, dementia mental health support is often offered

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	take time to listen have made an impact.			shared more on how to volunteer yourself to help others with mental health problems, complete the correct training in order to go help others safety, but not necessarily needing a degree in counselling. I certainly would be open to being something like a mental health first aider with the correct training to be a point of contact or run mental health sessions for employees or within the community as I think this is something that is not readily available.	too late when a person needs it most is usually during the initial shock of the diagnosis. Mental health support should be given to help support through the unknown period where questions are left unanswered in the waiting period. Support should be something that can continue even past the 2029 date and provide people with the tools to support their own mental health, but know that support is there when needed. I personally think wait times is one of the biggest issues “ acting quick to mental health prevents larger issues. There is often information given so that people can call the crisis team etc “ people could be worried about calling the crisis team or Samaritans if they do not think they are at the point of being suicidal but still need immediate support, worried about the crisis team saying they are not bad enough? And on the flip side of this is if you were having suicidal thoughts, it is not a first thought to speak to a stranger.
	Please think that not everyone wants to access everything electronically, a person or a personal service is much more caring.		Long term care users can be passed on from one worker/service to another, which makes it difficult to build trust or a relationship, which makes it more difficult to access support. For some people, developing relationships is not easy and can be a stressor. Meeting one person after another can be tiring. Knowing there is somewhere to go that I feel comfortable with provides long-term stability. Feeling safe and secure is very important.		
	More information available on our website		I would like to see more support workers so everyone who needs one can have one. I'd like Wellgate to be open 7 days a week.		
	Access to transport and amenities can also have an impact on accessing mental health support		There needs to be more money/funding going into support, especially bereavement support and for Cllr to attend this support to see the benefits. I try to support people to start and access support which then		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		empowers them to attend on their own and make friends.		
More consultant psychologists, less assistants and support workers used early on. Quicker diagnosis, stop things before they get worse. Stop promising what you can not deliver, be realistic from the start and from an executive level focus on quality over numbers and look to improving their lives for good, not just until the next report.		Ongoing review and consultation.		
Having more sensibility branch consultations that have good impact in mental health. Not every bad actions in communities have excuses but make clearly that doings things that hurt others have serious consequences.		Sustainability of mental health provisions is essential, sometimes those in most need are excluded due to pressure from short term funding/contracts which are looking for high impact and reporting on number of people reached.		
Offering mental health services to include a vast range of low to high level services, including support for those with alcohol and drug issues / to work with Commissioning to fill gaps e.g. korsakoff syndrome. Break down barriers. Choice. Less dependency on formal services. Help fill commissioning gaps.		How you measure impact/success is very important, quality of care is more important than quantity of people reached		
Take us back to the old ways please, i know people who work in care and they tell me that many people in sheltered accommodation should be in a proper mental institution not in the community.		Reducing barriers to participate: - issues at home - lack of confidence - need to make first step - critical short term interventions needed - tailor care to the persons need - personalised		
More advertisement of self help mental health services available to people. More advertisement of mental health services (would need to provide shorter waiting list times first though so not to give people false hope). NHS counselling can feel like a questionnaire often not very personal and makes you feel like the person you are talking to is just ticking boxes to feed into a system.		Sustainability is important, as short term funding can be difficult to see true impact on individuals, this needs to be prolonged.		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

			Continuity regarding staff dealing with people. Cannot handle change - no cancelled appointments. People with no motivation, sense of time may need reminders via text, post etc. to help them remember appointments. Follow up calls after appointments will show person someone actually cares.		
			CBT is not the answer to everyones problems		
Total	11	6	17	6	7

Open Text Responses

Q14. Please tell us about anything else you feel may need to be considered in the strategy.

	Community and Peer Support	Service/system Integration and Collaboration	Specific Populations and Needs, includes incursion and representation	Children and Young People Support	Feedback on Council and Services	Training	Other
Themes	Better community spaces to meet with others and connect	The boundaries between where you pay council tax and where your GP is can cause problems accessing support- Rotherham seems to have a lot of edges.	the different stages of mental health - include in there post natal depression and the massive effects it can have on families	I think it is important for young people to access realistic, robust support to give them a better foundation to move forward.	Wellgate Court provides good service.	better training offer for volunteers and individuals	How suicide links to this
	appropriate support in as social environment, services can't be an endless commitment, give the support offered	Bring support services all together in 'one-phone-call' way to help someone in need of support easily access and receive the support they need, there and then	Menopause is also a big mental health topic within the workplace and in families talked about alot more - but the strategy cannot have everything in it I know		I think the focus on general wellbeing is great as this underpins all services.	different training options - digital and computers	Link to what we did in COVID - how did we manage then - what worked what didnt - what do we still do as a result of that experience?
	Peer support is available, but it can be overwhelming to meet a new group.	From experience with having a Barnsley GP and Rotherham post code, I find it difficult to access the right support and information, as when attending events in Barnsley it's focused on Barnsley services that I'm unable to	Men's mental health is becoming more easy to talk about with the recent advertising		It is good for the council to have Wellgate Court, because the staff are brilliant and never let anyone down. They help to fill in forms and offer support with applying for benefits. They also hold events for charity, such as	What if more people learned skills to assist, e.g. youn have first aid, what if we created 'social aid' and train people on this and what it would entail.	How does the strategy effect us as in individual in our own home with our own family - that is what people want to know and want to be included - may be to be done via the Wards in the Borough or via Schools/Colleges/workplaces/businesses

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		access due to having a Rotherham postcode. And when attending Rotherham events, I get information on support I'm unable to access due to having a Barnsley GP. It would be better for information to be shared across wider services - South Yorkshire based so I can access range of support. In addition feel there is a lack of support services in Brampton for carers and I am having to travel all across Rotherham to access support.			bingo and raffles/ Day trips would be nice, and it would be good to have similar services in other parts of Rotherham.		
	Local community groups are waiting to help local people with mental health so GPs wont even be needed!!!!	keep working with vcs groups but also look at the mental health services to ensure speciaist support is right too.	more support for mothers, difficult to do something for themselves and mothers having own time		I'm happy with the services, the staff at Wellgate are very good and understanding, they are so nice and have lots of good advice	More people trained.	What can we be proud of in our achievements around mental health where have we come from?
	Some areas/communities have ringfenced funds for other services	Look at other areas to share best practice.	Lgbtq support needs to be strengthened not used as a political football.		I have accessed Rotherham mental health services since I was 12 years old and I have had negative experiences at every single stage. I had completely given up and tried to go private but it was too late and I ended up in hospital to the third time due to my mental health. The only reason that I am still here and doing well is because I was picked up by the care Sheffield eating service. They are providing the gaps that the Rotherham service didnâ€™t provide me with and	Training for staff regarding mental health knowledge.	What's missing, needed?

Rotherham Council Mental Health Strategy 2026-2029 Consultation

					are helping the address issues because they refuse to go back into servicing care of Rotherham mental health. I have been passed around multiple services within Rotherham and told on multiple occasions that I am too broken to help.		
	More organisations should be invited to consultation events especially those that work with a diverse client base	Ask the people more on the front-line what 'good' looks like.	Lack of equity and access for those from Ethnic Minority groups		Work culture within the council.	Training for staff regarding mental health knowledge	How can we be more self-sufficient and accountable?
	People can improve their overall mental health and wellbeing “ is the ultimate aim Listen to services who see, meet, speak and listen to community members	It's important to recognise there are lots of mental health services so each goal needs to be aligned.	Elderly mental health waiting lists to be better managed to also support unpaid cares, to prevent crisis		The Council needs to protect its green belt and the links between access to green space and mental health should not be underestimated	again giving managers the right training to deal with empolyees with mental heath	Your stoopid chatbot sits right over the NEXT key on my tablet. Too easy to enfage it inadvertently, a design fault of your questionnaires. Another design fault, btw on demographic info gathering at the end of the questionnaire. Why do you need my DoB, rather than simply my age - it's hardly confidential. Anyway, I cannot enter my DoB on the keypad, only via a calendar - doh! Don't expect me to make 66x12 keystrokes to tell you im 66.
	community is important, work within. Need to know what and how the people within the community can help.	More partnership working and networking/connecting	including the adults voice		I'm sure there will be evaluation of the strategy to monitor it's success/effectiveness which would be useful to share more publicly please	I feel if the person is treated fairly and also the carer then I think it will have come a long way. More people need training in a way that they can help even if they haven't got a lived experiences. One thing I will say is the one with the lived experience can help you on how they need help. People get labelled so quick without looking into what the problem is	Who develops this strategy needs to realise that mental health is not just part of a person but their whole life and it's important that the individual is more than a number. It's about been part of a mental health community and family, it's about connecting and keeping people safe, to prevent them ending their lives. As if I didn't have this I wouldn't have a life so it's massively important.
	The ability to connect people with similar conditions and experiences	More partnership working and networking/connection	consideration of the impact of mental health that may impact on the individuals ability to engage				Important that people can improve their mental health & wellbeing with support and self help. Important to improve my understanding of families. 'Don't fix it, if it's not broken, but improve if you can -

Rotherham Council Mental Health Strategy 2026-2029 Consultation

							don't throw the baby out with the bathwater'. Focus on positive attitude books, read it bite sized chunks. 15 mins a day.
	Better collaboration between mental health services, housing, community protection and the Police is desperately required. Many issues which are reported as crime or anti social behaviour are actually as a result of drugs/alcohol addiction and associated poor mental health.	Nothing about the person without the person. Involve the person fully and stop discussing them behind closed doors. Be transparent.					Personally never trust anything to do with rmhc ever again
	I am happy to get involve in having a craft group for mental health, which does really help my students and helps me alot too.	Greater integration with ethnic minority communities will allow more conversations around mental health					Im a private practice counsellor recently set up business in Maltby. Currently only telephone or video call due to no facility to do face to face as yet. I hope to build my business and improve my local communities understanding of mental health and the avoidance of crisis situations.
	Important to check back in with groups consulted to see how the strategy is working lived experience if the most important voice	Ethnic minorities are often overlooked as they are missed out of the initial conversations					The values i have chosen, Honest, People-focused and Respect make a huge difference to people suffering big time.
	Funding can support the VSC sector for capacity Social prescribing service can support signposting opportunities Accountability - ability to adjust the strategy at key points in conjunction with stakeholders, y1/y2/y3 For this group to review the strategy prior to going to cabinet	Clients should not be abandoned due to lack of engagement especially if they have a mental health condition which is impacting their engagement. Lack of engagement may be a cry for help					Support for unpaid carers should increase and people should be prescribed exercise. Even things that aren't particularly exercisy in the traditional sense. Get more people dancing and you're onto a winner.
	Should be readily available anyway for all services, not just MH commissioned, as	I cna't stress it enough, but more help for neurodiverse people please!					If you need further information, you can cobtact me for discussion

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		many of VSCE support those with MH challenges					
		feedback to stakeholders before finalisation of the document, share draft strategy					The strategy has to be a foundation for good, strong, accessible mental health services that can support people with mental health issues and their families to get through their issues or crisis and have a better, happier life in the future.
		We need to look at other boroughs to see what is going well, looking at the links in social care and the VCS in Doncaster is working well to provide better support in the area to residents					I want numbers nown who to ring for help.
							That something concrete is actually put in place, not just a paper exercise.
							Consultation feels a bit confusing, needed to be clearer whether this is a staff or communities strategy as the two are distinct
							Under 'vision': 'Empowering you, by receiving the right support, at the right time.'This statement encompasses some of the other statements on this sheet. We felt that the 'your voice' statement could be included in this, also 'people can improve their overall mental health' statement is also relevant here. 'Reducing inequalities' could also incorporate 'offering mental health services that are sensitive to diverse needs'.
Total	9	15	14	1	7	7	17

Rotherham Council Mental Health Strategy 2026-2029 Consultation

Open Text Responses

Data collected by Rotherham Carer Parent Forum (RCPF) Jan to May 2025

Themes	Inaccessibility and Inappropriateness of CBT	Lack of Neurodivergent-Informed Practice	Barriers to accessing services	Importance of Choice, Flexibility, and Trust	Trauma and Misdiagnosis
	More options than CBT and practitioners to understand that CBT can be harmful for autistic people	"We [neurodivergent people] need time to build trust! It takes a long time so we need extra sessions"	"We're [neurodivergent people] expected to get to absolute breaking point before we get support"	People said it can be difficult when you are allocated a therapist in the NHS without a choice of who you see or without knowing who they are. Talked about the importance of finding the right therapist that you connect with	Mental health issues are often "fobbed off as just being autistic" and feel they are passed back to RANSS for support when trying to access specialist mental health support.
	"Worksheets that are used in CBT feel like homework and trigger demand avoidance and that's all you are offered"	"8 sessions just isn't enough"	"I don't feel heard or seen" Referring to trying to access mental health support from NHS	People would like there to be more support to feel empowered to access support themselves and how to self-advocate	Conversations about the common misdiagnosis of personality disorders
	"The worksheets [in CBT] can be confusing and hard to complete because I can't identify my feelings"	"There needs to be more understanding that if we have a bad experience, it might make it difficult for us to access support again in the future"	"The NHS, therapy services and GPs all have inflexible practices"	"Some things seem so small people don't bother with it, but even the small things help, it takes a layer off" talking about practitioners not implementing small reasonable adjustments even though the smallest things can help reduce stress and anxiety	People talked about common misdiagnosis of personality disorders and how this brings stigma and misconceptions
	Talking about their NHS CBT therapist "They don't listen, they talk too much so I can't speak or process. I want to try different therapies but I'm not being supported to do this"	"They assume we're being dramatic"	"Places are quick to withdraw support"		"Not trauma informed"
	"There should be an in- between service, we're told we're too complex for Talking Therapies but not severe enough for the community mental health team" someone responded to this that they had been signposted back to RANSS due to this.	"There needs to be more understanding of BFRB in autistic people, should look at a harm reduction approach rather than shaming people" Others had the same experience in the group	"Timelines trigger demand avoidance"		About 4 years ago attempted to end their own life and had a bad experience at A&E where she felt dismissed and that her problems were considered small. They didn't feel they doctors understood her as an undiagnosed autistic person
	"They [Talking Therapies] don't have prior knowledge of autism, we have to educate them ourselves"	People felt that autism self-help seems to be centred around children and infantilising	Keyworker service not accessible until you're at breaking point and under 25 (explained to group at the time this was changing to post 25 too)		One person asked for help accessing support around eating disorders as an autistic person. They have been turned down by NHS services (symptoms put down to being autistic and gender dysphoria – person didn't feel this was correct but ignored) and haven't been told about any alternatives. Feeling not listened to by

Rotherham Council Mental Health Strategy 2026-2029 Consultation

				their GP and feels isolated due to the lack of support offered to them.
“CBT triggers demand avoidance. When I first saw a psychiatrist he said I was very self aware, but this doesn’t help because I can’t use it [the self awareness]. Surely that’s a sign CBT won’t work for me?” This person has since accessed CBT and found it unhelpful and dismissive, they felt they couldn’t ask for an alternative and have decided not to push for different therapies however their mental health has not improved so this leaves them at risk.	They would like services to understand that it helps to break things down into very simple steps	Eating disorder services – person couldn’t access SYEDA as was under a certain weight, but NHS services deemed not severe enough to accept. This caused the individual to become severely ill and lose additional weight until the NHS would accept them, gave them a goal of weight loss.		One person told us about difficulties accessing hospital appointments due to phobias and PTSD, particularly around needles due to medical trauma. Told us that they have had negative experiences at Northern General Hospital where they have been labelled as dramatic and not believed when fainting so left on the floor. However, a more positive experience at Hallamshire Hospital where staff listened to them and took time to go through the process and do the procedure at their pace.
“I’ve had multiple rounds of CBT over the years, and it’s never helped”	People find it most helpful when services understand neurodivergence and help them process things. Going to chat and chill helped them understand masking and missed needs	“A&E is not sensory friendly.” People talked about the crisis team at A&E not having an understanding of autism, one person told me when they presented in crisis and struggling with an eating disorder they were told by a crisis worker that they didn’t seem “that skinny” this further exacerbated eating disorder		“Despite being under the auspice of various mental health authorities for decades, having 4+ cycles of CBT and many other treatments, it was my own studies that exposed my own ASD, ADHD, EUPD AND PDA....no professionals noticed, observed or even suspected the neurological differences over 30 years.”
There's no option for anything that isn't CBT without being deemed "severe" enough, aka being hospitalised. EMDR and DBT therapy should be more accessible, especially for autistics as it has been proven CBT is very ineffective on us due to our self awareness	people felt there was a general lack of understanding of autism and ADHD when accessing mental health support	People talked about difficulty of waiting for support and not knowing where they are on a waiting list, also about a lack of support whilst waiting for mental health support		
Negative experience with IAPT/Talking Therapies. Offered CBT sessions over the phone but they found it difficult to communicate this way, the sessions were limited and felt pressured to rate their feelings and emotions on a scale which they could not do. “It just made no sense whatsoever, and I just felt like I had to choose something. So I’d just pick something at random.” They said this experience of CBT “definitely did not help”. They accessed Talking Therapies again after this so they went prepared with information and research about adapting CBT for autistic people, they found the assessment overwhelming and again, pressured to explain emotions and feelings which they were unable to do. They were then offered	Someone who was offered CAT therapy after CBT did not help “It was a bit more helpful as we did mapping and I could see why I spiral. The therapist noticed things about what I did, I reached out and called people and didn’t take accountability myself. They told me not to call people when I was spiralling as a strategy to help but I took this literally and didn’t contact anyone for support when I was in crisis and I overdosed”	“There is no middle ground support” either have to be extremely ill and need hospitalisation or less severe needs		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	Behavioural Activation Therapy which is based on CBT, they were told it would be adapted however it felt the same as CBT they had previously had. "It was just a standard, one size fits all. It didn't help."				
	"Mental healthcare is probably at its' worse at the moment. I don't believe there's hardly any help out there for individuals. It seems if you go to the GP for help, they give a glazed look and either prescribe medication and or CBT - which some people don't find helpful whatsoever.	"We really need people to have more understanding of autistic burnout, it's often put down to anxiety and depression but the treatment needed is so different" People talked about not fully understanding it themselves and if professionals had more understanding they could help them to recognise the signs and how to help themselves. Organised the next focus group to talk about burnout.	"Theres not enough understanding of neurodivergence, no specialisms in NHS mental health. They don't take into account that we experience chronic fatigue, processing delays etc. They don't understand that mindfulness will cause sensory overwhelm"		
		"A lot of services ignore the autism" someone speaking about eating disorder services	I went to see her at one point with my early help key worker so she could advocate for me and explain everything. What was going on and kind of what I needed and stuff and the the social prescriber just kind of said that there was nothing, there's nothing suitable, I've already been referred everywhere that's available, and that was it. She'd said she was going to get back in touch over the phone, and never did so that again, that just seemed like a bit of a bit of a dead end."		
		People would like services to have a better understanding of autistic burnout and the impact it has on people. People talked about having to find out about it themselves or via RANSS peer support and if someone had pointed it out to them when they were younger they might have been able to cope better. (specific group on burnout in June 2025)	They also accessed a mental health occupational therapist via the community connector "She phoned me up. She sounded really positive that it could be something really helpful because I know how helpful the post diagnosis post diagnostic OT was. I found that was really beneficial. So I was thinking along the lines of all this is this is going to be really helpful as well." Unfortunately, after a couple of appointments the OT was unable to find an appointment that fit around the school pick up. When they asked for an alternative time the OT told them to bring their children to the appointment, "There's a million reasons, I'm not going to go into... I can't bring the kids along that that would not be a beneficial session at all."		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		Need adapted trauma therapy to be available for autistic people.	While RANSS has been helpful, the wait time to access it was frustrating. I was left without support when I needed it most, but then I received a lifeline when I received the first call from Ellie.		
		<i>"Having been under the services on and off since I was young have had various bad and good experiences. The crisis team has been a focal point of some bad experiences for myself personally having dealt with rude and abrupt staff, but having reported this after speaking with the psychologist I was seeing this changed and crisis team in future contact have been much more compassionate and warm rather than 'just go make a brew' ok when I'm in shutdown and low mood I can't do anything let alone make anything or do anything – crisis teams need a specialist autism practitioner and so does the nhs in general because autism crisis can be bad, one of the biggest killers in autistic people is suicide... we need better mental health services for our needs!"</i>	When I'm struggling, I've had to fight just to be taken seriously and, in fact, carried this fear since the first time I reached out for support at 36 and yet turned away because it was assumed I should be able to help myself. Navigating the system, processes and questions alone while in crisis is overwhelming and causes meltdowns and shutdowns and me to withdraw and prevents me from asking for help.		
		More training and access to longer treatments due to neurodiversity so that gradual progress can be made, often too much all at once causes shutdown or meltdowns and can be too much"	Because my struggles don't always seem 'severe enough' on paper, I often don't qualify for the level of support I actually need. If I appeared in control or had masked before, they weren't able to pick up on my dysregulation and couldn't tell the difference.		
		Time constraints have been a really big problem for me with accessing therapy and mental health services. Being given a time limit of 8-10 weeks and therapists/mental health workers trying to "cure" you and push you out the door is very discouraging and has actually just made my issues worse	Instead of constantly retelling my story, a key worker or advocate should be assigned to guide people through accessing services.		
		No middle ground for "severe" and "not severe" patients. They claim to have added it now, but I'm under this new sector and it feels the exact same as the "not severe" services I've previously accessed.	There needs to be more accessible mental health and well-being workshops, especially for those in non-traditional employment settings—self-employed, working in family businesses, or freelance. Most existing services are designed for employees in standard jobs, leaving huge gaps for those of us who don't fit into that box		

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		but still need structured mental health support.”		
	<i>Therapists and mental health workers need to be educated on autism beyond the surface level. Autism is very complex! Most of us have experienced lots of trauma and have other diagnosable mental illnesses. This and how physical health plays a big part in mental wellbeing too. They don't really understand this</i>			
	On the education side of things, I would really like therapists to understand you can absolutely be autistic/ADHD and have other diagnosable mental illnesses. Yes, 99% of the time things link back to autism in some capacity (usually because they're trauma-based), but they're also their separate issues to be addressed. This is especially for things like C-PTSD, eating disorders, personality disorders, etc.			
	<i>Overall, these services do not have any real awareness of neurodivergence. There needs to be mandatory education for them so people are listened to. This needs to go beyond surface level awareness of autism and instead into things such as our sensory processing, social awareness, and how we process information in general. It would even help neurotypical people to have a therapist who understands a range of processing types for information”</i>			
	They have had support through the GP practice mental health nurse but have found this support confusing and unhelpful. They were referred to social prescribing and community connector “I think at the time I was getting help and support from early help so she would network with my early help key worker...And she said she would speak to the area psychologist. And when she's fed back to me about that, the only thing that the psychologist had said was asked if I'd completed the mind counselling and told me to use. The occupational therapy techniques			

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	you know from the post diagnostic support and and that was it. So that was not helpful.”			
	I ended up having a number of sessions with him over six months. And he told me he’s from Sheffield and is not familiar with Rotherham at all.” They asked what things they enjoy doing and when they told him creativity and arts, he googled what groups were available “I can sit at home and do that.” In each session they had to rate things on a scale again and kept explaining this is difficult for them but still had to complete it so just chose random numbers. The community connector never explained what these ratings were for and did not adapt it for them. They felt a lot of pressure from them around getting back into employment which they are not ready for. “I had six months of sessions with this guy. And he said I would have one more session with him and that would be the last one. But then I received a letter in the post. Saying that was it. I'd had all my sessions, so they said I've got one more, but I didn't. So that was just that just ended.”			
	“The last time I spoke to her on the phone, she said, well, it's probably not going to be very helpful anyway as it's not specifically tailored to neurodivergent people. So she just, like, seemed to change completely from the first phone call to this last one.”. There was another session booked but unfortunately, they could not attend due to having a meltdown. They then received a letter saying they had been taken off the list for occupational therapy due to missing three appointments.			
	They had a difficult experience with RPCF parent/carers counselling as the person they met didn't seem to have a good understanding of autism. It had taken two buses to travel to the appointment which was difficult for them too. They did make a complaint about the session and were offered an			

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		alternative counsellor, but they declined as they felt the travel was too overwhelming.			
		“From my experience, mental health/emotional wellbeing continues to be a huge concern, particularly due to the lack of access to appropriate support and the risk of crisis escalation leading to hospital admissions or police involvement. What I’ve observed—especially for neurodivergent individuals with unresolved trauma—is a profound lack of awareness of their needs when navigating the protocols and processes of professional or charity services. There is still a severe lack of neurodivergent-informed understanding and training for frontline services, which urgently needs addressing. This is something I’m eager to see change and contribute to making happen.			
		There should be a wider pool of trained professionals who understand neurodivergence and trauma, ensuring people get appropriate support			
		Services should offer consistent, ongoing support, recognising that neurodivergent individuals often need more time to build trust and process challenges.			
		Need adapted trauma therapy to be available for autistic people.			
Total	11	29	11	3	7

Open Text Responses

Data collected by Rotherham Carer Parent Forum (RCPF) Jan to May 2025

Themes	Peer Support and Community Services	Sensory and Communication Needs	Financial and Practical Challenges	Youth and Transition Support	Hope and Recommendations	Other
	"The only places that have helped my mental health are RANSS, RCPF, Frith Space [Hopian] and LGBTQ services"	Understanding our communication, just because a person has insight into their conditions or symptoms it doesn't equal the ability to change	"RANSS needs more funding for a wider range of services like advocacy and more counselling"	Young people would like to see a mental health service for 18-15 for transitioning from CAMHS to adult services	Need adapted trauma therapy to be available for autistic people.	People want services to understand that ND people are very self critical. The small things are often the hardest and this can develop into self neglect like not brushing teeth, not showering and this is really difficult and exhausting to explain to services about why it is hard.
	"RANSS is the only service that has helped me to	ND people are likely to appreciate a more straight-	People would like services to understand that being autistic	Not much out there for young people and there seems to be	People questioned if there could be a crisis team text	"It helps when the professionals are

Rotherham Council Mental Health Strategy 2026-2029 Consultation

understand my autism label, I wouldn't have understood what it meant for me without them. Being around other people that are similar to me and understand their own diagnosis helped."	talking, pragmatic approach from their therapist	is expensive as we often have to buy additional things to adapt daily life, flavoured toothpaste, ear plugs, noise cancelling headphones, weighted blankets, etc	an expectation that people can go to a new group without knowing what it looks like and what to expect	service. When autistic people are struggling, they often don't have the energy or ability to speak verbally. People also commented that it can be hard to call the crisis team as they feel guilty about burdening people and wondered how services can help with this by understanding it	neurodivergent themselves" discussion about someone accessing occupational therapies and finding this more helpful as the therapist is autistic so understands the nuances and differences. All people in the group agreed it makes support more successful when the person supporting is also neurodivergent – a recruitment push for ND practitioners could help support other autistic people. There would need to be considerations for making the workplace accessible and accommodating for the ND practitioners to support their wellbeing too.
"RANSS saved my life"	"We [neurodivergent people] need understanding that we need to do things [in therapy] at a slower pace than others. It's overwhelming"	People would like to see more preventative and proactive support, "surely it costs more to provide care as an inpatient?" People talked about the impact of having to wait until breaking point to get support and how hard this is.		A strategy that was suggested was stacking tasks, things like challenging someone to see what they can get done whilst they kettle is boiling etc	"Just ask questions, ask what are my needs, tell me what is the standard treatment and then what you are able to change to help me"
"Community peer support is beneficial for mental health"	"Autistic people are being forced to use private healthcare because we are not being heard!"	I've struggled to find practical help for everyday challenges—things like navigating employment, benefits, or stable housing and inappropriate approaches.		The Advocacy Bridge CIC: My initiative aims to fill the gap in advocacy and support and access to coaching, as there is so much more we can do ourselves if only our baseline support were taken care of, we could at least make better use of any waiting times. But quite often we're left waiting for the people in the know to come back to us or talk to someone else that we should not have to navigate complex systems alone	For people struggling with paperwork and health passports, they might need to talk it through with someone. Could there be a service or app that allows you to talk out the answers and put them into the form for you rather than needing to write. Talked about verbal processing being more helpful.
Positive experience with Mind counselling, had to pay £20 for an assessment but then could access 12-15 sessions free. Counsellor was neurotypical but had a good understanding of neurodivergence. Checked	Haven't had much notice when support workers are changing roles or leaving which causes distress. Rotas change frequently and this is distressing for clients when	There's no single service that addresses mental health, employment, housing, and financial support together. I've been left having to piece everything together myself.			Feelings that people are perceived as being dramatic when they talk about trauma, perhaps needs to be some work around autistic trauma for professionals and understanding that ND people

Rotherham Council Mental Health Strategy 2026-2029 Consultation

	<p>sensory needs and got rid of the ticking clock in the room, provided fidget toys, there was no pressure to give eye contact, the counsellor was able to prompt when needed they were ready to accommodate any needs. Gave extra time and support with measurement tools like PHQ9, gave options and helped with understanding emotions with cards and visuals. It took between 3-4 sessions to build trust and rapport with the counsellor, so they feel it is important that ND people are offered additional sessions.</p>	<p>they don't know who to expect consistently</p>				<p>are more likely to become traumatised by things others may not and considering sensory and social traumas layering</p>
	<p>"I have been attending RANSS for a year now. I was diagnosed with autism at the age of seventeen, but following my diagnosis, I received no support and had little understanding of what autism was or how it affected me. It wasn't until my early twenties that I began engaging with RANSS. The support they have provided—from helping me understand my autistic traits and learning strategies to manage them, to offering a space for meaningful conversations—has greatly improved my mental health.</p>	<p>"Go and have a bath isn't helpful advice, it confuses me as I've already had a wash that day and I don't need to do it again" Talking about calling the crisis team. They went on to say that they've since had flags added to the system from their health passport which has helped "Having flags on the NHS system helps when I call the crisis team, I have a flag telling them I might be having a meltdown, so they understand more"</p>	<p>More funding and availability for neurodivergent support services are desperately needed, so people don't have to wait months for help.</p>			<p>"The only thing that did come about that that I found really useful was a referral to Pivotal health and well-being. I had like an initial appointment with them to go over my needs and what I enjoy and what like the the times of when I'd been free and stuff. And we set up some PT sessions with one of the instructors, Rob, just in the gym area. Straight away from the beginning, they were brilliant, [they asked] what kind of sensory needs do you have? What can we do to support you? This is for you. How can we...? What do you need...? So I tried powerlifting recently, and then the classes were cancelled. So I said I want to do powerlifting again. So I had my sessions with Rob once a week in the gym and it was just me and him, he turned most of the lights off had, like, really low light in. Straight away it just made me feel really comfortable. It was just like just normal and down to Earth. They didn't feel that kind of like sometimes when,</p>

					like with this community connect guy felt like awkward and I don't know what it was. Whether it's that like kind of power balance, where somebody's like, like yes, I'm in control, like I'm above you and this just wasn't that at all. It just felt like just really normal." They were able to talk to the PT about mental health whilst doing physical activities which was beneficial to them, "I just always felt great afterwards." Although they were told they could only access 15 hours the sessions were extended to meet their needs.
I frequently speak highly of RANSS to others who may be struggling with their ASD, encouraging them to explore the support and resources it offers. I truly appreciate their dedication and the effort they put into helping me	Sometimes communication difficulties made contact hard with the mental health team having said to me before that they can't be on the phone to me forever (10 minutes into a call) which was when I was in distress and struggling to vocalise my distress so needed more time to be able to say what I needed to and process everything, often not taken into consideration or not using other methods of communication that don't put us on the spot like fine write it down *proceeds to stare at you while hoping you'd write it down making you feel super uncomfortable and like unable to even move like stuck sometimes* I have had a positive experience recently with a support worker through occupational therapist through secondary care which was doing graded exposure given more time to build a rapport and slowly get me out the house more which I think helps more than trying to talk feelings that sometimes is	The system needs to connect mental health, housing, employment, financial and legal support instead of forcing individuals to navigate everything separately. Typically, we may get ourselves into a few pickles and need people at the other end of the phone to help break the steps down, not have to jump through help just to get help or have to go to extreme lengths to work out systems processes and workflows.			The times when professionals have acknowledged my experience such as audio processing disorder, RSD, and the way trauma impacts my executive function, I've felt truly seen, supported and understood. Working with professionals who understand both trauma and neurodivergence has helped me feel really supported and validated in my experience.

		difficult to understand or even verbalise.				
	<p>My appointments are typically conducted face-to-face, but RANSS has been incredibly accommodating when I don't feel comfortable going outside. In those instances, they offer to conduct our sessions over the phone instead. This flexibility makes me feel valued and supported, which has had a positive impact on my overall well-being.</p>	<p>Like when I'm when I'm starting to get overwhelmed, I can go. I can go nonverbal, and I was feeling that I was really. I find it really challenging to find words. And it was like, oh, that's fine, that's fine. But then he just kept, like, asking more and more questions. So it wasn't. I was like, really having to, like, force answers out. And I just didn't feel like he actually listened to what I was saying. So it was really uncomfortable...I found him really challenging to talk to.</p>	<p>My experience with long-term counselling has shown how crucial consistency is—short-term interventions simply aren't enough.</p>			<p>Long standing mental health issues (10+ years) should be investigated thoroughly, especially if a person has exhausted nearly all general resources available, e.g. community mental health, primary mental health, CBT, medications etc. They should be given the option to have things such as psychotherapy or to see a psychiatrist - something which I feel GP's are reluctant to do. I understand that the NHS is stretched at the moment, but at least give people some hope instead of just sending them away and not hearing anything for months on end, and then the PATIENT has to chase things up - which just adds to their mental health declining even more. If a person has been struggling for a long period of time with their mental health, I strongly believe things like psychotherapy can help, as there are practices such as EMDR therapy which go much more in depth than things like CBT which are relatively surface level. Unfortunately, long standing mental health has been swept under the carpet and has now had a stigma attached to it, that individuals are "lazy" and "layabouts" when it couldn't be further from the truth; some people who are suffering truly want to better themselves and become a decent person of society, but because they are shunned for having mental health issues - most of the time through no fault of their own - the snowball effect</p>

						occurs: 1) a person is suffering really bad with their mental health and they go to the GP 2) GP says there's not much they can do and there isn't a "magic wand" to make it go away, proceeds to then send patient away with little to no help 3) person then continues to suffer even more after being told they are practically a lost cause 4) eventually they just give up. Which unfortunately can result in suicide. As there's no help, sufferers will reluctantly accept their fate and give up."
	Peer-to-peer support through RANSS has been incredibly beneficial. It provided a safe space where I felt understood and validated—one of the few places where my neurodivergence was fully acknowledged and supported.	They were also signposted to S62, they told me a male support worker text them and they explained they would feel more comfortable speaking to a female so they would wait until a female was available. A female support worker contacted her and explained the service is in Rawmarsh which is difficult for them to get to, so they were offered telephone calls, however they struggle with communicating over the phone. They exchanged a few text messages, but it never went any further. "I still didn't fully understand about the service or what to expect from it or anything."				
	Thanks to RANSS, I was able to access a neurodivergent counsellor, and I've continued seeing them for over 12 months, even after my last RANSS session. Having this long-term, consistent support has been invaluable.	just having all the information beforehand so you know exactly what to expect. What's it like? What's the structure like? What's the therapists background? What are the sessions going to look like? Where is it going to be like the opportunity to maybe if it's face to face to visit the location beforehand? Having it already set up as sensory friendly but again				

Rotherham Council Mental Health Strategy 2026-2029 Consultation

		being adaptable for what you might need to change on that day, like in the room, or if there's some noise outside or different. Just the the ability for the therapist to be quite quickly adaptable to them sort of situation. Not just just sitting together on like chairs or across the table. Like I've found I'm sat on a yoga ball at the moment because that, like, that's really helpful for me. So that like that kind of thing as well, like already having stuff like that. It's really challenging just to speak up and just say what you need. So if you're already put in like a safe space where you know that it's all right to ask for these things and they're going to understand it, they're not going to question it."				
	When peer-led spaces are well-run, they've been one of the best forms of support. They give me a sense of connection and validation that traditional services often lack.	A structured guide to mental health, employment, and housing support should be available in simple, accessible formats.				
	More peer-led neurodivergent support groups should be available without long wait times, with continued access beyond initial sessions.	"It doesn't help being passed round from one team to another without any discussion with me or my wife who is my sole carer. Eventually I got picked up by Community Connectors which is useful but it has come to light that not being on the SMI register, I should not have been referred to Community Connectors anyway."				
	Signposted to SYEDA, PEACE Pathway and RANSS peer support as was not aware these services existed, AM from Healthwatch also offered advice around the right to choose pathway and reasonable adjustments.					
Total	8	12	8	2	4	8