



Adur and Worthing LCN Mental Health Survey

Report written by Cheryl Berry, Community Partnership Lead

October 2023

Contents

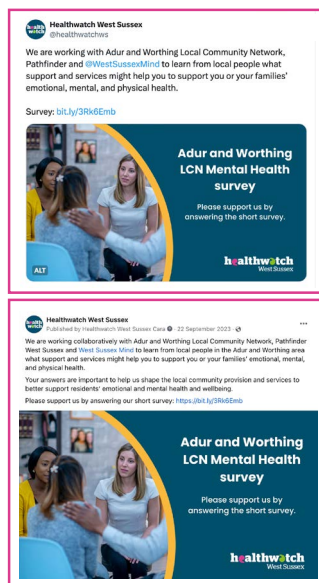
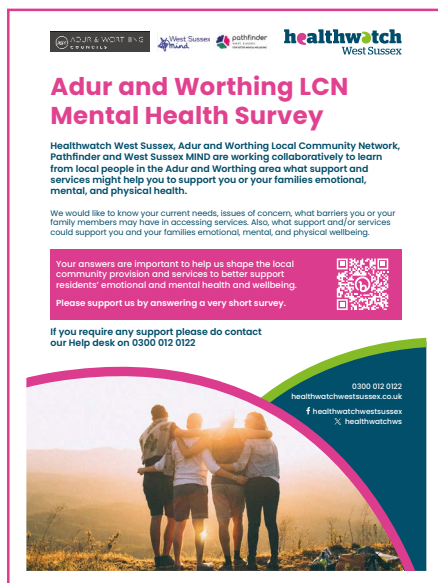
Introduction	3
Summary	4
Next steps	6
Appendix One: Survey Responses in Detail	7
Emotional, mental, and physical health	7
Isolation and Loneliness	10
Confidence and Motivation Levels	12
Groups and Activities	13
Barriers Faced	14
Support Needed	16

Introduction

Healthwatch, Adur and Worthing Local Community Network, Pathfinder and West Sussex MIND are working collaboratively to learn from local people in the Adur and Worthing area what provision and services would help to support local people and their families' emotional, mental, and physical health.

Our aim was to find out the current needs, issues of concern, the barriers local people have in accessing services, to understand what provision and services currently help to support local people and their families emotional, mental, and physical wellbeing.

The responses to the survey are important to help Adur and Worthing Local Community Network* to identify and understand gaps in the local community provision and services to better support local residents' emotional and mental health and wellbeing.



The survey has been widely promoted across Adur and Worthing areas. The survey was promoted in e-bulletins and social media and through local mental health services.

A specific flyer with a QR-code was also developed to help promote and provide quick access to the survey.

The survey opened on 19th September and closed four weeks later on 16th October 2023. 31 responses have been received and form the basis of this report.

We would like to 'thank' all of the local residents who completed the survey, and shared their stories, to support this important work.

*What are Local Community Networks

Local Community Networks are multi agency partnerships covering each district and borough area in West Sussex. Focused on tackling local health inequality priorities for example, access to primary care, cancer screening, young people's mental health, cost of living crisis, focused joint work on more deprived housing estates including encouragement into wellbeing services. Creating healthy and sustainable environments and reducing health disparities: collaborative working with local and national partners, influencing decisions across the planning sector and championing the use of health impact assessments for planning projects, new housing developments, and transport.

Summary

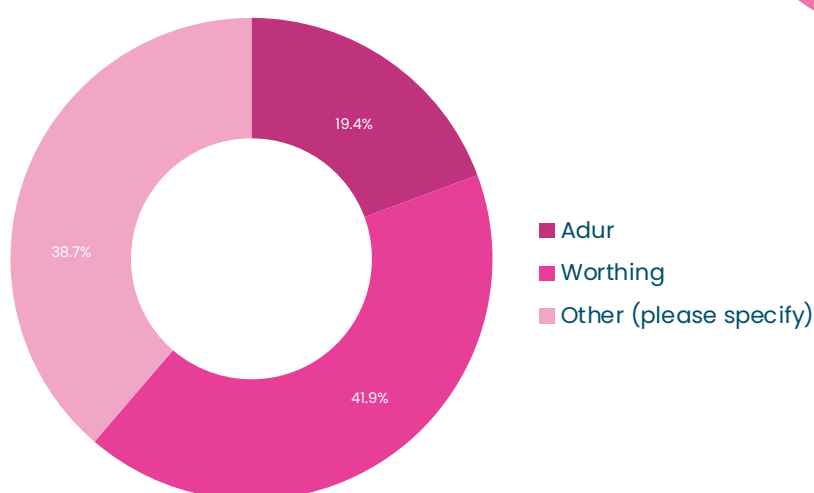
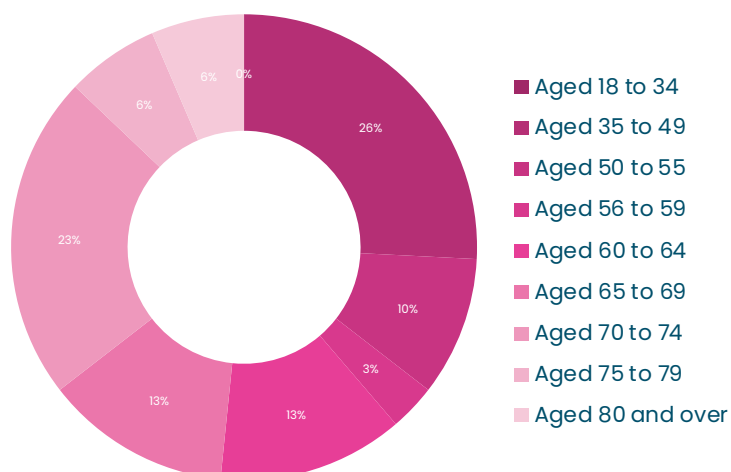
It is recognised this is a small sample size to be regarded as statistically significant but, when combined with information from Adur and Worthing Local Community Network, information from Pathfinder and West Sussex Mind it does provide an indication of where effort is needed, the gaps and the impact on local residents as to what support and services are missing or hard to access.

This report is based on the 31 responses provided to the survey.

Age of respondents

From the 31 responses there were no responses from people aged 18 to 34 years.

12 responses from working age 35 to 59 years and 8 responses from 60 to 69 years. 11 responses from 70 to 80+ years.



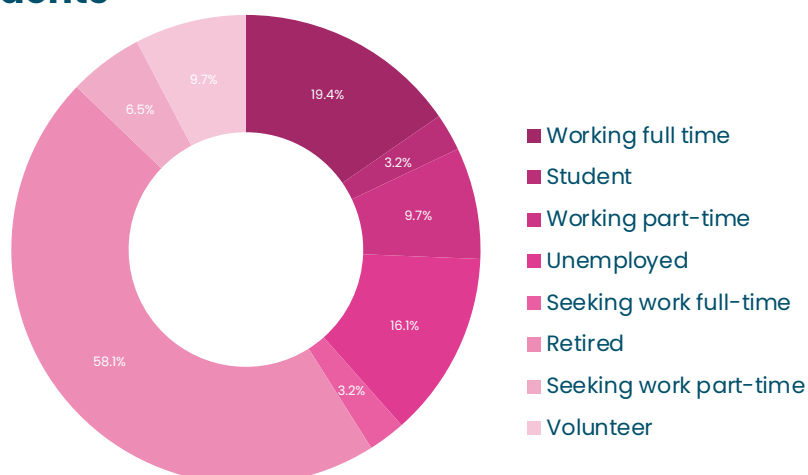
Where respondents live

Respondents live in Adur (n9), Worthing (n13). Nine respondents live outside of the Adur and Worthing area: Chichester (2), Arun (5), Hove (1) and Horsham (1)

Employment status of respondents

31 responses were received about employment status.

Working full time	6
Student	1
Working part-time	3
Unemployed	5
Seeking work full-time	1
Retired	18
Seeking work part-time	2
Volunteer	3



The self-rated responses to the Emotional Health question shows that 61% (n19) rating as Fair or Poor. The main age groups are those aged 35 to 49 (n5) and 70-74 years (n6).

The self-rated responses to the Mental Health question shows that 30% (n17) rating as Fair or Poor. The main age groups are 35 to 49 (n3), 50 to 55 (n3) and 70-74 years (n6).

The self-rated responses to the Physical Health question shows that 52% (n16) rating as Fair or Poor. The main age groups are 50 to 55 (n3), 60 to 64 (n3) and 70-74 years (n6).

The extra responses fell into five areas: [access to support](#), [emotional and mental health](#), [bereavement](#) and [other](#).



I'm generally low most days and feel very lost. I've completely lost my way, don't know how to ask for help. Too ashamed and lost confidence in all services so must rely on family and I feel like a burden. I'm alone every day, I get scared.

Over half of respondents (61% n19) answering the isolation and loneliness questions stated they [lacked companionship](#) (n19), [felt left out of things](#) (n19), and [felt lonely, isolated, or socially excluded](#) (n19).

The 3 Item Loneliness Scale 2004 indicates from the responses a [rate of 6 – most likely to be lonely and isolated](#). However, it is important to add that this scale is best used at several points of contact.

67% (n20) of respondents shared the things they do to increase their resilience so that they feel less lonely, isolated, or socially excluded. Many [joined groups, meeting with friends, volunteered, and contacted friends and family](#).



Speak to and see family and friends, go to church, am a member of a choir and play table tennis in a local social group, in a local musical production company.

The main age range is 50-74 years for both low confidence and low motivation.

Confidence and motivation responses to joining groups etc., is not aligned for no and low confidence and motivation. With 48% (n15) reporting no or low confidence and 68% (n21) no or low motivation.

67% (n20) responders shared their resilience and proactive solutions to help them feel less lonely, isolated, or socially excluded. This fell into groups people would like to attend, exercise type activities, health issues and concerns, art and craft activities and other activities.

The survey responses to the barriers to attending a local activity or service. The top five reasons are [Having to go alone](#) (n12), [Confidence](#) (n11), [Day and time of the activity](#) (n10), [Cost](#) (n10) and [Health issues](#) (n9).

When compared by age: [Having to go alone](#), 35-55 years (n5) and 70-74 years (n3), [Confidence](#) 35-55 years (3) and 70-74 years (2), [Day and time of activity](#) 35-49 years (n3), 60-64 years (n3) and 70-74 years (n3), [Cost](#) 35 – 55 years (n6) and [Health](#) 60-64 years (n3) and 7-74 years (n3). Therefore, the main recurring age range being 35-55 years and 70-74 years.

The effect of cost-of-living is affecting 61% (n19) respondents and their families. The areas of support needed: [access to better medical care](#) and the impact on patients on NHS waiting lists, [emotional support](#), and [transport](#).

Next Steps

This report will be shared with the wider Adur and Worthing Local Community Network members for information.

The report will also support the next stage of the Adur and Worthing Local Community Network, Mental Health sub-group to inform the creation of an action plan and opportunities to build integrated partnership working.

Appendix One:

Survey Responses in Detail

31 responses	Age of Respondents	Where Respondents live
	No responses from people aged 18 to 34 years.	Adur (n9) Worthing (n13)
	12 responses from working age 35 to 59 years.	Nine respondents live outside of the Adur and Worthing area:
	8 responses from 60 to 69 years.	Chichester (n2) Arun (n5) Hove (n1) Horsham (n1)
Employment Status		
Working full-time (n6), Student (n1), Working part-time (n3), Unemployed (n5), Seeking work full-time (n1), Retired (n18), Seeking work part-time (n2), Volunteer (n3)		

Emotional, mental, and physical health

31 respondents self-rated their emotional health.

39% (n12) rated as very good and good and 61% (n19) rated as fair to poor. The main age groups rated as fair to poor were 35-49 (n5) and 70-74 (n6)

Excellent	0	Very Good	8	Good	4
Fair	10	Poor	9	Prefer not say	0

Respondents (n31) self-rated their mental health currently.

45% (n14) rated as very good and good, with 30% (n17) rating as fair and poor. The main age group rating fair to poor were 35 to 49 years (n3) and 50-55 years (n3) and 70-74 years (n6).

Excellent	0	Very Good	5	Good	9
Fair	12	Poor	5	Prefer not say	0

Respondents (n31) self-rated their physical health currently.

48% (n15) rated as very good and good and 52% (n16) rated as fair to poor. The main age groups rating as fair to poor came from the 50 to 55 years (n3), 60 to 64 years (n3) and 70 to 74 years (n4).

Excellent	0	Very Good	3	Good	12
Fair	12	Poor	4	Prefer not say	0

This shows that the 50 -74 years age groups rating lower their emotional, mental health and physically health currently.

17 responders shared additional information about their emotional, mental, and physical health, which fell into five areas: [access to support](#), [emotional and mental health](#), [physical health](#), [bereavement and other](#).

Access to support

- Trying to support other people with severe mental health issues who are unable to access the right support.
- Can't access services because of queues and shortage of doctors and services locally.
- Don't go to the doctors for pain or health worries as know they don't investigate fully. Even if they did the long hospital wait times make me despondent.
- I wish it was easier to see a doctor face to face when necessary.

Emotional and Mental Health

- Struggling with autism, OCD, and anxiety
- No one to discuss my condition with, and trying to manage pain alone is difficult mentally.
- Have a medical diagnosis that has impacted my life therefore affecting my mental health.
- Very isolated.
- No family
- Girlfriends' miscarriage

Physical health

- Stress-related eye condition.
- Managing a chronic condition without help is difficult.
- Can't find an NHS dentist which is worrying me greatly.
- Asthma sufferer and have a pacemaker.
- Length of time getting relevant and needed medical attention for mobility and cardiac issues.
- Diagnosed with Type 1 Diabetes 18 months ago, and whilst managing well, am still in a period of readjustment with it.
- I have a problem mainly with my chest and blood pressure.

Bereavement

- I lost my husband two years ago very unexpectedly and it has left me feeling lonely and vulnerable.
- I lost my husband 2yrs. ago and since then I feel low and vulnerable.

Other things

- Financial stress caused by inflation, strikes, costs of mortgage, financial pressures on our children and grandchildren.



Have a long-term rare health condition that I manage with paced gentle exercise and will power!

Signed off from work in June due to stress, returned in July but left in August. Now taking some time to recover and breathe before starting the search for work. Had been prescribed antidepressants for a short term but came off them after a couple of months as the work environment added most.

Isolation and Loneliness

To gauge isolation and loneliness respondents were asked to self-rate (n31) against three questions, based on the University of California, Los Angeles (UCLA) 3 item Loneliness Scale (2004).

1. How often they have felt a lack of companionship?

2. How often do you feel left out of things?

3. How often do you feel lonely, isolated, or socially excluded?

These questions measure three dimensions of loneliness: relational and social connectedness and self-perceived isolation. Using the following coding to measure: Never =0, Hardly ever = 1, Some of the time = 2, and Often= 3. Based on the responses received the value is 6 indicating most likely to be lonely and isolated. However, this scale is best used at several points of contact with an individual.

<---- Least likely 3,4,5 - 6,7,8,9 Most Likely ---->

	Q1	Q2	Q3	
Never	5	4	7	These responses show that over half 61%, (n19) felt they lack companionship, with 61%, (n19) feeling left out of things and 61% (n19) feeling lonely, isolated, or socially excluded some of the time or often.
Hardly ever	7	7	5	
Some of the time	12	12	11	
Often	7	7	8	

67% (n20) responders shared their resilience and proactive solutions to help them feel less lonely, isolated, or socially excluded?

Yes	20	No	10
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Speak to and see family and friends, go to church, am a member of a choir and play table tennis in a local social group, in a local musical production company.

Joined local groups and keep in touch with family and friends.

Joined groups, volunteering and meeting with family and friends

- Joined Mind (n2)
- Joined a group at Cancer United
- Volunteer (n2)
- I live in a block of self-managed flats.
- Joined groups, messaged, or called friends I haven't spoken to for a while.
- Joined reading group.
- Volunteer with both Girlguiding and Scouting, I participate in an activ8 fitness session and have a good group of friends.
- Meet up with friends and family. (n5)



I meet up with friends regularly and or call them and leave WhatsApp messages. I attend exercise classes at least once a week and attend a local art class which has really enabled me to feel more connected to my local community.

You don't feel lonely when you're busy and there is always something to do.

Barriers to attending groups

- Trying to join things but access is often difficult, e.g., the Women's Institute (WI) say the venue is accessible but hold meetings on the beach so if I were to join, I would have limited attendance.
- Had to leave two groups because I am feeling so unwell most of this year and COVID in May.
- Have tried to meet up with an acquaintance once every few months, but I crave family connections and contact more. I've wanted to try a painting group, but mood and motivation isn't there. No confidence either to get myself there.

Confidence and Motivation Levels

How confident responders (n31) feel to go out, socialise or attend a group?

1 No confidence	2	3	4	5 Full confidence
6	5	4	10	6

How motivated responders (n31) feel to go out, socialise or attend a group?

1 No motivation	2	3	4	5 Full motivation
6	6	9	8	2

It is interesting when comparing the responses to confidence and motivation to go out, join groups, and socialise, how unaligned confidence and motivation is. With 48% (n15) reporting no or low confidence and 68% (n21) with no or low motivation.

The main age range is 50–74 years for both low confidence and low motivation.

23 other responses were received about what community services or activities they would like to be able to join.



Peer-led support groups perhaps. While my diabetes clinic offers excellent support and I've found some online support groups, there's no in-person groups in my local area.

I know someone close to me trying to get help through NHS talking services, but they were not helpful for them and did not get the right support or service sadly.

From observing my own needs and the people I work with; a lot of people feel overwhelmed or need help with feeling overwhelmed or to move forwards. To not get stuck in procrastination or fear in being held back in helping themselves.

Useful strategies could be helpful for people. I anticipate that the Living Well Programme may cover this, and I recommend it and intend to try it for myself soon. But it might be nice to have a follow-up group to support on going to help people with this.

Groups and activities

23 responses were received as to what groups and activities respondents would like to attend.

Groups or activities people would like to attend	<ul style="list-style-type: none">• Groups for people with autism.• People who have lost partners. (n2)• Have already sourced local groups.• Member of the Neighbourhood Watch Task Force which affords plenty of opportunities to interact with others.
Exercise type activities	<ul style="list-style-type: none">• Free activities for people with mental health issues such as those provided by Sport in Mind.• Free or reduced gym and other fitness classes. (n2)• Swimming group.• Walking groups, volunteering• Counselling/CBT group. (n2)
Health issues and concerns	<ul style="list-style-type: none">• Access to dentists and doctors, "health is a full-time worry, and live in my own."• Access to my own GP and a timely referral.• Faster access to NHS Physiotherapy. In the past I have found all they do is issue A4 page of exercises but never offer any actual treatments or interventions.
Arts and craft activities	<ul style="list-style-type: none">• Dressmaking/needlework etc.• Crafts, arts, acupuncture, yoga (n2) and dance.
Other	<ul style="list-style-type: none">• I'm quite content on my own or with the occasional friend.• I don't know, not sure, can't think of anything. (n5)



There should be more services to support mental health promptly and regularly.

I don't know. The thought of mixing with people I don't know doesn't inspire me. I struggle with trust and generally find people loud and I can't relax in those environments. I can't seem to make a decision about anything and committing to groups makes me anxious.

Not sure I have everything I need.

What barriers that prevent people attending local services and activities

31 responses to the question about what barriers there are that prevent people attending local community services and activities. The top five reasons are Having to go alone (n12), Confidence (n11), Day and time of the activity (n10), Cost (n10) and Health issues (n9).

When compared by age: Having to go alone, 35-55 years (n5) and 70-74 years (n3), Confidence 35-55 years (3) and 70-74 years (2), Day and time of activity 35-49 years (n3), 60-64 years (n3) and 70-74 years (n3), Cost 35 – 55 years (n6) and Health 60-64 years (n3) and 7-74 years (n3). The main recurring age range being 35-55 years and 70-74 years.

The full responses are detailed below.

What barriers would prevent you from attending local community services and activities?

	Response Percent	Response Total
1 Having to go alone	40.0%	12
2 Confidence	37.0%	11
3 Day and time of day of meeting	33.0%	10
4 Cost	33.0%	10
5 Health issues	20.0%	9
6 Motivation	27.0%	8
7 Location	27.0%	8
8 Fearful of joining a group	20.0%	6
9 Nothing	17.0%	5
10 Transport to and from the meeting	17.0%	5
11 Work	10.0%	3
12 Frequency of the meetings (weekly, monthly)	3.0%	1
13 Family commitments	3.0%	1
14 Not sure I am ready to re-join face-to-face groups	3.0%	1
15 Digitally excluded from online groups and activities	0.0%	0
16 Help from transport to venue	0.0%	0
17 Other (please state)	17.0%	5

Extra detailed responses as to why people are unable to attend local community services and activities, concerned disability and other areas.

Disability	<ul style="list-style-type: none"> • Wheelchair access and parking. • Many venues in the Worthing area are not accessible. Town centre venues need parking as the car park is for only 3 hours so not long enough. On street parking usually ends up with a car parked close behind so cannot access the boot to get the wheelchair in and out. Worry about this the whole time I am out if not in an accessible drive-in bay. There are a limited number of these now in town with safe access. • I don't drive and am unable to use public transport, so feel very isolated. • Lack of the service being there. • I am disabled and registered deaf.
Other areas	<ul style="list-style-type: none"> • Lack of energy. • Bad weather. • Full time carer. • I work to increase my pension, so costs are an issue. • Dancing or keeping fit are not a possibility. I just don't feel the urge to go out and socialise. • The group would have to support my health needs - pacing with chronic fatigue from long term health condition. Activities that do [take this into account]. I don't feel comfortable with online meetings. I get fearful of committing to a group or meeting for fear if I change my mind, I'm upsetting people. I struggle to sit in long meetings over an hour. My concentration is poor. • Groups are all well and good, but the fundamental service provision needs to be there to support people. When I was at my worst I couldn't [leave] the house to find groups, I didn't have the energy or motivation. I would have to be able to access help and support as that's what I had to wait for from the GP.

The effect of cost-of-living 61% (n19) stated that this is affecting them and their family.

Yes	19 (61%)	No	12 (39%)
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4 people stated that they needed support with the following information.

I don't [need support] but my children do and that puts pressure on us.

Access to better medical care.

Not now but if my circumstances change, I might need support.

Emotional support, plus support with transport.

Respondents' characteristics are not available as these questions were not included to be captured.



Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We recognise that all health and care services are under pressure at this time and have had to adapt their ways of working. We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps. We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.

Here to help you on the next step of your health and social care journey



You can review how we performed and how we report on what we have done by visiting our website www.healthwatchwestsussex.co.uk

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