

MHNA 2026: User voice and lived experience

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Summary

This section examines the voices and lived experiences of residents using mental health services across Suffolk and nationally. Drawing on extensive engagement evidence from local organizations including Healthwatch Suffolk, Suffolk User Forum, and Healthwatch Norfolk, alongside national research and patient experience surveys, this evidence review provides crucial insight into how mental health support is accessed, experienced, and perceived by service users, their families, and carers.

The integration of lived experience evidence with quantitative population health data offers a comprehensive understanding of mental health need in Suffolk, revealing not only patterns of service use and outcomes but also the barriers, challenges, and strengths within the current mental health system as experienced by residents themselves.

Key messages include:

- **Access and navigation:** Residents report uncertainty about how to access mental health support and difficulties navigating the complex service pathways that exists.
- **Waiting for support:** People describe the period between seeking help and receiving treatment as particularly challenging, with limited support available during this time.
- **Young people's experiences:** Children and young people emphasise the importance of accessible support in schools and communities as well as the importance of trusted adults who can listen and offer guidance.
- **Carer experiences:** Carers supporting people with serious mental illness report a need for clearer information, better communication with services and more involvement in care planning.
- **Inequalities in access:** National research highlights persistent inequalities in access to mental health services, particularly for some ethnic minority communities and people experiencing socioeconomic disadvantage.

These insights complement the quantitative findings presented elsewhere in this needs assessment and provide a fuller understanding of how residents experience mental health services in practice.

Introduction

Background and context

The integration of lived experience evidence within needs assessments represents best practice in public health intelligence, ensuring that population-level data is contextualized and enriched by the direct experiences of residents using health and care services. Understanding how residents experience mental health services constitutes a vital component of this Mental Health Needs Assessment (MHNA) for Suffolk. While population-level quantitative data successfully identifies patterns of mental health need, service utilisation, and clinical outcomes across demographic groups, engagement evidence provides essential insight into how individuals encounter mental health services in practice and where barriers to access, quality, or continuity of care may arise.

The voices of people with lived experience, together with perspectives from families and carers, offer valuable knowledge about what aspects of the mental health system function effectively and where improvements are needed. This experiential evidence helps identify gaps in service provision that may not be apparent from quantitative data alone and reveals the human impact of service design decisions, and highlights priorities for system development from the perspective of those most directly affected.

The lived experience evidence presented in this report is designed to complement and contextualise the quantitative findings presented elsewhere in the Suffolk MHNA. Of particular relevance is the identification that Suffolk demonstrates comparatively lower levels of mental health service use when benchmarked against statistical neighbours and national averages, despite evidence of poorer mental health outcomes for certain population groups.

This apparent paradox, lower service utilisation coupled with poorer outcomes, suggests the presence of unmet mental health needs within the Suffolk population. The engagement evidence synthesised in this report provides valuable explanatory insight into potential contributing factors, particularly through residents' consistent reports of difficulties navigating service pathways, uncertainty about how to access appropriate support, and experiences of lengthy waiting times before receiving treatment.

Methodology

Evidence Sources

Published engagement evidence from both local Suffolk sources and national research were reviewed to ensure comprehensive coverage of lived experience perspectives. The selection of evidence sources was guided by several criteria: relevance to mental health service experience in Suffolk or comparable health economies; recency of publication (prioritising evidence from 2020 onwards); and representation of diverse stakeholder perspectives including service users, young people, carers, and underserved communities.

Local Evidence Sources:

The primary local sources utilised include engagement work undertaken by Healthwatch Suffolk, an independent statutory body established to gather and represent the views of people using health and social care services. Multiple Healthwatch Suffolk reports were reviewed, including the 'My Health, Our Future' mental health and wellbeing survey (2020), which gathered perspectives from over 1,000 Suffolk residents including substantial representation from young people; the Norfolk and Suffolk NHS Foundation Trust patient experience report (2019); and the children and young people's transitions survey (2022).

Additional local evidence was drawn from the Suffolk User Forum's 'Making Our Voice Count' report (2023), which represents the collective voice of people with lived experience of mental health services across Suffolk. Engagement work conducted by Healthwatch Norfolk, particularly their two-year study of carers supporting adults with serious mental illness (2025), was included due to the similarity of service provision between Norfolk and Suffolk and the relevance of findings to the Suffolk context.

National Evidence Sources:

National patient experience data was obtained from the Community Mental Health Survey, an annual national survey coordinated by the Care Quality Commission and NHS England that captures feedback from thousands of people using community mental health services across England. This provides valuable comparative context and identifies consistent themes in patient experience that transcend local variation.

Research and policy analysis from established mental health organisations was included to provide broader contextual understanding of systemic issues affecting mental health service experience. This encompasses work by The King's Fund, a leading independent health policy think tank; the Centre for Mental Health, which conducts research and provides policy expertise on mental health service improvement; Mind, the mental health charity; and the Mental Health Foundation.

Analytical Approach

A thematic analytical approach was employed to identify common themes, patterns, and priorities across the diverse evidence sources. Where verbatim quotations are presented, these are extracted directly from published engagement reports and are used to illustrate common themes rather than as isolated individual perspectives. The analysis considered the pathway approach to mental health care, examining experiences at different stages of the care journey: initial access and navigation; waiting periods; assessment and treatment; transitions between services; and ongoing support and recovery. This pathway lens helps identify where in the system users encounter particular challenges or where support is most valued.

Findings

This section presents a summary of the key themes that emerged from synthesising insights from all the resources included in this report. This revealed several consistent and interconnected themes concerning how residents experience mental health services in Suffolk. These findings are organised into four principal thematic areas: access to mental health support; young people's experiences; experiences of carers; and inequalities in access. Each theme is presented with supporting evidence from multiple sources and illustrated with verbatim quotations where these effectively capture the lived experience being described.

Access to mental health support

Navigating Service Pathways

Across multiple local engagement activities, a consistent theme emerges concerning residents' difficulties navigating mental health service pathways. Participants frequently describe uncertainty about where to seek help initially, which services are available to address their particular needs, and how to move between different levels of care as their circumstances change. This uncertainty appears to create barriers to timely access and may contribute to delayed help-seeking or inappropriate service utilisation.

One service user captured this navigation challenge succinctly:

"I make an appointment with my GP, my GP refers me to secondary care, secondary care says I don't meet the criteria and tells me to go back to my GP."

(Suffolk User Forum, 2023)

This account illustrates a circular pattern that multiple participants describe: seeking help through primary care, being referred to specialist services, not meeting eligibility thresholds for specialist intervention, and being redirected back to primary care without clarity about what support is available or appropriate. For individuals already experiencing mental distress, this cycle of referral and rejection may be particularly demoralising and could deter further help-seeking attempts.

The navigation challenges appear to stem from multiple factors: complexity in the overall service landscape with multiple providers and access points; lack of clear information about service eligibility criteria; varying thresholds between services; and insufficient support during transitions between different levels of care. Residents report wanting clearer signposting and more coordinated approaches to ensuring people reach appropriate support without unnecessary delays or administrative barriers.

Support During Waiting Periods

The period between initial help-seeking and receipt of treatment emerges as particularly challenging across both local engagement and national survey evidence. People describe this waiting time as anxiety-provoking and isolating, with concerns that their mental health may deteriorate while they await appointments or specialist assessment. The lack of meaningful support during waiting periods represents a significant gap in service provision that may contribute to preventable crisis presentations and poorer treatment outcomes.

National data from the Community Mental Health Survey provides quantitative context to these qualitative accounts, indicating that only approximately one-third of people report receiving any form of support while waiting for mental health treatment (Care Quality Commission, 2025; NHS England, 2024). This means the majority of individuals referred to mental health services experience a gap period with limited or no professional support, despite having already identified themselves as requiring assistance.

Conversely, when asked about what support has been helpful, residents emphasise the value of receiving assistance early in their journey:

*"The support that worked for me was helping with tasks that I struggled with, signposting me to professional mental health services, lessening my sense of isolation."
(Healthwatch Suffolk, 2020)*

This quotation highlights several elements that people find valuable: practical support with daily activities that mental ill health has made difficult; clear information about professional services and how to access them; and interventions that reduce social isolation. These relatively straightforward forms of support, if available during waiting periods, might prevent deterioration and reduce the intensity of intervention ultimately required.

Young people's experiences of mental health support

Engagement work with children and young people reveals particular themes concerning their experiences of mental health support and their priorities for service development. Young people consistently emphasise the importance of accessible support within familiar, everyday settings rather than requiring attendance at specialist clinical environments. Schools and community venues emerge as preferred locations for mental

health support, reducing stigma and enabling earlier intervention before problems escalate to crisis levels.

The presence of trusted adults who can provide non-judgmental listening and consistent support represents a priority theme across youth engagement. Young people describe wanting someone who will take time to understand their perspective, who can offer guidance without imposing solutions, and who remains available over time rather than providing one-off interventions. One young person articulated this clearly:

"To be honest, what would help us most is getting a school therapist—someone that just listens to the child and gives them advice."

(Healthwatch Suffolk, 2020)

The emphasis on "just listening" is significant, suggesting that young people value being heard and validated rather than immediately directed toward clinical interventions. The school setting is particularly important as it represents a location young people attend daily, reducing access barriers and enabling continuity of support.

Young people also provide powerful testimony about the prevalence and impact of mental health difficulties in their daily lives. One survey respondent described their experience:

"I feel anxiety every day of my life... when I wake up, when I get to college, when I talk to someone."

(Healthwatch Suffolk, 2020)

This account illustrates how mental health difficulties can pervade all aspects of young people's lives, affecting their ability to engage with education, form relationships, and participate in normal developmental activities. The pervasiveness of these difficulties underscores the need for accessible, sustained support rather than crisis-only interventions.

The engagement evidence from young people reinforces several important implications for service design: the value of embedded support within educational settings; the importance of relationships with consistent, trusted adults; the need for approaches that emphasize listening and understanding rather than immediate clinical intervention; and the requirement for early intervention before problems escalate to crisis severity.

Experiences of carers

The experiences of family members and carers supporting people with mental illness represent a crucial but often overlooked dimension of mental health service provision. Engagement work with carers, particularly those supporting individuals with serious mental illness (SMI), reveals significant challenges affecting carers' own wellbeing, their ability to provide effective support, and their relationship with mental health services.

Impact on Carer Wellbeing

Carers describe the profound impact that supporting someone with serious mental illness has on their own physical and mental health. The caring role often involves managing unpredictable behaviours, navigating complex service systems on behalf of the person they support, and maintaining vigilance for signs of deterioration or crisis. This sustained responsibility takes a substantial toll:

*"It's exhausting. It has taken a physical, mental, and emotional toll on my life, health and relationships and has, at times, sent me into despair."
(Healthwatch Norfolk, 2025)*

This testimony captures the comprehensive impact of caring across multiple life domains. The physical toll may include sleep deprivation, stress-related health conditions, and neglect of carers' own health needs. Mental and emotional impacts encompass anxiety about the person being supported, grief for the life or relationship that existed before illness onset, and feelings of isolation or being overwhelmed. Relationship impacts may extend beyond the caring relationship itself to affect connections with other family members, friends, and partners.

Involvement in Care Planning

A recurring theme in carer engagement concerns their limited involvement in decisions about care and treatment, despite their intimate knowledge of the person they support and their central role in implementing care plans. Carers describe situations where they are excluded from assessments, not consulted about medication changes, and receive minimal communication about their family member's treatment:

*"Although my son is doing well at the moment, when he has assessments or meetings I am not involved."
(Healthwatch Norfolk, 2025)*

This exclusion creates several problems. Carers may lack crucial information needed to provide effective support at home. They cannot contribute their expert knowledge about the person's baseline functioning, early warning signs of relapse, or what approaches have worked previously. Exclusion from decision-making may damage the carer's relationship with both services and the person they support.

Access to Information and Resources

Carers consistently identify inadequate access to clear, relevant information as a significant barrier to their caring role. They describe wanting better information about mental illnesses and their typical trajectories, medication options and side effects, local support services, crisis management strategies, and their rights and responsibilities as carers. The absence of this information leaves carers feeling unprepared and anxious:

*"There is a lack of information specifically about serious mental illness, medication and its side effects, and on being a carer of someone with SMI."
(Healthwatch Norfolk, 2025)*

The information gap is particularly acute regarding medication. Carers often observe medication effects and side effects but lack understanding of what to expect, when to be concerned, or how to support the person in managing medication regimens. Similarly, inadequate information about serious mental illness itself, including typical symptoms, relapse indicators, and prognosis, leaves carers less able to provide informed support or to advocate effectively for the person they care for.

Inequalities in access to mental health support

National research evidence consistently demonstrates persistent inequalities in access to mental health care, with certain population groups experiencing disproportionate

barriers to receiving appropriate and timely support. These inequalities intersect with other forms of disadvantage and contribute to widening health inequities across the population.

Socioeconomic Disadvantage

People experiencing socioeconomic disadvantage demonstrate both higher prevalence of mental health problems and reduced access to effective treatment (The King's Fund, 2024; Mental Health Foundation, 2023). This inverse care law, whereby those with greatest need access least care operates through multiple mechanisms. Financial barriers may include inability to take time off work for appointments, lack of transport, or costs associated with attending services. Geographic factors affect rural populations disproportionately, with reduced local service availability requiring longer travel distances.

Ethnic Minority Communities

Research published in peer-reviewed journals and by national organisations, documents substantial inequalities in mental health service access and experience among ethnic minority communities (BMJ, 2023; The King's Fund, 2024). These inequalities manifest in several ways: lower rates of accessing primary care mental health support; higher rates of compulsory detention and crisis presentations; underrepresentation in talking therapy services; and reports of services being less culturally appropriate or responsive to diverse needs.

Limitations of Local Evidence

While national research robustly demonstrates these inequalities, the local engagement evidence available for Suffolk contains relatively limited representation from ethnic minority communities and other underserved populations. This limitation reflects both Suffolk's demographic profile, which has lower ethnic diversity than national averages, and the broader challenges associated with engaging traditionally marginalised communities in consultation and research activities.

The underrepresentation of diverse voices in existing engagement work means the experiences and priorities of these communities may not be adequately reflected in the evidence base. This emphasises the critical importance of dedicated, culturally appropriate engagement with underserved communities to ensure mental health services are genuinely accessible, inclusive, and responsive to Suffolk's full diversity.

Implications for the Suffolk mental health system

The lived experience insights provide essential context for interpreting the quantitative findings presented elsewhere in this Mental Health Needs Assessment. The convergence between engagement themes and population-level data offers important insights into how the Suffolk mental health system is functioning and where strategic improvements could yield significant benefits for residents.

Service Navigation and Pathway Clarity

The consistent reports from service users and carers about difficulties navigating mental health pathways have direct implications for service accessibility and effectiveness. When residents are uncertain about how to access appropriate support, several

problematic consequences follow: delays in help-seeking as people struggle to identify the right service; inappropriate utilisation of urgent care services when planned pathways are unclear; repeated unsuccessful attempts to access help leading to disengagement; and deterioration in mental health during extended navigation periods.

These navigation difficulties likely contribute to the MHNA finding of comparatively lower mental health service use in Suffolk. If pathways are experienced as confusing or difficult to navigate, some residents may simply give up on accessing formal support, relying instead on informal networks or struggling without assistance. This represents unmet need that does not appear in service utilisation statistics but nevertheless contributes to poorer population mental health outcomes.

Support During Waiting Periods and Early Intervention

The evidence about limited support during waiting periods highlights a critical gap in current service provision. The interval between seeking help and receiving treatment represents a period of particular vulnerability when people have already identified themselves as struggling but have not yet accessed the support they need. National data indicating that only one-third of people receive any support while waiting suggests this is a systemic issue rather than a local anomaly.

From a public health perspective, this waiting period represents a missed opportunity for early intervention that could prevent deterioration and reduce the intensity of treatment ultimately required. People whose mental health worsens while waiting are more likely to present in crisis, require more intensive interventions, experience poorer treatment outcomes, and face longer recovery journeys.

Early Intervention and School-Based Support for Young People

Young people's clear articulation of their need for accessible, school-based mental health support aligns with both national policy direction and evidence about the effectiveness of early intervention. The MHNA's identification of high levels of mental health need among young people in Suffolk makes this an urgent priority area.

School-based support offers several advantages over traditional clinic-based models for young people. Schools are settings young people attend daily, removing transport and accessibility barriers. School staff often notice early signs of difficulty and can facilitate access to support. The school environment normalises help-seeking and reduces stigma compared to attending specialist mental health services.

Carer Support as a System Priority

The experiences described by carers highlight how mental health service provision affects not only identified patients but entire family systems. When carers are unsupported, overwhelmed, or excluded from care planning, several negative consequences follow: reduced quality of informal care provision; increased risk of carer breakdown leading to care crisis; poorer outcomes for the person with mental illness due to carer stress; and additional demand on health services to address carers' own mental and physical health needs.

Conversely, well-supported carers are better able to sustain their caring role, provide high-quality support that complements professional interventions, identify early warning signs and facilitate timely intervention, and maintain their own wellbeing enabling them

to continue caring long-term. Supporting carers therefore represents an investment that benefits multiple people and is likely cost-effective in reducing crisis presentations.

Addressing Inequalities Through Targeted and Universal Approaches

The national evidence about persistent inequalities in mental health access and outcomes, combined with the limited local engagement evidence from underserved communities, presents both a challenge and an opportunity for Suffolk. The challenge is ensuring that service improvements benefit all residents equitably rather than widening existing gaps. The opportunity is to proactively design services and engagement approaches that specifically address known barriers to access for disadvantaged groups.

Addressing inequalities requires both universal improvements that benefit the whole population and targeted interventions designed specifically to reduce barriers for particular groups. Universal improvements such as clearer pathways, better waiting period support, and enhanced school-based provision will benefit many people but may not reach the most disadvantaged unless specific attention is paid to accessibility, cultural appropriateness, and removal of practical barriers.

Summary of Integration of MHNA Findings with Lived Experience Insights

MHNA finding	Lived experience insight	Implication for the Suffolk system	Evidence source
Lower service use but poorer outcomes	Residents report difficulty navigating services	Improve pathway clarity and signposting	Healthwatch Suffolk (2019); SUF (2023)
High levels of mental health need among young people	Young people want accessible support in schools	Strengthen early intervention	Healthwatch Suffolk (2020)
Poor physical health outcomes for people with SMI	Carers report fragmented care	Improve integration between mental and physical health services	Healthwatch Norfolk (2025); Equally Well UK (2023)
Inequalities in mental health outcomes	Some communities experience barriers accessing care	Develop targeted outreach and inclusive services	King’s Fund (2024); BMJ (2023)

Recommendations

Based on the synthesis of lived experience evidence and its integration with quantitative assessment findings, the following recommendations are proposed for strengthening mental health service provision in Suffolk. These recommendations are organized into strategic priority areas and are informed by both the engagement evidence reviewed and contemporary best practice in mental health service development.

Improve Accessibility and Clarity of Service Pathways

- Develop comprehensive, accessible public information about mental health services in Suffolk, including clear descriptions of what different services offer, eligibility criteria, and how to access them. Information should be available in multiple formats and languages.
- Establish navigation support at key entry points to the mental health system, helping people identify appropriate services based on their needs. This could include dedicated navigation roles or peer support navigators with lived experience.
- Review and streamline referral processes between services to minimize situations where people are redirected multiple times without receiving substantive help. Develop clearer protocols for supporting people who fall between service eligibility criteria.

Strengthen Support During Waiting Periods and at First Contact

- Implement routine provision of support for people waiting for mental health treatment, including brief interventions, psychoeducation, signposting to appropriate resources, and regular welfare contact to monitor for deterioration.
- Enhance early-stage support available at the point people first seek help, including brief advice, self-help resources, digital support options, and facilitated access to community and peer support.
- Develop capacity for brief, timely interventions that can be provided quickly while people wait for more comprehensive assessment or treatment, preventing deterioration and demonstrating that help is available.

Expand Early Intervention and Accessible Support for Young People

- Investing in school-based mental health provision across Suffolk, ensuring all schools have access to mental health professionals and that support is delivered in ways that align with young people's preferences for accessible, relationship-based approaches.
- Provide comprehensive mental health training and resources for education staff to enable early identification of difficulties and provision of initial support within the school environment. Ensure clear pathways exist between school-based support and specialist CAMHS services.

Develop community-based support options for young people outside school settings, recognising that some young people are not in education or prefer to access support separately from their school.

Enhance Recognition and Support for Carers

- Implement systematic identification and assessment of carers within mental health services, ensuring carers are recognised, their needs assessed, and appropriate support offered as routine practice.
- Develop comprehensive information resources for carers about mental illnesses, treatments (particularly medications and side effects), local support services, crisis management, and carers' rights.

- Establish clear policies and practices for involving carers in care planning and decision-making, within appropriate consent frameworks that balance service user confidentiality with the practical need for carers to have information.
- Commission dedicated carer support services including peer support groups, respite provision, psychological support for carers themselves, and practical assistance.

Address Inequalities Through Inclusive Service Design

- Undertake dedicated, culturally appropriate engagement with underserved communities in Suffolk, including ethnic minority communities, people experiencing socioeconomic disadvantage, rural populations, and other groups known to face barriers in accessing mental health care.
- Review and address practical barriers to access including transport, service locations, appointment timing, digital exclusion, and costs associated with attending services.
- Develop culturally adapted interventions and ensure availability of multilingual resources and interpretation services. Invest in workforce diversity and cultural competence training.
- Implement routine monitoring of service uptake and outcomes by demographic characteristics to identify emerging inequalities and enable timely corrective action.

Limitations

While this assessment draws on substantial evidence from multiple sources, several limitations should be acknowledged when interpreting the findings and recommendations.

Representativeness of Engagement Evidence

The engagement evidence synthesized in this report reflects the views and experiences of people who participated in existing consultation and research activities. These participants may not be fully representative of all people using or needing mental health services in Suffolk. Particular population groups are known to be underrepresented in health service engagement work, including ethnic minority communities, people experiencing severe socioeconomic disadvantage, people with certain mental health conditions that affect communication or engagement, and people who have disengaged from services due to negative previous experiences.

Absence of Commissioned Primary Research

The insights provided draws solely on available published evidence and does not include newly commissioned research or targeted consultation undertaken specifically to address questions arising from the MHNA. While synthesising existing evidence provides valuable insight and is appropriate for a JSNA, there are limits to what can be understood from secondary analysis of engagement work designed for different purposes. Primary research focusing on priority populations would strengthen understanding and ensure recommendations are grounded in direct consultation with affected communities.

Temporal and Contextual Considerations

The engagement evidence draws on work undertaken across several years and in varying service and policy contexts. While the assessment prioritizes recent evidence (from 2020 onwards), some important sources predate recent significant changes in mental health service configuration, policy direction, or population needs. The COVID-19 pandemic, in particular, substantially affected both mental health need and service delivery in ways that may not be fully captured in all the evidence sources utilised.

Methodological Limitations of Secondary Analysis

The thematic synthesis approach used in this section involves interpretation and consolidation of findings from multiple sources, each of which used different methodologies, asked different questions, and engaged different populations. Verbatim quotations are used to illustrate common themes rather than as comprehensive representation of all perspectives. While these quotations provide valuable depth and authenticity, they should be understood as examples selected to demonstrate broader patterns identified across the evidence.

Implications for Use of Findings

These limitations suggest several considerations for how the findings should be used. The evidence provides valuable insight into common experiences and priorities but should not be assumed to comprehensively represent all service users, carers, or population groups. Recommendations based on this evidence should be tested and refined through further consultation with affected communities, particularly those underrepresented in existing engagement work. Service development should include ongoing feedback mechanisms to ensure improvements are experienced as beneficial by diverse user groups.

Conclusion

This section brings together extensive lived experience evidence from local and national sources to understand how residents across Suffolk access and experience mental health services. When combined with the quantitative findings presented elsewhere in this Mental Health Needs Assessment, these insights offer a fuller picture of mental health need, patterns of service use and opportunities for improvement within the Suffolk system.

Clear themes emerge throughout the evidence. Many residents describe ongoing difficulties navigating mental health pathways, uncertainty about where to seek help and challenges moving between different levels of care. The period between asking for support and receiving treatment is repeatedly identified as a particularly vulnerable time, with very limited support available despite the risk of deterioration. Young people emphasise the importance of accessible support within familiar settings such as schools, provided by trusted adults who can listen and offer consistent guidance. Carers report significant impacts on their own wellbeing and highlight the need for clearer information, better communication and meaningful involvement in care planning. National evidence also shows persistent inequalities in access and outcomes for socioeconomically disadvantaged populations and some ethnic minority communities, although local engagement evidence for these groups remains limited.

These findings help contextualise the quantitative observation that Suffolk has comparatively lower service use yet poorer outcomes for certain groups. The alignment

between lived experience themes and population-level data suggests that difficulties with navigation, gaps in support and barriers to timely access contribute to unmet mental health need.

The recommendations highlighted through this assessment emphasise the need for clearer service pathways, strengthened support at first contact and during waiting periods, expanded early intervention, particularly in school settings, greater recognition and support for carers and a commitment to addressing inequalities through inclusive service design. Delivering these improvements will require sustained collaboration across the mental health system, ongoing engagement and a shared commitment to co-production. Ensuring that underrepresented communities are more fully included in future engagement work will also be essential. Overall, residents across Suffolk express consistent messages centred on accessibility, early support, continuity and equity which are core principles for a responsive and effective mental health system.

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