

Accessing Mental Health Support in Cornwall

APPENDIX: Survey Analysis

July 2021

Survey analysis

The survey ‘Accessing Mental Health Support in Cornwall’ was hosted by Survey Monkey and live for 3 weeks in February 2021. 397 people completed one or more questions. Each question is displayed below in pink text with analysis underneath.

Q1. Please tell us about positive things you have been doing day to day that have helped your mental health and wellbeing

Of 397 respondents, 94% described positive things they had been doing; 4% did not provide an answer and 2% said ‘nothing’. Comments were coded. Codes assigned to three or more people are included in Table 1.

Code	Count	%	Code	Count	%
Walking	165	42%	Going to the beach	10	3%
Exercise	112	28%	Keeping in touch with colleagues	10	3%
Keeping in touch with family / friends	85	21%	Hobbies	10	3%
Dog walking	52	13%	Writing a journal	9	2%
Reading	50	13%	Self care	9	2%
Arts craft and needlework	46	12%	Keeping in touch with others	8	2%
Eating well (healthy eating)	36	9%	Nature	8	2%
Outdoors	36	9%	Meeting others for exercise	8	2%
Gardening	30	8%	Bird watching	7	2%
Yoga or pilates	30	8%	Purpose	7	2%
Routine	26	7%	Time to relax	7	2%
Cooking	28	7%	Nothing	7	2%
Watching TV and films	24	6%	Drinking less alcohol	6	2%
Working	23	6%	Keeping busy	6	2%
Helping others	20	5%	Gaming	5	1%
Pets	19	5%	Learning new things	5	1%
DIY and house chores	22	6%	Writing	5	1%
Spending time with family	14	4%	Getting up and dressed as normal	4	1%
Games and puzzles	13	3%	Sharing worries	4	1%
Focusing on the positive	13	3%	Listening to radio	4	1%
Listening to music	12	3%	Dressing for work	4	1%
Regular breaks	12	3%	Separating work from home life	4	1%
Meditation	12	3%	Social media	4	1%
Sleeping well	11	3%	Baths	3	1%
Avoiding news and social media	11	3%			

Table 1: Positive things people have been doing assigned to 3 or more respondents

Q2. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience over the last two weeks

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

Dr. Richard Sharpe at Public Health and Wellbeing, Cornwall Council carried out analysis of the Short Warwick Edinburgh Mental Wellbeing Scale responses.

356 respondents completed the scale.

We used it to identify people with ‘probable’ and ‘possible’ depression or anxiety:

- Scores of 7-17 represent ‘probable’ depression or anxiety
- Scores of 18-20 represent ‘possible’ depression or anxiety

These definitions are based on similar SWEMWBS cut off scores used in a comparison study with clinical measures of depression and anxiety (Patient Health Questionnaire (PHQ)-9 and General Anxiety Disorder assessment (GAD)-7) [1].

We found increased prevalence of ‘probable’ and ‘possible’ depression and/or anxiety compared to Cornwall Council’s Residents’ Survey in 2017 [2] and Cornwall Coronavirus Survey in June 2020 [3].

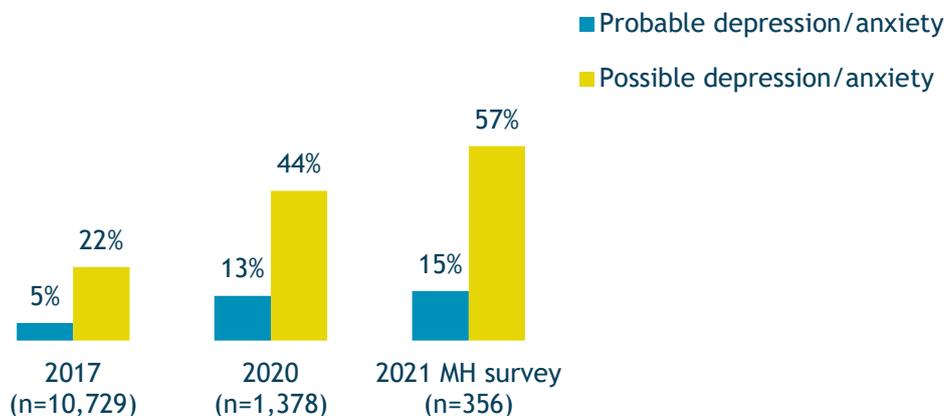


Chart 1: Prevalence of ‘probable’ and ‘possible’ depression and anxiety

Groups at risk of ‘probable’ depression or anxiety

Statistical analysis (logistic regression) was used to identify groups at risk of ‘probable’ depression or anxiety. The following groups were found to be at increased risk:

- Young adults aged 16 to 24
- People with a physical disability
- People with a long-term condition
- People with hearing impairment
- People who have identified as Lesbian, Gay, Bisexual, Pansexual, Asexual or Other
- People who are not married or in a civil partnership (the increased risk was not significant when analysis adjusted for age, gender and ethnicity)

Table 2 provides the odds ratios and confidence intervals for each group. Please note some of the groups are small and results should be interpreted with caution.

Groups with increased risk for ‘probable’ depression/anxiety are written in pink.		Unadjusted			Adjusted (age, gender, ethnicity)		
		ODDS RATIO	95% confidence intervals		ODDS RATIO	95% confidence intervals	
			Lower	Upper		Lower	Upper
Age	Age 16 to 24 (n=22)	Reference					
	Age 25 to 64 (n=228)	***0.1	0.05	0.4			
	Age 65+ (n=57)	***0.1	0.04	0.4			
Gender	Male (n=63)	Reference					
	Female (n=237)	1.5	0.6	3.4			
Physical Disability	No physical disability (n=277)	Reference					
	Physical disability (n=29)	*2.9	1.2	6.8			
Long Term Condition	No Long Term Condition (n=225)	Reference					
	Long Term Condition (n=81)	*2.3	1.2	4.3			
Sexual Orientation	Heterosexual (n=264)	Reference					
	LGB (n=28) (Lesbian, Gay, Bisexual, Pansexual, Asexual, Other)	**3.3	1.4	7.9			
Marital Status	Married or in a civil partnership (n=227)	Reference					
	Not married/civil partnership (n=91) (Separated, Single, Widowed, Divorced)	**3.1	1.6	6.4			
Carer status	Not a carer (n=251)	Reference					
	Carer (n=55)	1.5	1.3	5.4			
Religion	No religion (n=132)	Reference					
	Religion (n=166)	0.6	0.3	1.1			

Table 2: Odds ratios and confidence intervals for regression analysis to identify groups at risk of ‘probable’ anxiety or depression; ***p<0.001; **p<0.01; *p<0.05

Chi square tests were used for groups with low numbers of respondents where regression analysis was not appropriate. We found:

- Increased risk of probable depression/anxiety for people with hearing impairment (n=18; $X^2=4.9$; $p<0.05$)
- No evidence of increased depression/anxiety amongst transgender people (n=10; $X^2=0.2$; $p=0.66$)

Analysis could not be carried out for groups with less than ten respondents. This included analysis of respondents with sight impairment and learning disability.

Odds ratios, confidence intervals and p values explained

The **odds ratio** gives an indication of the likelihood of an event occurring. For example when we used logistic regression to see whether age predicts 'probable' anxiety or depression, we see in Table 2 the odds ratio for Age 65+ is 0.1. An odds ratio of <1 indicates a lower risk and an odds ratio of >1 indicates a higher risk. So as our reference group is young adults age 16 to 25, we can say that older adults are at lower risk for 'probable' depression or anxiety compared to young adults age 16 to 25. The size of the difference in risk is $1-0.1=0.9$ - so young adults have a 90% higher risk of depression or anxiety compared to adults aged 65 years and above.

The **confidence intervals** provide an upper and lower limit for the true odds ratio. So for age 65 years and over we can be confident the true odds ratio falls somewhere between 0.04 and 0.4. The upper confidence interval is <1 so we can be confident that those age 65 years and above have a lower risk for 'probable' depression or anxiety. The larger the confidence intervals, the less confident we can be about the true value of the odds ratio. Small sample sizes often have larger confidence intervals.

P values provide another indicator of how confident we can be in the results. P values of less than 0.05 indicate a statistically significant result and are marked with one or more *. These results are unlikely to be due to chance.

Groups at risk of 'possible' depression or anxiety

Statistical analysis was also used to identify groups at risk of 'possible' depression or anxiety. The following groups were found to be at increased risk:

- Age 16 to 24
- Females
- People with a physical disability
- People with a long term condition
- People who were not married or in civil partnership
- People without a religion

Table 3 provides the odds ratios and confidence intervals for each group.

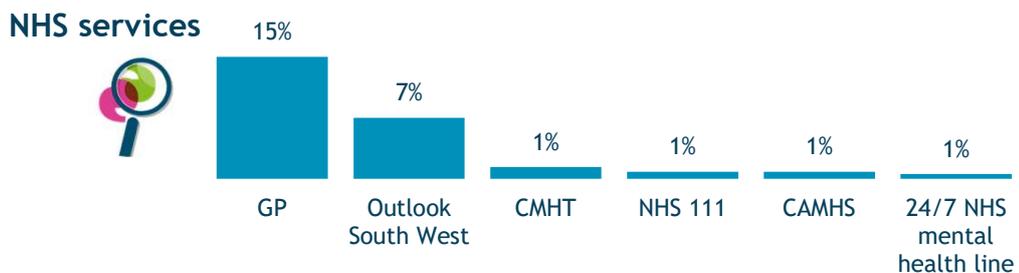
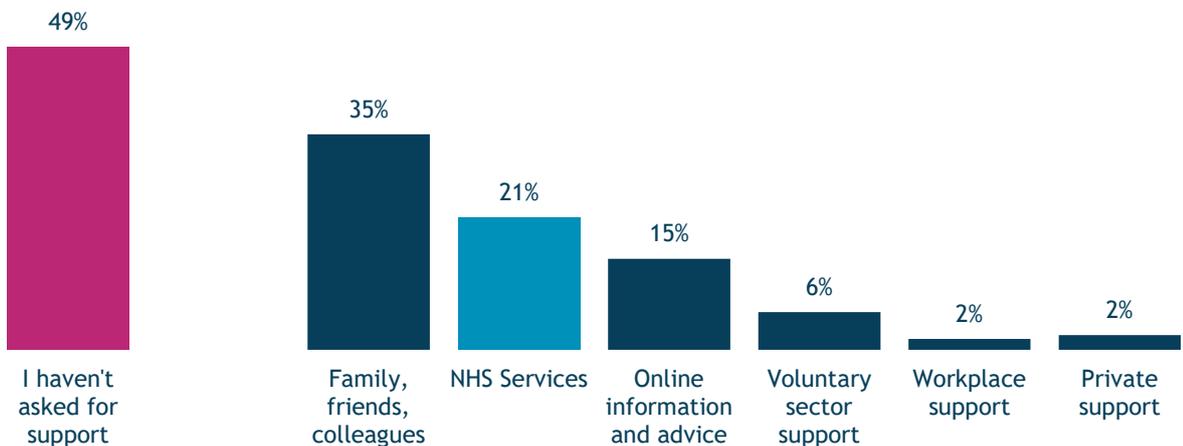
Groups with increased risk for 'possible' depression/anxiety are written in pink.		Unadjusted			Adjusted (age, gender, ethnicity)		
		ODDS RATIO	95% confidence intervals		ODDS RATIO	95% confidence intervals	
			Lower	Upper		Lower	Upper
Age	Age 16 to 24 (n=22)	Reference					
	Age 25 to 64 (n=228)	*0.2	0.06	0.7			
	Age 65+ (n=57)	***0.1	0.02	0.3			
Gender	Male (n=63)	Reference					
	Female (n=237)	***2.8	1.6	5.1			
Physical Disability	No physical disability (n=277)	Reference					
	Physical disability (n=29)	2.0	0.9	4.5			
Long Term Condition	No Long Term Condition (n=225)	Reference					
	Long Term Condition (n=81)	*2.0	1.2	3.3			
Sexual Orientation	Heterosexual (n=264)	Reference					
	LGB (n=28) (Lesbian, Gay, Bisexual, Pansexual, Asexual, Other)	1.3	0.6	2.9			
Marital Status	Married or in a civil partnership (n=227)	Reference					
	Not married/civil partnership (n=91) (Separated, Single, Widowed, Divorced)	**2.1	1.3	3.6			
Carer status	Not a carer (n=251)	Reference					
	Carer (n=55)	1.5	0.8	2.6			
Religion	No religion (n=132)	Reference					
	Religion (n=166)	**0.5	0.3	0.9			

Table 3: Odds ratios and confidence intervals for regression analysis to identify groups at risk of 'possible' anxiety or depression; ***p<0.001; **p<0.01; *p<0.05

Q3. Where have you accessed support and/or information for your mental health in the last 6 months? (Tick all that apply)

- 24/7 NHS mental health response line
- GP
- Community Mental Health Team
- Child and Adolescent Mental Health Services
- Outlook South West
- Samaritans
- Valued Lives
- Pentreath
- Young People Cornwall
- Social Prescribing
- Cornwall Council, e.g. mental health and wellbeing guides
- NHS 111
- NHS websites
- Family and friends
- N/A - I have not asked for support
- Other

349 respondents provided information on where they have accessed support in the last 6 months. One in two people (49%) had not asked for support.



Charts 2 and 3: The percentage of respondents accessing support from different sources in the last six months.

Table 4 shows how different kinds of support and services were categorised for analysis. The number of respondents accessing sources are displayed in brackets. Please note one person may have accessed support from more than one source.

Support through NHS Services (74)	GP (52) Outlook South West (26) CMHT (5) 24/7 MH helpline (3) NHS 111 (3) CAMHS (3) Boundervean (1)	
Other active support (30)	Active support - voluntary sector (20)	Valued Lives (6) Social Prescribing (4) Macmillan counselling (2) Samaritans (2) Young People Cornwall (2) Pentreath (1) CN4C (1) Oakleigh house (1) Man Down (1) AA (1) Pegasus Counselling (1) Volunteer Cornwall (1)
	Private counselling (8)	
	Workplace support (6)	
Self help / Information and advice (136)	Information and advice (51)	Cornwall Council wellbeing guides (42)
		NHS websites (20)
		Voluntary sector websites (4)
	Family, friends, colleagues (121)	Family and friends (119)
Colleagues (4)		
Self management (4)	Using previous experience and therapy to help themselves - coded from 'other'	
No support (170)		

Table 4: Sources of support accessed in the last six months. Number of respondents are in brackets.

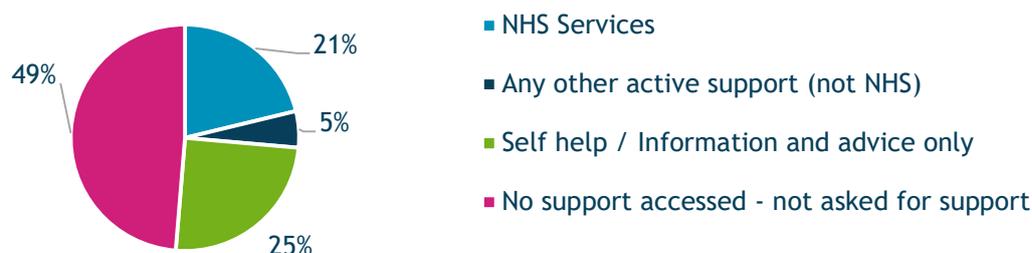


Chart 3: Sources of support categorised for analysis. Each respondent falls into one of these four categories.

Support accessed by people identified with depression or anxiety

We looked at where those identified as having anxiety or depression were accessing support. As might be expected, there was higher prevalence of people identified with ‘probable’ and ‘possible’ depression or anxiety accessing NHS services.

Just under one in two of 52 people (46%) with ‘probable’ depression or anxiety accessed NHS services, one in four (23%) helped themselves to information and advice online, and one in four (25%) did not ask for support. The proportion of people with ‘possible’ depression or anxiety accessing NHS services and self help / information and advice only was similar (30% and 27% respectively).

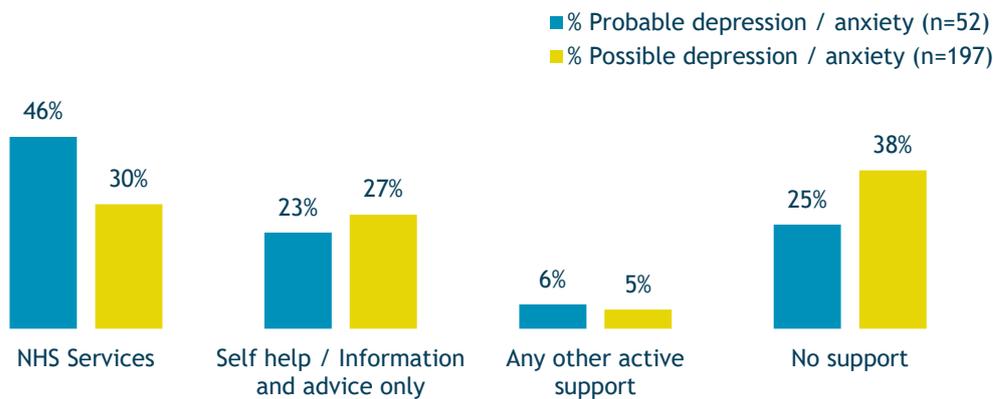


Chart 5: The percentage of people with ‘probable’ and ‘possible’ depression or anxiety accessing support from different sources.

Statistical analysis (Chi square) confirmed that those accessing NHS services are at increased risk of ‘probable’ depression or anxiety ($X^2=24.8$; $p<0.001$) and ‘possible’ depression or anxiety ($X^2=27.9$; $p<0.001$).

Support accessed by different age groups

We looked at where different ages were accessing support. Older people aged 65 and over were less likely to ask for support and less likely to access NHS services.

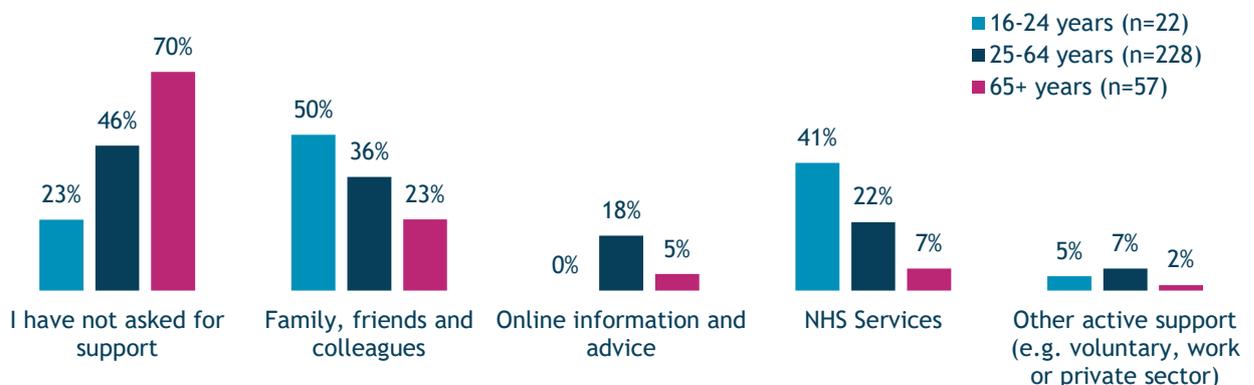


Chart 6: Sources of support accessed by different age groups.

Q4. Have you been able to access the support you would like?

- Yes
- No
- Some, but not all

144 people answered this question. One in two (50%) had been able to access the support they would like.

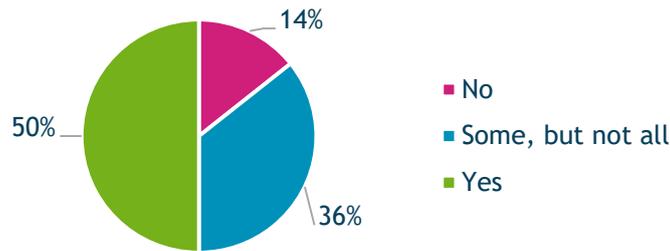


Chart7: The percentage of people who have been able to access the support they would like.

Responses were broken down by organisation. It is difficult to compare responses between organisations due to small numbers of respondents accessing support at individual organisations. It’s also important to bare in mind a person’s response may refer to more than one service. For example, someone may have responded ‘some, but not all’ and accessed the support they would like from the GP, but not been able to access the support they would like from the secondary service they were referred on to. This would be displayed as ‘some, but not all’ for both the GP and the secondary care service.

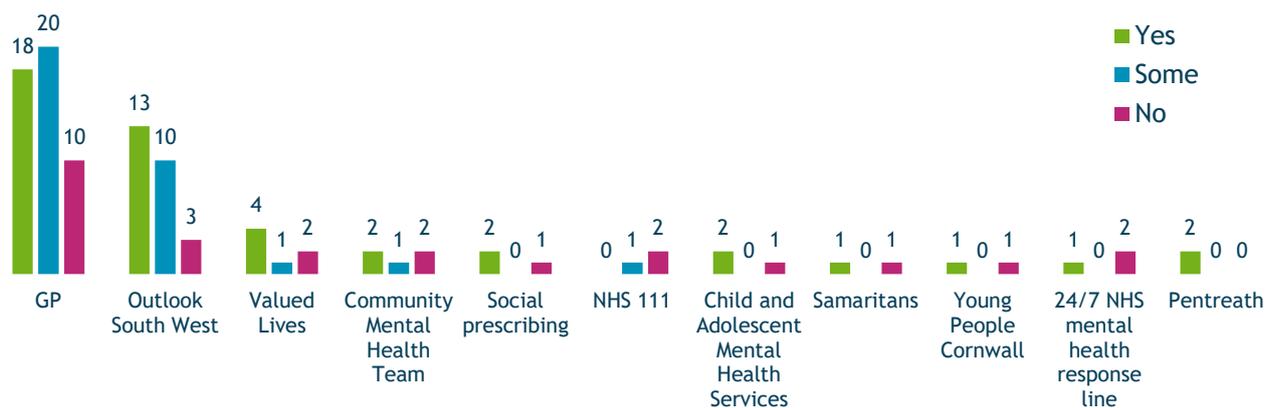


Chart 8: The percentage of people who have been able to access the support they would like, broken down by organisation.

People accessing NHS services were less likely to be able to access the support they would like compared to those accessing online information and advice

One in five people accessing NHS services (21%) said ‘No’ they were not able to access the support they would like compared to one in 12 (8%) of those accessing information and advice online. Free text responses from the 8% of people who were not able to access the support they would like online included requests for access to counselling and talking therapies, rather than improvements to online provision.

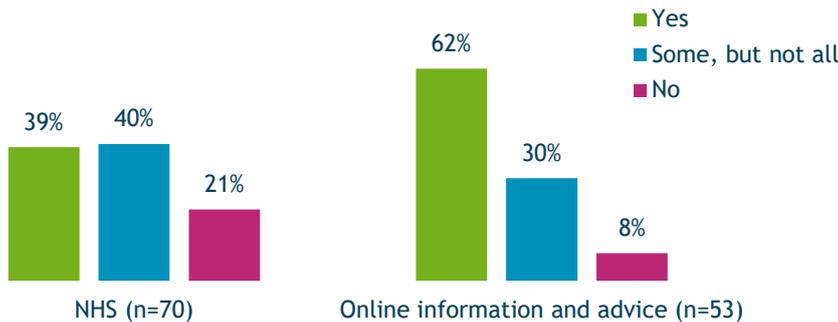


Chart9: The percentage of people who have been able to access the support they would like.

People with ‘probable’ depression or anxiety were less likely to be able to access the support they would like

Of those who had accessed support, 31 people with ‘probable’ depression or anxiety and 111 without responded to Q4 ‘Have you been able to access the support you would like?’. Only one in five people (19%) with ‘probable’ depression or anxiety were able to access the support they would like compared to one in two people (58%) who were not identified with ‘probable’ anxiety and depression.

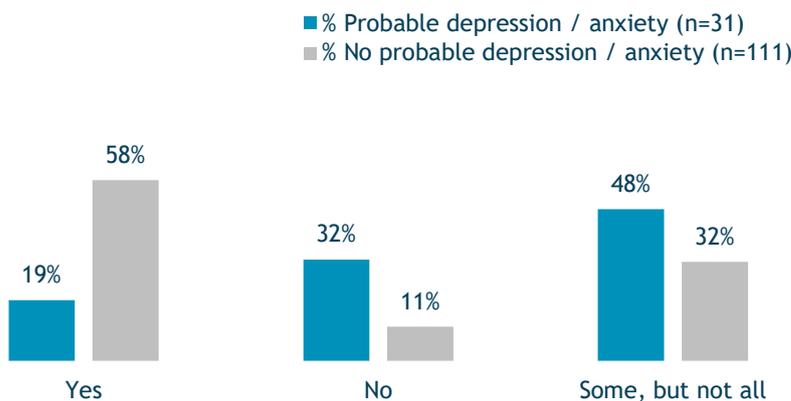


Chart 10: The percentage of people with and without ‘probable’ depression or anxiety who have been able to access the support they would like.

People with ‘possible’ depression or anxiety were also less likely to be able to access the support they would like

Of those who had accessed support, 96 people with ‘possible’ depression or anxiety and 46 without responded to Q4. One in three people (39%) with ‘possible’ depression or anxiety were able to access the support they would like compared to three quarters of people (72%) without ‘possible’ depression or anxiety.

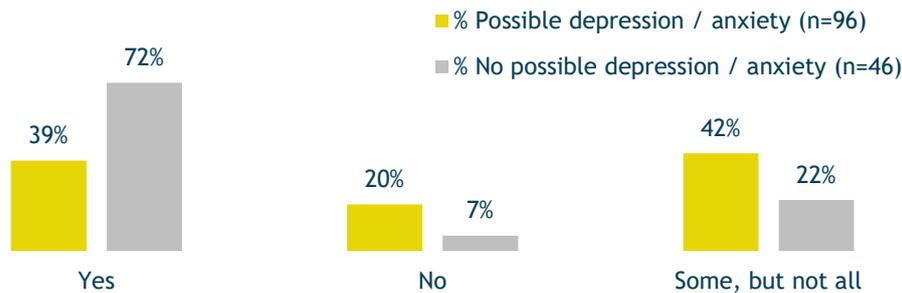


Chart10: The percentage of people with and without ‘possible’ depression or anxiety who have been able to access the support they would like.

Statistical analysis (logistic regression) confirmed both of these trends as significant. Tables 5 and 6 shows people who were not able to access the support they would like were more likely to have ‘probable’ depression or anxiety and more likely to have ‘possible’ depression or anxiety. Please note some of the groups are small and results should be interpreted with caution.

Risk for ‘probable’ depression or anxiety	Unadjusted			Adjusted (age, gender, ethnicity)		
	ODDS RATIO	95% confidence intervals		ODDS RATIO	95% confidence intervals	
		Lower	Upper		Lower	Upper
Yes, I have been able to access the support I would like (n=71)	Reference					
No, I have not been able to access the support I would like (n=22)	***8.9	2.7	29.1	***15.7	3.6	69.5
I have been able to access ‘some, but not all’ (n=51)	**4.6	1.6	12.8	6.1	1.8	21.1

Risk for ‘possible’ depression or anxiety	Unadjusted			Adjusted (age, gender, ethnicity)		
	ODDS RATIO	95% confidence intervals		ODDS RATIO	95% confidence intervals	
		Lower	Upper		Lower	Upper
Yes, I have been able to access the support I would like (n=71)	Reference					
No, I have not been able to access the support I would like (n=22)	**5.6	1.5	20.8	**9.1	1.7	48.8
I have been able to access ‘some, but not all’ (n=51)	**3.5	1.5	8.2	**3.7	1.4	10.1

Tables 5 and 6: Logistic regression analysis of risk of ‘probable’ and ‘possible’ depression and anxiety and satisfaction with support; ***p<0.001; **p<0.01; *p<0.05.

Q5 If you have sought help for your mental health, please tell us more - we would like to know about services that are working well for people, as well as suggestions for improvements. Please provide details in your feedback, such as the name of the mental health organisation(s) where your experiences took place.

Q5a What was good about your experience? What was helpful?

Ninety seven people described their experiences. Fifteen people provided negative feedback, which was analysed under the next question ‘What could be better?’. The remaining 82 comments (including 18 interviews) were analysed thematically. Common themes are listed in the table below. Themes are displayed in blue and subthemes in orange.

Themes and subthemes	Count
Sharing experiences with empathetic listeners	31
Listening understanding GPs and mental health staff	22
Family, friends and colleagues	10
Peer support	4
Online support	16
Online information and advice	15
Signposting	5
Flexibility and convenience of access	5
Sharing experiences	4
Counselling and talking therapies	12
Having a safety net	5
Open, supportive workplace	5

Table 7: Themes and subthemes for ‘What’s good?’

Q5b What could be better?

Eighty people described ‘what could be better’ within the survey and interviews. Common themes are listed in the table on the next page. Themes are displayed in blue and subthemes in orange.

Themes and subthemes	Count
Access to support when needed	19
Easier access through GPs	10
Faster access to support	9
Wider access to free or low cost counselling	4
Provision for people with long-term, more complex mental health conditions	17
Access to more than 6 sessions of CBT	5
Signposting to further support when treatment is complete	4
Support following discharge from CMHT	2
Criteria for accessing CMHT and CAMHS	2
Provision for people who have experienced trauma	2
Lifting of covid social restrictions	9
Better organisation and communication	7
Provision for people with long-term conditions	6
Face to face preferred	5
Workplace support	5

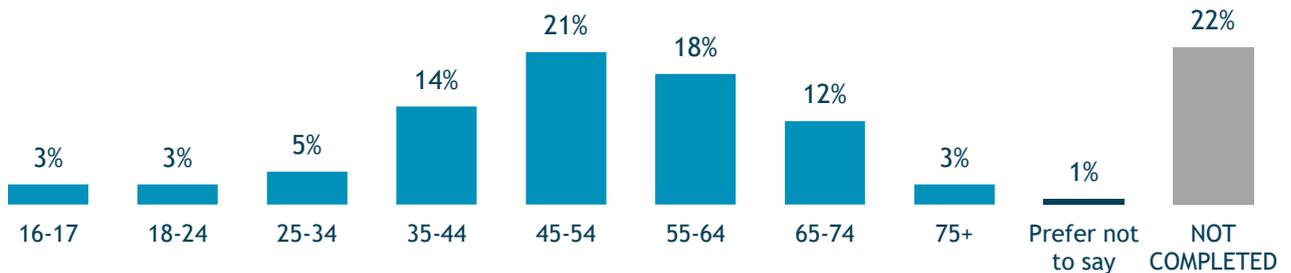
Table 8: Themes and subthemes for ‘What could be better?’

Figure: Percentage of respondents in each age group

Demographics

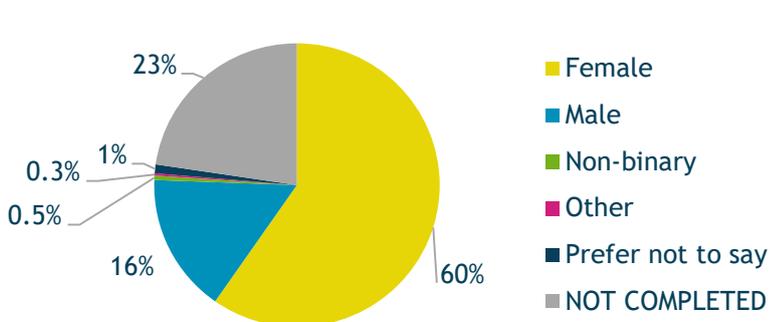
Please note, just under a quarter of respondents did not provide demographic information about themselves. Gender, age and ethnicity percentages provided in the report are the percentage of the total number of respondents who provided demographic information (307; 310 and 305 respectively). Here, the percentages are displayed as the percentage of total respondents taking part in the survey (397), so the figures differ from those provided in the report.

Q6 What is your age?



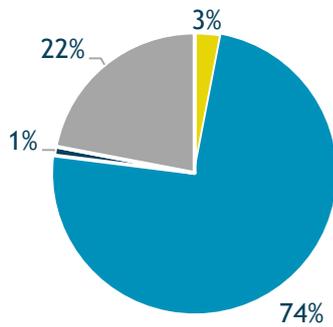
	Count	%
16 - 17 years	11	3%
18 - 24 years	11	3%
25 - 34 years	18	5%
35 - 44 years	54	14%
45 - 54 years	84	21%
55 - 64 years	72	18%
65 - 74 years	46	12%
75+ years	11	3%
Prefer not to say	3	1%
NOT COMPLETED	87	22%
TOTAL	397	100%

Q7 Which gender do you identify with?



	Count	%
Female	237	60%
Male	63	16%
Non-binary	2	0.5%
Other	1	0.3%
Prefer not to say	4	1%
NOT COMPLETED	90	23%
TOTAL	397	100%

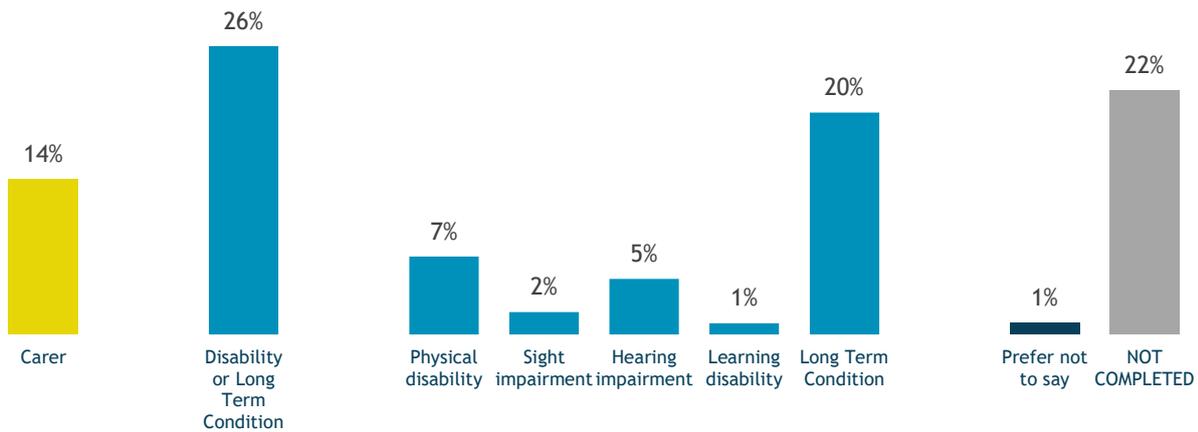
Q8 Is your gender different to the sex that was assigned to you at birth?



- Yes
- No
- Prefer not to say
- NOT COMPLETED

	Count	%
Yes	10	3%
No	294	74%
Prefer not to say	4	1%
NOT COMPLETED	89	22%
TOTAL	397	100%

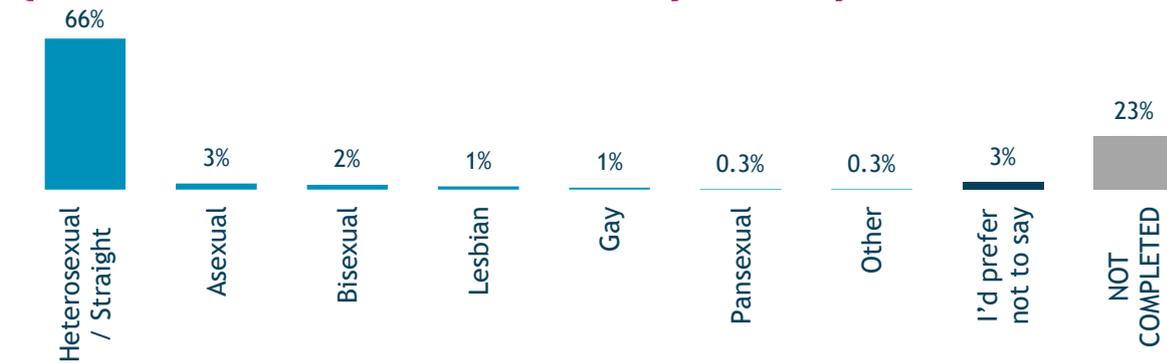
Q9 Do you consider yourself to be a Carer, have a disability or a long term health condition?



	Count	%
I am a carer	55	14%
I have a disability or long-term condition	105	26%
I have a physical disability	29	7%
I have a sight impairment	7	2%
I have a hearing impairment	18	5%
I have a learning disability	5	1%
I have a long-term condition	81	20%
Prefer not to say	4	1%
NOT COMPLETED	87	22%

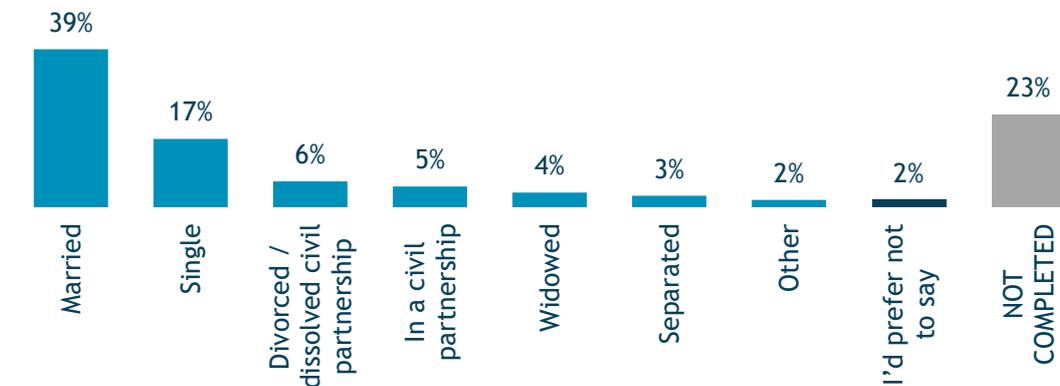
N.B. Percentages are displayed as a percentage of 397 respondents;
TOTAL row is not included as respondents selected more than one option.

Q10 Please tell us which sexual orientation you identify with?



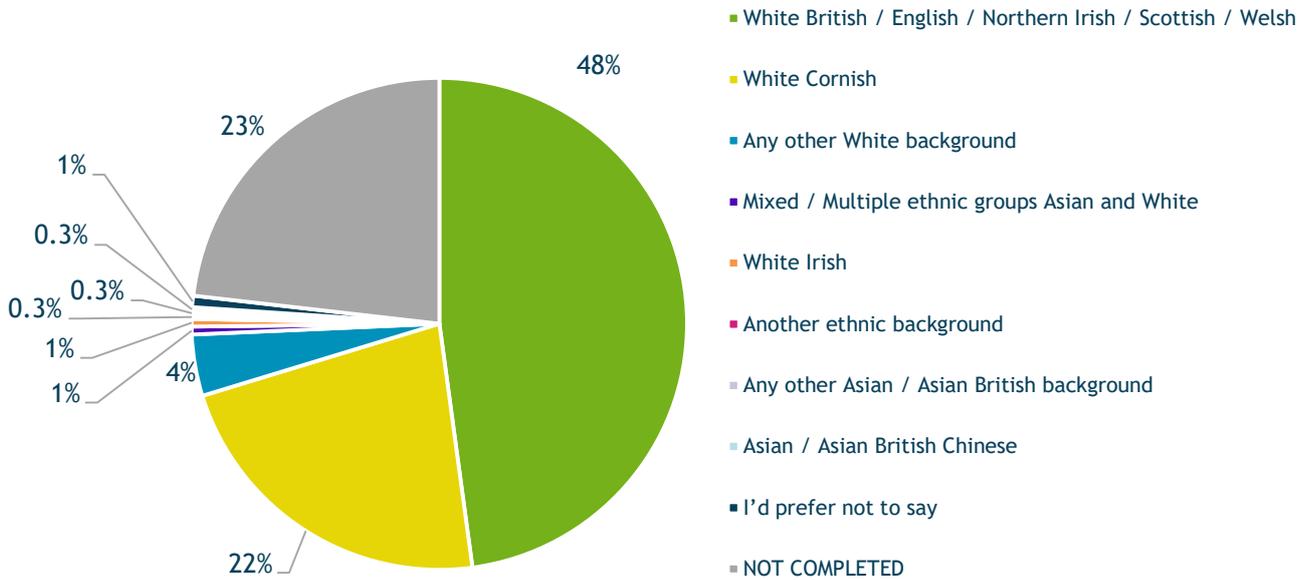
	Count	%
Heterosexual / Straight	264	66%
Asexual	10	3%
Bisexual	8	2%
Lesbian	5	1%
Gay	3	1%
Pansexual	1	0.3%
Other	1	0.3%
Prefer not to say	12	3%
NOT COMPLETED	93	23%
TOTAL	397	100%

Q11 Please tell us about your marital or civil partnership status



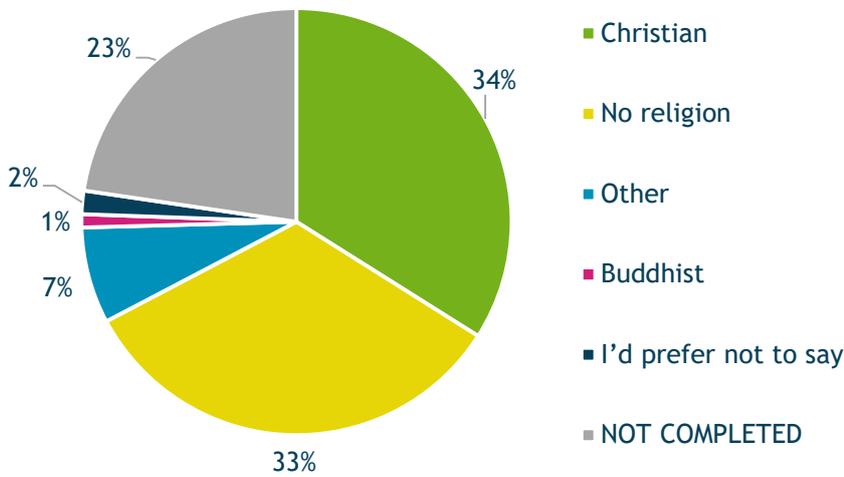
	Count	%
Married	155	39%
Single	67	17%
Divorced / dissolved civil partnership	25	6%
In a civil partnership	20	5%
Widowed	14	4%
Separated	11	3%
Other	7	2%
Prefer not to say	7	2%
Not completed	91	23%
TOTAL	397	100%

Q12 Please select your ethnic background



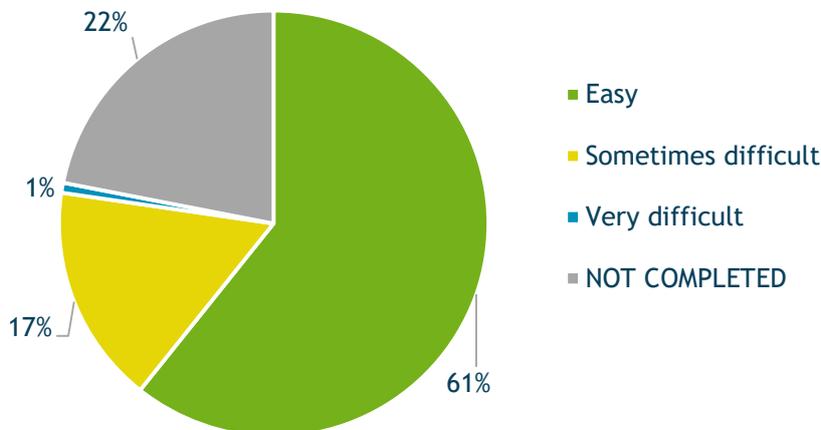
	Count	%
White: British, English, Scottish or Northern Irish	190	48%
White: Cornish	89	22%
White: Any other White background	16	4%
Mixed / Multiple ethnic groups: Asian and White	2	1%
White: Irish	2	1%
Another ethnic background	1	0.3%
Any other Asian / Asian British background	1	0.3%
Asian / Asian British: Chinese	1	0.3%
Asian / Asian British: Bangladeshi	0	
Asian / Asian British: Indian	0	
Asian / Asian British: Pakistani	0	
Black / Black British: African	0	
Black / Black British: Caribbean	0	
Black / Black British: Any other Black / Black British background	0	
Gypsy, Roma, Traveller	0	
Mixed / Multiple ethnic groups: Black African and White	0	
Mixed / Multiple ethnic groups: Black Caribbean and White	0	
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic group	0	
Prefer not to say	3	1%
NOT COMPLETED	92	23%
TOTAL	397	100%

Q13 Please tell us about your religion or beliefs



	Count	%
Christian	135	34%
No religion	132	33%
Other religion	29	7%
Buddhist	4	1%
Hindu	0	
Jewish	0	
Muslim	0	
Sikh	0	
Prefer not to say	7	2%
NOT COMPLETED	90	23%
TOTAL	397	100%

Q14 How easy do you find it to use digital technologies, such as looking up information on websites or booking appointments online?



	Count	%
Easy	241	61%
Sometimes difficult	66	17%
Very difficult	3	1%
NOT COMPLETED	87	22%
TOTAL	397	100%

**Q15 What would make it easier for you to use digital technologies?
(Tick all that apply)**



	Count	%
Technologies that are easier to use	55	18%
Better connectivity	43	14%
Training	28	9%
N/A - I find them easy to use already	193	62%
N/A - I have no interest in digital technology	8	3%

N.B. Percentages are displayed as a percentage of 397 respondents;
TOTAL row is not included as respondents selected more than one option.

Residential postcode area of respondents

Postcode	Count
TR1	20
TR15	20
PL25	17
TR3	14
PL27	13
TR14	13
TR18	13
PL26	12
TR13	12
PL14	11
TR11	11
PL15	9
TR4	9
TR7	9
PL13	8
TR27	8
TR2	7
TR26	7
PL24	6
TR12	6
TR16	6
TR20	6
PL12	5
PL22	5
TR10	5

289 respondents provided the first 3 digits of their postcode. The table on the left shows the most common postcode areas. The map below displays postcode areas where there was at least one respondent.



Interview participants

18 survey respondents took part in follow up interviews. Participants or their relatives had one or more physical or mental health conditions and/or were carers:

- 5 carers
- 9 with mental health conditions, including:
 - Depression
 - Anxiety or stress
 - Bipolar disorder
 - Post-traumatic stress disorder
 - Complex trauma
 - Dementia
- 2 with learning disability
- 6 with physical disability or long-term conditions

Ethnicity: All White British, White English or White Cornish.

Gender:	Male	Female				
Count:	6	12				
Age:	25-34	35-44	45-54	55-64	65-74	
Count:	1	2	5	6	4	

Contributions

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References

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