

# **Cornish Communities in Focus**

## **Evolving Voices in Mental Health**

# About Us

**Healthwatch Cornwall** is the **independent** champion for the residents of Cornwall, dedicated to ensuring that their **voices are heard** in the realm of **health and social care**. We prioritise the needs and experiences of our community by actively engaging with residents, **gathering their feedback**, and understanding their perspectives on the services they receive.

By listening to these experiences, we aim to **identify areas for improvement** and highlight the necessary changes needed. We play a crucial role in bridging the gap between the **public** and **decision-makers**, sharing insights with those in decision making roles who can effect **meaningful reform**.

Our work not only **empowers individuals** to share their stories but also fosters a culture of accountability within health and social care services. Through **collaboration** with local organisations, health authorities, and policymakers, **Healthwatch Cornwall strives to enhance the quality and accessibility of care for all residents**, ensuring that their health and well-being remain at the heart of service delivery.

## Statement of Scope

This report is based on the views and experiences shared by the public and service providers as part of our research efforts. It reflects **key themes identified through the data we collected** and focuses primarily on **service provision within Cornwall's mental health system**.

While this report highlights significant challenges and opportunities, it **does not provide an exhaustive analysis** of all aspects of mental health care in the county. Important areas such as **suicide prevention, specific population needs (e.g., veterans, older people, children and young people)**, provision of mental health services in **A&E departments** and **wider determinants of mental health** are outside the scope of this work. However, we recognise their importance and encourage further exploration of these areas in our own and other's future research and policy discussions.

Our aim is to ensure that **the voices of service users and providers are heard**, offering practical and achievable recommendations **to improve access, quality, and coordination** of mental health services in Cornwall.

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# Executive Summary

This report provides an in-depth review of Cornwall's mental health services, identifying key challenges, gaps in provision, what is working well and opportunities for improvement. Drawing on public feedback, insights from service providers, findings from surveys, Enter & View visits, and engagement events, as well as comparisons with national trends, it highlights the systemic issues affecting timely and effective mental health support in the county.

## Key Findings:

- **Severe Workforce Shortages:** Cornwall faces a severe shortage of Mental Health Practitioners (MHPs) in GP surgeries, with only 19 currently employed by CPFT—far below the target of 46—leading to inconsistent access to early mental health support.
- **Excessive Waiting Times:** Individuals seeking neurodivergent assessments face some of the longest delays in the country, with waiting times of up to 11 years for adult autism diagnoses and six years for ADHD assessments.
- **Barriers to Specialist Care:** Despite 30,000 referrals to specialist services, many individuals are denied care due to restrictive eligibility criteria.
- **Rural and Coastal Health Inequalities:** Geographic isolation, limited crisis services, and transportation barriers create disparities in access to mental health care.
- **Out-of-County Placements:** A shortage of local specialist inpatient facilities forces many patients—especially those with complex conditions—to seek care outside Cornwall, disrupting continuity of care and increasing pressure on families.
- **Funding and Service Fragmentation:** A shift in funding from NHS services to voluntary sector organisations raises concerns about sustainability, specialist expertise, and the risk of service fragmentation.
- **Limited Treatment Options:** Many service users feel that current approaches rely too heavily on Cognitive Behavioural Therapy (CBT) and medication, with limited access to alternative therapies tailored to individual needs.

## Healthwatch Cornwall's Key Recommendations:

- 1. Maximising the existing workforce:** Introduce group-based mental health support sessions in GP surgeries, provide basic mental health training for reception staff to improve signposting, and offer flexible working arrangements to improve staff retention.
- 2. Reducing waiting times without extra funding:** Continue to build on and develop 'while-you-wait' support systems, including digital self-help resources, peer support groups, and check-ins for those on waiting lists.
- 3. Improving rural access through existing community resources:** Use libraries, community centres, and local venues for mental health drop-in sessions, expand telephone and online support, and explore subsidised travel options for those attending appointments.
- 4. Strengthening crisis support without overloading A&E:** Train non-clinical staff in de-escalation techniques, expand crisis helplines for early intervention, and create safe community spaces for out-of-hours mental health support.
- 5. Expanding treatment options beyond CBT and medication:** Encourage social prescribing, integrate peer-led support groups, and improve staff training in trauma-informed care and neurodiversity.
- 6. Simplifying access to services:** Standardise GP referral forms, develop a central online directory of mental health services, and ensure every discharged patient receives a clear care plan.
- 7. Making mental health care more inclusive:** Provide alternatives to phone-based services, strengthen mental health support in schools, and encourage mental health awareness initiatives in workplaces.
- 8. Reducing out-of-county placements by improving local alternatives:** Expand community-based crisis support, work with care homes to provide local respite beds, and improve discharge planning for those returning from out-of-county treatment.
- 9. Celebrating and Strengthening Community Resources:** Promote local signposting platforms like the Community Gateway; support VCSE-led services; embed co-production with lived experience groups in service design and review.

**Conclusion:** Cornwall's mental health services face significant challenges, but **targeted improvements** in **resource use, service integration**, and **early intervention** can create a **more accessible, coordinated**, and **sustainable** system for all residents.

# Introduction

This report presents a targeted review of **mental health services** in **Cornwall**, guided by our research efforts. This report highlights the critical **challenges** faced by individuals seeking support and the **systemic barriers** preventing effective service delivery. Drawing on data from **public surveys, service provider insights**, and **national comparisons**, it examines the **availability, accessibility**, and **quality** of mental health care in the region.

## Key sections of this report include:

- **Mental Health Practitioner Availability** – Analysis of workforce shortages and their impact on service accessibility in GP surgeries.
- **Waiting Times for Assessments** – Review of delays in neurodivergent and specialist mental health assessments, and their effects on individuals and families.
- **Referral to Specialist Services** – Evaluation of high rejection and delay rates in referrals, impacting patient care.
- **Postcode Lottery and Health Inequalities** – Exploration of how Cornwall's geography worsens mental health service disparities.
- **Multiple Service Providers** – Assessment of coordination challenges between NHS and voluntary sector organisations.
- **Out-of-County Placements** – Investigation into the lack of local inpatient facilities and the consequences of sending patients outside Cornwall.
- **Funding Allocation and NHS vs. Voluntary Sector** – Review of funding distribution, increasing reliance on voluntary organisations, and sustainability risks.
- **Cornish Voices: Patient and Public Perspectives** – Insights from individuals with lived experiences, covering accessibility, treatment preferences, and care barriers.
- **Service Provider Challenges and Opportunities** – Perspectives from healthcare providers on workforce constraints, funding limitations, and potential improvements.
- **Healthwatch Cornwall's Recommendations** – Actionable suggestions to address gaps and improve mental health services across Cornwall.

**This report highlights key themes from both statistical data and personal experiences, offering evidence-based insights and recommendations aimed at improving accessibility, reducing waiting times, and creating a more integrated, person-centred mental health system in Cornwall.**

# Background Research

## Overview of Mental Health Services in Cornwall

This section provides an overview of the background research we undertook exploring **mental health services** in **Cornwall** and the key issues associated with service provision. **Cornwall** faces significant challenges in the provision of **mental health services**, with issues including **workforce shortages**, **long waiting times** for assessments, and **inconsistent service availability**. The county's **rural** and **coastal geography** further exacerbates **access disparities**, creating a **postcode lottery** in **mental health support**. Despite ongoing initiatives, Cornwall continues to lag behind **national targets** in key areas of **service provision**.

## National Mental Health Policy and Reform

The government is implementing major changes to improve mental health care across England. These reforms include reviewing the **Mental Health Act**, updating NHS policies, and ensuring that mental health services receive adequate funding. A key focus is **preventing mental health issues before they become severe**, which means expanding early support for young people, strengthening community services, and improving access to talking therapies. Schools will also play a bigger role, with plans to introduce more mental health specialists into education settings.

There is also growing concern about **inequalities in mental health care**, particularly for groups that face barriers to accessing support. The government is exploring ways to improve care for **ethnic minorities, women, carers, LGBTQ+ individuals, refugees, and those living in low-income areas**.

Other priority areas include:

- **Crisis support:** £26 million has been pledged for new mental health crisis centres.
- **Workforce and training:** Efforts are being made to address staff shortages and improve specialist training.
- **Technology and data:** Digital tools are being developed to enhance access and streamline care pathways.
- **Patient rights and choices:** Reforms aim to give individuals more control over their treatment and support.

These **national priorities** provide a framework for understanding the **challenges** and **opportunities** within **Cornwall's mental health services**. As local providers work to align with these **reforms**, it will be crucial to ensure that **improvements** are tailored to the unique needs of **Cornwall's population**, particularly given the region's **rural** and **coastal geography**. Our **mental health report** will explore how these **national priorities** align with the needs of our **communities**, highlighting **local challenges, successes**, and what needs to **change**.

## Mental Health Practitioner Availability

One of the critical barriers to mental health support in Cornwall is the **shortage** of **Mental Health Practitioners** (MHPs) in GP surgeries. Currently, CPFT has **19 MHPs**, with four GP's giving notice due to financial constraints. This falls significantly short of the **national target** of **46 practitioners**. This shortfall contributes to inequitable service provision, where individuals' access to mental health support varies depending on their location.

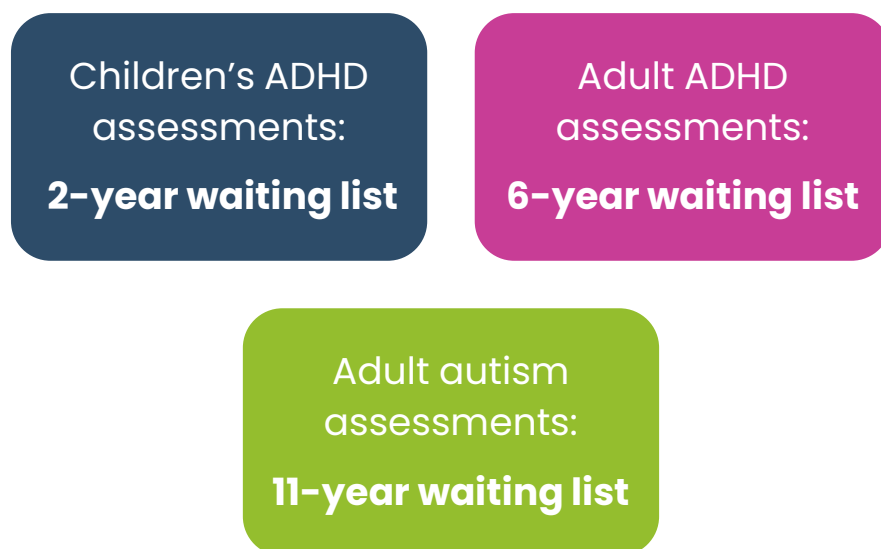
## Referral to Specialist Services

Patients in Cornwall frequently experience **delays** or **denials** when referred to **specialist mental health services**. Approximately **30,000 individuals** have been referred to **specialist services** but do not meet the **eligibility criteria** upon assessment, resulting in limited or delayed access to **treatment**. The multiple **service providers** across the county, exacerbated by **funding cuts**, has led to **unmet** mental health needs and increased reliance on **voluntary sector support**.



## Waiting Times for Assessments

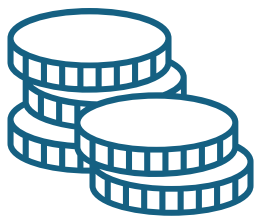
Cornwall experiences significant **waiting times** across various **mental health services**, with delays often exceeding **national averages**. These extended waiting times are a result of **systemic challenges**, including **funding shortages**, **high demand**, and **workforce constraints**. In particular, the shift away from **statementing** under the **Children and Families Act 2014** has complicated access to **early support**, further contributing to the **backlog**. As a result, individuals are left waiting for crucial **care**, which can have a serious impact on their **well-being**. In particular, Cornwall experiences extreme delays in **neurodivergent assessments**:



These waiting times exceed **national averages** and reflect **systemic issues** such as **funding shortages**, **high demand**, and **workforce constraints**. The shift away from **statementing** under the **Children and Families Act 2014** has further complicated access to **early support**.

# The Postcode Lottery and Health Inequalities

**Rural** and **coastal areas** in Cornwall suffer from severe **health inequalities**, with **mental health services** being disproportionately affected by **workforce shortages**, **underfunding**, and **logistical challenges**. These disparities mirror **national concerns** about inequitable **mental health service distribution**, but **Cornwall's** situation is particularly acute due to its **geographic isolation**. **Socioeconomic factors** profoundly influence mental health, affecting both immediate **well-being** and long-term **outcomes**. Below is an overview of key **socioeconomic factors** that impact mental health:



## Financial Strain and Poverty:

Low wages and seasonal employment create chronic stress, exacerbating mental health issues.

## Unemployment and Job Insecurity:

High joblessness, particularly among young people, contributes to increased rates of depression and social isolation.



## Housing and Living Conditions:

Rising housing costs and second-home ownership have led to financial insecurity and overcrowded living situations, impacting mental wellbeing.

## Social Isolation:

Limited public transport and distance from support networks increase feelings of loneliness, particularly among the elderly and other vulnerable populations.



**Financial strain, unemployment, and housing instability** are key contributors to **stress, anxiety, and depression**, limiting access to essential **mental health resources**. Those facing financial difficulties often struggle with the emotional toll of not meeting basic needs, leading to a cycle of **mental health challenges** and social isolation. Worries about maintaining housing or finding stable work can result in chronic stress and further deterioration of mental health.

**Poor education and literacy** exacerbate the issue by restricting job opportunities and increasing financial insecurity, leaving individuals more vulnerable to mental health problems. The lack of education not only limits employment options but also reduces access to essential resources, worsening **mental health outcomes**.

**Social isolation, discrimination, and limited healthcare access** add further barriers to mental health recovery, particularly for marginalised groups, such as those in remote areas or with disabilities. Stigmatisation and lack of culturally competent care prevent timely treatment, leading to untreated or worsening conditions.

**Substance abuse**, often tied to **economic stress**, worsens **mental health issues**, with people turning to substances as a coping mechanism, creating a vicious cycle. **Family dynamics**, such as abusive relationships, and **environmental stressors**, like unsafe neighbourhoods or poor air quality, also contribute to mental health problems. Additionally, **societal stigma** around mental illness and poverty often prevents individuals from seeking help due to fear of judgment.

Addressing these interconnected challenges requires **integrated policies** that reduce **poverty**, improve **education** and **healthcare access**, and combat **discrimination**. Creating equitable access to services and fostering **community-level support structures**, including accessible mental health services, will help individuals overcome these challenges and promote better **mental health outcomes** for both individuals and communities.

## Multiple Mental Health Service Providers

As previously mentioned, the delivery of **mental health services** in **Cornwall** faces challenges in achieving seamless **coordination**, which can lead to variability in **care** and gaps in **service provision**. Key factors influencing this include:



### Need for Greater Integration:

Enhancing coordination between NHS providers, social care, voluntary organisations, and community-based services could help create a more cohesive support system.

### Geographical Challenges:

Rural isolation makes it difficult for individuals to access mental health care, particularly in remote areas.



### Resource Limitations:

Funding and workforce shortages lead to inconsistent service availability and variable care quality.

### Limited Crisis Support:

Gaps in crisis care provision leave many individuals without timely intervention.



### Transition Gaps:

The shift from child and adolescent mental health services (CAMHS) to adult services can lack continuity, disrupting care for young people transitioning to adult support systems.

## Challenges in Navigating the Triage System

A recurring concern in **Cornwall's mental health services** is the risk of individuals being "lost" in the **triage system**. **Triage** in **mental health services** is the process of assessing individuals to determine the urgency and type of **care** they require. Ideally, it ensures that those in **crisis** receive immediate intervention while others are directed to appropriate **support services** based on their needs.

The current structure, which relies on multiple **service providers** with differing criteria for support, often results in **service users** being passed between teams, denied access to care, or left without meaningful **follow-up**. While **triage** is intended to prioritise those in urgent need, many individuals experiencing significant **distress** do not meet the **crisis threshold** for specialist intervention yet still require timely and appropriate **support**.

### Barriers to Effective Triage

Several **systemic barriers** contribute to individuals falling through the **cracks**:

#### Strict Eligibility Criteria

- Many service users report being told they do not meet the required criteria for specialist mental health care but are not offered alternative pathways for support. This leads to frustration and disengagement from services, increasing the likelihood of crises.

#### Lack of Clear Signposting

- Individuals who are assessed as not requiring urgent intervention often do not receive clear guidance on next steps. Many are advised to seek support from voluntary sector organisations, but these services often have limited capacity and may not provide the specialist care required.

#### Inconsistent Follow-Up

- Even when individuals are placed on waiting lists for assessments or treatment, there is limited structured interim support. Some people are left without regular check-ins or proactive outreach, exacerbating feelings of isolation and distress.

#### Crisis Thresholds and A&E Overload

- Those who deteriorate to a crisis point frequently find themselves in emergency departments, where mental health support is limited. However, if they are deemed not to be at immediate risk of harm, they may be discharged without appropriate aftercare, perpetuating a cycle of unmet needs.

## The Impact of Triage Failures

The consequences of ineffective triage extend beyond individual distress. Service users report **deteriorating mental health** due to delayed access to care, with some turning to **private treatment, if they can afford it, as a last resort**. Others disengage from the system entirely, increasing the risk of **severe episodes requiring costly emergency interventions or out-of-county placements**. Families and caregivers also experience significant strain when attempting to navigate a fragmented system with **limited support and unclear pathways**.

A well-documented issue within Cornwall's mental health system is the risk of individuals being **lost in the triage process**. While triage is intended to direct patients to the most appropriate support, **restrictive eligibility criteria and a lack of referral pathways** often leave individuals without the help they need.

During one of our **Enter and View** visits to a healthcare site, a Mental Health Professional highlighted this challenge, stating:

***"[We have] no capacity to make onward referrals, [it's] up to individuals."***

This illustrates a **critical gap** in the system: rather than receiving guided support, many individuals are left to navigate complex referral pathways **on their own**. For those already struggling with their mental health, this additional burden can result in **delays, disengagement from care, and worsening conditions**.

Addressing this challenge requires a more **integrated, person-centred approach**, ensuring that individuals who do not meet specialist criteria are still **effectively signposted** to alternative support services, preventing them from falling through the cracks.

## Out-of-County Placements

Cornwall also faces significant gaps in **specialist inpatient mental health care**, resulting in many patients being sent **out of county** for treatment. **General psychiatric wards** lack the **capacity** to meet demand, and **bed shortages** are exacerbated by delays in **discharging patients** who need **community** or **social care** support.

**Recruitment difficulties** in **rural areas** further limit **specialist services**, with shortages of **psychiatrists, psychologists, and specialist nurses**. The lack of intermediate care options, such as **crisis beds** or **step-up/step-down facilities**, forces some patients to **travel long distances** for ongoing support.

National commissioning structures place certain services, like **forensic** and **eating disorder care**, outside **local control**, making access **inconsistent**. This system **isolates patients** from their families, creates **financial** and **emotional burdens**, and disrupts **continuity of care** when they return.

Efforts to improve **local provision** include expanding **community-based crisis services**, increasing **specialist recruitment**, and developing **new inpatient options** to reduce **out-of-county placements** and ensure **Cornwall residents** receive **appropriate, timely mental health care** closer to home.

## Funding Allocation and NHS vs. Voluntary Sector

There is concern among clinicians about the shift of mental health funding from **NHS specialist services** to **voluntary sector providers**. While **voluntary organisations** offer **flexibility, innovation, and cost efficiency**, they often lack the **specialist expertise** needed for **complex cases**. Their reliance on **short-term funding** raises **sustainability concerns**, especially in **rural areas** like **Cornwall**, where **access to services** and **staffing shortages** are prevalent. A **balanced funding model** is needed to ensure **NHS services** remain **adequately resourced** while integrating **voluntary sector strengths** in **community outreach** and **peer support**.

### Pros of Redirecting Funds to the Voluntary Sector

**Voluntary sector organisations** offer **flexible, cost-effective** mental health support, tailoring **interventions** to **local needs**. They provide **holistic care**, addressing **housing** and **addiction** alongside **mental health**. By **complementing NHS services**, they help **fill gaps**, especially for **high-risk groups**. Their strong **community ties** foster **trust, engagement, and empowerment**, promoting **independent health management**.





## Cons of Redirecting Funds to the Voluntary Sector

Shifting funds to the **voluntary sector** may however risk **inconsistent service quality** due to lack of **standardisation** and **accountability**. It may lead to **fragmented care**, with poor **coordination** between providers and the **NHS**. Many **voluntary organisations** lack the **specialist expertise** needed for **complex cases** and rely on **short-term funding**, threatening **sustainability**. Redirecting resources could also deepen **NHS staff shortages** and **budget constraints**, while **voluntary services** may struggle to reach all communities, worsening **health inequalities**.



## Specific Challenges in Cornwall

While **voluntary sector organisations** play a vital role in providing **flexible, community-based** mental health support, shifting funding away from **NHS specialist services** presents **significant challenges**, particularly in **Cornwall**. The region's **rural and coastal geography** creates **barriers to access**, with limited **public transport** and **digital infrastructure** making it difficult for residents to reach **essential services**. **Staffing** and **funding shortages** further strain both the **NHS** and **voluntary providers**, reducing their capacity to manage **complex cases** effectively. Additionally, reliance on **short-term grants** threatens the **sustainability** of **voluntary services**, disrupting care for individuals with **long-term mental health needs**. Addressing these challenges requires a **balanced funding approach** that strengthens both **NHS** and **voluntary sector** contributions to ensure **equitable** and **effective mental health support**.

### Staffing & Funding

**Shortages:** Both sectors face shortages, impacting care for complex cases.

### Geographical Barriers:

Transportation and limited digital access hinder rural service delivery.

### Sustainability

**Concerns:** Short-term funding disrupts continuity of care for patients with long-term needs.

## Key Takeaway

**Redirecting funds** to the **voluntary sector** offers **flexibility** and **community-based support**, but challenges like **inconsistent quality** and **lack of integration** with the **NHS** make it an **unreliable long-term solution**. A **balanced funding approach**, with proper **integration** between the **NHS** and **voluntary sector**, is essential for **sustainable mental health care**, especially in areas like Cornwall.

## Benchmarking: Cornwall and the National Picture

Cornwall faces significant **mental health challenges**, many of which reflect broader **national issues**, such as **workforce shortages**, **long waiting lists**, and **fragmented services**. However, **Cornwall's rural** and **coastal geography** amplifies these difficulties, creating additional barriers to **access** and **service delivery**. Below, we compare Cornwall's mental health service provision to **national benchmarks**, highlighting key **gaps** and **systemic issues** that require targeted **intervention**.

### 1. Mental Health Practitioner Numbers in GP Surgeries

- **Cornwall:** 19 CPFT MHPs, with 4 leaving due to financial constraints. Governments target of 46 not met.
- **National Picture:** National MHP target remains unmet, especially in rural areas.
- **Comparison:** Cornwall faces similar challenges to rural areas, with limited access and staffing shortages.

### 2. Waiting Lists for Neurodivergent Assessments

- **Cornwall:** 2-year wait for children's ADHD, 6 years for adults; 11 years for adult autism.
- **National Picture:** National wait times range from 2-5 years.
- **Comparison:** Cornwall has some of the longest wait times, reflecting a national crisis in access.

### 3. Referral to Specialist Services and Access

- **Cornwall:** 30,000 referrals, many denied care due to eligibility criteria.
- **National Picture:** Nationwide referral process struggles with delays and inconsistent care.

- **Comparison:** Cornwall's issues mirror national trends of limited capacity and strict eligibility.

#### 4. Postcode Lottery and Health Inequalities

- **Cornwall:** Rural areas suffer severe inequalities due to workforce shortages and underfunding.
- **National Picture:** Rural areas face greater disparities in mental health care.
- **Comparison:** Cornwall's challenges are compounded by rural isolation, reflecting wider UK inequalities.

#### 5. Multiple Service Providers in Cornwall

- **Key Challenges:** Lack of integration, geographical barriers, funding constraints, poor communication, limited crisis support, and gaps between child and adult services.

#### Key Takeaway:

Cornwall's mental health services face **systemic issues** common across the **UK**, such as **long waiting lists**, **workforce shortages**, and **service fragmentation**. However, its **rural isolation** and **underfunding** exacerbate these challenges. Addressing these requires targeted **investment**, **integrated care**, and **sustainable workforce strategies** for **equitable access**.

## Person-Centred Mental Health Care

Throughout this report, we refer to the importance of person-centred care. **Person-centred mental health care** is an approach that prioritises the individual's **unique needs, preferences**, and **lived experiences** in their treatment and support. It moves **beyond a one-size-fits-all** model by **ensuring care is tailored** to the person's circumstances, values, and goals. This approach recognises that mental health recovery is not linear and that individuals should have a say in **decisions** about their treatment and support.

#### Key principles of person-centred mental health care include:

- **Personalised and Holistic Support:** Treatment should consider not just medical needs but also social, emotional, and practical factors, such as housing, employment, and relationships.

- **Choice and Shared Decision-Making:** Individuals should be actively involved in decisions about their care, with access to a range of treatment options, including psychological therapies, peer support, and community-based interventions.
- **Dignity and Respect:** Services should be designed to ensure that people feel listened to, valued, and empowered throughout their mental health journey.
- **Accessible and Equitable Care:** Support should be flexible, timely, and available to all, regardless of location, background, or diagnosis.
- **Collaboration Between Services:** Integrated working between NHS providers, voluntary sector organisations, and community services helps create a seamless experience for individuals navigating the system.

We refer to **person-centred mental health care** as a guiding principle in evaluating existing services and proposing recommendations. By examining the extent to which services in Cornwall align with this approach, we aim to highlight both **strengths** and **areas for improvement** in making **mental health care** more **responsive, accessible, and effective** for individuals and communities.



# Primary Research Methods

## Research Methods

The primary research undertaken for this report utilised a **mixed-method** approach, collecting both **quantitative (statistics)** and **qualitative (feedback)** data. The research consisted of:

- **Two surveys** targeting the general population and yielded **241 responses**. Research for the survey began in **October 2024** and was live through to **January 2025**. All responses were collected anonymously in accordance with our privacy notice to protect participant privacy.
- In addition to our primary surveys, we gathered further insights through Healthwatch Cornwall's **Have Your Say** function. This is an ongoing **feedback platform** that allows members of the public to share their **personal experiences** with health and social care services in Cornwall **online, over the phone, or in person**. Data themed under mental health was collated and yielded an additional **187 responses**.
- Data was also gathered through our **Enter and View** function, which is a statutory function of Healthwatch Cornwall that allows our trained representatives to visit health and social care services. These visits helped us observe how services are delivered and gather feedback from patients, families, and staff.
- In total, we gathered feedback from **514 individuals**.
- We also submitted a **data request** to **Cornwall Partnership NHS Foundation Trust** to explore **service provider perspectives**. This request aimed to gather insights into **service capacity, successes**, and any **challenges** faced by providers in delivering care.



## Note on Participant Representation

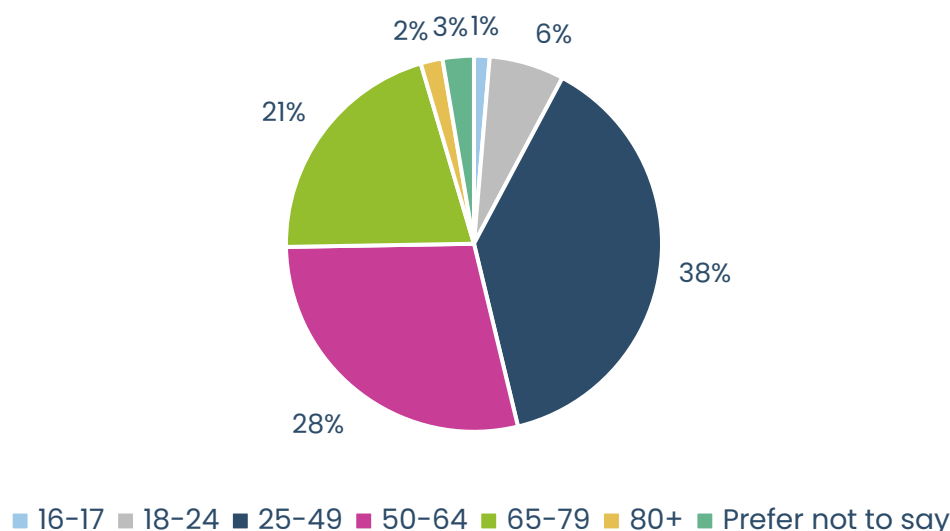
While this research generated **valuable insights**, the number of participants was **smaller** than in some of our previous reports. This may reflect the ongoing **stigma** around **mental health**, which can discourage people from **sharing their experiences**—even with **anonymity** and strict **privacy measures** in place. In **smaller communities**, concerns about being **identified** may be especially heightened.

People with more **severe mental health conditions** may also face **barriers to participation**, such as **digital exclusion** or feeling **overwhelmed** by the process—challenges reflected more broadly in **mental health research**. We remain **committed** to addressing this issue and will continue incorporating **strategies to improve engagement** in our future research efforts.

It is also important to note that while the report includes experiences of **children and young people's mental health services**, much of the **data collected** comes from **parents or carers**. **Capturing the voices of children and young people directly** is an area we hope to explore in future work, using appropriate **methodologies** and **ethical safeguards**.

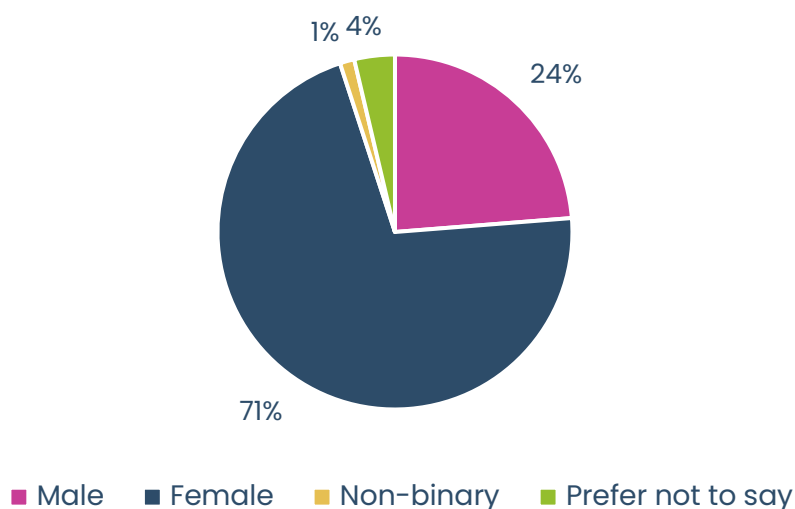
## Who we spoke to

### Age groups:



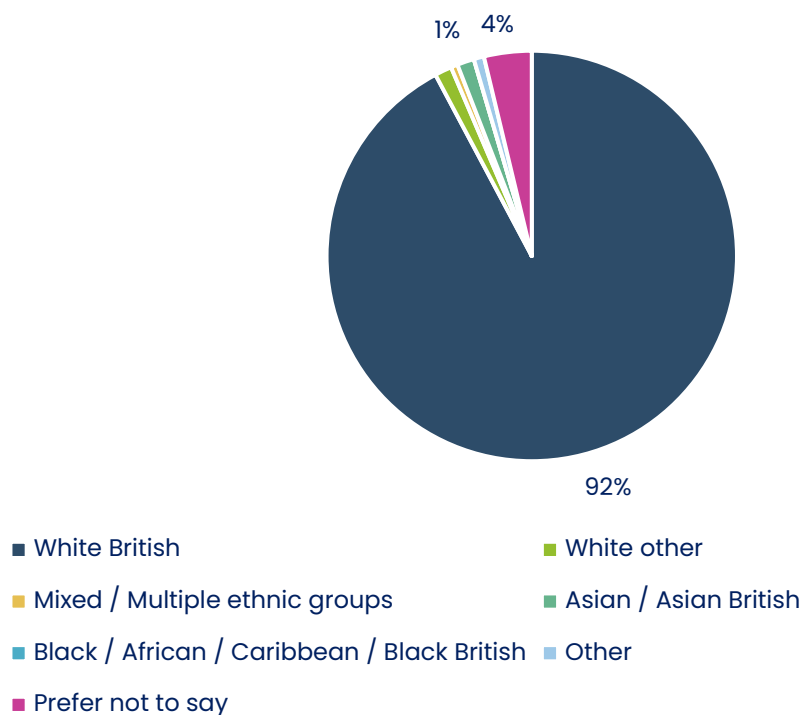
Many respondents fell within the **25–49 years** age range, with **38%** of the total. The least represented group is **16–17 years**, making up only **1%**.

## Gender:



Survey responses indicate a significantly higher participation from **female respondents (268 responses)** compared to **male respondents (90 responses)**. A smaller number of participants identified as **non-binary (5 responses)**, while **13 respondents** chose not to disclose their gender.

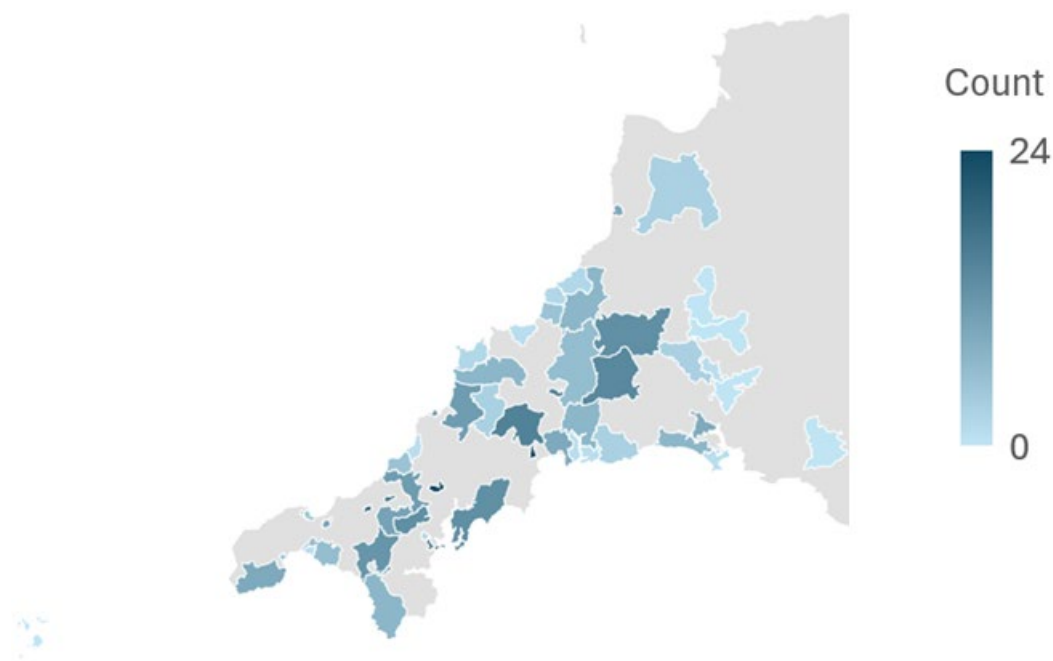
## Ethnicity:





The majority of people identified as **White British** (92%), while the other ethnic groups represent a small percentage, with **0%** from the **Black / African / Caribbean / Black British** category.

## Map of reach for the patient experience in Cornwall:



The highest density of survey responses was concentrated in **St Austell (PL25) and Truro (TR1)**, with **24 or more responses**, indicating stronger engagement in these areas. Other regions with high response rates included **Redruth (TR14) and Falmouth (TR11)**, both showing higher levels of participation.

Moderate engagement, with **15 to 24 responses**, was seen in **Bodmin (PL31), Camborne (TR15), Launceston (PL15), and the Roseland Peninsula (TR2)**, suggesting consistent but slightly lower survey activity.

Areas such as **Newquay (TR7), Penzance (TR18), Bude (EX23), and Wadebridge (PL27)** exhibited **lower response rates**, with **fewer than 15 responses**, while participation in locations like **Helston (TR13), Liskeard (PL14), and Tintagel (PL34)** remains present but at a reduced level.

## Service provider perspective

As part of our research, we worked with **Cornwall Partnership NHS Foundation Trust** to gather insights into referrals to mental health services, demand, and waiting times. As the lead organisation **for NHS-funded mental health services in the county**, their perspective was essential in understanding both the **challenges** faced and the ongoing efforts to **improve access** and **outcomes**. Through our data request, we explored key areas together by posing a series of questions, including:



We acknowledge Cornwall's mental health services have seen significant expansion over the past three years, improving access to care across key areas. Since December 2021:

- Children and Adolescent Mental Health Services (CAMHS) have **doubled their reach**, increasing from 4,050 to 8,130 children and young people receiving care annually.
- Community mental health services for adults have **expanded** from 3,095 to 6,205 people supported each year.
- The mental health crisis line has seen a **90% increase in demand**, rising from 4,114 to 7,810 calls per month.
- Perinatal mental health services now support 760 women and families, more than **doubling** from 330 in 2021.

However while these improvements demonstrate a clear commitment to expanding access, they acknowledge that demand continues to outpace capacity. Many individuals still experience fragmented care pathways, cycling between GP services, schools, and specialist providers without timely intervention.

Persistent challenges remain in areas such as autism, ADHD, and speech and language therapy, where waiting times continue to be a significant barrier. Additionally, the availability of Mental Health Practitioners (MHPs) in Primary Care Networks (PCNs) is becoming increasingly inconsistent, reinforcing the "**postcode lottery**" of access to early mental health support. The recent trend of GP practices withdrawing from MHP roles is a growing concern, further straining an already stretched system.

Moving forward, they emphasise the need for sustained investment, workforce retention, and integrated care pathways to ensure that improvements in capacity translate into consistent, high-quality mental health support across Cornwall.

## Mental Health Services and the Wider System

The **primary focus** of this report is the **data we collected directly from the public**, which centred largely on experiences of **NHS mental health services**. This was **supplemented** by data shared with us by **Cornwall Partnership NHS Foundation Trust (CFT)**, reflecting the level of **engagement** and **information available** during the research period. As a result, it was **beyond the scope** of this report to explore the role of other **service providers** in detail. However, we fully acknowledge that services such as **housing, family support, adult social care**, and wider **community-based provision** play a **critical role** in supporting people's **mental health and wellbeing**. We are committed to leading future research that explores these important connections across the broader health, care, and community support system, in collaboration with key partners, exploring these **important connections** across the broader **health, care, and community support system**.

For the purposes of this report, our focus is on **representing the voices** of those who contributed their experiences, which are outlined in **further detail** in the following sections.

# Cornish Voices: Patient and Public Perspectives

## Overview

As part of our public survey, we gathered rich **qualitative** data reflecting the **perspectives** of the Cornish community on mental health services in the county. Below, a **Word Cloud** visualises some of the **key themes** that emerged:



Through our **Surveys, Have Your Say, Enter and View** and **Background Research** data, we identified several key themes that reflect the Cornish community's experiences and perspectives on mental health services:

#### Accessibility & Availability of Services

- The ease of accessing mental health support and the extent to which services meet community needs

#### Quality of Care and Treatment Preferences

- Experiences with the standard of care provided and preferences for treatment approaches

#### Opportunities for Improved Coordination of Services

- Difficulties in navigating multiple mental health service providers

#### Barriers to Accessing Services

- Challenges individuals face, such as long waiting times, geographical limitations and service awareness

#### Impact on Individuals and Families

- The personal and wider effects of service accessibility and quality on mental health and wellbeing

#### Suggested Improvements


- Ideas from the community on how services could be better structured and delivered

## Cornish Voices: Accessibility and Availability of Services

**Access** to mental health services in Cornwall is significantly **constrained** by **geographical barriers, workforce shortages, and limited-service availability**. Many individuals struggle to access **timely** and **appropriate** care, often facing long waiting lists and a lack of urgent crisis support. These factors risk a **potentially greater** than ideal **over-reliance** on **voluntary** sector organisations instead of specialist NHS services. The voluntary, community and social enterprise (VCSE) sector plays a **vital** role in supporting mental health across Cornwall and often delivers services that **meet people's needs** in ways statutory services cannot. However, this sector is also **underfunded** and **overstretched**, and its capacity to meet growing demand should **not be taken for granted**.

## Geographical Barriers


Cornwall's **rural** and **coastal** geography poses significant challenges in accessing mental health services. Many individuals are forced to travel **long distances** or even leave the county for treatment. The lack of local support often results in **delays** and difficulty in maintaining continuity of care. Frequently mentioned out of county locations included **Plymouth, Exeter** and **Bristol**.



*"Had to go out of area to hospital on two occasions, Exeter and Bristol, [there was] no help for visitors"*

## Lack of Urgent Care

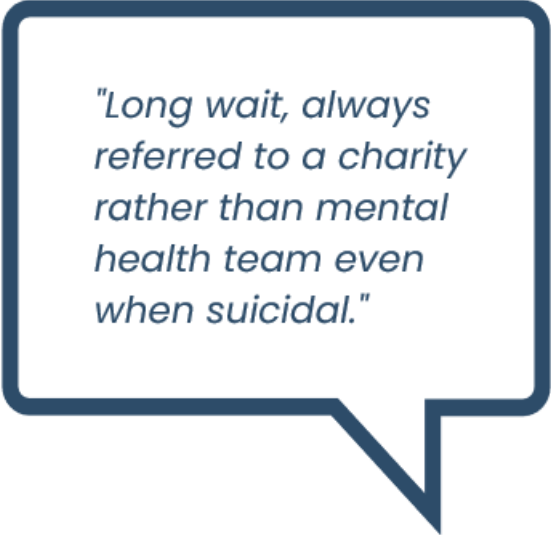
Timely access to **crisis support** is a critical issue, with reports of long waits in A&E and individuals being turned away due to not meeting crisis thresholds. Many feel **unsupported** during moments of **acute distress**.




*"GP said, 'Unless he's actively tried to take his own life, he probably isn't going to qualify for help from most of these organisations.'"*

## Limited-Service Options

Similar to a perceived lack of services for urgent mental health care, a lack of NHS-funded mental health services forces individuals to seek **private treatment** or rely on voluntary sector organisations. Many reported being referred to **charities** instead of receiving specialist care, even when experiencing severe distress.




*"Long wait, always referred to a charity rather than mental health team even when suicidal."*



*"There was quite a long waiting list...so I accessed private counselling. It was person centred, face to face and excellent."*

## Specialist Child & Adolescent Services


There were also reports of children and young people facing difficulties in accessing mental health support, with **limited psychological services** available and **long waits** for specialist intervention.



*"My child has been referred by GP but has been informed that there is no provision for psychology appointments in Cornwall at the moment."*

## Waiting Times

Central to all the identified themes was the extended **waiting lists** as a major barrier to timely mental health care, with some waiting years for assessments and therapy. **Cancellations** and **staff shortages** further exacerbate delays, often leading to **deterioration** in mental health.



*"The fact that people get worse whilst they are having to wait for their support. I was already feeling desperate, so having to wait several months was extremely hard."*

## Accessibility and Availability of Services: Conclusion

As previously identified, Cornwall's mental health services face systemic accessibility challenges, including **geographical barriers**, **inadequate urgent care**, **limited-service availability**, and **long waiting times**. These issues contribute to worsening mental health outcomes and reinforce health inequalities in the region.



# Cornish Voices: Quality of Care and Treatment Preferences

## Overview

Quality of care and treatment options for mental health support in Cornwall are frequently described as **lacking a person-centred approach**. Many individuals report that Cognitive Behavioural Therapy (CBT) is applied as a **one-size-fits-all solution**, often unsuitable for their specific needs, particularly for **neurodivergent** individuals. **Medication** is often the **default** treatment, with limited access to alternative therapies or ongoing support. Concerns were also raised about the **expertise** and training of mental health professionals, with some individuals feeling that staff lacked the necessary **qualifications** or **understanding** to provide effective care.

## CBT Perceived as a 'One-Size-Fits-All' Approach

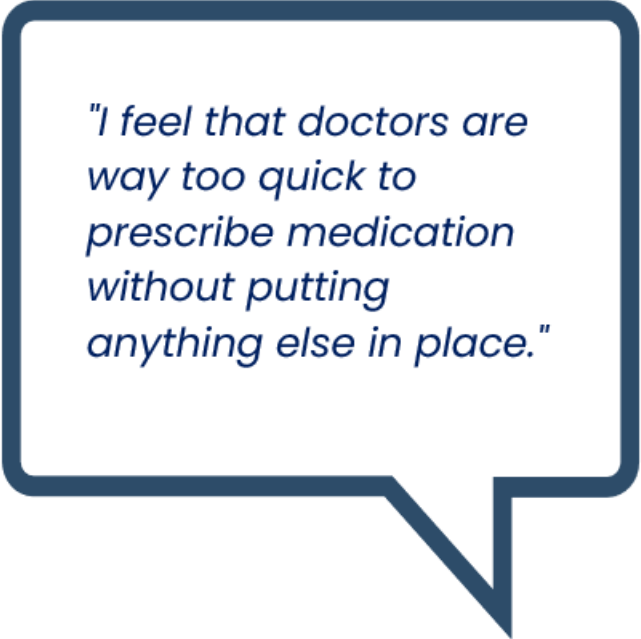
Cognitive Behavioural Therapy (CBT) is widely used in mental health services, but many respondents felt it was applied as a **universal solution**, regardless of individual needs. There were particular concerns about its **suitability** for **neurodivergent** individuals and the **limited** availability of **alternative** therapies. Several participants described CBT as rigid and ineffective. Others reported negative experiences with the **structure** and **delivery** of CBT, citing short session durations, **impersonal** approaches, and poor alignment with their specific mental health needs.

*"One-size-fits-all CBT is entirely unsuited to me and other neurodivergent patients, but no effort was made to redirect me once this became clear. 'there's nothing else.'"*


*"[My] CBT [experience] was appalling. The waiting list was three months, and it took a year to have my first appointment. It was very short and basically just a man asking me the same questionnaire every week. I had four sessions and had had enough. Not helpful in the slightest."*

## Medication Perceived as the Default Option

Many respondents felt that **medication** was often prescribed as the **primary** or **only form** of treatment, with limited exploration of other therapeutic options. While some found medication beneficial, others expressed frustration at the **lack of holistic care** or support in managing side effects. There were also concerns about the **inconsistent** availability of medication support, with some individuals reporting difficulty in accessing **ongoing prescriptions** or **reductions** in their mental health team's involvement over time.




*"I feel that doctors are way too quick to prescribe medication without putting anything else in place."*



*"CMHT used to be brilliant, but now I'm only seen once a month for medication regardless of need."*

## Professional Expertise Perceived as Inadequate

Concerns were raised about the **qualifications** and **expertise** of some mental health professionals in Cornwall. Several respondents felt that staff lacked adequate training, particularly in supporting **neurodivergent individuals** or those with **complex needs**. One participant highlighted the lack of experienced professionals. Others shared negative experiences with therapists who were perceived as inexperienced or unprofessional. In addition, service users noted **frequent appointment cancellations** due to staff shortages, further limiting access to consistent and effective care.



*"Most people I have met in this context[I feel] were not sufficiently academically qualified."*

*"It was delivered by new graduates with unrelated degrees and would say very little training in mental health."*

## Quality of Care and Treatment Preferences: Conclusion

The feedback underscores the need for a more **personalised, flexible approach** to mental health treatment in Cornwall. Addressing these concerns requires a broader range of therapies beyond CBT, better medication management, and enhanced training for professionals to ensure **high-quality, patient-centred care**.


# Cornish Voices: Opportunities for Improved Coordination of Services

## Overview


Feedback suggests that the **coordination** of mental health services in Cornwall could be improved, with individuals reporting **challenges** related to **communication**, **care pathways**, and **continuity of support**. Some service users feel that they are **discharged without adequate follow-up**, experience **multiple assessments without clear outcomes**, and encounter communication difficulties between professionals, leading to **inconsistent care** and **delays** in accessing appropriate support.

## Perceptions of Discharge Without Follow-Up


Some individuals feel that **discharge** processes **lack structure**, leaving them **uncertain about next steps** and at risk of **disengagement** from services. Concerns were raised about the absence of follow-up support after **crisis intervention** or specialist care. The **transition from CAMHS** to **adult mental health services** was highlighted as a particularly challenging point in care, with some young people feeling that they were left without **adequate support** as they moved between services.



*"I was taken off books with them at 18, but no last meeting, no transition meeting."*



*"I was discharged from crisis support without a clear plan, meaning I fell through the cracks for support."*



*"[My] GP said there was nothing else CAMHS could do for my son, so they discharged him without alternative support."*


# Cornish Voices: Barriers to Accessing Services

## Overview


Feedback suggests that individuals in Cornwall face a range of barriers when trying to access mental health services, including **difficulties navigating the system**, **financial constraints**, and challenges associated with **phone-based and digital support**. Some individuals perceive the system as **complex** and difficult to engage with, while others feel that the **cost of private care** is prohibitive. Additionally, **phone-based services**—while beneficial for some—can be a barrier for those who experience **anxiety around phone calls** or prefer **face-to-face interactions**.

## Reported Difficulties Navigating the System

Some individuals reported finding the process of accessing mental health support **overwhelming**, particularly when already struggling with their mental health. A lack of **clear information** about available services, **complex referral pathways**, and **delays in communication** were commonly cited concerns.



*"The processes and procedures that have to be negotiated trying to get help when not in a good head space has been daunting and traumatic."*



*"The problem is finding information from gatekeepers as to services available. A Catch-22 situation."*

## Reported Financial Constraints

*"4-year wait for autism assessment/diagnosis, so went private, which cost £2,000."*

The **cost** of **private therapy** was highlighted as a major barrier to accessing timely and effective mental health care. Some individuals felt they had no choice but to seek private treatment due to **long NHS waiting lists** or **limited availability** of **free services**.

*"I only got the counselling I needed because I could afford to access private therapy."*

*"Costs are a major barrier to accessing therapy."*

## Reported Phone-Based and Digital Barriers

While **phone-based support services** were seen as **helpful** by some, others found them to be a significant **barrier**—particularly those who struggle with **anxiety** around phone calls or prefer **in-person interactions**. These **challenges** highlight the need for **clearer pathways** to access **support**, **increased funding** for **free and affordable services**, and a range of **engagement options**, including **face-to-face**, **digital**, and **telephone-based services**, to meet **diverse needs**.

*"All forms of services are go to a place and talk to a person, or sign up for a service and get a call from a person. I have bad anxiety with face-to-face interactions as well as with phone calls."*

*"Mental health spoke to me on the phone, very helpful, Outlook Southwest amazing, really helpful courses."*

*"There is no 'one size fits all'...the current focus on telephone appointments only increases anxiety for people already uncomfortable with speaking on the phone."*

*"More face-to-face instead of phone calls to be able to have quicker appointments and to have more time face-to-face to express what happens to yourself in times of bad anxiety."*

*"Telephone helplines are an excellent anonymous way to talk to someone when you need to, but the wait times for a text or call back are far too high."*

## Barriers to Accessing Services: Conclusion

**Feedback suggests** that many individuals in Cornwall face significant barriers when trying to access mental health support, ranging from **difficulties navigating the system** to **financial constraints** and challenges with **phone-based services**. The **complexity of referral pathways**, perceived **lack of clear information**, and **long waiting times** contribute to frustration and disengagement from care. Additionally, the **cost of private therapy** creates inequitable access, with some individuals feeling they have no choice but to pay for treatment while others are left without support.

While **phone-based services** are beneficial for some, they are not suitable for everyone, particularly those with **anxiety around phone calls** or a preference for **face-to-face interactions**. A more **flexible, person-centred approach** to service delivery—offering a mix of **in-person, digital, and telephone-based options**—could help to address these challenges. Improving **service coordination**, increasing the availability of **free and affordable support**, and simplifying the process of accessing care may also help to reduce the barriers currently faced by individuals seeking mental health support in Cornwall.



# Cornish Voices: Impact on Individuals and Families

## Overview

Feedback suggests that **delays and inadequacies** in mental health services in Cornwall can have profound and lasting effects on individuals and their families. **Long waiting times**, a lack of **tailored support**, and **inconsistent care** contribute to worsening mental health, **emotional distress**, and a sense of **hopelessness** among those in need.


## Reported Deterioration of Mental Health Due to Delays

Many individuals described how **prolonged waits** for mental health support have significantly impacted their well-being, leaving them feeling **abandoned** and **unworthy of care**. The need to **repeatedly explain** their situation to different professionals added to their distress. Others expressed frustration that **urgent intervention** often seemed unavailable until someone reached a **crisis point**.

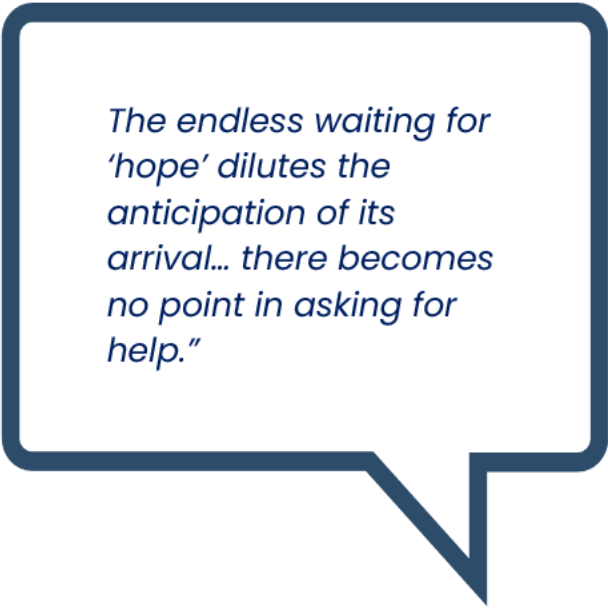
*"You have to start from scratch each time with each provider. It makes you feel like you are worthless at a time when that's the last thing you need."*

*"[It feels like] the very sick have to kill someone to get hospital treatment or seriously harm themselves for anyone to take notice."*

For some, these **delays** had **devastating consequences** on their ability to function in daily life, affecting **work, relationships, and family responsibilities**. The repeated cycles of seeking help, waiting for support, and feeling let down have left many feeling **disillusioned**, with some describing how the extended wait for treatment **diminished their hope** of ever receiving effective care.




*"Experiencing mental health issues has affected my daily life, work life, relationships, my children, and housing support."*



*The endless waiting for 'hope' dilutes the anticipation of its arrival... there becomes no point in asking for help."*

## Perceptions of a Lack of Support for Neurodivergent Individuals

For **neurodivergent individuals**, particularly those with **autism**, the lack of **tailored support** is a recurring concern. Existing services are perceived as **ill-equipped** to meet their needs, with standard treatments like **CBT** described as ineffective for autistic patients. There is **frustration** over the limited understanding of **neurodivergence** within mental health teams and the **absence of alternative interventions**.



*"[I feel that] The understanding of Neurodivergent individuals and our needs is horribly out of date."*

*"[I feel that] CBT support is unsuitable for autistic people."*

## Impact on Individuals and Families: Conclusions

The findings highlight the **profound and far-reaching impact** that difficulties accessing appropriate mental health support have on individuals and their families. **Delays in treatment** and **inadequate care** contribute to worsening mental health, leaving many feeling **hopeless, unheard, and unsupported**. **Emotional distress** is further compounded when individuals do not receive the right type of care, with some reporting that their experiences with services left them feeling **worse rather than better**. Additionally, the **lack of tailored support** for **neurodivergent individuals** creates further barriers, with many feeling that existing mental health services do not **understand** or **accommodate** their specific needs. These challenges not only affect individuals' wellbeing but also place significant strain on **families** who struggle to navigate the system and provide support in the absence of adequate professional intervention.

# Insights from Service Providers: Perspectives, Pressure and Progress

## Why We Engaged with Service Providers

To fully understand the state of mental health services in Cornwall, we engaged with **Cornwall Partnership NHS Foundation Trust**. Their insight is essential in identifying not just the challenges but also the progress being made and the opportunities for improvement. While public feedback highlights the experiences of service users, hearing from providers helps ensure that recommendations are both **realistic and achievable**.

**Cornwall Partnership NHS Foundation Trust** is the main provider of NHS mental health services in Cornwall and the Isles of Scilly. It is responsible for:

- **Delivering community and inpatient mental health care** for children, adults, and older people.
- **Managing specialist services** such as neurodevelopmental assessments, perinatal mental health, and crisis support.
- **Coordinating with primary care and voluntary sector organisations** to provide a joined-up system of mental health support.
- **Supporting people with complex needs**, including those requiring out-of-county placements due to specialist care requirements.

As the **lead organisation** for **NHS-funded mental health services in the county**, Cornwall Partnership NHS Foundation Trust plays a **crucial** role in shaping how care is delivered, making their perspective **vital** in understanding both the **pressures** on the system and the steps being taken to **improve access** and **outcomes**.

It is important to acknowledge the **strengths and assets** already present within **Cornwall's mental health ecosystem**. Services such as the **VCSE-led People in Mind programme**, the **Community Gateway**, and other **community-based initiatives** are providing **vital support** to individuals in ways that feel **person-led** and **accessible**. Existing **co-production work** and **trauma-informed approaches** already embedded in parts of the system offer **promising models** to build on. Future service development should **recognise, celebrate, and invest** in these **locally-driven resources** as essential components of a more **connected, compassionate** mental health system.

## Positive Developments and Strengths in the System

Despite the well-documented pressures on mental health services, there have been **notable successes** in recent years. Cornwall has achieved:



These developments demonstrate that when targeted investment and innovation are applied, **real improvements can be made.**

## Current Pressures and Areas for Attention

### Waiting Times

**Cornwall Partnership NHS Foundation Trust** receives approximately **5,000 mental health referrals per month** across various services. This includes **1,200 to 1,500 referrals** into specialist community mental health services for **adults of working age**, mostly from **GPs**. **Community mental health services for children and young people** receive between **1,000 and 1,800 referrals**, primarily from **schools** and **GPs**. Additionally, **1,200 to 1,500 referrals** come into the **NHS Talking Therapies service**, which mainly operates through **self-referral**, while about **420 referrals** are made to **crisis services for adults**. **Dementia and older persons' mental health teams** handle **400 to 700 referrals per month**.

Below is the number of individuals in each waiting time category:

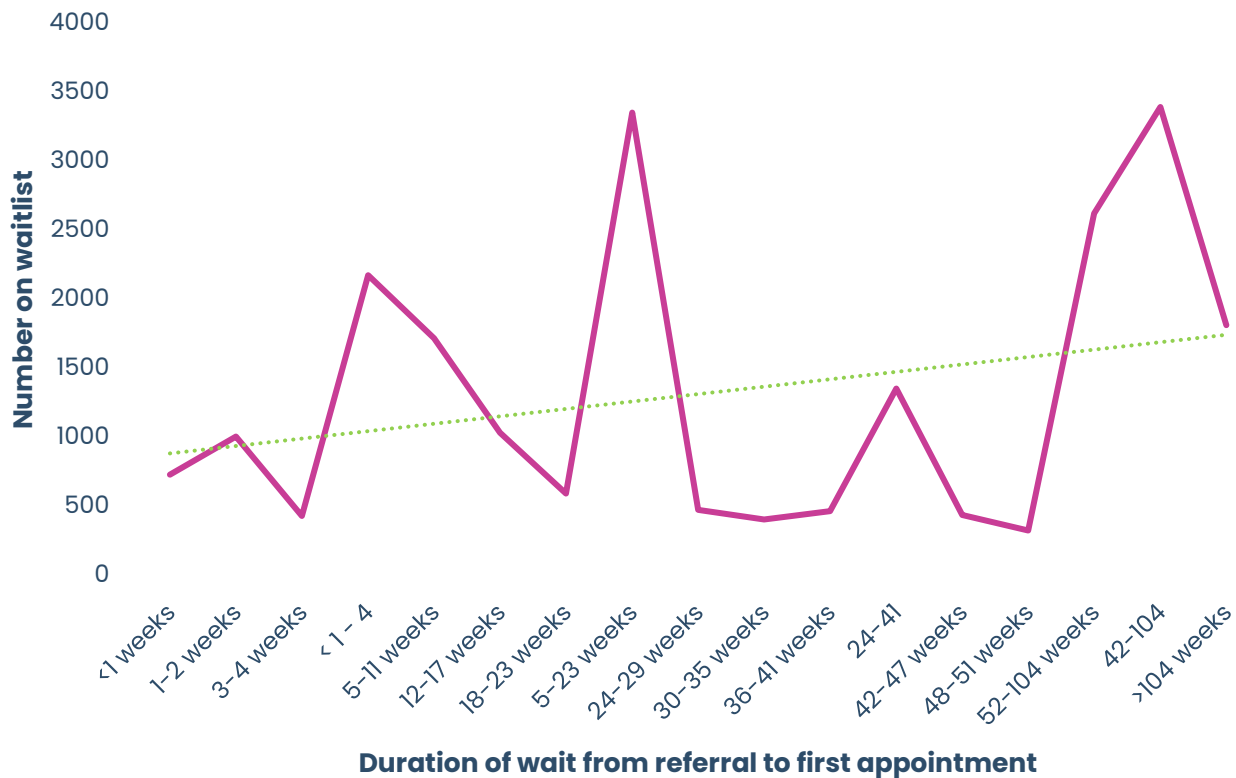


**Source:** Cornwall Partnership NHS Foundation Trust

The data shows that most individuals are waiting **42–104 weeks (3,396)**, followed by **5–23 weeks (3,356)**. A smaller group (**2,177**) is seen within **1–4 weeks**, while fewer individuals are waiting **24–41 weeks (1,356)** or over **104 weeks (1,816)**. The long waiting times in the **42–104 week** and **over 104-week** brackets indicate a significant backlog, highlighting the need for **increased capacity** and efforts to reduce delays.

So

The below graph also outlines the total number of individuals waiting for their first mental health appointment after referral to a mental health service.



**Source:** Cornwall Partnership NHS Foundation Trust

The number of people waiting for a first mental health appointment fluctuates significantly across different time intervals. A dotted green trend line suggests an overall **increase in the number of people waiting** as the wait time increases. There is a noticeable **spike around the 5-11-week mark**, where the number on the waitlist reaches a peak, followed by a **decline from 12-23 weeks**. After this, the number of people waiting remains relatively stable with minor fluctuations between **24-51 weeks**. However, a sharp rise occurs in the **52-104-week category**, reaching the highest point on the graph. Although the number declines slightly after the **104-week mark**, it remains significantly high. This pattern again suggests a **major backlog** in the service, with a substantial number of individuals waiting **over a year** for an appointment. The early spike at **5-11 weeks** may indicate a common expected wait time, possibly due to **appointment scheduling patterns**, while the steady decline between **12-23 weeks** suggests that some people are being seen, though others continue to accumulate in later time brackets. The sharp increase in long-term waiters (**52-104 weeks**) raises concerns about the system's

**capacity** to meet demand in a timely manner.

The following table presents the **waiting times** for referrals to first appointments in various children’s mental health services (**CAMHS**), showing the distribution of cases across different waiting time ranges for each specialty.

Specialty & Team	>1 week – 4 weeks	5–23 weeks	24–41 weeks	42–104 weeks	Over 104 weeks	Totals
CAMHS Learning Disabilities	17	13	9	18	2	<b>59</b>
CAMHS Specialist	177	411	64	8	0	<b>660</b>
Central ICMHT Operational	108	92	7	0	0	<b>207</b>
Children’s ADHD	34	104	118	383	37	<b>676</b>
Children’s Eating Disorders	13	13	4	2	0	<b>32</b>
Children’s Neurodevelopment Service	286	820	127	1,724	824	<b>3,781</b>
<b>Totals</b>	<b>2,177</b>	<b>3,356</b>	<b>1,356</b>	<b>3,396</b>	<b>1,816</b>	<b>1,2101</b>

**Source:** Cornwall Partnership NHS Foundation Trust

The data reveals significant variation in waiting times for children’s mental health services (CAMHS), with some specialties experiencing notably long delays. The **Children’s Neurodevelopment Service** stands out with the highest demand (3,781 total referrals) and extremely long waiting times, as a large portion of cases (1,724) are waiting 42–104 weeks, and 824 are waiting over 104 weeks. Similarly, **Children’s ADHD** also faces significant delays, with 383 cases waiting 42–104 weeks and 37 waiting over 104 weeks. In contrast, services like **CAMHS Learning Disabilities** and **Children’s Eating Disorders** generally have shorter waiting times, with most referrals seen within 1–4 weeks or 5–23 weeks, and only a few cases waiting beyond 42 weeks.



Overall, there is a clear need for increased capacity in services like **Children’s ADHD** and **Children’s Neurodevelopment Service** to reduce the extensive waiting times, while specialties like **CAMHS Learning Disabilities** appear to manage demand more effectively. Addressing the backlog in these high-demand areas could improve timely access to care and reduce the strain on mental health services for children.

The following table presents the waiting times for referrals to first appointments in key adult mental health services, detailing the distribution of cases across various waiting time ranges for each specialty.

Specialty & Team	>1 week – 4 weeks	5–23 weeks	24–41 weeks	42–104 weeks	Over 104 weeks	Totals
Countrywide ADHD	190	488	396	1015	852	<b>2941</b>
Countywide Complex Emotional Difficulties	18	14	6	1	0	<b>39</b>
Countywide Eating Disorders	11	10	0	0	0	<b>21</b>
DOPMH Community Mental Health	409	526	153	149	9	<b>1246</b>
North & East ICMHT Operational	129	109	20	12	5	<b>275</b>
West ICMHT Operational	121	115	19	1	0	<b>256</b>
<b>Totals</b>	<b>878</b>	<b>1,262</b>	<b>594</b>	<b>1,178</b>	<b>857</b>	<b>4,778</b>

**Source:** Cornwall Partnership NHS Foundation Trust

The table highlights significant variations in waiting times across adult mental health services, with the **Countrywide ADHD** service experiencing the highest demand and longest waiting times. With 2,941 total referrals, a large portion (1,015) is waiting 42–104 weeks, and 852 cases are waiting over 104 weeks, indicating a substantial backlog. Similarly, **DOPMH Community**

**Mental Health** has 1,246 referrals, with a relatively balanced distribution of waiting times, though 409 cases are seen within 1–4 weeks. In contrast, services like **Countywide Eating Disorders** and **Countywide Complex Emotional Difficulties** have fewer referrals and generally shorter waiting times, with most cases being seen within 1–4 weeks or 5–23 weeks.

Overall, the **Countywide ADHD** service faces the greatest pressure due to the high number of long-waiting referrals, while other services like **North & East ICMHT Operational** and **West ICMHT Operational** also show moderate demand but with more manageable waiting times. Addressing the backlog in ADHD services would be crucial for improving timely access, while the more balanced waiting times in other services suggest they are more capable of handling demand effectively.

## Differences Between Primary and Secondary Care

### Differences in Care Pathways

Primary and secondary mental health care serve different patient needs, with secondary/specialist services managing more complex cases. Individuals with milder to moderate mental health concerns typically receive support in primary care, while those requiring more intensive intervention are referred to specialist services.

### Referral Pathways Between GPs and Specialist Mental Health Services

There are established referral pathways between GPs and specialist mental health services, though the process varies by Primary Care Network (PCN). Some PCNs operate a mental health hub, where a multi-disciplinary team collaboratively arranges patient care. Others follow a more traditional referral model, where GPs refer patients to specialist services for assessment.

### Acceptance of Referrals from Primary to Secondary Services

Between April 1, 2017, and March 31, 2022, CPFT received 79,281 referrals into specialist community mental health services for adults. However, 55,611 of these referrals were rejected, meaning that a significant proportion of individuals did not meet the criteria for secondary care. These referrals corresponded to 38,076 individual patients, indicating that some individuals were referred multiple times.

**Total referrals received  
(2017–2022): 79,281**

**Referrals rejected: 55,611  
(70%)**

**Unique individuals  
referred: 38,076 (some  
referred multiple times)**

## Support for Patients Not Accepted into Secondary Care & Continuity of Support After Discharge

For individuals who do not meet the threshold for specialist mental health services but still require intervention, a range of alternative support services are commissioned by **NHS Cornwall and Isles of Scilly Integrated Care Board**. However, concerns remain about whether these services provide adequate, long-term support for those navigating the system alone. Further details on these services are being provided directly by the commissioning body.

Beyond initial referrals, the **lack of continuity in care** is a persistent challenge, particularly when individuals transition from hospital into the community. A mental health professional we spoke to expressed concern about the absence of structured follow-up and support, stating:

*“Who is their anchor?”*

This highlights a **critical gap** in post-discharge support, where individuals are often left without a clear plan, adequate follow-up, or connection to long-term services. Without **effective coordination** between providers, many patients risk **falling through the cracks**, leading to worsening mental health and potential readmission. Strengthening **continuity of care**—through structured handovers, dedicated key workers, and sustained community support—will be essential to ensuring individuals receive the right help at the right time.

## Neurodivergent and Autism Assessments

### Current Waiting Times for Autism and ADHD Assessments in Cornwall

Waiting times for neurodivergent assessments in Cornwall are significantly long. For adults, the **waiting time for an autism assessment is six years**, while ADHD assessments have an even longer wait of **11 years**. For children, **neurodevelopmental assessments** are provided through a combination of services, with the longest wait reaching **4.5 years**. ADHD treatment waits are also substantial, averaging **three years**.

### Referral Numbers and Waiting Lists

**Demand for neurodivergent assessments** in Cornwall remains high, with significant referral numbers recorded in **2023/24**. The **Cornwall Adult Autism Assessment Team** received **533 referrals**, while **Adult Mental Health ADHD services** had **1,749 referrals**. Referrals for **child neurodivergent assessments** (including **autism** and **ADHD**) were the highest, totalling **3,347**.

These figures highlight the ongoing **pressure on assessment services** and contribute to the **long waiting times** currently experienced.

Service	Number of referrals received 2023/24
Cornwall Adult Autism Assessment Team	533
Adult Mental Health ADHD	1749
Child Neurodivergent (Autism and ADHD)	3347

**Source:** Cornwall Partnership NHS Foundation Trust

There is a **clear disparity in waiting times** between children and adults seeking neurodivergent assessments.

**Interim Support Services for Individuals and Families**

For **adults**, there is currently **no direct follow-up support while awaiting assessment** due to capacity limitations and the high volume of people on the waiting list. However, individuals are provided with information in waiting list letters, advising them on available resources. The **Neurodevelopmental Strategy** offers **supportive strategies**, and the **Neurodevelopmental Hub** provides accessible resources to those in need.

**Barriers to Reducing Waiting Times and Future Initiatives**

The primary challenge in reducing waiting times is that **demand far exceeds capacity**. The service is actively working with **Integrated Care Board (ICB) colleagues** to determine the best next steps. The **Neurodevelopmental Strategy** is being developed to address these challenges and improve support.

*“[There has been] years of underinvestment, which is too difficult to talk about.”*  
**Mental Health Professional**

**Support for Individuals Who Do Not Meet Diagnostic Criteria**

For adults who do not receive a formal **ADHD or autism diagnosis**, alternative support is available. They are provided with a **list of non-ADHD resources** and can access **NHS Talking Therapies’ “Navigating Neurodiversity” group**, which does not require a formal diagnosis for participation.

## Meeting Needs and Bridging Service Gaps

For individuals who do not meet the **threshold for specialist mental health services**, **alternative support pathways** are available within **local communities**. Both **adults and children** who are assessed but do not qualify for **secondary care** are **signposted to appropriate services**, and **referring agents** are informed of the outcome to ensure some level of **continuity**. However, **concerns remain** about whether these **alternative services provide sufficient, structured support** to meet individuals' **needs**.

**Adults** who do not qualify for **specialist mental health care** may be referred to **NHS Talking Therapies, Primary Mental Health Support**, or **voluntary, community, and social enterprise (VCSE) services**. In some cases, they are provided with **self-help resources** or information on **online mental health support** options. Similarly, **children** may receive assistance through **Mental Health Support Teams (MHSTs)** in **schools**, which offer **early intervention and guidance**, as well as support from **VCSE partners**. While these **pathways** aim to provide some level of **care**, they may not be sufficient for individuals with **complex or ongoing mental health needs**.

**Adults who do not qualify for specialist care may be referred to:**

NHS Talking Therapies  
Primary Mental Health Support  
Voluntary, community, and social enterprise (VCSE) services  
Online mental health support and self-help resources

As previously discussed, ensuring that individuals who do not meet **specialist service thresholds** do not **fall through the cracks** is a **critical priority**. For **adults**, copies of **assessment outcome letters** are shared with both the **service user and their GP**, while all interactions are recorded within the **electronic health record system (RIO)** to maintain a **documented history of engagement**. For **children**, **schools**, **public health teams**, and **social care services** play an **essential role** in **continuing support**, but the **availability and consistency** of this support can **vary**. Strengthening the **coordination** between **primary care**, **education**, and **voluntary sector services** will be **key** to preventing individuals from being **left without appropriate help**.

To address **service gaps** and improve **early intervention**, several **initiatives** are being **developed**. These include the **expansion of Early Intervention in Psychosis (EIP) services**, particularly through the **At-Risk Mental States (ARMS) model**, which aims to **identify individuals at risk** of developing **psychosis**. **Mental Health Support Teams (MHSTs)** are also being **expanded in schools**, providing **structured mental health support** at an **earlier stage**. Additionally, efforts are being made to **increase the number of Mental Health Practitioners**

(MHPs) through the **Additional Roles Reimbursement Scheme (ARRS)**, which would strengthen **primary care-based mental health support**. **Collaboration** with the **Integrated Care Board (ICB)** is **ongoing**, with a **focus** on **enhancing mental health services**, particularly in **secondary schools**, as part of the **2025/26 strategy**.

These **developments highlight** the **importance of early intervention** and **cross-sector collaboration** in addressing **mental health needs** before they **escalate into crises**. However, ensuring that these **initiatives** are **adequately resourced** and **accessible** across **all communities** will be **crucial** in making **meaningful improvements** to **service provision**.

## Challenges and Barriers

### Key Challenges in Mental Health Service Provision

One of the most pressing challenges in Cornwall's mental health services is the ongoing imbalance between **demand** and **capacity**. The number of individuals needing mental health support continues to rise, but available resources—staff, funding, and infrastructure—are **struggling** to keep pace.

### Impact of Staffing, Funding, and Capacity on Service Delivery

Children's Services: While Cornwall has seen one of the **highest improvements** in the number of children receiving two or more contacts with mental health services, **demand still exceeds capacity**, particularly in **ADHD** and **neurodevelopmental** assessments, leading to significant waiting lists.

Adult Services: Benchmarking data indicates that Cornwall has the lowest per capita investment in both community and inpatient adult mental health care. This **financial limitation** contributes to **gaps** in service provision, with funding constraints making it difficult to expand capacity in line with increasing demand. The Integrated Care Board (ICB) plays a key role in **shaping** the financial and strategic response to these challenges.

## Innovative Approaches and Future Plans

Despite significant challenges, mental health services in Cornwall continue to **evolve**, with ongoing discussions with NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) regarding the 2025/26 service plan. These negotiations aim to secure **additional resources**,

**expand services**, and **address ongoing challenges**, ensuring that more people can access high-quality mental health care in a **timely** manner.

## Other Developments and Key Initiatives

Other efforts to improve mental health services in Cornwall include:

**Co-Production of the Mental Health Strategy:** Stakeholders collaborated on a county-wide strategy to improve mental health provision.

**Implementation of Dialog+ in Community Mental Health Services:** A new care planning approach designed to personalise mental health support.

**24/7 Mental Health Support via NHS 111:** A round-the-clock helpline providing immediate mental health assistance.

**Investment in Community-Based Alternatives:** Expansion of social prescribing and community-led support models to reduce reliance on crisis interventions.

**Expansion of Wellbeing Services by Cornwall Mind:** Increased availability of peer support groups, counselling, and wellbeing activities.

## Positive Developments and Future Outlook

Despite ongoing **challenges**, Cornwall's **mental health services** are making **notable progress**. Key initiatives such as the **expansion of Mental Health Support Teams** in schools, **Early Intervention in Psychosis** services, and **collaboration with the Integrated Care Board** aim to **reduce waiting times** and provide **proactive support** before crises occur. These efforts, alongside **increased resources** and the development of **early intervention models**, reflect a **commitment to improving access to care**. With **continued investment** and **collaboration**, Cornwall is working towards a more **sustainable** and **responsive mental health system** for all residents.



# Cornish Voices: Suggested Improvements

Before Healthwatch Cornwall offers its own recommendations, we believe it is also important to capture the voices of those who use mental health services. Public feedback has been instrumental in highlighting key areas where improvements are needed. These insights ensure that the recommendations in this report reflect the real experiences of individuals and families in Cornwall, grounding them in the actual challenges faced by those seeking support.

Common themes from public feedback emphasise the need **for greater coordination between services, increased funding**, and a more **person-centred approach**. Many individuals report feeling passed between services, experiencing inconsistent communication, and being asked to repeat their stories, which can create frustration and hinder recovery. An integrated system would help address these challenges, ensuring a smoother, more supportive journey through services. Additionally, concerns around funding shortages have been voiced, with impacts on staffing, training, and access to effective therapies. These issues contribute to the perception that mental health services are **underfunded** and **stretched**. There is also a strong desire for support that goes beyond medication, including shorter waiting times, a wider range of therapeutic options, and more tailored services, particularly for individuals with complex needs.

Ultimately, public feedback points to the importance of adopting a **compassionate, holistic** approach to care, one that builds **trust** and encourages greater **engagement** with services.





# Healthwatch Cornwall's Recommendations

As the dedicated **advocate** for **Cornwall's residents**, **Healthwatch Cornwall** is focused on ensuring that everyone has access to **timely, equitable, and person-centred mental health care** of the highest **quality**. Our **research** highlights some of the **challenges** within the current system, such as **long waiting times, gaps in service delivery, and geographic disparities**. To tackle these issues, we propose the following **actions**, which we believe are both **practical** and **attainable**.

## Why These Recommendations Are Achievable

These recommendations **use existing resources** more effectively, avoiding the need for **major new funding**. They rely on **partnerships** with **voluntary groups, community venues, and local businesses**. They focus on **practical, small changes** that can be quickly implemented. They help reduce pressure on overstretched services by providing **earlier support**.

## 1. Making the Most of the Existing Workforce

- **Use mental health practitioners (MHPs) more efficiently:** Introduce **group-based support sessions** (e.g., anxiety management, coping strategies) in GP surgeries so practitioners can help more people in the same amount of time.
- **Train admin and reception staff in mental health signposting:** Provide **basic mental health training** so GP receptionists and frontline staff can direct people to the right services earlier.
- **Support staff retention with flexible working:** Offer part-time, remote, or job-sharing options to keep more mental health practitioners in the system.

## 2. Reducing Waiting Times Without Extra Funding

- **Enhance the use of existing online self-help resources:** Strengthen pathways from current services to trusted digital therapy tools (e.g., SilverCloud, NHS-approved apps) by integrating links and recommendations into existing appointment letters, websites, and contact centre scripts.
- **Expand existing 'while-you-wait' support mechanisms:** Coordinate with current admin and clinical teams to introduce structured monthly check-ins via text/email, using existing communication systems. These can signpost people to local peer support groups, charities, and digital self-help tools already promoted by the service.
- **Adapt existing group sessions into short 'pre-assessment workshops' for ADHD/autism referrals:** Repurpose current psychoeducation or introductory groups to include content for those awaiting assessment, helping to manage expectations and offer coping strategies.

## 3. Improving Access in Rural Areas

- **Use existing community venues for mental health drop-ins:** Run **monthly mental health drop-in clinics** in **libraries, community centres, and churches** to reduce travel barriers.
- **Strengthen phone and online support for rural areas:** Ensure GP surgeries offer **video or telephone mental health appointments** for people who struggle to attend in person.
- **Work with transport providers to offer subsidised bus fares:** Explore **discounted travel schemes** for people attending mental health appointments.

## 4. Strengthening Crisis Support Without Overloading A&E

- **Train non-clinical staff in de-escalation techniques:** Teach **police, council workers, and housing officers** how to respond to mental health crises and direct people to the right support.
- **Expand the role of crisis helplines:** Use **mental health helplines for early intervention**, preventing crises from escalating to A&E.
- **Set up a 'safe space' in town centres for out-of-hours mental health support:** Partner with **local charities** to create **evening drop-in spaces** for people in distress.

## 5. Offering More Than Just CBT & Medication

- **Encourage social prescribing and activity-based support:** Make better use of **local walking groups, art therapy, and gardening clubs** as part of treatment plans.
- **Offer peer-led support groups for specific conditions:** Train **volunteers with lived experience** to run groups for **neurodivergent people, anxiety, or bereavement support**.
- **Train frontline staff in basic trauma-informed care:** Ensure mental health professionals recognise and adapt to people with trauma histories.

## 6. Making Services Easier to Navigate

- **Simplify referral processes:** Standardise GP referral forms across practices to avoid unnecessary delays.
- **Create a central online directory of local mental health services:** Keep a **simple, up-to-date website** where people can find out what help is available in Cornwall.
- **Give every discharged patient a written care plan:** Ensure people **know their next steps** after leaving mental health services.

## 7. Making Mental Health Care Fairer for Everyone

- **Offer non-phone alternatives for those struggling with calls:** Ensure people can access services via **text, email, or online chat**.
- **Strengthen mental health support in schools:** Help teachers and pastoral staff **spot early signs of mental health issues** and offer early interventions.
- **Encourage 'mental health champions' in workplaces:** Support **small businesses and employers** to create **mental health-friendly workplaces**.

## 8. Reducing Out-of-County Placements by Improving Local Support

- **Expand community-based crisis support to reduce inpatient admissions:** Increase **home support and 'step-down' services** for people leaving hospital.
- **Use local respite beds instead of sending people out of Cornwall:** Work with care homes or charities to provide **short-term crisis accommodation** locally.
- **Improve discharge planning for people returning from out-of-county placements:** Ensure smooth transitions **back to community services** with **named key workers**.

## 9. Celebrating and Strengthening Community Resources

- **Highlight and promote existing local platforms** such as the *Community Gateway* and other signposting tools that already support individuals in navigating available mental health services.
- **Recognise and support VCSE-led services**, including *People in Mind*, *Cornwall Mind*, *Pentreath*, and other partners actively delivering care through the Community Mental Health Transformation programme.
- **Build on existing co-production efforts** by embedding lived experience groups more formally in mental health service design, delivery, and review, ensuring their insights are not just captured, but acted upon.
- **Embed trauma-informed principles across all services**, building on the strong local work already shaping practice in some areas. Encourage wider awareness and training to ensure a consistent, compassionate approach.

# Final thoughts

Cornwall's **mental health services** face significant challenges, including **workforce shortages**, **long waiting times**, **fragmented service coordination**, and **inequitable access**, particularly in **rural areas**. The heavy reliance on **out-of-county placements** and **voluntary sector support** further exacerbates these issues, raising concerns about **sustainability** and **service quality**. However, despite these obstacles, there are promising developments, such as increased **collaboration** between providers, targeted **early intervention** efforts, and growing recognition of the need for a more **person-centred approach**. Addressing these **systemic gaps** requires continued **investment**, **innovation**, and **cross-sector cooperation** to create a more **accessible, effective**, and **sustainable mental health system**. The findings in this report underscore the urgent need for practical, achievable solutions that prioritise **timely care**, **service integration**, and **long-term funding stability**, ensuring that all residents receive the support they need when they need it most.

## Acknowledgements

We would like to express our sincere **gratitude** to all those who contributed to this **research** and made this report possible. In particular, we extend our thanks to the **residents of Cornwall** who generously shared their experiences and insights through **surveys, interviews**, and **community engagement activities**. We are especially grateful to the **service users** and their families who provided invaluable perspectives on **mental health services** in Cornwall. Your voices have shaped this report and strengthened our understanding of the **challenges** and **opportunities** within the system.

We would also like to thank the **mental health professionals, service providers**, and representatives from **Cornwall Partnership NHS Foundation Trust** for their time, **expertise**, and openness in discussing the realities of delivering **mental health care** in the county. Your contributions have been instrumental in highlighting key areas for **improvement** and potential **solutions**. Additionally, we appreciate the support of local **organisations, voluntary sector partners**, and **advocacy groups** who engaged with us throughout this process, offering essential **data, context**, and **recommendations** that have enriched our findings. Finally, we extend our gratitude to the dedicated team at **Healthwatch Cornwall** for their commitment to listening to the community, amplifying voices, and working to ensure that **mental health services** in Cornwall reflect the needs and priorities of those who rely on them.

# Signposting to Support

To support those reading this report, we've included a list of mental health services and support organisations currently operating across Cornwall. This section is designed as a practical resource for anyone seeking help, looking to refer others, or wanting to better understand what support is available in the local area.

## Crisis & Immediate Support (All Ages)

### Mental Health 24/7 Crisis Line – Cornwall Partnership NHS Foundation Trust (CPFT)

- **Tel:** 0800 038 5300
- **Email:** Not available for urgent contact
- **Web:** Crisis Support – CPFT
- **Open to:** Anyone of any age, 24/7

**NHS 111** provides mental health support and advice available 24/7-online

Get help for your symptoms – **NHS 111** and by **calling 111**. Call free any time, day or night if you are worried about your own or someone else's mental health. The local team behind the **24/7** open access telephone response line will listen to you and determine how best to help

## Adult Mental Health Services (18+)

### NHS Talking Therapies (Previously Outlook South West)

- **Self-referral web:** [www.cornwallft.nhs.uk/talking-therapies](http://www.cornwallft.nhs.uk/talking-therapies)
- **Tel:** 01208 871905
- **Email:** [cft.healthyminds@nhs.net](mailto:cft.healthyminds@nhs.net)
- **Open to:** 16+ for anxiety, depression, low mood, trauma, etc.

## Children & Young People (0-18)

### Neurodevelopment Services

#### CAMHS – Child & Adolescent Mental Health Services

- **Tel** (Access Team): 01209 881600
- **Tel** (Queries): 01208 251300
- **Email:** [cpn-tr.contactcamhs@nhs.net](mailto:cpn-tr.contactcamhs@nhs.net)
- **Web:** [CAMHS – CPFT](#)
- **Referral via:** GP, school, or other professionals

### Mental Health in Schools

### Mental Health Support Teams (MHSTs)

- Referrals made via school staff or school nurse
- Managed by HeadStart Cornwall and CPFT
- General CPFT contact: **01208 251300**

## Community Mental Health Teams (CMHTs)

Referral required via GP or another health professional.

- Switchboard: 01208 251300
- Email: Not listed publicly – use GP referral

## Early Intervention in Psychosis (EIP)

- Access through GP or any health professional
- Trust Switchboard: 01208 251300

## Voluntary Sector Mental Health & Wellbeing Support – Cornwall

Service	Phone	Website
<b>Cornwall Mind</b>	01208 892855	<a href="http://www.cornwallmind.org">www.cornwallmind.org</a>
<b>Pentreath Ltd</b>	01726 862727	<a href="http://www.pentreath.co.uk">www.pentreath.co.uk</a>
<b>Papyrus HOPELINEUK</b>	0800 068 4141	<a href="mailto:englandsouth@papyrus-uk.org">englandsouth@papyrus-uk.org</a>
<b>Young People Cornwall</b>	01872 222447	<a href="http://www.youngpeoplecornwall.org">www.youngpeoplecornwall.org</a>
<b>The CHAOS Group/Café CHAOS</b>	01872 246724	<a href="http://www.chaosgroupcornwall.co.uk">www.chaosgroupcornwall.co.uk</a>
<b>Shout Crisis Text Line</b>	Text SHOUT 25258	<a href="http://www.giveusashout.org">www.giveusashout.org</a>
<b>Man Down Cornwall</b>	N/A	<a href="http://www.mandown-cornwall.co.uk">www.mandown-cornwall.co.uk</a>

## Useful signposting platforms

Platform	Website	Information
<b>Cornwall Link</b>	<a href="http://www.cornwall-link.co.uk">www.cornwall-link.co.uk</a>	Directory for wellbeing services

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