

Staying With People:

What Lived Experience Tells Us
About Mental Health Support

May 2026



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EXECUTIVE SUMMARY

This report brings together in-depth lived-experience accounts from people, families and carers across County Durham and Tees Valley. It was developed in response to Tees, Esk and Wear Valleys NHS Foundation Trust's request for insight to support the development of mental health rehabilitation and reablement services.

People's stories describe the emotional reality of navigating mental health support, what helps, what gets in the way, and how experiences across crisis, inpatient and community settings influence someone's ability to engage with rehabilitation. While shared experiences stretch beyond rehabilitation alone, the themes are directly relevant to recovery, continuity, safety, and sustained engagement.

TEWV is working within a complex context of rising demand, workforce pressures and ongoing transformation across community mental health and crisis pathways. The Trust has set clear ambitions to strengthen trauma-informed practice, improve continuity of care, enhance safe transitions and build stronger collaboration with VCSE partners. This insight is intended to complement that work by bringing forward the voices of people who use services.

Across the region, people described consistent needs that strongly influence rehabilitation outcomes:

- Clear communication and reliable follow-up, with calls and appointments that happen when promised.
- One person or team who stays involved, providing continuity through transitions and periods of vulnerability.
- Face-to-face contact, especially when distressed or overwhelmed.
- Safe, coordinated discharge planning, including medication checks, involvement of families (where appropriate) and proactive contact once home.
- Trauma-informed and neurodiversity-aware support, helping people feel understood rather than judged.

EXECUTIVE SUMMARY

- Joined-up working between crisis, community and rehabilitation teams, so people are not left to repeat their history or navigate gaps alone.
- Community-based options and VCSE support, which many people rely on to maintain stability.

These themes align closely with national priorities including the Neighbourhood Health Framework, the King's Fund's work on community-based care, and NHS England's focus on relational, recovery-oriented support. They also reflect TEWV's own improvement plans and provide a human lens through which to consider future service design.

The report offers a constructive recommendation: the development of an integrated support function providing continuity, safe transitions, and joined-up community working. This reflects what people repeatedly said would help them feel safe, supported and able to sustain progress.



INTRODUCTION

Healthwatch exists to make sure people's experiences shape how health and care are delivered. As the statutory, independent voice for patients, families and carers, our role is to listen to what people tell us about their care and bring those experiences into local decision-making. This work follows that purpose. We gathered independent, qualitative insight so that lived experience can inform thinking around rehabilitation, reablement, crisis support and community mental health across County Durham and Tees Valley.

To ensure everyone had an opportunity to take part, we issued an open invitation through our channels and networks for anyone to share their experiences, including people with lived experience, carers, families, community and voluntary groups, and mental health organisations. Bringing these perspectives together, independently and in people's own words, is central to how Healthwatch helps the system learn and improve.

We were approached by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as part of their work to better understand how people experience rehabilitation and reablement, crisis responses and community mental health pathways. TEWV wanted to hear more deeply from people about what helps, what gets in the way, and what it feels like to move through services in real life. This insight supports that work by highlighting the human impact behind system processes and ensuring lived experience sits at the heart of future service development.

These themes are not new. They reflect what people have told Healthwatch for several years through our wider, ongoing engagement across the region, whether through community drop-ins, surveys, informal conversations, or feedback from carers, families, VCSE groups and staff. What this focused piece of work has allowed us to do is explore those themes in far greater depth.



'These themes are not new.'



INTRODUCTION

Alongside our regular intelligence, we gathered a series of detailed, personal lived-experience accounts, stories that show the emotional impact of navigating services, the human cost of gaps in support, and the difference it makes when care is compassionate and joined-up. These in-depth personal stories do not replace our broader insight; they strengthen it. They give a richer, more qualitative understanding of why the same issues keep appearing, and why change is needed now.

The stories shared with us reflect the emotional reality of delays, confusing communication, frightening crisis responses and experiences of being passed between services. They also highlight the moments where people felt heard, understood and supported, reminders of what good care looks like, and why relational practice matters.

This is a qualitative report: it focuses on people's stories, emotions and experiences, not numbers. Its purpose is to help shape conversations about how mental health support across County Durham and Tees Valley is planned and delivered, grounded firmly in the voices of those who use it.



Photo by [Michelle Henderson](#) on [Unsplash](#)

COUNTY DURHAM – What People Told Us

Across County Durham, people described experiences that felt confusing, frightening or unsafe, especially around hospital discharge, crisis support, and being judged on how they looked rather than how they felt. Many spoke about being discharged too quickly, without medication or information, and without anyone checking whether they were safe when they got home.

ND's Story: 'They saved my life.'

ND, a former A&E nurse, lives with Dissociative Fugue Disorder. She can appear calm or capable on the outside while deeply distressed inside, something she felt staff didn't understand. During one crisis she became homeless and lived in her car for months, with no phone. Her family had recordings of her distress, but she felt dismissed and judged instead of supported.

A distressing confrontation in public with a member of staff from TEWV, led her to withdraw completely from services. What kept her going were three local charities, Horden Together, East Durham Trust and The Arch, who offered warmth, basic essentials and emotional safety. At the time of speaking to Healthwatch, she had barely left the house in a year.

Other experiences from County Durham

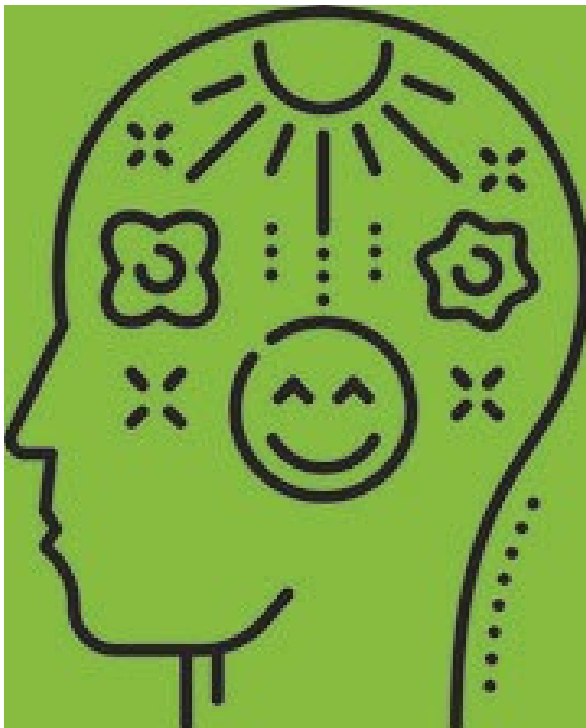
- CF described being told they were discharged, then not, then suddenly given 10 minutes to leave, with no medication or follow-up. They went home frightened and confused.
- JN has experienced years of distress and uncertainty, and relies heavily on long-term community support. She worries about what will happen when that support ends.

COUNTY DURHAM – What People Told Us

What people in County Durham said they needed

- “Someone who stays involved.”
- Face-to-face support when distressed
- A safe discharge, medication, checks, clarity
- Clear communication and updates
- Advocacy
- Community support that feels familiar and welcoming

“People to stop looking at the paperwork and just look at the person.”



“Someone
who stays
involved.”

TEES VALLEY – What People Told Us

Across Tees Valley, people consistently told us about long waits for support, calls that never came, crisis responses that didn't always feel safe, and being passed between teams without anyone joining things up. These concerns were raised in every area we engaged with, and they continue to surface through our ongoing conversations with local people.

To understand these experiences in more depth, we gathered detailed personal stories from individuals across the region. These accounts show the emotional impact of delays, unclear pathways and inconsistent crisis responses, as well as highlighting the approaches that help people feel supported when services work well. Together, they present a clear picture of where the system is struggling, and where effective practice is already making a positive difference.

Lived Experience from Tees Valley

Claire's Story – 'I just want someone to listen.'

Claire has struggled with her mental health since she was a teenager. After an overdose, she went to A&E asking for help. A member of the mental health team spoke briefly, said their shift was ending, and no-one came back. Claire received no follow-up contact. She later asked for a medication review and was referred on, but waited months.

When the call finally came, most of the appointment involved repeating her history. She has often felt not believed, even when suicidal, and has been passed between crisis, community teams and secondary care with no clear communication about who is supposed to be helping her. She wants something simple:

- To be listened to
- To be taken seriously
- To know who is responsible
- For appointments and calls to actually happen

TEES VALLEY – What People Told Us

Stories from across Tees Valley

People in other parts of Tees Valley described similar issues, some with acute complexity:

- A mother of four repeatedly told she was 'not unwell enough' or 'too complex,' despite frightening crisis episodes at home and no follow-up after emergency responses.
- A man with severe psychosis whose mum described six-week relapse cycles, crisis calls defaulting to police, and being refused support when alcohol was involved, leaving her terrified and alone during suicidal statements.
- A young woman told she couldn't access eating-disorder help because she had a baby, discharged while still unwell, and passed repeatedly between services. The EIP team was the only service that truly listened and stayed with her.
- A carer supporting her adult son with lifelong memory impairment described crisis calls triggering police, bureaucracy blocking basic tasks, and feeling exhausted after 40 years of supporting him.
- A woman seeking anonymity due to her job described being labelled 'too complex,' placed on months of check-in calls only, having appointments cut short, and receiving warning letters after administrative changes.

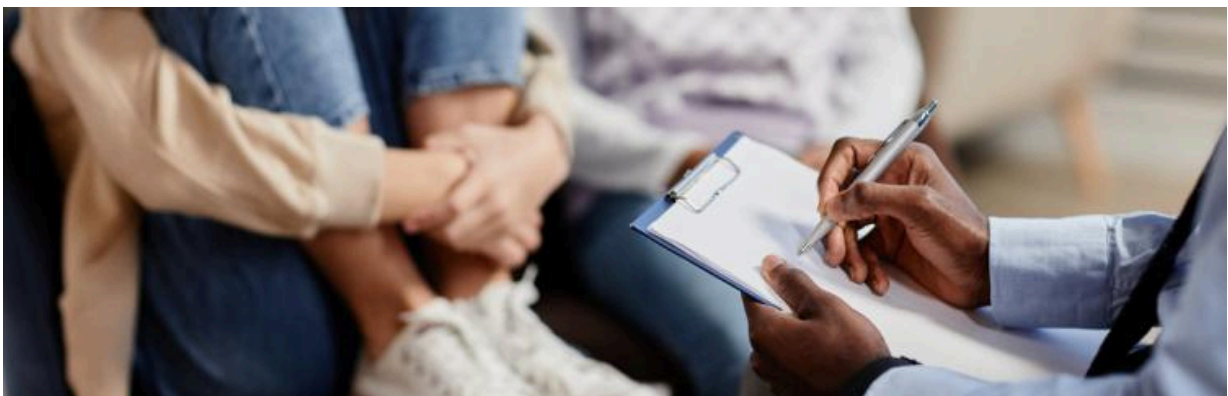
These stories look different on the surface, but underneath they describe the same themes as Claire's:

- Long waits
- Missed calls
- Unclear plans
- Crisis responses that don't feel safe
- People being left to carry risk on their own.

TEES VALLEY – What People Told Us

What we heard again and again across Tees Valley

1. **It's hard to get in.** People wait weeks or months; digital or phone-only systems don't meet their needs.
2. **Promised calls don't happen.** People are left unsafe and unsupported.
3. **Phone-only support isn't enough.** When distressed, people want face-to-face contact, not calls.
4. **Crisis responses don't always help.** Advice that feels dismissive, police involvement that escalates distress, or refusal if alcohol is involved.
5. **People feel judged or not believed.** This stops them seeking help next time.
6. **People get stuck between services.** Passed in circles with no one taking ownership.
7. **Discharge and follow-up feel unclear.** Some didn't know they'd been discharged; others had no idea who would contact them.
8. **Digital barriers get in the way.** No credit, no phone, apps that are hard to use when unwell.
9. **Community matters.** People value peer support, safe local hubs, and wraparound help, not signposting.



What People Told Us Would Help – In Their Own Words

Across County Durham and Tees Valley, people said they want:

- “Please call when you say you will.”
- Face-to-face options when things feel overwhelming
- One person or team who stays involved
- Clear updates so they aren’t left wondering
- Services talking to each other
- Stronger advocacy
- Peer support and lived experience groups
- Support that doesn’t punish them for being unwell, including alcohol-related distress
- Local, familiar community support that feels emotionally safe

Bringing County Durham and Tees Valley together

Across both areas, people described the same underlying issues:

- Being moved between services with no one taking responsibility
- Struggling to navigate digital and phone-only systems
- Crisis responses that don’t always de-escalate
- Discharge and follow-up moments feeling unsafe
- Carers carrying huge emotional and practical burdens

This work shows that people’s experiences are consistent across County Durham and Tees Valley, and that lived experience has an important role to play in shaping how mental health support is planned and delivered.

“Please call when you say you will.”



RECOMMENDATIONS: What People Told Us Needs to Change

The following recommendations are directly informed by the lived experiences people shared across County Durham and Tees Valley.

The insight gathered across County Durham and Tees Valley revealed the same gaps again and again: people feel passed around, unsafe during transitions, frightened in crisis, and left without support at the very moments they need it most. Families and carers are carrying enormous emotional and practical burdens. Children are witnessing distressing events that no child should ever have to see. Yet people also told us clearly what does help, continuity, someone who stays involved, honest communication, carer support, and stronger community links.

We believe the most meaningful response to what people have shared is to focus the available resource on one integrated Rehabilitation & Reablement Support Team working across County Durham and Tees Valley. This team would directly address the gaps people described and bring together the human elements that make the biggest difference.

1. A small, specialist team that provides follow-up after discharge and crisis

People repeatedly told us they were discharged without a plan, without medication checks, without clarity, and without the reassurance of a follow-up call. Many described the period immediately after discharge as the most frightening and unsafe time.

This team should begin working with a person before discharge, not afterwards. People told us they need support while still on the ward, enough time to build rapport, contribute to the discharge conversation, and help make sure the plan is realistic and actually implemented. A short period of overlap with inpatient teams would give people confidence, reduce fear, and make the transition home feel safer.

RECOMMENDATIONS: What People Told Us Needs to Change

This team would:

- Contact people within 48 hours of discharge
- Check in again within 7 days
- Confirm medication, follow-up appointments and safety plans
- Involve families and carers (where appropriate)
- Ensure no one goes home alone without support

This addresses the single biggest risk people spoke about: unsafe transitions.

2. One named worker who 'holds the plan'

People told us they feel they don't fit anywhere in the system. They are moved between GP, crisis, Talking Therapies and secondary care with no one joining up the picture. The absence of an 'anchor' worker leaves people vulnerable.

This team would provide:

- A named worker who builds a relationship
- Someone who coordinates care and updates
- Someone who stays involved through ups and downs
- Someone who helps people get to appointments
- Someone who spots early signs that things are deteriorating

This recommendation answers the strongest message from lived experience: **"I need one person who stays."**



'People feel they don't fit anywhere in the system.'

RECOMMENDATIONS: What People Told Us Needs to Change

3. Trauma-informed and neurodiversity-informed support

Some of the most distressing accounts came from crisis responses and inpatient contacts where people's trauma, autism or neurodiversity were misunderstood. People described responses that escalated fear.

This team would:

- Help crisis and frontline teams understand trauma responses
- Reduce sensory overload
- Support communication in ways that don't overwhelm people
- Co-produce 'what helps me' information
- Promote calmer, more compassionate responses in moments of distress

This approach would reduce avoidable trauma and make support feel safer and more human.

4. Support for families and carers

Carers described feeling invisible, terrified and exhausted. Many are holding significant risk on their own, especially during relapse or crisis, and some described children witnessing distressing events with no support offered to them.

This team would:

- Offer emotional and practical support to carers
- Maintain contact with families during periods of deterioration
- Ensure carers understand the plan and who to contact
- Check that children in the household are safe and supported

This directly reflects what families told us: **"We're carrying this alone."**

RECOMMENDATIONS: What People Told Us Needs to Change

5. Stronger partnership with VCSE organisations

In many of the most extreme stories, people told us the only help they actually received came from community and voluntary organisations, often stepping in at times of crisis with warmth, food, fuel, conversation or safe space.

This team would:

- Link directly with VCSE partners
- Offer warm handovers (not just signposting)
- Collaborate on wraparound support
- Make community support a routine part of the plan

This strengthens the very relationships people say keep them afloat.



RESPONSES

North East & North Cumbria Integrated Care Board

"Thank you for sending us your latest report, which provides lived experience and insight from service users, carers and professionals on their concerns regarding mental health support. After reading and considering the content of the report, we would like to provide the following response:

"We are really pleased that TEWV have worked proactively with Healthwatch to better understand how people experience specialist mental health rehabilitation and reablement services and support. The findings in this report will be helpful in shaping next steps to improve pathways for people who need this type of specialist care.

"We recognise that there is a broader range of feedback in the report about wider community and urgent mental health services. These experiences are really important for us to hear and we are committed to continue to hear from people using services to continue to improve the support they are able to access.

"The themes within the recommendations are already being actively considered as part of existing workstreams in both County Durham and Tees Valley to improve community mental health provision and urgent mental health care. The findings from this report will directly support and help shape this work, which includes improving hospital discharge support, further development of care navigation, ongoing system wide training within all providers in relation to neurodiversity and support for families and carers.

"We are aware that through transformation programmes over the past 5 years, strong relationships have been forged with many VCSE organisations locally, and that the Trust are committed to continue to build on this to ensure, as systems, we are able to meet the full range of people's needs in the best possible way, together."

RESPONSES

Tees, Esk & Wear Valley NHS Foundation Trust (TEWV)

“As part of our commitment to co-production and service improvement, we approached Healthwatch to provide support with engagement activities and the gathering of insight and feedback on people’s experiences of mental health rehabilitation services.

“We welcome and appreciate this feedback, which, alongside further engagement within our local communities, has directly shaped a programme of investment responding to the issues and opportunities identified.

“As we move forward, rehabilitation teams will continue to work collaboratively with partners across our local communities to ensure services are embedded in ways that promote equitable access and respond to local need.

“Our rehabilitation transformation programme is underpinned by a clear commitment to improving outcomes for people, strengthening access to support, and enabling recovery as close to home as possible. As part of this service transformation, we have committed to the following core principles:

- Ensuring equity of service provision across both inpatient and community rehabilitation teams
- Expanding community-based rehabilitation to better support people in their own homes
- Improving access to therapeutic and meaningful activities that support recovery
- Ensuring timely and appropriate access to psychological therapies across the rehabilitation pathway

“We remain committed to working in partnership with service users, carers, Healthwatch, and our local communities as we continue to enhance and improve mental health rehabilitation services.”

Jamie Todd, Director of Operations and Transformation, TEWV

RESPONSES

University Hospitals Tees

“University Hospitals Tees (UHT) would like to thank Healthwatch Tees Valley and Healthwatch County Durham, and all those with lived experience who shared their stories within this report. We recognise the courage required to speak openly about distressing experiences and are grateful for the insight this provides.

“We recognise that many of the issues raised are longstanding and require sustained, system-wide effort. During 2026/27, our focus will be on embedding trauma-informed care, improving discharge safety and follow-up, enhancing staff confidence and capability, and continuing to work closely with people with lived experience and partner organisations.

“We welcome ongoing dialogue with Healthwatch and remain committed to ensuring lived experience continues to shape meaningful improvement in mental health care across University Hospitals Tees.”

Emma Nunez, Chief Nursing Officer, University Hospital Tees

Read the full response from UHT here: [UHT full response to report](#)

Starfish Health & Wellbeing

“The themes in this report are exactly what we hear in our sessions. People say they feel invisible, not cared about, and not treated like human beings. There is such a clear gap between what services offer and what people expect, want and need when they are in crisis.

“The value of this report is that it brings these experiences together and gives them a voice. If we use this insight well, it offers a real chance to drive meaningful change for the people who need it most.”

Catherine Wakeling, Operations Director, Starfish Health & Wellbeing

RESPONSES

Red Balloons

"This report makes for difficult reading, but none of it is surprising. We hear similar stories time and time again from people lost in the system, removed from waiting lists after a single missed message, told to 'man up' when in crisis, refused support if alcohol or drugs are involved, or discharged without warning after decades of care.

"People diagnosed with personality disorders are sometimes treated badly, dismissed, ignored, refused medication reviews and made to feel like attention seekers instead of people asking for help.

"Alongside other small, under-resourced charities, we plug the gaps where the system fails. Community peer support works, open access, no barriers, no assessments. Yet the resources rarely follow the need. This report is thorough, reflects the reality people face every day, and its recommendations align strongly with what people with lived experience say good mental health support should look like. "

Leigh Trimble, Chief Executive Officer, Red Balloons



NEXT STEPS



This report will be shared with TEWV, University Hospitals Tees, the ICB, local authorities and VCSE partners. Each organisation has an important role in addressing the themes people raised around continuity, discharge safety, crisis responses, communication and the emotional impact on families.

Healthwatch will:

- Present the findings through local and system-wide governance structures
- Support TEWV to embed lived experience into rehabilitation and reablement development
- Share full case studies with partners where appropriate, to support learning, training and compassionate practice
- Continue engaging with people across all areas to build on this insight
- Work alongside VCSE partners to ensure community voices are heard in service planning
- Monitor progress and bring people's feedback forward as changes begin to take shape

We will continue to focus on lived experience, ensuring that the voices heard in this report remain central as partners respond to the findings.

THANK YOU

We want to thank every person, family member and carer who shared their experiences with us. Many of the stories in this report were difficult to tell, and we are grateful for the trust people placed in Healthwatch to share them safely and anonymously.

We also thank the community and voluntary organisations across County Durham and Tees Valley who supported people to take part, and the mental health partners and hospital teams who engaged openly with this work.

By sharing such honest experiences, people have helped create a clearer picture of what needs to change, and a foundation for more compassionate, joined-up mental health support across our region. We hope this report supports a shared commitment to improving experiences for people and families across our region.

“ Thank you ”



APPENDICES

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APPENDIX A – Full Lived Experience Case Studies

County Durham & Tees Valley

This appendix contains the full anonymised case studies that underpin the themes in this report. These stories have been included in detail to ensure transparency, to show the depth of what people shared, and to illustrate the emotional reality behind the patterns described in the main report.

Each case study is presented exactly as told to Healthwatch, with identifying details removed.

COUNTY DURHAM

APPENDIX A1. ND's Story – "They saved my life."

ND is a former A&E nurse living with Dissociative Fugue Disorder, a condition where she can appear outwardly composed or capable while experiencing severe internal distress. She explained that her 'nurse mode' often masked her true emotional state, leading professionals to assume she was coping when she was not.

Her mental health deteriorated suddenly and dramatically. During crisis episodes, she lost her home and spent 6–7 months living in her car, with no phone and no stable place to go. She described feeling dismissed by statutory services, even when her family presented both voice and video recordings showing the severity of her episodes.

Unsafe discharge and being turned away

ND described being discharged from Lanchester Road because she was 'able to drive,' despite her family having clear evidence that she was not safe. On another occasion, staff saw her assisting another patient and assumed she was 'fine', not understanding that this was a trauma-based coping response she slipped into under stress.

She was told to leave the ward within an hour.

Stigma and withdrawal from services

A staff member from TEWV later confronted her in a supermarket and asked why she was not answering calls, calls she could not receive because she had no phone while living in her car.

ND said: "Merrick House broke me."

She shut down completely and avoided contact with mental health services for months.

The support that kept her alive

What prevented her from giving up entirely were three VCSE organisations:

- Horden Together — they spoke to her even while closing up for the day.
- East Durham Trust — they provided fuel vouchers so she could stay warm in her car.
- The Arch — they helped with food and basic essentials.

She said plainly: "They saved my life."

Where she is now

ND is now housed but isolated. At the time of interview, it was the first time she had left her home in a year, and she was not receiving active support despite clearly still needing it.



"They saved my life."



APPENDIX A2. CF's Story – “I didn't know what was happening.”

CF described a chaotic and frightening discharge experience:

- They were told they were being discharged.
- Then told they were not – because paperwork hadn't been signed.
- Then given 10 minutes to leave the ward.
- They were discharged with no medication, no tests, no psychiatric review, and no aftercare.

CF went home frightened, confused, and without understanding what had caused their episode or how to prevent another.

APPENDIX A3. JN's Story – “I worry what happens next.”

JN has been previously sectioned and has long-term mental health needs. She describes:

- Periods of stability supported by Richmond Fellowship, who have been central to her wellbeing for a decade
- Deep anxiety about what will happen if her current support ends
- Previous experiences of being dismissed, including a GP once telling her, ‘that's just the way you are.’

She fears being left without support in the future, especially when structured sessions (such as those at the Goodall Centre) come to an end.



**“ I worry what happens
next.”**



TEES VALLEY

APPENDIX A4. Claire's Story – 'I just want someone to listen.'

Claire is 28. She has struggled with her mental health since her teens.

Crisis and no follow-up

Last year, she reached crisis point and took an overdose. She went to A&E, distressed and asking for help. A mental health practitioner spoke to her briefly but said they were about to finish their shift. No one returned to speak to her, and she eventually left. There was no follow-up contact.

Long waits and repeated retelling

Afterwards, Claire contacted her GP because her medication didn't feel right. She was referred to a mental health practitioner, but waited months for a call. When the call came, she spent most of the conversation repeating her history.

She asked for a medication review and was told someone would call. No one did.

Not believed

Claire says she is often not believed, even when she talks about suicidal thoughts. She has been told:

- 'If you were suicidal, you wouldn't be here.'
- 'Don't threaten us.'
- 'Saying you're suicidal doesn't mean you get help right now.'

"If you were suicidal, you wouldn't be here."



Passed between services

Claire has been passed between crisis services, community teams and secondary care with no clear explanation of:

- Why she's being referred
- Who is responsible
- Who will call her next
- What the plan is

One team said they didn't know why she'd been referred. Another discharged her without informing her.

What Claire wants:

- To be listened to
- to be taken seriously
- Clear information
- A worker who stays involved
- Updates that actually come
- Consistency
- Honesty

APPENDIX 5. L's Story – "Somebody please help me."

L is a neurodiverse woman in her 30s and a mother of four. Her mental health has worsened due to perimenopause and unresolved physical health issues.

Refused inpatient care

She has repeatedly been told she is:

- 'not unwell enough,' or
- 'too complex'

for inpatient admission.

Frightening crisis responses

Her mother, P, described crisis teams arriving 'in body armour,' alarming the children. Staff told the family 'there is nothing we can do,' with no follow-up.

During crises, L cries: "Somebody please help me."

Broken promises and loss of trust

Foxrush promised a three-day programme and a home visit. They phoned once, and never came.

Feeling unsupported, L began ordering medication online. When professionals found out, all her medication was stopped immediately.

Family pressure

Her mother and partner carry the burden of daily care, crisis management, and protecting four children while navigating a system that offers little continuity.

APPENDIX 6. B's Story – "I came off the phone crying."

B lives with severe psychosis and relapses every six weeks. His mother, C, has supported him his entire life.

Unpredictable and unsafe responses

B is often discharged before he feels ready. When he deteriorates, services can take up to two weeks to respond.

Crisis calls leading to police

Since the move to 111/option 2, crisis calls now default to police attendance, which:

- Frightens B
- Escalates distress
- Leaves C feeling unsafe and unheard

The night C was left alone with a suicide risk

B called one night saying he had:

- Drunk a litre of vodka
- Taken diazepam
- Wanted to sleep
- Told his mother where he wanted to be buried

When C called for help, crisis services refused to attend because he had been drinking.

She said: "I came off the phone crying and couldn't sleep."

C is terrified of what will happen when she is no longer there to support him.

APPENDIX 7. 26-Year-Old Woman's Story

This young woman has struggled for years to be taken seriously.

- She was repeatedly given antidepressants without assessment.
- After developing an eating disorder, she was told she couldn't access specialist help because she had a baby.
- She was discharged from inpatient care while still unwell because her weight had increased slightly.

Foxrush made initial contact and never followed up. The Early Intervention in Psychosis (EIP) team was the first service that listened, involved her, treated her kindly, and followed through.

	Access to services
	Quality of treatment

APPENDIX 8. S & A's Story

S has cared for her son, A, for 40 years. A has ADHD and severe lifelong short-term memory impairment, meaning he forgets things within minutes, including whether he has eaten.

A self-medicates with alcohol and cannabis when overwhelmed.

Six-week cycle

A has predictable six-week deterioration cycles, but no service plans around this pattern.

Crisis responses that escalate fear

Since 111 was introduced, crisis calls trigger police, which makes things worse.

S said: "I feel emotionally shattered."

She described banks, benefits systems and services that do not adapt to his memory impairment, leaving her to navigate everything.

**"I feel emotionally
shattered."**



APPENDIX 9. N's Story

N sought anonymity due to her job and accessed Talking Therapies out of area.

Talking Therapies said she was 'too complex' and referred her to TEWV.

Months of waiting and risk calls

N spent months on monthly check-in calls, with no actual support.

An incomplete psychiatric assessment

One psychiatrist couldn't take on her case. Another didn't use the full appointment and said her difficulties were 'grief-related.' She was discharged, despite disagreeing.

System changes that harmed her

When reception was removed in 2024:

- Messages she left weren't picked up
- She attended appointments while unwell to avoid penalties
- She received warning letters for missed appointments
- These letters were shared with her GP and remain on her record

N eventually took three months off work. She said she would welcome video appointments but not telephone calls.

'Talking Therapies said she was too complex.'



Disclaimer:-

All findings in this report are based on the lived experiences shared with Healthwatch Tees Valley and Healthwatch County Durham. Our aim is to highlight challenges within local health and care services and support meaningful improvements.

Before publication, all feedback was shared with the relevant services to provide an opportunity for response. Any updates included reflect the collaborative work undertaken to improve outcomes for local people.

healthwatch

Working together across Tees Valley