North East Essex Community Asset Mapping

Mental Health

North East Essex Health & Wellbeing Alliance

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Contributers

Healthwatch Essex are an independent voice for the people of Essex, helping to shape and improve health and social care services in the county. We believe that people's views and lived experience of health and care matter, so we're here to make sure your voice is heard and responded to. Healthwatch Essex collects data and lived experience from the public of Essex relating to health and social care services, and uses that information to inform the way services are designed and delivered. It is important to us that the work that we do creates meaningful change.

Community Voluntary Services Tendring (CVST) is the local infrastructure organisation for Tendring. A registered local charity run by local people for local people we support local communities by empowering individuals and groups. CVST provides a range of services including volunteer recruitment, training, assistance with project development, funding advice, and organisational guidance and support for local charities and community groups. We work to promote community wellbeing, social inclusion, and collaboration among local residents. By fostering volunteer-ism and enhancing community connections, CVST plays a crucial role in strengthening the social fabric and improving the quality of life in Tendring.

Community360 is a registered charity and company limited by guarantee. Originally formed in 1968, the charity is an established anchor organisation working to achieve positive outcomes for local people across Essex, but with important bases in Colchester and Braintree. The charity's purpose is "Through partnership working we will foster resilient, thriving, and inclusive environments so everyone can live their best lives." Our activities and the effects of what we do are diverse. We endeavour to provide voluntary organisations with passionate, intelligent leadership, investing in bringing people together to co-develop and deliver impactful programmes of work that address local priorities.

1. Introduction

1.1 Context:

This report is part of an ongoing series focused on mapping community assets within the voluntary and community sector in North East Essex (NEE) to support the local health and social care system. Since 2019, these reports have aimed to enhance understanding of local communities by leveraging the knowledge and experiences of community groups and leaders. Initially, Community360 (C360), Community Voluntary Services Tendring (CVST) provided overviews of voluntary sector activity in Colchester and Tendring. Healthwatch Essex provided the 'lived experience elements of the reports. The partnership evolved to produce seven targeted reports between 2020 and 2023 and explored how community-based interventions supported wellbeing across different life stages and health needs, aligned with the six 'Live Well' domains.

Currently, this partnership is exploring five key health priorities aligned with the Suffolk and North East Essex Integrated Care Board, as well as aligning with mental health priorities in other areas such as Southend and Thurrock (Cf. SET MH Strategy). This report specifically focuses on mental health - framed not just as the absence of illness, but as a dynamic state of wellbeing influenced by factors such as socioeconomic status, discrimination, early-life adversity, and social isolation. With mental health issues worsening in the wake of the pandemic and amid widening inequalities, community and clinical assets that promote mental health are increasingly vital.

Given the broad scope of mental health, this report concentrates on suicide prevention to better understand and evaluate mental health provision in NEE. Suicide prevention offers a focused entry point to examine both general and targeted support for those at higher risk of poor mental health outcomes. The report aligns with the UK Government's 2023 national suicide prevention strategy, which includes goals such as improving evidence-based interventions, supporting high-risk groups, ensuring effective crisis response, and promoting online safety and bereavement support.

To explore these areas, the report is structured around three key themes: Suicide Prevention in High-Risk Groups, Community-Based Intervention, and Crisis Support. These themes help assess current support structures in NEE and how they align with national strategic objectives.

To clarify terminology. "Crisis support" refers to immediate intervention for individuals in suicidal crisis, while "preventative measures" aim to maintain good mental health and prevent individuals from reaching a crisis point.

These include activities from mental health services to broader wellbeing initiatives. The report's analysis, informed by government strategy and local engagement, considers both high-risk groups and general population needs within NEE.
The Lived Experience Themes section of this Executive Summary Report captures key themes from the lived experiences central to this work, offering a glimpse into the powerful narratives shared.
Finally at the end of this report you will find the recommendations that arising from both the Asset Mapping and a summary of the Lived Experience work.

1.2 Target Areas

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) identified high-risk localities for suicidal ideation based on Public Health Management data, focusing on ideation rather than suicide completion.
In Colchester, two wards - Berechurch and Shrub End - were highlighted. Berechurch, with a population of 10,898, shows significant deprivation (score of 26.5 vs. Colchester's 16.9 average) and includes three Lower Super Output Areas (LSOAs) among the 30% most deprived in England. The ward's hospital admission rate for self-harm is 162.6 per 100,000, double the town average. Additionally, 34.2% of older residents live alone, higher than the town's average of 29.9%, suggesting social isolation as a contributing factor.
Shrub End, Colchester's third most populated ward (12,309 residents), has a slightly elevated deprivation score of 19.3 and two LSOAs in the bottom 30% nationally. The ward has a younger demographic and a high self-harm hospitalisation rate of 213.8 per 100,000 - more than double the town average. Similarly, 36.3% of its elderly population live alone.
In Tendring, focus areas include Harwich & Kingsway and The Bentleys & Frating. Harwich & Kingsway, with 3,700 people, is the third most densely populated Tendring ward and ranks 12th in household deprivation (19.9% of households). It has the third highest self-harm hospitalisation rate in Tendring (261 per 100,000). Additionally, disability is prevalent in 33.7% of households, and 21.7% of residents are aged 50 - 64.
In contrast, The Bentleys & Frating has a smaller population (3,400) and lower deprivation (12.2%). It records a low self-harm rate (85.2 per 100,000) and a slightly higher 50-64 age demographic (22.6%). The data highlights varying mental health challenges across wards, influenced by deprivation, age, and social isolation.

2. Methodology

2.1 Asset Mapping Research

For the purposes of this research, we reviewed the definition of assets and agreed to adopt the description which matches the ARU Overcoming Barriers to Health and Wellbeing report produced by Oonagh Corrigan:

- ·A community asset is defined as any factor or resource which enhances the ability of individuals, groups, communities, populations and/or institutions to maintain and sustain health and wellbeing and to help reduce health inequities. (Morgan and Ziglio, 2007)

- Community assets can take a variety of forms including activities, support groups, social networks and community spaces/places. A defining feature is that they have their roots in the community with the aim of benefiting community members. (Corrigan et al, 2020)
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Using the principles of Asset-Based Community Development (ABCD), Community360 and CVST conducted asset mapping by first reviewing government strategy and NICE suicide prevention guidelines.
This then provided a framework for identifying and categorising useful mental health assets. Initial mapping used search engines, official registers, and local intelligence, including databases and partnerships like One Colchester and Tendring Together.
Researchers then conducted semi-structured interviews with local service providers to understand their roles, challenges, and support for mental health and suicide prevention. Due to limited local assets, the research was expanded to include clinical practices for deeper insight into care pathways.

2.2 Lived Experience

Healthwatch Essex conducted semi-structured interviews with healthcare professionals, third sector staff, and individuals with lived experience of mental illness and suicidal ideation. Interviews lasted 30-60 minutes and explored personal challenges, diagnoses, treatments, and support experiences.
Recognising the sensitivity of the topic, an anonymous online survey was also offered to allow people to share their experiences safely, particularly for those who might find interviews distressing. The survey was widely promoted through partner networks, resulting in over 20 responses, while 14 in-person interviews were conducted across North East Essex.

Additionally, more than 70 professionals from clinical and community settings - including primary, secondary, and crisis care - shared insights into their roles, challenges, and observations of mental health needs in the area. All participants provided informed consent, and data was anonymised.

3. Suicide Prevention and Mental Health Support for High Risk Groups

Building on the UK Government's National Suicide Prevention Strategy, this section examines the specific challenges faced by high-risk groups in maintaining mental health and preventing suicide. It focuses on both nationally recognised groups and additional vulnerable populations identified through local engagement with the North East Essex (NEE) Suicide Prevention Operational Group and other stakeholders. The aim is to better understand their experiences and needs to inform targeted, effective support strategies.

3.1 Survivors of Domestic Abuse and Sexual Assault

Survivors of domestic abuse (DA), inter-partner violence, and sexual assault (SA) are at higher risk of suicidal ideation. Interviews revealed that many survivors face stigma when accessing health services, often avoiding care due to fear of judgment or having their experiences used against them.
Mental health services were frequently described as overly medicalised, focusing on diagnoses rather than individuals, leading to feelings of alienation and disengagement among survivors. Community organisations in North East Essex (NEE) who often advocate for these individuals felt that mental health professionals may dismiss symptoms by attributing them solely to trauma, neglecting the person's unique needs.
A trauma-informed approach is crucial to address this. This involves creating safe, trusting environments; supporting personal choice; ensuring continuity of care; and empowering survivors. Organisations like CARA and Next Chapter exemplify this model, while initiatives such as Healthwatch Essex's trauma card and awareness campaigns (e.g., J9 and Ask for Angela) promote trauma sensitivity. However, trauma-led practices remain limited within formal mental health services in NEE and require further integration.

3.2 Personality Disorders

Personality disorders (PDs) encompass a range of conditions - including borderline, schizoid, narcissistic, and antisocial personality disorders - characterised by enduring patterns of thoughts and behaviors that deviate from cultural expectations.

People diagnosed with PDs are at a heightened risk of suicidal ideation and attempts, often influenced by symptoms such as strained relationships or feelings of worthlessness, and frequently complicated by co-morbidities like complex childhood trauma and substance abuse. PDs affect approximately 4.4% of UK adults and up to 52% of psychiatric outpatients, underscoring their significance as a high-risk group for suicide prevention.

Clinical guidelines from NICE recommend treatment through specialist multidisciplinary teams employing person-centered care plans. However, interviews with service users and professionals indicate that frontline healthcare staff can lack the expertise to adequately address the complex, varied nature of PDs and related co-morbidities. Patients frequently report feeling misunderstood and dismissed, with care sometimes reduced to generic treatments like antidepressants or cognitive behavioral therapy (CBT), which do not sufficiently address the nuanced needs of PD sufferers.

While it is important to note that there is a dedicated Essex-wide PD pathway, this stigmitising approach has more widley led to patients reporting feeling unrecognised, stigmatised, and underserved within statutory physical and mental health services services, especially in primary care settings, resulting in poorer health outcomes and increased risk of suicidal behaviour.

The complexity and individuality of PDs mean that treatment must be highly tailored, recognising the unique trauma histories and psychosocial factors each patient experiences. People with PDs require specialised support beyond standard mental health services. Failure to do so creates barriers to accessing care and worsens mental health outcomes.

In North East Essex, and in addition to the dedicated PD pathway, dedicated initiatives exist to meet this need. The Haven Project offers a comprehensive care model for people with personality disorders and complex trauma, integrating recovery programs, crisis prevention, therapeutic support, and community activities. This approach emphasises client involvement in care planning and values lived experience, fostering understanding and empowerment. Additionally, Mid and North East Essex Mind provides both one-to-one and group support specifically tailored for individuals with personality disorders. These community based services illustrate the importance of specialised, nuanced care for people with PDs to better support their mental health and reduce suicide risk.

3.3 Veterans

Colchester, being a military town, has a significant population of serving soldiers and veterans who often face mental health challenges. In 2022/23, 13.2% of UK Armed Forces personnel accessed military healthcare for mental health reasons, up from 10% in 2020/21. Transitioning from military to civilian life can be difficult, with veterans facing loss of daily structure, purpose, housing, family, employment, and financial issues - all factors impacting mental wellbeing. Traumatic experiences during service can further exacerbate these struggles.

The 2021 Census shows that 4% of Tendring District's residents aged 16 and over are veterans, totaling about 5,000 individuals, with 8.9% of households including at least one veteran. These rates exceed national averages, reflecting Tendring's strong military connections.

Veterans primarily access mental health support through OP Courage, an NHS specialist service that helps with transition, early mental health issues, trauma, addiction, and links with other agencies. Other services include OP Fortitude for homelessness and OP Nova for veterans involved in the justice system.

Many GP surgeries in Colchester and Tendring are Veteran Accredited, meaning they identify veterans during registration, assign clinical leads trained in veterans' health, and maintain NHS Armed Forces network engagement. This accreditation aims to improve veteran healthcare through better recognition and tailored support. However, when asked, some GP staff were unfamiliar with the accreditation commitments.

Beyond formal clinical services, various community and peer-led veteran support groups operate in North East Essex, providing additional tailored assistance to veterans' mental health and wellbeing.

3.4 Dual Diagnosis

Dual diagnosis refers to individuals experiencing both severe mental illness (such as schizophrenia, bipolar disorder, or severe depression) and substance misuse simultaneously. These coexisting conditions often worsen each other, requiring specialised treatment. Suicidal ideation can be a symptom of these illnesses, making appropriate support crucial. A lived experience account highlighted challenges in accessing help, where disclosing sobriety led to being redirected to a substance misuse service rather than receiving integrated care. Understanding available clinical and community resources to support people with dual diagnoses is essential for effective mental health and suicide prevention efforts.

A full list of the community assets are listed in the appendices to this report. In addition to these, there are a number of peer-to-peer support groups relating to different substance abuse issues within Colchester and Tendring.

North East Essex (NEE) offers good community-based support for substance abuse, covering various addictive substances and including short-term psychological counseling focused on sobriety. However, challenges remain, particularly for students accessing peer-led support. While Open Road operates within the University of Essex, some students find its approach too formal and prefer peer support groups. Unfortunately, existing peer groups often cater to older demographics, making them less relevant and accessible for students.

Despite generally strong provision for dual diagnosis (DD) support, system-level integration issues persist. SNEE Integrated Care System (ICS) is intended to have a dedicated DD support worker within community care or drug and alcohol services to coordinate multi-agency collaboration and bridge clinical and community services. However, this role is currently vacant, causing difficulties in referrals between services. Professionals report being unable to refer patients directly to mental health services, limiting access for those with complex needs.

Co-morbidities between substance misuse and severe mental illness pose unique challenges, as substance-focused counselling may only address symptoms rather than root causes, such as self-medication. The absence of a DD support worker exacerbates this gap, which can leave patients within community pathways without access to necessary clinical care.

Further complicating access is the NHS policy requiring patients to achieve sobriety before receiving secondary mental health services. This creates a paradox where individuals need mental health support to become sober but cannot access it until sober, resulting in a cyclical barrier to care. This problem arises from the lack of integrated commissioning between community and clinical services and the restrictive sobriety policy, where patients can be caught in a ‘referral roundabout’ with no clear pathway out.

3.5 Neurodiverse Individuals

Autistic and neurodivergent individuals in Colchester and Tendring face considerable barriers in accessing appropriate mental health care. With neurodivergence affecting around 15% of the population - equating to approximately 51,000 people in the area - the need for tailored support is substantial. Autistic individuals are at a higher risk of suicide, often due to social isolation, stigma, and limited access to services. A lack of autism-specific adult services and limited understanding within NHS mental health provision can exacerbate these challenges.

Nationally, diagnosis is often delayed, particularly for girls, who may mask symptoms and do not fit traditional diagnostic criteria. This leads to missed or late diagnoses and inadequate support. The process from initial referral to diagnosis can take years, leaving families without necessary assistance.

Post-diagnosis services are also limited - particularly for autism, which has no specific medical treatment, therefore community organisations play a crucial role in filling these gaps. EXTRA Support for Families, MAZE, Summit Services, Autism Anglia, and Essex Carers Network offer workshops, peer support, art therapy, navigation services, and resources for both individuals and families.

4. Community Based Intervention

To evaluate community-based mental health support in North East Essex (NEE), a three-fold classification system is used. This includes: 1) Maintenance Assets, which promote general wellbeing and positively impact mental health; 2) Generalised Mental Health Support, which addresses common mental health issues or mild symptoms; and 3) Specialised Mental Health Support, which targets specific diagnostic groups or vulnerable cohorts at higher risk of poor mental health. This framework enables a comprehensive and inclusive assessment of the NEE's community-based mental health resources, capturing both broad and targeted support systems essential for overall mental wellbeing.

4.1 Maintenance Assets in North East Essex

An inquiry into community-based interventions in Colchester's Berechurch and Shrub End reveals no specialist mental health support services based within the wards. However, expanding the definition of mental health assets beyond medicalised support highlights several valuable community resources. When considering wider social determinants - such as physical activity, faith or spirituality, lifelong learning, and opportunities for social interaction - these areas offer assets that can contribute to improved mental wellbeing. Research supports the positive impact of such factors on building mental health resilience. Berechurch and Shrub End provide important non-clinical support that promote mental health in broader, holistic ways. In Berechurch and Shrub End, mental health maintenance assets focus on faith, physical activity, and education. However, a gap exists in the lack of community spaces, previously filled by St Cedd's Community Hall.

In Great Bentley, the Good Neighbours group provides valuable community support, including a service directory, social car scheme, neighbourhood watch, road stewards, and short-term medical aid loans. Residents rely on mental health support from the wider Colchester area, prompting further investigation into available services across North East Essex.

4.2 Generalised Assets: Access to Counselling Services

In North East Essex (NEE), Therapy For You provides NHS Talking Therapies, offering online or phone-based CBT for common mental health conditions like anxiety and depression. However, long waiting times of 4–6 months and limited support for complex cases hinder its effectiveness. In contrast, Reach Out for Mental Health offers free counselling with shorter waits of 4–6 weeks.

There is good access to affordable and free counselling across NEE. Organisations such as Colchester Institute, Mid and North Essex Mind, Life Force, and CARA support adults and young people. Youth Enquiry Service and Teentalk Harwich focus on individuals up to age 25, while Heads 2 Minds, Tendring Wellbeing Intervention Services, and Clacton Coastal Mental Wellbeing offer broad support, including CBT and resilience training. Connect Without Limits aids autistic youth, and Blossome CIC supports families affected by addiction. Citizens Advice Tendring runs a mental health hub offering skill-building placements for recovery.

Despite these services, community awareness is low. Many residents are unaware of these resources, often being referred to crisis-focused services like The Sanctuary. However, there have more recently been changes to the services commissioned from The Sanctuary with an early intervention and prevention pathway from Wellbeing Walk-in, 121 support and then crisis support. The Sanctuary is also commissioned in a way whereby it is an entry point into VCS support.

Promoting these services is essential to reduce pressure on NHS provision. However, there is a risk that increased awareness may also strain capacity. To mitigate this, services must be expanded and supported to manage rising demand effectively.

4.3 Generalised Assets: Peer Mental Health Support

In North East Essex, Peer Mental Health Support (PMHS), delivered by Essex Partnership University Trust (EPUT), offers 12–16-week tailored support for individuals with common mental health conditions such as anxiety or depression. PMHS support workers draw on their own lived experiences to guide and advocate for clients, helping them engage in social activities and navigate medical needs. The approach is informal and personalised, aiming to empower individuals and reduce the sense of alienation often associated with clinical mental health services.

While PMHS is designed for common mental health issues, support workers report difficulties assisting clients with more complex conditions or co-morbidities, where personal lived experience may no longer align. In such cases, support may become less effective or even counterproductive, leading workers to signpost clients to more specialised services better suited to their needs.

Beyond PMHS, Colchester and Tendring benefits from a variety of informal, peer-led mental health groups that promote social interaction and shared experiences. These groups offer valuable community-based mental health support.
Additional services include Essex Wellbeing Service, which addresses broader emotional wellbeing, and EPUT Employment Services, supporting individuals to find or retain employment despite mental health challenges. Adult Community Learning offers free courses in mental health recovery, wellbeing, and employability.
These community resources, combined with targeted support services, contribute significantly to mental health resilience across North East Essex, although challenges remain for individuals with more complex mental health needs.

4.4 Specialised Assets: Condition/Cohort Specific Peer Support
Individuals with long-term health conditions are at greater risk of experiencing mental health challenges, including suicidal thoughts. In Colchester, alongside general peer mental health support, there are condition- and cohort-specific peer support groups designed to help manage the mental wellbeing of those with chronic illnesses or belonging to vulnerable groups. Veterans and LGBTQ+ individuals, for example, may face additional mental health challenges due to their life experiences or social marginalisation.
These specialised groups provide essential support by offering peer-led insights, self-management strategies, and access to relevant resources.
Given the wait times for NHS services like Therapy For You, limited awareness of other free or low-cost counselling options, and the constraints of general Peer Mental Health Support (PMHS), these targeted peer groups often serve as a vital alternative. They empower participants through shared experience, helping them manage both mental and physical health more effectively in a supportive, understanding environment.
In addition to this there are a number of national helplines available to those who prefer to reach our in this way.
Despite a wide range of specialised mental health support in North East Essex, key gaps remain.
Mind Welcome Cafes help fill some gaps, offering safe, welcoming spaces for informal mental health support and connection. Aside from the Welcome Cafe and Port In A Storm there are few resources in Harwich.

Several of the assets that serve the communities of Great Bentley and Harwich, and indeed the whole of Tendring are based within Colchester and services are provided on an outreach basis.

Tendring Community Transport services mean that community members can access support elsewhere in Tendring. Tendring Community Transport (TCT) is a well established and accomplished Community Transport scheme, that provides wheelchair accessible, door-to-door transport, for people of all ages. Additionally, Harwich boasts its own dedicated community transport services: Harwich Connexions (HC). HC operates community transport services for residents of Harwich, Dovercourt, Parkeston and surrounding villages.

5. Crisis Support

5.1 Crisis Care in North East Essex

In North East Essex (NEE), the Urgent Care pathway comprises comprises four 'core' teams

Home First, Hospital Liaison, Crisis Response, and the Joint Response Vehicle. Each delivers distinct crisis care - ranging from ward-based mental health assessments to urgent, emergency, and mobile interventions. Assessments help develop personalised action plans including brief interventions, signposting, referrals, or home treatments. Most Crisis Response referrals come from the 111 option 2 service and community partners. However, service users report difficulties reaching the crisis team due to staffing issues and inappropriate calls from non-patient sources, which increase demand and delay response times, especially at night.

From a Commissioning perspective across both Health and Social Care the below are the MH teams linked to crisis care:

- Mental Health Liaison Core 24 Team
- 111 (Option 2) & Crisis Response Home Treatment Team
- Mental Health Joint Response Vehicle
- Approved Mental Health Professionals
- Samaritans
- Sanctuary – crisis alternative
- Dementia Intensive Support Team (isn't a dementia crisis support but a MH crisis support for those with dementia)

A major gap in NEE is the absence of a dedicated crisis pathway for people with personality disorders (PD), notably Borderline Personality Disorder. These individuals can present with severe distress or self-harm, frequently requiring hospital admission, which may be unhelpful or non-therapeutic. Current services are not tailored to chronic PD needs, indicating a need for specialised PD crisis support to improve outcomes.

Community-based crisis support is available through the NEE Sanctuary in Colchester and Clacton, offering support via Wellbeing and Individual Support pathways, addressing mental health and social determinants. Harwich's Port In A Storm provides weekly confidential support for those feeling suicidal or mentally unwell, filling a local service gap previously reliant on more distant crisis services.

5.2 Bereavement by Suicide Support

Previously, the SNEE ICB Bereaved by Suicide Service was previously the primary provider of tailored, multi-disciplinary support for individuals grieving the loss of someone to suicide. This service addressed the unique and complex nature of suicide bereavement to protect mental health. However, the loss of funding put the future of bereavement support in North East Essex at risk.

St Helena offered an alternative bereavement service, but lengthy wait times meant some individuals faced delays that could extend beyond the critical grieving period, potentially worsening mental health outcomes.

To address this gap, Mid and North East Essex Mind stepped in to provide dedicated support for those affected by suicide loss. Starting in spring 2025, the Mind group will run one structured session per month, initially supporting two cohorts. The pilot aims to expand the service if successful, ensuring accessible and timely support for bereaved individuals in the region and reducing the risk of adverse mental health consequences.

6. Lived Experience Themes

To capture first-hand patient perspectives, Healthwatch Essex launched an online survey inviting residents within the areas of focus at Colchester and Tendring to share their experiences of accessing support for their mental health and suicidal ideation. Participants were given the option to provide contact details for follow-up, which led to a number of in-depth, one-to-one interviews. The following key points below reflect the insights and stories shared during those conversations:

6.1 What people in our communities told us:

6.1.1 Participants' stories highlighted the complex and varied origins of their mental health challenges. One described a long journey through multiple diagnoses that included depression, anxiety, OCD, BPD, and bipolar disorder.

For another, struggles stemmed from living with complex PTSD, while one participant traced their difficulties back to early experiences of bullying and a lack of emotional support at home, which led to long-standing feelings of isolation and lack of self worth. A severe depressive episode was triggered by domestic abuse for one individual, while for another, financial hardship and personal stressors significantly worsened their mental health. One participant grew up in a household marked by intense physical and emotional abuse, profoundly affecting them and their siblings. Others shared experiences of being neurodiverse or living with long-term, undiagnosed or misdiagnosed mental health conditions.

6.1.2 Some participants highlighted a lack of personalisation in their care journey, with a lack of clarity and explanation about their condition. This could be improved with single touch point / data capturing to support the patient without a repetition of their circumstances to each care professional.

“I do feel like I have been passed around a lot, but I know who I’ve been passed on to, if that makes sense. By the time I’d gone from GP to the mental health nurse, and then from them to secondary care, it can sometimes be 3, 4 or 5 times that I’ve told my story, and obviously you don’t want to just say the same thing word for word again and again. It can be a bit soul-destroying, really. If you’re not in the right state of mind, it can be quite upsetting.”

“They’re good at saying you’ve got a diagnosis, but haven’t got the time to explain it to you or even give you things to take away and understand your diagnosis. I can’t explain to [my family] what is wrong with me, because I don’t understand it either.”

6.1.3 Across nearly every conversation, participants emphasised how impactful it was to feel genuinely seen and heard, and how damaging it could be when they were dismissed or invalidated. A suggestion could be to review each patients first connection with services for ensuring patients felt heard.

“[My primary care mental health nurse] actually went out of her way to make sure that I got that appointment. She could see that I just kept on hitting barriers, and she made sure that I actually got assessed properly. Which really meant a lot to me.”

“On particular bad day, I rang the community mental health team and I got put through to someone who was an occupational therapist. He was amazing, because he listened and wasn’t patronising, so I latched on to him and he almost became my unofficial care coordinator. He was a key player for me when he shouldn’t have been, because he cared enough to want to help and was confident enough that if he got me into the right areas, that I would get there eventually. It just made you feel like you weren’t going mad.”

6.1.4 Participants expressed concern about an over-reliance on prescription medication as a superficial fix rather than part of a comprehensive support plan, while highlighting the transformative impact that counselling, compassionate person-centered care, and peer support groups had on their recovery.

“I went to a doctor, but he just put me on antidepressants. I thought they didn’t really work at the time, but I maybe didn’t give it enough time because I had no idea about mental health at all. I didn’t know what antidepressants were.”

“All you get told is that this tablet will help. It’s like a Band-Aid, they just cover it up and send you on your way.”

6.1.5 Several participants had become their own advocates, researching treatments, requesting and following up on referrals, and coordinating their own care whilst navigating mental health and social support services.

“The first thing I say to them is, ‘Just to let you know, I’ve got complex PTSD. They’re just like, ‘Oh, right.’ They were so dismissive and took no notice of me. I know what I’m talking about, I’m very clear and precise when it comes to my health. I’ve researched it, I’ve done all the workshops, so I’m not babbling. I would have done anything just to not feel how I felt, but I didn’t have the ability to not feel it, because the whole thing with CPTSD is that you’re not in control.”

“I feel like I’ve learnt over the years that those who scream the loudest are the ones that seem to get the help more. But you get the people that sit there, like, ‘Well, I’m not going to bother them because what’s the point? They’re not going to help me.’ So they just suffer in silence.”

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6.1.6 Guilt and the fear of being a burden were deeply embedded themes across many participants’ accounts. Several described feeling responsible for the emotional well-being of others, often suppressing their own distress to avoid causing worry. Several participants described downplaying their symptoms in A&E or at their GP because of shame or fear of judgment. While some participants acknowledged growing societal awareness around mental health, many felt that stigma persists with there being a taboo around discussing mental health, particularly among men and those living in smaller communities. A common concern was that disclosing the full extent of their struggles might lead to judgment, dismissal, or even a loss of autonomy.

“I always feel guilt over everything. I pretend that I’m fine an awful lot so I don’t worry anybody. I feel like I’ve already put them through enough. You can try and explain it, and then you just feel like they’re worried, so you have to tell them, ‘No, it’s fine, everything’s fine now.’”

6.1.7 Local GP surgeries were often the first port of call for participants when they were needing support with their mental health. Patients are encouraged to self-refer into NHS talking therapies, which was difficult for those with low motivation or self-worth. When in crisis, some reported receiving good support from 111 option 2, while others felt invalidated or dismissed. Some participants presented themselves at A&E when in crisis, and they described their experiences as at times chaotic, overwhelming, and distressing.

“The GP I’ve got now is absolutely amazing. She has always got time for you, ‘If there’s anything you need, even if you just want to talk, I’m here,’ but effectively, what she has told me is that she can only do so much. ‘I’m just a GP, I’m not a psychiatrist. But the bottom line is that it always comes back to us. We’re always left to deal with everything.’ I’ve just been discharged by the Community Mental Health Team back to my GP too, which she’ll be glad to know.”

“They were desperately trying to get me to go home, but I felt that if I did, then I’d be overlooked. I thought that I was too much of a risk to myself. I was told I would be two to three nights in A&E, but luckily I only spent one night there. The door was going constantly, but I managed to get an hour or two of sleep because I hadn’t slept for days.”

6.1.8 Several participants accessed the Mid & North East Essex Mind Crisis Cafe and Sanctuary services in Colchester and Clacton and described them as lifelines in the absence of long-term NHS mental health care.
“The Sanctuary were a really good resource. I used them over the phone and face to face, they were very supportive and helped me through many dark days.”

6.2 What people working in local statutory and community services told us:
We also spoke with professionals from both statutory and community services who support individuals in the target areas experiencing mental health challenges, to better understand the key themes and risk factors they commonly observe within their client base. This is a summary of the findings from those conversations:
6.2.1 Addiction, Homelessness and the Justice System
Many individuals seen within services face a recurring cycle of substance misuse, unstable housing, and involvement in the criminal justice system. Suicidal ideation and self-harm was commonly reported. Often these cases are underpinned by unresolved trauma, undiagnosed neurodiversity and untreated mental health issues.
Substance misuse is frequently a coping mechanism, yet those with histories of addiction could be excluded from mental health support, missing crucial intervention opportunities. Addiction and mental health are deeply intertwined but are typically treated in isolation, and professionals called for better integration and cross-service collaboration. Shame and stigma, especially when addiction arises from prescribed medications, contributed to isolation and delays in seeking help. Mental ill-health and addiction are also key drivers of homelessness, which is rarely caused by a single issue. Rough sleepers face violence, extreme stress, and deteriorating physical and mental health.

Many have undiagnosed conditions, and service models struggle to meet their complex and chaotic needs. Rising living costs and housing shortages are also pushing more people, including working families, into potential homelessness. Former prisoners can face homelessness upon release, despite official policy. Housing models can also perpetuate trauma, particularly for individuals released from prison into unsuitable environments, contributing to relapse, reoffending, or suicide.

“I think the services in general are completely and utterly overwhelmed, so they are now very good at finding reasons not to accept patients and one of those reasons is absolutely drugs and alcohol. I’ve had people tell me they’ve been rejected because there’s a history of drugs and alcohol, even though they’ve been clean for 6 months. At what level do you then need to be clean in order to get support? They will take any reason to get people off the books, which is heartbreaking.”

“The majority of the people who come through our service are classified with some kind of mental health disorder. It has always been a challenge joining up mental health work with drug and alcohol work, and that persists to the current day. There have been improvements, but it’s still by no means perfect. There’s been real efforts amongst drug and alcohol services to work collaboratively, and that’s been really noticeable in recent years with Essex STaRS, Open Road and Phoenix Futures all working together, but there has been a distinct lack of mental health involvement in there.”

6.2.2 Domestic Abuse and Sexual Violence

Domestic abuse and sexual violence can have a severe impact on mental health of survivors. Those with additional vulnerabilities, like addiction, neurodivergence, or financial dependency, face greater risks. Fear of losing custody to the perpetrator can prevent disclosure of mental health struggles or seeking support. Trauma can present in unpredictable ways, from self-harm and substance misuse to dissociation or repeated cycles of unhealthy relationships. Mental health services can sometimes discharge and refer complex patients to third sector organisations, however these are not equipped to provide long-term therapy.

“It does make me laugh when you get a referral from a mental health service into Next Chapter for counselling. We’re not counsellors. I don’t know any of us here who are trained counsellors. If that patient wants to do a recovery programme, that’s great, we can handle the practical side of

things—the refuges, the courts, and the police investigations—but you're a mental health service, what are you doing for their mental health?"

"It's really common for mental health services to just send patients straight to us if they hear the words 'sexual violence' and that's the end of it. It's just not right at all, especially for the level of complexity that we're seeing in terms of referrals. Those clients need long term, consistent mental health support and that's just not available through somewhere like us."

6.2.3 Ageing and Mental Health

Depression and suicidal thoughts are common but frequently hidden, as many of the older generation have never spoken openly about their struggles. Physical decline, reduced mobility, and shrinking social networks contribute to loneliness and isolation, while barriers like poor transport and digital exclusion limit access to support. Bereavement is a significant factor, with the loss of a spouse or close loved one leading to long-lasting, unpredictable grief. But long-term support is time limited. Caregivers, often elderly can be unwell themselves and face consistent emotional and physical stress as they often sacrifice their own wellbeing to care for others.

"Many of the clients that I've spoken to have had suicidal thoughts, and a lot of them haven't ever spoken about these feeling before. I wouldn't be surprised if that was around the 80% mark. We're then risk assessing for safety, so I'll ask clients whether they have got a plan or a time frame in place to end their life. Most of the time, people will say, 'Oh, I have these thoughts quite often, but I wouldn't do anything because of my dog, or I wouldn't do anything because of my daughter, and the impact that it would have on them.' So they are feeling like they're on the edge, but because they've got those relationships in place, they don't want to end their lives. They just want to escape the pain."

"Bereavement is a big thing we see. It may have happened quite a while ago and they just got on with their life, but didn't realise that it had such an effect on them until something else happens—and it can be something really small—that just opens up boxes for them. Suddenly all of these other things come to the surface, and they just spiral out of control from there."

6.2.4 Long-Term Health Conditions

Chronic illness or life-changing injury can have a profound impact on mental health, often triggering anxiety, depression, and suicidal thoughts. These challenges are frequently compounded by physical pain, reduced mobility, and the trauma or fear associated with a diagnosis such as cancer.

The relationship is bidirectional, poor mental health can worsen physical outcomes just as physical illness can deepen emotional distress. If there are delays in accessing disability benefits or financial aid further heighten stress and emotional hardship. Without adequate support, due to their condition, individuals may be unable to navigate these complexities on their own.

“We see a lot of mental health issues, but when you throw something like cancer in the mix as well then one always exacerbates the other and makes it far worse for patients, who don’t always know where they can reach out to for help. If they’ve not already under the care of the mental health teams, then it’s not always easy to get them the support that they need. I had a patient recently who called me into the room with her the other week. Her mum had died of cancer, and she has got cancer herself. She said to me, ‘If I didn’t have my son, I would just kill myself now.’ The only thing that keeps her going is him. That’s how desperate she was feeling.”

“If you speak to any of our clients, I would say over 90% of them would describe having had really dark moments at some point where they have been questioning, ‘What’s the point? Why am I alive? There’s so much out there in terms of support, but for a lot of people—particularly those with a brain injury—it can all become completely overwhelming, and their mental health kind of spirals from there.”

6.2.5 Refugees and Asylum Seekers

Colchester and Tendring have seen a notable rise in refugees and asylum seekers accessing primary care, many presenting with significantly complex mental health needs. These often stem from experiences of violence, displacement, and loss—both in their countries of origin and throughout the migration journey. Unsuitable housing, financial insecurity, and lack of basic essentials intensify emotional distress and make accessing consistent care more difficult. Language remains a significant barrier, with interpreters sometimes unavailable or withdrawing during emotionally difficult conversations—leaving some unable to fully articulate their needs or access support. Shared dispersal housing with those from different cultures and languages can lead to disrupted sleep, stress, and isolation.

“Even for someone who is British and doesn’t have those additional barriers to accessing support, if you have mild depression and you go to your GP, you still have to wait a very long time to speak to a professional and in the meantime this mild depression could have developed into severe depression or suicidal ideation.

The problem is our clients are suffering due to the conflict in their home country, suffering during their journey to the UK, then suffering due to the uncertainty about their future as to whether their application has been accepted. So, it's complexity on top of complexity, and there's just not enough capacity to help those complex people with their mental health. Who has that time to spend with them? I know the GP surgeries are very busy, and they can't afford to give more than 10 minutes."

6.2.6 Veterans

Colchester (especially Berechurch and Shrub End) has a deep-rooted military connection due to the nearby Garrison, meaning veterans frequently present at local healthcare services. While specialised initiatives such as Op Courage (mental health), Op Restore (physical health), Op Nova (criminal justice), and Op Fortitude (housing) offer military-informed support, many veterans struggle with the transition from structured service life to civilian independence. Common challenges include housing instability, unemployment, addiction, and loss of routine. Feelings of shame, pride, and a fractured sense of identity can prevent veterans from disclosing their service background when accessing support services. Some fear being seen as weak, and unless professionals ask proactively, many can go unidentified and miss out on vital, targeted support.

"I've worked with two veterans who have been quite serious in the last two years, but because the government do provide a hell of a backup service for ex-military, usually there's no major problems getting them support. We get very few veterans come through to us because the facilities are already provided for them, which is brilliant."

"Struggling with mental health when serving in the military can cause a lot of problems for that person. There is already a stigma around mental health in general, but specifically for the military population, there are further barriers to accessing support. When someone comes under the mental health team, they will get a medical downgrade, which means that they are not allowed to go on the ranges and do weapon training for example. Confidentiality is a big issue, individuals would never feel like their difficulties were kept private because everyone within their chain of command would know that this person is not able to do those things because of their mental health. People would view you as being weak and trying to get out of work, and you'd be more likely to be bullied by your peers as a result. So, when you then bring that person out of the military, they will still carry that culture with them."

6.2.7 Middle-aged Men

Middle-aged men have the highest suicide rates in the UK, and will often delay seeking help until in crisis due to stigma, societal expectations of masculinity, and reluctance to appear vulnerable. Emotional distress can often be masked by substance misuse or aggression, and men are more likely to disengage from services and use more violent means when suicidal. A mental health crisis is rarely triggered by a single event. Relationship breakdowns are one of the most frequently cited causes, alongside financial pressures, housing instability, unemployment, and social isolation. As men age, they often lose social connections due to responsibilities at work and with family. Neurodivergence (e.g. ADHD, ASD) can further complicate, especially if undiagnosed. Community based projects like the Essex Shed Network and Fella's Forum create non-judgmental, activity-focused environments that encourage engagement while reducing stigma. These settings foster trust through shared experiences, helping men to gradually open up.

"I get a lot of middle aged men that come see me. I assess the risk of suicide the same as everybody else, but I am also incredibly mindful that they are a high-risk group so we need to be extra careful and maybe dig a little deeper with them. It does seem to be quite a snowball effect—relationship breakdown, financial issues, housing issues."

"Men come with a lot of trauma. They get to a point where they can't manage that anymore, and then they will come to the GP asking for help."

6.2.8 Menopause

Despite being frequently observed by professionals, menopause is not recognised as a high-risk factor in the UK Suicide Prevention Strategy. Its psychological impact is often underestimated or misdiagnosed, with symptoms like anxiety, low mood, memory problems, insomnia, panic attacks, low self-esteem, and mood swings frequently mistaken for depression or anxiety. Menopause can also trigger the resurfacing of unresolved trauma or emotional issues, intensifying psychological distress. Currently, there are no dedicated mental health services tailored to menopause-related needs. In some cases, unmanaged menopause has been linked to patient suicides - highlighting a critical gap.

"The trouble with menopause is that it's not predictable. Blood tests can be inconclusive as to whether they are perimenopausal or not. What you tend to be dealing with is more the symptoms. It can have a very strange effect on your mental health, especially your concentration and organisation. What I have found when talking to patients about it is you can also start ruminating over past mistakes. Everything you had put to bed years ago suddenly comes back up and starts haunting you again. When you have got people who had past traumas, it can all resurface around menopause."

“I think for women, you are left to get on with it, but it is a huge life changing event for those that have experienced it. Some are fine, but for others it feels like their whole life has been turned upside down, and I think GPs can be very dismissive. It’s a case of, ‘Oh, that’s mental health, give them an antidepressant.’ There is a demographic of middle-aged women that see their GP with low mood that are being ignored”

6.2.9 Neurodiversity and Personality Disorders

Neurodiversity and personality disorders are increasingly prevalent in both statutory and community services. Frontline staff, especially GPs, report feeling overwhelmed and under-resourced in the face of rising demand. While diagnosing either condition is challenging due to overlapping symptoms, shared traumatic histories, and frequent co-occurrence, they are distinct and require different approaches to treatment. Access to assessment and tailored support for neurodivergent individuals is limited by long waiting lists. Many remain undiagnosed into their 40s or 50s, leaving them permanently struggling and increasingly at risk of crisis, homelessness, addiction, or abuse. Neurodivergent individuals can often self-medicate with illicit substances, such as cocaine to manage untreated symptoms of ADHD. Social isolation, emotional overwhelm, and systemic misunderstanding contribute to higher rates of suicidal thoughts and attempts. Notably, a high number of neurodivergent individuals work within the mental health services, offering empathy and insight rooted in lived experience. Personality disorders on estimation make up around 60–65% of secondary care caseloads. Individuals often present in crisis, with self-harm, suicidal ideation, and emotional instability being common in unmanaged patients. Many clients have histories of abuse and neglect, leading to difficulties trusting healthcare providers and disengaging with services.

“One of the things that I think will probably shock people is the statistics show that if you are neurodivergent, then you are ten times more likely to take your own life. I think the reason that we get to that state is because if you’re neurodivergent, you are living in a world that you’re constantly battling with. People often describe it to me as being like an alien on another planet, where you’ll never really get to understand the social rules and never be able to understand people’s intent. The majority of people place a huge amount of importance on getting those social rules right, and if you don’t, then you are ostracised. You’re on the peripheral of everything. You’re on the outside looking in.”

“Suicidal ideation is something that most of our clients [who are living with a personality disorder] live with on and off. That doesn’t always mean they’re going to take their life, but they will be thinking about it sometimes every day because life is so painful. There’s always some horror around the corner. It’s a constant battle just to stay on the straight and narrow, and they’re always trying to disengage from the world and keep themselves somewhere safe and quiet. It gets a bad press, especially Emotionally Unstable Personality Disorder, because their behaviour can be seen by medical professionals to be erratic or aggressive at times. Some [clients] will become obsessive in their search for help, and will completely overload the service in question—whether it’s primary care, out-of-hours or crisis services, A&E etc.”

6.2.10 Harwich

In smaller, more isolated communities like Harwich, persistent stigma around mental health deters people from seeking help even as they often experience more complex mental health needs, compounded by poor physical health and limited local resources. Harwich also faces areas of entrenched deprivation, substandard housing, and a high availability of illicit substances, creating an environment that worsens both mental health and addiction. Travel barriers to Colchester further limit access to care, discouraging engagement and delaying recovery. The lack of local support particularly affects those struggling or in crisis, leaving many without the help they need. More services based locally are essential for reducing fear of judgment and normalising open conversations about mental health. Initiatives like Port In A Storm are helping to close this gap by providing accessible, locally targeted support within Harwich itself.

“I feel that there needs to be more of an outreach service for drugs and alcohol, for example. If we want them to get involved in these services, it has to be really easy for them to do that. A lot of these people find it difficult to engage with them because they would have to travel over to Colchester, so I just feel there’s a little bit of a gap there.”

“There seems to be a very high level of deprivation in Harwich. I think it’s been like that for generation after generation. You might have a family where the parents were using alcohol and drugs, and that child grows up and learns those behaviours. We know that there’s a real problem with drugs here, but it’s all behind closed doors.”

6.2.11 Mental Health Impact on Staff

Frequent exposure to crisis situations, suicide threats, and emotionally distressing stories is taking a significant toll on the mental health of staff across statutory and non-clinical settings. This highlights the importance of staff supervision sessions and ensuring each member of staff feels supported in their role. Meanwhile, non-clinical staff are increasingly working with patients with severe and complex mental health needs with limited training or authority. In acute hospital settings, staff face immense pressure, with some not having the necessary skills in suicide prevention or mental health support. Long waiting times and limited facilities further contribute to emotional strain, leaving hospital teams to shoulder extended mental health care responsibilities.

“The team will hear things like, ‘Oh, well, if you’re not going to help me, then I’ll kill myself tonight and that’s on you.’ We’ve had that a lot. All we can do is give them the details for the crisis line, as we might not have a GP appointment until the next day. Meanwhile that member of staff has been told that it’s on them if that patient kills themselves. They have got to go home after their shift ends thinking about that. Of course that’s going to have a knock on effect.”

“The vast majority of my colleagues who I’ve worked with over the years are genuinely caring people—believe me, it wouldn’t be worth it if you didn’t care—but the job is just getting more and more relentless. You think that there must surely be a break coming up, but there’s always something else and it just gets worse and worse and worse. We just want to spend time with patients, and actually do the bit that we’re good at.”

“We’re all doing this for a reason. A lot of us come into this work hoping to make a difference, but I don’t think there’s enough emotional support in place and that’s why people get burnt out. Staff are just expected to deal with traumatic incidents and move on to the next one like it’s nothing. You’re treated like a machine, like we should just be able to switch off, and it’s not that easy.”

“We have people who are suicidal and are in so much emotional pain that they don’t know what to do with themselves. They come in to see us and completely break down, because they can see that someone’s listening. We have that every week, and each social prescriber deals with it in the best way that they can, but it can be emotionally and physically draining.”

7. Recommendations for Local Action

7.1 Enhancing Knowledge and Skills amongst Staff around Mental Health

7.1.1 Target training and strengthen support networks to empower non-clinical, front-facing primary care staff to handle emotionally difficult situations with greater ease.

7.1.2 Update mental health referral models on a regular basis to improve awareness and understanding of secondary mental health pathways amongst staff outside of core mental health pathways, reflecting any changes in service commissioning and provider contracts. This will then prove to educate staff and keep them up to date.

7.1.3 Raise awareness amongst staff in primary and secondary care settings through targeted around the nuances of Personality Disorders to further enhance patient experience by helping to combat any stigmatisation they may experience.

7.1.4 Enhance patient experience through the implementation of a system wide Trauma-led approach to actively combat stigma attached to those who have experienced trauma to improve engagement with services, not just confining such an approach to a specific pathway, with the aim of further developing the welcoming, supportive and trust-oriented environment within mental and physical health services in line with complex issues of trauma.

7.2 Strengthen Existing Mental Health Pathways

7.2.1 Embedded support for Neurodiverse patients within mental health pathways to improve patient experience and mitigate the consequences of long wait times. Ensure that reasonable adjustments are made for neuro diverse individuals who are engaging with mental health services.

7.3 Community Based Mental Health Provision in North East Essex

7.3.1 Harwich residents experiencing substance misuse, domestic violence, or serious mental health challenges may struggle to access support due to limited local services. With the nearest options based in Colchester, travel becomes an obstacle. Additionally, the stigma surrounding mental health within Harwich's close-knit community further discourages people from seeking help.

Expanding both existing and new third sector outreach and commissioned services locally would make support more visible and accessible, reduce reliance on travel, and help foster greater awareness and acceptance of mental health within the community.

7.3.2 Review capacity of free counselling services in NEE in a commissioning a public health data-informed demand and population focused study around the availability of counselling in NEE. Doing so would allow us to understand current capacity of free and low-cost counselling services in Essex, allowing a system wide assessment of any possible efficiencies that free counselling services across NEE may have to integrate into existing pathways with consideration of what other opportunities may exist to bolster community-based provision through innovative or expanded offers from community partners.

7.3.3 Consider the establishment of Mental Health Hubs in high priority areas as integrated spaces where patients can easily access comprehensive support around a number of mental health determinants to alleviate the need for individuals to navigate multiple providers and enable efficient collaboration between partners.

8. Recommendations for Action at a National Level

8.1 Strengthen Existing Mental Health Pathways

8.1.1 Switching to online booking systems may mean GPs miss urgent mental health needs, as patients may downplay symptoms because of shame or have difficulty accurately writing about their condition. To help, GP surgeries could introduce an automatic system that flags mental health concerns in online bookings and triggers an on-the-day call from a member of staff, who are trained to spot signs of distress and follow a clear process for escalating urgent cases. Surgeries could also work with local mental health services, like the Sanctuary, to direct high-risk patients to fast, immediate support.

8.1.2 Reinforce current provision for patients with Personality Disorder at the level of primary care, increasing the range of early interventions which can be undertaken within primary care settings to manage a patient's condition, thus preventing them reaching a point of crisis and possible hospital admission.

8.1.4 Mitigate the consequences of the NHS Drug and Alcohol Policy - whereby patients need to access dedicated mental health services to get sober, but concurrently need to become sober to access them - by integrating a person-centred approach within dual diagnosis services which ensures access to drug and alcohol counselling across all providers and shares access to joint mental health and substance misuse histories, as well as ensuring key dial diagnosis functions, such as a DD worker, are in place.

8.1.5 Advocate for the recognition of women experiencing the menopause as a potential at risk group in future policy and decision-making processes, to the end of raising awareness among health professionals and introducing specialist menopause pathways, covering physical, psychological and emotional needs, thereby ensuring that women would receive timely, tailored and compassionate support.

9. What next...

The intention is that this report will be used to inform future strategic place base planning enabling effective delivery of local services to improve outcomes for the local population.
It will first be considered by the NEE Mental Health Integrated Community Transformation Steering Group on 8th July 2025. This is first stop for socialising and gaining agreement of a final version
It will then be an agenda item on the NEE Alliance Strategic Leadership Team meeting on the 21st July 2025 to focus on the implementation of recommendations through system partners.
Once formally approved at this local governance level the report will go to the NEE Programme Group on 28th August 2025 for ratification and agreement of recommendations.
This will then be handed on to the North East Essex Alliance to work with system partners to ensure it informs strategic planning and comes to a level of implementation.

10. Appendices

10.1 Substance Abuse Support in Essex

Organisation	**Scheme**	**Description**	Eligibility Criteria
Phoenix Futures	Essex Alcohol Recovery Service	1:1 or group support. In house counselling services	18+
Phoenix Futures	Drug and Alcohol Street Support	MDT approach to provide support to rough sleepers who are experiencing substance misuse	Classified Homeless
Phoenix Futures	Alcohol High Intensity User Service	MDT approach to work intensively with a small cohort of clients who present regularly at the hospital.	Exclusionary Criteria
Open Road	Support Work	Low level psychosocial interventions: Care plan Workshops or seminars	18+
Forward Trust	Counselling	Substance Dependency	18+
Sanctuary Lodge	Rehabilitation Centre	Clinical Detoxification Person-centered care plans Individual or group therapy	18+

10.2 Peer-to-peer Substance Abuse Support in Colchester and Tendring

Support Group	Numbers of Groups	Postcodes / Locations
Alcoholics Anonymous	Colchester 3 Tendring 10	CO1 There are two AA meetings that run in Harwich: Harwich and Dovercourt – Our lady Queen of Heaven Dovercourt – Harwich Arts and Heritage Centre With 8 others covering hte rest of Tendring Lawford – Venture Centre, Manningtree Clacton – Open Road Clacton – Brotherhood Hall Frinton – Frinton Parish Church Frinton – 4 Youth centre Jaywick – Enterprise Centre
Narcotics Anonymous	Colchester 3 Tendring 1	CO4 CO1 The closest meeting to Harwich is Recovery by the Sea a NA which is based in Frinton Free Church. For residents of Great Bentley the closest services would be based in Colchester.
Cocaine Anonymous	Colchester 3 Tendring 0	CO1 Nearest face to face meeting for residents of Great Bentley and Harwich are in Colchester or Ipswich. Online meetings are available between 7am and 10pm – some of these are run in Polish.
Dual Diagnosis Anonymous	Colchester 1 Tendring 1	CO1 Open Road, Clacton

10.3 Maintenance Assets in Berechurch and Shrub End, Great Bentley and Harwich

Asset Name	Asset Type	Ward
Football 2000	Physical Activity	Berechurch
Colchester Tennis Academy	Physical Activity	Berechurch
Centurion Community Cricket	Physical Activity	Berechurch
Colchester JKA Karate Club	Physical Activity	Berechurch
John Mace Play Ground	Physical Activity	Berechurch
St Margerete's Church	Faith	Berechurch
St Micheal's Church	Faith	Berechurch
Family Hub	Social	Berechurch
St George's School	Education	Berechurch
St Micheal's Primary School	Education	Berechurch
Montgomery Junior School	Education	Berechurch
Shrub End Playing Field	Physical Activity/Social	Shrub End
Just Jules Fitness	Physical Activity	Shrub End
Colchester Taekwondo	Physical Activity	Shrub End
Shrub End Community and Sports Centre	Physical Activity	Shrub End
St Cedd's Community Hall	Social	Shrub End
All Saints C of E	Faith	Shrub End
King's Ford Infant School	Education	Shrub End
Gosbecks Primary School	Education	Shrub End
King's Ford Academy	Education	Shrub End
Great Bentley Football Club	Physical Activity	Great Bentley
Great Bentley Cricket Club	Physical Activity	Great Bentley
Great Bentley Running Club	Physical Activity	Great Bentley
Great Bentley Allotment Association	Physical Activity / Green health	Great Bentley
Great Bentley Gardening Club	Physical Activity	Great Bentley

All Saints Church of England Primary School	Primary Education	Harwich
Spring Meadow Primary School	Primary Education	Harwich
Harwich Community Primary School	Primary Education	Harwich
The Mayflower Primary School	Primary Education	Harwich
St Joseph's Catholic Primary School	Primary Education	Harwich
Harwich and Dovercourt High School	Secondary Education	Harwich
The Great Bentley Methodist Church	Church / Place of Worship	Great Bentley
St Mary the Virgin Church	Church / Place of Worship	Great Bentley
St Nicholas	Church / Place of Worship	Great Bentley
Our Lady Queen of Heaven	Church / Place of Worship	Great Bentley
Dovercourt All Saints	Church / Place of Worship	Harwich
All Saints	Church / Place of Worship	Harwich
Dovercourt Central Church	Church / Place of Worship	Harwich
Kingsway Evangelical Church	Church / Place of Worship	Harwich
St Michaels Anglican Church	Church / Place of Worship	Harwich
Temple of Light Spiritualist Church	Church / Place of Worship	Harwich
Upper Dovercourt Methodist Church	Church / Place of Worship	Harwich
Great Bentley Village Hall	Community Hub	Great Bentley
1st Great Bentley Scout Hut	Community Hub	Great Bentley
Dovercourt and Harwich Hub	Community Hub	Harwich
Long Meadow Community Centre	Community Hub	Harwich
Park Pavillion	Community Hub	Harwich
Harwich Arts and Heritage Centre	Community Hub	Harwich

10.4 Voluntary and Community organisations funded from Live Well Grants from Suffolk and North East Essex Integrated Care Board

Organisation	Area	Project	Description
MTEP/ Tendring Families First	Tendring	Family and Additional Needs Support	Provision of a Family Support Worker and an Additional Needs/Disability Worker to support vulnerable and disadvantaged families The project focuses on tackling loneliness, isolation and suicide prevention outcomes by delivery interventions tailored to meet specific needs to help improve mental health and emotional wellbeing, parental skills and relationships.
Citizens Advice Tendring	Tendring	Mental Health Activity Support Worker	Mental health recovery worker to lead on physical activity via the Mental Health Hub enabling the service to open an additional day.
CARA - Centre for Action on Rape and Abuse	Tendring and Colchester	Integrated Support	Delivery of personalised support for victims and survivors of sexual violence and child sexual abuse with complex mental health needs
Abberton Rural Training	Tendring and Colchester	Seeds4Growth	Provides the opportunity for disadvantaged, vulnerable and isolated people to come together and learn about growing their own food whilst receiving mental health and advocacy support. The programme uses two counsellors at Wormingford site and also offers a variety of practical helps, including PIP applications, Housing issues involving other professionals.

Refugee Action (Now RAMA)	Tendring and Colchester	Refugee Action Colchester & Together We Grow - Big Garden, Home and Beyond	Work with some of the most vulnerable at-risk in the community individuals, with many of those having experienced trauma to help navigate through the health and social care process to avoid additional impact on these services which are already under pressure
InSpire	Tendring	Feel Well - Wellbeing for Young People	Employing an additional wellbeing counsellor to increase face to face counselling in Tendring for 15-25 yr olds, develop workshops to deliver in Manningtree, Harwich, Walton and Brightlingsea.
ARK	Tendring	There For You	Early intervention for MH issues for Children and Adults and a crisis service for those in a critical place. Increase in hours of existing DV and Outreach staff in order to focus on post natal depression, DV recovery mild to moderate MH , to avoid acceleration of problems increase support for those in crisis
Youth Enquiry Service	Tendring and Colchester	Health and Wellbeing Caseworker	Fund the role of a Health and Wellbeing housing caseworker, who will engage with homeless people on both practical and therapeutic level on one-to-one basis. The Health and Wellbeing housing caseworker will refer into the YES internal counselling, along with bespoke wellbeing programme. YES also offers mentoring, group mental health sessions and workshops.
Colchester Arts Centre	Colchester	The Mums Show	The Mum Show is a process-led participatory project, developed through collaborative creative exploration with groups of mums that are experiencing social isolation or disadvantage through such obstacles as age, economic status or stigmatised through by prejudice. They will be partnering with Next Chapter (Women's Refuge) to deliver the project.

Headway Essex	Tendring and Colchester	First Line Wellbeing Support	The project will aim to expand the existing service to provide a first line well-being support service for adults with acquired brain injury and their families to provide a swift response to a cry for help.
Deafblind UK	Colchester	Wellbeing and Emotional Support in Colchester	The aim of the project is to work with people with dual sensory loss, making connections and delivering practical and emotional support to build confidence, independence and increased control. The charity also has two Counselling Volunteers.
Bangladeshi Womens Society Essex	Colchester	Health and Wellbeing Project	The beneficiaries of this project are women and girls, who suffer loneliness and isolation. The project aims to build strong relationship within families and across communities.
Tendring Stroke Support Association	Tendring	Emotional Therapy and Wellbeing	To provide a younger person's stroke support group to address their needs and improve mental wellbeing and encourage to engage with the community. Peer group support Exercise groups, emotional therapies social and wellbeing activities.
iCARP	Tendring and Colchester	"Lifted Lakes" Wellbeing green exercise interventions	Service users identified by EPUT staff will attend the lake. A DBS checked coach will coach them in the sport of angling. Small groups will have exclusive use of the venue to encourage a sense of safety and decrease anxiety. A psychologist will be on-site to help mitigate any risk and to also sign-post attendees to other services if so applicable.
AFIUK	Tendring and Colchester	Community Safari Café	The Community Safari Café is an inviting and welcoming social space within the BAME communities providing specialised activities and space for groups. The Café will host projects and activities especially created for their client groups, such as, the Black History Month Colchester, Windrush Celebrations AFiUK and Bangladeshi Women's Day and Parents and toddler group. Suicide Prevention and Post-prevention, Art and Culture programs for young people and the vulnerable, helping to reduce isolation and loneliness, addressing issue of Mental Health and individual well-being.

Robin Cancer Trust	Tendring and Colchester	Cancer Survivorship Programme	Programme will aim to improve the mental health and wellbeing of cancer survivors in North East Essex delivering a holistic programme for people affected by testicular or ovarian cancers giving them a platform to engage, educate and empower. Aimed at improving the mental health and wellbeing for cancer survivors by offering Survivorship Forum on the website / Survivorship Video series / Survivor Ambassador Programme
Next Chapter	Tendring and Colchester	DART Project	Offer emotional and practical support to help overcome and recover from the abuse experienced, understand how to move on and secure sustainable housing and take control of their lives. Provide outreach support to men, women and children who are suffering from domestic abuse. The specialist children and young persons (CYP) outreach service offers practical, emotional and therapeutic support, information, and education. Aim of the project is to provide an additional Resettlement Support Worker to enable the service to be offered for more clients and enable them to expand the team of volunteer mentors. The role of the volunteer is to support the client with their ongoing needs following their completion of support by the domestic abuse practitioners .
Outhouse	Tendring and Colchester	Health and Wellbeing Officer	Support individuals from the LGBTQ+ community with a wide range of different and emerging issues these include coming out, questioning their identity or orientation, requiring sexual health information, or those who may be having mental health and wellbeing issues. The service will offer additional preventative services, for example: a range of group work activities; especially social groups to support isolation and anxiety; 1-1 support to engage with people for their individual needs.
Green Path Ventures	Colchester	Irvine Road Community Allotment	Costs to expand site opening with facilities to cook and prepare food. 4 half plots to grow food, flowers and herbs for cooking and cloth dyes to add an extra dimension to the activities.. The grant will provide two separate days a week to provide a safe and secure space for people to get together, chat and socialise whilst doing something productive whether it is preparing the soil of planting vegetables or flowers. Also positioned near to a nature reserves - walks, litter picking and other activities to engage with nature.

Tendring Wellbeing and Intervention	Tendring and Colchester	Tendring Wellbeing and Intervention	Therapy based programme for Colchester men who will receive a 12 week one to one programme or group based support, walking and drop-ins. Includes training barbers in order to signpost men to support, therapists, mentor. Volunteers will deliver the project.
Reach Out for Mental Health	Colchester	Reach out For Mental Health	Funding to cover volunteer costs, training supervision venue hire, events, advertising and refreshments.
Wellies On	Colchester	Operation Wellies-On for Wellbeing	Partnership working with Greenpath Ventures and Wellies-On and in collaboration with Garrison Welfare, SSAFA, Project aim is to co-produce a programme of meaningful and purposeful, nature based green therapy support for partners and family (incl. children) of service personnel and veterans. Delivery of nature based therapeutic sessions supported by a team of mental health workers, occupational therapists and qualified teachers to relieve loneliness and isolation by bringing communities together to improve physical and mental health through involvement in meaningful and purposeful activities.
Colchester Gateway	Tendring and Colchester	Advocacy and support service	The Advocacy and Support Service is available to individuals in North Essex with Learning Disabilities and to families with at least one member who has a Learning Disability. Support is offered for as long as it is needed; this may reduce to a weekly call or visit, or a monthly touching base visit to check that things put in place are still working. The aim would be to provide adults with Learning Disabilities with a safe space to make and maintain friendships with their peer group whilst gaining skills and knowledge to increase their resilience and mental wellbeing.
Community Law CIC	Tendring and Colchester	CLCE	The service provides serving members of the Armed Forces based out of Colchester Barracks family law advice, support and representation (including advocacy), free at the point of delivery.

10.5 Peer Support Groups in Colchester and Tendring

Name	Location
Healthwatch Essex Fella's Forum	Colchester and Tendring (Various)
Andy's Man Club	Colchester (Various)
Bricklayer's Arms Men's Clun	Bricklayer's Arms, Crouch Street
Healthwatch Essex Mental Health Ambassadors Group	Essex (various)
Community360 Women's Group	Winsley's House, Colchester
Mind Welcome Cafe	Colchester Mind
Colchester Ladies Circle	Colchester (Various)
Women Only Walk N Talk	Colchester (Various)
Great Bentley Evergreen Friends	Great Bentley
Great Bentley Good Neighbours	Great Bentley
Great Bentley Methodist Lunch Club	Great Bentley
Great Bentley Social Club	Great Bentley
Coffee and Chat, Methodist Church	Great Bentley
Knit and Natter, St Mary's Church	Great Bentley
Cancer Support Group	Harwich
Bereavement Cafe	Harwich
Harwich Heroes	Harwich
Seafront Heroes	Harwich
HEART (Salvation Army)	Harwich
Park Pavillion Elders Lunch	Harwich
Long Meadows Friendship Group	Harwich
Community Kitchen – Supper and Sing	Harwich
Menopause Café	Harwich
Parkeston Railway Club – Soup and Sing	Harwich

10.6 Physical Condition/Cohort Specific Support Groups

Group Name	Cohort/Health Condition	Organisation
Veteran's Support Group	Veterans	Soldier's Charity
ICARP	Veterans	Phoenix Heroes
Phoenix Heroes Sports Clubs	Veterans	Phoenix Heroes
Fibromyalgia Support Group	Fibromyalgia	FMAUK
Mind PD Group	Personality Disorders	Mid and North Essex Mind
Group support	Personality Disorders	Haven Project
LGBTQ+ Youth Group	LGBTQ+	Outhouse
Over 50's Coffee Morning	LGBTQ+	Outhouse
Social Groups (various)	LGBTQ+	Outhouse
Perinatal Support Group	New Mothers and Young Families	EPUT
Parkinson's UK Support Group	Parkingson's Disease	Parkinson's UK
Carer Wellbeing Group	Carers	Essex Carers Support
Diabetes Forum	Diabetes	NEE Diabetes Service
Maze SEND group	ASD and Neurodiverse Individuals	MAZE
Clacton Sister Circle	Muslim Women	CVST / Bangladeshi Women's Association Essex
RAMA Supper Club	Refugee, Asylum Seekers and Migrants accommodated in	CVST / RAMA
Chinese Community Wellbeing Group	Chinese Community	Colchester Chinese Cultural Association
Clacton Malayalee Welfare Association	Malayalee / Indian community	Clacton Malayalee Welfare Association
Pamoja Project (Clacton)	Black African and Caribbean communities	African Families in the UK
Peer Support Project	Neurodiverse and Autistic adults	SUMMIT Services
Artistic Project	Neurodiverse and Autistic adults	SUMMIT Services
Peer Support Project	Neurodiverse and Autistic adults	Connect Without Limits