



Mental Health

Research Project Findings Report

November 2025

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Please note that all quotes included in this report are presented verbatim unless otherwise indicated. Only filler words such as 'um' and 'you know' have been omitted for clarity and brevity.

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Executive Summary

- Healthwatch Lincolnshire's fourth research project in 2024 focused on the mental health of new fathers, military families, veterans and those working in farming/agriculture/horticulture.
- These were chosen for their substantial presence in the county, the fact they are often underrepresented in mental health discussion and face unique, often unmet needs. However, individuals who did not belong to one of these groups were also welcomed to share their mental health experiences.
- In total **86** service users and **2** health and care professionals shared their views.
 - 40% (33) were veterans
 - 18% (15) were from military families
 - 12% (10) worked in farming/agriculture/horticulture
 - 18% (15) were new fathers
 - *Some individuals belonged to more than one of the above groups.*

Key headlines include:

- **Stigma** – there was often a stigma around seeking mental health support, including being too busy and taboo (farming), not being used to asking for help, and asking for support not being 'macho' (veterans).
- **Barriers to accessing support** – these included long waiting times, not meeting the criteria and lack of information.
- **Online resources** – online information was often easy to find and navigate. However, respondents frequently felt that the information was generic and they would prefer face-to-face support.
- **From support to uncertainty** – respondents discussed that there was often a sharp transition from receiving support to being left with minimal-to-zero help once support ended. They highlighted a need for a more gradual transition period.

What works well?

- Positive experiences reported by respondents appeared to be due to the actions of individual healthcare professionals as opposed to a consistent equitable approach. There was praise for specific individuals and charities that provide support to veterans in a timely manner and understand their needs.

Executive Summary

What could be improved?

- Quicker and easier access to support
- More face-to-face or person-based support rather than online
- Options beyond medication
- Better communication between services and joined-up working
- Improved continuity of care during support and a smoother transition when support ends
- Address mental and physical health at the same time
- Support to tackle the root causes and issues that persist beyond medication and therapy

Improving support for specific groups

New fathers

- Provide support to new fathers and signpost them to information on how they can support themselves, partner and baby.

Veterans

- Tackle the stigma around seeking support, raise awareness of mental health in this group and what support is available and a foster a better understanding of the needs of military families and veterans.



Background

The fourth major Healthwatch Lincolnshire research project of 2024 focused on mental health, with a specific but not exclusive focus on new fathers, military families, veterans and those working in farming, agriculture and horticulture.

Why did we decide to focus on these groups?

New fathers

Maternal mental health is a focus of many national and local strategies including the NHS Lincolnshire Joint Forward Plan, Better Lives Lincolnshire and the Joint Strategic Needs Assessment (JSNA) for the county.^{1,2,3} However, new fathers are not often included in this focus.

An evidence review by Bringing Baby Home revealed a "dad-shaped hole" in perinatal NHS services. 1 in 10 men experience anxiety and depression in the first six months after the birth of a child. Studies have also shown that fathers with mental health problems during the perinatal period are up to 47 times⁴ more likely to be classed as a suicide risk than at any other time in their lives.

Military families and veterans

The 2021 census highlighted there were 44,811 veterans living in Lincolnshire, with 22% living in North Kesteven.⁵ 38% of veterans nationally have/had a code on their medical record for a common mental health disorder. The conditions were in order of prevalence; depression (18%), alcohol misuse (17%), anxiety (15%), post-traumatic stress disorder (PTSD) (3%) and dementia⁶ (2%). In 21/22, 1-in-8 UK Armed Forces personnel were seen in military healthcare for a mental health-related reason.⁷

1. NHS Lincolnshire Integrated Care Board (2024). NHS Lincolnshire Joint Forward Plan 2023 – 2028

2. Lincolnshire Integrated Care Partnership (2024). Better Lives Lincolnshire Integrated Care Partnership Strategy

3. Lincolnshire Health Intelligence Hub (n.d.). Joint Strategic Needs Assessment (JSNA)

4. Fatherhood Institute (n.d.). Comment made by Head of Research and Joint CEO.

5. Office for National Statistics (2022). UK armed forces veterans, England and Wales data

6. Finnegan and Randles (2023). Prevalence of common mental health disorders in military veterans: using primary healthcare data

7. Ministry of Defence (2020). UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 – 2019/20

Background

Farming/agriculture/horticulture and other allied industries.

The Lincolnshire farming industry produces one eighth of the UK's food, generating more than £2 billion in crops and livestock annually. 30% of the UK's food passes through south Lincolnshire, which dispatches more than 1,000 lorry-loads of food daily. The industry supports 56,000 people in agriculture, processing, marketing and logistics.⁸

The Farm Safety Foundation reports: **"92% of UK farmers under the age of 40 rank poor mental health as the biggest hidden problem facing farmers today"**.⁹ 44 suicides were registered in England and Wales in 2020 for those working in farming. Farming is associated with poor sleep, as well as difficulties with work-life balance and physical and mental health. It is also affected by traumatic events, extreme weather, epidemics, crime and subsequent financial damages.¹⁰ Furthermore, mental health is often still a topic surrounded by stigma in this community.

To better understand the experiences of these individuals when it came to their mental health and accessing support, we launched our final project for 2024.

8. Greater Lincolnshire Local Enterprise Partnership (n.d.). Greater Lincolnshire's Ag Zone

9. Yellow Wellies (2020). Farming's Mental Health Challenge.

10. Greater Lincolnshire Food Board (2020). Written evidence submitted to UK Government.





Engagement (Methodology)

We launched two surveys, one for service users and one for professionals. Individuals were also given the opportunity to share their experience over the phone, via email or in any format that is easiest for them. The team, including our amazing volunteers, distributed paper copies of the survey to those who preferred to engage this way* and to local support and community groups.

**The survey could be sent back to us using our freepost address.*



Engagement (Methodology)

The surveys covered the following:

- Diagnosis
- Waiting times
- Treatment and management
- What works well?
- What could be improved?

Acknowledgments

We would like to thank:

- Everyone who took the time to share their views.
Hearing your experiences is invaluable.
- The HWLincs staff team including our amazing volunteers, local support groups for their support.
- The individuals and community groups who supported by sharing the survey with their networks.



Disclaimer

We recognise and acknowledge that the experiences shared might not be fully representative of:

- All experiences with mental health and accessing support among these groups
- All professionals supporting these individuals with their mental health in Lincolnshire

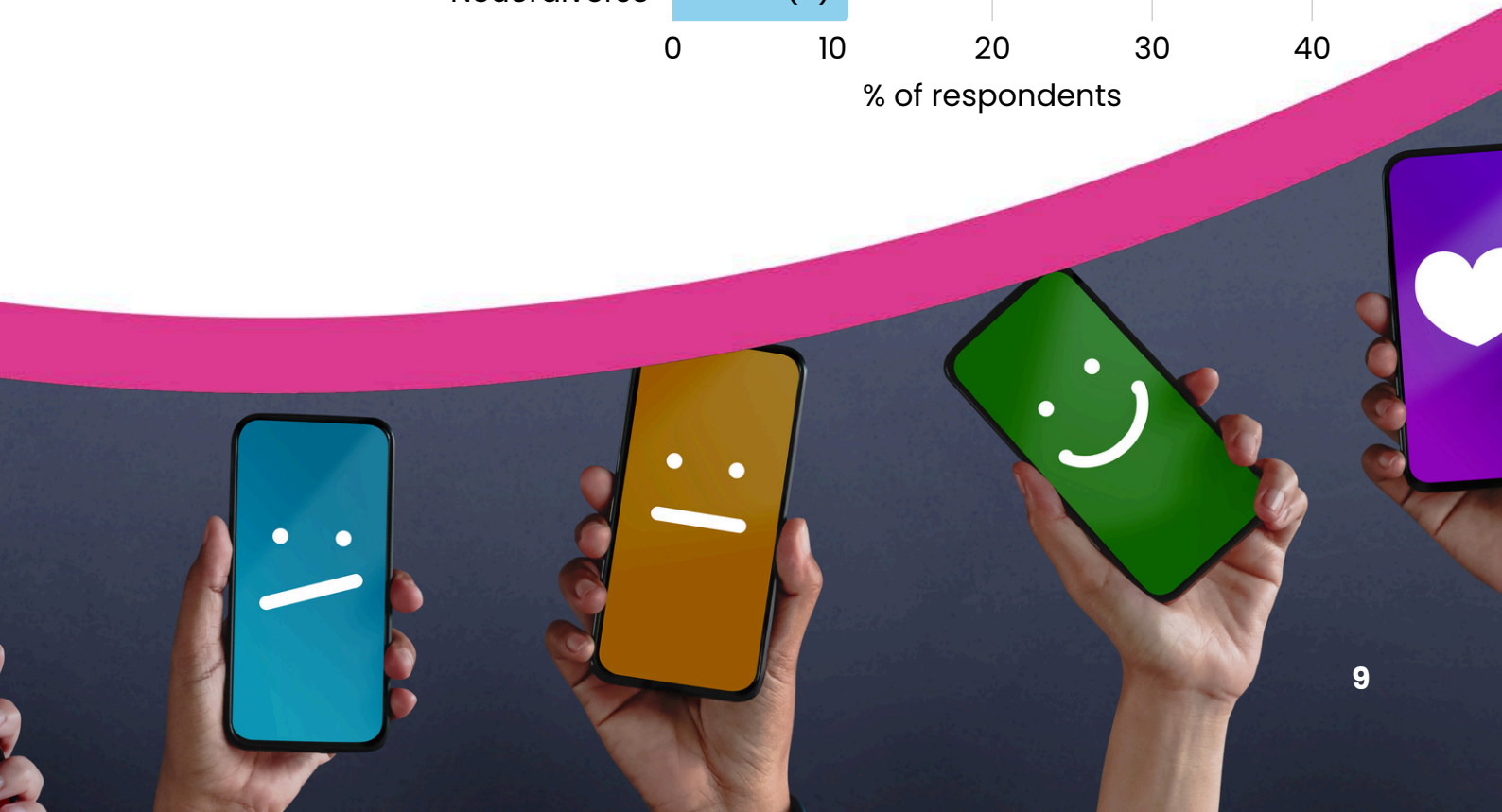
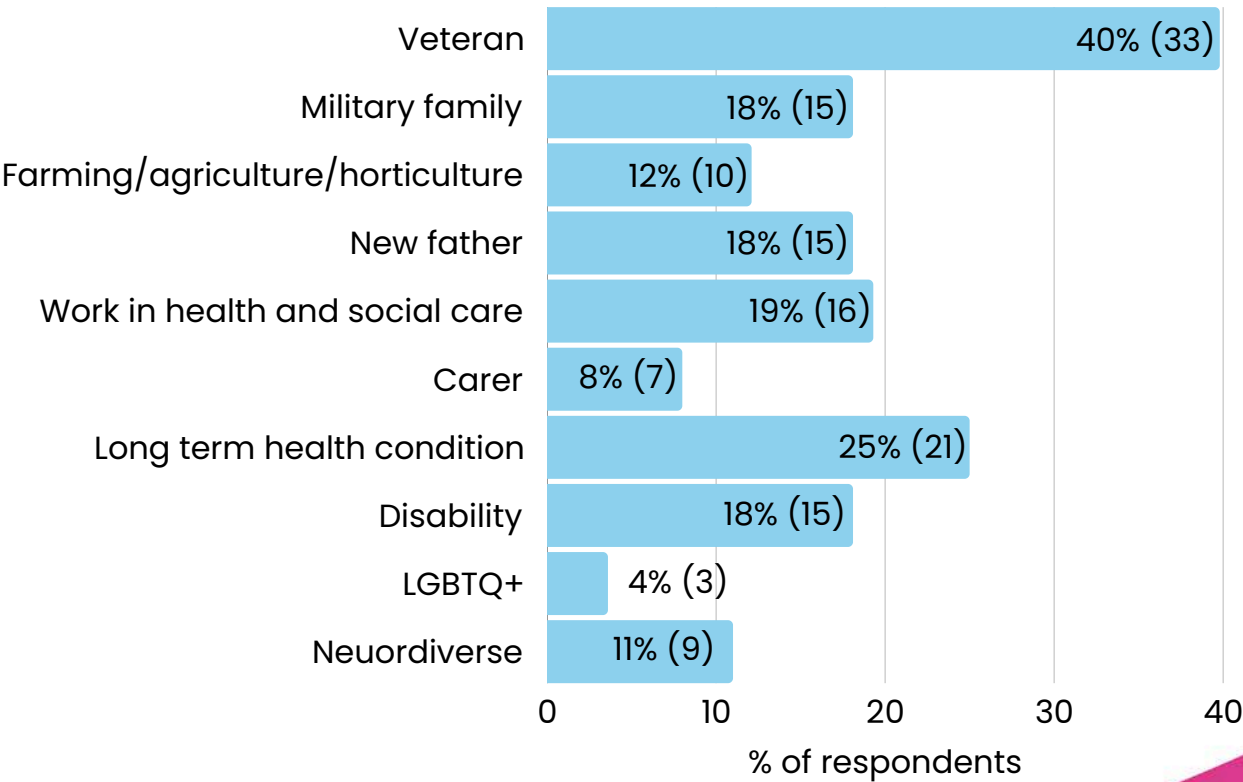
Although the sample size is small, we believe that every experience shared is valuable and can provide meaningful insight.

Findings – Who shared their views?

88

people shared their views*

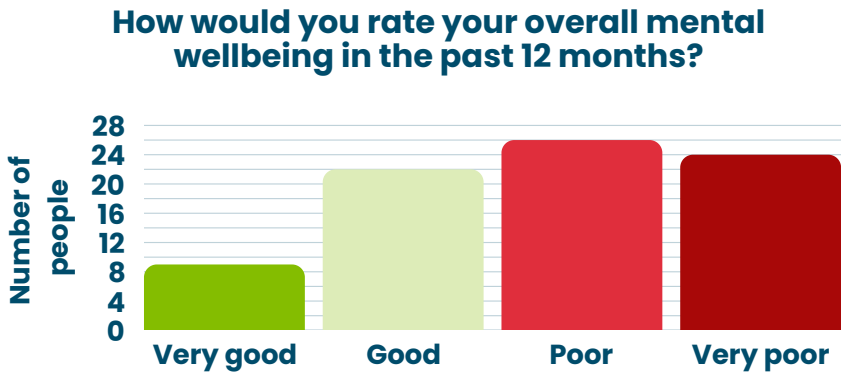
**Two were professionals working to support these groups in relation to their mental health. A full breakdown of who shared their views can be seen in the demographics section of this report.*



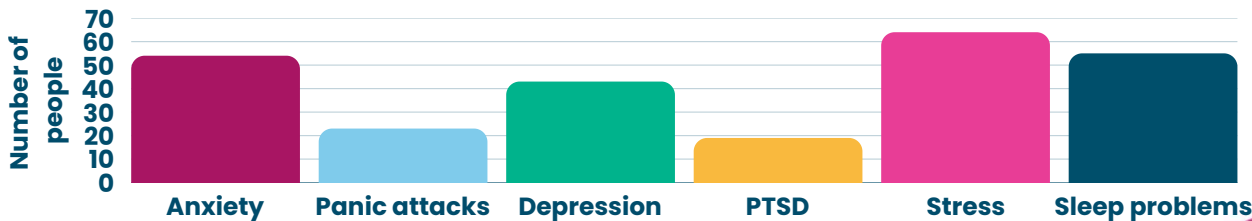
Overall

In total, 88 people shared their views. This overall section presents the findings from everyone who completed the survey, not just those from the specific focus groups.

Mental health over the past 12 months



Respondents were asked what symptoms they had experienced in the past 12 months. The most common symptoms were stress, anxiety and sleep problems or disorders.



Overall

Stigma

Those who indicated that they were a new father, veterans, from a military family and or worked in farming/agriculture/horticultural were asked if they felt there was a stigma around seeking mental health support in these groups.

"Mainly males in agriculture who still feel it is taboo."

"Military veterans are not disposed to asking for help when many think that there are more deserving people."

"It's seen as a macho environment and men shouldn't struggle."

"Farmers are too busy."

"It's self-imposed stigma."

- A veteran

- A veteran

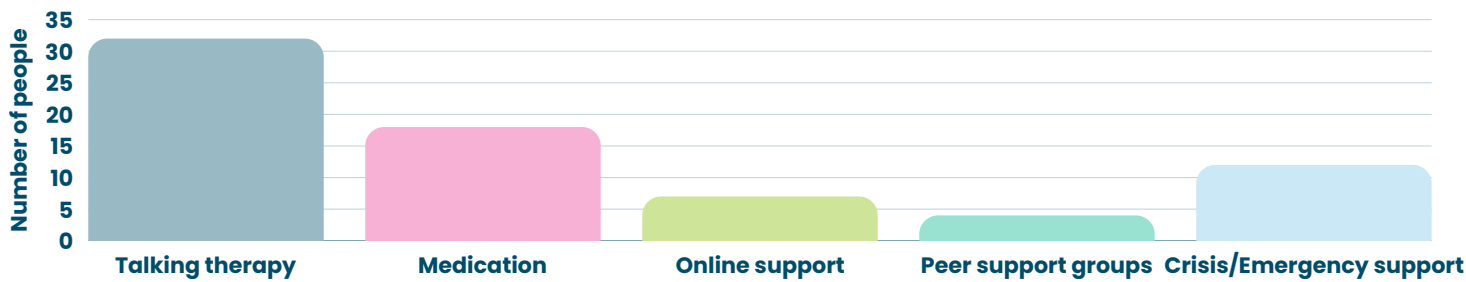
"Due to military service I have difficulties accepting my own mental health issues as there was always a stigma around it."



Overall

Access to mental health services

33 respondents had tried to access mental health support in the past 12 months. Most commonly respondents had tried to access talking therapy/counselling and medication. Respondents had frequently tried to access multiple forms of support.



Out of 24 individuals who answered this question, 65% (15) found it easy to access support.

What made it easy to access support?

- “A fantastic professional took the lead at NKDC and worked with GPs and NHS hospitals.”
- “The ease of use of the website I was signposted to.”
- “Having worked in the field I was aware of resources available to initiate support.”
- “Being giving directions on letters.”
- “Once a local authority NKDC support worker stepped in everything happened very fast a multi-agency approach including multiple NHS appointments.”



Overall

What made it difficult to access support?

14 respondents shared what made accessing support difficult or prevented them from doing so. The most common reason was long waiting times (57% (8)) followed by lack of information and not meeting the criteria (both 29% (4)).

“Absolutely no help whatsoever. I am too complex for Steps to Change, too complex for the Veterans Team, not complex enough for the Complex Veterans Team.... I am stuck and nobody actually cares.”

“Services were great when accessed. It felt a little disjointed and would have been nice to be weened off the counselling onto another support system as you would do with medication.”

“There were a lot of initial screening/assessments to draw out needs and concerns, so a lot of recording of information but no actual support. A three-month follow-up phone call with further assessment over the telephone (no in person support) Then a computer-based programme which I had already accessed two years previously and have been in continuous need of more in-depth support.”

“I saw the mental health nurse and received medication within a month. Had a talking therapies assessment very quickly but have been waiting two months to progress this to receiving further help via the Cognitive Behavioural Therapy (CBT) app which I opted for as thought it would be quicker than face to face appointment.”

“I saw an excellent mental health nurse at my surgery and received support and medication within a month. Accessing talking therapies is proving more difficult – had my assessment very quickly but been waiting almost two months to access the online CBT app which I thought would be a lesser wait time than face-to-face appointments.”

Overall

Medication

31 respondents shared they took medication for their mental health. 61% (19) shared that medication choices were discussed and they were given enough information to make an informed decision.

"Thanks to the NHS app I can order my prescriptions much easier than before and they are usually ready."

Online support and websites

32 respondents shared they had been recommended or used online support or websites for their mental health. Individuals felt the information was often easy to find and navigate. However, respondents frequently felt that the information was a bit too generic and would prefer face to face support.

What works well?

"Useful information and ways to cope better."

"The website(s) were easy to use and I could find what I was looking for with little-to-no problems."

"Useful for anxiety tips."

"Very helpful, easy to navigate. Though St Barnabas is more in the media/talked about/advertised than Cruse [Bereavement Support]."

"Useful information and ways to cope better."

What could be improved?

"Some websites are better than others. When looking for support the webpage needs to be easy to read and it should be obvious what support is available on page one, not having to click through lots of things trying to find it. Online support is helpful at times when you are Novemberbe not able to call someone, a reminder of things you can do to help yourself."

"Sites that lead to being able to talk to someone are good. I don't find the other sites useful at all."

"Because they are quite generic it was not easy to locate bits that I thought would help me."

"Lots to read but hard to apply without further support."

"They only offer simple fixes, not for something complex and unique situations."

"Would prefer some direct interaction rather than searching for information online."

Overall

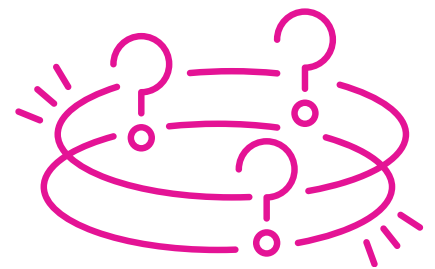
From support to uncertainty

Three individuals discussed that there was often a sharp transition from receiving support to being left with minimal-to-no help once support ended. They highlighted a need for a more gradual transition period.

“Services were great when accessed. It felt a little disjointed and would have been nice to be weened off the counselling onto another support system as you would do with medication.”

“Confusing processes. Constantly aware of a time limit to my support. Focused on what happens when my support ends.”

“I would love to see a clear system for de-escalating support. It is clear as it escalates but coming out of the services leave you alone and vulnerable to more poor mental health.”



Overall

What currently works well about mental health services in Lincolnshire?

Positive experiences shared in this survey appeared to be due to the actions of individual healthcare professionals rather than a consistent equitable approach. There was praise for specific individuals and charities that provide support to veterans.

“Having a Mental Health Practitioner in my surgery was brilliant as got an appointment relatively quickly and she was very supportive.”

“CBT was effective and continued to have a positive effect once the course had completed.”

“I was able to get quick support through a military charity.”

“Those sites that lead to being able to talk to someone are good. I don't find the other sites useful at all. I go to Help for Heroes where their medical rep is very good for signposting to help. I have also self-referred to the Complex Treatment team.”

What could be improved about mental health services in Lincolnshire?

Respondents were asked: “What improvements or changes would you like to see in services to better support your mental health?”

Improvements included:

- Quicker and easier access to support
- More face-to-face or person-based support instead of online
- Options beyond medication
- Better communication between services and joined-up working
- Improved continuity of care during support and a smoother transition when support ends
- Address mental and physical health at the same time
- Support to tackle the root causes of issues that persist beyond medication and therapy

Overall

What could be improved about mental health services in Lincolnshire?

“The chance to talk to a therapist would be lovely... instead of completing stupid online forms or leaving messages on voicemail.”

“Stop coping out and throwing tablets at people. Therapies and support networks should be encouraged wherever possible.”

“Services that treat the issues not the symptoms – too much about MH services are quashing your symptoms which will never go away until the root cause is resolved – you wouldn't tell someone with skin cancer to not go out in the sun as a treatment would you. There needs to be a much more reactive service for those who just need a bit of encouragement to top up their confidence that they are on the right track.”

“A mobile centre that people could visit than having to go to a central location for support.”

“Quicker access to talking therapies especially for people who are trying to get back to work. I needed them now not months and months later when I've had no choice but to go back to work as being absent from work is also detrimental to my mental health.”

“Reduce the need to jump through the hoops of therapies for less severe mental health needs before you can access more targeted or intensive therapies. I have tried things like CBT in other NHS trusts I have lived in previously, I shouldn't have to redo these to then get more specific support after if it's even offered. My only other option is to try and find and fund it myself.”

“A holistic approach to physical and mental health plus recognition that carers looking after ill people can be ill themselves. Continuity of doctors so not need to keep repeating stories. Not having unsuitable medication sent to pharmacy wasted on reading leaflets.”

Overall

What could be improved about mental health services in Lincolnshire?



A closer look at improving support for specific groups

New fathers

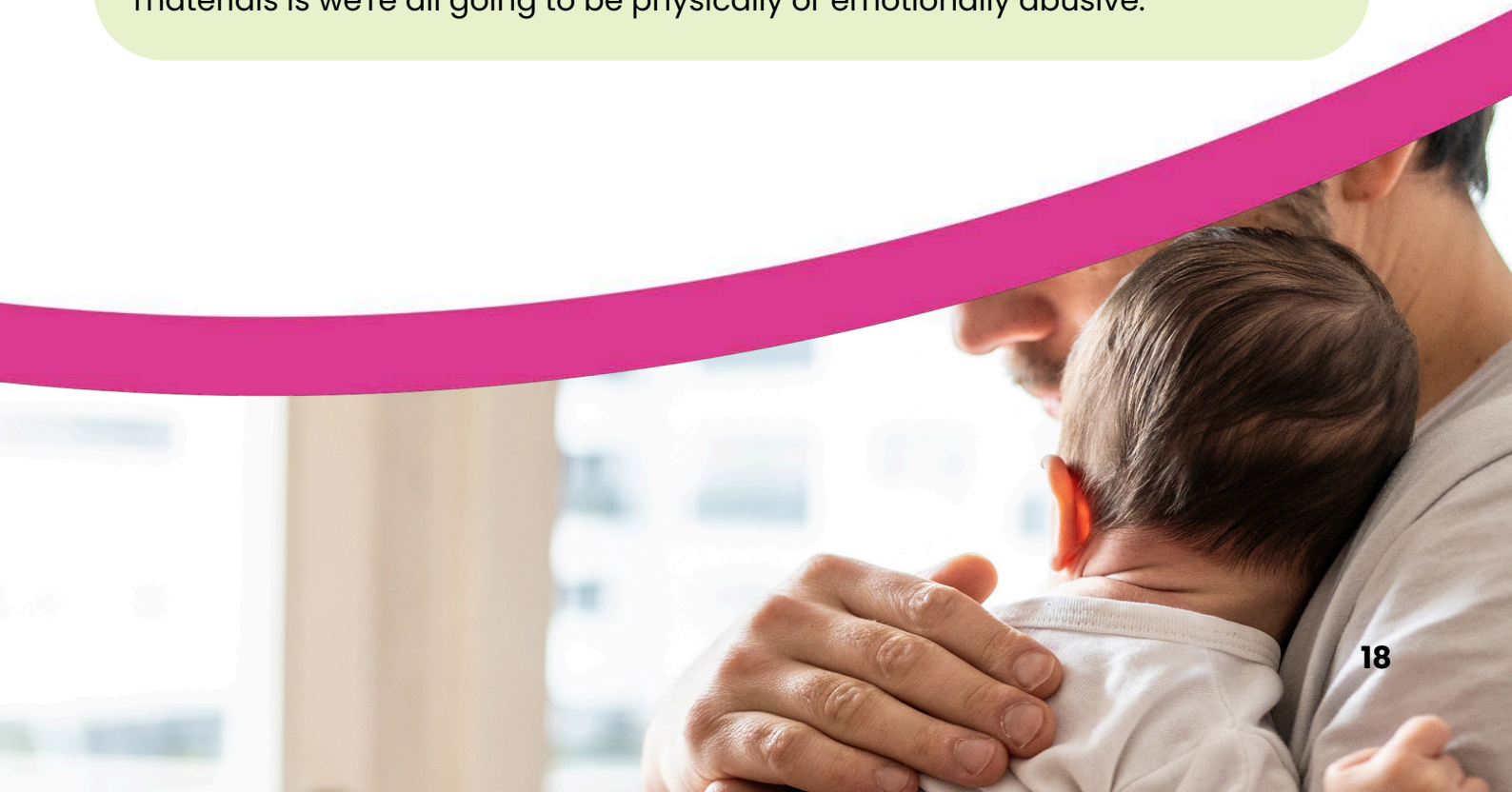
"My partner got support from perinatal. I wish there was a similar team for new dads who needed support.

Thankfully outside that window now but I really struggled with forming a bond with my child at the start and it led to lots of feelings of guilt and made me not fun to be around."

"Actually useful new fathers guides. The "DadPad" app pushed by the maternity service is useless, and basically only stresses that you should not shout at your baby or your partner or hit them. It degrades the expectations of new fathers that all is expected is just not to be abusive.

What would actually be helpful is getting more practical and useful support to help support a new family, not only a new baby but also your partner with everything they are going through."

"Practical and emotional advise on adapting to life with a new baby, but specifically around supporting your partner with everything they are going through. Not being made to feel like the only concern in all the "Dad" related materials is we're all going to be physically or emotionally abusive."



Overall

What could be improved about mental health services in Lincolnshire?

A closer look at improving support for specific groups

Health and care professionals

One individual who worked in health and care felt mental health support for those working in the sector was not good and that “independent support for health care professionals” would be beneficial.

Veterans

“Stigma need to be broken especially for military personnel as you have the ethic to keep going. Sadly this is causing people to break. Military personnel have a strong work ethic and sadly they cover over people in civilian street. A lot of veterans don't go sick as they don't want to be classed as a sick note, unlike others who just go sick. Should be more incentives in work place to employ military and ex military staff.”

“Improved understanding of specific issues relating to military service.”

“Awareness raising and increased profiles around mental health are removing barriers to seeking help – military families have greater awareness of the pathways to support.”



The following sections look at specific groups in more detail:

- 1. New fathers**
- 2. Those working in farming/agriculture/horticulture**
- 3. Military families and veterans**



New fathers

15

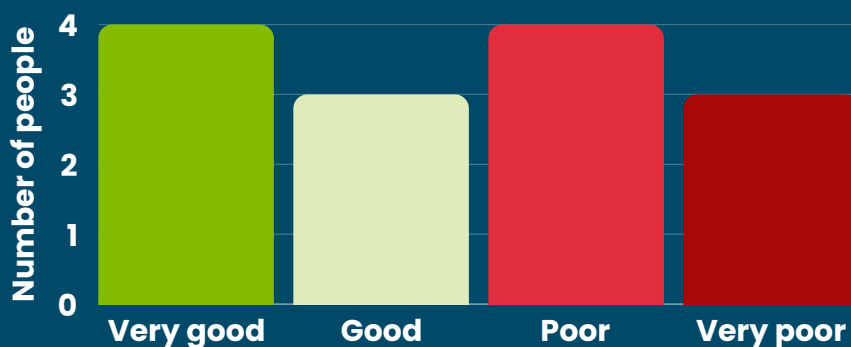
new fathers shared their experiences of mental health and accessing support.

Intersectionality

- Three of these new fathers worked in health and social care and two individuals also worked in farming or other allied industries.
- Two individuals shared they had a disability and a long term condition and one was neurodiverse.

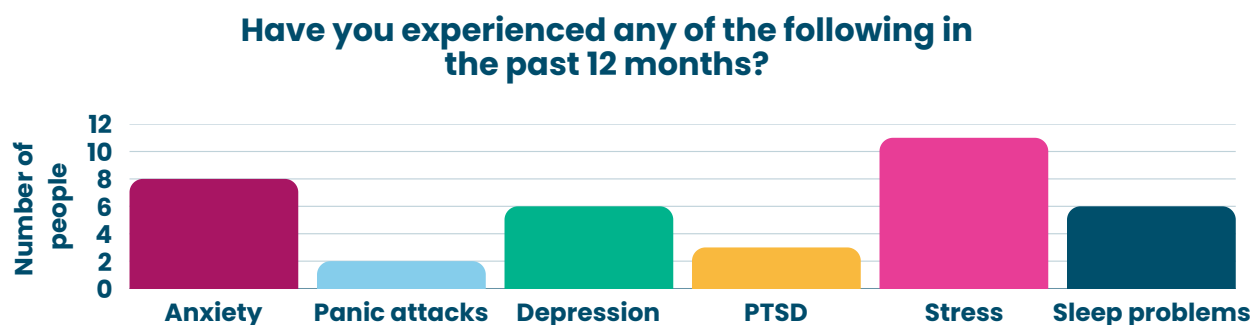
Mental Health

How would you rate your overall mental wellbeing in the past 12 months?



New fathers

Respondents were asked what symptoms they had experienced in the past 12 months. The most common symptoms were stress, anxiety and sleep problems or disorders.



Access to mental health services

Four respondents sought mental health support in the past year, often pursuing multiple types, including talking therapies (three people), medication (one), and crisis support (one). One individual was unable to access any help despite trying. Barriers included stigma, fear of judgment, long wait times and service location.

How can new fathers be better supported?

“My partner got support from perinatal, I wish there was a similar team for new dads who needed support. Thankfully outside that window now, but I really struggled with forming a bond with my child at the start and it led to lots of feelings of guilt and made me not fun to be around.”

“Practical and emotional advise on adapting to life with a new baby, but specifically around supporting your partner with everything they are going through. Not being made to feel like the only concern in all the "Dad" related materials is we're all going to be physically or emotionally abusive.”

“Actually useful new fathers guides. The "DadPad" app pushed by the maternity service is useless, and basically only stresses that you should not shout at your baby or your partner or hit them. It degrades the expectations of new fathers that all is expected is just not to be abusive.

What would actually be helpful is getting more practical and useful support to help support a new family, not only a new baby but also your partner with everything they are going through.”



Farming/agriculture/horticulture

10

individuals worked in farming/agricultural/horticultural industry shared their experiences of mental health and accessing support.

Intersectionality

- Two of these individuals were also new fathers and two were neurodiverse and one had a disability.

Mental Health

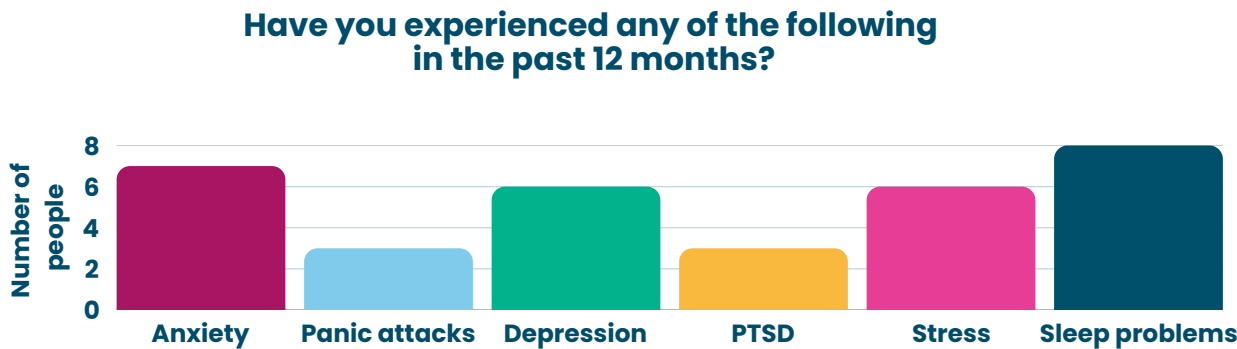
How would you rate your overall mental wellbeing in the past 12 months?



Farming/agriculture/horticultural industry

Mental health

Respondents were asked what symptoms they had experienced in the past 12 months. The most common symptoms were sleep problems or disorders, anxiety, depression and stress.



Stigma

Eight respondents felt there was a stigma around individuals in this industry.

“Farmers are too busy.”

“Mainly males in agriculture who still feel it is taboo.”

“Farmers have always looked down on farmers.”



Farming/agriculture/horticultural industry

Access to mental health services

Two respondents had tried to access mental health support in the past 12 months. This included taking therapy/counselling, peer support groups and crisis/emergency support. Difficulties accessing support were due to stigma and fear of judgement, long waiting times, location of services and not meeting the criteria.

How can those working in the farming/agriculture and horticulture industries be better supported?

The suggestions about how mental health support for these groups could be improved appear to focus on more general systemic issues. These included a holistic approach to care that addresses mental and physical health together, in this case specifically improve access to dental care in the county, easier access, listening and greater continuity of care.

“Difficult to get dental service which is affecting mental health as becoming more anxious. Have tried 111, [my] own dentist would not refer to community dentist for extractions but no NHS care there for 18 month. We ,like others, can't afford large fees for dental extractions on stumps and infection risk high due to reduction in second swallow and having recurrent chest infections. Spoke with GP for help but advised to go back to dentist again but previously he declined to do this. Other option to go back to 111. Some problems have no option to resolve which then affects mental health. ”

“it would be good to think that we could access a GP appointment and be listened to. There have been many occasions, particularly this year, when access to a GP and the NHS would have benefited us but there was no point in even trying to get an appointment. My partner & I had a waste of time Well Man/Woman check in the summer, with a nice young woman, but the questions didn't touch any of our major issues and she would not take any questions from us once she had finished her very rudimentary questionnaire. She offered to get a further clinic to contact my partner, which he accepted. We are still waiting to hear from them, in December. We feel totally unsupported, isolated, unvalued and abandoned from the system.”

“Better access to GP, better 'joined up' services from NHS, better understanding.”



Military families and veterans

15

respondents were
from military
families.

33

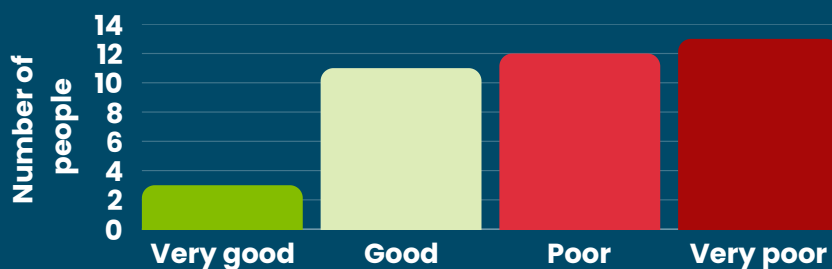
respondents
were veterans.

Intersectionality

- Three of these individuals were also carers, one was a new father and eight worked in health and care.
- Nine had long term health conditions, eight disability and three were neurodiverse.

Mental health

How would you rate your overall mental wellbeing in the past 12 months?



**Many of the respondents who were veterans also indicated they were part of a military family and vice versa.*

Military families and veterans

Stigma

21 respondents felt there was a stigma around individuals in this industry.

"It's self-imposed stigma."

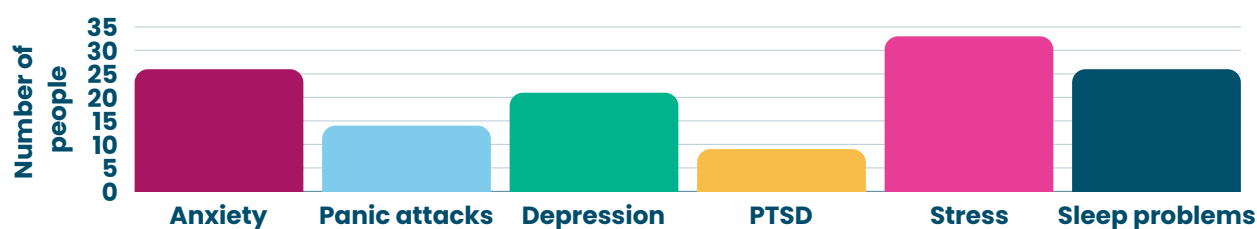
"Military veterans are not disposed to asking for help when many think that there are more deserving people."

"Due to military service I have difficulties accepting my own mental health issues as there was always a stigma around it."

"It's seen as a macho environment and men shouldn't struggle."

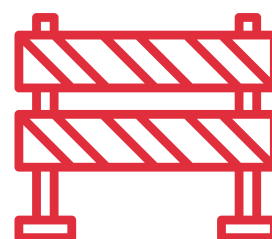
Respondents were asked what symptoms they had experienced in the past 12 months. Respondents shared they had experience a range of symptoms from stress, to depression to sleep problems or disorders.

Have you experienced any of the following in the past 12 months?



Access to mental health services

20 respondents had tried to access mental health support in the past 12 months. This included talking therapy/counselling, online support, peer support groups, medication and crisis/emergency support. Difficulties accessing support were due to stigma and fear of judgement and waiting times.



Military families and veterans

Experiences of support

Positive and mixed experiences

"I saw an excellent mental health nurse at my surgery and received support and medication within a month. Accessing talking therapies is proving more difficult – I had my assessment very quickly but been waiting almost two months to access the online CBT app which I thought would be a lesser wait time than face-to-face appointments. Having a Mental Health Practitioner in my surgery was brilliant as got an appointment relatively quickly and she was very supportive."

"My GP recommend adult mental support but I was able to get counselling quickly through the RAF Benevolent Fund."

Negative experiences

"There were a lot of initial screening/assessments to draw out needs and concerns, so a lot of recording of information but no actual support. A three-month follow-up phone call with further assessment over the telephone (no in-person support) Then a computer-based program which I had already accessed two years previously and have been in continuous need of more in-depth support."

"I reached out for help with my aggression/anger problems. My request was forwarded to another department... nothing heard since and my initial request for anger, etc, has simply been deleted."

"Absolutely no help whatsoever. I am too complex for Steps to Change, too complex for the Veterans Team, not complex enough for the Complex Veterans Team.... I am stuck and nobody actually cares."

Military families and veterans

How can military families and veterans be better supported?

Positive experiences shared in this survey appeared to be due to the actions of individual healthcare professionals rather than consistent equitable access. There was praise for specific individuals and charities that provide support to veterans.

"I was able to get quick support through a military charity."

"Those sites that lead to being able to talk to someone are good. I don't find the other sites useful at all. I go to Help for Heroes where their medical rep is very good for signposting to help. I have also self-referred to the Complex Treatment team."

Respondents suggested that support could be improved by easier and quicker access to services, better coordination of services and a more holistic approach, as well as a better understanding of the needs of these individuals.

"Improved understanding of specific issues relating to military service."

"A holistic approach to physical and mental health, plus recognition that carers looking after ill people can be ill themselves. Continuity of doctors so not need to keep repeating stories. Not having unsuitable medication sent to pharmacy wasted on reading leaflets."

"Reduce the need to jump through the hoops of therapies for less severe mental health needs before you can access more targeted or intensive therapies. I have tried things like CBT in other NHS trusts I have lived in previously, I shouldn't have to redo these to then get more specific support after if it's even offered. My only other option is to try and find and fund it myself."

"Quicker access to talking therapies especially for people who are trying to get back to work. I needed them now, not months and months later when I've had no choice but to go back to work as being absent from work is also detrimental to my mental health."



What did health and care professionals say?

A professional working in GP services who has supported new fathers and those working in farming/agriculture/horticulture with their mental health shared their experiences.

A common trend they had seen was a gap in services, highlight a need for: **“First contact mental health support that is responsive and able to meet their needs and direct them to the required support or specialist.”**

Currently, they felt individuals were **“bounced from pillar to post”** and **“should have direct access to mental health services and not have to go via primary care”**. They felt **“not a lot is working well”** and explained that **“there November be direct patient phone lines but often a patient doesn’t get what they need or it takes a long time despite the initial early contact”**.

To improve services, they felt there was: **“A need for psychologist input in Lincolnshire. Many individuals need psychologist support for functional symptoms and we are being told this is not commissioned in Lincolnshire. Therefore patients continue to attend repeatedly to unscheduled care.”**

What did professionals say?

A professional working for OP Courage, a service that supports veterans across Lincolnshire and the East Midlands, shared their experiences.

When asked if they had seen any common trends in relation to the mental health needs of veterans, they reported: **“Ignored by GPs, passed around the NHS, lack of information given at appointments, referrals not actioned or chased up on behalf of veteran.** Most don't know about OP Courage veterans' mental health and wellbeing service”.

They also felt services could be improved by **“more staff and better co production** working with GP and services in general”.

They highlighted how OP Courage works to support the mental health needs of veterans: **“We are a specialised service** for veterans where they are **assessed by a mental health practitioner and services are then care planned.** The **veteran and their family are at the heart of the service** and we look holistically at all needs including financial, physical and mental health and employment. We address any safeguarding concerns, we have good connections across the East Midlands and are able to sign post to both secondary and charitable services”.

[Click here to find out more about OP Courage](#)



Final Thoughts

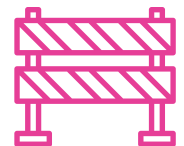
We would again like to thank all those who took the time to share their views. In total 88 individuals shared their experiences, two of which were health and care professionals:

- 40% (33) were veterans
- 18% (15) were from military families
- 12% (10) worked in farming/agriculture/horticulture
- 18% (15) were new fathers

Some individuals belonged to more than one of the above groups.

Key headlines were:

- **Stigma** – The groups of interest highlighted that there was often a stigma around seeking mental health support including being too busy and taboo (farming), not used to asking for help, and not macho (veterans).
- **Barriers to asking for support** – included long waiting times, not meeting the criteria and lack of information.
- **Online resources** – respondents felt the information was often easy to find and navigate. However, respondents frequently felt that the information was generic and would prefer face to face support.
- **From support to uncertainty** – respondents discussed that there was often a sharp transition from receiving support to being left with minimal to no help once support ended. They highlighted a need for a more gradual transition period.



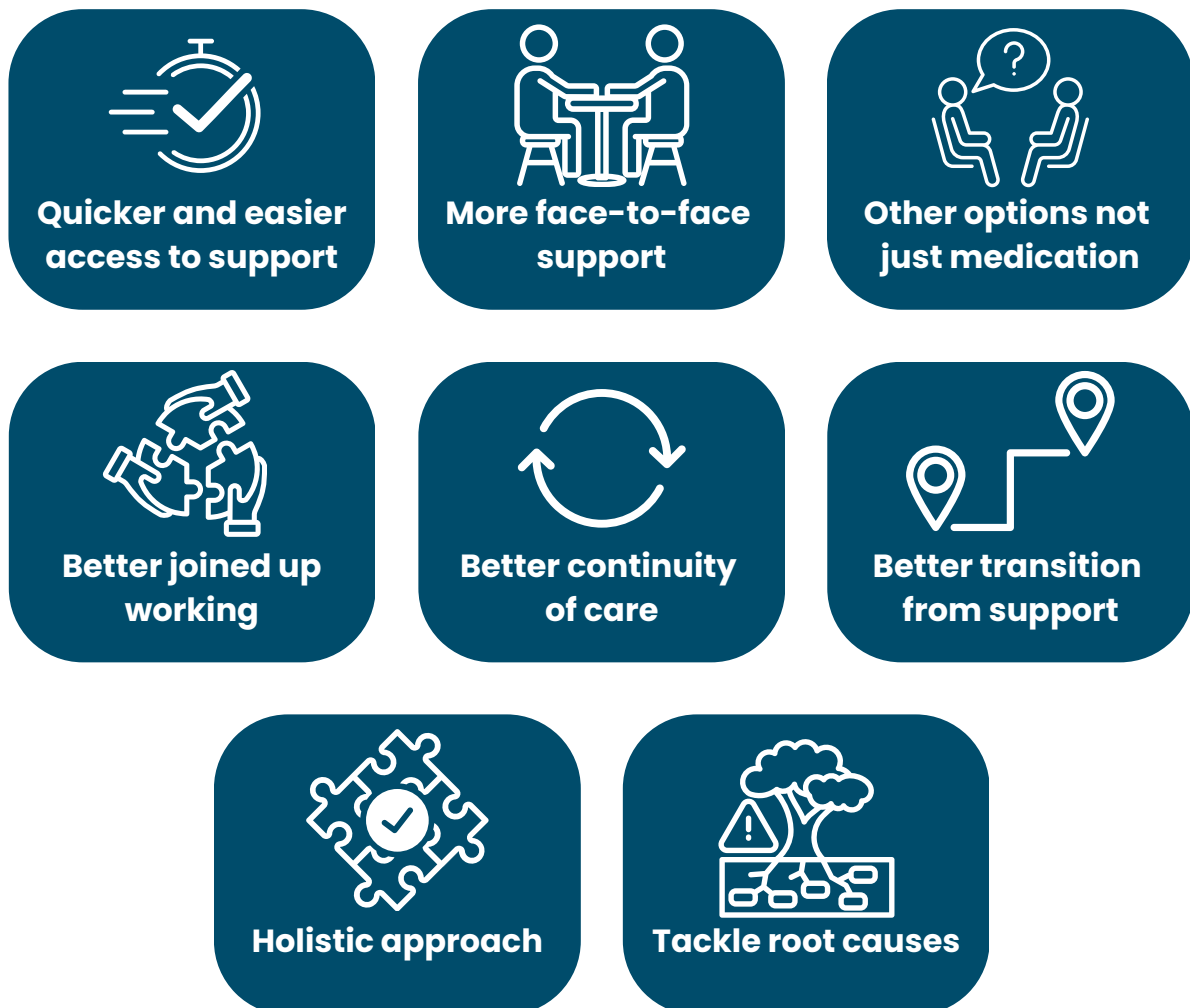
What works well?

Positive experiences shared in this survey appeared to be due to the actions of individual healthcare professionals rather than a consistent equitable approach. There was praise for specific individuals and charities that provide support to Veterans in a timely manner and understood their needs.



Final Thoughts

What could be improved?



A closer look at improving support for specific groups

New fathers

Provide support to new fathers and signpost them to information on how they can support themselves, partner and baby.

Veterans

Tackle the stigma around seeking support, raise awareness of mental health in this group and what support is available and a better understanding of the needs of military families and veterans.

Recommendations

Key improvements that can be implemented across all services for short-term benefits to be seen by residents.

1. Ensure the digital transformation enhances timely, accessible and connected care but does not replace face to face support.

- **Evidence from the report:**

- **Disjointed services:** Service users and professionals highlighted that services often felt disjointed. Access was described by one as ‘confusing’ or like ‘jumping through hoops’ (p.15, 29, 30 & 31).
- **Waiting times and interim support:** Concerns were raised around long wait times for support, with little interim support offered (p13, 26 & 28) as well as the often sharp transition off of formal support (p15).
- **Value of face-to-face support:** While online support was recognised as helpful, particularly as a starting point, some felt it was generic and face-to-face would be more preferred/perceived to be more appropriate (p13, 14).

- **Potential solutions:**

Part of the NHS 10-Year Health Plan focuses on shifting from analogue to digital systems, so we recommend the following to improve the patient experience:

- Use digital platforms to streamline access, improve inter-service communication and coordination of care.
- Develop digital tools that clearly inform patients about available services and how to access them. Provide timely updates on their care journey—for those who wish to use digital services.
- Use digital services, where and when appropriate, to provide early or interim access to less generic support, including triage tools and support while waiting for appointments. Also, explore how digital services can support those transitioning out of formal support.
- However, it is important to continue to preserve and promote face-to-face options for those who need or prefer in-person care. It is crucial that patients continue to be offered choice and flexibility in how they access care—whether digital, face-to-face, or hybrid.

Considerations

These are to inform future planning, development and improvement of services for long-term benefits to be realised for residents.

1. Promote holistic, informed support beyond medication

- Review and enhance access to varied types of support.
- Ensure patients are consistently made aware of the full range of the support available beyond medication, including voluntary, community, and social enterprise (VCSE) services.

2. Improve interim support and transition out of formal services

- Develop clear guidance on what individuals can do while waiting for formal support, including self-help resources, community services, and peer support networks. Also consider doing the same for when patients transition out of formal support. Ensure this information is consistently shared with patients.

3. Strengthen collaboration with VCSE and community organisations

- Consider how VCSE and wider community support can be better integrated into care pathways to provide more personalised, holistic support for those in need.

4. Continue education around mental health and lifestyle factors

- Continue ongoing public campaigns to promote healthy lifestyle habits and highlight factors that influence mental wellbeing. This should include clear messaging and accessible resources.

A response from LPFT

Lincolnshire Partnership NHS Foundation Trust (LPFT) provides a range of mental health services and support for people with learning disabilities and autistic people.



Response to recent Healthwatch Lincolnshire mental health survey for veterans, new fathers and farming/agricultural communities:

We value very highly any feedback we receive from our local community, from people using our services and from staff working across LPFT and other sectors, and we regularly seek feedback through various routes. We always take what people tell us seriously and look to learn from this and improve access to and experience of our services.

Demand on local mental health support has increased substantially over the last few years, and despite significant investment in many areas, we know that our waiting times for some teams are still higher than we would like them to be. We also know, however, that we perform better than many trusts in other areas, with Lincolnshire having some of the lowest waiting times for community mental health services in the country.

Of course, that does not mean that we cannot improve further. We continue to work with our commissioners, as well as partners across health, social care and the voluntary, charity and social enterprise sector to improve the way people access mental health support. We are dedicated to reducing how long people are waiting but also to increasing the support available while people wait and providing a service in a way that best suits someone's needs, be that in person or online.

We know for some in our community the stigma of seeking support for their mental health can be a barrier, especially for men. This is something we give considerable thought to. However, we recognise that alongside our public health colleagues, we have more work to do and would welcome the opportunity to collaborate with our local community on what more could be done. We have several involvement and co-production groups across our services and the Lincolnshire Community Mental Health Co-production group always welcomes new members to join and be part of these discussions. People can contact lpft.involvement@nhs.net to find out more about involvement opportunities."

A response from LPFT (continued)



We are working hard to ensure our services do not feel disjointed and difficult to navigate for people but do acknowledge that with the range of specialist services we provide, this can be a challenge.

Through our community mental health transformation programme, we are trying to achieve a 'no wrong door' approach to people accessing support. Building expertise and resilience in our local communities, GP surgeries, and schools, so that people can receive help earlier, look after their own wellbeing, and get support while they wait for specialist care, if that is what they need.

We have launched '[How Are You Lincolnshire](#)', which is an online directory of wellbeing and mental health support for people to search what might be available in their local area, and many areas now have community connectors and social prescribers who can discuss with people on a face-to-face basis what support they may find helpful. More work is ongoing to further develop our directory of specialist secondary care services and how people can access these.

Our Lincolnshire Talking Therapies service is available to all Lincolnshire residents and we welcome engagement from new parents, farming and veteran communities. The therapy is discreet and available remotely as well as face-to-face. This service has an engagement lead to help focus on supporting our local communities to access this service and we will ensure these groups are discussed in detail to help us develop relevant campaigns to raise awareness.

New fathers

For new fathers, while our perinatal mental health service has a main focus on the mother, we do also offer support for the partner and signposting to other organisations and services where this might be needed. Fathers can self-refer or be referred to Lincolnshire Talking Therapies where they might be struggling with anxiety or depression following the birth of their child, and this service will expedite access to support within 24 months of the child's birth.

We also work closely with maternity teams at United Lincolnshire Teaching Hospitals NHS Trust, who offer a range of support to families at all stages pregnancy, including specialist midwives for mental health.

Our specialist perinatal mental health service works with only a small percentage of new parents as the focus is on severe mental ill health, but we will give due consideration to this matter and take discussions forward through the system wide Better Births programme on the wider offer to new fathers.

A response from LPFT (continued)



Farming communities

With regard to farming communities, we are aware of the isolative nature of this sector and would encourage people to reach out. Lincolnshire Talking Therapies can provide therapy and support in a variety of ways, and we also work with, and would encourage contact with the Lincolnshire Rural Support Network: <https://www.lrsn.co.uk>

Veterans

Finally for veterans, Lincolnshire is the lead provider for the Midlands Op COURAGE, the veterans mental health and wellbeing service, which offers support to service leavers, reservists and their families in Lincolnshire.

The service is provided by trained professionals from the Armed Forces community and people with extensive experience of working with the military.

Much of the feedback collected in the report is consistent with what we have heard locally from veterans and their families and we continue to work collaboratively with veterans and their families to improve our service offer and reduce the stigma people feel in seeking out support. This includes looking at how we can improve our discharge processes to better support veterans and their families and strengthening our collaborative working with the VCFSE sector to offer on-going support when someone no longer needs specialist interventions.

We encourage veterans to let their GP know they have served in the UK Armed Forces, as it may be relevant to their health and care and GP colleagues can signpost to Op COURAGE or other areas of support that people may find helpful.

We have also recently launched a dedicated online resource for our veterans on what Op COURAGE can offer to them and their families available at: www.opcouragemidlands.nhs.uk

We hope that some of the changes we have already made and the changes we continue to make will mean that some of the experiences people have had in the past will not be replicated in the future.

Demographics

Demographic	Percentage (number)
Age 25 – 49 50 – 64 65 – 79 80+ Prefer not to say	33% (19) 46% (26) 16% (9) 2% (1) 4% (2)
Gender Male Female Non-binary Prefer not to say	65% (37) 32% (18) 2% (1) 2% (1)
Ethnicity Asian/Asian British: Indian Mixed/Multiple ethnic groups: Asian and White White: British/English/Northern Irish /Scottish/Welsh White: Irish White: Any other White background	2% (1) 2% (1) 91% (48) 2% (1) 4% (2)
Area of Lincolnshire Boston City of Lincoln East Lindsey North Kesteven South Holland South Kesteven West Lindsey Other (includes those who live on borders of Lincolnshire)	4% (2) 9% (5) 11% (6) 40% (22) 2% (1) 18% (10) 9% (5) 7% (4)

Demographics

Demographic	Percentage (number)
I have MORE THAN enough money for basic necessities and A LOT spare that I can save or spend on extras or leisure.	9% (5)
I have MORE THAN enough money for basic necessities and A LITTLE spare that I can save or spend on extras or leisure.	54% (30)
I have JUST ENOUGH money for basic necessities and little else.	21% (12)
I DON'T HAVE ENOUGH money for basic necessities and sometimes or often run out of money.	4% (2)
Prefer not to say	13% (7)
I am a veteran	40% (33)
I work in farming/agriculture	12% (10)
I work in health and/or social care	19% (16)
I am a new parent	18% (15)
I am a carer	8% (7)
I belong to the LGBTQ+ community	4% (3)
I have a long-term health condition	25% (21)
I consider myself to be neurodiverse	11% (9)
I have a disability	18% (15)

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If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and your family.

That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.