

MATT'S STORY

LOST BETWEEN SERVICES: THE HUMAN COST OF MENTAL HEALTH SYSTEM GAPS

CASE STUDY



PHOTO USED FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT OF MATT

OVERVIEW

Matt is an Army veteran from Cambridgeshire who has spent years trying to access consistent mental health support while managing depression, anxiety, trauma-related symptoms, and the long-term impact of domestic abuse.

Before his recent experiences seeking PTSD treatment, Matt had already been in contact with mental health services for several years. He was first diagnosed with depression and borderline personality disorder (BPD) in 2017 during a period of severe emotional distress and suicidal thoughts.

“I was very down at that point, very suicidal. I tried to take my own life.”

Matt explained that throughout much of this time, he often felt isolated and struggled to speak openly about what he was experiencing.

“I shut people out.”

BARRIERS TO MENTAL HEALTH SUPPORT

Although he received medication through his GP, Matt says he never felt he received consistent specialist support for his mental health needs. Over time, repeated referrals, changing medications, and difficulties accessing secondary mental health services left him feeling increasingly frustrated and emotionally exhausted.

Matt's experience reflects one of the strongest themes emerging across Healthwatch mental health feedback.

Over **60%** of all feedback relates to access difficulties and long waiting times, making these the dominant pressures experienced by people trying to access support. His story illustrates how these barriers can combine to leave individuals feeling lost between services.

Matt also described the lasting impact of experiencing domestic abuse within a previous relationship. While he said specialist trauma counselling through a domestic abuse support charity helped him begin rebuilding confidence and processing some of his experiences, he continued to struggle with significant PTSD-related symptoms, including nightmares, hypervigilance, anxiety, and difficulties sleeping.

NAVIGATING A FRAGMENTED SYSTEM

At the time of speaking to Healthwatch, Matt said he was sleeping only a few hours each night and often avoided public places because of ongoing trauma responses.

“I do look around shops to make sure... and I don't go out very much because of that.”

Despite continuing to seek help, Matt felt trapped between multiple services, unclear referral pathways, and long waiting times, leaving him uncertain about how to access the treatment he believed he needed.

Although Matt acknowledged the pressure NHS services are under, he said the experience had significantly affected his trust in the mental health system.

“It's just being pushed from pillar to post.”

Over the years, Matt continued to receive treatment for depression and anxiety through his GP, including several medication changes. However, he says attempts by his GP to access specialist mental health support often felt unsuccessful and disjointed.

“It's like speaking to an answer phone all the time.”

Matt described feeling listened to by his GP, but said the limitations placed on primary care meant he was repeatedly referred back and forth between services without receiving the specialist support he felt he needed.

Communication and coordination issues were a recurring theme throughout Matt's experience. His experience also reflects wider Healthwatch findings, where **35.37%** of all mental health feedback relates to access and referral issues, making this the single largest category of concern. Many people describe unclear pathways, repeated referrals, and uncertainty about where responsibility for their care sits.

A BREAKDOWN IN CARE COORDINATION

Earlier this year, Matt began experiencing severe sleep problems, nightmares, hypervigilance, and trauma-related symptoms linked to domestic abuse within a previous relationship.

"I couldn't sleep; I was having nightmares."

Following discussions with his GP, Matt was referred back to mental health services for assessment. However, he says the process quickly became confusing and distressing. According to Matt, the Primary Care Mental Health Service (PCMHS) informed his GP that veteran-specific services had already assessed him for PTSD and determined that no further treatment was required. Concerned by this, Matt contacted the services himself and says he discovered this was not the case.

"They blatantly lied to the GP in the letter."

Matt says veteran mental health services explained they had not assessed him for PTSD because his trauma was unrelated to military service and therefore fell outside their remit.

This conflicting information left Matt feeling deeply frustrated and uncertain about where responsibility for his care sat. He described feeling as though services were passing responsibility elsewhere rather than addressing his needs directly.

RECOGNITION WITHOUT ACCESS

Feeling unsupported by NHS pathways, Matt arranged a private psychological assessment through the Priory, where he received a diagnosis of PTSD related to domestic abuse.

The psychologist recommended Eye Movement Desensitisation and Reprocessing (EMDR), a therapy commonly used to treat PTSD. However, Matt says NHS mental health services later informed him he would first need to complete further counselling before being considered for EMDR treatment.

“I don’t see what counselling is actually going to do for me. I’ve already had trauma counselling.”

Matt explained that he had already completed specialist trauma counselling through a domestic abuse support charity, which he says had helped him rebuild confidence and move from seeing himself as a victim to a survivor.

“I don’t call myself a victim anymore, because I’m not a victim.”

Despite this progress, Matt feels his previous counselling and private assessment recommendations were not fully recognised by services. Instead, he says he was placed onto another counselling waiting list, with no certainty that he would later receive the trauma-specific treatment recommended to him.

THE LASTING IMPACT OF DELAYS

At the time of speaking to Healthwatch, Matt had been seeking support for several months and was still experiencing ongoing PTSD symptoms, including poor sleep, anxiety, hypervigilance, and avoidance of public places.

“I still can’t sleep, and it’s still not got nowhere.”

Long waits and delays were another significant issue within Matt’s experience. This reflects a wider pattern across Healthwatch feedback, where **25.85%** of people report long waits for assessment, making it the second largest category of concern. Together, access issues and waiting times account for over **60%** of all mental health feedback received.

Matt described feeling emotionally exhausted by repeated referrals, lengthy waiting times, and limited face-to-face contact.

“In all this time, I’ve seen somebody face-to-face once.”

He also expressed concern that repeated delays, unclear pathways, and conflicting communication could have serious consequences for people in crisis.

“If you mess the wrong person about... some people are on the edge of things.”

Throughout his experience, Matt repeatedly returned to themes of communication, transparency, and trust. He felt that poor communication between services, unclear referral processes, and contradictory information had significantly affected his confidence in the mental health system. This is reflected in wider feedback, where issues relating to communication and service coordination are consistently raised alongside access concerns.

“There isn’t communication.”

LESSONS FOR THE FUTURE

While Matt was frustrated by systemic issues, he also acknowledged that frontline staff were often compassionate and supportive. This aligns with Healthwatch findings, where **13.61%** of feedback highlights positive staff experiences, showing that many people value the kindness and professionalism of individual practitioners even when system pressures are high.

The complaints process further added to Matt’s frustration. He questioned whether services could remain impartial when complaints were handled internally by the same organisation involved in the original concerns.

“I don’t think the same department should investigate their own complaints.”

Matt believes that honesty and accountability are essential, particularly when supporting people experiencing trauma and mental health difficulties.

“Don’t lie to people. If you’ve messed up, say you’ve messed up.”

Matt’s experience highlights wider themes around access to trauma-informed support, communication between services, continuity of care, and the emotional impact of delayed or disputed mental health treatment. It also reflects a broader demographic picture, with almost **40%** of mental health feedback coming from men, showing these issues affect a wide cross-section of the population.

The ongoing uncertainty surrounding treatment left Matt feeling unsupported and without clear direction at a time when he felt he needed specialist help most.

“There is absolutely no hope.”

By sharing his experience, Matt hopes services will better understand the impact that delays, poor communication, and conflicting information can have on people seeking support for trauma and PTSD.

GET IN TOUCH

If you or someone you know has experience of accessing mental health services in Cambridgeshire and Peterborough, **we want to hear from you.**


Your feedback helps us understand what is working well, where improvements are needed, and how local services can better support people. Our team can also provide information and signposting support where needed.

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