



Mental Health Crisis Care Concordat Report

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About Healthwatch Barnsley

Healthwatch Barnsley (HWB) is contracted to Voluntary Action Barnsley (VAB). It is a community led, community driven organisation with a Strategic Advisory Board, responsible for determining the strategic direction of the organisation. HWB is also assisted by Healthwatch Champions whose role it is to gather information, and prioritise areas of work, thus ensuring engagement with all segments of the local population and enabling HWB to be representative of as many residents and health and social care service users as possible. HWB is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.

HWB builds on the knowledge of Barnsley LiNK (Local Involvement Network). It continues to gather views from the local community; report these views to the people responsible for local services; engage people in decisions about services, and monitor services. As part of its work to gather views it has a right to visit services, through a process known as Enter and View.

HWB also has a role to give local people information about local health and social care services.

In some areas local Healthwatch organisations provide complaints advocacy for people making a complaint about NHS services. For Barnsley residents, this service is provided by DIAL and details are provided at the end of this report. DIAL's services locally are not limited to health services and also include social care services.



About this piece of work

What is the Mental Health Crisis Care Concordat?

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then 5 more bodies have signed the Concordat, making a total of 27 national signatories.

The Concordat focuses on four main areas:

- **Access to support before crisis point** - making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** - making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** - making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** - preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance and current service provision should continue while the Action Plan is being devised.

The Concordats joint statement is:

“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need - whatever the circumstances in which they first need help - and from whichever service they turn to first.”

By March 2015, National Government expects measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services. ‘We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Mental Health Crisis Care Concordat.’

How does the Mental Health Crisis Care Concordat operate in Barnsley?

As outlined above the Concordat supports a multi- agency approach to deliver excellence in commissioning.



Barnsley has signed up to the Concordat and its principles and have established an implementation group to develop and monitor the implementation of the action plan in line with national timescales for Barnsley. To date the national feedback on the plan has been very positive:

“Barnsley’s plan is strong in many areas and reflects the Concordat well, from access to recovery. This includes its actions on dementia and autism, s136, the join up with criminal justice liaison and diversion, and intoxication.”

The Department of Health has commissioned MIND to evaluate nationally the Concordat and its implementation. This is expected in January 2016.

The purpose of the Barnsley Mental Health Crisis Care Concordat Implementation Group is to review the requirements of the Concordat and develop an action plan that reflects local context and requirements.

This Group brings together local partners including the Third Sector, Health, Social Care and Criminal Justice organisations to effectively drive forward local delivery of the National Concordat, reporting progress and issues to the Health and Wellbeing Board.

The Group commits to the following principles:

- Joint discussion with all members having an equal say and input to the group and its operation;
- Mutual accountability for the delivery of the associated work within their respective agencies, to ensure actions are progressed and partners are held to account collectively for delivery;
- Shared leadership, recognising that the effective implementation of the Concordat will require the active contributions of all partners, to ensure the whole is more than the sum of its parts;
- Action focused to ensure that strategic direction from the Board translates into meaningful delivery on the ground;
- To take a whole systems approach to service improvement and re-design, to deliver improved outcomes for Barnsley residents and communities.

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Barnsley position

Nationally, all areas on the action log are green however; there is regional variation with no standardised ‘core’ offer.

Locally, progress has been made in a number of key areas including:

- Establishment of implementation group that meets monthly and involves all key partners; including service users
- Successful street triage pilot

- Increased availability of s136 suite at Kendray
- Implemented recording system for people who require a Place of Safety (PoS) and the s136 suite is unavailable
- Local missing person's protocol developed (Herbert Protocol).

Key priorities for Barnsley in the next period include:

- Developing data set and baseline - building on regional draft
- Resources to implement street triage
- Seeking feedback from people who have used crisis services
- Developing pathway for under 18's requiring Place of Safety (PoS)
- Developing pathway for adults requiring Place of Safety (PoS)
- Implementing SWYPFT Single Point of Access (SPA) with extended operating hours
- Work with GPs to support discharge and early intervention
- To increase the number of people on the GP SMI register
- Learning from liaison and diversion Project (additional funding from NHSE)
- Drafting suicide prevention and audit process
- Review access to acute beds for people with dementia who require admission under MHA.

How is Healthwatch Barnsley involved in the Mental Health Concordat?

Healthwatch Barnsley recruited three service user representatives from the Healthwatch Champions in April 2015 to represent the organisation on the Mental Health Crisis Care Concordat. Each Champion is suitably experienced and each holds a different perspective of Mental Health Crisis Care Services in Barnsley.

Their role on the implementation group is to:

1. Act as a Champion for people who have, or may, access mental health crisis services and their carers and to ensure that the known views of this group are represented and considered at the Concordat Implementation Group meetings.
2. Ensure that engagement and involvement is a high priority in the Concordat Implementation Group's work plan and that service developments are carried out with the involvement of service users and carers.

In addition to the above, the following responsibilities apply:

- The Representative(s) endeavour to represent the views of people who have or may access mental health crisis services and their carers in relation to the quality and accessibility of mental health crisis services that are commissioned on their behalf;
- The Representative(s) also endeavour to identify and promote the needs, concerns and interests of the people who have or may access mental health.

How do they do this?

For 2015/16 one of Healthwatch Barnsley's priorities was to understand more from people living in Barnsley about the access to and experience of Mental Health Services. As a result

of this our place on the Barnsley Mental Health Concordat and role in gathering service user feedback has been appropriate.

Healthwatch regularly carries out engagement with the local community to gather the opinions and experiences of local health and social care services which enables us to signpost individuals to the relevant organisation and gather community comments, views, experiences and case studies for analysis.

Our Healthwatch Champions are truly representative of their local community and are not only linked with Healthwatch Barnsley but are also linked with:

- The local service users and carer board
- Barnsley's service user forum Think On
- Cloverleaf Advocacy Support
- The local authority
- The voluntary and community sector.

This ensures that the Healthwatch representatives have links to service user groups, forums and communication channels and always ensure that the relevant information is communicated effectively into and out of the Mental Health Concordat.

Designing the Mental Health Crisis Care Concordat Survey

For this piece of work HWB's Champions, represented on The Mental Health Concordat, designed a survey in line with the requirements set out in the action plan which was to seek views of a range of people who have experienced contact with services when in crisis to provide an evidence base on which to improve responses and people's experiences.

At the time it had not been decided if the survey would be an online stand-alone survey or one which would be conducted face to face with a service user, so it was framed to try and cover both eventualities. It was felt that this starting point, though covering all the relevant points, dealt with issues in a way which could cause distress to people that had experienced mental health crisis. Therefore the draft questionnaire was revised to soften the language used within the questions and remove some areas which could have caused distress and replace them with more open questions hopefully getting this information by open text. It was, however, recognised that this had a risk of not obtaining information on all areas that could have been covered.

In order to test the groups thinking in terms of the survey and its layout the local branch of Barnsley and Rotherham MIND was asked to comment and make suggestions on the revised questionnaire. These suggestions were then used in this survey.

It was felt that this final questionnaire was the most effective way of understanding the journey and experience people had encountered in 2015 when in mental health crisis and can be viewed in appendix 1 to this report.



Gathering Information

The survey was distributed to the following organisations in November 2015 with a request of support for promotion:

- Making Space
- Cloverleaf
- Northern College
- Mind
- The Recovery College
- Together for Mental Health and Wellbeing
- South West Yorkshire Partnership Foundation Trust
- Barnsley's Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Berneslai Homes
- Barnsley College
- University Campus
- Barnsley Council

HWB also promoted this through:

- The organisation's membership
- Social media networks
- The Barnsley Chronicle.

HWB also enlisted the support of Cloverleaf Advocacy to support them in carrying out outreach and promotion within Kendray Hospital, Oakwell Centre on the 23, and 30 November 2015.

Cloverleaf supported Healthwatch by introducing clients who they felt were able to contribute to the survey. Individuals were offered support in completing the surveys if they requested it or were left to complete the surveys in their own time. Additional surveys were also left with Cloverleaf advocates. Due to the activities listed above HWB received a total of 60 responses.

Service user feedback on Mental Health Crisis Care

Below is feedback gathered through the methods outlined above between October and November 2015.

Of the 60 responses received 12 surveys have been discounted due to the respondent outlining that they have not accessed mental health crisis care services during 2015.

A further 2 responses were removed due to the respondents having accessed Mental Health Crisis Care Services in Kirklees prior to their admittance to Kendray Hospital.



Whilst these surveys have been removed from the main data analysis for the concordat HWB felt that the information contained still contained information which would be of interest to the service provider for learning, system development and/or change and have therefore included this information at appendix 2.

Question 1 - Have you used mental health crisis care services this year (2015) in Barnsley?

This then leaves a total of 46 service users who have accessed mental health crisis care services in Barnsley during 2015.

Question 2 - Was this the first time you used mental health crisis care services in Barnsley?

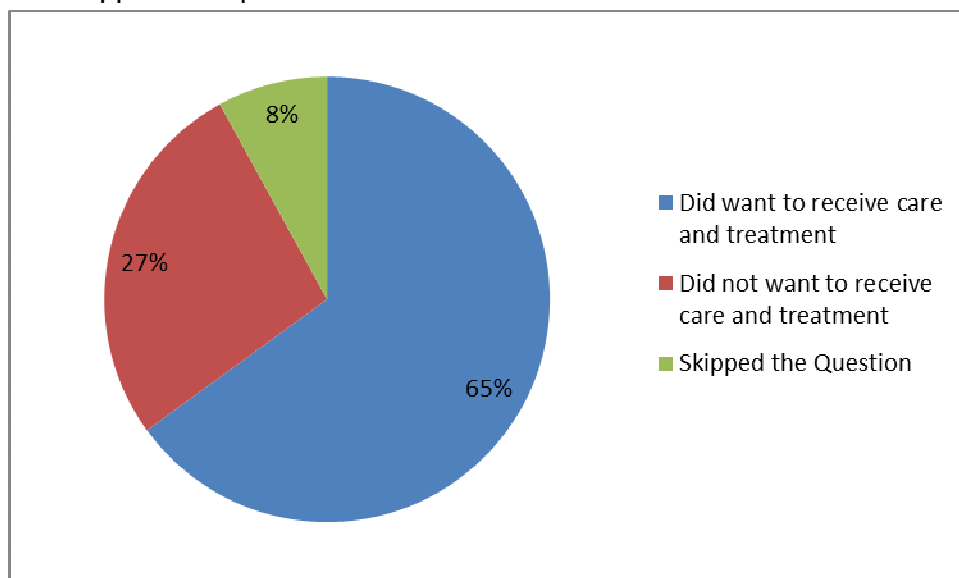
Of the 46 service users surveyed 19 (41%) respondents were accessing the service for the first time and 27 (59%) of the respondents were known to Crisis Care Services.

Question 3 - Before you became ill?

Service users were asked if before they became ill, where they aware of becoming unwell to which 22 (48%) of respondents advised that they were aware of becoming unwell, with 24 (52%) not being aware.

They were also asked if they sought help. Of the 46 respondents 30 (66%) advised that they had sought help before becoming ill, 15 (32%) respondents did not seek help and 1 (2%) respondent skipped this question.

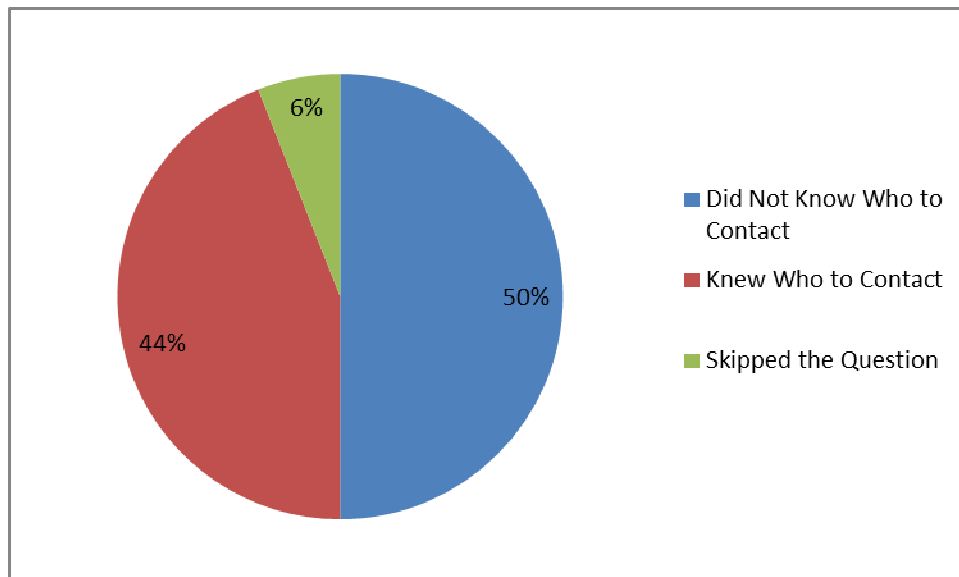
Of the 46 respondents 33 (72%) answered yes they had been referred to Crisis Care Services and 12 (26%) had not been referred to crisis care services and 1 (2%) respondent had skipped this question.



The answers to this question took the final sample figure to 34 respondents who have accessed Mental Health Crisis Care Services during 2015.

Question 4 - When you became ill did you know who to contact?

Of the 34 people surveyed 17 (50%) did not know who to contact when they became ill, 15 (44%) did know who to contact and 2 (6%) respondents skipped this question.



Of the 17 (50%) people who did not know who to contact when they became ill, 10 of the respondents were using the service for the first time and 7 were already engaged with services.

This highlights that some work may need to be done to identify why some patients have the information and know who to contact and why other patients may require more support, and what support could be given to patients already engaged with services who have struggled to identify who they should contact.

The data also identifies that more accessible information needs to be available to the public on how, when and where to access Mental Health Services and Mental Health Crisis Care Services.

Question 5 - How did you contact them?

Of the 34 respondents the following organisations were contacted:

- 12 (36%) their general practice,
- 8 (24%) Mental Health Services
- 6 (17%) Skipped the question
- 5 (15%) Barnsley Hospital NHS Foundation Trust
- 3 (8%) Service users advised that they had telephoned a service but did not specify which service.

Question 6 - Did you get the help you needed?

Of the 34 service users surveyed:

- 19 (56%) of the respondents felt that they did get the help that they needed and commented as follows:

“Yes got brought to Kendray straight away which is a first as it can be difficult to get sectioned and it can be difficult to get the home intensive treatment team to be involved”.

“Yes I got medication but other problems arose i.e. side effects”

“Yes attended A&E in March, was then transferred to Kendray and the experience at the hospital was very positive”.

“Yes, then got passed to two other people”

“Yes, I was able to talk to someone immediately”

“Yes, they got me a psychotherapist then transferred me to Kendray by ambulance”.

“Yes immediate help in my own home”.

“Indeed yes, it’s just about finding the right person because they are quite busy”.

“I went to Kendray”

“Eventually”

“Yes I got the help from the crisis team, I also had good support from the home liaison team which helped me actually as I live on my own”.

“Yes but it took a while”

“I got the help that I needed from our GP, 2 gentlemen came out from the home intensive unit, they seemed to not talk to me a stared at me. They spoke to my son at first, but made me feel so uncomfortable. The Saturday night at Barnsley Hospital they brought me two psychiatrists to see me after they had assessed my son. Afterwards my son told me that they had taken him into a room with strobe lights and this is praying on my mind, but I do not know at this point if this is fact or fiction and do not seem to be getting answers from staff”.

- 8 (24%) of the respondents felt that they did not get the help that they needed and provided the following comments to support their answer:

“I do not feel as though I got the help that I needed because they changed the goals, they first said that they were trying to keep me out of Crisis Care services then told me that I was coming in”.

“I did not get the help I needed from my Community Psychiatric Nurse (CPN) she seemed quite clumsy, she would forget important paperwork, gave me a DEPO which hit the bone and was very painful”.

“My GP sent me to an assessment with the CMT, I had two assessments and was told I was fine. After that I struggled with sleep and ended up being sectioned”.

“I have had promises more than help”

“I was transferred to the care team in Wombwell over the telephone and they did talk to me but I still do not feel safe”.

“Not at first I was seen, discharged and then became worse”

“No but that was because I did not tell them what was really going on”.

- 2 (6%) of the respondents had had mixed feelings and commented as follows:

“From some services Yes, Others No”

“In a fashion”

- 5 (15%) of this respondents skipped the question.

Question 7 - How long did it take for you to access crisis care services?

Of the 34 respondents 15 (44%) service users felt that their referral to crisis care services was immediate or within a short period and the answers could be broken down as follows:

- Same day - 11 (73%)
- Within days - 3 (20%)
- 1 week - 1 (7%)

10 (29%) respondents felt that it took time to receive support and made the following comments in their responses:

“I was having telephone consultations, I felt I needed support from Crisis Care Services but did not get it soon enough I don't think”

“To access the right area of mental health treatment and diagnosis it took 18 months”

“My GP sent me for an assessment with the CMT, and was told I was fine after that I struggled to sleep and ended up being sectioned”

“It seemed to take a while, although I cannot remember exactly”

“Took 5 hours after a week and a half of trying to get my daughter hospitalised”

“Weeks”

“Didn't get access”

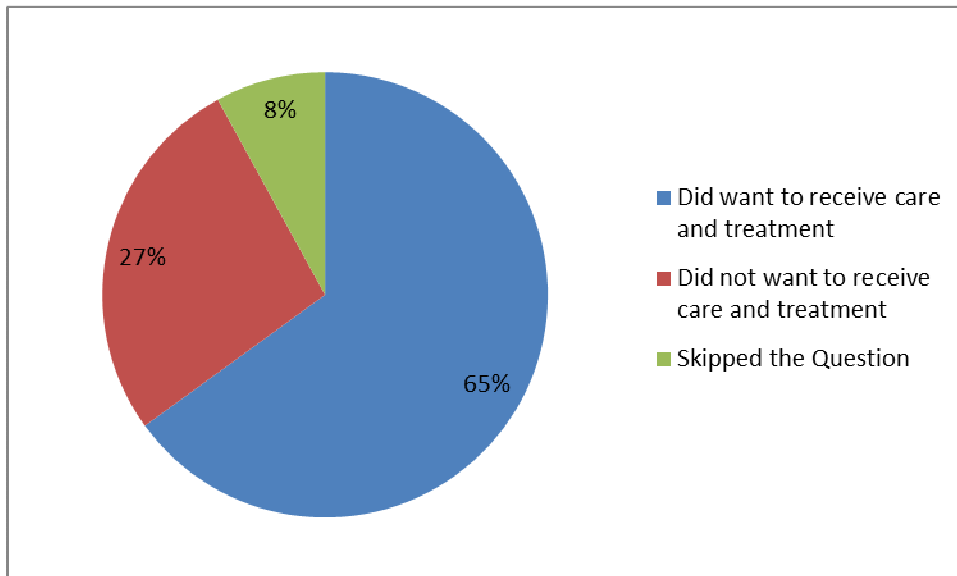
“3 years back and forth to my GP before my condition progressed and I was referred”

7 (21%) respondents skipped this question.

The remaining 2 (6%) respondents could not remember how long it took for them to access Crisis Care Mental Health Services.

Question 8 - Did you want to receive care and treatment?

Of the 34 respondents who answered this question, 22 (65%) service users did want to receive care and treatment, 9 (27%) did not want to receive care and treatment, 3 (8%) skipped this question.



Question 9 - Within Mental Health Crisis Care did you feel supported in your improvement and recovery?

Of the 34 people surveyed 16 (47%) respondents did feel supported in their improvement and recovery and cited the following reasons:

“Everyone has been helpful I am just struggling with communication which has meant that I have struggled to access support in the last few weeks.”

“Yes definitely the Dr always notices that I am getting better”

“I always have”

“I was relieved he was admitted and for the support we received from xx and xx (professionals named. They could not have been better. Both my son and I needed help.”

“I felt supported because they know how to deal with my condition and with me.”

“Yes, they came to my home”

“They do support you, they come out to my home every day, but I did struggle with that because other family members were present and I found it hard to talk.”

“It’s hard because before I came here I did not think I needed treatment, I was quite an active person before I came into Kendray Hospital, but now I am here I cannot go out which I feel is quite restrictive.”

“Yes, they just make you better don’t know how”.

In contrast 16 (47%) respondents felt that they were not supported in their improvement and recovery and made the following comments:

“The staff are a bit bossy, but I think it is because they are all busy”

“Left to sort it out”

“As a carer I felt that it was inadequate and the assessment was not done correctly and when he was in Kendray he did not feel supported enough”

“ I was referred to the wrong people for care because they had already identified I needed long term care not short term care through CBT on three separate occasions I was referred incorrectly”

“Just put on a ward and playing the waiting game”

“Too many different staff who did not know my history”

“It makes you worse being in here because you spend so much time sitting on your arse, makes you frustrated there are things for us to do but they are always busy with paperwork and don’t have enough time to support us”

“I have been here for 72 hours and have not been informed about what is happening I feel trapped and have not been out of the ward for 3 days except for a cigarette”

“Not been brilliant or helpful”

There was also a comment made about medication being inappropriately prescribed and inaccurate information being provided to the service user, but the comment has been omitted from this report due to the possibility of the patient being identified.

2 (6%) respondents skipped this question.

Question 10 - Did staff talk to you about your discharge and where your views taken into account?

Of the 34 respondent 2 (6%) did not answer this question. 6 (18%) respondents were residents of Kendray Hospital and were not yet at the point in their care where discharge was discussed.

11 (33%) advised that the staff had not talked to them about discharge and of the 11 the following comments were made:

“I was told I was being discharged”

“I went to Barnsley Hospital A&E department, before being admitted for assessment. I wanted support and to be taken away for help but I was discharged back to my home after they basically told me to pull myself together, they did not talk to me properly they just told me to go home and discharged me”

“Nobody contacted me”

“I don’t feel as though my views are taken into account”

“No I don’t I would like to try other medications for a period of time where I know they work for me”.

15 (44%) felt that they had been talked to about discharge but their views had not always been taken into account and recorded the following comments in response to this question:

“They talked to me when I first went in and told me he would be in for 28 days and if he required further time that this would be available. At the end of the 28 days they asked him if he would stay another few days and this was in the end another week. On the Thursday when he was discharged, they asked me how he was, I felt that he was getting better and they told me he would have the support of a Community Psychiatric Nurse (CPN). They also asked my son, and he said that he did not want to be discharged but was. The family are now thinking that we was discharged too soon”.

“Yes but on a couple of occasions I have not agreed with my discharge and have not felt ready, but they do not really take your views into account on that”

“Yes they have talked to me about my discharge, they have just had a tribunal but they did not listen to me. I was hoping for an immediate discharge but due to staff on the psychiatry side being on maternity leave, there was not enough staff to give a full view of my stay”

“I do not feel ready to be discharged but the Dr won’t listen I have requested another visit but have been denied”

“In Barnsley hospital he was discharged whilst still unwell and we as his carers had not been told that he had been discharged, 4 days later he was sectioned. We feel as carers that Kendray did not listen to our views as carers especially when it came to his recent discharge and feel that residents are able to mislead professionals”

Question 11 - Did the staff give you the opportunity to ask questions and discuss any concerns you may have had?

Of the 34 surveyed 2 (6%) respondents skipped this question, 22 (65%) service users advised that the staff did give them the opportunity to ask questions and discuss concerns and of the 22 6 (18%) felt that their comments were not listened to.

For those who responded yes they had been given the opportunity to ask questions and raise concerns the following comments were made:

“Yes have been given the opportunity”

“Yes but given information on services 3 years out of date”

“Yes but views are not a concern to them”

“Yes but it seemed the decision had already been made so did not matter what I said really”.

“They may have given me lots of opportunities, but it’s difficult to know when to talk or how much to talk or when those opportunities are”.

“If my questions are raised with the wrong person I’m advised of who I need to speak to”

10 (30%) of respondents advised that they had not been given the opportunity to ask questions or discuss concerns with some respondents commenting as follows:

“I don’t think they did no”

“I tried to flag issues with my medication but they did not listen to me, I had to produce guidance in the end to support my case, they listened in the end but it took 4 months”.

“There is a protected time between 4-5 where you should be able to talk to staff but they are just too busy. I have leave with support but I have no one to come out with me due to staffing, I only have two pairs of trousers to wear and wash and I have told them that I would like to go home to get a spare”.

“Not particularly no, they said they listen but I did not feel that they did fully. It seemed that they had made their mind up from a Dr I had seen once”.

Question 12 - Did you feel valued?

Of the 34 respondents 2 (6%) service users did not respond to the question, 17 (50%) of respondents felt that they were not valued and commented as follows:

"I'm struggling to feel valued, but I'm not sure if that's my perception"

"My opinion did not feel valued they wanted to reduce his medication and I did not feel that he was ready, but it seemed that this is all they were interested in"

"We find it all paperwork, we keep being told that carers are important but we are treated as amateurs"

"I was a burden on them"

"I had treatment before hospital and after from the intensive home treatment team. After a minor relapse the home treatment team took over my care and advised me about my transfer onto a new medication but also staying on a therapeutic low dose of medication. After a week of taking it I was struggling to sleep with no concentration. After a phone call from a member of the team I was informed someone was coming out at 7:30pm to bring me my medication because it had been stopped in error. What if I had relapsed during this time? I was then offered the choice of staying on or off the drug; I chose to stay on it due to sleep issues but had already been weaned off it abruptly"

"No I have not felt valued"

"Just another number on the ward"

"Not particularly because I feel they can't be bothered with us. They would rather sit in the office and do paperwork than talk to us as individuals". (There is more to this comment that has been omitted due to confidentiality reasons)

"I was made to feel like I was being silly. I was not taken seriously, it was like they were saying pull yourself together you will be alright"

"I didn't matter to the mental health team"

"I get talked to like a 10 year old, it's alright when you are on your medications as the likelihood is you are acting like a six year old. But to talk like that all the time?"

"On the ward no and not by the crisis team"

13 (38%) service users advised that they did feel valued but did not expand on their answer by commenting how or what had made them feel valued.

Lastly for question 12, 2 service users were not sure if they were valued or not and made the following comments:

“Not Sure”

“I don’t know if I was valued or not”

Question13 - Did you feel safe?

Of the 34 surveyed 6 (18%) of the respondents skipped this question 18 (53%) advised that yes they felt safe. 10 (29%) service users advised that no they did not feel safe.

Most respondents did not expand on this question and provided a yes or no answer.

Question 14 - As a result of your admission do you feel better prepared to deal with daily life?

Of the 34 surveyed 9 (26%) of respondents skipped this question, 14 (41%) felt better prepared to deal with daily life and commented as follows:

“Yes but would have felt better if I had been able to have home leave whilst in Kendray Hospital”

“I’m starting to get there”

“This time I feel better able, but last time I did not want to be discharged and ended up back with services”

11 (32%) respondents did not feel better prepared to deal with daily life and commented as follows:

“scared of services, since being discharged not getting full information needed in order to make decisions”

“Still no support and am still waiting”

“Basically they let me talk for a bit, said I was a bit brighter but did not give me any coping strategies, I have had to do this all myself”

“In three weeks I have not met with a care coordinator or Occupational Therapist”

“Don’t Want To Live” (Healthwatch Barnsley tried to trace where this comment came from, as the response concerned us, but as the survey is anonymous we were unable to track the respondent)

“I feel that I would have been better if I had been supported at home as here they treat you like a child and it has made me worse”

“I don’t think it has made a difference”

“No nothing was done about my condition”

"I was dumped in a taxi with no guidance on leaving the ward. On my day of discharge the 20th of October the manageress was not helpful as usual. I was discharged with ignorance at 6:30pm"

Question 14 - Can you tell us anything especially good about the service you received?

Of the 34 respondents 15 (44%) of respondents skipped this question.

16 (47%) of respondents felt that they did have something good to say about the service received and made the following comments:

"The food and 2 of the staff on the ward"

"Felt equal, everyone was polite do not feel as though anyone is different both staff and residents"

"Police were helpful"

"I have always felt supported, not always listened to, but definitely supported"

"Referred me to a course about anxiety and depression"

"Ongoing care and follow up appointments"

"Time for 1st appointment"

"Professional Service"

"They were available 24/7 if I needed"

"Whilst I have been here I have been treated like a patient, I feel like I'm in a place where I can relax and talk to someone"

"Some of the team are really supportive and have talked to e rather than just giving me my meds and then taking off"

"Just the support from staff and them telling me how I am doing compared to before. They have prompts to tell me to eat...I was psychotic thinking that food was being poisoned. Usually nice people good to talk to, good company and try their best to get me off the ward and into town but they cannot always do this if they are understaffed"

"Within Kendray hospital the gym and the gym staff are great and have been amazing"

"The home service is good you can ring them and tell them things over the phone, instead of having to get other support. Coming into Kendray I know people and as a result I feel safe"

The remaining 3 (9%) responses have been incorporated into the next questions responses, as it highlighted that they were dissatisfied with services.

Question 15 - Can you tell us anything that was particularly bad about the service you received?

Of the 34 respondents 14 (41%) of respondents skipped this question and 19 (56%) responded as follows:

“The whole thing, I felt and still feel violated”

“No I can’t say that I have had a good experience, where I have received support is through Swanswell but their support has gone outside of what they are supposed to do. In my opinion the services are not cohesive enough at all, even though I signed for an open access agreement for Swanswell, GP, Police, Burley Court and the Mental Health Team I was still unable to gain access to information through others involved in my care when I did not feel up to it myself . For example my Swanswell worker rang mental health services for an update on my condition, on my behalf as I was unable to make the call (I was sat beside her) and the mental health services despite the agreement would not provide an update.”

“1 or 2 of the staff seem to care, i.e. nurses the rest of them seem to do their jobs to collect their wage. I think that they are as frustrated with the paperwork as we are watching them doing it”

“The period of stay in a mental health facility is too long, you are over medicated. I felt that I was ok after two weeks but they tripled my medication which caused me to fall asleep in my meal, in the bathroom and I burned my clothing as I could not hold my cigarette and the Dr did not seem to take any notice but when I got moved from PIQU wards they listened and altered my medication”

“Over 10 years I have just felt like a statistic to be moved from one department to another and discharged as soon as convenient (for them).”

“Although all staff has been polite and friendly, nothing has ever been done”

4 (12%) respondents advised that they did not have anything particularly bad to say about services received.

Please be reminded at this point that 3 responses from question 14 were added into question 15 due to them outlining their dissatisfaction with services.

For the next section of the survey the Healthwatch Champions wanted to give individuals the opportunity to answer or skip questions due to their sensitive nature and as a result the following statement was added to ensure that this choice was clear.

Of the 34 respondents 23 (68%) of respondents felt able to contribute to this section of the survey whilst 11 (33%) chose to skip questions 17 to 20.

Question 17 - Can you tell us what caused your mental health issue at the time?

Of the 23 respondents feeling able to answer question 17 the most common reasons for engagement with Mental Health Crisis Care Services were:

- 10 (44%) responses was due to stress, anxiety, and depression with becoming a new mother, work, money and accommodation being sighted as central to the onset of mental illness.
- 4 (17%) responses being linked to physical and emotional abuse, relationships, historical family issues and social isolation.
- 2 (9%) of responses referred to not being sure why they were experiencing poor mental health.
- 4 (17%) of responses referred to psychosis, bipolar, and manic events and self-harm.
- 2 (9%) responses related to drug dependency issues.
- 1 (4%) respondent did not feel comfortable answering this question

Question 18 - If the police were involved how did you rate your treatment at the time?

Of the 23 respondents who took part in this section of the survey 15 (66%) had not had involvement from the police, 7 (30%) had and rated their experience positively comments as follows:

Positive

"The police were absolutely fantastic I cannot fault them at all they were lovely, very nice. On one occasion they did not want to take me to hospital as they felt it was not the right environment for me, but they had no choice because here in Barnsley that is the policy, where as in Rotherham they will see you at home. I knew the hospital would chuck me out in a couple of hours after admission as that is what happened before, and on that occasion I did not have money or a way of getting home. But I learned later that if you do go to hospital and you have no money blue line will pick you up, take you home and invoice you later. This needs to be communicated more and advertised because it might help people who are discharged in the middle of the night with no money and no means of transport home. It can be very frightening being discharged like this especially when you are already in a fragile state of mind".

"Yes they were involved and they detained him and called mental health services who said he did not need detaining, they then left but the police got involved again and led on his admission to Kendray, we felt that the police were very nice and helpful".

"Not this time but they have in the past and have been quite sound".

"They were involved but I cannot recall to what extent"

"Reasonable good".

"Police were more supportive than the mental health team".

"Yes very good they got an ambulance to A&E where I was abandoned".

1 (4%) respondent advised that they had not had a good experience but did not elaborate on why they felt their experience was not a positive one.

Question 18 - Were you taken to a hospital or another facility?

Of the 23 service users who responded to question 18, 10 (44%) respondents advised of being taken to hospital with 4 of the 10 respondents specifically referring to Accident and Emergency in their response and 3 of the 10 advising that they were then transferred to Kendray Hospital.

8 (39%) of respondents advised of being taken directly to Kendray Hospital.

2 (9%) of respondents advised that they had not been taken to a hospital or another facility.

2 (9%) skipped the question.

Lastly 1(4%) person advised that upon discharge from the hospital they were then treated by the Crisis Team in their own home.

Question 19 - Did you feel lonely or frustrated, did you receive support?

Of the 23 respondents who felt able to answer this section of the survey 8 (35%) of the respondents had felt that they had received support and of the 8, 5 mentioned that they had felt lonely, isolated and frustrated.

1 respondent commenting on whilst they did feel they received some support, they would have like to have received more information and support about how to live independently of services.

13 (57%) of respondents commented on how they felt that they did feel lonely, isolated and did not get support commenting as follows:

“Yes extremely so and now don’t want to go to health services”.

“They just sit on their backsides apart from 1 or 2 who do things because they genuinely care”.

“Felt both, but at first felt like staff were helping but then after a week just felt like a number on the ward”

“Very lonely and frustrated”

“Yes but no support while locked up”

“Lonely and frustrated, no support”

“I felt both lonely and isolated and I have felt that I have not really received support”

“Not what I needed”

“No support they did not even follow me up after discharging me”

“Lonely, frustrated and the support we are supposed to get when diagnosed from Kendray has not come and it’s now three weeks later and we are no further ahead”.

Lastly 1 (4%) of respondent felt that the support they received was partial.

Please see page 24 - for the Key Findings, Recommendations and links to the NICE 2011 Service user experience in adult mental health quality standards.

Key Findings and Recommendations

Key Findings	Recommendations	Link to 2011 NICE Service user experience in adult mental health quality Standard.
<p>1. Crisis as defined by an the individual is often different to a crisis as defined by a professional, as a result we found from the individuals completing this survey who had not been able to access mental health crisis care services whilst experiencing mental ill health and a crisis by their definition, have felt that they are not receiving the right level of support and as a result feel isolated.</p>	<p>1. Whilst there is information available nationally on the definition of crisis, this type of information is not always accessible to the public or to individuals experiencing mental ill health. This outlines that some engagement work needs to be undertaken locally to raise awareness about what is defined as a crisis, and undertaken in a way that involves service users and carers input.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p> <p>QS5. People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services. http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-5-Using-views-of-service-users-to-monitor-and-improve-services</p> <p>QS6. People can access mental health services when they need them http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-6-Access-to-services</p>
<p>2. The respondents who had not gained access to mental health crisis care services, but had felt that they were in need of them explained that they had felt lost with nowhere to turn as an alternative, especially out of hours.</p>	<p>2. Therefore it is clear that for those who are not seen as needing Mental Health Crisis Care Services by professionals more explanation and support is required to ensure that the service user is not left and referred to a more suitable service for their level of need.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p> <p>QS6. People can access mental health services when they need them http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-6-Access-to-services</p>
<p>3. It seems that the amount of information service users have on who to contact and when varies.</p>	<p>3. This highlights that some work may need to be done to identify why some patients have the information and know who to contact and why other patients may require more support, and what</p>	<p>QS6. People can access mental health services when they need them http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-6-Access-to-services</p>



<p>3.1 A high number of service users already engaged with mental health services also hi-lighted that although engaged with services that they were not entirely sure who they should contact when in crisis.</p>	<p>support could be given to patients already engaged with services who have struggled to identify who they should contact.</p> <p>3.1This identifies that more accessible information needs to be available to the service users and public on how, when and where to access Mental Health Services and Mental Health Crisis Care Services. It also raises questions about the level of detail written care / discharge plans go into when setting out triggers regarding relapse and what steps to be taken in the first instance to avoid re-admission or if appropriate timely readmission.</p>	<p>QS9. People using mental health services who may be at risk of crisis are offered a crisis plan. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-9-Crisis-planning</p>
<p>4. A higher percentage of patient’s contact their general practitioners in the first instance when experiencing Mental Ill Health and whilst we would not dissuade this choice it was interesting to note that of the 12 service users contacting their general practice 7 were already engaged in Mental Health Crisis Care Services.</p>	<p>4. This shows that a proportion of individuals who could go directly to the mental health team for support and should have a care plan in place are choosing to go back to their general practice. Which indicates that some work needs to be undertaken to understand why service users choose to go back to their GP and do not go directly to the mental health team with which they are registered.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p> <p>QS3. People using mental health services are actively involved in shared decision-making and supported in self-management. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-3-Shared-decision-making-and-self-management</p> <p>QS4. People using community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-4-Continuity-of-care</p>



		<p>QS7. People using mental health services understand the assessment process, their diagnosis and treatment options, and receives emotional support for any sensitive issues. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-7-Information-and-explanations</p> <p>QS8. People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-8-Care-planning</p> <p>QS9. People using mental health services who may be at risk of crisis are offered a crisis plan. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-9-Crisis-planning</p>
<p>5. Whilst a higher percentage of service users felt that they did receive the help that they needed, the percentage of individuals who felt that they did not receive support was also quite high.</p>	<p>5. Therefore it would be beneficial for the Mental Health Service Providers and Commissioners to look at why experiences of Mental Health Services varies to this extent.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p> <p>QS2. People using mental health services and their families and carers feel they are treated with empathy, dignity and respect. http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-2-Empathy-dignity-and-respect</p> <p>QS5. People can access mental health services when they need them http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-5-Using-views-of-service-users-to-monitor-and-improve-services</p>



<p>6. A number of respondents to this survey included the views of carers. The information gathered outlined that carers did not always understand what information could and could not be shared and the reasons behind some of the decisions being made by health professionals. Carers also advised that they were not always alerted of their cared for discharge, which often caused additional anxiety and worry.</p>	<p>6. Therefore it would be beneficial for Providers and commissioners to look at and map what support is available out in the community or within Mental Health Crisis Care Services for carers and ensure carers receive information on what is available for them to access. It would also be beneficial for carers to receive support in understanding the basics of the Mental Capacity Act.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p> <p>QS2. People using mental health services and their families and carers feel they are treated with empathy, dignity and respect. http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-2-Empathy-dignity-and-respect</p>
<p>7. Stress and Anxiety was the largest contributing factor to service user's admission to Mental Health Crisis Care services.</p>	<p>7. Which hi-lights that more support could be given at an earlier stage to reduce lower level mental health issues worsening to the point of needing Mental Health Crisis Care Services.</p>	<p>QS1. People using mental health services and their families and carers feel optimistic that care will be effective. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-1-Feeling-optimistic-about-care</p>
<p>8. Service users feel as though they are given choices and opportunities to have their say, however a high proportion commented that they do not always feel listened to by professionals.</p>	<p>8. Some work needs to be done to look at how professionals currently engage with individuals and respond when an issue or concern has been raised.</p>	<p>QS3. People using mental health services are actively involved in shared decision-making and supported in self-management. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-3-Shared-decision-making-and-self-management</p> <p>QS5. People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-5-Using-views-of-service-users-to-monitor-and-improve-services</p>
<p>9. It is evident from comments received that when</p>	<p>9. Look at what systems are currently in place in multi-agency working and</p>	<p>QS6. People can access mental health services when they need them</p>



<p>a service user is in need of mental health services and in crisis as defined by the profession, multi agencies work well together and prompt support is given to support the service user to access either acute mental health provision, or home based mental health provision.</p>	<p>ensure that these systems remain when looking at the restructuring of Mental Health Services.</p>	<p>http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-6-Access-to-services</p>
<p>10. Medication had proved to be an issue for some service users, who advised that they had not felt listened to by professionals when discussing medications. The types of issues described varied and included incorrect dosage, and repeated requests for medication changes.</p>	<p>10. Review policies and ensure deadlines are met for medication reviews. Evaluate how Mental Health Crisis Care services are listening to patient's feedback about side effects of drugs and ensure that when prescribing drugs the correct guidelines are followed, and provided to the service user to ensure clarity of understanding and to enable conversations around choice. Lastly for point 10 given the vital component of medication in treatment, being set out in a written plan would help the service users, their carers both family and formal to be aware of the medications prescribed.</p>	<p>QS3. People using mental health services are actively involved in shared decision-making and supported in self-management. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-3-Shared-decision-making-and-self-management</p> <p>QS7. People using mental health services understand the assessment process, their diagnosis and treatment options, and receives emotional support for any sensitive issues. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-7-Information-and-explanations</p>
<p>11. Comments have been made on how at times they have felt that staff teams have been busy especially within Acute Mental Health Crisis Care services and as a result have not felt</p>	<p>11. Review staffing within acute services to ensure ample staff cover is available to provide support to service users, especially at times when they have achieved leave.</p>	<p>QS12. People in hospital for mental health care have daily one-to-one contact with mental health care professionals known to the service user and regularly see other members of the multidisciplinary mental health care team. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-12-Contact-with-staff-on-wards</p>



<p>adequately supported.</p> <p>11.1 Comments have also been raised about access to arranged activities.</p>	<p>11.1 Service providers need to look at re-introducing to the Oakwell Centre an activities co-ordinator.</p>	<p>QS13. People in hospital for mental health care can access meaningful and culturally appropriate activities seven days a week, not restricted to 9am to 5pm. http://www.nice.org.uk/guidance/QS14/chapter/Quality-statement-13-Meaningful-activities-on-the-ward</p>
<p>12. Individuals placed out of area discussed how they had not seen their CPN regularly during their stay, and could not get leave to their home town resulting in difficulties and uncertainties when re-integrating into communities</p>	<p>12. Service commissioners and providers need to seriously look at the practicalities of placing a service user in a mental health setting outside of the area in which they reside, and do their utmost to ensure that residents are provided access to facilities in their home town. Where this is not practicable they need to ensure the service user receives the same level of care as those who are placed in their home town.</p>	<p>QS12. People in hospital for mental health care have daily one-to-one contact with mental health care professionals known to the service user and regularly see other members of the multidisciplinary mental health care team. http://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-12-Contact-with-staff-on-wards</p>



Conclusion

This was a short exercise carried out across as many organisations supporting individuals and carers with experience of mental ill health as possible. Whilst this has not been a research project it has highlighted the thoughts, feelings and experiences of 60 individuals accessing services and needing support with their mental health and as a result should not be ignored.

As previously stated in this report it is clear from the feedback we have gathered from members of the community who have experience of mental health services, what the service user defines as a crisis is not always the same as what the professionals define as a crisis and this in itself needs to be looked at by service commissioners and providers and addressed in order to narrow the gap between what is expected and what is received in terms of service provision.

Whilst the comments outline that the Mental Health Crisis Care Services are caring and responsive to need, it also highlights that patients have had issues with accessing the right service, with some returning to their general practice even when they are engaged with mental health services, which highlights that people may feel better supported by their GP or are not given enough information on which to act when needing to re-engage with mental health services and as a result do not know where to turn.

It is also apparent from the information that we have received that systems used to assess patients are not always clearly explained.

It was heartening to hear however that when an individual is in crisis by the professionals reckoning the response of the multi agencies and their ability to work together is good and the data showed clearly the patients journey from the involvement of the police, to then being referred to Barnsley Hospital Foundation Trust, Kendray Hospital and the Home Based Treatment Team.

It was also encouraging to see that the Crisis Care Mental Health Concordat survey picked up nothing but good feedback about the interventions provided to mental health service users through South Yorkshire Police, with many service users commenting on their professionalism.

Being listened to, was regularly commented on through the survey responses, and whilst professionals are talking to respondents about their discharge it seems that (50%) respondents did not feel that they were listened to and that their views were taken into account.

Lastly the report outlines that it is not always easy to identify who you need to speak to within Crisis Care Mental Health Services and that staffing may be an issue within Kendray Hospital as service users surveyed have referred to how busy, and difficult to contact staff are.

Healthwatch presents this ‘**Mental Health Crisis Care Concordat Views of Service Users Report**’ and would request that the mental health crisis care concordat and represented organisations respond to the reports Key Findings and Recommendations within outlining what actions will be taken as a result.

In line with our policies and procedures Healthwatch Barnsley would like to receive an initial response to this report within 20 working days of receipt from all represented parties.

As an organisation we look forward to continuing our work with the Mental Health Concordat and would suggest that this activity is repeated at a later date to evaluate changes brought about by the work of the concordat and to evidence the responses to the recommendations within this report, thus providing us the opportunity to provide continuous feedback to the service users and carers who responded to the survey and answered some very personal questions to inform this process.

Thank you

Healthwatch Barnsley would like to thank the service users and carers, for giving us their time and their stories. The Healthwatch Champions involved in preparing the survey and for their involvement on the mental health concordat to date.

We would also like to give special thanks to Cloverleaf Advocacy and Kendray Hospital’s Oakwell Centre for enabling us to work with residents with leave.

Lastly we would like to thank the following organisations for supporting us to reach service users and carers with experience of mental health and mental health crisis care services, through their communication networks.

- Making Space
- Cloverleaf
- Northern College
- Mind
- The Recovery College
- Together for Mental Health and Wellbeing
- South West Yorkshire Partnership Foundation Trust
- Barnsley’s Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Berneslai Homes
- Barnsley College
- University Campus
- Barnsley Council

Appendix 1 - Example survey

Questionnaire seeking views of people who have experienced mental health crisis care services in Barnsley

This questionnaire is anonymous and all answers will be confidential.

If you feel able to answer the following questions, it will help improve the further care of patients experiencing mental health crisis care services in Barnsley.

1. Have you used mental health crisis care services this year (2015) in Barnsley?

Yes

No

2. Was this the first time you used Mental Health Crisis Services?

Yes

No

Comments:

3. Before you became ill

	Yes	No
Were you aware of becoming unwell?	<input type="radio"/>	<input type="radio"/>
Did you seek help?	<input type="radio"/>	<input type="radio"/>
Were you referred to crisis care services?	<input type="radio"/>	<input type="radio"/>

Questionnaire seeking views of people who have experienced mental health crisis care services in Barnsley

4. When you became ill did you know who to contact?

Yes

No

Other (please specify)

5. How did you contact them? (please state)

6. Did you get the help you needed? (please state)

7. How long did it take for you to access crisis care services? (please state)

8. Did you want to receive care and treatment?

Yes

No

Other (please specify)

Questionnaire seeking views of people who have experienced mental health crisis care services in Barnsley

9. Within Mental Health Crisis Care did you feel supported in your improvement and recovery?

- Yes
- No

Comments:

10. Did staff talk about your discharge and where your views taken into account?

- Yes
- No

Please comment:

11. Did the staff give you the opportunity to ask questions and discuss any concerns you may have had?

- Yes
- No

Other (please specify)

12. Did you feel valued?

- Yes
- No

Comments

13. Did you feel safe?

- Yes
- No

Comments:

Questionnaire seeking views of people who have experienced mental health crisis care services in Barnsley

14. As a result of your admission do you feel better prepared to deal with daily life?

Yes

No

Comments:

15. Can you tell us anything especially good about the service you received?

16. Can you tell us anything that was particularly bad about the service you received?

Questionnaire seeking views of people who have experienced mental health crisis care services in Barnsley

17. Although this survey is anonymous, please only answer the following questions if you feel that you would like to:

Can you tell us what caused your mental health problem at that time?

18. If the police were involved how did you rate your treatment at that time?

19. Where you taken to a hospital or another facility?

20. Did you feel lonely or frustrated, did you receive support?

Thank you for taking the time to complete this survey.

As outlined above this survey is anonymous and the information contained within, will be analysed by Healthwatch Barnsley and used to provide feedback to the Mental Health Crisis Care Concordat in December 2015.

If you would like to have feedback on this group, and the outcomes as a result of the information we have shared please contact Healthwatch Barnsley via our website, <http://www.healthwatchbarnsley.co.uk/talk-to-us>

On the site you can also register as a member and receive regular e-bulletins on what we are doing with your views and experiences. You can also follow us on Twitter (@HWatchBarnsley) or 'like' us on Facebook.