



Derby's Mental Health and Crisis Support Services Report

Healthwatch Derby is an independent watchdog for health and social care services in the city of Derby.

Aims of the Project

- To gain peoples experiences about using different mental health services
- To gain peoples experiences of mental health crisis support services
- To find If they knew what to do or where to get information about what to do in a crisis before it happened
- To see what services they used and what was their experiences of these services during and after a mental health crisis
- To understand what they thought worked well and what could be improved with mental health and crisis support services
- How people would rate mental health services and crisis support services

Outreaches

Healthwatch Derby created a survey to complete with service users, this survey was also available to complete on-line.

Outreaches and on-line surveys were completed from 18/01/19 – 01/03/19. 43 surveys were completed. Outreaches were carried out at:

- South Derbyshire and Derby City Mental Health Carers Forum
- Trevayler and Crisis House - Richmond Fellowship
- Hope and Resilience Hub – Radbourne Unit – Derbyshire Healthcare Foundation Trust (DHCFT)

Acronyms within the report

Derbyshire Healthcare NHS Foundation Trust = DHCFT	University Hospitals of Derby and Burton NHS Foundation Trust = UHDB
Accident and Emergency = A&E	Community Psychiatric Nurse = CPN
East Midlands Ambulance Services = EMAS	Royal Derby Hospital = RDH
Trent Psychological Therapies Services = Trent PTS	Hope and Resilience Hub = Hub

Mental health and Mental Health in Derby

Mental health refers to our cognitive, behavioural, and emotional wellbeing - it is all about how we think, feel, and behave.

In many ways, mental health is just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible to cope with. This can feel just as bad as a physical illness, or even worse. Mental health problems affect around one in four people in any given year. They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder. (MIND)

Headlines in Derby City

- The recorded prevalence of depression in general practice registered adults is 9.0% which is similar to the national average.
- The recorded prevalence of severe mental illness is 0.91% of the general practice registered population. This is comparable with the national average.
- The rate of ESA claimants for mental and behavioural disorders is 36.1 per 1,000 working age population.
- Hospital admissions for mental and behavioural disorders due to alcohol are significantly higher than average at a rate of 181.7 per 100,000 populations.
- Hospital admissions for self-harm are significantly higher than average.

- The mortality rate from suicide is similar to the rate for England.

(Derby City Council – website)

The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years (Department of Health).

Current Services

There is no clear cut pathway into mental health services and which service you attend is dependent on your treatment needs. Most people access general mental health support through their GP. There are emergency routes such as A&E Liaison team and crisis team. During each section of the report there will be a more detailed description of each service. Below details some of the services people have given comments about and the providers of these services.

- | | |
|---|--|
| • GP | • Trevayler Care Home- (Richmond Fellowship) |
| • A&E – Liaison Team. (DHCFT) | • Talking Therapies |
| • Crisis Team (Home Treatment Team) (DHCFT) | • CPN and Community Support-(DHCFT) |
| • Radbourne Unit (DHCFT) | • Hope and Resilience Hub (DHCFT) |
| • Crisis House-(Richmond Fellowship) | • Resource Centre (DHCFT) |

The report

The first part of the report is about people's comments and experiences of using these specific services.

We have asked people what works well and what could be improved, when people have named a specific service these comments have been put with that particular services section. General or nonspecific comments will be addressed separately and broken down into themes at the end of the report.

Two people gave very detailed accounts of their experiences. One was about trying to access mental health services and the other was regarding crisis support services, these were so detailed that they have been used as case studies. Another person contacted Healthwatch following an engagement and their experience has been shared as a case study.

The second part of the report is regarding people's experiences of when they have had a mental health crisis situation, which services they used, if they knew or had information about what to do before the crisis happened and about the support they received during and after the crisis.

At the end of the report peoples non-services specific comments about what they thought worked well and what could be improved about mental health and crisis support services have been broken down into themes.

One Advocacy Derby provide support for complaints and advocacy services across Derby city, they have looked at their themes over the last year regarding mental health services and given an overview for this report.

Full comments and the survey can be found in the appendices at the end of the main report.

Service providers have been requested to give a response to the feedback in the report regarding the services that they provide, their response can be found after the appendices. We have had responses from:

- Richmond Fellowship
- Derbyshire Healthcare NHS Foundation Trust

Note: Healthwatch Derby staff are not medically trained so cannot give comments regarding medical situations or treatments.

GP Experiences

GPs are often the first place people go to when having a mental health concern; they are the gateway to services. They are able to refer to talking therapies, prescribe medication and refer to the crisis teams.

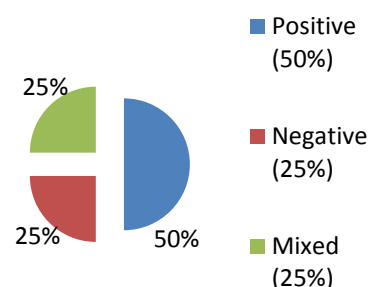
16 people gave their experiences of using their GP services. This chart is a breakdown of the type of comments people gave.

People also gave their thoughts of what could be improved. The key messages from people's experiences and what they thought could be improved are:

Key Messages

- Positive comments given were in regards to the general services they received and caring staff
- Negative comments were mainly about communication:- general communication and in regards to being listened to and a lack of support
- Time it took before being referred to another service
- A lack of continuity of care – having different experiences with different doctors
- A lack of knowledge from professionals about mental health services available and mental health issues
- Feeling like they were just given medication.

type of comments



Below are some comments from people's experiences:

"Very good, very understanding."

"They shove medication at you.
Referred to secondary services
after a while."

"Really
good"

"Helpful – but when
communicating issues they
just pushed aside."

"Saw two different GPs – first said
keep going – wasn't helpful. Second
was caring and made referrals."

"Really good, really
understanding GP"

"This time my GP has been great. But
I've spent months and years being
disappointed. Same surgery but
different GPs"

Below are the comments about what people thought could be improved:

"Improvements – massively – communication – think it starts with GP my GP doesn't know anything about the service (crisis house)"

"Access to apps through GP would be good, E.g Headspace subscription"

"GP service needs to take concerns more seriously to begin with"

"Additionally I did find in some cases with GP's that they are reluctant to suggest any services with long-wait times attached but think this might be pressuring short term services as a result."

"GP reluctant or unsure how to refer, relying on self led referrals."

"Some GP's not understanding and could do with training in mental health"

"GP & services working together - continuity of care"

Talking Therapies

People are generally offered around 6 sessions of talking therapies with most of their work being around a range of therapies for people experiencing common psychological difficulties, such as those feeling anxious, low, or depressed. The main providers locally are Trent PTS and Talking Mental Health (DHCFT), there are all so voluntary and private organisations that sometimes offer talking therapies.

9 people spoken to gave their experiences of using talking therapies. There was a mix of positive and negative comments.

Please see comments below about people's experiences:

"Trent PTS – I was referred from the Radbourne – as it turns out they wrote to me but I was still in hospital. My brother-in-law tried to sort it out – the first person refused to discuss anything with as he was not on the letter, Then he spoke to someone else and they rang me – they explained that as I was in Trevayler they cannot offer me service until I'm out of here. I'm meant to be having CBT but I can't until I leave Trevayler – could be organised better"

"Talking mental health – used a couple of times – they were really trying their hardest – but due to feeling suicidal they had to discharge me."

"Counselling and swaddling time (6 to 8 years ago unsure if you set this up possibly GP) – met once every week/2 weeks, didn't know what to say, gave me a bad impression of counselling services clouded my judgement and understanding"

"Samaritan's – brilliant"

"Talking mental health – wasn't well at the time so didn't attend more than two or three sessions – useful"

"Dale bank view – really helpful – did that for quite a while few years ago – only funded for a couple of sessions but did get funding for couple of extra sessions"

"Amber Valley – excellent"

"Talking mental health Derbyshire – all right not the best"

"Talking mental, I was lucky the treatment here is a lottery experience and training. I was fortunate to receive therapy from an overqualified therapist whose experience and training in an integrated approach to therapy became a lifeline. This service should be triaged so that clients who have had previous psychology difficulties receive treatment from more experienced practitioners, not rely on who is next in the queue"

People also gave their thoughts about what works well and what they thought could be improved.

Worked Well:

"Talking counselling services – really help me understand my thoughts and how to challenge my negative thoughts. Had CBT been lovely"

"Talking therapy provided by Trent PTS works well."

"Trent PTS - got an appointment very fast, appointments not very flexible"

What could be improved;

“Improvements – sometimes you have to wait a bit some people have to wait quite a while – counselling/CBT waiting list one year”

“Counselling and having the access to the treatment in real time and not months after suffering with mental health. I do not think there are enough services for people to be able to access in a timely and meaningful manner.”

“Face to face counselling when you need it, more resources so shorter waiting lists.”

“More talking therapies”

“Quicker access than waiting 3/5 weeks for talking therapies support. Follow up care once received sessions as a protocol rather than having to instigate yourself if you feel like your moving into a in crisis again.”

Key Messages

- Positive comments were mainly in regards to overall services, the treatment they received and 1 comment about the speed of referral.
- The main improvement that people wanted was a reduction in waiting times and more services available.

There were individual comments /experiences of:

- Not being able to access services due to living in a short/medium term recovery unit.
- A suggestion about having a more triaged service before starting therapies,-taking in to account mental health history and treatments.
- A “follow up” protocol after completing the service.

Community Support

The community mental health team (DHCFT) are made up of many staff members such as, Community Psychiatric Nurse (CPN) and Occupational Therapists (OT). These services are to support people with mental health issues within the community. Ten people gave their experiences, please see comments below:

"Didn't have enough. Consultant said I needed a CPN, got a letter saying I've got an OT because there isn't enough CPN's. I do think it wasn't really relevant to where I was at that time. The condition I was in I just can't take any of it in. The lady was lovely but I feel like it was just a waste of resources."

"CPN – they stopped it last year – stopped Pip and CPN for unknown reason."

"Derby – St Andrews house – she's really good"

"CPN – she's wonderful. Then 'P' on and off for eight years and had lots of different CPN's. Current one is brilliant"

"Chesterfield – CPN really good"

"CPN – she's really nice – see her once per week. Was from speaking to her that I got referred to the crisis"

"Not so good, CPN not very supportive"

"Brilliant"

"Been amazing"

"Derby – really good"

Key Messages

- Most comments were positive praising the services and the staff members that supported them.

From the negative comments there were no emerging themes but there were individual experiences of:

- Staffing levels – unable to have a CPN due to none being available and experiences of lots of different CPNs
- Communication – not knowing why they had been discharged from services

Resource Centre

Resource Centre (DHCFT) is based at London Road Community Hospital. The centre is used for a few different services and treatments. People go here for mental health assessments, reviews and some talking therapies and group sessions are also held here. Five people gave their experiences of using the services based here, 4 comments were positive and 1 was negative.

"Assessment – really good"

"Many years ago – very good, very helpful, very supportive"

"Assessments/treatment - – not very good, I think because my son wasn't 'as bad' As others so they left him to fend for himself, like he didn't need support."

"Brilliant"

"Great, really good"

Trevayler

Trevayler care home (Richmond Fellowship) is a short/medium term rehabilitation and recovery unit. Support is focused on short term, intensive and structured rehabilitation to enable people to move on to more independent living. Four people shared their experience of using the services, please see experiences below: there were 3 positive comments and 1 negative.

"Trevayler – it was brilliant"

"Brilliant, really enjoy it here"

"Trevayler - poor structure and very poor links after leaving Trevayler."

"It's a massive difference to the hospital. The communication, organisation is so much better. Do proper handovers staff know what you've done, what you need doing. I can't fault it. It's a massive contrast to the hospital. Everyone seems extremely professional. For a long way from being well– they take their time getting to know me. Knew who my keyworker was straightaway. The communication, everything is spot-on"

People also spoke about what they thought worked well. (There were no comments given regarding thoughts about what could be improved.)

"This works well – really cooperative and supportive. "

"To me this service (Trevayler) has been a god send. I wasn't ready to go home (after hospital) and look after myself straight from the Radbourne unit. I can still access other services from here – Aquarius. I find this service brilliant (Trevayler). Simple things like helping preparing a meal discussing healthier choices. I found this step a godsend if I had to go home straight from the hospital I probably would have been back in by now."

Key Messages

- Almost all comments were positive; these were about the service, in regard to support and communication.
- The negative comment was in regards to the structure and support after leaving the service.

Crisis House

Crisis House- short term crisis intervention in an effort to help prevent hospital admission. (Richmond Fellowship) The Crisis Team run by DHCFT work in partnership with the Crisis House to support the clients staying there. Nine people gave their experiences of using the services.

"Crisis house – really supportive"

"Crisis house –
great treatment"

"Crisis house – one last May and now since Wednesday. Last year – I thought it was really good, very helpful. Was there for two weeks. Now cut down to 5 to 7 days and I'm very aware that I've only got a few days left. This time I didn't feel I'm in the right place. Don't want to be in hospital but just don't feel safe where I am."

"Crisis house been once before – left after four days. Now here again – two days, staying for seven days. People are really nice, rooms are nice. Like a home from home – Netflix-would like to do some painting. Good place to rest only for room so not hectic but always people there"

"Crisis house – 7 days –
fantastic. Had support
every day"

"Crisis house – it's
good, really friendly,
you can just go and
chat to them"

"Crisis house – really good,
staff talk to you, listen,
really good"

"Crisis house –
fantastic."

"Crisis house – they've been great. When I arrived it was really scary and your poorly, they pretty much stuck to what they said they would do – therapy, and they're always there just a knock away. I was ready to be disappointed from my previous experience but they have been great"

People spoke about what they thought worked well and what could be improved:

Works Well:

"I find it hard talking to males, think mixture of staff makes this easier and for others. What I've noticed here (Crisis house) is that the staff approach you – which is helpful as I'm not very forthcoming – where other places louder people tend to get listen to"

"People, for me I had nobody so that's been critical (crisis house) is a step down from the Radbourne it's like at home and you get to share with other residents. We are laughing and it makes you feel human again"

Could be improved:

"I think they're a little understaffed (crisis house) their great but doing a lot of work. "

Key Messages

- The majority of comments were positive. Positive comments were mainly in regards to overall service, the support and treatment they received, the staff being on site, approachable and being listened too.
- There was 1 negative comment regarding not feeling that they were at the right place/service. Under the “improvement” section there was 1 comment regarding staffing levels.

Hope and Resilience Hub

Hope and Resilience Hub - The service provides day services. They are a supported environment and offer group work and therapeutic sessions. The service is for people who are currently in acute care (Radbourne Unit) and people within the community who are currently under the home treatment team (Crisis Team). Nine people spoke about their experiences of the services: (1 comment is from any other comments)

“Once – went to one session, but left halfway through as felt like teaching how to suck eggs – having to name basic exercises, too simple, group was too big and made me anxious”

“Excellent”

“That was good. Unfortunately I didn't get to use it much before discharge – surprised me that the service stopped just because I was transferred to Trevayler – for this is something that could have been continued.”

“Really good, really positive and supportive, give structure to the day”

“We did this concentration thing – but I found this hard as a big group and found it hard as I was anxious. Had quizzes and things. But I would only go if someone else was going, wasn't always staff to take you, had music ways.”

“Was alright”

“Amazing, would not be able to get through without them. Staff are fantastic. I find the groups have helped”

“I'm just really grateful to the hub for their support, all the staff in general”

“Amazing”

“Brilliant”

People also spoke about what they thought worked well and what they thought could be improved:

Works well:

“Works well, really positive and useful.”

Could be improved:

“When being discharged tends to come about abruptly”

Key Messages

- Most of the comments were positive, with praise for the service, staff and in regards to the support.
- There were negative comments regarding:
 - Transition and communication: abrupt discharge, not being able to use the service when living at Trevayler
 - Treatments: the groups being too big and finding one of the groups teaching too basic.
 - Staffing levels: being under staffed

Psychiatric (A&E) Liaison Team

Psychiatric Liaison teams are based in Derbyshire's two largest general hospitals: Royal Derby Hospital and Chesterfield Royal Hospital. (DHCFT) The teams provide advice, support and signposting services to patients over the age of 17, where potential mental health and/or drug and alcohol issues are identified. Following a referral from a health professional in Accident and Emergency (A&E) or a ward within the general hospital, the team will offer a high-quality intervention, assessment and discharge process. This process will cover all aspects of mental health - including drug and alcohol use and self-harming. 8 people gave their experiences of using the services. Please see their comments below.

"Went to A&E for physical health problems but while there was sectioned (under section 2) can't really remember"

"Chesterfield – they were brilliant, they listened and acted on what needed doing – got crisis team to come out to me"

"Lots of miscommunication no formal assessment. Don't like to hear what the family has to say as they might have to do their job. I'm not going to lie we had a really bad experience."

"Very good"

"When I hit crisis I am usually at the end of a very long road. The A&E Liaison team appeared to be the only service who appreciated that my level of understanding my condition was not a reason to underestimate the seriousness of my suicide attempt, they were the only people who accepted that i couldn't go on and needed immediate help. Liaison team (A&E)"

"Alright"

"That was great"

"RDH –six months ago – went to A&E, took overdose, I was desperate for help. As soon as I woke up they put me in a taxi, not offered anything. (Sent to an empty house)"

What works well:

"The Liaison team at the Derby Royal hospital were fantastic. I wish I could find the two ladies now and let them know how I'm doing now. "

Key Messages

- 5 of the 8 comments were positive. These comments were mostly regarding the general service and treatment received. There were individual comments regarding positive communication, knowledge and understanding.
- The negative experiences were in regards to communication; 1 experience was regarding poor communication with family. The other negative experience was regarding not receiving any treatment or consultation – and this not being communicated with the patients as to the reasons why. (But this is unclear whether this was the A&E department or the liaison team.)

Crisis Team (Home Treatment Team)

Crisis Team (Home Treatment Team) - The service is for individuals presenting with an acute psychiatric crisis of such severity that without the involvement of a crisis intervention and home treatment team, hospitalisation would be necessary. So a hospital level of care but from the community. They tend to work in to community, traveling to people's homes. The crisis team are the gate-keepers to hospital admissions. (DHCFT).

11 people spoke about their experiences of using the service.

"Fantastic"

"50-50, depends on the person. Think there service works, had people not turn up, forget medication even while here (crisis house) which has impacted them (crisis house). But have had experience of empathetic people as well. Imagine it's a big team as I've not seen the same person twice"

"Been great, great service"

"Really good"

"Very positive "

"Really good, was with Amber Valley team – they were rubbish this was really good General (Derby)"

"General impression was fine, most recent involved with them this summer. Short-term someone came out weekly over four weeks – gave me lots of information support Samaritans etc –"

"Brilliant"

"I was very impressed"

"Really good"

"Crisis team have not followed up concerns I have alerted to. Crisis team left a person without means to follow through on tasks they have left for them which created a bigger problem."

People also spoke about what they thought worked well and what could be improved:

What worked well:

"Works well – their ability to identify my problems, I was impressed by the assessment – I was worried as I was assuming I was going to be sectioned but I was treated with a lot of respect and came and pointed me in the right direction that was going to help me. "

"Well – the information you get from them helps (crisis team) relaxation therapy."

"Crisis & home treatment team were brilliant and helped me a lot. Being visited at home made a big difference as you feel more relaxed "

"The home treatment is a great idea and really helped me, to be treated at home rather than having to attend a hospital site was a big plus"

What could be improved:

“Improve – think that they could - when they told me I was going to a crisis house I thought it was intense therapy but it's not wasn't explained that properly. (Crisis team Chesterfield)”

“Length of time for Crisis team to respond in a crisis”

“When we called out the crisis team they did not come, this was to a suicidal male, the GP dealt with it.”

“Improvement – the only thing was (crisis team) was different people coming out. At first it was the same but after a while it was different people coming out. (I'm not alone in regards to support)”

“Crisis team – meant to be seeing me every day – but come every other day. Other people I see waiting for hours and no one comes – not good when you're poorly. The crisis team let the crisis house down – like they can't do meds”

“When a person is suicidal the crisis team really does need to attend, appropriate assessment and the right kind of mental health support would be a start”

Key Messages

- The majority of experiences were positive with most comments regarding the overall services.

There were other positive comments regarding the service:

- Communication in regards to information given, signposting
- Staff in regards to knowledge, understanding and empathy
- People also spoke positively about being able to have treatment from their home.

There were a few negative experiences, from these and the improvement section these were about:

The general running of the services in regards to:

- Staffing:- not attending appointments or waiting long times, lack of continuity of seeing the same staff member
- Treatments:- not receiving medication
- Access: - the response time and referral process in to the service
- Communication – experiences regarding poor communication about responding back to issues raised and not being explained properly what treatment people were going to be having.

Radbourne Unit

The Radbourne Unit is the main in-patient service for Derby and South Derbyshire residents with acute mental health needs. (DHCFT). Eight people gave their experiences of using the unit. Please see their comments below.

"Stayed just over three months last year, it was helpful but I found it was very short staffed, there was a wreck room but wasn't open as it needed a staff member to be open. There was always something to do Sudoku jigsaws but I'm dyslexic and struggle with them. It was the sensory room but again was never open as no staff. Staff was nice, food was nice. Rooms were nice had own cupboard/mirror – didn't know what to expect."

"Good"

"2013 – That was positive – needed at the time"

"Good"

"Radbourne unit, understaffed, very little support/restricted access to resources/stagnant environment. Programs which are set up not always available. Very poor links between being an inpatient and discharge without appropriate support to move forward. No support from Radbourne unit to set up/ support a person regarding benefits, access to resources following a long period admitted to the unit."

"They were good"

"Spent six months there – positive really, psychiatrists there was really good. Good at listening to what you wanted. In the end including you in MDT meetings"

"I think it could have been better. Don't want to be critical but generally found staff were far too busy unless you kick off. On the ward I was in I got the impression from a few members of staff that they resented having patients as it meant they had something to do. I appreciate the service, they kept me sane. But I got the feeling they wanted people out as fast as they could. When you go to a hotel you get an information pack, I was told different rules expectations et cetera by staff. Could do with that – need structure and routine. Contradicting information from staff's. Took five weeks before I knew who my key worker was. CPN – they were supposed to set up one from the Radbourne unit by staff – staff here (Trevayler) followed that up and it turned out that Radbourne hadn't sorted this out"

People also spoke about what they thought worked well and what could be improved:

What works well:

"Works well – Radbourne, initially due to the situation I was in – helped in the fact (one of my biggest issues was denial) is the first time in around 12 years that I was in an environment where I felt comfortable to be honest with myself without any judgement."

What could be improved:

"I do feel the organisation and communication in the Radbourne unit could have been better - may be different from one day to the next. It wasn't just me, others felt it as well – that unless you kicked off. "

Key Messages:

- They were 5 positive comments – these were mainly about the general service and compliments towards the staff, non-judgemental environment, the rooms, food, patient involvement and treatment and care.
- They were 3 negative comments: The main theme was around the capacity of the service in regards to understaffing and this also leading to limited resources and activities.

There were other comments regarding:

- Communication in regards to communication from the services, a lack of continuity of information from staff
- Discharged – a lack of support and referrals not completed
- Environment in regards to feeling stagnant and sometimes unwelcoming.

Other Services

People also spoke about their experiences of using other local services: these are all individual comments, please see their experiences below.

“Derby County community trust – associated with the football club – I'm now part of the gym. Active choices – run by the trust. Also runs a group called team talks – men group – gets you talking about mental health. A nurse from the hospital suggested the community trust. Once here (Trevayler) the staff gave me information about the male group it's just guys in an environment where it's safe to talk.”

“Ilkeston hospital (outpatient) – very good. They were great.(Ilkeston hob) – it was really good”

“Amber Valley team – Ripley – useless rubbish, not very good”

“Derbyshire eating disorder services – really good, see them weekly, take a lot of time with me. ECT therapy (in Radbourne) – found the staff were really supportive throughout the procedure.”

“Signet – didn't really enjoy it there really. It was a closed rehab and I like to go out”

“We attend and support Derbyshire and Derby city & South Derbyshire Mental health carer's forum empathy support and provide information. The group meets regularly on each month at 32 Oddsfellows, Charnwood street Derby DE1 2GU. It is a self-help group of people who are a care, have cared for a relative, friend or neighbour suffering from any form of mental health illness. The group offer each other mutual support, advice and understanding in a relaxed and friendly atmosphere. Group invites expertise of mental health and other wide range of issues from city and Derbyshire. As now funds are withdrawn therefore more problems are coming and get fund grants but now doing marvellous work for providing information by involving many.”

“Aquarius - When no other mental health service would support, Aquarius were the only ones who tried to help and offered weekly services to my husband who became unwell in 2017”

Rating – Mental Health Services

We asked people “How would you rate mental health support overall in Derby?”

(1=very poor – 3= satisfactory 5= Excellent)

42 people gave a rating and the mean average was:

3.1

Case Study

One person gave a very in-depth account of trying to access and use mental health services for their husband. This shows many experiences of trying to access mental health services and crisis support services.

"My husband became mentally unwell in May 2017, at the time he was drinking excessively as a way to cope with his head as it "just wouldn't stop". Between 2017 and November 2018 (when he was finally diagnosed with Cyclothemia /Bipolar ii) he had three suicide attempts.

We started with the GP - he diagnosed him with Depression despite insistence from my husband that he was not depressed, he was given anti-depressants, these made him worse and more suicidal. He was advised to seek counselling and we referred to Trent PTS - they gave us an appointment with an 11 week waiting list. The week of the appointment they cancelled saying they were not the right service for my husband. We sought private counselling which helped slightly for a few months but again was not the right type of counselling. The GP changed my husband's anti-depressants to another type of anti-depressants, these were Volatile. They made my husband immediately worse, we sought guidance from 111 and thankfully the doctor we spoke to advised that the medication that had been prescribed was having a paradoxical effect on him, not only that but the GP had started him on far too high a dose too quickly. Once off those tablets my husband's symptoms had continued.

Due to his initial alcohol use in 2017 he was referred to Aquarius and thank god for that, it was not a GP, or a nurse, or a psychiatrist who helped to save my husband, it was a volunteer worker of a charity funded service, and that is so incredibly wrong, my husband was able to stop drinking almost immediately, showing his illness was not drink related, drinking was more of a symptom, the same for substance misuse in lieu of medication that worked yet all MH services in Derby refused to see him or treat him, stating the substances were to blame. This carried on for 18 months.

I began to fight more on his behalf, I was aware that Aquarius had referred my husband to the Lead Psychiatrist in Derby on three occasions over a period of around 4 months, each time he refused to assess him. It wasn't until the final hospital A&E visit where I sat with the MH Liaison Team (For the third time in two years) and made them accountable for the man they saw before them, the man who was begging the triage team to just let him die, that we were assured a referral would be made for urgent assessment by the lead psychiatrist as it was evident that my husband had done everything asked of him and it was time the MH services stepped up (Their words). The two previous times he was seen by the Liaison team we were patronized to, I was told my husband has capacity - I work with vulnerable adults, I am aware of capacity, and just because someone has capacity does NOT mean they will not leave your office and finish the job they started.

It was my husband's Aquarius worker who first mentioned a mood disorder, he said it seemed like Bipolar, my husband was finally seen and asses by a psychiatrist on 22/11/18 and after a 1 hour appointment was diagnosed with a confirmed mood disorder and given anti-psychotic medication to take. 18 Months for a diagnosis that took 1 hour. Three suicide attempts. Three presentations to A&E, my husband would never have made it through all of that had he been on his own. He never would have made it through the appointments and rejections and referrals and web. He would have been just another statistic in the tally of male suicides in 2018. Whilst I am thankful that a diagnosis was received in November. He was given a prescription and told he would receive a follow up call in the next 4 weeks and a follow up appointment in 3 months, no information on what type of mood disorder, no information on support or how to manage in the next three months. The follow up phone call did not happen, we had to chase that up. We also discovered the GP had been sent a letter confirming that my husband had Cyclothemia/Bipolar ii, yet we had not received that information. That would at least have given us something to google as that was our only source of information and support. It has been impossible to get to speak to the psychiatrist again and the GP doesn't understand or can't offer any other ways of support.

What can be improved? The MH Liaison team at the hospital need some serious retraining on how to speak to the people they are dealing with. One nurse told my husband he just needed to be more positive, literally an hour after he had begged a nurse to overdose him and let him die. To not pass the buck to the supportive relative who happens to be there with them, I am no better able to cope or manage my husband's illness than they are and I should never be put in a position to be his minder or ensure his safety just so you don't have to admit him. I do not think it was by chance that every single time we were at A&E the triage doctor's and nurse's never had a good word to say about the MH Liaison team and also had to fight just to get my husband seen. My husband dresses well, he looks smart, clean and is well educated, we felt these all became barriers to him getting earlier intervention because he didn't "look" like the type.

I appreciate referral times are always lengthy but do not ever put someone on a waiting list for an appointment only to cancel it when the week finally arrives as it is not the correct service. The referral told Trent PTS everything; they would have known they were not the right service from the very beginning. Twice this happened. Have the services speak to each other, some use system one, other's use a different one and other's don't use either. Information sharing is key. I am yet to see what works well, other than when we did eventually get to see the psychiatrist, he listened and he seemed like he would be helpful but zero support and a three month wait for the next 1 hour appointment is just not good enough. My husband is currently suffering a bout of Mania, and he has absolutely no idea how to get through it, and once again I am left to pick up pieces."

Key Messages regarding each service:

GP

- Lack of understanding about mental health services/pathways and available support
- Issues were raised that the GP didn't listen to the patient and patient did not agree with initial diagnosis

Trent PTS

- Access - 11 week waiting list
- Triage and referral system - Being told 1 week before appointment that the services were not suitable

A&E liaison team

- Accessed 3 times before action was taken
- Communications skills - Patronising with patients and family members

Aquarius

- Positive comments regarding Aquarius – regarding support and referrals

Psychiatrist services

- Access – 3 referrals made for assessment but not assessed.
- A lack of information and communication:
 - About mental health condition following a diagnosis
 - No follow up phone call and unable to contact
 - No information sent to patient about diagnosis

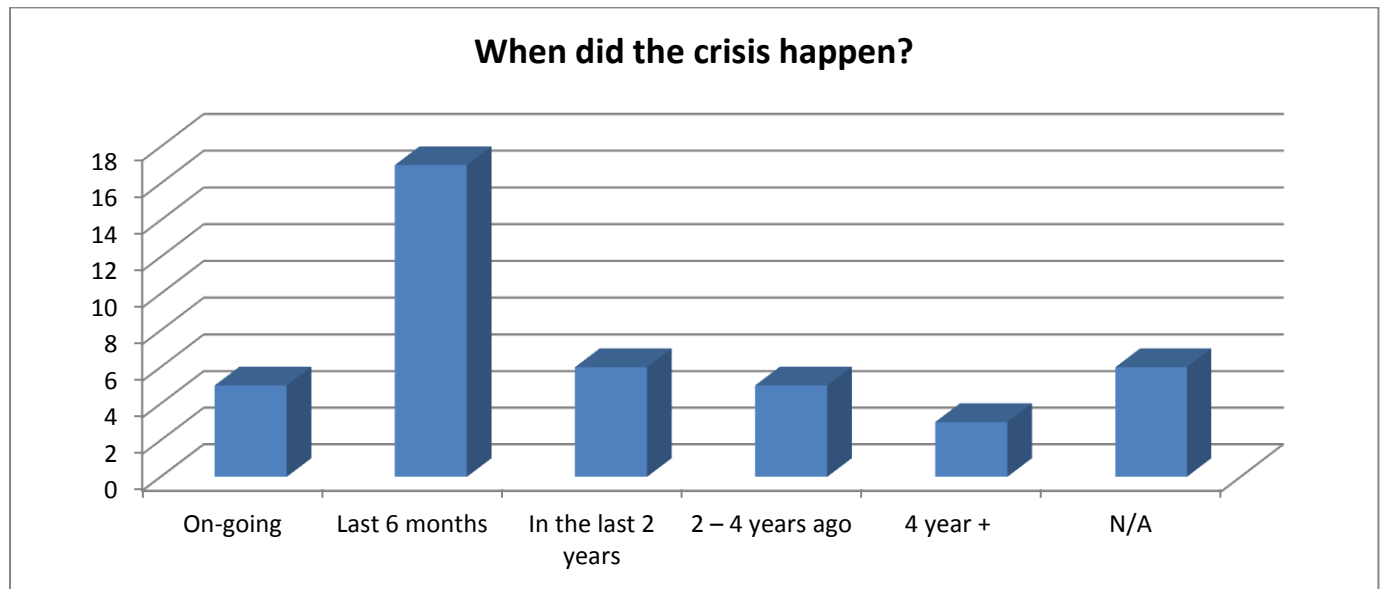
Overall

- A lack of support and pressure for carers/family members dealing with a loved one who is suffering with a mental health conditions or crisis.
- A unclear and difficult pathways to access help and support

Crisis Mental Health Services

The NHS describes a mental health crisis as: “A mental health crisis often means that you no longer feel able to cope or be in control of your situation.” This is subjective to each person and everyone experiences different symptoms. This is a hard and stressful time for a person but also their friends and family members. We spoke to people about their experiences of going through a mental health crisis and about the services they used and their experiences of them.

When did the crisis happen?



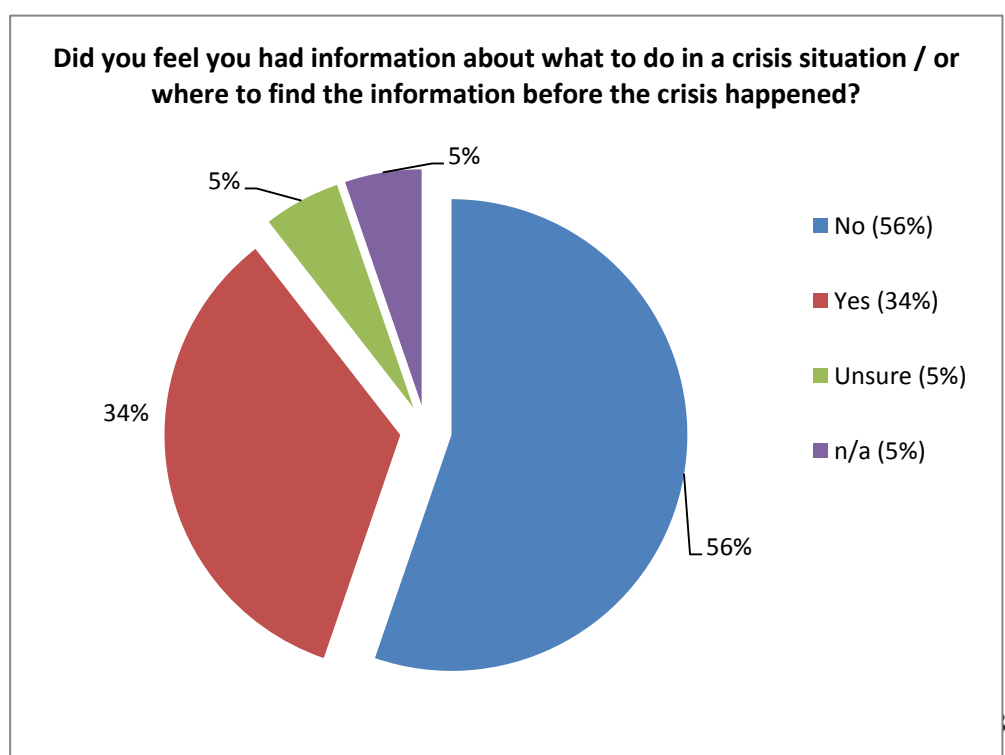
This shows that the majority of people who gave feedback had experienced a mental health crisis within the last 6 months of giving their feedback.

Information about what to do in a crisis

We asked people about if they felt they had information about what to do in a crisis situation / or where to find the information before the crisis happened. Below are people's answers:

This shows that over 50% of people did not feel that they had information about what to do in a crisis situation or know where to find the information before the crisis happened.

Many people gave further comments to this question regarding their answers: please see below:



Key Message – “YES”

- People who gave more details stating ‘Yes’ said they were either under mental health services already, they or a co-worker had an understanding or worked within the field so had prior knowledge of what to do.
- The majority of people got information from their community workers (CPNs) and/or GPs.

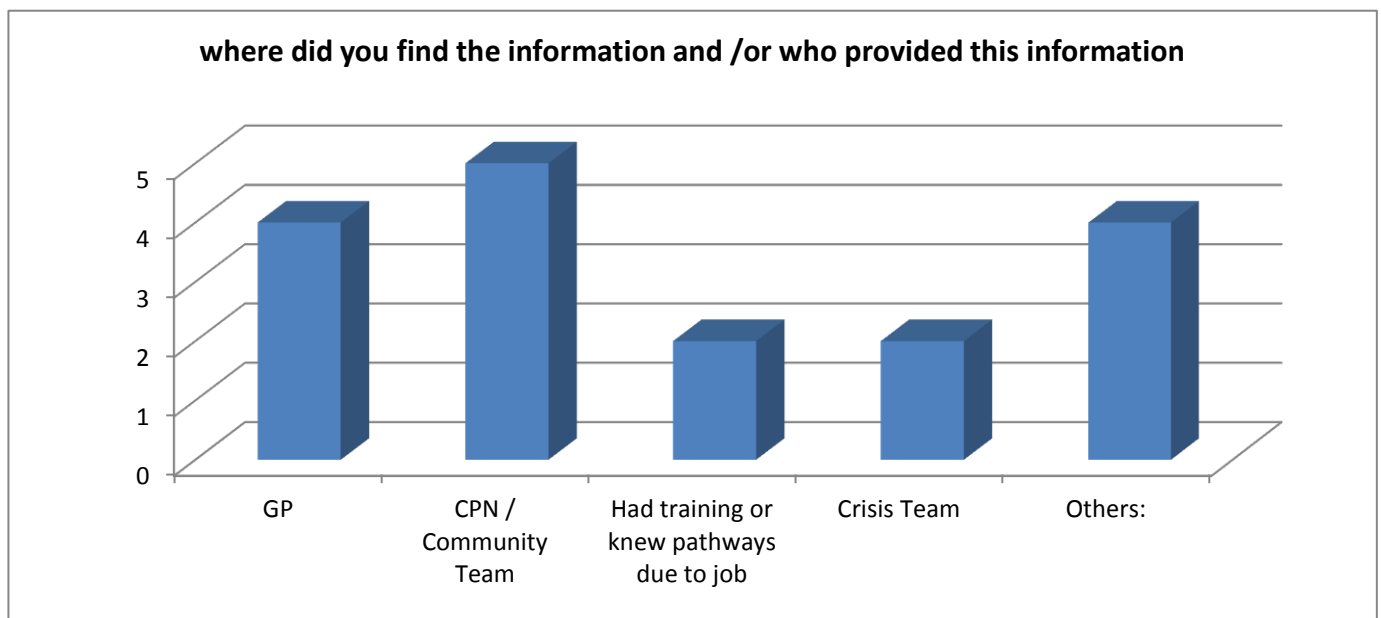
“Yes I work in this field so easy to know where to go but perhaps not for the layperson”

“I need to go to my CPN”

“YES -When I did have services there was a time the crisis team came out and talked me down and took me home”

“Due to my job I know what to do if it happened”

People said that they got the information or knew where to get the information from the following:



Others include 1 comment each for Mind, Trent PTS, NHS and their Manager (from their job)

“Crisis team (just beforehand) – supported by CPN”

“Already aware of Trent PTS and knew I could self-refer due to my job role knowledge”

“My doctors – information about the crisis team and the number if you needed them”

“NHS, Trent PTS, Mind etc websites”

“My CPN had a care plan – so I just knew to discuss it with her”

“I knew the GP could refer me all the OT could refer me into crisis support.”

Key Messages – “NO or Unsure”

- Most people who answered ‘no’ was due to having no information or little understanding of mental health pathways and what a mental health crisis was prior to it happening.
- Some people went straight to emergency services.
- 6 people stated that they themselves (or a family member) were either under mental health services or had seen a health professional about their mental health and still felt like they didn’t have information or knew where to find the information before the crisis happened.
- There were 2 comments regarding non helpful advice being given or being sent away with no help or information.

Individual comments

- Finding instructions too complicated and suggesting they should be an “A&E” place for mental health problems.
- That due to previously being within mental health services there is an expectation that patient should know pathways and medical jargon.
- That there is no “middle ground” anywhere: -knew of telephone advice lines or A&E – but nothing in-between.

Please see some of the comments below: (some of these comments are also from further comments to the question – “where did you find the information and /or who provided this information”)

“Possibly not, I'm aware of the Samaritans. I wouldn't have known others other than looking at the Internet. (Suffered with mental health issues 12 years – GP primary care)”

“Given charity advice lines, or told to go to A&E, felt like there should have been a middle ground.”

“No I had no information available and was told to go to A&E only you be told on numerous occasions it is emotional distress and sent home with no help.”

“At the time I didn't originally, I literally went to A&E – I didn't know what I was doing.”

“Instructions too complicated if your loved one is in the middle of a crisis, and you yourself are in panic mode. Fear and anxiety take over and responding appropriately is not always possible. Instructions need to be clear cut. Mental health should have an equivalent to A&E, where patients and their carer's can go in an emergency”

“Didn't really know what a mental health crisis was before it happened to me”

“No I feel that I was expected to know and understand the process and what acronyms meant. The practitioner would look at my history and presumed that I had been through the whole system and had already been assigned, or had previous experience of a community psychiatric nurse or the crisis team.”

“I ended up having to go to A&E at my last full breaking point. Thankfully the Liaison team I spoke with were extremely kind. This crisis occurred due to an inability to convene with my usual therapy service, resulting in a breakdown. I am still unwell but i am managing my condition currently”

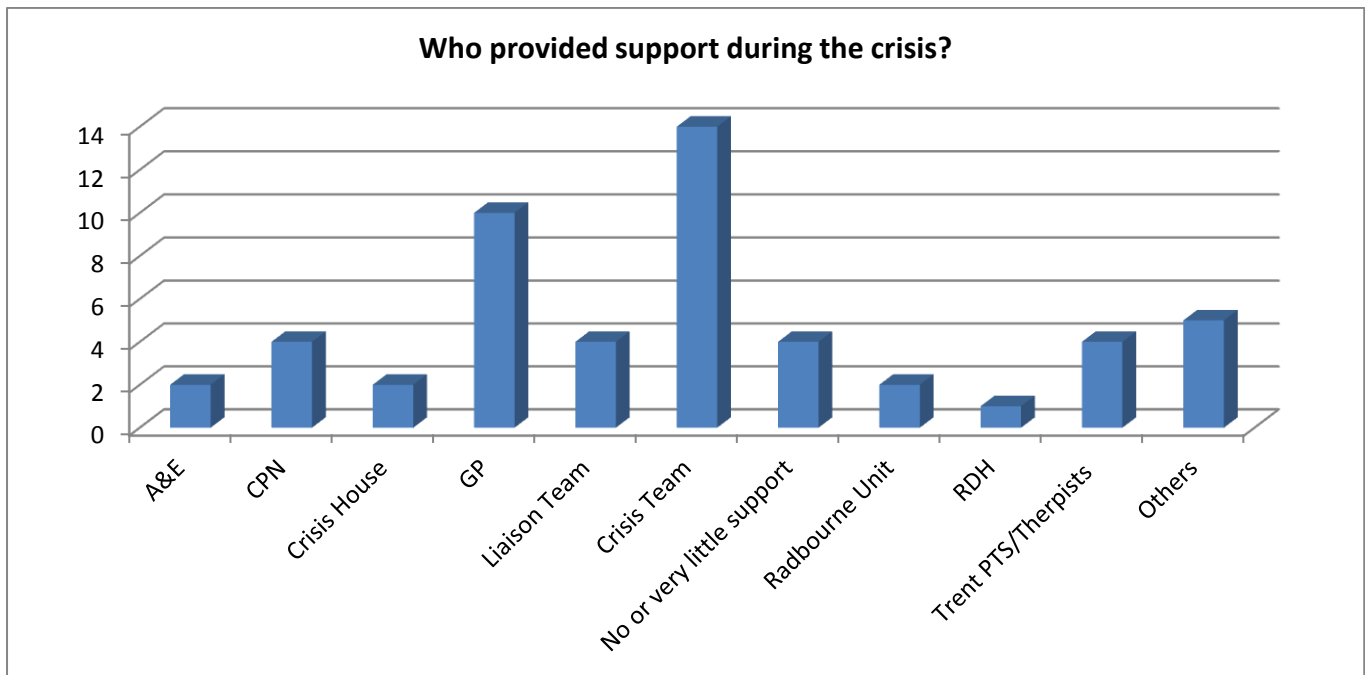
“This time went to the mind website and told you what to do – but still went to A&E because I was four minutes away”

“Dr gave me the crisis teams number when my therapist notified him that I was too ill to be treated by a tier one service and I needed an intervention. He obviously assumed that I was already referred to the crisis team although I told him I wasn't but he gave me their number anyway. No one provided me with any other information”

“GP – no information provided other than ring the surgery or 999/NHS direct”

Who provided support during the crisis?

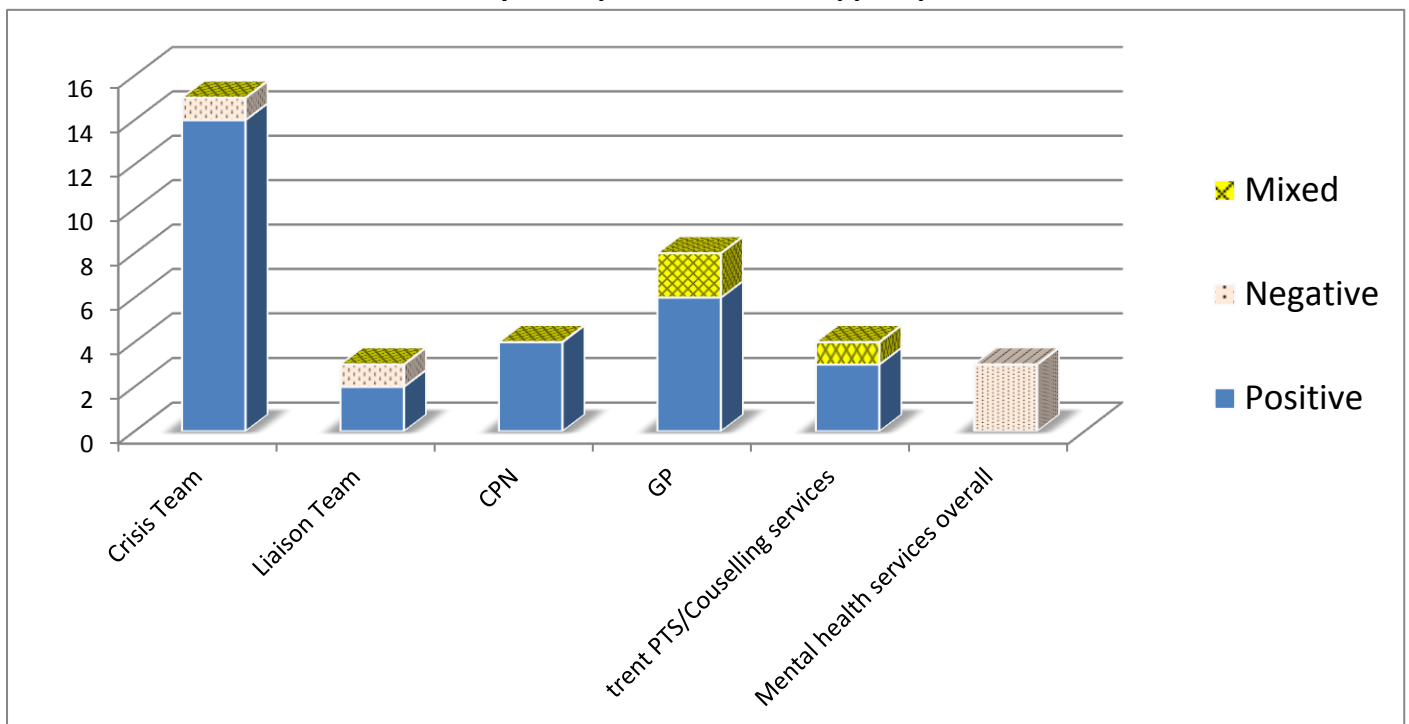
32 people gave further details of who provided the support, many people had a range of different services that supported them during the crisis, and these have been broken down into individual services. Please note “others” include individual experiences of using the following: Police, 111, family, Hope and Resilience Hub and clergy.



Key Messages

- This shows that for people that took part in the survey it was the crisis team that supported the majority of people during their crisis, followed by GP services.
- 4 (12.5%) out the 32 people felt there was little or no support during the crisis.

What was your experience of the support provided?



Service	Positive	Negative	mixed
Police	1		
A&E		1	
RDH			1
Radbourne Unit		1	
Crisis team	14	1	
Liaison team	2	1	
Crisis house	1		
Hub	1		
CPN	4		
GP	6		2
Aquarius	1		
Counselling/Trent PTS	3		1
Mental health services overall		3	
Psychiatrist– resources centre		1	

People spoke about many different services; the main feedback is in the chart above, the full breakdown is in the chart on the left. Please note, when people have mentioned RDH and A&E it is unclear to whether people are referring to the hospital services or the mental health service run from those sites so are unable to identify a service provider.

People spoke about their experiences, how they came in to services and about the support they received in more detail: please see their comments below:

“GP and home treatment team- Both really supportive and helped to save my life”

“GP, GP mental health therapist and Trent PTS - Ongoing support still but understanding, caring professionals help.”

“Very little support when it mattered. - Too late, Too much delay, Crisis team in many ways ineffectual”

“Crisis team/hub- Fantastic, to be honest I wouldn't be here if it wasn't for the support from them”

“The only person who provided support was my family and NHS 111 operator. The other people who provided support was the Liaison team in the hospital.- The support provided was very bad, they just sent me home with no help and said it is just emotional.”

“CPN discussed options – crisis team came out to see me and discuss situation and referred me to the crisis house - I thought it was good really, told me that we were going to get this sorted and just blip”

“Trent PTS/GP and Derby hospital.- My experience was ok as far as I remember but was quite slow”

“Crisis team – came from Derby – weekly visits for about four weeks - That was good, they gave me information contact numbers – their number, Samaritans – and basically said at any time those numbers are available.”

“A&E, Doctor's and nurse's. -No long term support is put in place at A&E, you should be told to contact your GP before discharged.”

“She took an overdose and went to A&E- She had no support, her counselling had ended only allowed 6 or 8 sessions then that was it!”

“In the last crisis the crisis team did not come out”

“Liaison team, but had my suicide attempt been successful I wouldn't have met them -I was only told no from the psychiatrist at the resource centre and that my referral to another service had been turned down. I walked out brought lots of paracetamol booked into a hotel and took 60 of them I woke up and that's when I got help”

“The Liaison team at the Royal Derby hospital, my GP -both helpful, although hit a bit of a brick wall with my GP as it is difficult to get appointments”

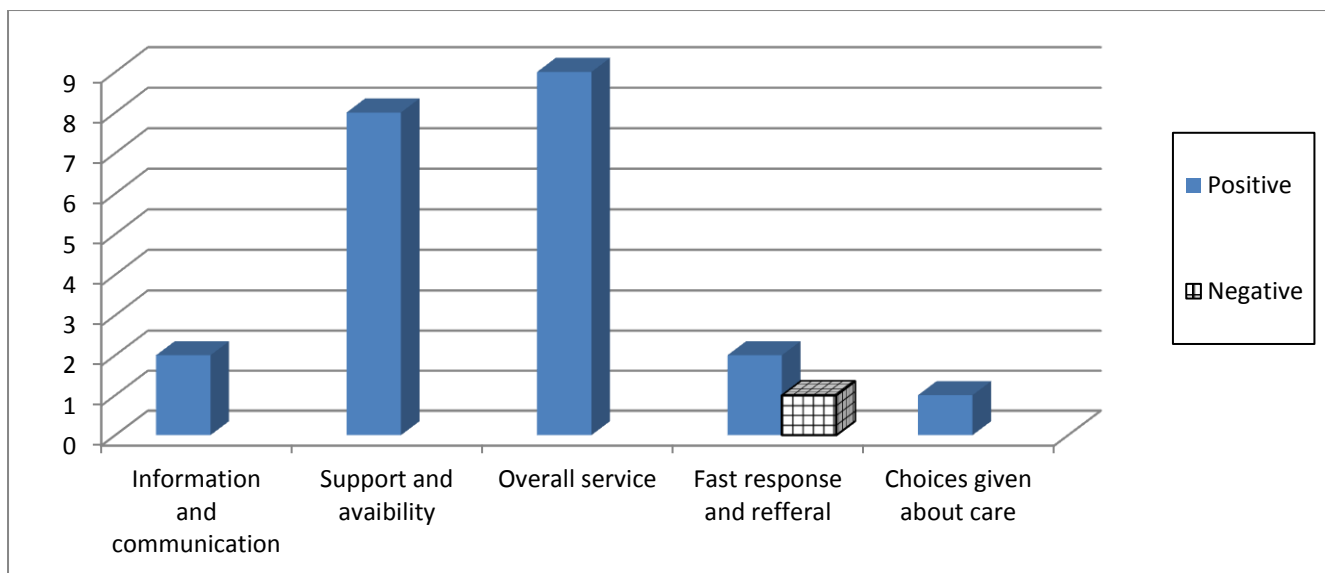
Other Services - Key Messages

- There were also positive comments made regarding overall services and support of GP services, Liaison team, talking therapies and CPNs.
- There were isolated negative comments regarding both GP services and talking therapies in regards capacity and waiting times for being slow and limited sessions or appointments.
- There were negative comments made about overall mental health services, A&E and liaison team:-
 - Access and capacity:-these were in regards to no support or limited services.
 - Communication: a lack of advice/support and regarding a lack communication following discharge from hospital and Radbourne unit.

Crisis Team (Home Treatment Team)

Though many people had a few different services involved in their care most people who experienced a crisis were seen by the crisis team.

Themes of comments regarding crisis team:



Crisis Team - Key Messages

- The majority of comments about the crisis team were positive mainly being about the overall service, the support and the availability of the service.
- There was one negative comment regarding being too much delay.

Case Study:

This case study has not been including in the breakdowns above, it is a complex situation and has many negative experiences from different providers. Please see the key message at the end of the case study. This case study is from one of the patient's family members.

"Got to A&E around 10:30PM was told liaison team would see them around 3 AM – wasn't seen until 6 AM.

Family was asked to leave the area during the assessment even though family had pointed out issues around his capacity.

Even though family were asked to leave the area they were only behind the curtain and heard that he explained about an overdose but hadn't explained about grabbing a knife after and having to be wrestled from him. So family raised this issue with liaison team and explained that he was not disclosing everything as he wants to go home and told liaison team his history and other signs of his deterioration. They informed the liaison team that he'd expressed that he was going to go home and do something worse. He had told liaison team that he'd had thoughts of slitting himself. The liaison team asked leading questions to him -asking him "you're not going to go home and hurt yourself are you." They said that they would go and discuss the case with the crisis team.

Came back and told that they were going to be discharged, given 2mls of diazepam and that the crisis team will come out to see him tomorrow in the afternoon and given a number to ring if they had not heard from them by 12 PM. Family got home (mum had removed all medication and knives out the house.) Brother watched him have a shave. Then he went for a sleep. Crisis team rang about 10 AM asking if family could bring him at 11 o'clock (family had explained to the liaison team that over the previous weeks - as mental health deteriorated that he been lashing out in the car and would prefer a home visit) mum explained to the crisis team that he just gone to sleep and arranged to take him in around 1 o'clock.

He woke up around 11 AM and said he wanted a bath, he was there for a while, heard a bang - brothers went in and he had slit his wrists. Brothers tied bandages around his wrists. Rang ambulance but informed that it could take up to one hour, ambulance arrived around 25 minutes - paramedics informed them that they had not been informed about him slitting his wrists and only that he'd had a fall in the bath and the paramedics said to the family that if they'd been there five minutes after he probably would not have survived.

Taken into hospital A&E - around 3:30 PM - surgeon explained that he would need operation on his arms the following day. Someone from the crisis/liaison team would come and visit but might not be around until 10 PM. "

1 PM – 2 PM – crisis team rang family and told them that they had gone to the house as he didn't attend his earlier appointment, brother explained that they were now in A&E, they said that they would come and see him. Admitted to ward 204 around 5:30 PM and put in bay with four other people – family explained to staff that he was really agitated, family had to give him his medication (brought from home) due to hospital telling them that they would need a doctor to sign it off and it was up to them if they were willing to risk giving him his medication. (Family medicated him for three days) family help feed him as the staff left the food on the side.

Around 8 PM family asked Ward to contact crisis team as they'd had no contact, crisis team said that they were not coming as he was in surgery; family informed them that surgery was not until tomorrow. Crisis team said they would visit him the day after his surgery. Health Care Assistant (HCA) on ward encouraged family to go for a drink and told them that he would keep an eye on him. On returning- the HCA was singing and family could see that he was very agitated and asked for a side room, but told not enough staff for one-to-one support so unless the family was willing to provide this and stay. So he was moved to a side room and family stayed with him.

Key Messages

Liaison Team A&E (DHCFT)

- Issues raised about waiting times once attending A&E. (Around 7.5 hours on first attending)
- Communication with Family: - sent out after raising concerns regarding capacity but not explained reasons to why
- Confidentially issues raised– family asked to step outside but were only behind a curtain so could hear everything that was being said.
- Family noted that a leading question was asked.

Crisis Team and/or Liaison Team (DHCFT)

- Either – issues in communication or unable to meet patient preference of meeting – family has raised concerns about safety issues when travelling in car with Liaison team.
- On the second time in A&E family were told that there was no-one from mental health services able to see them for 6.5 hours (though no-one did attend within this given time frame).

EMAS

- Communication – Front line staff said they were unaware that patient had cut their wrists.

Crisis Team (DHCFT)

- Communication and service coordination –(during 2nd time in hospital) – Informed family that they would come and see him, and then later when family followed this up as they hadn't turned up informed that they thought he was in surgery and would not visit until the following day.

Ward 204 (UHDB)

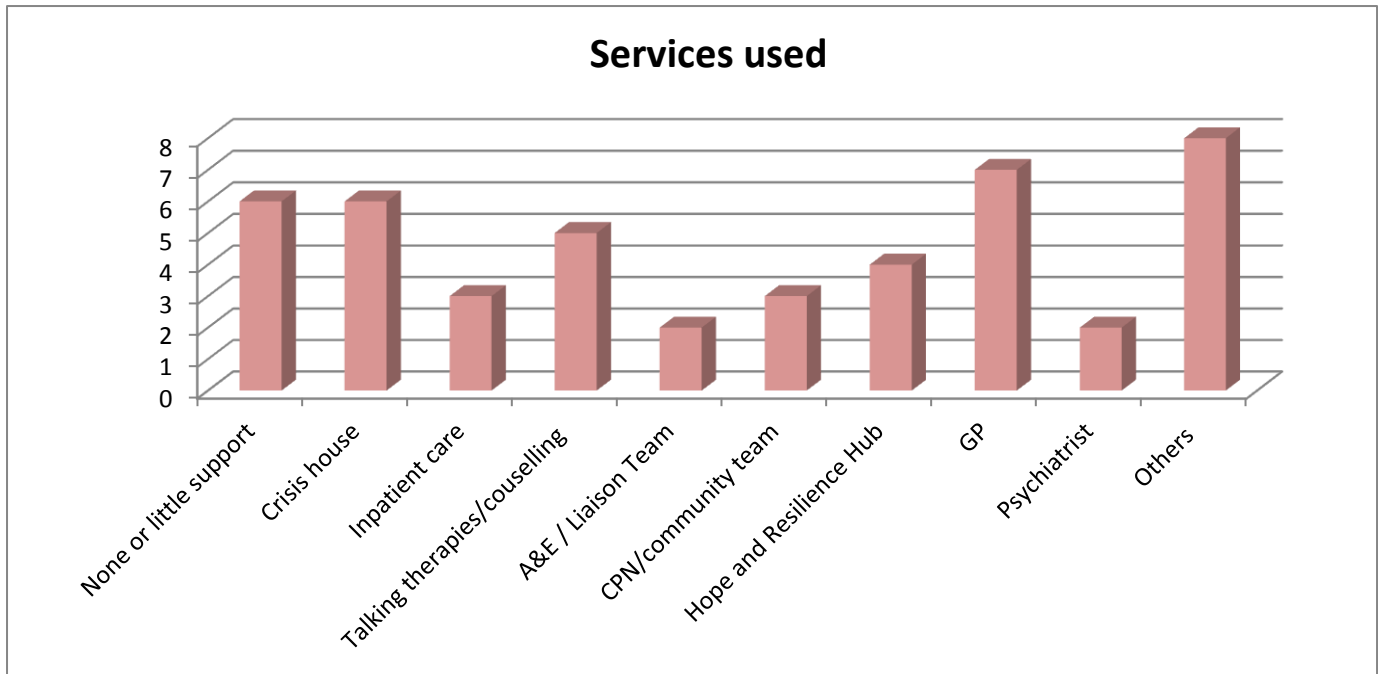
- Staffing – family staying in side room as ward unable to provide one-one staff
- Medication – family stated they were medicating patient for 3 days.
- “Food left on side” though this was a patient with arm injuries
- Training – Issues raised about staff dealing with and understanding patient with mental health needs.

Positive – the HCA encouragement towards the family to go for a drink shows a caring and empathic nature towards family members.

Following the crisis what support was provided

We asked people what support was provided following the crisis, this is of course very individual to each person's treatments needs. 32 people stated that they used the following services and in many cases a combination of services.

(Please note "Others" are 1 comment each about the following services: Crisis team, social worker, advocate, voluntary sector, Trevayler and resource centre, mental health support worker and an unknown service)



This shows that people were either referred to or returned to a wide range of different treatment plans and services, though 6 people felt that there was none or very little support following the crisis. People gave further details to what care was provided following a crisis – please see comments below.

"Coming to the hub. (Hope and resilience hub) went to Trevayler and crisis house"

"None this was where the support failed"

"Crisis house and CPN"

"Councillor – mental health worker that came out to me, psychotherapist, support worker that comes out to me."

"Just my regular CPN and Psychiatrist along with the normal GP"

"Ongoing support from resource centre on London Road (Referred to by crisis team) and counselling from Talking Mental health (GP referral)"

"I am still in crisis because I was left without any support"

"Support was with the GP and the voluntary group that I am the chair of"

"Counselling/Medication"

"GP care and self care"

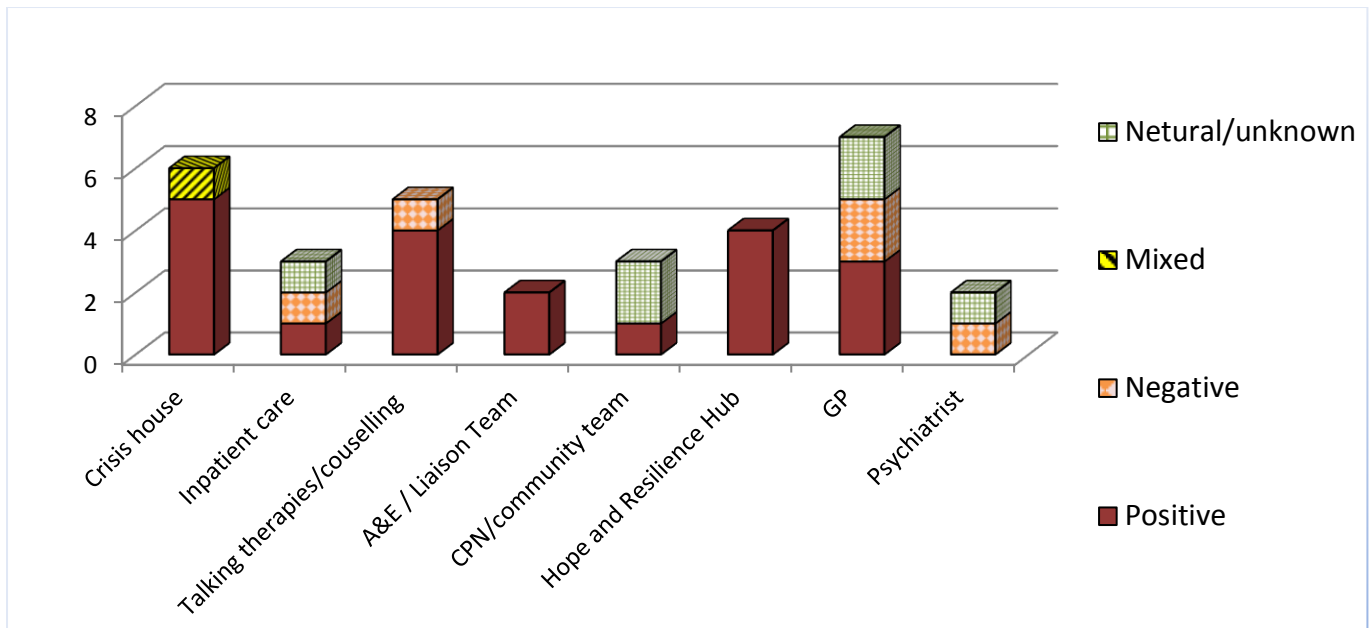
"Crisis house- constant care and attention. Talk through issues literary 24 hours per day different steps put in place recognising triggers, anxiety STOPP methods, dealing with relationship problems. Giving information about resolving, prepared safe plan – recognising what happened and what to do in an emergency."

"Six sessions of CBT."

"none"

What was your experience of the support provided

People who said they had used services following a crisis gave the following types of comments regarding each of the services.



Please note there was individual positive comments regarding the overall services at the following services: Crisis team, social worker, resource centre, voluntary group, advocate and Trevayler. Neutral/unknown comment was made regarding mental health support worker.

Key Messages:

- Crisis House: mainly positive comments regarding the service, in regards to: support and treatment that they received and the staff. There was an individual comment regarding wanting another staff member on site.
- GPs –positive comments were regarding treatment and referral. Both negative comments were regarding access to appointments.
- Talking Therapies/counselling – there was positive comments regarding overall service and treatments, there was 1 negative comment regarding limited sessions.
- Hope and Resilience Hub – there were positive comments regarding the overall service.
- There was 1 positive comment regarding CPNs. The other comments are neutral/unknown in sentiment.
- One negative comment regarding a mental health hospital due to being long winded and upsetting.
- There were 6 (19%) people who felt that there was none or very little support following a crisis with issues such as: - no support:- just medication and having no confidence in mental health services.

Please see some of the comments below:

"CBT - Helped to empower me develop own strategies to recognise, manage emotions/ feelings more effectively"

"Crisis House- Really nice people professional and friendly. Making plans of what we're doing over the next couple of days"

"Hub- Really good"

"Crisis house and CPN - It's good. Done safety plan, helps identifying triggers when I'm poorly and when I'm well. Doing something later as well."

"Hub-Excellent"

"Counselling reinstated (Only 3 sessions)"

"Crisis house- could do with another staff member, not a specialised one but just someone to be there and point to professional if needed. Crisis house supporting – personal care – get on top of it, encouraging to eat, start talking. Got a long way to go but I'm looking after myself again"

Case Study

Following an outreach a resident of the crisis house contacted Healthwatch Derby, stating that following their initial assessment with the crisis team they wanted to admit them into an in-patient bed. But none were available so they went to the crisis house.

During their time at the crisis house they were encouraged to talk and they spoke about plans that they had already disclosed during their initial assessment, after disclosing this information to staff the patient was told that they were too unsafe to stay in the crisis house and need an in-patient bed and had to leave the service. They were sent home where they would be on their own when their partner was at work. This person stated that this made them feel:

"I feel absolutely let down and betrayed. I was encouraged to be open and honest and then was treated negatively. Despite offering not to leave the house in order to stay safe, I have discharged and now feel more unsafe and am scared. I felt like the work that I was doing with staff was helping."

Healthwatch Derby contacted the trust (who are the service providers for the crisis team) regarding the concerns raised. DHCFT spoke to Healthwatch staff and they were very concerned and offered immediate assistance to the patient. These options were given to the patient. The patient didn't want to take it any further at the time and informed Healthwatch they now had an in-patient bed. They added from their experience that:

"I just think that in future the Crisis House needs to look into referrals in more detail/ crisis team send an accurate referral as I had already made a plan and actioned towards that plan a couple of days before admission to the crisis house. Previous experiences of the trust have been good"

Key messages

- Capacity issues - Lack of in-patient beds
- Communication, assessment and referral process which lead to a discharge from the service causing avoidable distress
- Communication with patient

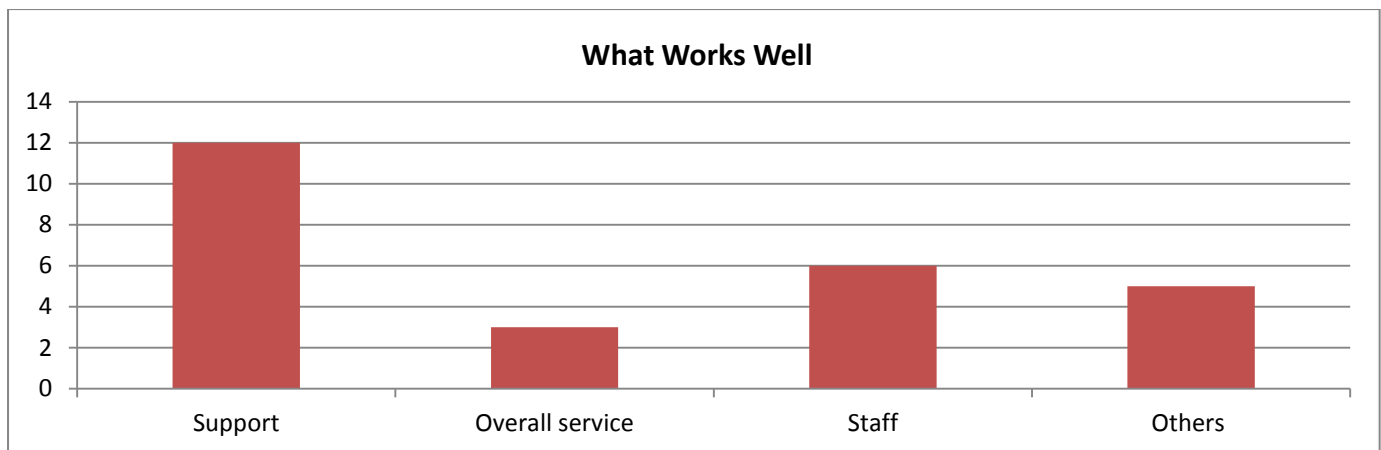
How would you rate crisis mental health support overall in Derby

We asked people how they would rate crisis mental health support overall, 1=very poor 3= satisfactory and – 5= Excellent.

41 people gave a rating and the mean average was **3.1** out of 5.

What works well with Mental Health Services and Crisis Support Services

All comments that are not regarding a specific services from both general mental health services and crisis mental health service sections of “what works well” have been broken down into the themes below. (Any generic comments from “any other comments” have also been themed in this section.)



Key Messages

Support

The main area that people said that worked well was the Support aspect of the services. The main areas that were praised were:

- The support of the services and support they received
- That there was someone there for them and some comments regarding 24 hours a day accesses to support.
- There was individual complements regarding being listened to and non-judgemental.

“Very supportive, can be very open with you. Don't judge you, can be just like your mates with them”

“Support, having people there.”

“Being there, there 24 seven when no one else is there, talking”.

“Being able to come to a place and talk to staff and other people that are going through similar situations and understand”

“Once get access standard is good and supportive”

“What works well is that on most occasions they take the time to try to listen to your concerns.”

“That are there 24 hours”

Staff

People gave lots of compliments regarding staff some of aspects that people spoke about was staff being:

- Caring
- Approachable
- Compassionate
- Empathic
- Supporting.

“Caring and compassionate staff”

“Having people who care, the staff do.”

“Only the company and having someone there who is sympathetic is good,”

“Generally the front line people are amazing, supportive and want to help”

“I feel like their cooperative and supportive, you have got a problem I can approach them and talk to them”

Others

Others areas include individual comments regarding: the availability of services, confidentiality, service co-ordination, peer support and support at work places.

Please see some of the comments below:

“Well -My work support and colleagues, I have expressed interest in becoming a mental health first aider”

“So many options to help mental health patients, everything is confidential, everyone works together”

Overall service:

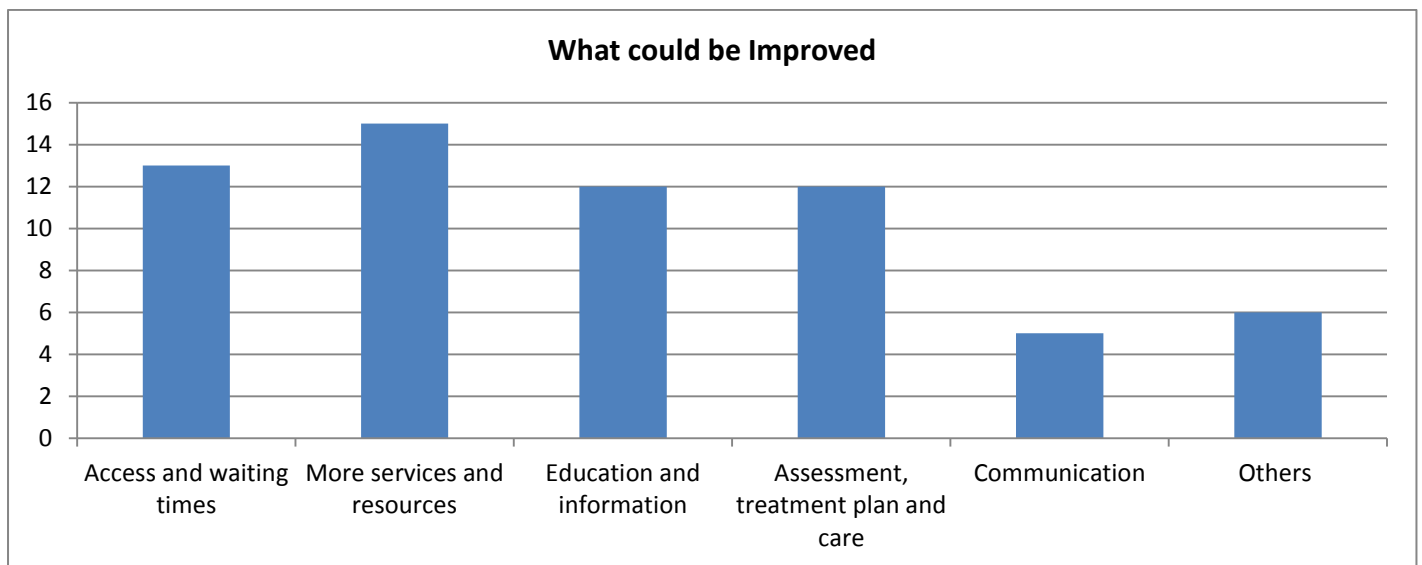
People also made comments regarding the overall services:

“Think the service overall is fantastic”

“Do a great job”

What could be improved with Mental Health Services and Crisis Support Services

All comments that are not regarding a specific services from both general mental health services and crisis mental health services of “what could be improved” sections have been broken down into the themes below. (Any generic comments from “any other comments” have also been themed in this section.)



The Main area people wanted to see improvements in were:- more services and resources, access and waiting times, closely followed by education and information, and assessment, treatment plans and care. Below is a breakdown of each section and comments.

Key Messages

More services and Resources: (Capacity)

The majority of comments were generally wanting more services or speaking about a lack of services. There were some comments around having no support available and were individual improvement ideas of:

- Dedicated pathway – an A&E/111 for mental health.
- More outpatients support centres
- More prevention and on-going support services
- More rural services
- More Front line and 1-2-1 support

“Alternative to A&E/111 system dedicated for mental health”

“If there was more support in mental health these people wouldn't need to be in a crisis situation”

“More resources to mental health overall.”

“It's the before and then the ongoing support that is important, short term crisis support is not enough”

“Access to the right kind of help is absent for many people we support.”

“Outpatients support centres may be more beneficial than long term stays”

“The term that is bandied about and included as a graphic on the link "it's ok not to be ok" is definitely not in line with the MH treatment in Derby City, it is one thing to share links on mental health, advise people to contact Mind or Samaritans or such like, but what good is that when the person needs front line help and support.”

“Derbyshire has many rural small towns and villages, I am in Wirksworth and so many people I come across have received no help, some of these are young suicidal men, it doesn't surprise me that the suicidal rate is so high when they or the GP try and access help for some reason it isn't there, the facilities that are available are often quite far away, such as Ripley which is two bus rides taking an hour and a half each way, also anything regular would cost too much for someone on benefits.”

Access to services and waiting times: (Capacity)

The second area that people wanted to see improvements was access to services and waiting times:

- The majority of comments were regarding wanting better, quicker access and clearer pathways into services.
- There were comments regarding long waiting times:- for an appointment, during crisis and in-between consultants.

"Better accessible services"

"Period of time between consultant appointments much too long."

"The major issues have been wait periods (especially in times of crisis)"

"It took a year from seeing her GP to get counselling in the first place."

"Waiting for an appointment needs to improve,"

"Long waiting times."

"Immediate support which stays with the client, many clients see someone in hospital and then nothing happens"

"Urgent input where possible, not left too long before seen"

"Easier and quicker access but once in the system works well"

"Access at the right time and quickly is crucial"

Educations and Information

The main areas that people wanted to see an improvement were:

- Information and guidance about mental health services, pathways and treatments for both patient and health professionals
- Education and information about mental health for both public and professional services (reducing stigma)
- There were individual comments regarding: - having clear instructions.

"The more resources you have the more people are aware of them the better, promotion of other mental health services"

"Educating people that communication: it's not just about getting people with mental health issues to talk it's about getting others to really listen."

"Crisis house -I didn't know it existed perhaps it's communication."

"Attitudes of knowledge about mental health issues- police involvement of police"

"Too much is left to the patient to decide, there is little guidance."

"Clear instructions not long ones, a number to ring where you know you will receive the correct support and assistance"

"I think there needs to be an understanding of mental health and how to deal with patients across all GP's and hospitals."

"I suffer with severe depression and anxiety/PTSD but have never been offered these services as such. I also likely wouldn't know about them if it weren't for personal research into helpful services"

"Understanding the whole system, from the GP to psych"

Assessment, treatments plans and care

The areas that people raised were regarding:

- Limited appointments available
- Plans – no long term treatment plans for complex cases and for people who have elderly carers
- Assessments: -People feeling assessment process is inaccurate or quite narrowed
- Wanting someone to ensure that recommendations are followed up.
- Not pushing patients to work to deadlines and more patient involvement in decision making
- Support – a lack of empathy and no holistic approach (no support with finances)

“Shouldn't push patients to do things on a deadline, should work with the patient to their pace.”

“Therapy can work well when it is the right kind, we find that assessments are not always accurate and therefore either don't offer any treatment or offer inadequate treatment”

“All self referrals send you to limited number of appointments.”

“No long term treatment/management plans available for complex or chronic cases.”

“It is essential that someone is responsible for making sure that the recommendations for support are carried out as it just becomes a vicious circle of going around the system time and time again”

“Stop box ticking. I didn't tick that many but I still wanted to die. Understand that those who shout loudest and cause most trouble maybe suffering from institutional behaviour problems”

“There is a lack of support for myself and my son (I'm his main carer 85 year old woman – there's no plan for when I'm not here)”

“I would like someone to ask me -do you feel this is the right place for me, do you feel safe, to be a part of the decision-making.”

“I have no income, no benefits, no phone to use to make calls and contact services. I was told to complete forms for a bus pass which I couldn't get. Medication has been picked up for me and I was told they are doing me a favour by sorting it at the moment”

Communication

There were 5 comments made regarding improvements about communication. The areas raised were:

- Communication from services
- Communication between services
- An increase in sharing information between services
- More involvement with local community groups

“I am meant to be revisiting a counsellor soon but they have not contacted me as to when to return to them and have made no effort to do this even when chased”

“Review is due in March but I am not sure what that is for.”

“All teams need to share information”

“Communication between the services”

“There is more needs involvement of these groups before the funds are withdrawn (M/H carers support group)”

Others

“Postcode lottery – when in hospital sorting out referrals to Trevayler – they said it's all sorted but we need to sort out the funding as I live in South Derbyshire for this service. I would hope that everyone would be entitled to the same level of services. My national insurance contribution doesn't change depending on where I live.”

“Everything needs to be improved, generally the front line people are amazing, supportive and want to help but as soon as they need the next level to step in then it all goes to pot.”

“Length of time for police to respond in a Crisis”

Other areas that people made comments about were regarding overall improvements to services and there were also issues raised regarding concerns over “post-code” funding for services and police response times during a crisis. Please see comments.

One Advocacy Derby

One Advocacy Derby is the advocacy support provider in Derby; they have contributed the following towards this report.

“As the advocacy provider for all statutory advocacy provision within Derby City we work with people accessing Mental Health Services throughout the City.

We support clients in a number of different advocacy roles. One of the advocacy roles sees us attending appointments to ensure that professionals are listening to clients concerns and working together to get the best outcome for them. We have at times found that there are gaps in services where clients have been told there needs are too high for some services but they do not meet the requirements for others. Looking to the future a more joined up approach across services would be beneficial for those accessing services making sure they get to the right support as quickly as possible.

In the year 2018-2019 we saw a slight increase in complaints to our Independent Complaints Advocacy Service around mental health services. The complaints were around access to services and service delivery.

There a small amount of complaints about the treatment received and some felt that they had not received the correct treatment based on poor assessments or lack of information. We also received complaints from patients who felt they had been discharged too soon without the correct support in place. Advocates were able to support the client to feed this back and feel that they were being listened too as part of the process.

The Independent Mental Health Advocate's working on the ward had more situational feedback on a case-by-case basis. There were issues around things such as access to smoking facilities on acute wards, which were resolved with the trust. We also support clients to feedback that at times that the ward rounds could be delayed which could increase anxiety.

We also received positive feedback about the care received. Some patients fed back that they felt that it was a safe environment where they could take the time to get better with the correct support in place. “

This statement reflects many aspects already raised in the report and Healthwatch Derby would like to thank One Advocacy Derby for contributing to the report.

One Advocacy Derby – Key Messages

- They found that there are gaps in services where clients have been told their needs are too high for some services but they do not meet the requirements for others
- The main area of complaints were around access to services and service delivery
- Other areas of complaints were:
 - Complaints about the treatment received and some felt that they had not received the correct treatment based on poor assessments or lack of information
 - Complaints from patients who felt they had been discharged too soon without the correct support in place
- They had received positive feedback about the care received.

Key Findings of the Report

Through-out the report we have looked at individual services that are involved within mental health care from general mental health problems through to crisis support.

Each service “key messages” are with each individual section. Every service received positive comments mainly in regards to the general overall services and in regarding to caring staff.

This report has shown that many different services can be involved with someone’s care and that they can be many complexities involved on an individual level and pathways are not always clear or straight forward. From looking at the “Key Messages” within this report, it is important that:

- Communication is clear
- Pathways are easy to understand and to follow
- Capacity needs improving to reduce waiting times to – assessments, services and follow ups.
- GPs need more training and support in regards to mental health and pathways.

These messages are mirrored when we asked what people thought worked well and what could be improved in regards to mental health and crisis support services: these key areas were:

- The main areas that people said worked well were:
 - Support
 - Staff
- The main aspects of services that people said they would like to see improvements in were:
 - More services and resources
 - Access to services and waiting times
 - Education and Information
 - Assessment, treatments plans and care
 - Communication

End of Report

Healthwatch Derby would like to thank all the staff members from One Advocacy Derby, Derbyshire Healthcare Foundation Trust, Richmond Fellowship and South Derbyshire and Derby City Mental Health Carers Forum for supporting and contributing to this project.

Appendices

Please see full comments below for each question. Please note the comments that have been used as case studies have not been put in the appendices due to the full comments been put in the report. At the end of the appendices is the survey.

Appendices 1

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

GP

- Ok
- Burton – really good
- Have had to transfer GP due to living at Trevayler but not used. Previous GP, they just basically prescribed antidepressants, did have counselling setup but unsure if it was the GP that organise this (Was 6 to 8 years ago)
- Yes – (Swadlincote) - saw two different GPs – first said keep going – wasn't helpful. Second was caring and made referrals.
- Long Eaton – very good, very understanding.
- Got referred by GP early intervention team – going back a few years (five years ago)
- Helpful – but when communicating issues they just pushed aside. Told them had issues and they said “it's okay you have your family” rather than “have you raise these with your psychiatrist.”
- They shove medication at you. Referred to secondary services after a while. (Chesterfield)
- Park surgery – really good
- Not gonna say GP was great no
- They were good
- Really good, really understanding GP
- Rang GP up first – got an appointment. That day rang crisis team and within four hours crisis team rang me back.
- Didn't really use
- This time my GP has been great. But I've spent months and years being disappointed. Same surgery but different GPs (Ashbourne)
- Not the best support from GP to be honest (Derbyshire)-
- GP - difficulty getting through to make an appointment and not enough time to discuss mental health issues.

Appendices 2

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Liaison team (A&E)

- Queens medical – spoke to psychiatrist – they phone to find out my catchment area, crisis team said needed assessment at the Radbourne unit
- Went to A&E for physical health problems but while there was sectioned (under section 2) can't really remember
- Lots of miscommunication no formal assessment. Don't like to hear what the family has to say as they might have to do their job. I'm not going to lie we had a really bad experience.
- Alright
- That was great
- Very good
- Chesterfield – they were brilliant, they listened and acted on what needed doing – got crisis team to come out to me.
- RDH – six months ago – went to A&E, took overdose, I was desperate for help. As soon as I woke up they put me in a taxi, not offered anything. (Sent to an empty house)
- I have Dysthymia where I function and have a high tolerance to the consequences of my mental health. I have strategies developed through my years of therapy, medication and self-education. When I hit crisis I am usually at the end of a very long road. The A&E Liaison team appeared to be

the only service who appreciated that my level of understanding my condition was not a reason to underestimate the seriousness of my suicide

attempt, they were the only people who accepted that I couldn't go on and needed immediate help. Liaison team (A&E)

Appendices 3

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Crisis Team (home treatment team)

- I was very impressed
- General impression was fine, most recently involved with them this summer. Short-term someone came out weekly over four weeks – gave me lots of information support Samaritans etc -
- Really good, was with Amber Valley team – they were rubbish this was really good (Derby)
- Been great, great service
- Brilliant
- Really good
- Fantastic
- Really good
- 50-50, depends on the person. Think there service works, had people not turn up, forget medication even while here (crisis house) which has impacted them (crisis house). But have had experience of empathetic people as well. Imagine it's a big team as I've not seen the same person twice.
- Very positive
- Crisis team have not followed up concerns I have alerted to. Crisis team left a person without means to follow through on tasks they have left for them which created a bigger problem.

Appendices 4

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Resources centre

- Assessments/treatment - – not very good, I think because my son wasn't "as bad" As others so they left him to defend for himself, like he didn't need support.
- Assessment – really good
- Great, really good
- Brilliant
- Many years ago – very good, very helpful, very supportive

Appendices 5

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Hospital – in-patient (Radbourne)

- I think it could have been better. Don't want to be critical but generally found staff were far too busy unless you kick off. On the ward I was in I got the impression from a few members of staff that they resented having patients as it meant they had something to do. I appreciate the service, they kept me sane. But I got the feeling they wanted people out as fast as they could. When you go to a hotel you get information pack, I was told different rules expectations et cetera by staff. Could do with that – need structure and routine. Contradicting information from staff's. Took five weeks before I knew who my key worker was.

- Stayed just over three months last year, it was helpful but I found it was very short-staffed, there was a wreck room but wasn't open as it needed a staff member to be open. There was always something to do Sudoku jigsaws but I'm dyslexic and struggle with them. It was the sensory room but again was never open as no staff. Staff were nice, food was nice. Rooms were nice had own cupboard/mirror – didn't know what to expect.
- Spent six months there – positive really, psychiatrists there was really good. Good at listening to what you wanted. In the end including you in MDT meetings
- Good
- They were good
- Good
- 2013 – that was positive – needed at the time
- Radbourne unit, understaffed, very little support/restricted access to resources/stagnant environment. Programs which are set up not always available. Very poor links between being an inpatient and discharge without appropriate support to move forward. No support from Radbourne unit to set up/ support a person regarding benefits, access to resources following a long period admitted to the unit.

Appendices 6

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Day hospitals / (Hope and Resilience Hub)

- Hope and Resilience Hub – was alright
- Hope and Resilience Hub – that was good. Unfortunately I didn't get to use it much before discharge – surprised me that the service stopped just because I was transferred to the Trevayler – for this is something that could have been continued.
- We did this concentration thing – but I found this hard as a big group and found it hard as I was anxious. Had quizzes and things. But I would only go if someone else was going, wasn't always staff to take you, had music ways.
- Once – went to one session, but left halfway through as felt like teaching how to suck eggs – having to name basic exercises, too simple, group was too big and made me anxious
- Hope and resilience hub – amazing
- Hope and resilience hub – brilliant.
- Hope and resilience hub – excellent
- Hope resilience hub – amazing, wouldn't be able to get through without them. Staff are fantastic. I find the groups have helped
- Hope and resilience hub – really good, really positive and supportive, give structure to the day

Appendices 7

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Community mental health team (CPN)

- CPN – they stopped it last year – stopped PIP and CPN for unknown reason. Only has psychiatrist appointment – but agoraphobic so doesn't attend so now facing being dismissed.
- Derby – St Andrews house – she's really good
- CPN – there were supposed to set up one from the Radbourne unit by staff – staff here (Trevayler) followed that up and it turned out that Radbourne hadn't sorted this out
- Didn't have enough. Consultant said I needed a CPN, got a letter saying I've got an OT because there isn't enough CPN's. I do think it wasn't really relevant to where I was at that time. The condition I was in I just can't take any of it in. The lady was

lovely but I feel like it was just a waste of resources.

- CPN – she's really nice – see her once per week. Was from speaking to her that I got referred to the crisis
- Chesterfield – CPN really good
- Derby – really good

- Been amazing
- Brilliant
- CPN – she's wonderful. Then P on and off for eight years and had lots of different CPN's. Current one is brilliant
- Not so good, CPN not very supportive

Appendices 8

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Crisis House / Trevayler / Kingsway's hospital- (Kedleston unit/Cubley court/Cherry tree close/Audrey house)

- Trevayler – brilliant, really enjoy it here
- Trevayler - It's a massive difference to the hospital. The communication, organisation is so much better. Do proper handovers staff know what you've done, what you need doing. I can't fault it. It's a massive contrast to the hospital. Everyone seems extremely professional. A long way from being well– they take their time getting to know me. Knew who my keyworker was straightaway. The communication, everything is spot-on
- Crisis house – one last May and now since Wednesday. Last year – I thought it was really good, very helpful. Was there for two weeks. Now cut down to 5 to 7 days and I'm very aware that I've only got a few days left. This time I didn't feel I'm in the right place. Don't want to be in hospital but just don't feel safe where I am.
- Crisis house – 7 days – fantastic. Had support every day
- Crisis house been once before – left after four days. Now here again – two days, staying for seven

days. People are really nice, rooms are nice. Like a home from home -Netflix-would like to do some painting. Good place to rest only four rooms so not hectic but always people there

- Crisis house – really supportive
- Crisis house – it's good, really friendly, you can just go and chat to them
- Crisis house – great treatment
- Crisis house – fantastic. Trevayler – it was brilliant
- Crisis house – really good, staff talk to you, listen, really good
- Crisis house – they've been great. When I arrived it was really scary and your poorly, they pretty much stuck to what they said they would do – therapy, and they're always there just a knock away. I was ready to be disappointed from my previous experience but they have been great
- Trevayler – poor structure and very poor links after leaving Trevayler.

Appendices 9

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Trent PTS / Talking Mental health / other counselling services

- Counselling (6 to 8 years ago unsure if you set this up possibly GP) – met once every week/2 weeks, didn't know what to say, gave me a bad impression of counselling services clouded my judgement and understanding.

- Trent PTS – I was referred from the Radbourne – as it turns out they wrote to me but I was still in hospital. My brother-in-law tried to sort it out – the first person refused to discuss anything with him as he was not on the letter, he spoke to

someone else and they rang me – they explained that as I was in Trevayler they cannot offer me service until I'm out of here. I meant to be having CBT but I can't until I leave Trevayler – could be organised better

- Talking mental health – used a couple of times – they were really trying their hardest – but due to feeling suicidal they had to discharge me.
- Talking mental health – got appointment – waiting to come through
- Dale bank view – really helpful – did that for quite a while few years ago – only funded for a couple of sessions but did get funding for couple of extra sessions
- Samaritans – brilliant

- Amber Valley – excellent
- Talking mental health Derbyshire – alright not the best
- Talking mental health – wasn't well at the time so didn't attend more than two or three sessions – useful
- Talking mental, I was lucky the treatment here is a lottery experience and training. I was fortunate to receive therapy from an overqualified therapist whose experience and training in an integrated approach to therapy became a lifeline. This service should be triaged so that clients who have had previous psychology difficulties receive treatment from more experienced practitioners, not rely on who is next in the queue

Appendices 10

Have you used any of the following services in regards to mental health support? What was your experience of the support provided?

Others – please state:

- Signet – didn't really enjoy it there really. It was a closed rehab and I like to go out
- Derby County community trust – associated with the football club – I'm now part of the gym. Active choices – run by the trust. Also runs a group called team talks – men group – gets you talking about mental health. A nurse from the hospital suggested the community trust. Once here (Trevayler) the staff gave me information about the male group it's just guys in an environment where it's safe to talk.
- Derbyshire eating disorder services – really good, see them weekly, take a lot of time with me. ECT therapy (in Radbourne) – found the staff were really supportive throughout the procedure.
- Amber Valley team – Ripley – useless rubbish, not very good
- Ilkeston hospital (outpatient) – very good. They were great. (Ilkeston hub) – it was really good
- Counselling at work
- Dr councillors
- We attend and support Derbyshire and Derby city & South Derbyshire Mental health carer's forum empathy support and provide information. The group meets regularly on each month at 32 Odds

fellows, Charnwood street Derby DE1 2GU. It is a self-help group of people who care, have cared for a relative, friend or neighbour suffering from any form of mental health illness. The group offer each other mutual support, advice and understanding in a relaxed and friendly atmosphere. Group invites expertise of mental health and other wide range of issues from city and Derbyshire. As now fund are withdrawn therefore more problems are coming and gets funded grants but now doing marvellous work for providing information by involving many.

- It is my son who has used these services but I have been very involved
- Derby psychodynamic therapy
- Aquarius - When no other mental health service would support, Aquarius were the only ones who tried to help and offered weekly services to my husband who became unwell in 2017
- Rethink (Charity services in central Derby)
- I am completing this on behalf of my son's girlfriend
- Counselling through work
- GP access for time off work due to stress
- First Steps Derby

Appendices 11

What works well with the mental health services and what do you think could be improved?

- From my point of view he doesn't have a key worker and I think he should, so it falls back on me. Improvements – if you just had someone to talk to, he needs someone different from me (agoraphobic and stuck in the house all day)
- This works well – really cooperative and supportive. Improvements – no, I think they do a good job
- Works well – Radbourne, initially due to the situation I was in – helped in the fact (one of my biggest issues was denial) is the first time in around 12 years that I was in an environment where I felt comfortable to be honest with myself without any judgement.
- To me this service (Trevayler) has been a god send. I wasn't ready to go home (after hospital) and look after myself straight from the Radbourne unit. I can still access other services from here – Aquarius. I find this service brilliant (Trevayler) simple things like helping preparing a meal discussing healthier choices. I found this step a godsend if I had to go home straight from the hospital I probably would have been back in by now.
- Improvements- there still a stigma today about men's mental health, there is a campaign but I think this will have more of an impact on the next generation before this is socially acceptable.
- Educating people that communication: it's not just about getting people with mental health issues to talk it's about getting others to really listen.
- I do feel the organisation and communication in the Radbourne unit could have been better - may be different from one day to the next. It wasn't just me, others felt it as well – that unless you kicked off. They need more staff, more people who are able to deal with mental health issues.
- Postcode lottery – when in hospital sorting out referrals to Trevayler – they said it's all sorted but we need to sort out the funding as I live in South Derbyshire for this service. I would hope that everyone would be entitled to the same level of services. My national insurance contribution doesn't change depending on where I live.
- Works well – their ability to identify my problems, I was impressed by the assessment – I was worried as I was assuming I was going to be sectioned but I was treated with a lot of respect and came and pointed me in the right direction that was going to help me. Improvements – more resources to mental health overall. There's a few steps you have to take for yourself, but aware many people would fall through the net. The more resources you have the more people are aware of them the better, promotion of other mental health services
- Works well – talking counselling services – really help me understand my thoughts and how to challenge my negative thoughts. Had CBT been lovely – couldn't of asked for any more. Improvements – sometimes you have to wait a bit some people have to wait quite a while – counselling/CBT waiting list one year
- Well – I find it hard talking to males, think mixture of staff makes this easier and for others. What I've noticed here (crisis house) is that the staff approach you – which is helpful as I'm not very forthcoming – where other places louder people tend to get listen to.
- Well – very supportive, can be very open with you. Don't judge you, can be just like your mates with them. Improved – nothing.
- Works well – support, having people there. Improvements – not of the top of me head
- Well – being there, there 24 seven when no one else is there, talking.
- Well – caring and compassionate staff
- Well- being able to come to a place and talk to staff and other people that are going through similar situations and understand
- Well – the information you get from them helps (crisis team) relaxation therapy. Improve – think that they could - when they told me I was going to a crisis house I thought it was intense therapy but it's not, wasn't explained that properly. (Crisis team Chesterfield)
- Well nothing – but crisis house I didn't know it existed perhaps it's communication. Improvements – massively – communication – think it starts with GP my GP doesn't know anything about the service (crisis house)
- Well the hub – works well, really positive and useful. Improvements hub – when being discharged tends to come about abruptly
- Counselling and having the access to the treatment in real time and not months after suffering with mental health. I do not think there are enough services for people to be able to access in a timely and meaningful manner.

- So many options to help mental health patients, everything is confidential, everyone works together. Improvements - Shouldn't push patients to do things on a deadline, should work with the patient to their pace.
- Supportive GP's and access to Trent PTS - access to apps through GP would be good, E.g Headspace subscription
- Community mental health team
- Face to face counselling when you need it, more resources so shorter waiting lists.
- Better accessible services
- 1-2-1 work but not group work
- There is more needs involvement of these groups before the funds are withdrawn
- More talking therapies
- Attitudes of knowledge about mental health issues- police involvement of police. Length of time for Crisis team to respond in a crisis. Length of time for police to respond in a Crisis. Period of time between consultant appointments much too long.
- Access to the right kind of help is absent for many people we support. Therapy can work well when it is the right kind, we find that assessments are not always accurate and therefore either doesn't offer any treatment or offer inadequate treatment. When we called out the crisis team they did not come, this was to a suicidal male, the GP dealt with it.
- Talking therapy provided by Trent PTS works well. GP service needs to take concerns more seriously to begin with
- Whilst I have found each of these services to be useful in different ways, the major issues have been wait periods (especially in times of crisis) and breakdowns of communication, for example I am meant to be revisiting a councillor soon but they have not contacted me as to when to return to them and have made no effort to do this even when chased. Additionally I did find in some cases with GP's that they are reluctant to suggest any services with long-waiting times attached but think

this might be pressuring short term services as a result.

- The Liaison team at the Derby Royal hospital were fantastic. I wish I could find the two ladies now and let them know how I'm doing now. Communication between the services and making sure that each service understands at what level they operate at and what limitations there are. Too much is left to the patient to decide, there is little guidance.
- She took an overdose in September 2018 as her counselling was ended and she felt she had no support or help, it took a year from seeing her GP to get counselling in the first place.
- Crisis & home treatment team were brilliant and helped me a lot. Being visited at home made a big difference as you feel more relaxed
- Open co-council workers within work placement
- Quicker access to services
- Once get access standard is good and supportive
- Waiting for an appointment needs to improve, this is 2 questions in one, next time can you spread them out.
- There are not enough resources which makes this an unsafe service
- GP reluctant or unsure how to refer, relying on self-led referrals. No long term treatment/management plans available for complex or chronic cases. All self-referrals send you to limited number of appointments. Long waiting times.
- I think there needs to be an understanding of mental health and how to deal with patients across all GP's and hospitals. More responsive times to accessing services such as Trent PTS, CMHT, Crisis services etc. Having some people trained up in mental health would be great too.
- Trent PTS - got an appointment very fast, appointments not very flexible
- What works well is that on most occasions they take the time to try to listen to your concerns. What does not go so well is they have little understanding of how you are actually feeling and very little ideas on how they can help you.

Appendices 12

Did you feel you had information about what to do in a crisis situation / or where to find the information before the crisis happened?

- Not really no. I went straight to the police. But not involved with key workers, was in the system but no key worker.
- Possibly not, I'm aware of the Samaritans. I wouldn't have known others - other than looking at the Internet. (Suffered with mental health issues 12 years – GP primary care)
- Yes
- At the time I didn't originally, I literally went to A&E – I didn't know what I was doing.
- I need to go to my CPN
- No – under Bailey House and CPN – community mental health)
- Yes
- no
- Yes
- Yes
- No – first time (not in mental health services.) (YES) -When I did have services there was a time the crisis team came out and talked me down and took me home
- No
- No – the advice I was given was to phone a friend. (One of the GPs I wasn't happy with)
- Yes
- No
- N/A
- Yes
- Yes
- Due to my job I know what to do if it happened
- No
- No
- Instructions too complicated if your loved one is in the middle of a crisis, and you yourself are in panic mode. Fear and anxiety take over and responding appropriately is not always possible. Instructions need to be clear cut. Mental health should have an equivalent to A&E, where patients and their carer's can go in an emergency.
- Yes the crisis is not my own but the people I support
- No
- No
- I ended up having to go to A&E at my last full breaking point. Thankfully the Liaison team I spoke with were extremely kind. This crisis occurred due to an inability to convene with my usual therapy service, resulting in a breakdown. I am still unwell but I am managing my condition currently
- No I feel that I was expected to know and understand the process and what acronyms meant. The practitioner would look at my history and presumed that I had been through the whole system and had already been assigned, or had previous experience of a community psychiatric nurse or the crisis team. Due to my previous explanation because "looked and "sounded ok I was never given crisis support. I was left to fall apart, usually I would fight to maintain a level of activity to keep my son going but my own self-care and wellbeing practically stopped. I had no information nowhere to go.
- No she took an overdose as she was desperate and didn't know where to turn
- Didn't really know what a mental health crisis was before it happened to me
- Yes I did, I had support of my manager
- No
- Yes
- No
- Given charity advice lines, or told to go to A&E, felt like there should have been a middle ground.
- Yes I work in this field so easy to know where to go but perhaps not for the layperson
- No
- No I had no information available and was told to go to A&E only to be told on numerous occasions it is emotional distress and sent home with no help.

Appendices 13

Where did you find the information and /or who provided this information

- GP – no information provided other than ring the surgery or 999/NHS direct
- I knew the GP could refer me or the OT could refer me into crisis support.

- This time went to the mind website and told you what to do – but still went to A&E because I was four minutes away
- My CPN had a care plan – so I just knew to discuss it with her
- My doctors – information about the crisis team and the number if you needed them
- Crisis team (just beforehand) – supported by CPN
- My CPN and GP
- From the crisis team themselves
- GP/Family
- GP's usually have this information; leaflets are usually to be found around the city
- GP
- Community health team
- Training in mental health
- My GP made a referral to a CPN
- Support groups are mentioned above
- Support worker
- GP, Social services, Bi Polar association
- The information we have on hand is compiled from various sources such as the internet and the GP
- We utilized our local resources to find out what services were available. I asked people I work with, we asked the GP, we googled.
- A&E referred to GP
- I had previously visited A&E after a more severe period of self-harming and had previously spoken to the Liaison team
- Dr from Melbourne and Chellaston medical centre gave me the crisis teams number when my therapist notified him that I was too ill to be treated by a tier one service and I needed an intervention. He obviously assumed that I was already referred to the crisis team although I told him I wasn't but he gave me their number anyway. No one provided me with any other information
- She had no support
- My GP referred me
- Manager
- GP
- Already aware of Trent PTS and knew I could self-refer due to my job role knowledge
- GP and A&E
- Leaflets
- NHS, Trent PTS, Mind etc websites
- N/A
- NHS 111

Appendices 14

Who provided support during the crisis?

- Police took him straight to the Radbourne unit. Stay there till the next day. They said he was calm and let him come home.
- Crisis team – came from Derby – weekly visits for about four weeks
- Crisis team – visited every day and I rang them most evenings. 12 days – a worker said I needed more – crisis house was offered
- Everybody – crisis team
- CPN discussed options – crisis team came out to see me and discuss situation and referred me to the crisis house
- Liaison team
- Crisis Team
- Royal Derby Hospital
- EMAS
- CPN then referred to crisis team (Derby)
- Crisis team (Dr referred to crisis team)
- Crisis team
- Crisis team
- CPN – GP – crisis team
- Crisis team/hub
- Crisis team – (the liaison team Chesterfield)
- The other GP then the crisis team
- Crisis team
- Trent PTS/GP and Derby hospital.
- GP, GP mental health therapist and Trent PTS
- Radbourne unit
- CPN (office based
- The group members feel it is not so satisfactory
- Very little support when it mattered.

- In the last crisis the crisis team did not come out
- Please see previous page. We were mainly supported by Aquarius - Who are not a MH organization, but no one else would step in so they stepped up.
- A&E, Doctor's and nurse's.
- The Liaison team at the Royal Derby hospital, my GP
- Liaison team, but had my suicide attempt been successful I wouldn't have met them

- She took an overdose and went to A&E
- GP and home treatment team
- PSTS
- GP
- GP & Trent PTS, clergy
- There was very little support
- GP
- The only person who provided support was my family and NHS 111 operator. The other people who provided support was the Liaison team in the hospital.

Appendices 15

What was your experience of the support provided?

- The police were very good and helpful. Spoke to me and my son separately. Radbourne unit sent him home. I got no idea what caused the crisis and I wasn't communicated anything about my son's mental health.
- That was good, they gave me information contact numbers – their number, Samaritans – and basically said at any time those numbers are available.
- Really good
- As soon as I got home after A&E they rang me and from then I felt they were always with me, faces change but always there. They got me on medication, or the same day from the decision, GP prescription and the medication
- I thought it was good really, told me that we were going to get this sorted and just blip
- Good – seen twice (crisis team) then put in here (crisis house)
- Really good – seen at home once per week
- Really really good
- They're just brilliant, great team having someone there.
- Excellent
- Fantastic, to be honest I wouldn't be here if it wasn't for the support from them
- It was very good, coming out most days and ringing
- Once it started it was good, and even when I was wobbling the crisis team wouldn't let me go

- Really positive, really supportive, really quickly got referred into the day hospital/hub – offered choice inpatient or home treatment and hub
- My experience was ok as far as I remember but was quite slow
- Ongoing support still but understanding, caring professionals help.
- It was good, people were very kind and supportive
- Too late, Too much delay, Crisis team in many ways ineffectual
- The GP was very good
- No long term support is put in place at A&E, you should be told to contact your GP before discharged.
- Both helpful, although hit a bit of a brick wall with my GP as it is difficult to get appointments
- I was only told no from the psychiatrist at the resource centre and that my referral to another service had been turned down. I walked out brought lots of paracetamol booked into a hotel and took 60 of them I woke up and that's when I got help
- She had no support, her counselling had ended only allowed 6 or 8 sessions then that was it!
- Both really supportive and helped to save my life
- I found the talking sessions very helpful
- Poor as it was limited from the GP and A&E
- Generally good this time
- The support provided was very bad, they just sent me home with no help and said it is just emotional distress.

Appendices 16

Following the crisis what support was provided?

- none
- After four weeks I suddenly functioned – I went back to work. Can't say in hindsight I was attending – that was just as much as me burying my head in the sand. Took me a lot to ring up the GP and say "I'm not feeling very good"" marks in the first place. Crisis team discharged after four weeks – offer talking therapies but due to previous bad experience I turned it down.
- November – ended up taking overdose – taken to Burton hospital – there mental health team sent me to the Radbourne unit. Was in Radbourne for about eight weeks"
- Been on -going - recommend going to the Crisis House.
- Crisis house- constant care and attention. Talk through issues literary 24 hours per day different steps put in place recognising triggers, anxiety STOPP methods, dealing with relationship problems. Giving information about resolving, prepared safe plan – recognising what happened and what to do in an emergency.
- Crisis house and CPN
- Currently crisis
- Support – one-to-one – by crisis team – rang me and visited. 5 to 6 months
- Councillor – mental health worker that came out to me, psychotherapist, support worker that comes out to me.
- Coming to the hub. (Hope and resilience hub) went to Trevayler and crisis house
- Coming to the hub
- Social worker. Advocate, hub
- Crisis house
- Crisis house-
- Hub
- Counselling/Medication
- Ongoing GP appointments to follow up medication
- None this was where the support failed
- From clients the after support seems very poor after crises
- None
- My son was sectioned and taken to hospital
- Support was with the GP and the voluntary group that I am the chair of
- There is now an outpatient follow up appointment to see the psychiatrist again at the end of February. Three months after the first appointment. Told to speak to the GP if there are any issues but can't get appointments when we need them at the GP.
- A&E support and reassurance
- GP care and self care
- Liaison team at Derby Royal hospital, doctors and nurses who were not mental health specialists who didn't treat me like a pariah but with care and empathy. The support arrived, I was then sent to a Cygnet hospital in Harrogate who provided care and sorted out different medication.
- She was given a support worker
- Ongoing support from resource centre on London Road (Referred to by crisis team) and counselling from Talking Mental health (GP referral)
- No more support offered after 4 sessions
- Counselling
- Six sessions of CBT.
- I am still in crisis because I was left without any support
- Follow up appointment, further referrals
- Just my regular CPN and Psychiatrist along with the normal GP

Appendices 17

What was your experience of this support provided?

- Really nice people professional and friendly. Making plans of what we're doing over the next couple of days
- It made me feel that there are people out there that are complete strangers but would

do everything they can for me. It's a massive relief. I was relying on support from family members/friends but now know there are a whole network of people to talk to

- It's good. Done safety plan, helps identifying triggers when I'm poorly and when I'm well. Doing something later as well.
- Good
- Really really good
- It was brilliant
- Excellent
- Fantastic
- There are good, one-to-one sessions, even just being there to talk.
- Crisis house- could do with another staff member, not a specialised one but just someone to be there and point to professional if needed. Crisis house supporting – personal care – get on top of it, encouraging to eat, start talking. Got a long way to go but I'm looking after myself again
- Really good
- Thought the counselling had much more of an impact than the medication
- Very long winded process and very upsetting and it has happened so very many times.
- They mistreated my husband for 18 months so confidence in them is nil.
- Excellent
- Issues mostly as raised above (lack of GP appointments)
- Two weeks later and back home the support was two visits from the "something in" team who congratulated me on still being here after realising that I had been battling the stereotype of the NHS mental health service, where people with serious mental health issues are unwashed, drunk drug takers, who have never worked or had any form of responsibility and are homeless, or any combination of the above
- Counselling reinstated (only 3 sessions)
- Good
- Helped to empower me develop own strategies to recognise, manage emotions/ feelings more effectively. Also GP was excellent, short term prescribing of relevant medication helped reduce serve anxiety/ panic/ depression symptoms.
- Only medication which I have no means to pay for

Appendices 18

What do you think works well with crisis support and what do you think could be improved?

- From my experience – nothing was satisfactory there wasn't any help given. What would help if they gave more interest in my son, that's what's lacking
- Works well – crisis support – having someone to talk to.
- Radbourne - there's things to improve but we would be a lot worse without it.
- From someone who spent so long not talking/not comfortable about talking about mental health the crisis team coming out to talk to was useful.
- Improvements – understanding of therapies what they are involved -
- Possibly more information available – be that through the GP (in regards to therapies what they involve) if this somewhere I'd had a better idea what was being offered the crisis might have been prevented.
- Information – leaflets references to website etc - what services are available and what they entail.
- Funding – they are more and more people who need support and services and they are already stretched.
- Crisis team – see you every day – also they have got someone there 24 hours a day so they know who you are and what's happening.
- Just having someone that listens and to talk to and none of them are shocked by what you tell them.
- Improvements crisis house – improvements think we all feel the same – when you first

come you have your admission, then taken to your room – will be nice to know what's expected, what you're going to be doing. Some manual/booklet – I know it's your own thing but would be nice to have some guidance.

- Works well – recognising individual care that's necessary. Crisis house – met a number of people all have different issues and dealt with individually with individual treatment plans. Improvements – resources more of it, I was surprised that in the crisis house they often have a waiting list, I don't think I would have managed more than a few days like I was. I can't imagine having to wait for support when in the crisis.
- I think it's having someone there 24 hours that you can go to – helps you analyse. Things like care plans – make it personal to you
- Well – time to talk improvements – no
- Always here, never judge you or anything. Improve – no
- Works well – having them their 24 seven – always there is visiting you or the end of the phone. Improvements none I can think of
- Well – having someone there all the time. Having someone to talk to when you need to, that understanding of what you're going through.
- Well – its 24 seven – that's really helped me at night, knowing I could speak to somebody. Improvements – sometimes it's a little bit hard when you see so many different people this time I've not had to repeat myself too much, but they do their best by you
- Well – that there are 24 hours. Improvement – the only thing was (crisis team) was different people coming out. At first it was the same but after a while it was different people coming out. (I'm not alone in regards to support)
- Well – having people who care, the staff do. Improvements communications see previous notes
- Well-People, for me I had nobody so that's been critical (crisis house) is a step down from the Radbourne it's like at home and you get to

share with other residents. Where laughing and it makes you feel human again.

Improvements – I think they're a little understaffed (crisis house) their great but doing a lot of work. Crisis team – meant to be seeing me every day – but come every other day. Other people I see waiting for hours and no one comes – not good when you're poorly. The crisis team let the crisis house down – like they can't do meds

- Improvements – I can't think of any
- Having someone to talk to and this is not available for everyone so does need improving
- Some GP's not understanding and could do with training in mental health
- All teams need to share information and someone needs to check to make sure that recommendations are carried through
- Immediate support which stays with the client, many clients see someone in hospital and then nothing happens
- All
- Urgent input where possible, not left too long before seen
- Only the company and having someone there who is sympathetic is good, otherwise very wishy washy service
- When a person is suicidal the crisis team really does need to attend, appropriate assessment and the right kind of mental health support would be a start
- Everything needs to be improved, generally the front line people are amazing, supportive and want to help but as soon as they need the next level to step in then it all goes to pot.
- Alternative to A&E/111 system dedicated for mental health
- Crisis support that I have experienced seems adequate for immediate crisis but lacking in regards to home crisis team support, I suffer with severe depression and anxiety/PTSD but have never been offered these services as such. I also likely wouldn't know about them if it weren't for personal research into helpful services

- Listening could work well, understanding the whole system, from the GP to psych. Stop box ticking. I didn't tick that many but I still wanted to die. Understand that those who shout loudest and cause most trouble maybe suffering from institutional behaviour problems i.e 'you have to shout and make a fuss to get treated'. I learnt that by spending two weeks on a psychiatric ward. Being reasonable wasn't going to get you anywhere, and they learnt that because they had been let down so often. Being reasonable and responsible got me nowhere.
- If there was more support in mental health these people wouldn't need to be in a crisis situation
- The home treatment is a great idea and really helped me, to be treated at home rather than having to attend a hospital site was a big plus
- My work support and colleges, I have expressed interest in becoming a mental health first aider
- Easier and quicker access but once in the system works well
- GP & services working together - continuity of care. Quicker access than waiting 3/5 weeks for talking therapies support. Follow up care, once received sessions as a protocol rather than having to instigate yourself if feel moving into a crisis again.
- Crisis support is very poor, I was discharged without help in my situation
- I was able to get a same day appointment. If I had needed additional support, I would have had to wait a long time in A&E, with limited mental health beds. Outpatients support centres may be more beneficial than long term stays awaiting review and medication management
- What could be improved is an understanding of Eating Disorders and why we don't want to talk about how we are feeling and why we feel very down all the time. Also to understand it is not that easy to just eat.

Appendices 19

Any other comments?

- There is a lack of support for myself and my son (I'm his main carer 85 year old woman – there's no plan for when I'm not here)
- I feel like their cooperative and supportive, you have got a problem I can approach them and talk to them
- I would like someone to ask me -do you feel this is the right place for me, do you feel safe, to be a part of the decision-making.
- Do a great job
- Think the service overall is fantastic
- I'm just really grateful to the hub for their support, or the staff in general
- It is essential that someone is responsible for making sure that the recommendations for support are carried out as it just becomes a vicious circle of going around the system time and time again
- Clear instructions not long one's, a number to ring where you know you will receive the correct support and assistance
- Derbyshire has many rural small towns and villages, I am in Wirksworth and so many people I come across have received no help, some of these are young suicidal men, it doesn't surprise me that the suicidal rate is so high when they or the GP try and access help for some reason it isn't there, the facilities that are available are often quite far away, such as Ripley which is two bus rides taking an hour and a half each way, also anything regular would cost too much for someone on benefits.
- The term that is bandied about and included as a graphic on the link "it's ok not to be ok" is definitely not in line with the MH treatment in Derby City, it is one thing to share links on

mental health, advise people to contact Mind or Samaritans or such like, but what good is that when the person needs front line help and support.

- Prove me wrong. If you can't asking the people who have been refused help in the past need finding and it would be interesting to know how many attempted suicide or became homeless etc. There is a difference between mental illness, learning disabilities, addiction. Within depression there are differences between function ability and no ability. My last bad dip was in the 1990's on that one I couldn't get out of bed for weeks, it was as you would imagine, this one I had a child to support, every time is different but the consequences are the same, a coroner's report.

- It's the before and then the ongoing support that is important, short term crisis support is not enough
- Good initiative mental health night café just opened in Alvaston and mental health first aiders
- Access at the right time and quickly is crucial
- I have no income, no benefits, no phone to use to make calls and contact services. I was told to complete forms for a bus pass which I couldn't get. Medication has been picked up for me and I was told they are doing me a favour by sorting it at the moment. I am still no further forward with my life, a review is due in March but I am not sure what that is for.
- It is shit

Appendices 20

References

- Mind – website
- Derby city council – website
- Department of Health – website
- Derbyshire Healthcare Foundation Trust – website
- Richmond Fellowship – website

Survey



Derby's Mental Health and Crisis Support Survey

Healthwatch Derby is an independent watchdog for health and social care services in Derby City. We are looking at Derby's mental health services, specifically around crisis support. Your feedback is very important in helping us gain a picture of the care and support you receive. The first part of the survey is about mental health services and the second part is about crisis support.

Location

Date

Mental Health Support

Have you used any of the following services in regards to mental health support? What was your experience of the support provided? (please circle service)

GP

Liaison team (A&E)

Crisis Team (home treatment team)

Resources centre

Hospital – in-patient (Radbourn)

Day hospitals / (Hope and Resilience Hub)

Community mental health team (CPN)

Crisis House / Trevayler / Kingsway's hospital- (Kedleston unit/Cubley court/Cherry tree close/Audrey house)

Trent PTS / Talking Mental health / other counselling services

Others – please state:

What works well with the mental health services and what do you think could be improved?

How would you rate mental health support overall in Derby?

Very Poor
1

Poor
2

Satisfactory
3

Good
4

Excellent
5

Mental Health – Crisis Support

Definition - “A mental health crisis often means that you no longer feel able to cope or be in control of your situation. – NHS website”

When did the mental health crisis happen? (Time period)														
In the last 6 months	In the last 2 years	2-4 years ago	N/A / On-going											
<p>Did you feel you had information about what to do in a crisis situation /or where to find the information before the crisis happened?</p> <p>Where did you find the information and/or who provided this information?</p> 														
<p>Who provided support during the crisis?</p> <p>What was your experience of the support provided?</p> 														
<p>Following the crisis what support was provided?</p> <p>What was your experience of this support provided?</p> 														
<p>What do you think works well with crisis support and what do you think could be improved?</p> 														
<p>How would you rate crisis mental health support overall in Derby?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Very Poor</td> <td style="width: 20%;">Poor</td> <td style="width: 20%;">Satisfactory</td> <td style="width: 20%;">Good</td> <td style="width: 20%;">Excellent</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table>					Very Poor	Poor	Satisfactory	Good	Excellent	1	2	3	4	5
Very Poor	Poor	Satisfactory	Good	Excellent										
1	2	3	4	5										
<p>Any other comments?</p> 														

Responses from Provider

Response from Richmond Fellowship

Thank you for the report.

Richmond Fellowship always value external reports and findings, although we undertake feedback internally in a number of forms, external evaluation along with recommendations ensures people have options to voice their thoughts and opinions which enables the service to grow and guarantees the support given is what the person requires in line with our primary goal which is to Inspire Recovery

Staffing can at times be a challenge, although the staff team works across both services, we always have dedicated people allocated to each service for every shift; however we need to ensure that the floating team remain flexible and responsive to the individual service need.

Response from Derbyshire Healthcare NHS Foundation Trust



Dear Colleagues in Healthwatch

Thank you for the time taken to visit our services and services of our partners across Derbyshire to seek out the views of the individuals and families who use our services. Your commitment and support is greatly appreciated.

Please do pass on our thanks to all individuals who gave their time and shared their experiences.

We value their experience and their feedback, as this gives our teams an opportunity to take stock, listen to the feedback and revisit their practice and make improvements and adjustments

In your report on page 3, you state there are no clear routes into mental health services, this could also be explained there are many access routes which are diverse and inclusive to meet a wide ranging set of clinical needs and types of access. There are always ways to improve communication and navigate and signpost access and this will always be an area of continual improvement.

Our Trust feedback where we will also be making the following changes as outlined in the summary of actions that we will take based upon this feedback.

1. We will be developing an action plan based upon specific issues raised; these will include the core service areas stated and reflection to the teams.
2. We will be going live with a text messaging feedback service to continually improve how we improve or service feedback and how we respond.

3. We will share this report with the EQUAL People and carers forum and patient experience in the Trust to consider the themes and explore wider ideas developed in co-production.
4. We will explore IAPT waiting times with our commissioners and the Mental Health inter-agency groups to take into account this feedback. In the Trust Quality and performance report we do measure IAPT waiting times for the DHCFT service Talking Mental Health and the waiting time is better than average. We will continue to explore access times and offer the quickest service we are able to within the resources we have.
5. It was excellent to read the very positive feedback re Derby CPN's and wider service at St Andrews at London Road. We have some feedback that we need to consider and we invite anyone who wants to speak directly and give ideas on how we can improve to the Patient Experience Team at the Trust to one of our Patient Experience Officers on a Monday to Friday 09.00am – 17.00pm Derbyshire Healthcare NHS Foundation Trust Nursing & Patient Experience Albany House, Kingsway Hospital, Derby DE22 3LZ. Telephone: 01332 623700 ext. 33751. We will of course share this experience with the team to enable them to reflect upon this and to have praise for the very positive feedback and consider how can also continually improve in supporting a person with transition post service.
6. Thank you for sharing the experience of the Crisis house we are not the main provider but we do work in partnership. It is helpful to receive and consider this feedback in the pathway and service developments.
7. It was really heartening to read the feedback with regard to the Hope and Resilience hub, we will consider how we prepare people for transition and discharge and this feedback helps our service consider the lived experience of this.
8. Our liaison teams in the North and South are very grateful for people and their families sharing their experiences. We are very open to receive specific feedback to the Patient Experience team. The majority of the feedback is incredibly positive and I am very sorry to the person where we did not meet their expectations and the experience was not positive. We are very happy to learn and listen so that we can genuinely continually improve.
9. Our Home treatment and crisis teams are very grateful for people and their families sharing their experiences. We are very open to receive specific feedback to the Patient Experience team. Our crisis team has many functions, and is a very busy team. Sometimes the team name Crisis team can be misleading as it's not a full emergency service like an ambulance team. The Team are commissioned to respond to make contact within 4hrs and arrange an assessment and a plan of care. The name of the service often lends it to be seen as an immediate emergency crisis team. In addition you have to agree to work with the team and often this has been a challenge. We will continually explore what our team can offer, what to expect and work to improve this. We are very sorry that the person where we did not meet

their expectations and the experience was not positive has shared this team to look at cancelled appointments, changing appointments and how this can be minimised.

10. Our Acute teams are very grateful for people and their families sharing their experiences. We have and continue to have some residual staffing pressures. We will continue to improve our service and listen to this feedback. We visit the service and we agree we have inconsistent feedback. We accept the specific themes in staffing, communication, discharge planning and the need to improve the environment. These are areas we agree we need to invest in our environment and works start in spring 2020. We will work hard to improve our staffing levels. We have improved and we will continue to do so. Our acute team in south will receive this full report and will continue to use this and implement the Royal College of psychiatry clinical standards for acute care. We endeavour to have made significantly more headway by the summer of 2020.
11. Our community mental health and substance misuse teams are very grateful for people and their families sharing their experiences. Thank you. We will share it with all teams. We do not provide the service at Cygnet Healthcare, I am sure that you will share this feedback with this private provider.
12. We were very moved by the Case study and we will work with other partners and providers to learn from that case study on Pg 16. We are very grateful to the people who have shared this story and we will take it into account in our improvements in all of our services.
13. In the section from page eighteen forwards, is very specific details and we will look to co-produce access information, expectations and how we can ensure we can improve. We are investing in a 111 helpline service with community mental health teams to ensure out of hours support and help. We will ensure we will advertise this service.
14. We were sad to read the Case study on Page 24 and 25 and we will work with other partners and providers to learn from that case study on in regard to many providers and the care experience. In all case studies we are very happy to meet with individuals and families to talk through their care experiences. We will have periods in our emergency accident and emergency liaison services that we have many people presenting with wide ranging needs. We cannot guarantee waiting times, what we can confirm that as soon as our staff are able to respond they will be present and will support. We are very sorry that your care experience was not what we would wish. We will consider this specific learning in the teams and what we can do.
15. There is a section from page 26 which details following the crises support, what support was provided. This was very helpful to inform our care pathways and what services we offer. We cannot respond to other provider specific issues for Trevalyer but as a partner we will take into account their care experience and the wider feedback

16. Thank you for sharing the Case study on Page 28, with regard to the lived experience of the Crisis house. I am glad that DHCFT staff responded and offer an alternative choice and service and the patient was safely admitted. We are sorry on this occasion that a crisis service offer was not successful and we will use this experience to work with partners to improve our collective pathway and care offer. We will have times that our bed accessibility is variable and as we invest in our community service offer, pharmacy support service and wider support into community psychological support we believe this will relive pressure on our acute service and reduce the likelihood of this type of experience.
17. Thank you for the comments that staffing working across services are caring and compassionate. We will share this and were very touched that our community said that overall individuals thought the service overall was fantastic and that our collective teams do a great job.
18. Our teams will specifically work on the section what can be improved and look at existing action plans and what actions can be incorporated within existing improvement work and what additions we can make to continually improve. I can confirm some of the teams have this paper tabled in their meetings already

Thank you so much for such a detailed and comprehensive overview of our collective services. It has been a pleasure to read and we would like to express our thanks for such comprehensive and diligently reported feedback.

Please pass on our personal thanks for the personal specific and very helpful feedback. We receive patient experience feedback as a gift and we will use it to do justice to the personal experiences for the greater good of our collective services.

Yours sincerely

Signed



Carolyn Green

Executive Director of Nursing and Patient Experience