



**Accessing Mental Health
Services during Crisis**

Easy Read

April 2021



Introduction

Healthwatch Leicester and Healthwatch Leicestershire is the independent voice of the public in health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services. One of the ways that we collect feedback is by carrying out focused projects as part of our annual workplan.

We decided to make reviewing urgent access to mental health services a priority in 2020, because we were receiving a lot of concerns about the support people were receiving from urgent access mental health service providers. This includes the Crisis Team, telephone support and support at the Emergency Department (ED) at Leicester Royal Infirmary.

Since then, Leicestershire NHS Partnership Trust (LPT) with its partners has made several changes to the way in which some urgent mental health services are delivered. This has included the establish of an Urgent Access Hub at the Bradgate Unit, to help people who need urgent support with their mental health much quicker and to avoid people going to ED which can be a daunting prospect for many. There is also now a 24-hour helpline that anyone with concerns about their mental health call and can use to self-refer themselves into services. Mark Farmer, Healthwatch Leicester and Leicestershire Board Member and lead for Mental Health said: “We would have liked to have heard from more people about their experiences of these services, but because of the current restrictions on face-to-face meetings this has not been possible. The information gathered through this project and our recommendations will be fed into the forthcoming consultation on moving mental health services to a neighbourhood model which the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland will be launching in May 2021.

Mental Health will continue to be a priority for Healthwatch Leicester and Healthwatch Leicestershire and we will continue to champion better mental health services locally.

Many thanks to our partners that helped us to promote the survey and a big thanks to those that took part in the survey and online discussion session”.

Aims & Objectives

The aim of the project was to collect patient and public knowledge of how to access Urgent Mental Health support care and their experience of accessing, using and discharge from Mental Health support.

We wanted to:

- Understand how well patients/ public understand how to access urgent support.
- Capture the patient/ public experience of:
 - Accessing support services
 - Using urgent support services (i.e. LPT Referral service)
 - Discharge from support services
- Highlight good practice and positive patient experience.
- Highlight common patient experience themes
- Highlight evidenced recommendations.

Methodology

We designed a survey to gather the patients experience of urgent mental health care services. The questions were designed to gain both quantitative and qualitative data. The survey was made available online and promoted through our social media channels. It was also cascaded to all our contacts and promoted across Leicester and Leicestershire.

We held an event, 'Healthwatch hour: bridging the gap in Mental Health services' to enable people to discuss their views on their local services.

Who we spoke to:

Local people to find their views on local services and in addition we received **19** individual survey responses and a group response from **8** participants.



Main Findings

Participants were asked where they live to assess whether there were any inequalities or differences in service provision throughout Leicester and Leicestershire. Feedback was consistent from participants from various parts of the county, so no inequalities or differences in service provision was found, however the sample size was small and not fully representative of all communities.

41% of participants live in the City of Leicester, **4%** live in Blaby, **22%** live in Charnwood, **11%** live in Harborough, **7%** live in Hinckley and Bosworth, **4%** live in North-West Leicestershire, and **11%** live in Oadby and Wigston.

When participants were asked if they would seek help from the NHS if they were struggling with their mental health **77%** of participants stated that they would and **23%** of participants stated that they would not.

Of those that reported that they would seek help from the NHS, **16** people indicated that they would go to their GP, **6** people reported that they would access community mental health services, **2** people indicated that they would seek help from their Community Psychiatric Nurse (CPN) or psychiatrist, and **4** people stated that they would access crisis mental health services.

The participants who indicated that they would not seek help from the NHS were asked the reasons behind their response, one participant reported it was due to ‘**an endless wait for phone cognitive behavioural therapy**’, another stated that they had ‘**previously had negative experiences with NHS mental health support**’, while a third felt that they ‘**would only be offered medication**’.



Subsequently, those who stated that they would not seek help from the NHS were also asked where they would seek help instead, **3** people stated that they would go to their 'GP', **1** person stated they would go to Richmond Fellowship, and 1 person reported that they would seek help from social prescribers.

When participants were asked if they would approach the Crisis team or Central Access Point (CAP) if it was an emergency **41%** indicated that they would, and **59%** indicated that they would not.

Participants were asked what different ways they know to get support for their mental health, both inside and outside of the NHS, as this was an open text question, participants were able to list as many options as they wished.

GP appointment was the most frequent option reported by respondents which was mentioned by **16** people, **12** people stated that they would utilize charitable organisations, **8** people indicated that they would access privately funded counselling, **7** people stated that they would access Voluntary sector organisations, **7** people stated they would use 111 or 999 services, **5** people reported that they would use A&E, **4** people stated they would use the Central Access Point, **3** people would use self-help, **3** people stated they would rely on friends or family for support, and **2** people stated they would access community mental health services.

Participants were asked if they had ever had NHS support for their mental health and **89.5%** reported that they have, whilst **10.5%** reported that they have not.

Of those that indicated that they had received NHS support for their mental health, **41%** reported that this was urgent help, and **59%** reported that it was not urgent help.

These same participants were subsequently asked who provided the help, **38%** stated that it was through their GP, **6%** reported that it was through A&E, **6%** stated that they had accessed the urgent care team, **13%** had been involved with the community mental health team, **19%** had accessed Let's Talk Wellbeing, and **19%** reported they had used other services.

Participants who had reported that they had not had NHS support for their mental health, and those that reported they had used other NHS services were asked to specify where they had received support. **1** person reported that they had accessed privately funded treatment, **1** person has used liaison psychiatry, **2** people had had an inpatient admission, **2** people had accessed the crisis team and **1** person had accessed all services.

All participants were asked if they would access local authority mental health support services such as Social Services and **74%** stated they would not while **26%** stated that they would.

When asked if they have accessed urgent mental health support through A&E, **21%** of participants indicated that they had and **79%** of participants reported that had had not.

Participants were also asked if they had accessed urgent mental health support through any other services and **37%** reported that they had, and **63%** reported that had not.

Participants were asked to rate how strongly they agreed or disagreed with a set of **15** statements about mental health services.

28% of people strongly disagreed that contacting the service was straightforward, **17%** disagreed, **6%** neither agreed nor disagreed, **22%** agreed and **28%** stated that this was not applicable.

44% of respondents strongly disagreed that they were seen by the service quickly, 17% disagreed, 17% agreed and 22% stated that this was not applicable.

44% of participants strongly disagreed that they only had to explain their situation once, 22% disagreed, 6% neither agreed nor disagreed, 6% agreed and 22% stated that this was now applicable.

28% strongly disagreed that it was clearly explained how they would be supported, 33% disagreed, 6% neither agreed nor disagreed, 11% agreed, and 22% stated that this was not applicable.

33% of people strongly disagreed that they received enough information to make informed decisions about their support and treatment, 22% disagreed, 17% agreed, 6% strongly agreed, and 22% stated that this was not applicable.

39% of people strongly disagreed that they saw the same clinician throughout their support and treatment, 28% disagreed, 11% agreed, and 22% stated that this was not applicable.

39% strongly disagreed that there was no breaks in their treatment, 11% disagreed, 6% neither agreed nor disagreed, 22% agreed, and 22% stated that this was not applicable.

44% strongly disagreed that they had a care plan that met their specific needs, 11% disagreed, 6% neither agreed nor disagreed, 11% agreed, and 22% stated that this was not applicable.

28% strongly disagreed that they were treated with dignity, 6% disagreed, 17% neither agreed nor disagreed, 17% agreed, 11% strongly agreed, and 22% stated that this was not applicable.

39% strongly disagreed that it was clearly explained how their treatment would come to an end and when, 22% disagreed, 6% agreed, 6% strongly agreed, and 28% stated that this was not applicable.

~~28%~~ strongly disagreed that they understood why their treatment came to an end, **17%** disagreed, **17%** neither agreed nor disagreed, **11%** agreed, and **28%** stated that this was not applicable.

28% strongly disagreed that they received support that was helpful, **11%** disagreed, **11%** neither agreed nor disagreed, **17%** agreed, **11%** strongly agreed, and **22%** stated that this was not applicable.

17% strongly disagreed that they received information on groups they could speak to about their situation, **6%** disagreed, **17%** neither agreed nor disagreed, **28%** agreed, **6%** strongly agreed, and **28%** stated that this was not applicable.

22% strongly disagreed that there was an emphasis on recovery, **11%** disagreed, **17%** neither agreed nor disagreed, **17%** agreed, **6%** strongly agreed, and **28%** stated that this was not applicable.

17% strongly disagreed that they fully understand how to access support if they become mentally unwell again, **17%** disagreed, **22%** neither agreed nor disagreed, **11%** agreed, **11%** strongly agreed, and **22%** stated that this was not applicable.

Participants were asked to rate the consistency of their experience of using mental health services more than once, and **40%** found their experiences to be very inconsistent, **20%** found their experiences to be fairly consistent, **13%** found their experiences to be neither consistent nor inconsistent, **13%** stated their experiences was quite consistent, and **13%** stated their experiences were very consistent.

Finally, participants were asked what one thing would have made a big difference to their experience of urgent mental health services. **20** people responded to this this question, and almost all of them made more than one comment resulting in a total of **49** comments.

Five themes emerged from the feedback received to this question, the themes were gatekeepers, crisis response, service information and clarity, support/treatment, and mental health service/staff.

Gatekeepers were discussed **7** times by participants who felt that there should be *'trained staff answering the phones, not just admin staff'*, that *'the first person you speak to when you contact CAP is never a mental health professional'* and that they *'don't feel the GP receptionist is the right person to decide on appointment length, they aren't mental health trained'*. Participants also stated that *'mental health stigma means I don't want to have to explain to the person on the phone (Receptionist)'*.

Crisis response was discussed **8** times by participants, in terms of accessing support participants stated that *'when you call CAP you spend at the VERY least, 30 minutes waiting, with the phone ringing before the first person answers'* and that the time to have calls answered can be *'often much longer'*, other participants stated that it would be helpful if services could *'answer phones in a reasonable time, 30 minutes is too long'*. Participants also discussed lack of clarity with crisis response, stating that *'when you call CAP in crisis it is not clear who will make contact with me and when'* and inconsistency in *'the response to a crisis call to CAP can vary greatly from having crisis team out every day, to waiting 6 weeks for CAP to call back'*.

Service information and clarity was discussed **7** times by respondents who reported that *'sometimes CAP tell you that they are how you get referred to adult mental health services, sometimes they say they are not'* and felt that *'when making the initial call to CAP, it is confusing what service you are actually ringing, sometimes they call themselves CAP sometimes they are turning point'*. Respondents also stated that they *'think CAP could be a great service - but inconsistencies, and apparent staff confusion about what they offer, and confusion on the users part of who they actually are CAP or Turning point - all these things make it quite a difficult service to use'* and that they *'think CAP need to make it clearer who they are and what they do'*. Other participants felt that there is *'not enough information available about services'* and that they *'didn't know about the crisis team or central access point, more information should be available'*.

Support/treatment was discussed **14** times by participants, some comments related to appointments with one participant reporting that they were '*referred urgently to adult mental health services and had to wait one year for an initial appointment, then another 23 months for psychodynamic therapy*' and another stating that '*the treatment received should be regular and reliable, without regular cancellations*'. Respondents also mentioned interruptions or delays to treatment, one person stated that it would help if they could '*get the help I need all at once rather than having to take a break before being referred again to then have a longer wait*' and another advised to '*have more Psychiatrists in Leicestershire*' as '*being able to see the same Psychiatrist and more frequently rather than once every 6 months*' would be beneficial to them. Other participants discussed treatment plans, stating they would like a '*more in-depth plan of my treatment*' and '*the treatment to be agreed in advance in terms of what's helpful, and flexible if that needs to change without needing to be re-referred*'. Other respondents spoke about access to support or treatment stating that there is not enough '*accessibility for dual diagnosis eg Autism Spectrum Disorder*' and it would be helpful if patients could '*access services when you need it*' as '*sometimes you can't access the services when you want to*'. Other participants stated it would be helpful if they didn't '*have to repeat the problems over and over again*' and were able '*to talk at any level to a mental health specialist*', one also reported the value of social support, stating that having '*visits from friends and family helped me get better*'.

Mental health service/staff was discussed **13** times by participants who felt that mental health services need '*more funding to make sure they aren't burned out and stressed and not able to take calls*' and that it would help patients if '*staff read my notes and followed advice from my consultant psychiatrist*' and that '*actually being supported and listened to without having to repeat to several types of professional in several departments*' and '*dealing with people who care and actually want to help you*' is important to patients. Other respondents stated they felt that '*a service that operates outside of office hours*' is necessary, that '*continuity of staff is paramount*' and that '*mental health referrals to crisis service for under 16s should be more consistent*'.

Healthwatch Hour online event

On Thursday 4 March 2021 we held a Healthwatch hour session called “bridging the gap in Mental Health services”.

People told us that:

They are experiencing long wait times in accessing mental health services, specifically when moving between services and often finding that consistency of care is left lacking and many people were unaware of the urgent care team and the access to the urgent care centres for mental health support.

Support is not being accessed through GPs due, in part, to waiting times for appointments and lack of training / understanding of administration staff.

Where people had been able to access an appointment, it is felt that GPs placed too much emphasis on the use of medications, where the patient felt that alternative options such as talk therapy, would be better suited to their needs. However, this often means another long waiting period before receiving support, and as such this has left individuals feeling that services are reactive rather than preventative.

"At what point is it bad enough to be taken seriously? Basically, you have to be at the point of no return."

Female Aged 25 - 49 years

The deaf community are finding it difficult to access urgent mental health services due to communication challenges, often not having internet access is leaving people isolated and in increasing need of support.

RECOMMENDATIONS

1. There needs to be additional training on mental health and triage for GP surgery administrative staff.
2. Leicestershire Partnership NHS Trust (LPT) needs to explore ways to improve its triage service and not leave patient on hold on the phone for a long period of time.
3. LPT needs to address the inconsistencies in the Central Access Point (CAP) Service response for patients.
4. LPT needs to explore interim support for patients who are waiting for mental health services to respond.
5. There needs to be improved advertising of local urgent mental health services to all communities and age groups, including the support Social Services can provide to support those with mental ill health.
6. Urgent access to Mental Health Services needs to be made more accessible, especially for those that are deaf or hard of hearing.
7. Ensure that the patient mental health record is shared with relevant providers at the point of crisis so that patients do not have to keep repeating their story to different service providers.
8. Feed this information gathered from this review into the forthcoming combined Clinical Commissioning Group review into getting help in neighborhoods



CONCLUSION

Many of the issues raised by the public in this review are the ones that led to Healthwatch Leicester and Healthwatch Leicestershire conducting this review, including the need to improve the response times for those who access urgent telephone-based services and making sure that people have access to support whilst waiting for support and treatment. There is also a need for organisations and staff to share and read information about a patient and their history, as patients continue to find it frustrating that they must keep repeating their story repeatedly.

This report highlights that people in urgent need of mental health support often go to their GP first and that when accessing these services, the first person that they talk to often does not have a sufficient level of understanding of mental health. It would also seem that not many people are aware that Social Services can provide support to people with mental ill health.

It is important that services are made more accessible for all the different communities of shared interest across Leicester and Leicestershire, especially for those that are deaf or hard of hearing who feel very excluded from being able to access services.

DEMOGRAPHICS

Age

The 25 - 49 years age group was the most frequently reported with **44%** of respondents indicating that they are in this category, **7%** were aged 18 - 24 years, **33%** were aged 50 - 64 years, **11%** were aged 65 - 79 years and **4%** were aged 80+.

Gender

Only **4%** of respondents chose not to disclose their gender, **77%** reported that they identified as a woman and **19%** reported that they identified as a man.

Ethnicity

Only **4%** of respondents chose not to disclose their ethnicity, **4%** reported that they were Asian/British: Bangladeshi, **19%** reported that they were Asian/British: Indian, **4%** reported that they were of other Asian/British background, **4%** reported that they were of other Mixed/Multiple ethnic groups background, **58%** reported that they were White British, and **8%** reported that they were of other White background.

Religion or belief

28% of respondents reported that they were Christian, **6%** reported that they were Hindu, **50%** reported that they had no religion or belief, **11%** reported that they were Sikh, and **6%** reported they were of an other religion.

Sexuality

17% of participants reported that they were bisexual, **56%** reported that they were heterosexual, **6%** reported that they were a lesbian/gay woman, **6%** were pansexual, and **17%** preferred not to disclose their sexuality.

Health

Other demographic questions asked if participants considered themselves to have a long-term condition or illness, and if they consider themselves to have a disability. The findings of these questions have been represented in the chart below, **53%** of respondents reported that they have a disability and **53%** of respondents reported that they have a long-term condition or illness.

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