

Care or Crisis? A study of people's experiences of care before and after a mental health crisis December 2016

Executive Summary

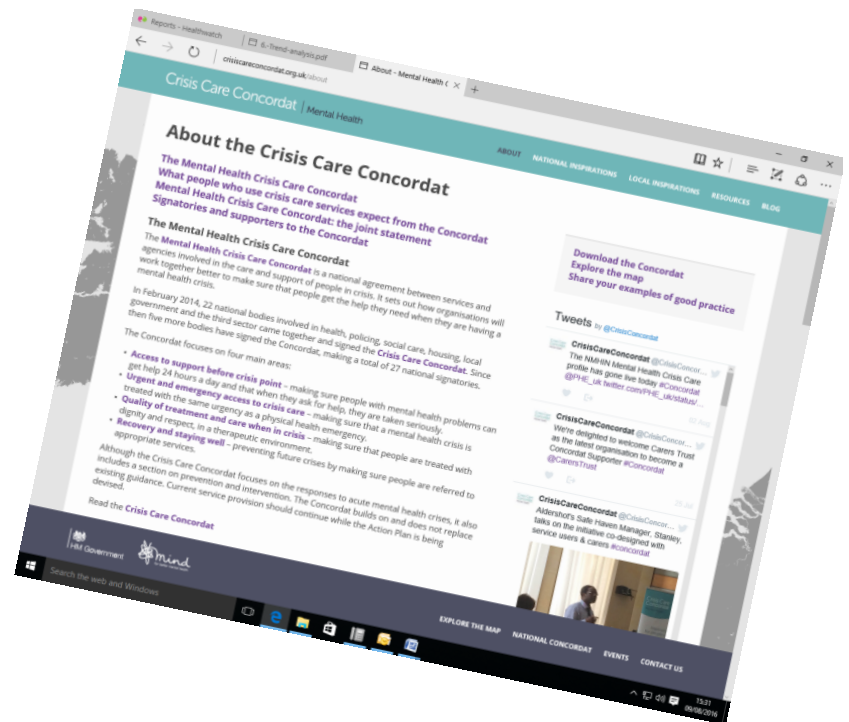
The 2012 Health and Social Care Act set up a local Healthwatch in every local authority in England, with eight statutory duties. One of these is ***making recommendations about how local health and social care services could or ought to be improved*** and this shapes the context to our work on mental health.

From the earliest days of Healthwatch Sheffield, it was clear that mental health was going to be an important topic. It quickly emerged as the second most commonly raised issue (behind access to primary care) with people telling us that they struggled to access appropriate services and that those services were not holistic enough (that is, focussing on the person as a whole and not only on his/her condition). Since 2014, we have done a number of pieces of work on mental health from as a response to concerns raised.

The Crisis Care Concordat In 2015, a Strategic Implementation Group was set up in Sheffield to support the implementation of the Mental Health Crisis Care Concordat (MHCCC). This is a national agreement that aims to improve the way people are cared for during a mental health crisis and asks lots of different organisations to work together to make this happen. The group consists of representatives across health, social care, local government, policing and the voluntary and community sector.

Healthwatch Sheffield has a seat on this Group and helps to bring the views of people who use mental health services to those who make decisions.

Healthwatch Sheffield decided to undertake research about mental health services in Sheffield, particularly for people who had experienced a mental health crisis.



We wanted to see what difference, if any, the Mental Health Crisis Care Concordat was making, and to see what people felt still needed to change to enable them to get the services they needed. The report shares what we did and what people told us. *Please see the full report for detail of the research findings and the response of mental health services providers to our recommendations.*



The research - what we did

Healthwatch Sheffield staff and volunteer community researchers devised a series of questionnaires: for service users who have experienced a mental health crisis, for health professionals who work with these people, and for GPs. The survey was conducted on Survey Monkey and was promoted through our links with mental health advocacy and support groups and through our wider membership. Paper copies were made available for those who required them.

A total of 434 people responded to our survey and covered three groups: Health professionals (302), Service users (118), GPs (14).

We have grouped the responses under the six main headings adopted by the Crisis Care Concordat, and locally, by the Sheffield Local Action Plan. These are:

1. Commissioning of services that respond to and meet people's needs
2. Access to support before crisis point
3. Urgent and emergency access to crisis care
4. Quality and treatment of care when in crisis
5. Recovery and staying well
6. Service user and carer voice.



Key findings

1. More than half of our survey participants who had experienced a mental health crisis had not been identified as being 'at risk' before it happened, although the remaining 44% of people had.
2. Staff told us that the training they had received was good although some people who used services reported times when staff had not been able to respond to their needs.
3. Although telephone helplines are available to support people, primary care remains the first point of contact for many people. Telephone helplines are also unhelpful for those with a hearing impairment.
4. Those who had experienced a mental health crisis reported varying quality of care. Half of those who had experienced a crisis felt that the service or

professionals they dealt with did not know how to give them the best care they needed.

5. Young people and those who identified themselves as being from a Black or Ethnic Minority community reported poorer experiences of care than the general responses.
6. Most people knew where to go for information or to get help in a crisis. However, it appears to be more difficult to find information about staying well and promoting your own wellbeing.
7. Most of the staff who responded had not heard of the Mental Health Crisis Care Concordat.
8. Almost three-quarters of staff (71%) who completed the survey told us they thought current services were worse than those provided two years ago.
9. Almost a quarter of staff (23%) felt their own health and wellbeing needs were not being supported although another 40% felt very well supported.

Recommendations

The full report includes the responses from the Mental Health Crisis Care Concordat to the recommendations below.

- 1 Commissioners of services to consider commissioning a community-based approach to suicide as detailed in the Centre for Mental Health's 'Aiming for Zero Suicides'.
- 2 The Crisis Care Concordat Strategic Implementation Group writes the forthcoming Mental Health Core Skills Education and Training Framework into their action plan. Furthermore, it needs to ensure that training recommended in the framework matches that contained in their plan, including specific training for GPs.
- 3 Sheffield Children's NHS Foundation Trust reviews the ways in which it publicises the CAMHS (Child and Adolescent Mental Health Service) 'consultation line' and ensures this information is added to its website and other appropriate information sources.
- 4 All websites that feature the 'I need urgent help' section or mention the CAMHS 'consultation line' need to include both a mobile number for text messaging and an email address to ensure those with a hearing impairment can access support.
- 5 Ensure information is clear on both the Sheffield Mental Health Guide and Sheffield Health and Social Care NHS Foundation Trust's websites about how people can self-refer to Community Mental Health Teams. Provide a phone number, downloadable form, address and email.

- 6 Crisis Care Concordat Strategic Implementation Group promotes awareness of the Crisis Care Concordat within staff teams and reviews awareness every six months to see how levels have changed.
- 7 The Crisis Care Concordat Strategic Implementation Group ensures that primary care is included as a 'first point of contact' in its action plan so that it develops a consistent response.
- 8 Commissioners of services are to introduce 'mystery shopper' visits throughout the year to check the experience of care on offer from a patient's perspective.
- 9 The Crisis Care Concordat Strategic Implementation Group adds a standing agenda item on staff training to meetings and, as part of this, receives updates from Yorkshire Ambulance Service on the uptake of training.
- 10 All service providers to look at introducing a one-day shadowing exercise for managers of frontline staff to:
- Gain a greater understanding of specific operational pressures
 - Listen directly to users of services and feed this back into their organisations.
- 11 Commissioners of mental health services for children and young people to ensure parity of waiting times with adults is written into contracts at the next opportunity. In the meantime, commissioners should monitor voluntary compliance.
- 12 Crisis Care Concordat Strategic Implementation Group consults with young people and people from BME communities about their specific needs. This could be done via a number of existing groups and organisations.
- 13 Crisis Care Concordat Strategic Implementation Group improves how wellbeing and staying well is promoted across member organisations.
- 14 The Crisis Care Concordat Strategic Implementation Group works with Healthwatch Sheffield and other organisations to review how service user and carer voices are embedded across the implementation of the Local Action Plan.



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