



Supporting people in crisis

A summary of our research into people's experiences of mental health crisis support

What did we do?

We received feedback from 215 service users, carers and mental health staff

Have
your
say

We received feedback via telephone interviews, focus groups and a survey



We worked closely with Commissioners and Service Providers



We asked people about how they define a mental health crisis



We found out about experiences of accessing, receiving and transitioning from support



We developed findings and actions based on what people told us to improve services



What did we find out?

Defining crisis

What people told us

A mental health crisis is individual to the person experiencing it. There is no clear definition of a mental health crisis but some of the key aspects are: **risk to self**; **the need for immediate intervention**; a **'can't cope' situation** and a **worsening or change in someone's mental health**.

Some people told us about being turned away by crisis services as they did not meet the criteria for support. People also talked about the need for additional support when experiencing a crisis and the importance of knowing where to go for support.

Suggested actions

One stop shop and trusted assessment - North Tyneside Clinical Commissioning Group (CCG) to develop a one-stop shop for people in need of support to access different services from a single contact. The one stop shop carry out a trusted assessment so that different mental health services are confident that a referral has come to the right place.

Low-level crisis support - CCG to develop a lower level crisis support service for those who do not meet the threshold for Crisis Resolution and Home Treatment Team. Other areas have examples of CCGs and voluntary sector organisations coming together to deliver this, such as Together in a Crisis.

Accessing services

What people told us

65% of respondents were in contact with mental health services before experiencing a crisis. However, **68%** did not know or were unsure if they had a crisis plan in place.

82% of respondents talked about long waiting times to access services in a crisis. This included call backs from the crisis team, waits for talking therapies and to see their GP.

People with **additional needs such as substance use** were more likely to be turned away from mental health services. Staff raised concerns about support for **older people**.

Suggested actions

Crisis planning - Service providers to review information given to service users and carers about what to do if they experience a mental health crisis.

Additional needs - Commissioners and providers to develop a multi-disciplinary approach to support people with multiple needs, particularly when people are using alcohol or drugs.

Waiting times - Service providers to be clear with service users and carers about expected waiting times and apologise if times are delayed.

Older People - Mental Health Integration Board to review the support for older people experiencing a mental health crisis.

Receiving services

What people told us

People were **largely positive about the support** they received once they accessed services.

People were concerned about **cuts to services** and **increased need**. An example being the decommissioning of local 'crisis beds'.

69% of carers described feeling unsupported and uninvolved by mental health services.

Suggested actions

Crisis beds - North Tyneside Council (NTC) to investigate the impact of decommissioning of crisis bed provision on the current support available to people in crisis.

Carer support - Commissioners and service providers to review how carers are supported to ensure that their own support needs are identified and met as set out by The Care Act (2014) and the new Carers Partnership Board.

Carer involvement - Service providers to review how carers can be involved and informed about the support available to the person they care for.

Leaving services

What people told us

People had largely poor experiences of transitioning and discharge from services. They talked about a **'disjointed', self-led** process and very limited follow up support.

Positive experiences were characterised by **people being more involved and informed**.

Suggested actions

Bridging gaps - Service providers to continue to work together towards planning, referral and streamlining transition process to ensure people do not fall into gaps between services.

Early identification - Service providers to identify when a person might need additional support to access follow up services following discharge.

Cross cutting factors

What people told us

People's experiences of engaging with mental health staff was varied, with a majority of people having experienced a negative encounter when accessing services. The key issues people identified were in relation to **staff attitude**; **GP knowledge and understanding of mental health**; **continuity of staff** and **staff training**.

Suggested actions

GP and primary care support - CCG to work with primary care services to increase mental health awareness, knowledge of services available and referral mechanisms since primary care services are often the first point of contact for people with mental health needs.

Staff training - Service providers to ensure mental health awareness training is provided for non-specialist staff and mental health professionals are consistently trained in relation to tackling stigma and handling crisis.

Issues around staffing - Commissioners and service providers to continue to work with their staff to ensure that people feel they are being heard and respected.

Feedback - Services should devise or review mechanisms they use regularly to ask for anonymous feedback from service users and carers about the services they receive including how they feel they are treated by staff.

What next?

We shared our report with stakeholders and it was well received by North Tyneside CCG, Northumberland Tyne and Wear NHS Foundation Trust and North Tyneside Council. We have agreed that the Mental Health Integration Board will review this report and take responsibility for implementing the suggested actions.

The Health and Wellbeing Board will be updated regularly, and Healthwatch North Tyneside will review progress in 12 months time. We will continue to talk to local people about their experiences of mental health services and work closely with commissioners and providers to ensure local peoples voices are heard.

For a full copy of the report go to:

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Cover image 'PTSD brain' by Eva Kean, from North Tyneside Arts Studio, 2018