

Insight brief: Experiences of mental health services in Nottinghamshire

Introduction:

Some people told us that they have had a poor experience of local mental health services. We wanted to understand more about people's experiences of these services so we launched 'Mental health month' in October 2014 and extended this through to early 2015. We gathered views and experiences from local people, through surveys, interviews and focus groups at locations across the county. In total we spoke to over 120 people, this included:

72 people who indicated they had experienced mental health illness themselves

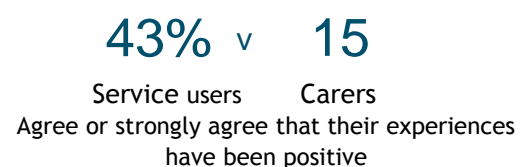
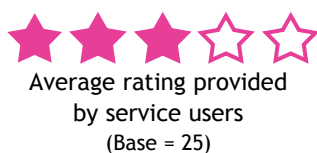
40 people who have cared for a family member who had a mental health illness

This report identifies the key findings from a preliminary analysis of their experiences of mental health services in Nottinghamshire, to help us to identify where further in depth insight and action is required.

Main findings:

Experiences of getting help for mental health issues were mixed, some people had very positive experiences and some people had very poor experiences. This was evidenced through the range of scores provided when asked to use a five star rating, where one is the worst and five is the best, and the written comments to explain their scores.

Carers' overall experience of NHS mental health services in Nottinghamshire were generally poorer than service users themselves. This was the only significant difference across the scores.



As well as asking about mental health services overall we also asked about the different types of services. The same split in experiences were reported for GPs, community mental health teams and inpatient services, roughly equal numbers of people reported either a good or a poor experience. For example:

"My husband had [an] exceptional response from his GP."

Carer

"The GP didn't understand - didn't read my notes."

Service user

How service users and carers were treated on a personal level emerged as one of the strongest factors determining their experience of services.

Poor experiences were often spoken of in terms of people not being listened to or having their opinions ignored,

"GPs need to listen to their patients. I felt unimportant and felt that I was taking up too much of their time."

Service user

"Will often speak of the patient to the carer as if the patient was not there."

Carer

Good experiences mentioned professionals who understood and considered the views and feelings of patients and carers,

"Got to talk. Support staff at <service name> listened to me."

Service user

"...better trained in showing sympathy, in displaying a reassuring or helpful attitude on the phone."

Carer

Being able to see the same professional over a period of time so that a good relationship could be formed was one of the main things people identified when talking about improving experiences of mental health services and describing poor experiences.

The greatest issue around accessibility emerged in relation to crisis services. Both carers and service users reported difficulties in getting help from this service.

Overall experiences were rated poorly, and over half (59%) of all the 34 written comments about these services were negative.



Most frequent rating of crisis services provided
by service users
(Base = 8)



Most frequent rating of crisis services provided
by carers
(Base = 7)

When calling the crisis helplines, a number of people talked about being placed on hold for long periods of time and messages receiving no response:

"On one occasion, I was kept on hold for 30 minutes...I eventually gave up trying."

Service user

"If you left a message they didn't always phone back."

Carer

"I can't get through on the phone -it just keeps ringing."

Carer

Another group of comments were from people who mentioned not knowing where to get help in a crisis situation. Accessing this service overnight was identified as particularly problematic.

"I find it impossible to understand why there is no available crisis support between 9pm and about 9am as my own experience and that of others is that THAT is the time when specialist support would be most welcome"

Service user

"The person on the other end of the line kept my (well) friend talking for about 30 minutes, cross-examining her about her own health rather than the friend we were concerned about, then said that it was too late to send anyone out to see her as it was after 8.30 on a Friday night."

Carer

"They won't come out after a certain time at night."

Carer

Subsequently, one of the most common suggested improvements for mental health services was the introduction of 24-hour crisis provision.

"Need to be able to access crisis teams 24/7."

Carer

"Very difficult to know who to ring in a crisis. Crisis out of hour's number not answering. Ended up calling police because of personal safety issues. We need to know who to contact in a crisis and that person or number being accessible 24/7."

Carer

For those who did manage to get through and access these services, whilst there were a minority of comments stating this experience as positive, there were more comments from people who indicated that they felt the quality of the advice and care provided was poor:

"I was told by the crisis team when I rang to say I was suicidal 'what do you want us to do it's a Bank Holiday'."

Service user

meds and eating and drinking, he was and was told to call back if he stopped."

Carer

"Husband had Psychosis crisis at a weekend and when called the crisis team they asked if he was taking

