

healthwatch

Blackburn with Darwen



Views and experiences of Mental Health Crisis Support



Healthwatch Blackburn with Darwen

2019/2020



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About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch Blackburn with Darwen helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created under Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services.

Find out more at: www.healthwatchblackburnwithdarwen.co.uk

Disclaimer

Please note this report relates to the findings from 27 individuals in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of adults experiencing mental health crisis in Blackburn with Darwen, only an account of what was represented at the time.

Date of Project

Engagement activity took place **November 2019 - February 2020**

Background and Rationale

In March 2019, Healthwatch Blackburn with Darwen held a consultation to find out the key health and social care priorities that residents would us like to consider for the new workplan. One of the most highly voted areas was Adult mental health services in particular at crisis point and admission to a mental health inpatient facility.

At a national, regional and local level, Mental Health remains a priority.

Acknowledgements

Pendleview Inpatient Unit staff and patients

Lancashire & South Cumbria Foundation Trust Frequent Attendance Team



Methodology

Engagement activity took place **November 2019 - February 2020**

A survey was distributed online via Survey Monkey and face to face interviews were carried out with service users who have used the mental health services and with inpatients at Pendleview Mental Health Inpatient facility in Blackburn with Darwen.



Survey Questions

1. Have you had experience of accessing Mental Health Services?
2. Have you ever been in a Mental Health Crisis?
3. Did you or your family know how to access support when in a crisis?
4. Which service did you use to access support in a crisis?
5. What was your experience of accessing crisis support?
6. Did you feel the staff involved in accessing support treated you or a family member with empathy, care and dignity?
7. Have you used the A&E department in a crisis?
8. How long were you waiting in A&E before you were seen?
9. How long did you wait, before a decision of your care was made?
10. What was your experience of A&E?
11. Did you feel you were treated with empathy, care and dignity?
12. Have you received support at home during a crisis?
13. How long did you wait before support arrived at home?
14. How helpful did you find the home treatment team in keeping you safe in a crisis?
15. What was your experience of the home treatment team?
16. Did you feel the staff involved treated you and your family with empathy, care and dignity?
17. Have you ever been detained under the Mental Health Act, Section 136?
18. What was the safe space you were taken to?
19. Who accompanied you and who was involved in making the decision to detain?
20. Were your family/friends involved in making the decision?
21. What was your experience of being detained?
22. Did you feel the staff involved treated you with empathy, care and dignity?
23. Have you ever been taken to an inpatient facility after crisis?
24. Which inpatient facility were you admitted to?
25. What was your experience of this?
26. Did you feel you were involved in your care and treatment as an inpatient?
27. What type of treatment and care did you receive during your stay?
28. Did you feel supported in the first few weeks of post discharge?
29. Did you feel the staff treated you with empathy, care and dignity?
30. Please tell us what improvements could be made to improve the journey through a mental health crisis?



What is mental health crisis?

The national mental health service Mind, describes a mental health crisis as when you feel your mental health is at breaking point, and you need urgent help and support.

Examples of crisis are when you might have feelings or experiences that feel very painful or difficult to manage such as suicidal feelings, self-harm, panic attacks, flashbacks, hypomania or mania, or psychosis (such as paranoia or hearing voices). You might also have other experiences that aren't mentioned here.

Some people feel in crisis as part of ongoing mental health problems, or due to stressful and difficult life experiences such as abuse, bereavement, addiction, money problems or house problems. Or there might not be a particular reason.

(<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/getting-help-in-a-crisis/> May 2020)

Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the concordat, making a total of 27 national signatories.

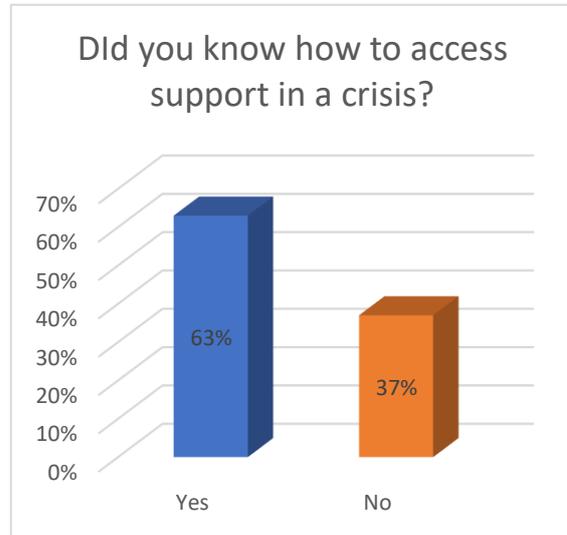
The concordat focuses on four main areas:

- Access to support before crisis point - making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously
- Urgent and emergency access to crisis care - making sure that a mental health crisis is treated with the same urgency as a physical health emergency
- Quality of treatment and care when in crisis - making sure that people are treated with dignity and respect, in a therapeutic environment
- Recovery and staying well - preventing future crises by making sure people are referred to appropriate services.
- Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention.

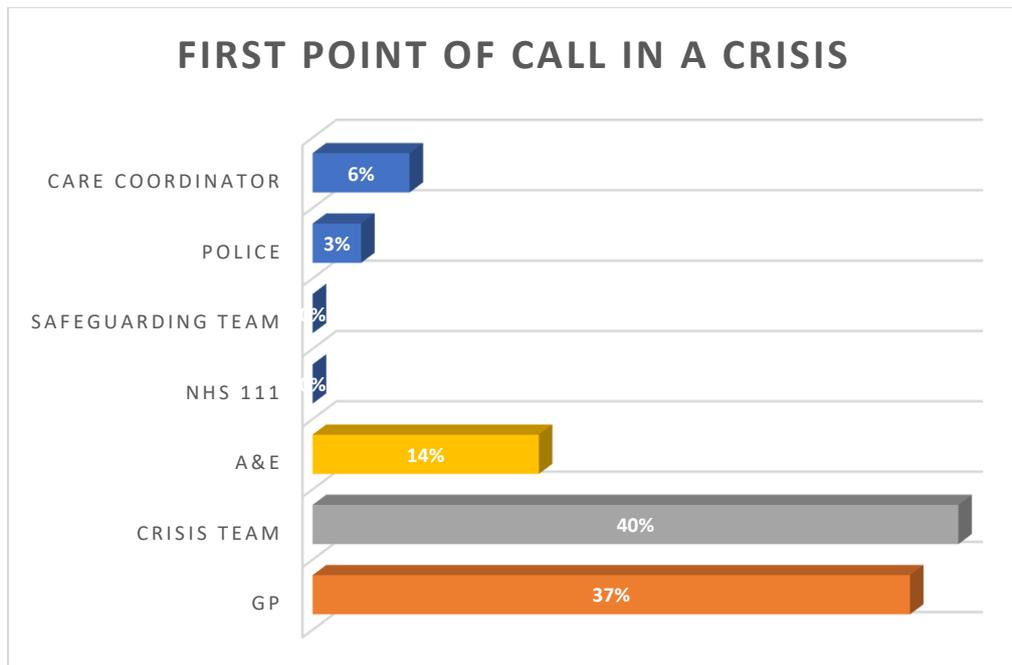


Findings

Participants were asked if they were aware of how to access support in a crisis. 63% of participants told us they were aware, however a considerable number noted that they were aware due to the fact that they have accessed crisis services on several occasions. 37% of participants told us they or family and friends were not aware of what to do and either made calls to their GP practice, presented themselves at A&E and a few participants called the police in an emergency due to unsafe circumstances.



Participants shared which service they got in touch with to seek support in a crisis. A large number of participants at 40% told us they or a family member contacted the crisis team. 37% accessed support via a GP, 6% contacted their care coordinator if they had one and 3% contacted the police for support.





Experience of accessing crisis support

As part of their interviews, participants described their experiences of accessing mental health support.

- medication didn't help - GP referred for a mental health assessment
- great - GP referred me and they sent me to Pendleview
- GP figured out I needed urgent help and made a referral for section 136
- mum and brother rang the crisis team, they advised them to take me to A&E
- minds matter not great - it didn't help me. I contacted crisis team telling them I was feeling suicidal. they didn't listen to me. I'm pregnant too, they sent an ambulance and contacted my social worker
- care coordinator really helpful - talked to me and took me to A&E as I overdosed on drugs
- GP really supported me - but at a later time I ended up in A&E
- early intervention teams' input was pretty good but the community services are not fast enough
- my brother called them; it took 3 hours before they arrived. I was very suicidal
- GP - contacted the crisis team for me - he was very supportive
- really difficult - I got told to take my medicine and have a bath
- I was put in a secure cell



The views and experiences of Mental Health Crisis Support

they came to the house, were helpful

crisis team unhelpfully tedious

Took ages to get through to them. They arrived 3 hours later, had a brew asked how I was feeling and left. I tried to jump out of the window once they'd gone, so they obviously didn't do anything

They made me an appointment for the next day. I never reach out for help. Once I did and they didn't come over and see me. Even with the appointment, no one showed up

I overdosed on pills, they thought I was drunk

Took a long time to answer phone

Totally useless! Tried to put me on a very basic course which I had been on the year before. Pointless.

Sometimes helpful sometimes not

Useless as I was told to contact Minds Matters and I find the help they can give is maybe okay for short term illnesses but not for long term. When I contacted them this year I realised that they were just going to put me on the course they put me on last year, totally unsuitable for me.

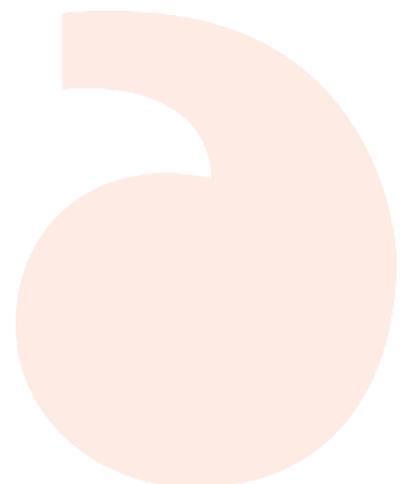
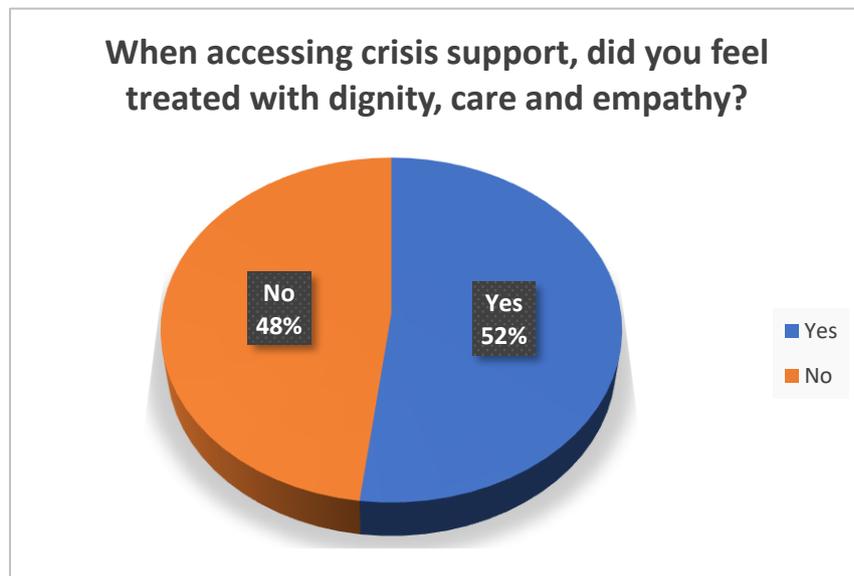


Did you feel the staff involved in accessing crisis support, treated you or a family member with empathy, care and dignity?

52% of participants told us that they felt they were treated with dignity, care and empathy, however a substantial amount of people at 48% felt they did not feel they were treated this way. A number of participants felt the crisis team did not either answer their call when making contact, they took a long while to arrive at home or the advice given at the time did not help the situation but in fact frustrated them further.

Many participants felt that their GP was helpful with making an emergency referral but advised us that some GP's also struggled to get in touch with the crisis team and alternatively had to contact the police.

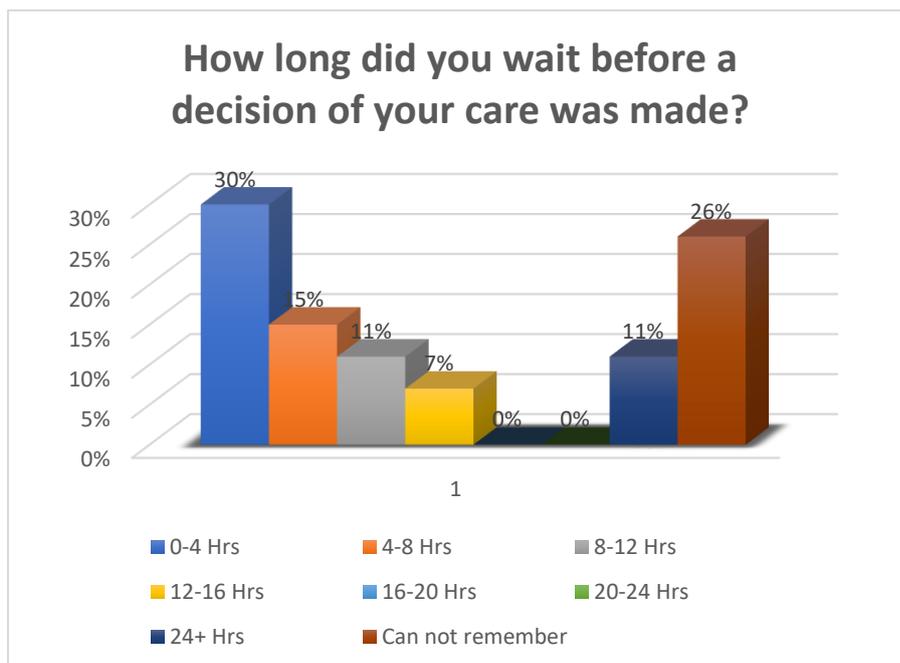
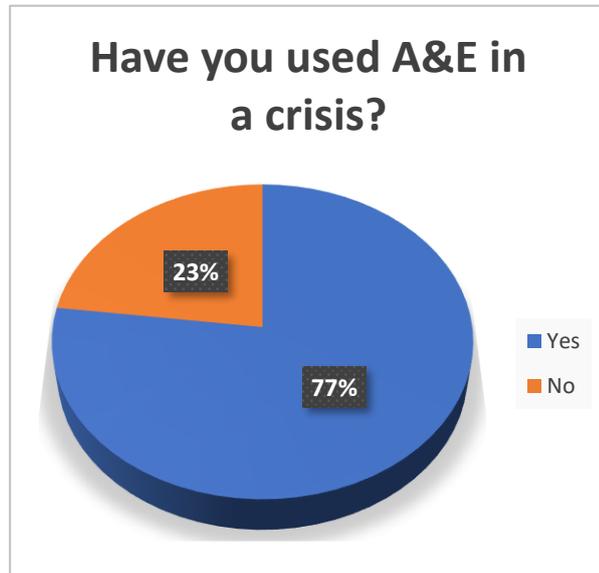
Those participants who were known to the mental health services and were allocated a care coordinator felt their journey to access support was a lot smoother and they felt supported.





Experience at A&E

77% of participants shared that they had used Accident and Emergency (A&E) in a crisis. 30% of these participants waited between 0-4 hours before a decision was made of their care with 70% having to wait between 4-16 hours plus before a decision was made.



6 fine - preferred being there and someone could keep me safe 9

9 all 3 staff were great - but security were not 6

6 I was on my own in a very small, empty room, security stood outside the door. A&E staff looked uncomfortable; they are not trained to deal with this 9

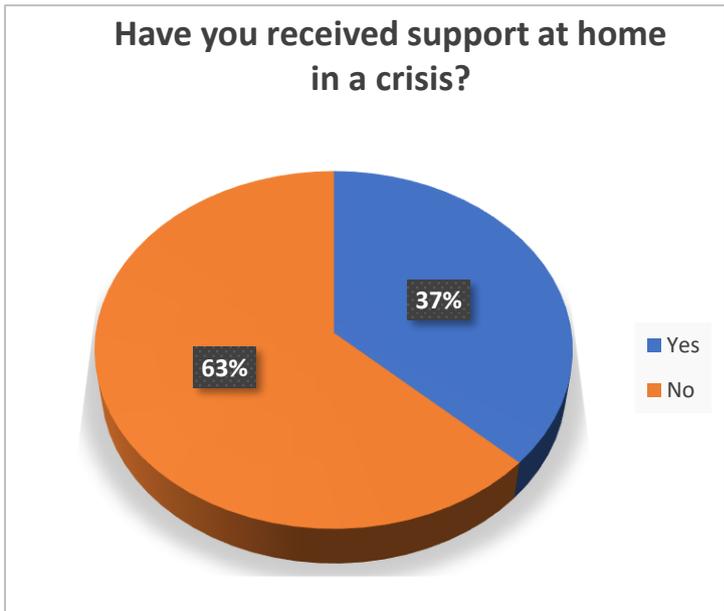


The views and experiences of Mental Health Crisis Support

- awful space in a separate room - cold and scared by myself
- the staff were great, really compassionate
- It wasn't a great experience when you are in a crisis. I was put in a separate room - I felt scared and alone
- I feel people will know why I am here. Trying to hide is embarrassing I was worried as someone I know could walk through that door and see the state I am in"
- good experience, they kept me informed all the way through until they took me to an inpatient facility
- Burnley - attended 5 times over a number of years. No mental health worker, no help from them at all, no physical checks, police brought me to Pendleview
- was really thankful for the staff - they were genuine and didn't have to wait too long
- Don't feel to be the right place for help in a mental health crisis
- Okay at first as I was seen very quickly and put on a medication drip. Then sent to a ward.

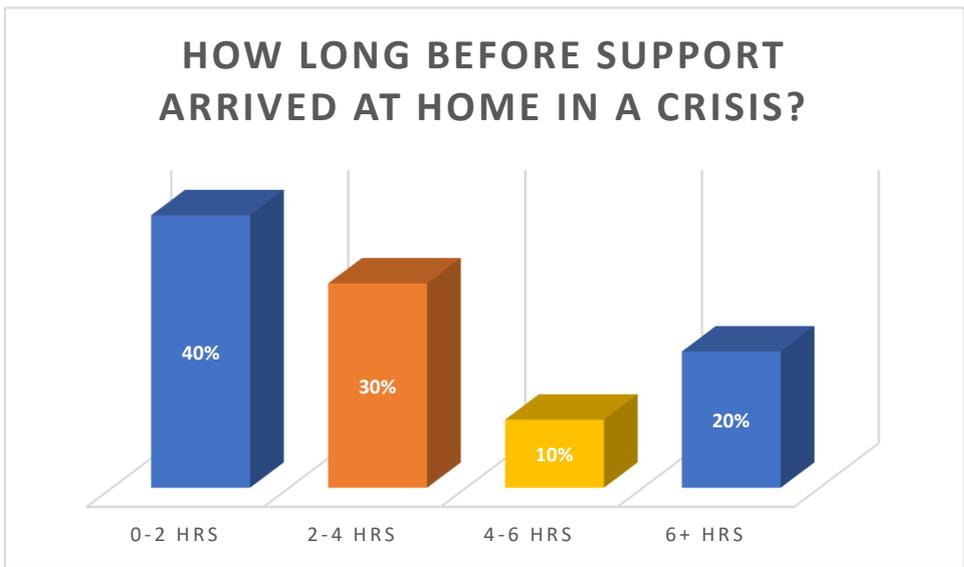


Crisis support at home



37% of participants received support at home when contacting the crisis phonenumber. Out of these participants, 40% of people waited 0-2 hours before support arrived at home with the remainder of participants waiting between 2-6 hrs.

Unnecessarily heavy handed, presumptuous and impatient...my usual care coordinator was on holiday



I felt judged - it didn't help me

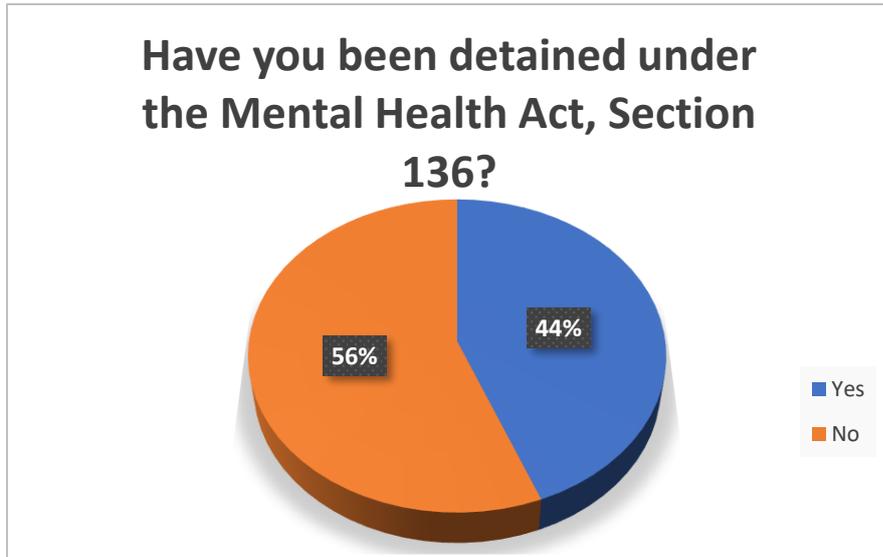
was good and helped me at the time

Really helpful, calmed me and felt supported

Home treatment team did not arrive, wife rang the police instead and helped to calm me down.

Unnecessarily heavy handed, presumptuous and impatient...my usual care coordinator was on holiday

Not always the best



44% of participants told us they had been detained under the Mental Health Act, section 136. They shared that this was due to being in an unsafe situation, or attempting suicide, with one participant sharing that she felt she should not have been detained as she did not consider herself to be in crisis.

Participants were taken to a safe space which consisted of A&E, a police cell and some participants who had relapsed or were already known to mental health services were taken to an inpatient facility in Blackburn with Darwen, Chorley or Lancaster. The majority of participants were transported via an ambulance, a car and a few being taken in a police van.

“ police treated with respect - had conversations with me ”

“ bad experience of police cell. police cell wasn't right ”

“ Police were really good when I was attempting suicide, once they got me off the bridge and they realised I was 18 and an adult, they changed the way they behaved with me, I think they thought I was still a minor. ”

“ it was ok - I know they were trying to keep me safe ”

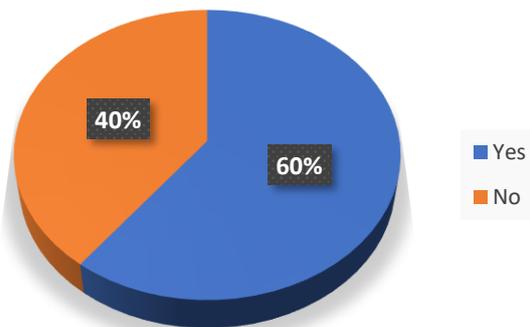
“ I was very scared but I trusted them as my sister was there ”

“ the police were really good - they spoke to me and reassured me ”



Experience of patients at Pendleview, Blackburn

Did you feel involved in your care as an inpatient?



60% of patients felt involved in their care, whilst 40% felt they did not. Many discussed how they would like reviews to be done more regularly, however they expressed that healthcare assistants were really compassionate and good to talk to.

not getting enough leave - reviews are every 2 weeks, they should be sooner

I get frustrated as I'm repeating the same conversations with people, they're not consistent. I have built up relationships with people.

regularly - tweak meds when needed

really good staff, health care assistants really care

really liked this place - helped me with getting better

I stayed a couple of nights, very helpful, I can't fault them

excellent, talking with staff really good for me, nurses and doctors were great too

The process of finding me a bed and getting me there was slow but it was my first ever positive inpatient experience

stayed in Manchester first which was awful but Pendleview was a lot better

fantastic - they just get it!

good supportive staff and made friends on the ward

It has been great. The staff talk to me and other patients help each other.

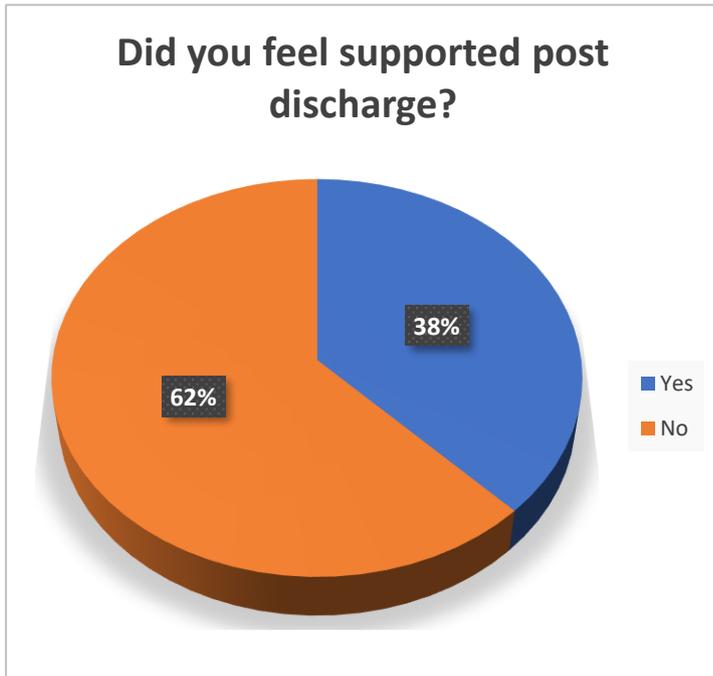
staff and environment has really helped me, they are available to chat

Bad. The staff had no time for you not great, no blankets I was cold



What type of treatment did you receive?

Most participants shared they received medication as part of their treatment plan, a few received talking therapy sessions and one participant sharing that they received “EC treatment - 12 treatments and support with everything.”



62% of participants who had previously been discharged from an inpatient facility felt that they were not supported thereafter.

Some participants felt very anxious and worried about going back into the community. They were fearful of relapsing. One participant shared she was discharged with nobody to pick her up with the inpatient facility just calling her a taxi. A few other participants told us that they would like to be told in advance that they will be discharged on a particular date, in order to mentally prepare themselves for not having the intensive support they received.

Some participants shared that they felt there was not adequate support in the community and they felt safe at Pendleview. Other participants were referred into group support, with counselling in place and a course, which really helped them on the steps to recovery. Participants who had a care coordinator seemed to feel more supported than those who did not.

Great as the staff were great, but I need more time to prepare myself mentally for discharge

I'm ready to be discharged but social workers keep delaying as they're waiting for community people to be involved

Dr great at Pendleview, working with me to reduce my medication steadily, she also contacted my GP to discuss care after discharge

support groups - brilliant

Nothing after being discharged

no help after discharge from care coordinator



Anonymised Case Studies

My GP had put me on medication for depression but I felt they made me worse, probably because I didn't suffer from depression. I went to The Mount in Accrington to get some support. I was seen by two members of the community team in Accrington and a support worker and they accompanied me to A&E. I was admitted to A&E and although seen in under 4 hours, I didn't get placed in a bed until 20-24 hours later. I was treated respectfully at A&E.

My experience at Pendleview has been positive, the staff are supportive and reassuring. The food is ok and the environment is not too bad but that depends on the other residents in the ward.

I have regular meetings with staff - they have at least read my notes unlike my experience at my GP surgery, where I see different GP's and have to retell my story.

I have a discharge plan in place which involves meeting my counsellor for when I leave. I definitely believe you need to be in the mindset to work with staff to get better.

David, Age 38, White British Male

The crisis team were helpful when I had a relapse with substance misuse. My care coordinator was really helpful, offering me advice and supported me through the process which really helped. I really don't know where I would be right now without her.

At A&E, my wait was under 4 hours but I found it daunting because there was a lot of people there but I felt that the staff understood me and was treated with respect and they were non-judgemental.

I was detained under section 136 - police made the decision to detain and they were really good with me. I was taken to Lancaster initially under s136 and then transferred to Ribble ward at Pendleview by ambulance.

The staff at Pendleview have been very helpful and supportive; one improvement could be that the reviews are too far apart as I'm waiting for a decision to be discharged but have to wait another week or so.

Ethan, Age 28, White British Male

I was having mental health problems for a while before I ended up in crisis. My GP had been helping on and off for 3 years. I had attended Minds Matter and Acute Therapy services but they didn't work for me. They may help others but not for me. I hit crisis and my family didn't know what to do. Eventually the crisis team was contacted. My experience with them was poor, I felt that they didn't listen when I rang in a suicidal state. Following that I have given up calling the crisis helpline and just call Samaritans instead because I can talk through my issues and there are no repercussions. They have helped me several times where I would have ended up in A&E or something worse.

I have also used A&E in a crisis, this time I was waiting up to 5 hours before a bed was found. It was an awful experience being there in a cubicle. It is probably the worst place



The views and experiences of Mental Health Crisis Support

to be in a crisis. I found that they did not communicate with me to let me know what was going on. I was placed in an empty room with a security guard sat outside. It made me feel like a criminal. I feel the A&E staff are not trained in Mental Health. I have been told that my discharge is being delayed back to the community team by the social worker (*case study is pregnant therefore this may be for safety reasons*).

I have had home support but they are overrun. Home support - home treatment team are overrun. They just spend 15-20 minutes with you telling you how you think and feel. When I have said this to them, they told me that that's their job and they do that with everyone. I didn't find their support helpful at all. They have also told me to go over to Daisyfield to meet with them which I felt was dangerous if I was psychotic and delusional.

I have also been detained under S136. The Social worker rang my dad but after they had made the decision but my experience was ok and felt treated with respect.

My experience at Pendleview has been good. The staff listen and are receptive. I feel my review meetings are too long. I really can't process information in meetings that last several hours. My medication is working, though food could be better - it's frozen and not many healthy options. I do feel that the HCAs aren't listened to and respected as much as staff nurses whereas the HCAs know more about patients than the nurses who just sit in the office.

Kelsey 34, White British, Female



Recommendations

Recommendations for service providers	Service provider responses
<p>Improved preventative/early intervention support to avoid people reaching crisis.</p> <p>Expectations of crisis team should be clearly communicated and managed.</p>	<p>LSCFT - We now have a system in place across the Mental health Network where an individual has a crisis & contingency plan which is uploaded on LPRES.</p> <p>The Trust is looking at clinical pathway redesigns to ensure the service user gets the right response at the right time, allowing the service user to speak with a clinician when this is needed at the earliest opportunity.</p> <p>We will review how this information is communicated to service users and carers.</p>
<p>Improved communication of support available in the community, with up to date information provided to all GP surgeries.</p>	<p>LSCFT - A new 24/7 telephone service named the Mental Health Urgent Response Line is now live. This will support GPs and service users to refer into mental health when this is needed.</p>
<p>Increase Mental Health training for A&E staff, inclusive of porters, security, reception.</p>	<p>ELHT - All clinicians and nursing staff receive training on caring for patients with mental illness. There is additional training provided by the Chaplaincy with reasonable uptake from healthcare support workers and security personnel. We can work with the Chaplaincy to extend this to Reception staff and Porters.</p>



The views and experiences of Mental Health Crisis Support

<p>Consider an alternative ‘safe space’ separate to Accident & Emergency for patients experiencing mental health crisis</p>	<p>ELHT - The ‘safe space’ issue is being dealt with and we should have a new mental health ‘pod’ available in the coming months. There will still be a cohort of patients who are too distressed, where their risk profile is too high or that they have physical and mental health needs who will have to be managed in ED.</p>
<p>Provide a more personalised approach to home care treatment.</p>	<p>LSCFT - We have improved upon our interpersonal relationship approach through our Immediate Response Team IRT model. This provides a 1 hour response for most urgent cases. An Access Triage Tool was recently developed to support clinical decision making when accessing MH services in a crisis. This ensures that the service user gets access to the right service at the right time, with minimised handoffs.</p>
<p>Improved supported discharge from inpatient offer. Transition to start as soon as possible before discharge.</p>	<p>LSCFT - Within the Community Mental Health Standard Operating Procedure, a discharge care plan is collaborated with Community Mental Health Team / Home Treatment Team, Inpatient and Service User within 72 hours of admission (which takes into account specified needs) to be initiated by Named Nurse within the inpatient setting.</p> <p>Where an urgent admission is required we have a dedicated team that will provide a rapid assessment of needs and risk. Where a transfer of care back to community services is felt the best option to continue a service users recovery, there will be involvement by our home treatment team practitioners whilst in hospital to discuss the care and support the service user will receive post discharge.</p>



Improved post discharge support provided, with varied options to avoid relapse.

LSCFT - Upon discharge from an inpatient environment all service users will have a crisis & contingency plan, which will include any relapse signatures and focus on solutions to reduce these risks.

The crisis plan will have a range of supportive numbers within it, and can also include community voluntary services in the service users local area to provide additional support and help build up their package of support available.

The trust has recently also implemented the new Mental Health Urgent Response Line, that will allow clinicians to speak with and where required go through their crisis & contingency plan and decide on the next steps required with the service user at the centre of this.

Care coordinators have been proven helpful - increase uptake of this offer, in particular for those who have relapsed.

LSCFT - All care co-ordinators in the community will be contacting all their service users to develop a meaningful crisis & contingency plan that is supportive to the service user and their carers at the time when it is required. This will help other practitioners to make better decisions about the care received based on the service users' needs and wishes that have been developed jointly with their care co-ordinator.

The development of these plans will further enhance the therapeutic relationship with all our service users and improve overall service user experience and recovery in services.



Feedback from Providers

“We at Lancashire & South Cumbria NHS Foundation Trust, welcome this report and are keen to understand the experience of those who access our services, hear their views and act on them accordingly.

We will continue to work with East Lancashire Hospitals NHS Foundation Trust to ensure the care of people continues to improve and is responsive to their individual needs, in a safe caring environment.”

Paul Jebb

Associate Director Nursing, Experience & Engagement

Lancashire & South Cumbria NHS Foundation Trust

“Services provided within the Emergency Department (ED) for those patients with a mental health issue are provided by Lancashire and South Cumbria Foundation Trust (LSCFT). We work very closely with the Trust to tailor services to patient need. We have a system-wide improvement programme, working with LSCFT, Police, Social Care and third sector and continue to work collaboratively.

The information within the report shows positive experiences and outcomes for some patients, but it is also evident that there is scope to improve the provision of the mental health services in ED. There’s also an opportunity to make sure that patients are referred to the correct service by GPs and Crisis Teams to ensure that patients are managed more efficiently and effectively, reducing any unwarranted distress. It is well recognised that this should be away from ED with systems in place for those known to mental health teams to be cared for in a more conducive environment. Our hope that patients, their families and carers know which services to attend and when to avoid protracted delays in ED for people who are vulnerable and at risk of further deterioration.

What is not clear in the data is when patients were referred and for what reason and whether alternatives to ED were considered. This would help to understand whether ED is meeting an unmet need somewhere else in the system.

The feedback shows that we are some way away from providing a dynamic, responsive service and we need to use this report to inform our programmes of work. We are hopeful that the provision of a new ‘mental health hub’ co-located at the ED will help to address some of these issues. This is in combination with other system-wide service re-design by LSCFT and other partners”

Jonathan Smith

Head of Nursing - Urgent & Emergency Care Pathway & Acute Medicine

East Lancashire Hospitals Trust