



People's experiences of mental health services in Wolverhampton

April 2025

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About us

Healthwatch Wolverhampton is the city's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across England.



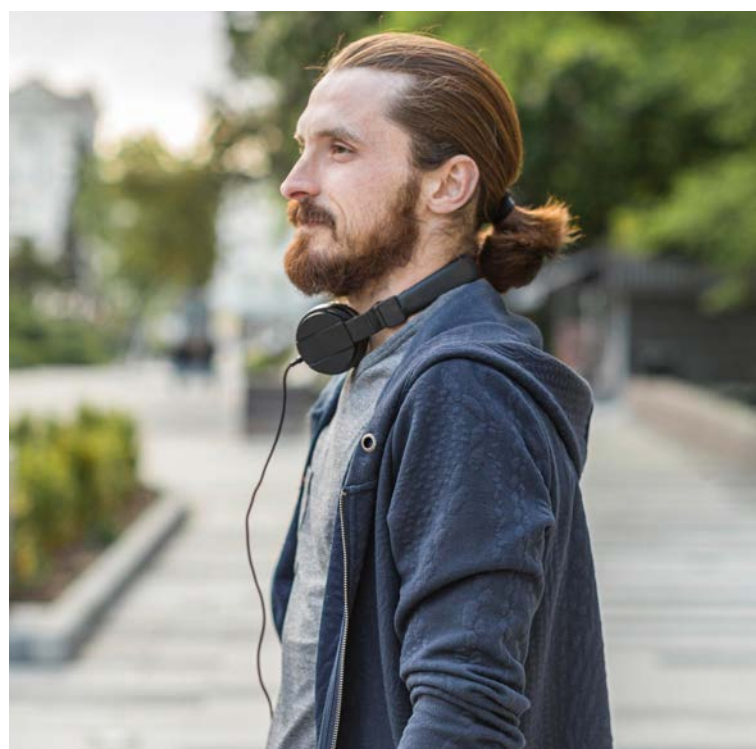
Introduction

Background

In 2024, the proportion of public feedback that we received about mental health services has continued to increase. We are also increasingly receiving enquiries about mental health support and signposting people to mental health services.

From the feedback and information that we receive, through our feedback system and our engagement and partnership working, we can see that the demand for mental health care is growing in Wolverhampton and mental health services are an area of growing concern for local people.

The concerns that people raise with us range across services, such as difficulties accessing mental health support through primary care, which includes first-contact services such as GP surgeries and community services. There has also been feedback about a lack of patient information and concerns about mental health care delivered at Penn Hospital, and health inequalities around physical health checks when people are discharged into the community. Alongside the closure of some local services, these factors could contribute to deteriorating mental health and can affect the quality of patient experience and satisfaction. It is important to note that there has been ongoing work in supporting patients with serious mental illness (SMI) through intervention, routine physical checks, such as medication and lifestyle states being monitored, and connecting patients to the right services when they are discharged into the community.



According to the [Wolverhampton Adult Mental Health Needs Assessment 2023](#), 29,971 people aged 16–64 were predicted to have a common mental health disorder in 2020 and this is predicted to increase to 30,545 people in 2025.

In 2021, a survey was conducted and included in the [Wolverhampton Joint Local Health and Wellbeing Strategy 2023–2028](#). One thousand three hundred residents of Wolverhampton were targeted who were known to be at risk of mental health problems due to the widening of health inequalities caused by COVID-19. Findings from the survey included concerns about support services, and those people highlighted the need for flexibility in service models to meet people's needs.

In 2023, Mind, the UK's largest mental health charity [published previously unseen data](#) highlighting the full scale of the national emergency in mental healthcare, with staff reporting 17,340 serious incidents in 12 months. This further highlights the need to understand people's experiences of mental health services, support and diagnosis to identify areas for improvement and address the issues.

The increasing prevalence of common mental health conditions and failing support services overall highlights the importance of ensuring people can access high quality and reliable mental health services when they need them, and that these services are meeting service user's needs.

What we wanted to find out



We wanted to find out more about people's experiences of accessing and using mental health services, focusing on the adult population in Wolverhampton. This included exploring people's views on ease and frequency of access, reasons for access, quality of care, and how involved they felt in decision making relating to mental health care.

We will use this insight to advise those responsible for mental health services in Wolverhampton how to develop and improve access to mental health services, and the mental health care that is delivered.

Through this project we have been able to give people the opportunity to have their voices heard to help bring about positive change in the mental health services they use.

What we did

We worked on this project between July 2024 and September 2024, gathering feedback from people at community events, via an online survey, and from patients and staff during an Enter and View visit to Penn Hospital.

Survey

We ran an online survey during the whole project period. This consisted of 16 core questions, with two additional questions for respondents who had received care at Penn Hospital. In total we had 64 responses to our survey.

Visit to Penn Hospital

Based on feedback we had received from the public we decided to use our statutory powers to conduct an Enter and View visit at Penn Hospital.

Enter and View is where we visit health and social care services and see them in action. We do this by observing the quality of service and by talking to people using the service, including patients, residents, relatives and staff. We report our findings to those responsible for providing and commissioning the service, and make recommendations to inform positive change, although these visits are not part of a formal inspection process or audit.



We provide a summary of our findings from the visit to Penn Hospital in this report (see page 10). The full [Enter and View report \(August 2024\)](#) can be viewed on our website.

The visit was conducted by our Authorised Representatives who have received training and had Disclosure and Barring Service checks. We followed the protocol that we use for all our Enter and View visits, asking a set of questions to measure patients' satisfaction, with the addition of a question exploring whether patients or staff had heard of the [Patient and Carer Race Equality Framework](#) (PCREF) – the first ever NHS anti-racism framework. The PCREF was rolled out across mental health services in England in 2023. It set out to improve the experience and outcomes of people from ethnic minorities who are on mental health pathways and to tackle race inequalities and inequities. Collaboration and participation of staff and patients is key in the implementation of the framework to work towards service improvements, and so we wanted to find out if staff and patients had heard of it.

Community engagement

We hosted in-person listening groups at Wolverhampton Art Gallery Café and Central Library, where we gathered feedback from those who attended, including through some in-depth conversations.

Key messages

The key themes that emerged from what people told us focused on the need for better support, more empathy from healthcare practitioners, and more direct patient information and communication from healthcare professionals.

- **Limited choice of support:** People require support when accessing mental health services, but there is a lack of support in this area. People are passed from service to service and some are having to seek out their own support, including those who need help with ongoing mental health problems. The difficulty accessing this care can lead to deteriorating mental health, health inequalities and confusion.
- **Lack of empathy:** There is a lack of empathy from healthcare professionals for people accessing mental health services. People described negative attitudes towards patients.
- **Poor communication:** People want to be involved in conversations about their healthcare and to make informed decisions. Poor communication from healthcare professionals and lack of information about treatment options makes people feel that they don't have a say.

What people told us

Survey results

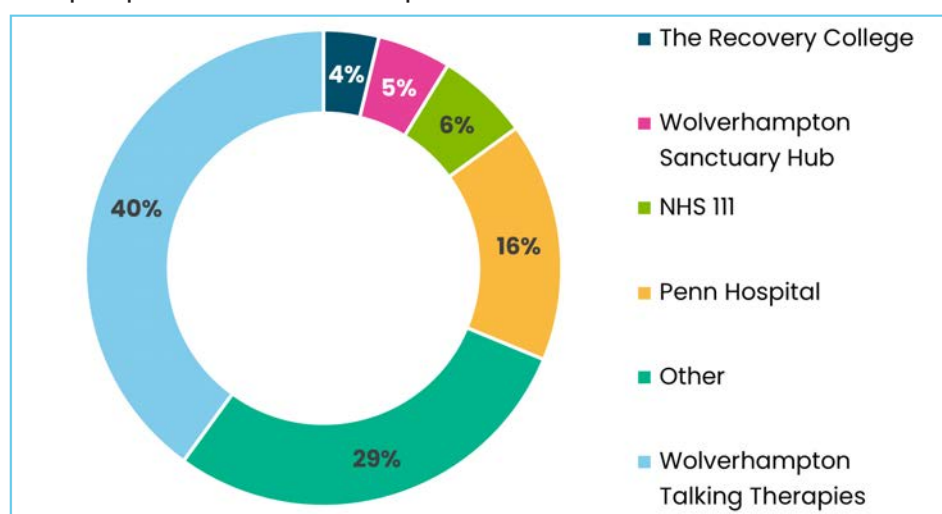
The 64 responses we received through the online survey reinforced the issues raised during the more in depth one-to-one conversations that took place during our community engagement activities.

The results from the survey are split into two sections in this report: peoples' experiences of NHS mental health services and experiences of voluntary services.

Experience of NHS services

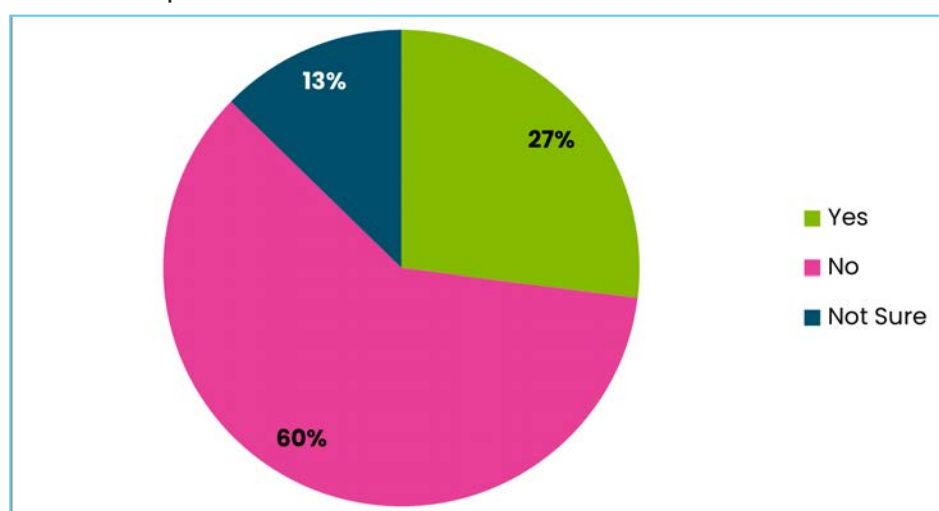
Which NHS mental health services in Wolverhampton have you used most recently?

All 64 people answered this question.



Do you feel that you were able to access these services with ease?

Seventeen people said 'Yes', 38 said 'No', eight were 'Not sure', and one person did not answer this question.



Do you feel that the quality of care you have received at these services has met or is meeting your mental health needs?

Sixty-three people answered this question.

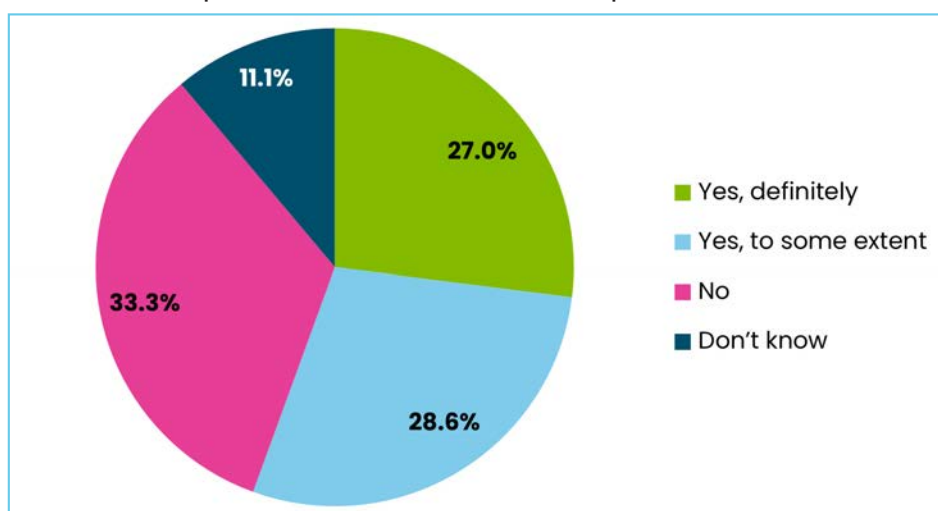
Feedback was mixed but mostly negative; below is a selection of comments received.

Answer	No. of responses
Yes, definitely	9 (14%)
Yes, to some extent	14 (22%)
No	34 (54%)
Don't know	6 (10%)
Did not answer	1

- Q The quality of care I have received was not satisfactory. I am quite disappointed in the level of care provided.
- Q Very good support and counselling to talk about the problems.
- Q Poor quality staff who are work shy. They talk a lot but don't offer any real solutions and when it's time to produce a report they shy away. I felt that I was always having to firefight my own problems alone.
- Q Only offered medication and no support offered to help with my social isolation.
- Q I received six counselling sessions only. My counsellor asked about my goals (which I didn't have) on the first session when all I wanted to understand was my PTSD and address my triggers. She didn't help me to define my goals or clarify them better and as soon as she saw there was not much expectation from my side, she relaxed. She could've paid more attention and ask me for more clarification, feedback on my thoughts and words, and/or taught me how to develop some kind of coping mechanisms.

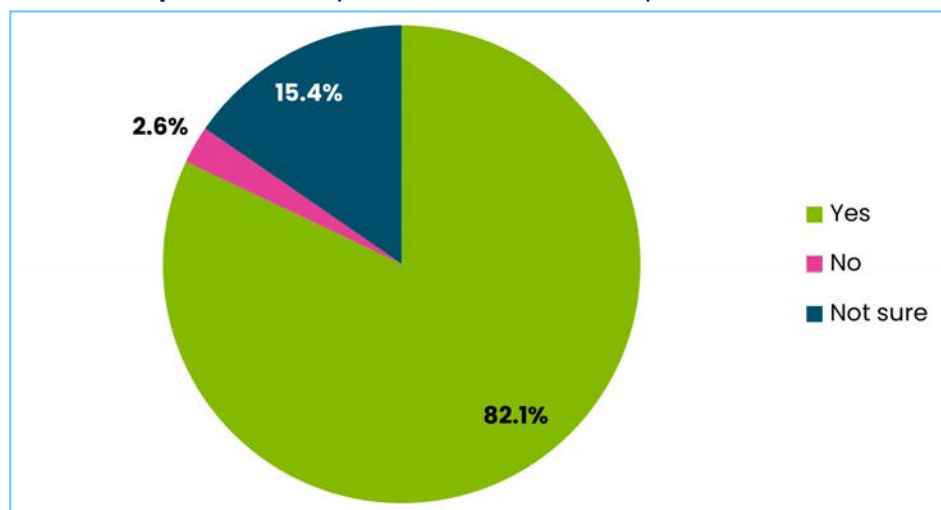
Do you feel involved with the decisions made relating to your care?

Thirty-five responded 'Yes, definitely' or 'Yes, to some extent', 22 said 'No', seven said 'Don't know', and one person did not answer this question.



Did the inadequate access to NHS mental health services result in deteriorating mental health?

Thirty-nine people were asked this question **because they felt their access to services had been inadequate**. 32 responded 'Yes', one responded 'No', and six responded 'Not sure'.



What do you think can be improved about mental health services that you accessed?

Forty-seven out of 64 respondents provided feedback for this question. Their responses were analysed and 41 responses were organised into key themes.

Theme	No. times key word was used	Total
Waiting times	✓ ✓ ✓ ✓ ✓ ✓ ✓	7
Staff	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	10
Support	✓ ✓ ✓ ✓ ✓	5
Face-to-face	✓ ✓	2
Assessments	✓	1
Access	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	8
Environment	✓	1
Communication	✓ ✓ ✓ ✓	4
Funding	✓	1
Therapy	✓ ✓	2

Experience of voluntary services

We also asked questions about people's experience of using voluntary services in Wolverhampton to access mental health support.

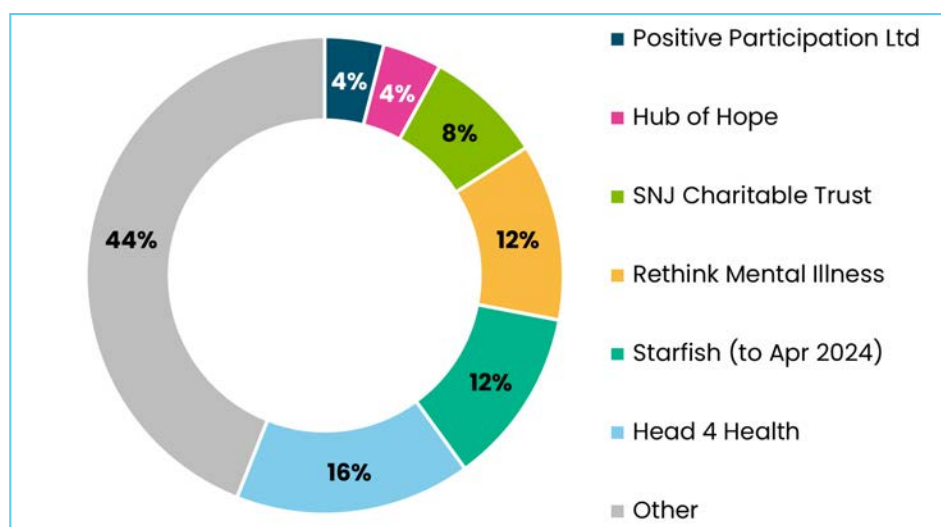
Have you used any mental health services provided by voluntary organisations in Wolverhampton in the last three years?

All 64 people answered this question.

Answer	No. of responses
Yes	21 (33%)
No	39 (61%)
Unsure	4 (6%)

Which of the following voluntary organisations have you accessed in the last three years?

Out of the 21 people who had used mental health services provided by voluntary organisations, 18 told us which type of voluntary organisations they accessed.



For those who selected 'Other', Aspiring Futures was mentioned four times and the other organisations receiving one mention were: Sanctuary Café, Wolverhampton LGBTQ+, social prescribing, Healthy Minds, Panda, Aquarius/Recovery Near You, and My Health Advantage.

Did these voluntary sector mental health services meet your mental health needs?





Twenty-one people answered this question.

Answer	No. of responses
Yes, definitely	6 (32%)
Yes, to some extent	11 (58%)
No	1 (5%)
Don't know	1 (5%)
Did not answer	2



What works well in the voluntary sector mental health services that you have used?

Twelve of the 21 people who were asked this question gave a response. The attitudes towards voluntary services were generally positive, highlighting easier access to support and empathetic staff.

-  Tend to be more accessible and waiting lists not as problematic in comparison to non-voluntary services.
-  The support given was mental health specific not just generic support with knowledgeable, experienced workers and volunteer peer support.
-  The people 100% want to listen.
-  They talk to one another and are clued up with what is or might be available and/or accessible or appropriate for the service user. More transparency.



- Q They are more flexible and easier to talk to them, but it feels they are limited in what they can offer.
- Q Consistency of staff and over time understanding.
- Q They responded quickly throughout the process, not only after initial contact. They valued my own opinions on my mental health and concerns, rather than making assumptions about my needs based on some generic check list. The fact that it was offered through an LGBT+ charity meant I knew they would not be judgemental about my family set up, even if they weren't specifically LGBT+ themselves.
- Q Genuinely care.



Penn Hospital

Findings from our Enter and View visit

The Black Country Healthcare NHS Foundation Trust responded to the recommendations we made following our Enter and View visit to Penn Hospital. They have included in their response assurance to the findings in our report, illustrating that they are taking steps to address areas where recommendations have been proposed. Read their response in our full [Enter and View report \(August 2024\)](#).

Key themes emerged from our conversations with patients and staff at Penn Hospital.

- **Safety:** Overall patients felt safe and appreciated the help offered, but some felt they were not listened to and did not get the attention from staff that they wanted. Patients also felt that more staff would help. We were told of issues with some night staff who were not good and called patients names; patients preferred the day staff.
- **Comfort:** Patients told us the wards are comfortable in the day but crowded at night, and others told us there is no personal space. Some patients knew who to talk to about any concerns they may have; some prefer to write things down to give to the nurses, Ward Manager or Early Intervention Team.
- **Activities:** The Activities Coordinator was on annual leave, but we observed card games between staff and patients. Patients told us they liked football, arts and craft, and occupational therapy. Patients also told us they would like pottery, crochet and knitting, and felt they needed more resources. One patient said they were aware of the activities available but not interested in doing them; another preferred to listen to their own music.
- **Meals:** The food we observed looked hot but was different to what was on the menu. Patients had mixed feelings about it. Some patients said they did not like it and described it as bland, dry and 'samey' due to the menu being on a two-week rotation. One patient said: "More variety would be good." They would like a fruit bowl in the lounge area, more healthy options and they would like dietary requirements to be better catered for.
- **Environment:** The wards we visited seemed sparse and not very homely; the rooms we saw seemed pleasant, but not all were personal. We could not see a clock with the date located anywhere where patients could see it clearly.
- **Outdoor space:** The outdoor courtyards were stark with unkempt fencing. Staff told us it was difficult to improve the area and staff and patients referred to it as a 'prison courtyard'. Staff said due to risk of strangulation and other self-harm methods there are severe restrictions as to what and how to improve the garden area, giving an example of flowers planted being eaten by patients. Staff also reported that due to the NHS Trust bureaucracy and procurement policy there is a slow response time for items to be provided or for repairs to be done.

- **Staff shortage:** All patients and staff we spoke to say more staff are needed due to it being a busy environment. Staff don't always get to complete all their tasks while on shift.
- **Patient and Carer Race Equality Framework (PCREF):** No patient had heard of the PCREF, but one member of staff had. This mandatory framework will support NHS Trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections.
- **Staff feedback:** Staff we spoke to had been at Penn Hospital on average four years and most enjoyed working there even though it could be 'stressful, hard and challenging' at times. They enjoyed collaborating with people who had different experiences; "There are always new admissions." Staff feel patients are well supported.
Staff said they loved the patients and team but felt the Trust and some managers (at executive levels) did not listen and did not share the same goal. Staff reported that there needs to be a better balance and flexibility between administrative duties and delivering care. Putting the needs of the patients first and what needs doing in the 'here and now' should be the focus and priority. Staff have two 20 minute breaks per shift.
Staff from Penn Hospital who completed the survey felt there are more management/ nonclinical staff than ward staff and they didn't fully understand life on the ward. They commented that patients are very unwell, working there can be risky and scary at first; there is aggression and abuse, and it's a challenging job.
- **Patients:** In addition to comments recorded during the visit, we gathered feedback in the survey from some patients who have recently used Penn Hospital (see below). In their survey responses half of those respondents felt they had been actively involved in the decisions made around their care, that their opinions were heard and preferences considered, but again they felt that more staff would help. However, almost as many respondents said they did not feel this way or didn't comment. One respondent said: "It's not a place where you want to be" and another commented: "There is a lack of communication, delays in reviews and things were not passed over."

Findings from the Penn Hospital survey

We included two questions on our survey for people who had recently accessed mental health services at Penn Hospital. Thirteen of the 64 people who completed our survey answered these questions.

Did you feel listened to and involved in your care at Penn Hospital?

Twelve people answered this question.

Answer	No. of responses
Yes, definitely	1 (8%)
Yes, to some extent	5 (42%)
No	6 (50%)
Did not answer	1

How was your experience at Penn Hospital? What do you think worked well and what could be improved?

Ten people responded to this question, highlighting positive experiences and areas for improvement



A transition meeting from private to NHS was fine. But access to dialectical behaviour therapy hasn't happened. I've no ongoing support or idea of how to access a psychiatrist to review medications.

- Q Meeting with a psychiatrist has been very helpful in getting the correct treatment and diagnosis. More regular follow ups are needed. A community psychiatric nurse should be available for people who request or need one.
- Q Rude staff and inconsistent practice between staff.
- Q One-to-one work was helpful, but getting to this stage took literal begging and copious phone calls to get to speak to someone who could help. Some showed no empathy and I felt worse after speaking to them; others were reassuring and gave some hope that help was there.
- Q Vindictive staff punishing patients then making them say sorry.



Case study

From an in-depth conversation we had, we developed a case study to illustrate the issues and concerns raised. Healthwatch operates by taking these accounts as testimonies that align with other feedback we have heard. (All names have been changed.)

Susan's story

Susan has had depression since the age of 13 and never felt she had any help. In 2022, she was referred to Penn Hospital after attending multiple appointments with her general practitioner (GP), both face-to-face and over the phone. She felt she was just another patient they needed to get rid of. Two years before being referred to Penn Hospital, Susan had only left her house to attend important engagements and wanted to always be accompanied by her husband.

CBT over the phone didn't help

After months of waiting for support, her GP finally referred her to Penn Hospital. Susan described having a few phone call appointments where they asked: "On a scale of one to 10 how would you say you are feeling, one being really good to 10 feeling like you want to self-harm or end your life." Susan said she didn't have these intrusive thoughts as her children depend on her; she found no purpose to the phone sessions.

Staff interaction caused Susan to hide her true feelings

Susan described facing difficulties opening up to healthcare practitioners while talking about her mental health. She thought they would have been more understanding and empathetic of how she was feeling.

She shared one example of an appointment after waiting months to speak to someone in person. She described walking into a room which had four healthcare practitioners sitting opposite her, which felt 'like being in an interview'. They asked her a variety of questions such as 'Are you an angry person' and 'Are you a shouty person', to which she agreed. She was asked if she shouted at her children, to which she replied: "If they have done something wrong or have been naughty." They then asked her: "So the kids are in danger then?" Susan said this instantly caused her to put up her guard and she didn't open up to how she was really feeling because she feared losing her children.



Supportive health visitor and perinatal services

Susan felt things got a bit better when she was introduced to her health visitor. She described them as being 'amazing' and said she wouldn't be where she is now without them.

Her health visitor managed to get Susan a referral to the perinatal services which are run through the Dorothy Pattinson Hospital in Walsall. As a result, Susan was assigned her own psychologist, support worker and received regular occupational therapy. The perinatal team are easy to get hold of and made her feel comfortable and like she mattered.

Penn Hospital refuse to accept Susan's referral

Perinatal services have been trying to discharge Susan since July 2024 as her child is over the age of one. Susan was not ready to be discharged so an agreement was made that the perinatal team would continue to see her until she was under a new psychologist.

Susan described being referred to Penn Hospital four times, while psychologists and her GP sent letters to the hospital explaining her current situation. However, because she is still under the perinatal services Penn Hospital keep refusing the referral.

Susan explained that she had a meeting with her psychologist from perinatal services who increased her medication dose and put her onto anti-psychotics, but Penn Hospital are still refusing to accept her referral.

Lack of communication

Susan's psychologist said she was going to personally write to the hospital about Susan's case as she didn't want to discharge her until she had someone else she could speak to. Susan is currently waiting for a reply from Penn Hospital and is not sure what to do regarding her healthcare while she waits.

Other feedback

We regularly receive feedback from the community through a range of methods including on our website, by email, phone calls, and speaking to people in the community at events. Themes have emerged that align with the those identified through this project, as illustrated by the following quotes.

-  When my relative has an appointment with their GP to speak on their mental health it's as if the doctor doesn't care and doesn't listen to what they are telling them. Upon trying to complain about this the GP receptionist got very unprofessional when dealing with them and come across very patronising, unsympathetic and most of the time very confrontational.
-  Wolverhampton Talking Therapies have been good to me over the past weeks.
-  Caller was distressed about their housing situation which is affecting their mental health, as well as contacting Mind who were too short staffed to help.
-  These days a lot of mental health services do not fulfil the needs. For example, not everyone wants to do a course with lots of other individuals. Maybe the person wants private one-to-ones, or a support worker to work with them, but these companies do not have enough to fund these needs.
-  There was no consultation as to my thoughts, or involving myself, in any decision-making.





Conclusion and recommendations

We have analysed what people told us and concluded that there is a lack of support for people accessing mental health services, with some patients experiencing a 'revolving door' service, and some people having to seek out their own mental health support and endure long waiting times. We have also identified poor communication and lack of empathy from healthcare professionals as key issues that people are experiencing.

We recommend the following actions to help those responsible for mental health services in Wolverhampton to tackle these key areas and improve support for local people.

Support to access services

It is important to make it easy for anyone to access mental health services to get the support they need to navigate daily life and manage the impact of their mental health problems.

We recommend:

- Better promotion of the single point of access telephone numbers. This includes the Black Country 24/7 urgent mental health helpline: 0800 008 6516, NHS: 111, and First Response Crisis Service: 0800 952 1181.

Value voluntary support groups

It is clear that the community groups are providing people with an opportunity to talk with professionals and other people experiencing similar mental health difficulties. They can also allow for the exchange of useful information and help people feel less isolated.

We recommend:

- Further funding and promotion of these voluntary services. This can include promotion within hospital and GP settings such as flyers and online advertisements.

Better communication

People are describing poor communication, including a lack of information, within NHS mental health services. Some people describe the information they have been given as being 'confusing and not important' to their current healthcare situation.

We recommend:

- Ensure relevant advice and information is provided at GP surgeries and key community locations, including voluntary group settings. This can include leaflets and flyers clearly displayed in surgeries for all patients. Also ensure staff are aware of this information to use for signposting when necessary.
- Review communication between patients and healthcare professionals throughout the mental healthcare journey, including between assessment, diagnosis and after care. Communication at these stages is confusing and therefore a smooth transition is not happening.

Empathy and awareness

We heard about the lack of empathy towards patients. This lack of awareness can negatively affect people's mental health problems, making them feel isolated and not wanted, contributing to further mental health issues and inequalities.

We recommend:

- Training for healthcare practitioners to promote sensitive and effective communication when engaging with patients. Such courses as the 'NHS communicating with empathy programme' or 'Mind e-learning in workplace wellbeing' or 'ACE training' would give practitioners the knowledge and skills to support patients as best they can.
- Co-production of a citywide or regional public mental health awareness campaign, seeking input from service users and the voluntary groups that support them. This could be built around World Mental Health Day and could include the production of posters and handbooks for healthcare practitioners and members of the public.
- More regular visits to mental health services by independent groups and people with lived experience, to assess staff relationships with patients and see if training has been completed and taken on board.

Penn Hospital

We would like Penn Hospital to consider the following recommendations for improvement based on our observations and findings from our Enter and View visit.

We recommend:

- Recruit more staff who can take time to listen and give attention to patients.
- Talk with patients to find a solution to the feeling of overcrowding at night.
- Allow more support for the Activities Coordinator.
- Work with patients and the café to provide fresh, healthy meals that accommodate dietary needs.
- Make the courtyard a pleasant place to be, clean the fencing and have safe raised flower beds, with edible plants.
- Senior management to get further information from the Trust executives to review progress made in the implementation of PCREF and how Penn Hospital can allow their patients to be part of this.
- Install a date and time clock in a suitable place in the Hospital.
- Collaborate with patients to make their recreational environment more homely, and review risk assessments in this area to ensure they are balanced and appropriate.
- Senior management should ensure there are genuine listening opportunities in place both for staff and patients. For staff, this would include ensuring everyone knows how to whistleblow and valuing the staff on the ground with the insight and experience that can make the working environment better.
- Review effectiveness of the current process for communication between staff.

Next steps

We shared this report, and our [Penn Hospital Enter and View report](#), with the Black Country Healthcare NHS Trust (BCHFT) to inform their work to improve mental health services and support in Wolverhampton. We have also shared our findings with the City of Wolverhampton Council.

We will carry out monitoring visits over the next 12 months to check if the recommendations we have provided to Penn Hospital have been implemented.

Stakeholder response

The BCHFT responded to the recommendations we made following our Enter and View visit to Penn Hospital. They have included in their response, assurance to the findings in our report, illustrating that they are taking steps to address areas where recommendations have been proposed. Read their response in our full [Enter and View report \(August 2024\)](#).



Carolyn Green, Chief Nurse and Deputy CEO, BCHFT gave the following response to our recommendations in this report.

“Thank you for your report and survey information and recommendations. On behalf of Black Country Healthcare, thank you for representing the voice of the community and representing their views.”

Support to access services

“We concur and we have been promoting our commissioned services on social media and in multiple channels and we would welcome the help of Healthwatch and other partners to promote the services we have funded in Wolverhampton.”

Value voluntary support groups

“We concur with the feedback, and it is clear that the community groups are providing people with an opportunity to talk with professionals and other people experiencing similar mental health difficulties. A number of these services are commissioned directly and through consortium partnerships through BCHFT, getting early help is an important offer in our commissioned services. In the last three years BCHFT as lead provider has substantially increased funding to these services. We are unfortunately not able to confirm extensions to funding arrangements as the National priorities for mental health have changed.”

Better communication

“We already audit and review information, we will take the spirit of the feedback and ask our Lead Experience Consultants to look at this feedback and consider additional improvements using a [coproduction model](#).”

Empathy and awareness

“We already train professionals in this area and some of the training exceeds the level that you have recommended. We will always have staff that do not work to expected standards, and we would take remedial action to address specific concerns in practice. We have over 4,000 staff and could not commit to this wide-ranging recommendation. We are already refreshing and retaining all inpatient and community staff in trauma informed practice, which is the outcome that you are requesting. This has already commenced in 2024.

"We have extensively changed in 2024 our coproduction and improvement work and we have included a link to [coproduction standards and case studies](#) that we have completed and the substantial increases in coproduction across our organisation. We celebrate World Mental Health Day and would happily collaborate with Healthwatch in partnership with our third sector partners in this work.

"Our Trust is routinely visited by the ICB, CQC, Advocacy groups, and third sector partners. Healthwatch will always be welcome to continue to collaborate with the Trust at Penn Hospital."

Penn Hospital

"We have not repeated our meetings, written responses and public presentation which have occurred through 2024 and 2025."

Thank you

We want to thank all the people who shared their experiences with us at events, via our survey, and when we visited Penn Hospital. Hearing about your experiences has allowed us to better understand some of the key issues that people face with their mental health and accessing services, and this has allowed us to identify areas where improvements can be made. We also want to thank all our volunteers who contributed to our community engagement work.

Further reading

1. **Mind:** mind.org.uk
2. **Black Country Healthcare NHS Foundation Trust:** blackcountryhealthcare.nhs.uk/our-services/mental-health-liaison-team/wolverhampton-mental-health-liaison-service
3. **University of Wolverhampton:** wlv.ac.uk/current-students/student-support/mental-health-and-wellbeing-advice
4. **City of Wolverhampton Council Information Network:** Information about other services and support, including the Black Country Mental Health, Mental Health Foundation and SANE Mental Health Charity: wolverhampton.gov.uk/community/wolverhampton-information-network



healthwatchwolverhampton.co.uk

0800 246 5018

info@healthwatchwolverhampton.co.uk

