healthwatch
Kingston upon Thames

Independent Evaluation of the Kingston Community Mental Health Transformation Programme

About this report

South West London and St George's NHS Mental Health Trust (SWLSTG) commissioned local Healthwatch to gather and report on mental health service user experiences.

This report brings together, summarises and compares findings from three surveys of mental health service users in Kingston carried out between 8 June 2023 and 28 March 2024.

The findings will help the Trust to identify strengths and weaknesses in mental health services and make improvements since they rolled out their three-year transformation mental health service programme which began in April 2021.

Background

SWLSTG is transforming its mental health services and changing the way the trust operates in Kingston and other boroughs that fall within its 'footprint'. The trust's mental health transformation programme ran over three years (April 2021 to March 2024). The first year was piloted in Sutton.

As a part of this transformation programme, SWLSTG has implemented new roles and interventions including a social support model and streamlined pathway for referrals in the system. Their aim is to improve the way care is delivered in the borough.

The Trust has implemented the following changes across the period of the programme:

- E-referrals and an Advice and Guidance function

- Referrals through to secondary care are made in a timelier fashion following implementation of DIAM (daily integrated allocation meeting) Shared "live" assessment documentation that professionals can access and update
- DIAM meetings (with multi-agency partners)to agree initial action plans.
- Clinical pathways with concurrent peer support service and welfare benefits service, with "benefits health checks"
- Simplified step up/ down processes
- New integrated teams with new roles. These include mental health wellbeing practitioners, enhanced response practitioners, wellbeing administrator, peer support and welfare advice officers).

Healthwatch Kingston

Healthwatch Kingston (HWK) is the independent champion for people who use health and social care services. We make sure those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that people's worries and concerns about current services are addressed, and work to get services right for the future.

Where possible, we will let people know when changes are planned to services. We encourage those in charge of local care to involve you when changes are being planned to services.

Healthwatch Kingston is committed to working in partnership with voluntary, community and social enterprise organisations (VCSE), Public Health and the NHS; whilst raising the voices of service users and people with lived experience of mental health issues.

HWK and mental health services

Mental health continues to be of significant concern locally, with people turning to us for information seeking help to access support.

HWK facilitates the Kingston Mental Health and Wellbeing Group, which incorporates partners from Public Health, the NHS, the voluntary sector, and people with lived experience of mental health.

The Group is a key platform that brings together all core elements of mental health services and support avenues available in Kingston upon Thames. The Group has supported the development of and oversees implementation of the independent evaluation of the Community Mental Health Transformation Programme

Methodology

Data for the evaluation was collected via three surveys run during 2023-24. The Trust provided HWK with details for 600 service users under a data sharing agreement. All service users had consented to be part of the evaluation and were asked again for consent at the start of the survey.

Services users included patients open to adult community mental health teams in Kingston who had had at least one face-to-face appointment or e-consultation in the last 60 days.

HWK distributed the surveys via post, email, and phone calls. Email reminders were sent out and people were followed up on the phone.

Survey phase	**Number of respondents**	**Number completed**
Phase 1, 8 June to 30 August 2023	51	31
Phase 2, 1 November 2023 to 4 January 2024	35	35
Phase 3, 28 February to 28 March 2024	32	24
		Total: 90

Limitations of the data

Best practice suggests that a survey needs at least 100 completed responses or more to achieve a statistically significant sample size. A total of 90 surveys were completed. Trends identified across the three surveys therefore cannot be considered statistically significant and should be treated with caution. However, the trends, coupled with service users' qualitative feedback, can provide a useful guide for exploring potential areas for service improvement. Ideally a 3-phase survey would track satisfaction among the same cohort of mental health service users during each phase. The contact data provided to HWK for phases 2 and 3 included new service users while some people in phase 1 were no longer open to the service. This meant it was not possible to track the same group of patients in each phase.

Respondents' demographic information can be found on page 27.

Summary of findings from the three surveys

Satisfaction with services

Our phase 1 baseline survey (8 June to 10 August 2023) found services were generally supportive and that most service users felt listened to. A majority felt there was enough time for assessments, signposting was strong, and people were happy with the method of contact and location of services. Some people were dissatisfied with assessment times and around a third felt staff lacked the necessary skills to support them with their mental health needs. Around a third felt mental health support planning failed to consider their personal circumstances and needs.

Our comparison of data from Phase 1, 2 and 3 shows increased satisfaction with the amount of time allocated for assessments. The percentage of respondents who agreed or strongly agreed that enough time was allowed rose 11.5% from 58% in phase 1 to 69.5% in phase 3. However, there was a decline in satisfaction across other areas including:

- A *decline* in satisfaction with the time it took people to access mental health support.
- A *slight decline* in satisfaction with carer/family involvement and *modest increase* in service users feeling carers/family were not involved early enough.

- A *decline* in satisfaction with the convenience of appointment times from a moderately healthy level of satisfaction in Phase 1.
- A *decline* in the percentage who felt staff were equipped with the skills to support them, down from a healthy level in Phase 1
- A *sharp decline* in people feeling listened to from a relatively healthy level of satisfaction in Phase 1.
- An *increase* in the proportion people who felt they had *not* received the help they needed.
- A *sharp fall* in the proportion of people who felt their support plan considered their personal circumstances and needs. Overall, just under half felt their circumstances and needs were considered.
- *A slight decline* in people agreeing that the people involved in their care were sharing information to provide a good standard of care.
- *A decrease* in satisfaction with continuity of care. Overall, just under half agreed they had received continuity of care while 38% felt they did not.
- *A decrease* in people who agreed that they had a choice in their treatment from 56% in Phase 1 to 34.78% in phase 3.
- *A decrease* in respondents who felt involved in discussions about their medication although overall 56% of people felt involved and around a 25% did not.
- *A decrease* in satisfaction with the method of contact and location of their support although satisfaction remains over 50%.
- *A sharp fall* in the percentage of respondents who felt their social needs/factors were considered as part of their care and support offer.

Crisis services

Overall, around a third of respondents had not accessed mental health services via A&E compared with 47% who had attended A&E more than once. We saw no significant change in the pattern of A&E attendance over the three phases. These findings indicate a need to improve crisis intervention strategies.

Overall, almost half of respondents, across all 3 surveys, had not used the mental health crisis line (average 48.74%). It is unclear if the relatively high rate of 'non callers' indicates that people do not need crisis support or that they do not call the line because they lack confidence in the service. We recommend that the trust explores this further by conducting focussed research on people's experience and use of the mental health crisis line.

Assessments

Overall, the proportion of those who had had no needs assessment (28.72%) was broadly in line with the proportion who had undergone one assessment (27.23%) or 2-3 assessments (29.72%). There was a fall in "no assessments" in phase 3 suggesting a *slight improvement* in people being able to access needs assessments.

Mental Health Peer Support (provided by Mind in Kingston, with other community organisations)

The data suggests no change in the availability of mental health peer support workers for people undergoing assessments. Overall, only 15.32% of respondents were offered peer support during their assessments while 62.25% were not. (NB: Peer support is usually offered after patient assessments are completed; however, they are not offered to all but are based on an individual needs basis).

Access to psychological therapies

The data suggests there was a *decline* in people being offered the option of psychological therapies in phase 3 compared with the phase 1 baseline survey. Overall, a larger percentage of respondents (47.79%) were offered access to psychological therapies than not (43.45%).

Q3 (Q4 for surveys 2&3) What services have you accessed?

Respondents had experienced a range of services across all three surveys with many using more than one. Psychiatry, psychology and therapies were the most frequently mentioned, followed by recovery support, inpatient or hospital care, home treatment teams and community mental health teams.

Phase 1 – 31 answers

Recovery and inpatient care were most frequently cited, followed by psychiatrists, consultants, psychiatry, psychologists and therapy. Five mentioned the home treatment team, five the community mental health team, 3 received depots (at home and in clinic), one had used the crisis line, one mentioned the gym another listed help to find work.

Phase 2 – 34 answers

More than half of respondents referenced accessing a psychiatrist, psychology or therapy. Hospital/inpatient care was mentioned 8 times, followed by community mental health team (4) and home treatment team. Crisis services got three mentions. Other services included depots, the Service User Network, floating support and CAMHS. Clients also referenced generic 'mental health support'.

Phase 3 – 24 respondents

As with the phase 1 baseline survey, recovery and hospital inpatients services were most frequently cited. Psychiatry, psychologists and therapies had 5 mentions. Other services mentioned included crisis services (4) home treatment (3), CMHT (3) SPA, outpatients, mental health service sand job and financial support.

Q4 (Q5 surveys 2&3) Please state how much you agree or disagree with the following statements

This question asked respondents to indicate how much they agreed or disagreed with 16 statements relating to their care.

A) I have been satisfised with the time taken to access support

Over the three surveys, there was a *decline* in satisfaction with the time taken to access mental health support. In phase 1, more than half (53.1%) of respondents either strongly agreed or agreed they were satisfied. By phase 3, this had fallen to less than a third (29.16%). Over the whole period, 42.67% of respondents on average agreed that access was timely while slightly fewer (40.93 %) disagreed. The Trust should focus on ensuring more people have timely access to support.

Table 1. Satisfaction with time taken to access support

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	8.33%	20.83%	20.83%	45.83%	4.17%
Phase 2 (35)	14.29%	31.43%	8.57%	45.71%	0%
Phase 1 (32)	28.13%	25%	15.63%	31.25%	0%
Average	**16.92%**	**26%**	**15.01%**	**40.93%**	**1%**

B) My family and carer(s) have been involved in my care (if you wanted them to be involved).

Agreement with this statement *declined slightly* over the course of the three surveys. On average 39.63% of respondents agreed or agreed strongly or agreed with this statement. A significant minority responded “don’t know” in all three surveys. Carer involvement could be improved including communication with services users to ensure they know when family/carers are involved.

Table 2. Carer involvement in your care?

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	8.33%	20.83%	20.83%	20.83%	29.17%
Phase 2 (35)	17.14%	25.71%	11.43%	11.43%	34.29%
Phase 1 (32)	21.88%	25.00%	25.00%	6.25%	21.88%
Average	**15.78%**	**23.85%**	**19.09%**	**12.84%**	**28.45%**

C) My family and carer(s) have been involved at an early enough stage in the process

An average of 41.37% of respondents agreed or strongly agreed that their family and carers had been involved at an early enough stage. There was a *modest increase in people who disagreed* with this statement over the 3 surveys. As with the previous family/carer question, there was a significant percentage who did not know (average 29%).

D) Table 3. My family and carer(s) have been involved at an early enough stage in the process

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	4.17%	33.33%	16.67%	20.83%	25%
Phase 2 (35)	14.29%	28.57%	11.43%	11.43%	34.29%
Phase 1 (32)	28.13%	15.63%	15.63%	12.50%	28.13%
Average	**15.53%**	**25.84%**	**14.58%**	**14.92%**	**29%**

E) Appointment times have been at a convenient time for me

More than two thirds of 68.75% of respondents in phase 1 survey agreed or strongly with this statement. A similar level of agreement was seen in phase 2, but this fell to less than half (45.84%) in phase 3, averaging 61.06 % across all three surveys. Satisfaction with the convenience of appointment times *declined* from a moderately healthy starting point.

F) Table 4. Appointment times have been at a convenient time for me

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	16.67%	29.17%	25.00%	29.17%	0%
Phase 2 (35)	34.29%	34.29%	20.00%	11.43%	0%
Phase 1 (32)	31.25%	37.50%	12.50%	15.63%	3.13%
Average	**27.40%**	**33.65%**	**19.17%**	**18.74%**	**1%**

E) Enough time has been allowed to carry out an assessment

Over the three phases, there was a *measurable increase* in satisfaction with the amount of time allocated for assessments. The percentage of respondents who agreed or strongly agreed that enough time was allowed rose from 58% in phase 1 to 69.5% in phase 3, despite a slight dip to 51.42% in phase 2. An average of 59.35% agreed or strongly agreed with the statement across the three surveys.

Table 5. Enough time has been allowed to carry out an assessment

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	34.29%	34.29%	20.00%	11.43%	0.00%
Phase 2 (35)	25.71%	25.71%	25.71%	20.00%	2.86%
Phase 1 (31)	32.26%	25.81%	9.68%	25.81%	6.45%
Average	**30.75%**	**28.60%**	**18.46%**	**19.08%**	**3.10%**

G) Staff have had the skills needed to support me

Across the three surveys there was a *decline* in the proportion who agreed that that staff were equipped with the skills to support them. In phase 1, almost two thirds (62.51%) agreed or strongly agreed. This fell to 41.66% in phase 3. By phase 3, half of respondents disagreed. An average of 52.82% respondents agreed or agreed strongly with the statement across the 3 surveys, and 36% disagreed. The trust's transformation programme should ensure that staff access suitable training to support service users' mental health needs.

Table 6. Staff have the skills to support me

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	20.83%	20.83%	8.33%	50%	0%
Phase 2 (35)	28.57%	25.71%	17.14%	28.57%	0%
Phase 1 (32)	34.38%	28.13%	6.25%	28.13%	3.13%
Average	27.93%	24.89%	10.57%	36%	1.04%

G) The people I spoke to have listened to me

On average, across the three surveys, more than half (56.35%) agreed or strongly agreed people listened to them. However, there was a *sharp decline* in agreement with this statement from a high point of 64.51% in phase 1 to 41.67% in phase 3 and a corresponding increase in the proportion who disagreed (19.35% to 41.67%). Staff and professionals working with service users need to ensure that they actively listen at every point of their mental health pathway.

Table 7. The people I spoke to have listened to me

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	25.00%	16.67%	16.67%	41.67%	0.00%
Phase 2 (35)	31.43%	31.43%	11.43%	25.71%	0.00%
Phase 1 (31)	35.48%	29.03%	16.13%	19.35%	0.00%
Average	**30.64%**	**25.71%**	**14.74%**	**28.91%**	**0.00%**

H) I have received the help I needed

On average overall a higher proportion (45.28%) agreed or strongly agreed they had received the help they needed than disagreed (39.46%). There was a decline in the proportion who agreed from 48% in phase 1 to 33 % in phase 3. Half (50%) of phase 3 respondents disagreed that they had received the help they needed. Efforts are needed to ensure all service users get the help they need.

Table 8. I have received the help I needed

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	12.50%	20.83%	16.67%	50.00%	0.00%
Phase 2 (35)	25.71%	14.29%	17.14%	37.14%	5.70%
Phase 1 (32)	31.25%	31.25%	6.25%	31.25%	0.00%
Average	**23.15%**	**22.12%**	**13.35%**	**39.46%**	**1.90%**

I) The support plan has considered my personal circumstances and needs

Over the course of the three surveys there was a *decline* in the proportion of people who agreed or strongly agreed with this statement. Disagreement rose from 31.25% in phase 1 to 41.67% in phase 3 and averaged 36.7% across all three surveys. The percentage who agreed or strongly agreed *fell sharply from a high of 56.25% in phase 1 to 29.17% in phase 3,* averaging 46.57% across all phases. This suggests more work is needed to ensure support plans are properly person centred.

Table 9. The support plan has considered my personal circumstances and needs

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	12.50%	16.67%	20.83%	41.67%	8.33%
Phase 2 (35)	25.71%	28.57%	2.86%	40.00%	2.86%
Phase 1 (32)	25.00%	31.25%	12.50%	31.25%	0.00%
Average	**21.07%**	**25.50%**	**12.06%**	**37.64%**	**3.73%**

J) I have been told where I could find more information and support if I needed it

From 59.38% in phase 1, the overall percentage of respondents who agreed or strongly agreed with this statement *fell slightly* to 54% in phase 3 but overall user experience was similar across all 3 surveys.

Table 10. I have been told where I could find more information and support

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	20.83%	33.33%	16.67%	29.17%	0.00%
Phase 2 (35)	28.57%	28.57%	14.29%	22.86%	5.71%
Phase 1 (32)	34.38%	25.00%	15.63%	21.88%	3.13%
Average	**27.93%**	**28.97%**	**15.53%**	**24.64%**	**2.95%**

K) All the people involved in my care have shared the information they need to provide a good standard of care to me

From highs of 48.38% and 48.57% in surveys 1 and 2, the percentage of respondents who agreed or strongly agreed with this statement dipped to 33.4% in phase 3. The percentage of respondents disagreeing with this statement rose from 16.1% in phase 1 to 37,50% in phase 3. A significantly minority of respondents neither agreed nor disagreed. Overall, an average of 43.43% respondents agreed or strongly agreed while 29.31% disagreed.

Table 11. All the people involved in my care have shared the information they need to provide a good standard of care to me

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	16.67%	16.67%	25%	37.50%	4.17%
Phase 2 (35)	31.43%	17.14%	17.14%	34.29%	0.00%
Phase 1 (31)	19.35%	29.03%	22.58%	16.13%	12.90%
Average	**22.48%**	**20.95%**	**22%**	**29.31%**	**2.09%**

L) I have felt that there was continuity in the care I received

On average, 45.19% respondents agreed or strongly agreed that they had received continuity of care. Agreement *fell* from 58.06% in phase 1 to 37.50 % in phase 3. The percentage who disagreed *increased* from 34.38% in phase 1 to 45.83% in phase 3. On average, 38.29% of respondents disagreed that there was continuity in their care. Work is needed to make sure continuity of care is provided to all service users.

Table 12. I have felt that there was continuity in the care I received

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	16.67%	20.83%	16.67%	45.83%	0%
Phase 2 (35)	28.57%	11.43%	14.29%	40.00%	5.71%
Phase 1 (31)	29.03%	29.03%	12.90%	29.03%	0.00%
Average	24.76%	20.43%	14.62%	38.29%	2%

M) I have had a choice in the treatment I have received

Overall, just under half of respondents (47.48%) either agreed or strongly agreed they had had a choice in the treatment they received, compared with 36.93% who disagreed. A higher proportion disagreed with this statement (47.83%) in phase 3 compared with the baseline survey (34.38%). There was a corresponding decrease in the percentage who agreed with the statement, from 56% in Phase 1 to 34.78% in phase 3.

Table 13. I have had a choice in the treatment I have received

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (23)	4.35%	30.43%	13.04%	47.83%	4.35%
Phase 2 (35)	25.71%	25.71%	20%	28.57%	0.00%
Phase 1 (31)	25%	31.25%	6.25%	34.38%	3.13%
Average	18.35%	29.13%	13.10%	36.93%	7.48%

(N) I have been included in discussions about my medication(s) and any choices I might have

On average across the three surveys, more than half (56.20%) agreed or strongly agreed that they were included in discussions about their medication and any choices they may have. Agreement *fell* from 58.06% in survey 1 to 45.83% in survey 3 suggesting *room for improvement* in discussions about medication. On average around a quarter, 25.35%, disagreed with this statement.

Table 14. I have been included in discussions about my medication(s) and any choices I might have

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	8.33%	37.50%	33.33%	20.83%	0%
Phase 2 (34)	23.53%	41.18%	5.88%	29.41%	0%
Phase 1 (31)	38.71%	19.35%	12.90%	25.81%	3.23%
Average	23.52%	32.68%	17.37%	25.35%	1%

O) I have been happy with the method of contact and location of treatment/support I received

More than half of respondents were happy with the method of contact of location of their treatment and support. 56.64% of respondents on average across the three phases agreed or strongly agreed with this statement. Agreement was highest in (65%) in phase 1, dropping to 50% in phase 3. There is *reasonable satisfaction* with the methods of contact and locations for support and treatment but still *room for improvement.*

Table 15. I have been happy with the method of contact and location of treatment/support I received

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3	12.50%	37.50%	20.83%	29.17%	0.00%
Phase 2 (35)	25.71%	28.57%	5.71%	34.29%	8.71%
Phase 1 (32)	46.88%	18.75%	15.63%	18.75%	0.00%
Average	**28.36%**	**28.27%**	**14.06%**	**27.40%**	**2.90%**

P) My social needs/factors have been considered as part of my care and support offered to me

The percentage of respondents who agreed or strongly agreed with this statement *fell sharply* from 50% in phase one to 29.17% in phase 2. On average across three surveys, 44.49% agreed while 32.26% disagreed suggesting that *more could be done* to take more account of service users’ social needs in care and support planning.

Table 16. My social needs/factors have been considered as part of my care and support offered to me

Survey	Strongly agree	Agree	Neither agree nor disagree	Disagree	Don't know
Phase 3 (24)	12.50%	16.67%	29.17%	37.50%	4.17%
Phase 2 (35)	20.00%	34.29%	8.57%	34.29%	2.86%
Phase 1 (32)	28.13%	21.88%	21.88%	25.00%	3.13%
Average	**20.21%**	**24.28%**	**19.87%**	**32.26%**	**3.39%**

Q5 (Q6 surveys 2&3)

How many times have you accessed mental health services by going to A&E?

On average, a third (33.93%) of respondents) had not accessed mental health services via A&E while just under a third (31.07%) had accessed AE 2-3 times and just over 16% on average had done so 4 or more times with a dip in multiple attendances seen in phase 2.

Table 16. How many times have you accessed mental health by going to A&E?

Survey	None	1	2 to 3	4+	Other
Phase 3 (24)	29.17%	20.83%	29.17%	20.83%	0.00%
Phase 2 (35)	37.14%	22.86%	28.57%	11.43%	0.00%
Phase 1 (31)	35.48%	12.90%	35.48%	16.13%	0.00%
Average (90)	33.93%	18.86%	31.07%	16.13%	0.00%

Q6 (Q7 for surveys 2&3)

How many times did the service carry out an assessment of your needs?

On average, the proportion who did not receive a needs assessment (28.72%) was close to the percentage who underwent only one assessment (27.23%) and the percentage who had received 2-3 a (29.72%). A smaller percentage in survey 3 had received no assessment at all (16.67%) compared with phases 1 and 2 suggesting access to needs assessments has improved.

Table 17. How many times did the service carry out an assessment of your needs?

Survey	None	1	2 to 3	4+	Other
Phase 3 (24)	16.67%	33.33%	37.50%	12.50%	0.00%
Phase 2 (34)	38.24%	26.47%	23.53%	8.82%	2.94%
Phase1 (32)	31.25%	21.88%	28.13%	15.63%	3.13%
Average (90)	28.72%	27.23%	29.72%	12.32%	2.02%

Q7 (Q8 for surveys 2&3)

How many times have you called our mental health crisis line?

Close to half of all respondents across all 3 surveys had not called the mental health crisis line (average 48.74%). In phase 2, 54.55% of respondents had not used the line. A quarter of respondents in survey 3 had called the mental health line 4 or more times. It is unclear if the relative high rate of ‘non callers’ indicates a lack of need for the crisis line or a lack of confidence in the service. We would recommend exploring this further by conducting some focussed research on people’s experience and use of this phone service.

Table 18. How many times have you called our mental health crisis line?

Survey	None	1	2 to 3	4+	Other
Phase 3 (24)	41.67%	16.67%	12.50%	25.00%	4.17%
Phase 2 (33)	54.55%	9.09%	24.24%	12.12%	0.00%
Phase 1 (32)	50%	15.63%	9.38%	21.88%	3.13%
Average (89)	48.74%	13.80%	15.37%	19.67%	2.43%

Q8 (Q9 for surveys 2&3)

Have you been offered a mental health peer support worker to be with you during your assessment?

(NB: The offer of a mental health peer support worker to be with service users during their assessment is not something offered at the time but based on individual needs).

The figures across all survey phases show few service users being offered a mental health peer support worker to be with them during an assessment (average 15.32%). The figures are similar and show little change in each survey phase. On average, almost two thirds 62.25% had not been offered peer support in assessments and 22.43% did not know or could not remember. *Work is required to extend this offer to all service users undergoing assessment.*

Table 19. Have you been offered a mental health peer support worker to be with you during your assessment?

Survey	Yes	No	Don't know/ can't remember
Phase 3 (24)	12.50%	62.50%	25.00%
Phase 2 (34)	14.71%	61.76%	23.53%
Phase 1 (32)	18.75%	62.50%	18.75%
Average	15.32%	62.25%	22.43%

Q9 (Q10 for surveys 2&3)

Have you had the option of accessing psychological therapies (if needed)?

Overall, a slightly bigger percentage of respondents (47.79%) were offered access to psychological therapies than not (43.45%). In phase 3, half (50%) were not offered the option of therapy compared with 37.50% in phase 1, suggesting a *decline* in the number of service users being offered it as an option.

Table 20 Have you had the option of accessing psychological therapies (if needed)?

Survey	Yes	No	Don't know/ can't remember
Phase 3 (24)	41.67%	50.00%	8.33%
Phase 2 (35)	48.57%	42.86%	8.57%
Phase 1 (32)	53.13%	37.50%	9.38%
Average	47.79%	43.45%	8.76%

Q10 (Q11 for surveys 2&3) How did you find out about the service?

Respondents could provide free text for this answer. See the Appendix for all survey responses. Most people (across all three surveys) found out about services from their GP or from hospital, from undergoing a section, at outpatients or at A&E

Phase 1 baseline survey: 9 people found out about services from their hospital team and 8 from their GP. Others mentioned 'another mental health team', 'the CPN and consultant' and a care professional.

Phase 2 survey: Respondents found out about services from a wider variety of people/teams compared with Phase 1. GPs were the most common source of information (14), followed by being placed under section or via A&E (4) and by an unspecified 'referral' (4). Others mentioned websites or booklets (2) 'self-referral', 'iCope' and a care professional.

Phase 3 survey: 5 via GP, 7 via section, A&E or 'hospital'. Others found out about the service from: their care coordinator, family, online, the Kingston recovery team and the home treatment team.

Q11 (Q12 for surveys 2&3)

What was good about your experience of the service?

Respondents could provide free text comment in response to this question. See the Appendix for all survey responses to this question.

Most positive comments across all three surveys related to clinicians and staff behaviour however around a third of comments were negative or 'n/a'.

Phase 1 baseline survey (28): 15 positive comments about staff/clinicians, praising them for their approach, 2 were about continuity of care and streamlined service and two related to the environment and activities. 8 (28.57%) of comments were negative or not applicable. Comments included:

"Some people gave you more time to talk and listened more."
"Not being judged."
"On time, caring, helpful and show empathy."
"Appallingly bad"

Phase 2 (35): 17 comments were positive about clinicians and staff, 4 mentioned the location, frequency or timing of services. 11 comments (31.42%) were negative or n/a. Comments included:

"Lots of empathy. I have enjoyed having people come to my home rather than accessing the clinic."
"Great support from my psychiatrist and therapist"
"Excellent care coordinator…"
"Great psychologist however all other support I received was extremely unhelpful…The pre psychological support was extremely disappointing."

Phase 3 (23): Six comments were positive about staff attitudes/behaviour while 2 people said being sectioned gave them temporary space. One liked the video consultation, another liked being able to call their therapist and one person appreciated lots of time being spent on their assessment. 10 (34.70%) comments were negative, or n/a. Comments included:

"Kind people"
"The level of support and engagement of staff was very high… as was the quality of service provided"
"Understanding"
"Most of the staff are nice."
"Nothing good as I haven't been offered anything"

Q12 (Q13 for surveys 2&3) How could the service be improved?

Respondents could provide free text comment in response to this question. Common themes across the three surveys included listening to service users more attentively, better communication, improving access to support, therapies, and an end to long waits between assessments, and receiving treatment or support.

Phase 1 (baseline) survey suggestions included:

- Respond and provide support before someone becomes suicidal/hits crisis
- Shorten time between assessment and treatment/ end long waits for services/support
- Communicate better – between services and between staff/service users
- Listen to service users to find out what they need/want
- Better support in a crisis, especially after 5pm; more staff and better care
- Longer appointment time with doctor (referring to one doctor)
- More one to one support
- Not being asked to set goals when suicidal. *"…stressing how important it was for the service to set them made me feel even worse"*
- Staff trained on complex PTSD and dissociative disorders

Phase 2 suggestions included:

- More care coordinators, psychiatrists, and psychologists
- Better communication /responsiveness/more regular contact from mental health teams
- Listen to patients more, involve them in care planning, medication and treatment decisions
- More and better access to psychological therapies – 1:1 and in group settings
- Give GPs more prescribing power especially when service user needs emergency medication
- Improve waiting times between referral and treatment and improve support while on waiting list

Phase 3 suggestions included:

- Better communication - keep patients informed/up to date – avoid giving conflicting/inconsistent information
- End barriers to people getting the support they need
- Listen to patients
- Access to good quality / regular psychotherapy

Q13 (Q14 for surveys 2&3) When you finished your treatment (if applicable), were you signposted to other support within the community, or did you receive follow up care?

Respondents could provide free text comment in response to this question.

Across the three surveys, the proportion of people who had received signposting to community support or follow up care *decreased* from 26% in phase 1 to *19%* in phases 2 and 3. While there were some isolated examples of quality signposting, others had not been signposted at all or were unaware if they had been.

Phase 1 survey (baseline) – 23 answers

A total of 6/23 respondents were signposted to community-based support or received follow up care including from their GP, the recovery hub and recovery college and café. One respondent had received a list mental health support from her psychologist for when they moved to a new area to attend university. 3 people had not received follow up care, 5 were still receiving treatment. One person expressed worry about being discharged from their community support soon.

Phase 2 survey – 32 answers

6/32 received some kind of aftercare or signposting, a smaller proportion than in the phase 1 baseline survey. One person was unhappy with the support they received. Another described how they had they had been *"left"* after receiving Home Treatment visits for 2-3 weeks and being referred to *"something, I'm not sure what"* and hearing nothing since. Another respondent described the post therapy plan staff created with them as "very helpful". Seven people received no signposting or follow up support. 10 people answered ‘n/a’, but it is unclear whether this meant they had received no follow up support or that they were receiving ongoing treatment.

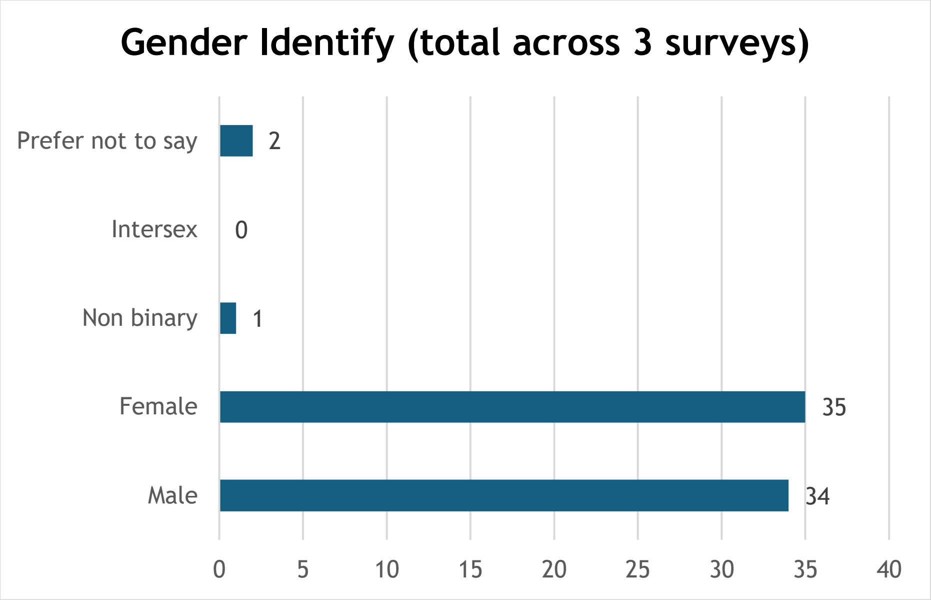
Phase 3 survey – 21 answers

Four people received some kind of signposting, five had not received signposting and one answered~~: ‘~~: ‘*not really.’* Four responded ‘n/a’ and one person did not know. Six were receiving ongoing treatment. Another service user was pleased with their transfer from recovery to out-of-area services.

Demographics

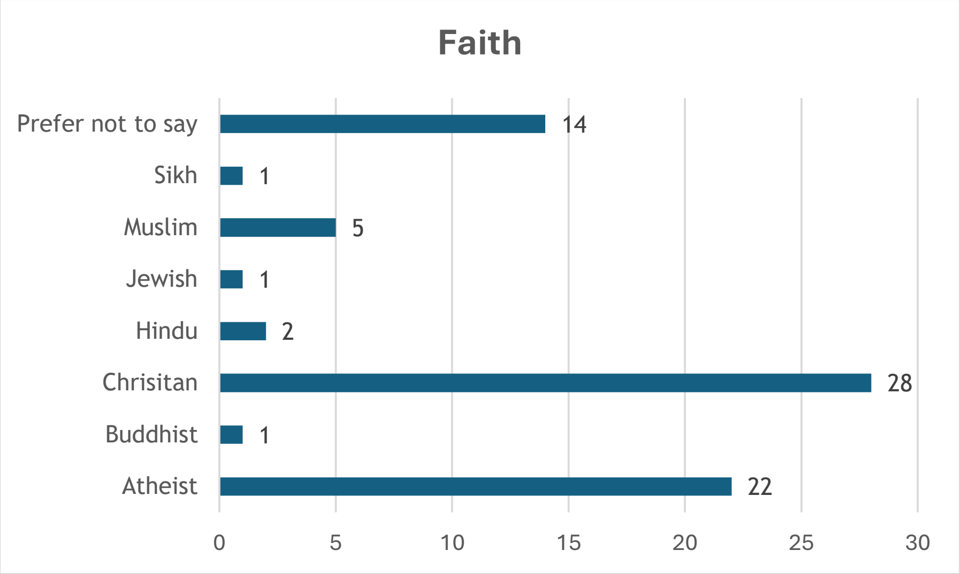
Q15 (Q16 for surveys 2&3) What is your gender identity?

A total of 72 people answered this question across 3 surveys.



Q16 (Q17 for surveys 2&3) Do you follow a particular belief or philosophy of life? If yes, which of the following best describes this:

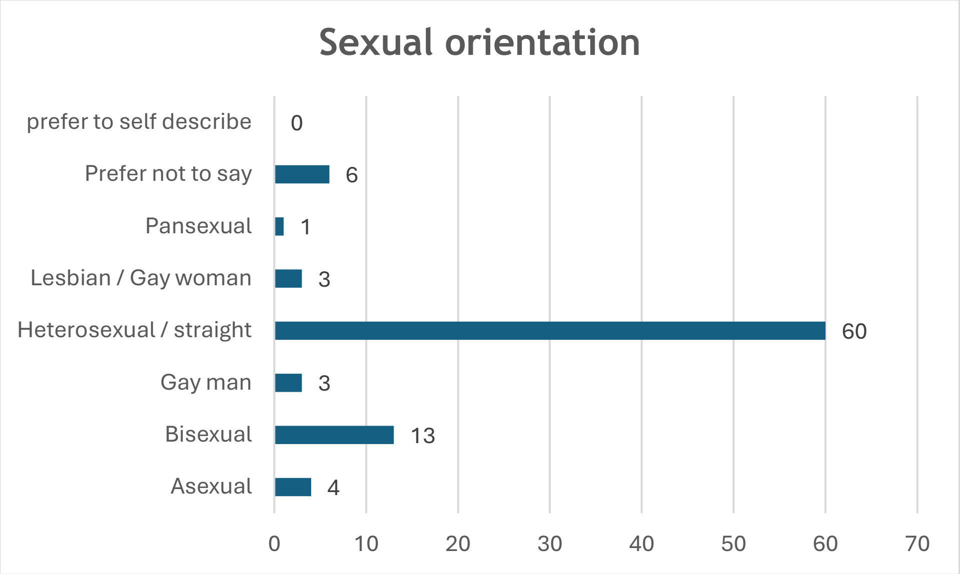
A total of 74 people answered this question.



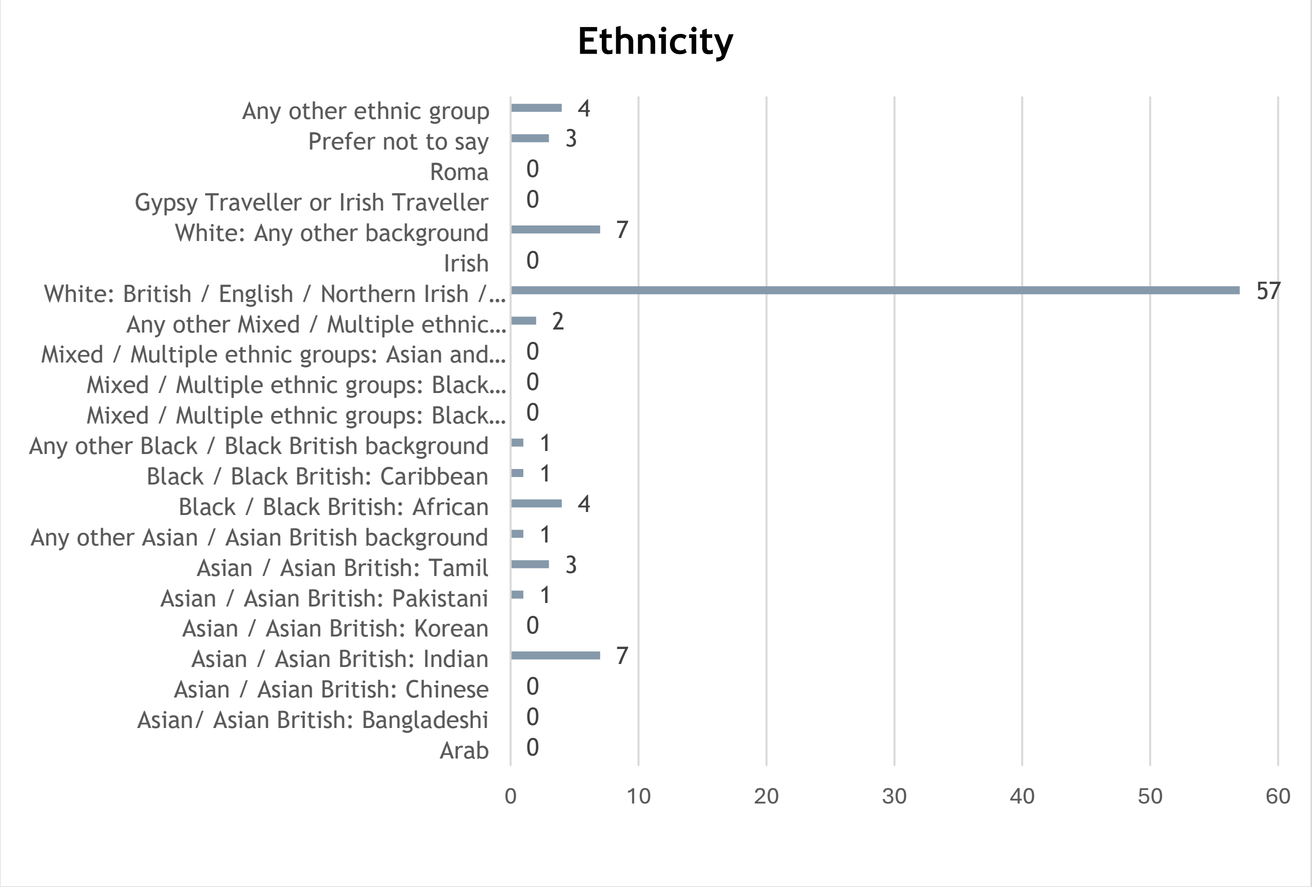
Other: Pagan (3), agnostic (2), new age (2), Roman Catholic, none, no religion; no, I have my own beliefs.

Q16 (Q17 for surveys 2&3) Your sexual orientation?

A total of 90 people answered this question across the 3 surveys.

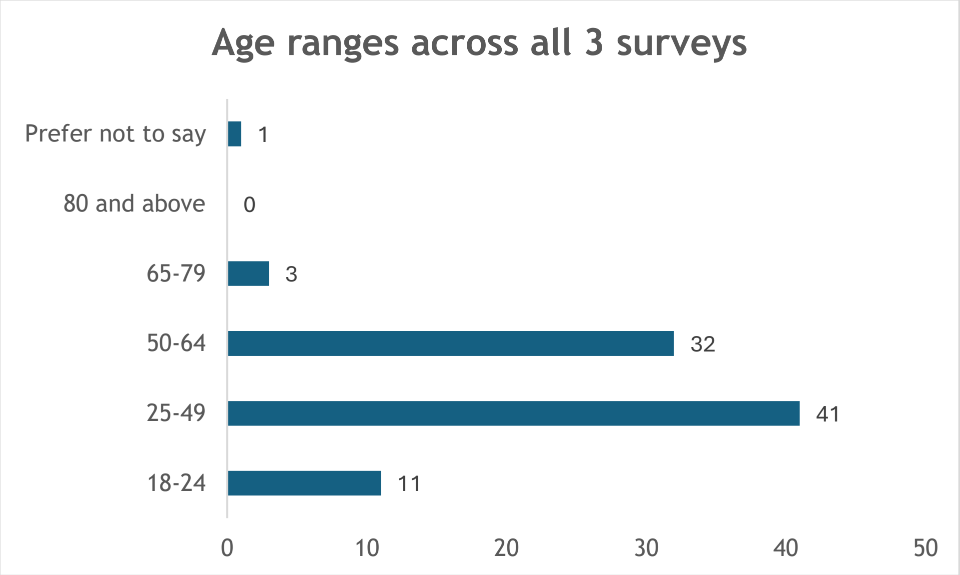


Q17 (Q18 for surveys 2&3) Please select your ethnicity from the list below

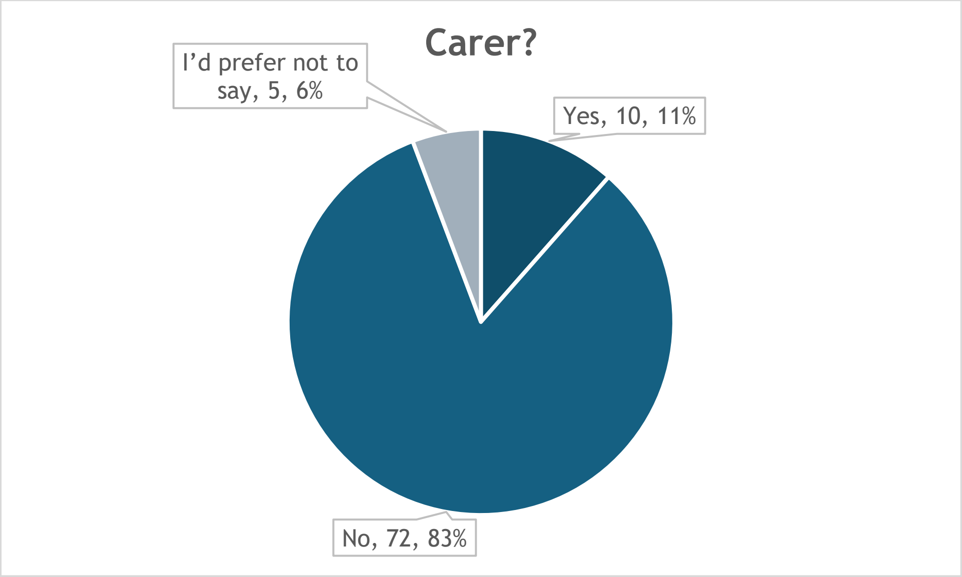


Q18 (Q19 for surveys 2&3) Please tell us which age category you fall into.

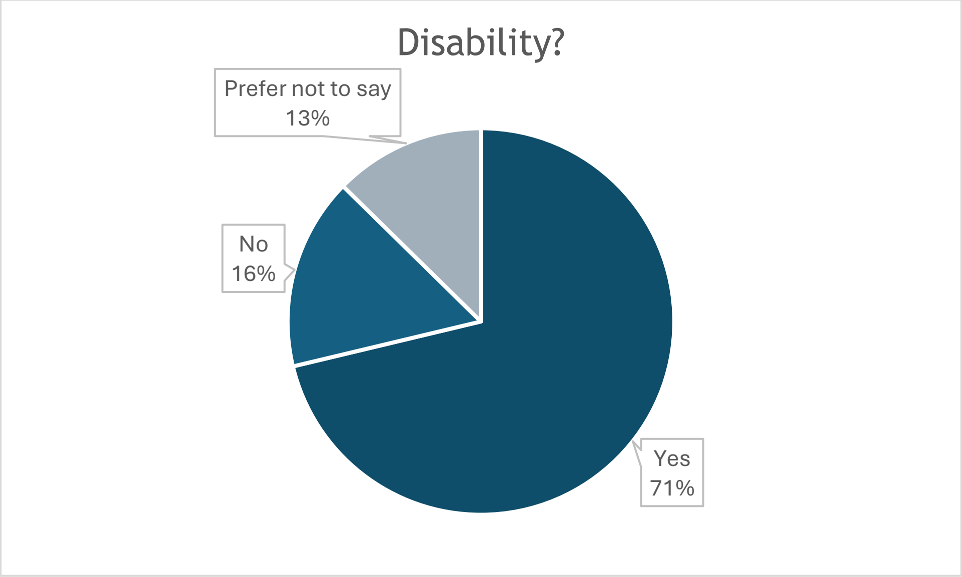
A total of 88 people answered this question across 3 surveys.



Q19 (Q20 for surveys 2&3) Do you consider yourself to be a carer?



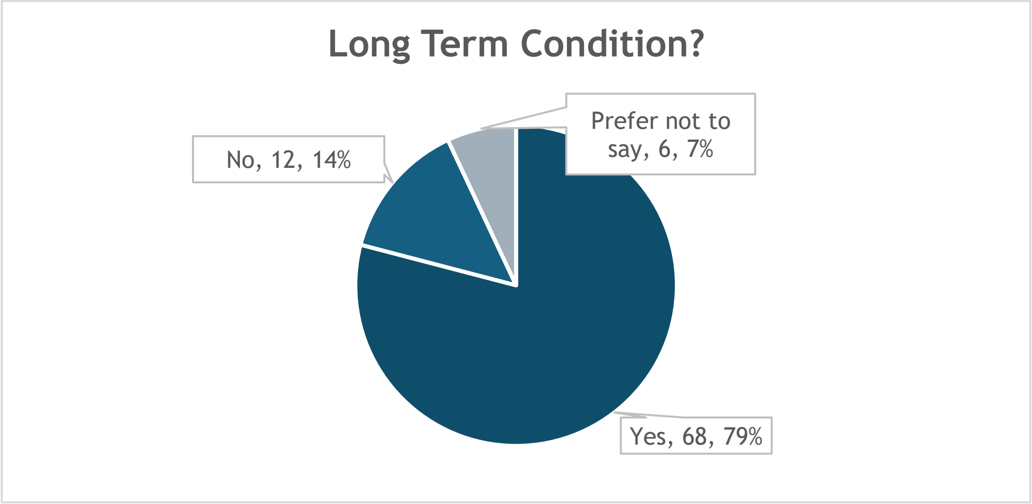
Q 20 (Q21 for surveys 2&3) Do you consider yourself to be living with a disability?



If you would like to tell us about your disability, please do.

Psychosis, BPD, Unstable personality disorder, schizophrenia
PTSD, ADHD
Bipolar and Emotionally Unstable Personality Disorder
Arthritis
Mental health, underachieving (sic) thyroid
Bipolar affective disorder
Schizoaffective Disorder, Social Anxiety/Phobia, Migraines, Fibromyalgia
Functional neurological disorder
Severe resistant depression for 10 years (wasn't severe at first, has been severe for about 8 years)
Autism, ADHD, Dyspraxia & Bipolar Disorder
Trauma, fractured skull and childhood sexual abuse
Mental health and ME /CFS +fibromyalgia
Bipolar Disorder and CPTSD
Labelled with a mental health condition
Autism
Disabled due to adverse effects of psychiatric medicines
Enduring poor mental health
Mental health disability, physically disabled as a consequence of psychiatric medication

Q21 (Q22 for surveys 2&3) Do you have a long-term medical condition?



If you would like to tell us about your condition, please do.

Type 1 Diabetic, Chronic Heart disease, chronic kidney disease
Bipolar
EDS and ADHD
Major depressive episodes, anxiety and dyslexia
Type 1 DM, Hypothyroid, Coronary issues.
Diabetes type 2. Depression, anxiety with psychosis
Type 2 diabetic. Anxiety and depression with psychosis.
AS
Bipolar disorder
Bipolar disorder
Functional neurological disorder
Rheumatoid arthritis, Fibromyalgia and osteoarthritis
Asthma, not that bad but need my inhaler when I exercise. Eczema was extremely bad but is mostly under control. ADHD undiagnosed until I was 25. Depression was diagnosed when I was 19, but it's been around since I was 15/16, I just hadn't realised at the time that it was depression
Diabetes
Dissociative Disorder, Depression and Anxiety.
Diabetes, Sjogren’s syndrome
So the doctors say
High blood pressure

Conclusion

While (previously described) limitations with the data make it difficult to identify firm trends, the surveys do indicate a likely increase in satisfaction with the time allocated for assessments.

Satisfaction with the timing and convenience of appointments remains relatively high despite falling over the course of the 3 surveys. More people than not are happy with the way they are contacted and with the locations for treatment and support while a majority feel listened to by staff.

Common service user suggestions for improvements included better communication, listening to service users and shorter waits between referral and treatment/accessing support.

The trust may want to explore the apparent decline in satisfaction with the time taken to access mental health support, a theme echoed in service users' comments.

The trust may also wish to look more closely at why, on average, close to 40% of respondents felt they had not received the help they needed and why more than a third felt their social needs could be better reflected in care and support planning.

Concerns about continuity of care in 40% of respondents may also be worthy of closer scrutiny.

Staff and clinicians were the focus of the most positive comments the qualitative feedback although some service users felt let down by professionals.

While just over half of respondent felt staff had the skills to support them, a large minority disagreed, suggesting scope better training for staff to better support people's mental health needs.

Appendix

Here are the questions, and communication explanation, which were sent to the contacts provided:

Kingston Mental Health Services Survey

Your local NHS Mental Health Trust (South West London and St Georges Mental Health NHS Trust) has asked Healthwatch Kingston to collect the experiences of people who have recently used their services. The NHS Trust is changing the way the service works, and they need responses to this survey to help them make improvements.

Healthwatch Kingston is your health and social care champion in the London Borough of Kingston. We are independent (not part of the NHS). You can find out more about us on our website: www.healthwatchkingston.org.uk

This survey is anonymous, **so please do not include any information in your answers that will identify you**. Healthwatch Kingston will hold your response data and this will only be kept for the purpose of reporting to the NHS. All response data will be destroyed once reporting has been completed. We may include quotes from your responses in our reports, however, any personal details will be removed.

If you have an unpaid friend or family member who cares for you, who is receiving carers support**,** then we have enclosed a separate short survey for them to complete. Please return this in the same envelope as this survey.

An unpaid friend or family member carer can complete this survey on your behalf.

If you would prefer to complete this survey online, please scan the QR code below using your phone or tablet or visit: https://www.surveymonkey.co.uk/r/HWKMentalHealth

Please do not provide specifically clinical information or information about your diagnosis

Question 1.

I am:

☐ the person who has recently used mental health services

☐ an unpaid friend or family member carer for the person who has recently used mental health services

Your experience

Question 2.

What services have you accessed?

Question 3.

Please state how much you agree or disagree with the following statements

	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/ Not applicable
1.	I have been satisfied with the time taken to access support.						
2.	My family and carer(s) have been involved in my care *(if you wanted them to be involved).*						

3.	My family and carer(s) have been involved at an early enough stage in the process.						
4.	Appointment times have been at a convenient time for me.						
5.	Enough time has been allowed to carry out an assessment.						
6.	Staff have had the skills needed to support me.						
7.	The people I spoke to have listened to me.						
8.	I have received the help I needed.						
9.	The support planned has considered my personal circumstances and needs.						
10.	I have been told where I could find more information and support if I needed it.						

11.	All the people involved in my care have shared the information they need to provide a good standard of care to me.						
12.	I have felt that there was continuity in the care I received.						
13.	I have had a choice in the treatment I received						
14.	I have been included in discussions about my medication(s) and any choices I might have.						
15.	I have been happy with the method of contact and location of treatment/support I received.						
16.	My social needs/factors have been considered as part of my care						

	and support offered to me.						

Question 4.

How many times did the service carry out an assessment of your needs?

☐ 1

☐ 2-3

☐ 4+

Question 5.

How many times have you accessed mental health services by going to A&E?

☐ None

☐ 1

☐ 2-3

☐ 4+

Question 6.

How many times have you called our mental health crisis line?

☐ None

☐ 1

☐ 2-3

☐ 4+

Question 7.

Have you been offered a mental health peer support worker to be with you during your assessment?

☐ Yes

☐ No

☐ Don’t know/ Can’t remember

Question 8.

Have you had the option of accessing psychological therapies (if needed)?

☐ Yes

☐ No
☐ Don’t know/ Can’t remember

Question 9.
How? did you find out about the service?

Question 10.
How did you find out about the service?

Question 11.
What was good about your experience of the service?

Question 12
How could the service be improved?

Question 13.
When you finished your treatment (if applicable), were you signposted to other support within the community, or did you receive follow up care?

About you
These questions are optional.

How old are you?
☐ 18 to 24 years
☐ 25 to 49 years
☐ 50 to 64 years
☐ 65 to 79 years
☐ 80+ years
☐ Prefer not to say

What is your gender identity?
☐ Woman
☐ Man

☐ Non-binary
☐ Intersex
☐ Prefer to self-describe
☐ Prefer not to say

What is your sexual orientation?
☐ Asexual
☐ Bisexual
☐ Gay man
☐ Heterosexual/ Straight
☐ Lesbian/ Gay woman
☐ Pansexual
☐ Prefer to self-describe
☐ Prefer not to say

What is your religion or belief?
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ No religion
☐ Other religion
☐ Prefer not to say

What is your ethnicity?
☐ Arab
☐ Asian/Asian British: Bangladeshi
☐ Asian/Asian British: Chinese
☐ Asian/Asian British: Indian
☐ Asian/Asian British: Pakistani

☐ Any other Asian/Asian British background
☐ Black/Black British: African
☐ Black/Black British: Caribbean
☐ Any other Black/Black British background
☐ Mixed/Multiple ethnic groups: Asian and White
☐ Mixed/Multiple ethnic groups: Black African and White
☐ Mixed/Multiple ethnic groups: Black Caribbean and White
☐ Any other Mixed/Multiple ethnic groups background

What is your ethnicity?
☐ Arab
☐ Asian/Asian British: Bangladeshi
☐ Asian/Asian British: Chinese
☐ Asian/Asian British: Indian
☐ Asian/Asian British: Pakistani
☐ Any other Asian/Asian British background
☐ Black/Black British: African
☐ Black/Black British: Caribbean
☐ Any other Black/Black British background
☐ Mixed/Multiple ethnic groups: Asian and White
☐ Mixed/Multiple ethnic groups: Black African and White
☐ Mixed/Multiple ethnic groups: Black Caribbean and White
☐ Any other Mixed/Multiple ethnic groups background
☐ White: British/English/Northern Irish/Scottish/Welsh
☐ White: Irish
☐ White: Gypsy, Traveller or Irish Traveller
☐ White: Roma
☐ Any other White background
☐ Any other ethnic group
☐ Prefer not to say

Do you have a disability?

☐ Yes

☐ No

☐ Prefer not to say

Do you have a long-term condition?

☐ Yes

☐ No

☐ Prefer not to say

Thank you for taking part in this survey. Please put this survey in the Freepost envelope provided and return by post to Healthwatch Kingston, Suite 3, 2Nd Floor, Siddeley House, 50, Canbury Park Road, Kingston Upon Thames KT2 6LXIf you have any questions about this suevey, please email info@healthwatchkingston.org.uk or call 07421 072140

Thank you

Healthwatch Kingston would like to thank everyone who participated in this community engagement work.

If you have any questions about this report, please contact:

Stephen Bitti

Chief Executive Officer

Healthwatch Kingston upon Thames

stephen@healthwatchkingston.org.uk

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of care nationally.

Tell us what you think about the NHS and social care

Healthwatch Kingston upon Thames
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Kingston upon Thames
KT2 6LX
www.healthwatchkingston.org.uk
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info@healthwatchkingston.org.uk
X: @HWKingston
Facebook: /HWKingston