

Experiences of mental health crisis support at A&E in Suffolk

A joint project between Healthwatch Suffolk
and Suffolk User Forum

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Trigger warning

This report is about experiences of mental health crisis and visiting A&E departments in Suffolk. It includes references to self-harm and suicide that may cause distress for some readers.

Signposting to sources of support

If you are worried about your mental health or emotional wellbeing, help is available from both local and national services and websites.

Please visit our signposting page at www.healthwatchsuffolk.co.uk/signposting/mental-health-support to find useful links and information about services.



Introduction & key learning

Learn more about this report and read our brief key learning points for systems and services.

Healthwatch Suffolk CIC and Suffolk User Forum (SUF) have worked together to gather feedback from people who have accessed mental health support from local emergency departments (A&E). The aim was to update the current understanding of people's experiences and address a local gap in independently published evidence.

In national evidence, Lord Darzi's 2024 Independent Investigation into the NHS in England highlighted a clear need to understand these experiences. It reports A&E departments are under severe pressure, with average waits far longer than in previous decades. Demand for mental health services has also grown, with many waiting more than a year for first contact. Difficulties accessing community mental health care can lead to patients frequently accessing crisis services for support (O'Keeffe et al., 2021). Furthermore, evidence suggests people with a mental health need often experience the longest wait times in A&E, in part due to difficulties accessing inpatient mental health beds (Darzi 2024, RCN, 2025).

It is often accepted that chaotic A&E departments are not well-suited to caring for those experiencing mental distress. While not every experience of A&E will be negative, research suggests people in crisis may feel like 'a burden or undeserving of treatment', exacerbated by interactions with staff who may feel 'powerless' to help or are not trained in supporting mental health (Cadorna et al., 2023). Whilst acknowledging the challenges faced by our NHS services, we hope this report may highlight some of the ways people's experiences could be improved.

We will build upon a national narrative from Healthwatch England and the Care Quality Commission (2024), highlighting how simple changes (such as being updated, improving access to food and drink, and checking on patients' emotional needs) can make a big difference to a person's experience in A&E.

To explore these issues, SUF and Healthwatch Suffolk (HWS) worked in partnership to design and deliver a survey about people's experiences. This survey has targeted patients, as well as the people who support them at A&E (e.g., unpaid family carers, partners, and parents). A survey was selected as the best way to reach the largest possible sample of people with an experience of A&E services (within 12 months of completing the survey).

Feedback from people with lived experience was central to the project's design. SUF developed an initial version of the survey, based on their knowledge of people's experiences of crisis care at A&E. This draft was refined by the HWS research team and shared with a small group of SUF members and contacts with lived experience. Their feedback was incorporated into the design of the final survey.

The survey ran from June to the end of August 2025.



1. **People want to feel safe and supported by their visit to A&E. This includes receiving clear advice and guidance and ongoing support or signposting.**

It was common for patients to feel support at A&E had not met their needs:

- Some patients felt unable to access support from a mental health professional, or that when they did, they were offered generic or unhelpful advice. Others were not offered follow-up support, or promised referrals that did not happen.
- Fifty-eight percent of patients felt treatment at A&E had not addressed their mental health needs 'at all'. Just 26% said it had helped 'a lot'.
- Only half of patients received information about who to contact if they felt unsafe.

People need clear advice and signposting when they are in crisis. Ensuring follow-up and providing advice about available support can validate people's experiences and ensure people do not leave feeling alone.

2. **Providing updates and treating people with respect helps people to feel recognised in moments of crisis.**

Many patients and carers felt that their mental health was not recognised, or treated with the same priority as physical health at A&E.

- In comments, it was clear some people felt they were not treated with respect by staff, which could worsen feelings of being 'unworthy' of treatment. Others felt dismissed by professionals, which could lead to barriers to accessing further care.
- Several people noted that their experience of waiting for treatment was made harder by not being updated about what would happen next or how long they would have to wait to be seen.
- Half of patients disagreed that their mental health was recognised at triage, or that they were treated with dignity and respect.

3. Comfortable seating, access to quiet spaces, and ensuring the availability of food or water can help patients and carers in crisis.

Many felt that A&E was a difficult environment to wait in, or that the facilities in A&E were not suited for patients and families in crisis.

- Key issues included the comfort and availability of seating in the waiting room, as well as the noise and busy nature of A&E.
- In addition, some noted the lack of privacy for triage or assessments, suggesting it was difficult to talk about their needs when other people in the waiting room could hear them.
- A small number reported poor basic facilities during their visit, such as limited access to food and drink whilst waiting.

4. Carers have an important role to monitor people in A&E when staff cannot attend to them, but they have needs too.

Carers and people supporting someone in crisis often felt unsupported or overlooked in A&E.

- People attending with a patient frequently felt ignored or not included in treatment or care. They noted that when patients' long-term mental health needs were unsupported following a visit to A&E, they were left with the responsibility of keeping the patient safe.
- Staff in A&E did not always ask about the wellbeing of carers or loved ones, or if they required support.
- Only seven percent of carers indicated staff had offered advice or support to them, and only 14% recalled that staff had asked about their wellbeing.



This survey has provided an important first exploration of people's experiences of mental health crisis care at A&Es in Suffolk in 2025. The issues raised are important and deserve careful consideration, particularly as they reflect national literature about common challenges for people attending A&E for support in a mental health crisis.

However, it is important to recognise that the survey should not be interpreted as representative of every person who may have received mental health crisis support in a Suffolk A&E department. Instead, the survey highlights areas where further research and engagement could be valuable to support ongoing service development. Key areas in which further feedback could be gathered include:

- **Experiences of waiting for inpatient care:** Only a small number of respondents described waiting for admission, compared to those discharged to the community. However, the limited feedback from this group suggests their needs and experiences differ significantly, particularly if there are long wait times for a bed to become available.
- **Experiences of people with other health or accessibility needs:** The responses included a small number of people with learning disabilities, physical disabilities, who had a visual impairment or who are d/Deaf and hard of hearing. However, little or no feedback was captured that clearly indicated how their specific information and accessibility needs were met (or not met) while receiving crisis support at A&E.
- **Experiences of people from diverse cultural or ethnic backgrounds:** Voices of people from multi-cultural and ethnically diverse communities were relatively absent in the data. Proactively engaging these groups, for example, through other VCFSE partners with links to these communities, could improve understanding of whether their experiences differ and what additional barriers may exist in accessing crisis care.
- **Experiences across hospital sites:** Responses were received mostly from people who attended Ipswich Hospital, with fewer from patients at West Suffolk Foundation Trust (WSFT) and James Paget University Hospital (JPUH). Gathering a more balanced sample would be valuable to help each hospital evaluate more closely what could improve experiences for their specific A&E department.
- **Gathering more detailed qualitative information through interviews and case studies:** Understanding of patient and carer experiences could be greatly expanded through qualitative interviews or case studies. This could help to provide richer insights and descriptions of the reasons why people perceived their experience to be particularly positive or negative. In turn, this could inform specific training or adaptation of policies, procedures and facilities. Another key area that could be explored more easily using this method is the services people contact and the decisions they make before attending A&E, which may inform how they could be better supported in the community.
- **Engaging with A&E staff and professionals:** Finally, if support at A&E for people in mental health crisis is a priority for commissioners, it is recommended that future research could include staff and professionals involved in providing mental health crisis care. For example, this might include triage staff, clinical staff, consultants, mental health teams and hospital security. Key questions would be how equipped staff feel to manage crisis care in A&E, and how they could be better supported. This could help to target training more effectively and provide guidance to help staff feel confident addressing mental health needs.



Results & analysis

Summary of quantitative responses and qualitative themes

Who responded?

Chart: The number of patients and carers who responded from each hospital



Overall, 20 patients and 19 carers, friends, or relatives responded to the survey. They are referred to as ‘patients’ and ‘carers’ for the sake of clarity and ease of reporting. However, not everyone who responded will be a family carer.

Carers were asked who they had supported at A&E:

- Eight had supported a young adult (aged 17 – 25).
- Three supported an adult child
- Two had supported their partner or spouse.
- Two had supported a sibling.
- Two had supported a parent.
- Two had supported a friend.

Most responses (26) were about the Ipswich Hospital, part of East Suffolk and North East Essex Foundation Trust (ESNEFT). Twelve attended the West Suffolk Foundation Trust (WSFT). One carer attended the James Paget University Hospital (JPUH).

See page 30 for a breakdown of patient demographics.

Patients were asked: **1)** whether they had attended A&E for support in a mental health crisis in the last 12 months, and **2)** whether they were already receiving mental health support from another service before attending A&E. Eighteen responded.

- **A majority of patients had attended A&E once within the 12 months** (7/18, 39%). However, 33% (6/18) had attended twice or more. Five (29%) did not know.
- **Forty-four percent (8/18) were receiving support from other NHS mental health services when they attended A&E.** Thirty-nine percent (7/18) had previously received other services, and three (17%) had never received another service.

Chart: Number of times patients had attended A&E for mental health support in the last 12 months.

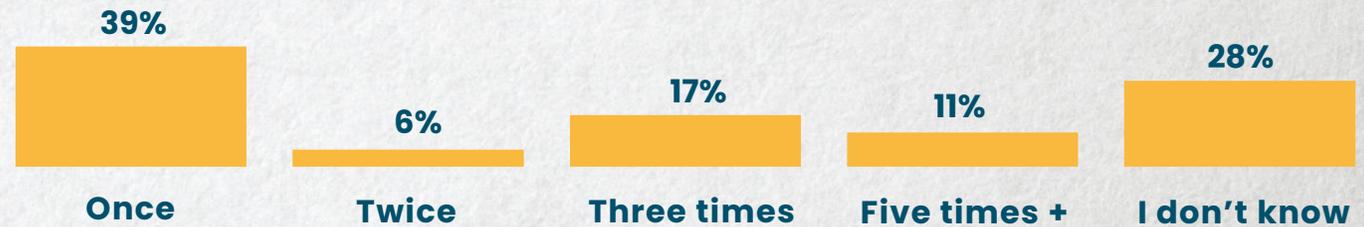


Chart: Whether patients were receiving mental health support from another NHS service at the time of attending A&E in crisis.



Patient and carer experiences of A&E – summary

All respondents were asked three free-text questions (shown below). Answers often overlapped and were therefore combined during analysis. Fifteen patients and sixteen carers responded to at least one of the questions.

The survey included three questions about people's experiences.

1. Please describe what worked well and what didn't work well for you. (Patients and Carers)
2. Is there anything you would like to share about your discharge from A&E? (Patients)
3. How much did the support provided during the visit to A&E help address your concerns/ the concerns of the patient? (Carers)



Responses were combined to form a total of 31 overall experience summaries.

Four themes were identified in the merged comments.

1. Treatment and support:

Feeling supported whilst in A&E, receiving treatment that meets mental health needs, and follow-up support.



2. Personalised approach:

Being updated on wait times and what will happen next, being treated with respect and empathy, and being listened to and included in care.



3. Facilities:

Comfort in the waiting room, privacy in A&E, and basic facilities such as food and drink.



4. Support for carers:

Providing support after discharge, not feeling listened to or included, and a lack of support or advice for carers' wellbeing.



● Positive
● Negative

Theme 1: Treatment and support

Negative comments

Twenty–three individuals made negative comments about treatment and support (A&E). In their comments:

- **Thirteen respondents commented about a lack of effective ongoing support for mental health following their visit.**
 - Several respondents simply stated that they were not offered contact with other services at discharge from A&E.
 - Three people, (two carers and one patient), said a lack of ongoing support could lead to repeated crises. One patient, when asked whether their needs were met on discharge, they said that they “tried to commit suicide again [for the] third time”.
 - Some said they were advised of some follow up, but that this did not meet their needs. For example, one said that they were advised to go private for support. One said that they received follow up support, but that it was “not good enough”. They did not mention who they had been referred too. One said they were simply told to contact their GP without being offered any other support or follow up.
 - Three were told they would receive a phone call from the mental health or crisis team within 24 hours, but this never happened. For example, one said that they were “discharged with a ‘somebody will call you in 24 hours’ but no call [was] received”, and another said they were “still waiting and it’s [been] over weeks”.
- **Eleven felt unsupported by staff whilst they were in A&E.** These included a perception that staff were inattentive or not responsive to their needs. Most comments were general, suggesting people felt they were ‘left alone’, or that staff were busy and did not engage with them. Several noted feeling that they were a ‘problem’ or ‘burden’ for staff, with one describing that long wait times can reinforce those feelings. See the following slide for examples of these comments.
- **Six respondents felt dismissed, or that they had not received helpful advice or treatment at A&E.** Two carers described the advice they received as generic (for example, a leaflet, a book recommendation, or advice to stop using cannabis). Others felt their visit was a ‘waste of time’, or that their mental health needs were not addressed. For example, one patient said their physical injuries were treated after an assault, but they felt staff were too busy to offer mental health support. One carer was told the A&E department ‘can’t do anything’ to help their son, who was an alcoholic.



“Patient often has to wait many hours for a psych assessment/visit, often the following day. Patient given information as to where help can be accessed, but no follow up ever occurs. This can result in repeated suicide attempts. At no point does the psych team speak to the relative/carers of patient and no advice is offered. Carers left to feel unsupported, and this has a huge impact on their own mental health.”

- Carer





“The wait times have been very difficult on both occasions, which are particularly tricky acknowledging that suicidal thoughts are often driven by a sense of being a burden (which this waiting reinforces). Inevitably, this was not comfortable. This did not increase a sense of hope.”

- Carer

“Very poorly supported by A&E staff – felt we were a problem . Waited ages and the new department is terribly designed and there were no seats.”

- Carer



Theme 1: Treatment and support

Positive comments

There were **seven** positive comments about treatment and support at A&E.

- **All seven indicated staff were helpful, kind, supportive or kept them safe.** Four people specifically highlighted positive treatment from the Mental Health Psychiatric Liaison Team, or 'mental health professionals'. One carer felt the mental health professionals they saw 'cared', and they felt more positive after seeing them. A patient noted that the mental health professionals they saw had read all their notes, listened to them, and were patient and understanding. One carer, supporting a child or young person, felt the team had been considerate in using correct pronouns and showed understanding of issues related to gender and sexuality.
- **Four were positive about the outcomes or ongoing support people received in A&E and from the mental health teams.** For example, one patient was referred to an acute inpatient ward, which they felt was an 'excellent' place for them. Another was positive that the Mental Health Psychiatric Liaison Team offered them alternatives to inpatient treatment. Finally, one patient noted that the mental health professionals they saw arranged for treatment with the mental health crisis team.



"I was eventually seen by two lovely mental health professionals. They had read my medical notes and previous mental health history, which meant they had some insight of my mental health. They listened, were very patient and understanding of my issues. They discussed a treatment plan. They arranged for treatment from the mental health crisis team." (Patient)



"We waited nervously as we didn't know what damage had been done. When we were seen, it was a verbal assessment with the mental health team. They are very kind and supportive, and got us onto the mental health service waiting list. Because the issues were LGBT and gender-related, they were considerate to use the right pronouns and understood the type of issues we were having. We did not need any medical treatment, but they still spent the time to help us." (Carer)





***“Staff were very compassionate and warm on all occasions we have been to A&E because of her mental health.*”**

“They made her feel cared about and important, which were important in contrast to her expectations (of being judged or dismissed). However, staff were clearly not well-educated regarding suicide, discussing suicide or language around suicide. They may bluntly ask why or try to suggest things that reinforce guilt (such as mentioning family members who would miss her). They may use language such as ‘off yourself’. I think greater training on mental health, trauma-informed care, and talking about suicide would be greatly beneficial for A&E staff. But again, they were very kind and compassionate.”

- Patient



Theme 2: Personalised support

All comments and sentiments

Nineteen people were negative about receiving personalised support in A&E. **Five** were positive. In their comments:

- **Ten participants said they wanted updates while waiting or to receive clearer information about what would happen next.** Most were general comments, saying they were not updated, checked on or that they did not know what was happening while they waited. Two said they were not told how long their wait would be, and one noted that keeping patients in crisis updated could help them to feel less overwhelmed. Finally, one said they were taken onto a ward without being told that they were likely to receive inpatient treatment.
- **Ten participants felt disrespected, or not treated with kindness, politeness or compassion by staff.** Comments included feeling that staff were too busy, or were rude or hostile. Two felt that staff were polite, but that their interactions felt “rehearsed” rather than warm or compassionate. Two patients felt staff had laughed at them or mocked them. One said they were made to feel “unworthy” of care because they had harmed themselves.
- **Seven felt they were not listened to or included by staff in their care.** Most comments were general, for example saying that the doctor did not listen to them. One carer noted they felt they were not listened to as their dad “appear[ed] normal” but they knew he was having a psychotic episode. Two reflected on errors or miscommunication. For example, one patient said they were refused treatment because staff believed they were intoxicated, but in reality, they had taken their tranquilizer medication. They explained to staff that this could be confused for being intoxicated, but they were escorted out of A&E to a taxi.
- **In contrast, all five positive comments said staff were kind, supportive, or sympathetic.** One noted that mental health staff listened to them and had read the notes containing their history. One was positive about the compassionate approach from staff, but said that they could be better trained to use the right language around mental health for example “*bluntly asking ‘why?’ or... mentioning family members that would miss her*”.



“During the wait for the two mental health professionals no one came to update us at all...I feel this is something which could be done especially as a lot of the time people with a MH crisis is probably feeling really agitated and overwhelmed anyway.”

– Carer





***“Support somewhat met my needs. I thought there would be [a mental health] crisis area. But it was all part of A&E. Reception was nearly outside.*”**

“There was no privacy to say what was wrong with me – I felt ashamed to be there. Space was extremely busy and there was no quiet or discreet corner, and not enough chairs. I was first in an area with police, and an elderly patient in a lot of pain, while they assessed if I had competency and filled out the referral to mental health. Then I was in the main waiting area surrounded by grumbling patients. Then I was spoken to by mental health – they took contact details, offered diazepam and told me I’d need to wait until after the shift changed (a couple of hours). They were very sympathetic and kind and put in a quieter, separate area where I could curl up in a chair.”

- Patient



Theme 3: Facilities

All comments and sentiments

Seventeen participants were negative about the facilities at A&E, and **three** were positive. Their comments included:

- **Thirteen suggested waiting rooms at A&E had been uncomfortable.** These comments often included that there were not enough chairs, or that the chairs were uncomfortable when waiting for long periods. Participants often reflected that waiting rooms were busy and noisy, which could be overwhelming for people in crisis. Two parents felt this had caused challenges when trying to keep their child within the department.
- **Six comments suggested there had been a lack of a private space for triage or assessment.** This could lead to patients feeling their confidentiality had been breached, or some had felt 'ashamed' to discuss their needs in front of other people.
- **In contrast, two people said they were provided with privacy.** Both were provided a separate room or cubicle for assessment or waiting.
- **Three participants commented about problems with basic facilities.** These comments included that vending machines or toilets were broken or did not work. Two noted specific difficulties whilst waiting in A&E for an inpatient bed. One carer was unable to leave their family member alone, yet no staff provided respite to allow them time to find food. Another felt it could be difficult to get the right food for a patient with type one diabetes out of hours.
- **In contrast, one participant was positive about the facilities in A&E.** They commented that the environment had been clean.



"A&E staff were supportive. Long time spent on A&E waiting for bed. Chairs not comfy for long-term waiting for relatives/friends. Issue of patient having type 1 diabetes - staff don't always have the knowledge required to treat and patient often able to treat their own diabetes more effectively. When food required, especially out of hours, gluten free not an option. Particularly a problem if patient having a hypo and needs carbs."

- Carer





“Went to A&E after self-harming and taking an overdose. I was triaged by a nurse with the door open. Other patients and people with them were standing either side of the door- no privacy.”

“I was sat in a busy waiting area for four hours. Wounds cleaned, and I saw someone from mental health. Was told that I will be referred to the mental health team and will hear within 24 hours. Still waiting, and it’s been over a week. No one kept me updated, and no one checked on me whilst I sat there.”

- Patient



Theme 4: Support for carers

All comments and sentiments

There were **six** negative comments from carers about how they were supported at A&E. These reflected the findings of other questions that carers often do not feel listened to, included or that their wellbeing was checked on.

- **Two of the six carers said that they were left in a position of having to provide support for their relative because their treatment at A&E had not met their needs.** One felt their daughter should have been offered a referral to the mental health team, saying that they were left to safeguard her for ten days following discharge. Another said the impact on them of supporting a patient when it “falls back” on them was not considered.
- **Two of the six carers said that their input was not listened to.** They either said they felt “ignored” or that they were not “acknowledged” when they offered their perspective as part of an assessment.
- **Two of the six highlighted the lack of support available for their own wellbeing.** One said that no-one asked about their wellbeing despite them being clearly upset. Another said that carers feeling unsupported has an impact on their mental health.



“No real understanding or compassion. Felt the ‘niceties’ were rehearsed and not really grasping the turmoil of the patient. Nobody considered the impact it had on me watching this person get promised support that never happens as it then falls back on me”

– Carer





***“The staff were polite, but perfunctory. Following an intentional overdose, my daughter was reviewed by paramedics and conveyed to hospital.*”**

“On arrival, we were offloaded onto a busy corridor and left to wait – we didn't know what we were waiting for. My daughter sat on the only chair provided. After 30 minutes, she was taken into a room for obs. We were then directed to the main waiting room.”

“I was trying to be stoic, but was clearly extremely upset. No one asked me how I was holding up... Once admitted, my daughter should have been offered a referral to the MH team again, at least a couple more times. Instead, she was discharged 48 hours later, and it was left to me to safeguard her welfare. I don't think I slept properly for the following ten days, which is how long my daughter stayed with me after discharge.”

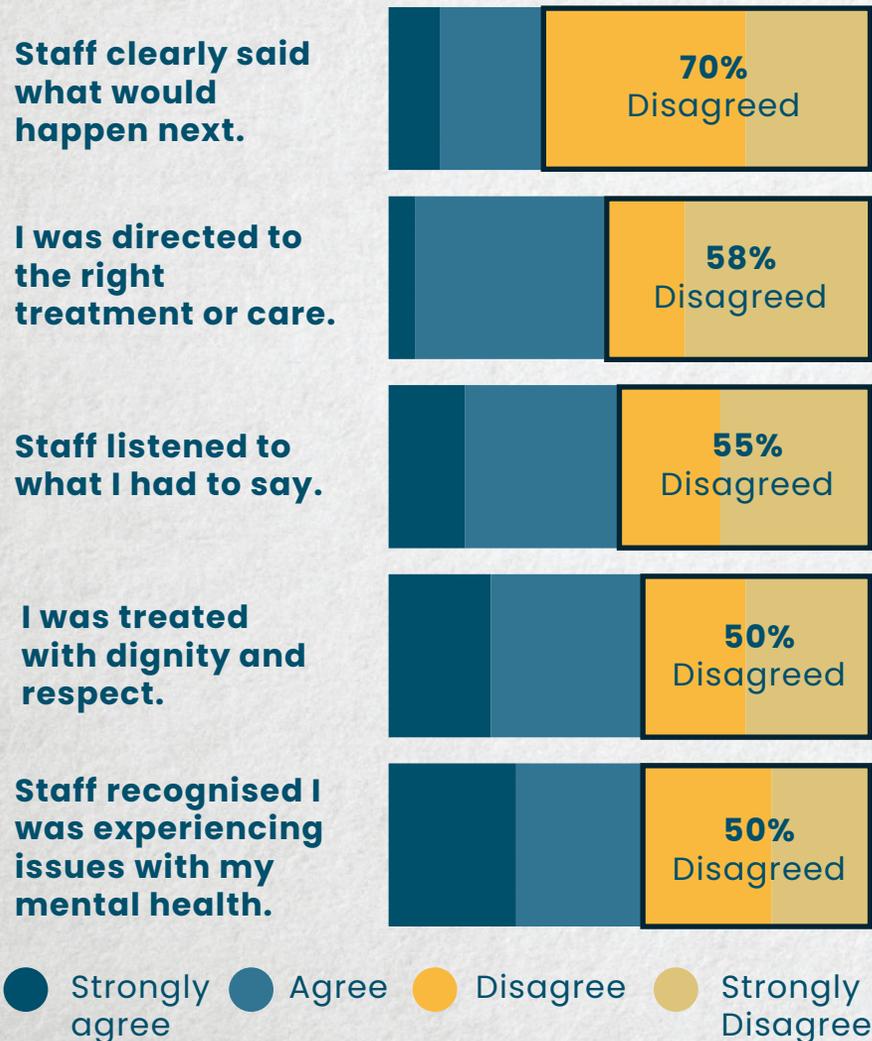


- Carer

Patient's experience of triage assessment at A&E

Patients were asked if they agreed with a series of five statements about assessment and triage in A&E. Twenty patients responded to all statements, except one person who did not respond to the statement about being directed to the right treatment.

Chart: Statements on experience of assessment at A&E



Overall disagreement with statements

- Seventy percent (14 of 20) disagreed that they were told what would happen following an initial assessment.
- Fifty-eight percent (11 of 19) disagreed that they had been directed to the right care.
- Fifty-five percent (11 of 20) disagreed that they felt listened to at triage.
- Fifty percent (ten of 20) disagreed that their mental health was recognised when they were assessed or triaged, or that they were treated with dignity and respect.

Patients reported different experiences at ESNEFT and WSFT, although the small sample size make it difficult to compare the two Trusts:

- All six WSFT patients, and 57% of ESNEFT patients (eight of 14), disagreed that they were told what would happen next.
- Fewer WSFT patients agreed they were treated with dignity and respect (one of six, 20%), compared to ESNEFT patients, nine of 14 (64%).
- WSFT patients were slightly more likely to feel listened to. Three of six agreed or strongly agreed (50%), compared to six of 14 (43%) ESNEFT patients.

Some patients with additional support needs were more likely to report a negative experience of triage. However, small sample size makes it hard to compare groups:

- All five autistic patients or patients with an Autistic Spectrum Disorder felt they were not told clearly what would happen next. The majority (four of five) disagreed that they felt listened to or directed to the right treatment and care.
- All three patients with learning disabilities felt they were not listened to, told what would happen next or directed to the right care. Two disagreed that their needs were recognised or that they were treated with dignity and respect.

14 out of **20**

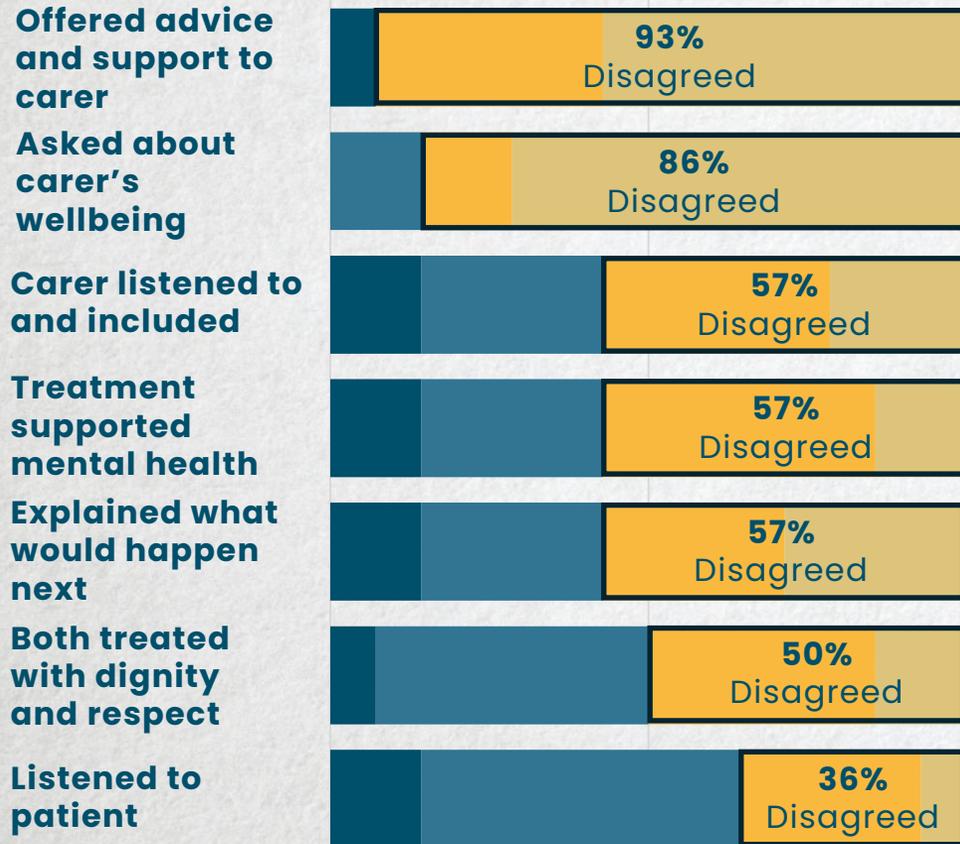
patients felt staff had not offered clear information about what would happen after they were triaged.



Carer's experience of assessment and treatment A&E

Carers were asked whether they agreed with a series of statements about their experience of both triage and treatment from a mental health professional. Fourteen carers responded to the statements.

Chart: Carer's experience of treatment and assessment at A&E



● Strongly agree ● Agree ● Disagree ● Strongly Disagree

Overall agreement (Agreement and strong agreement combined)

The most notable areas for improvement were in offering advice and support to the carer and asking about the carer's wellbeing:

- Only seven percent (one of 14 carers) agreed staff had offered advice or support.
- Only 14% (two of 14 carers) agreed staff asked about their wellbeing.

Many carers reported similarly mixed experiences of assessment as patients:

- For example, 50% of carers (seven of 14) and 50% of patients agreed they were treated with dignity and respect.
- Carers were slightly more likely to say patients were listened to by staff (nine of fourteen, 64%, agreed) than patients (45%).

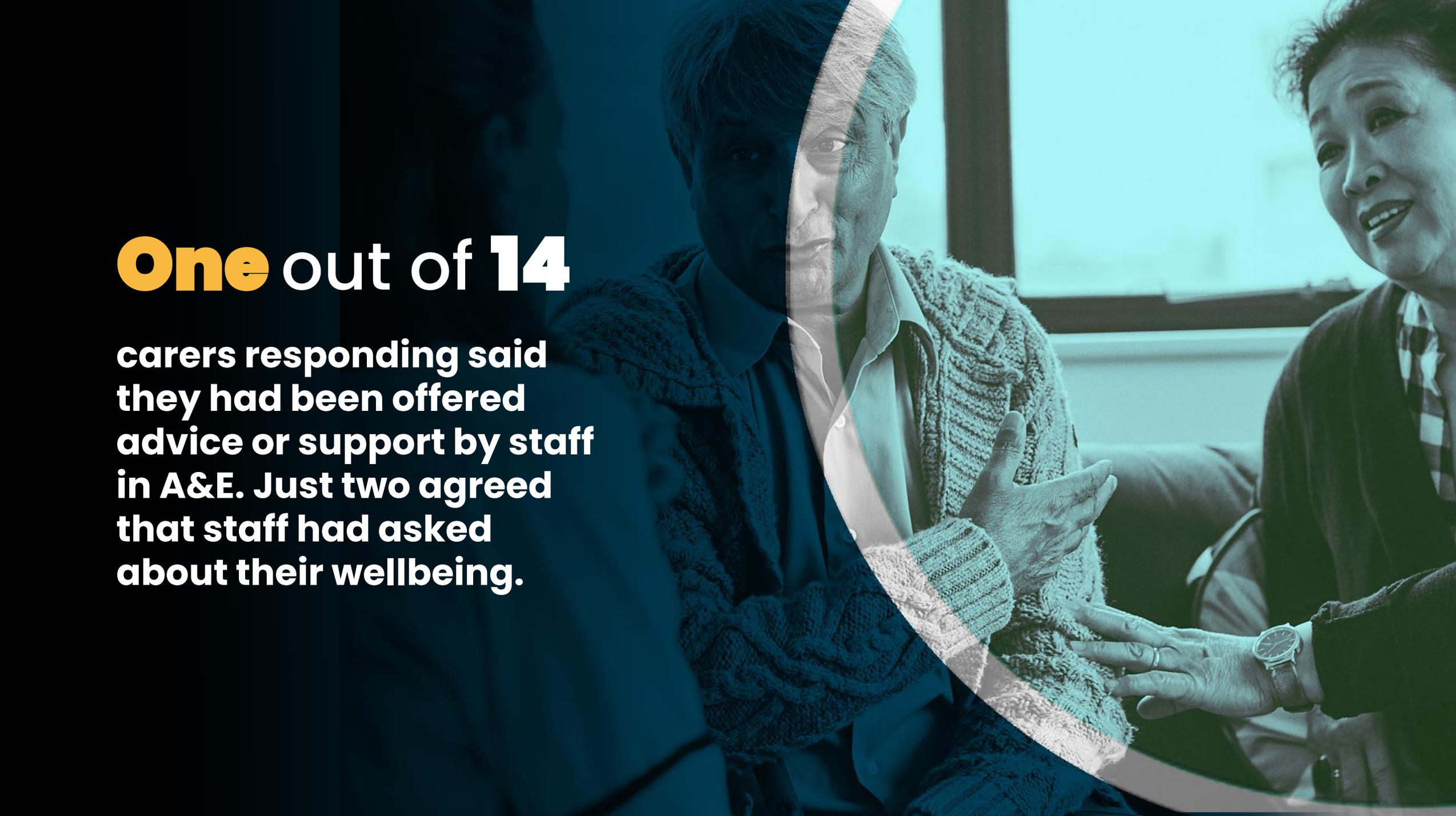
Responses were also mixed depending on which hospital they had attended:

- All three carers at WSFT felt the person they were supporting was listened to, compared to 60% of carers (six of ten) at ESNEFT. Respondents from both hospitals were mixed on whether the person they were supporting received treatment that helped their mental health.
- The one carer who had an experience of James Paget disagreed overall with all statements.

Highlight: Carers were more likely to feel included in triage than in mental health assessments.

In total, 68% agreed they were included in patient triage, whilst only seven (37%) agreed they were included in the mental health assessment.



A photograph of an elderly man and woman sitting together, possibly in a hospital or care home setting. The man is on the left, wearing a blue shirt and a light-colored cardigan, looking towards the right. The woman is on the right, wearing a dark cardigan over a checkered shirt, looking towards the man. The image has a teal overlay and a diagonal white line running from the top center to the bottom right.

One out of **14**

carers responding said they had been offered advice or support by staff in A&E. Just two agreed that staff had asked about their wellbeing.

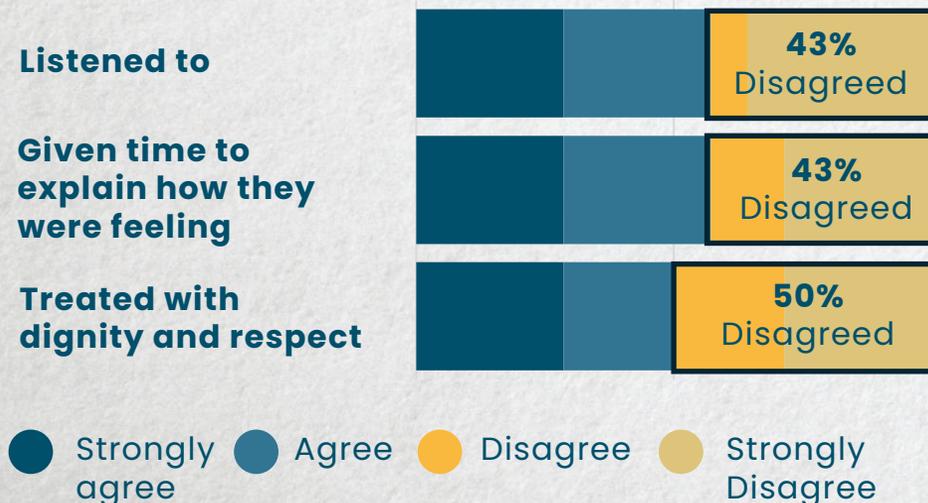
Patient experience of mental health professionals in A&E

Patients were asked which mental health professionals they had seen, and also to respond to a series of statements about their experience of treatment from a mental health professional in A&E departments.

Chart: Mental health professional seen at A&E (20 responses)



Chart: Experience of treatment at A&E (14 responses)



Some patients felt unable to access a mental health professional at A&E. Of the 20 patients who responded to whether they had seen a mental health professional:

- Eleven had seen the Mental Health Psychiatric Liaison Team, three had seen another mental health professional, and six did not speak to a mental health professional.
- Five of the six who did not see mental health professional said they felt dismissed or unsupported in their free-text responses. These included receiving physical health treatment, but not mental health support, feeling unheard and not receiving any follow-up. One further patient saw someone from mental health liaison after they were transferred to a ward.

As with assessments, patients were also mixed about their experience of treatment:

- Eight of 14 (57%) agreed overall that they were listened to and given time.
- Seven of 14 (50%) agreed overall that they were treated with dignity and respect.

Responses from WSFT were too low to make generalisable comparisons between the two hospitals in the sample:

- One of three WSFT patients 'agreed' or 'strongly agreed' with all three statements. At ESNEFT, seven of eleven (64%) were positive about being given enough time and feeling listened to. Six of eleven (55%) people felt that they were treated with dignity and respect.

Some patients who identified with additional needs were more likely to report a negative experience than others. However, response numbers were too low to draw generalisable conclusions from this.

- All four patients who identified as having Autism or ASD felt they were not treated with dignity and respect by mental health professionals at A&E.
- Two patients with learning difficulties and two patients with a sensory impairment felt that they were not treated with dignity and respect.

Patient wait times to access a mental health professional

Patients who had seen a mental health professional were asked to describe the length of time they waited to see someone. Fourteen responded to the question.



Nine patients (64%) had waited more than four hours in A&E to access a mental health professional.

- One patient (7%) was seen quickly (in less than an hour).
- Four patients (29%) waited between one and four hours.

- All three patients who attended West Suffolk Hospital waited over four hours to see a mental health professional.
- Most ESNEFT patients (six of 11, 55%) had waited over four hours to see a mental health professional. One patient was seen in under an hour.

Highlight: A 2022 report from the Royal College of Emergency Medicine showed that nearly 12% of all patients with mental health needs spend more than 12 hours in an A&E. They were more than twice as likely to wait over 12 hours than other attendees.



Some respondents also commented on waiting times for support at A&E in the free text data :

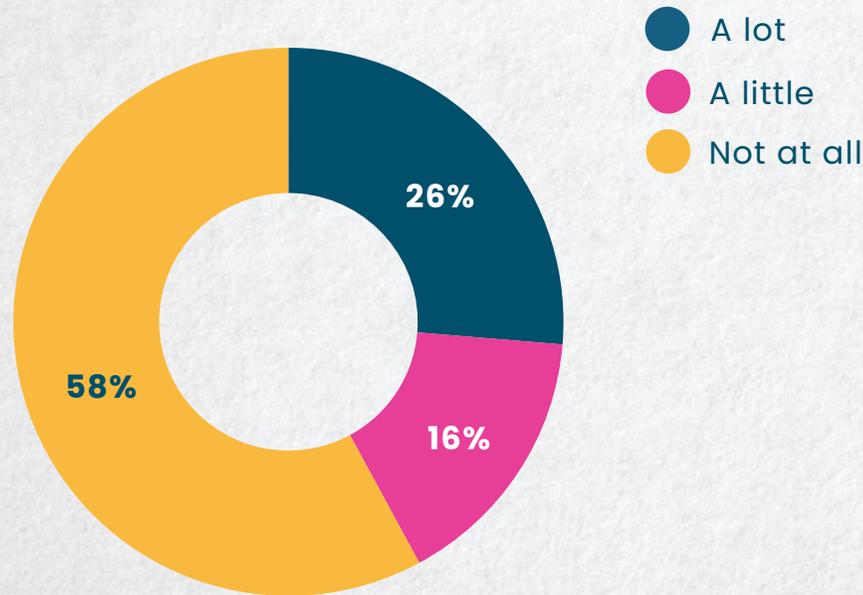
- **Both patients and carers reported waiting times ranging from two to 12 hours.** Some quoted four or five hours, and others just said they waited 'ages', or that there had been a 'long wait'.
- **It was common for patients and carers to say they wanted to be updated or informed about how long they were likely to wait.**
- **Two carers mentioned wait times for inpatient support.** They shared specific challenges around food, comfort and respite associated with waiting in A&E for an inpatient bed:
 - One carer said a patient waited for four days in 'majors' at Ipswich Hospital A&E because there was no bed available in Woodlands. They noted that there was nowhere for carers to rest. In addition, as they were unable to leave their family member alone, they found it difficult to get food or go to the toilet. Staff did not offer such respite support to them.
 - A carer who had visited WSFT said a patient waited a 'long time' for an inpatient bed. Like the previous response, they felt the chairs available were not comfortable for waiting long periods. They had also found it difficult to get food for a patient with type one diabetes out of hours, and felt staff did not know how to manage diabetes effectively.

Seeing a mental health professional – patient outcomes

The survey asked whether patients felt the treatment at A&E addressed their concerns about their mental health. Nineteen answered the question.

The survey asked whether patients felt the treatment at A&E addressed their concerns about their mental health.

Chart: Extent to which patients needs were addressed



- Eleven of 19 (58%) said the support they received had not addressed their concerns 'at all'.
- Three (16%) felt their treatment only addressed their concerns 'a little'.
- Five said treatment within A&E had addressed 'a lot' of their concerns (26%).

- **Five of six patients who attended WSFT (83%) felt their concerns were 'not at all' addressed at A&E.** One said their concerns were addressed 'a lot'.
- **At ESNEFT, 46% (six of 13) said their concerns were 'not at all' addressed.** In contrast, 31% (four of 13) said their concerns were addressed 'a lot' and three of 13 (23%) said their concerns were addressed 'a little'.
- **Patients who had waited less than four hours were more likely to say that their needs were addressed 'a lot' or 'a little', with 80%, or four of five, being positive.** Of those who waited over four hours, 44%, or four of nine, were positive that their needs were met.
- **All three patients with a learning disability felt that their concerns were 'not at all' addressed.**

Information on discharge

The survey asked patients about the information they received when they left the A&E department.

- Yes
- No
- Don't know



Specifically, patients were asked whether they had received:

1. Information about who to contact if they felt unsafe following discharge.
2. Leaflets and signposting about other services they could go to for support.

Twenty patients answered both these questions. The graphic left shows their responses.

- **For those who were given information, 89% (eight of nine) felt their needs were met "a little" or "a lot" by their treatment at A&E.**
- **Patients at ESNEFT were more likely to say they were given signposting or information about who to contact if they felt unsafe.** Eight of 13 ESNEFT patients (62%) said they were given information, compared to 25% of WSFT (one of four). This comparison may be affected by the small sample size of patients from WSFT.

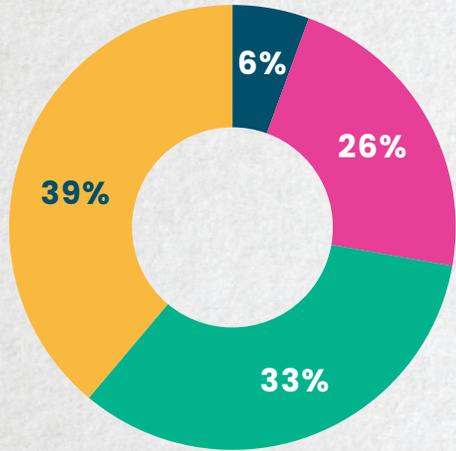
Eight people were not given information on discharge from A&E. These patients all felt treatment at A&E had not addressed their concerns 'at all'.



Carer's experience of assessment and treatment A&E

Carers were asked: **1)** If the support provided addressed the needs of the patient, **2)** if their own concerns were addressed, and **3)** whether their responsibilities were considered when planning discharge. Eighteen responded to all three questions.

Chart: whether carers felt the patient's mental health needs were addressed.



● A lot ● A little ● Not very much ● Not at all

Chart: whether carers felt their concerns were addressed.

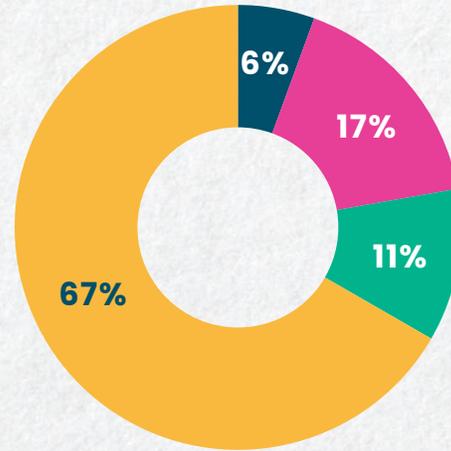
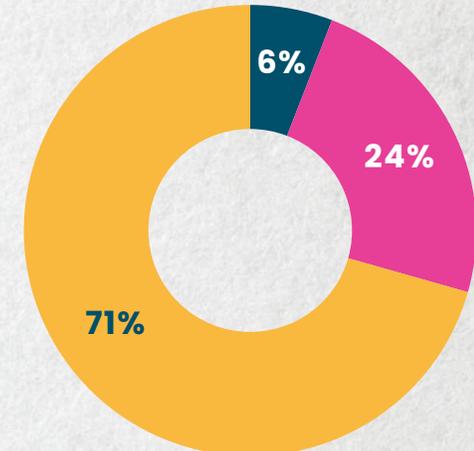


Chart: whether carers felt their responsibilities were considered on discharge.



● Completely ● Somewhat ● Not at all

Many carers felt their concerns and patient needs were not adequately addressed at A&E or that their needs were not considered at discharge:

- There were 72% (13 of 18) who said support at A&E had not addressed the needs of the person they were supporting 'very much' or 'at all'.
- Similarly, 78% (14 of 18) said their own concerns were not addressed 'very much' or 'at all'.
- In addition, 71% (12 of 17) felt their needs were 'not at all' considered at discharge.

Carers at ESNEFT were slightly more likely to be positive than WSFT, although small sample sizes make this difficult to compare.

- At ESNEFT, 36% (four of 11) were positive that support addressed the patients' needs, compared to 17% (one of six) at WSFT.
- Similarly, 27% of ESNEFT carers were positive that their concerns were addressed (three of 11) versus one of three at WSFT (17%).
- On discharge planning, 36% of ESNEFT carers said their needs were taken into account (four of 11) in comparison to one of five (20%) at WSFT.

Seeking support prior to attending A&E

Both patients and carers were asked: "Before going to A&E, did you seek support from any other services for your mental health concern/for your friend or relative? E.g. Samaritans, STEAM café, 111 (option 2). Please describe what happened and if this affected your decision about attending A&E."

Fifteen patients and 11 carers responded. Overall, 23 (88%) people who sought support before attending A&E had used NHS services (see descriptions below). NHS 111 was the most common source of support respondents had accessed before attending A&E (15).

Eleven (42%) people had accessed support from a VCFSE organisation.

- The most common source of VCFSE support was Steam House Café (six). Others had accessed Samaritans (five), Shout (two), Suffolk Night Owls (two) and Survivors in Transition (one).

Chart: services accessed before attending A&E.



What did people say about the support they received?

111 – Ten people contacted NHS 111, or said the service directed them to A&E. Two respondents wanted 111 to offer referral direct to crisis services instead of A&E. Two said calls took too long. One waited 30 minutes. Another waited two hours before an ambulance was sent. One felt 111 was not 'sympathetic' to the needs of those experiencing a mental health concern.

GP – Five said they saw a GP without giving further context. Two said no appointments were available. One said their GP could only offer 111 or a 17-day wait for PCN mental health support.

Ambulance – All four comments were neutral, saying they went to A&E in an ambulance. Several felt they had no choice but to call for an ambulance.

Mental health services – Four comments were neutral, stating they accessed the crisis team, CAMHS or another service. One parent was negative, indicating Walker Close had not called back during their child's crisis.

Steam House Cafe – One comment said Steam was reassuring and signposted to NHS 111. Two had problems accessing Steam (appointment availability or attending the café when no one was there). Three found support unhelpful due to lack of privacy, wanting home visits, or feeling support was tailored to women.

Samaritans – Four mentioned Samaritans with no further context. One said they didn't find Samaritans helpful for them personally.

Suffolk Night Owls – One positive comment said Night Owls had listened to them and recommended they visit A&E. One just mentioned the service.

Shout – Both comments were negative, including receiving no answer for hours, or that support provided had been unhelpful.

SiT – One mentioned they had accessed Survivors in Transition.

Patient demographics

Patients were asked for their basic demographic information, including their age, gender and ethnicity. Fourteen patients responded.

Age: The majority of patients were aged between 45 and 64 (65%, eleven). Thirty-six percent were aged between 25 and 44 (six). No responses were recorded from people under 25 or over 64.

Gender: A majority of patients who responded to the survey were female (82%, 14). Eighteen percent of patients were male (three).

Ethnicity: The majority of the sample identified as 'White British' (94%, 16). The one patient who identified with another ethnicity said they identified as 'White and Black Caribbean'.

Additional support needs: Patients were asked about a range of additional support needs, including whether they had a diagnosed mental health difficulty. Of 18 patients who responded:

- Sixteen had a diagnosed mental health difficulty (89%)
- Five said that they were Autistic or had Autistic Spectrum Disorder (28%)
- Three had a learning disability (17%)
- Six had another disability (33%)
- Two said they had a sensory impairment (11%)

Chart: Patient's gender.

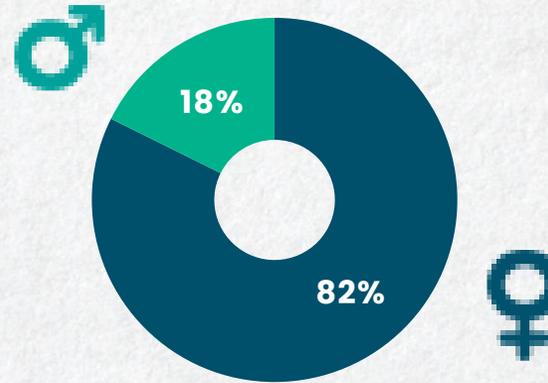


Chart: Patient's age.

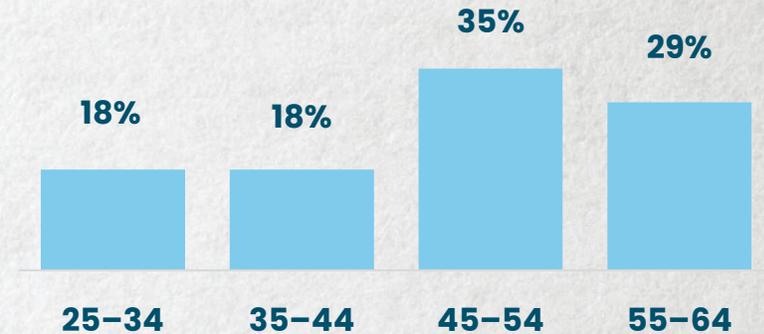
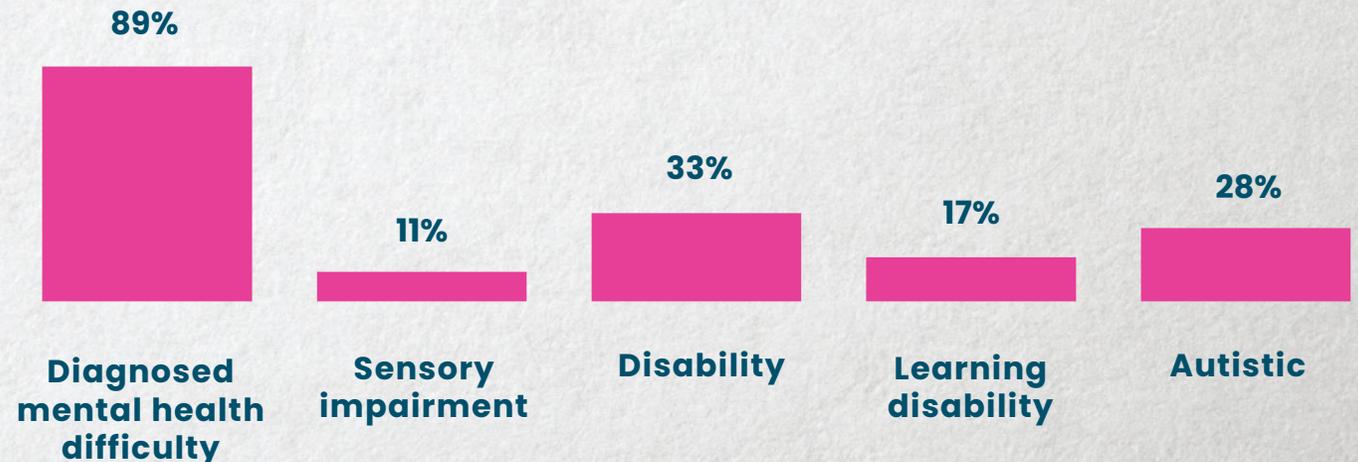


Chart: Patient's additional support needs.



The following references were included in this report. Please follow the links to find out more.

Cadorna, G et al. (2023). *Review: Systematic review and metasynthesis of qualitative literature on young people's experiences of going to A&E/emergency departments for mental health support*. Available from:

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