

Mental Health Voice insights

Local mental health network meetings

What are people telling us about mental health care?

Kent Medway Voice

Mental Health Voice

“What did people in Medway and Swale tell us?”



January to March 2026

We heard
164
pieces of
feedback

of which
152
were on mental
health care

Positive experience with Mental Health Together

“[Mental Health Together] became my crisis care and therapy support after I was discharged from inpatient care. They have been absolutely incredible. They are supportive, caring, and genuinely helpful. Their involvement eventually led to me being discharged from mental health services. They were the one positive part of my entire experience with mental health services.”

Positive experience with liaison psychiatry

“I attended A&E during a mental health crisis and was seen by the psychiatric team. Overall, the experience was positive. I felt that the team were doing the best they could with the resources available, and I genuinely felt listened to. They advised me to contact my GP to discuss whether medication might be appropriate.”

Key topics explained



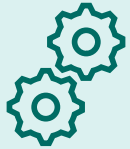
Care given by staff

How professionals interacted with people when delivering care or treatment or in general interactions, e.g. giving respect or dignity, being friendly or helpful.



Communication between staff and patients

For communication, including content communicated, timeliness and lack of communication. Not including administration processes.



Coordination and continuity of care

For someone (not) having the same professionals regarding an issue, being passed from service to service, or (lack of) communication between services.



Health inequalities

Experiences regarding disadvantages or advantages related to:

- Socioeconomic factors, e.g. income;
- Geography, e.g. region or whether urban or rural;
- Specific characteristics including those protected in law such as sex, ethnicity or disability;
- Socially excluded groups, e.g. people experiencing homelessness.



Medication, prescriptions and dispensing

Use for issues around medication, prescriptions or vaccinations, including efficacy. Use this for healthcare professionals being willing to prescribe and pharmacies being able to dispense it.



Triage, assessment and admission

Relating to the process required to access a service or treatment, e.g. the assessment to become an inpatient within a hospital setting, including mental health, or resident within a care home or short stay bed.



Waiting times and lists for treatment

Use for waiting times and lists to get treatment.

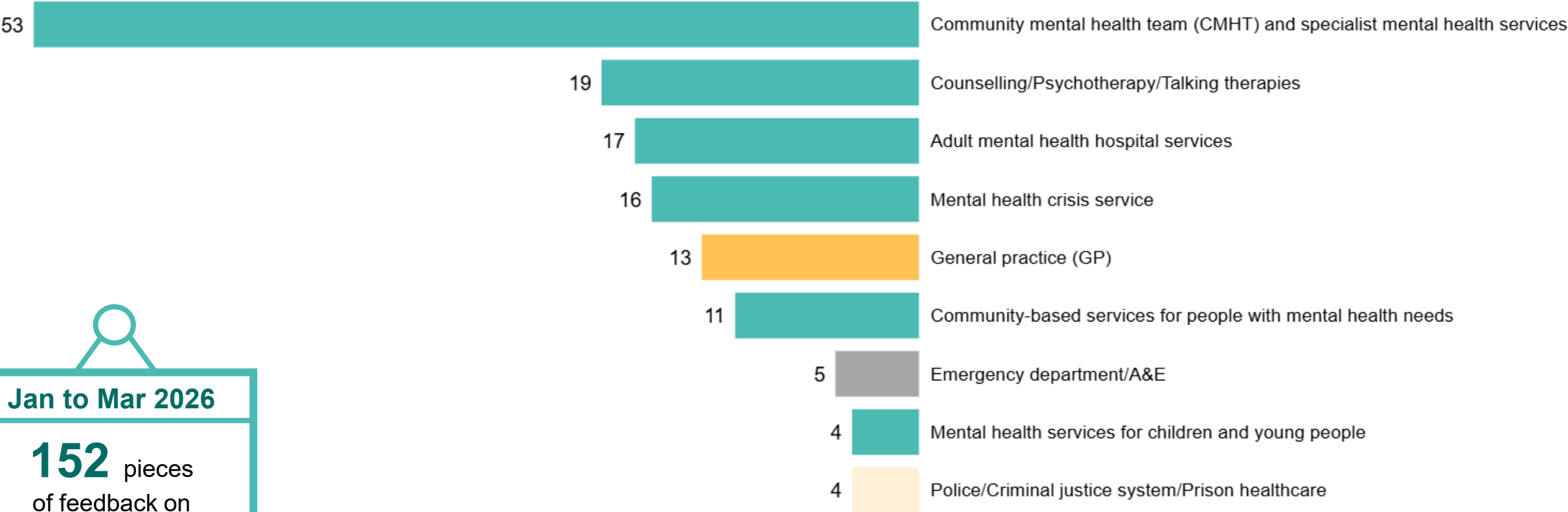
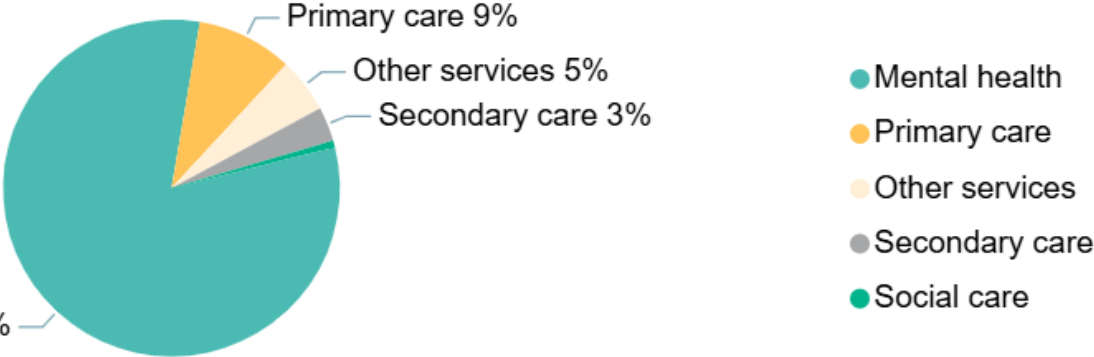
Which services did we hear about regarding mental health care?



Dartford, Gravesham and Swanley Swale

East Kent Unspecified

Medway West Kent



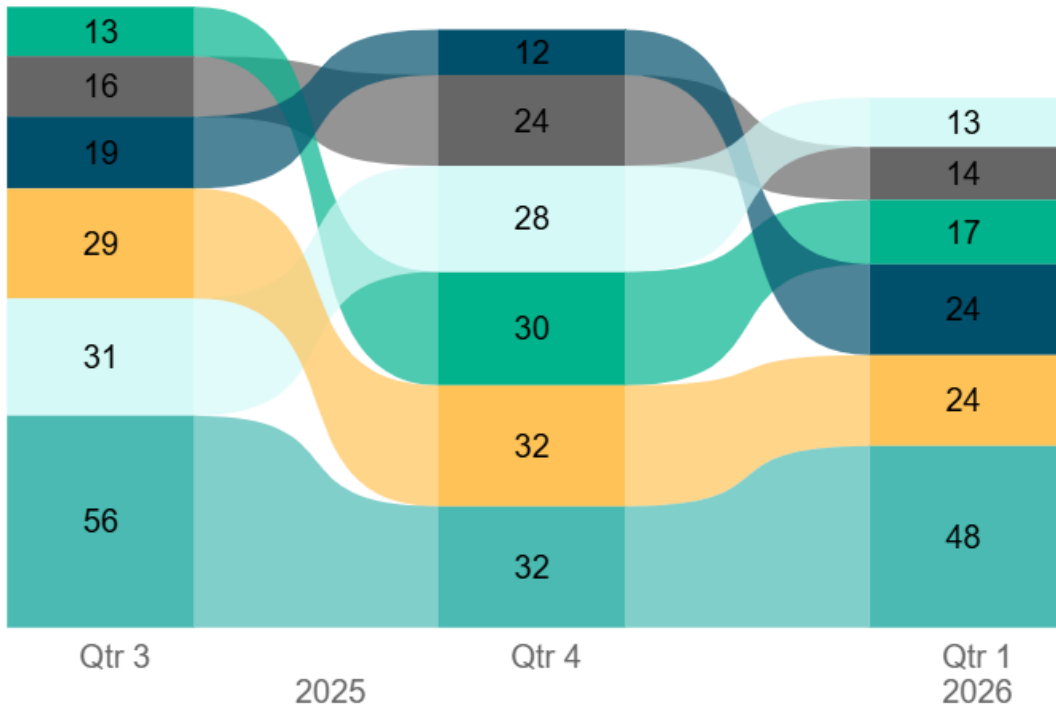
Jan to Mar 2026

152 pieces of feedback on mental health care

Number of pieces of feedback

How much did we hear about key topics in recent quarters?

Number of pieces of feedback

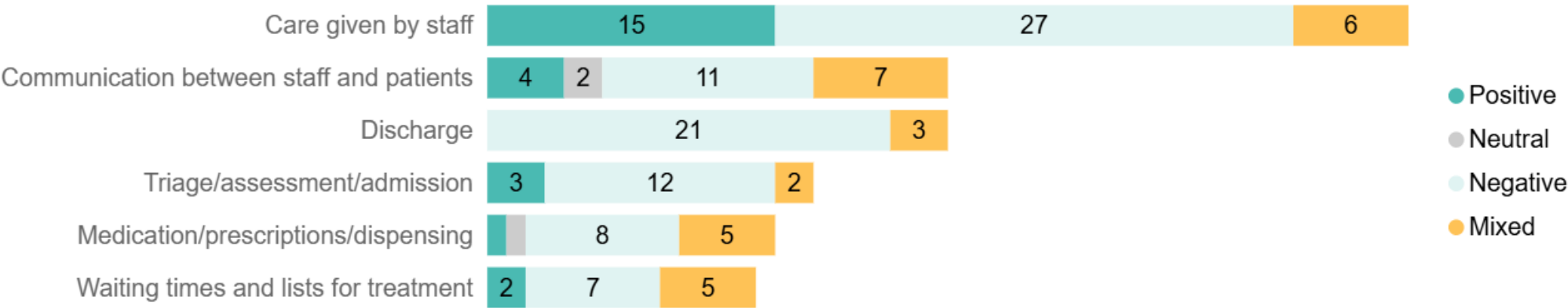


Whilst **medication/prescriptions/dispensing** was not a key topic in previous quarters, it emerged as a key topic this quarter (see chart below).

- Care given by staff
- Communication between staff and patients
- Coordination and continuity of care
- Discharge
- Triage/assessment/admission
- Waiting times and lists for treatment

We heard the most positive feedback about **care given by staff**, whilst feedback about **discharge** was almost all negative.

What was the sentiment of the key topics this quarter?



Number of pieces of feedback

Jan to Mar 2026

152 pieces of feedback on mental health care

How much did key topics occur over time?

Discharge emerged as a key topic, with negative feedback in Medway and Swale accounting for 14% of all feedback in January to March 2026 compared to 8% across 2025.

In contrast, we heard less negative feedback about **waiting times and lists for treatment**, which comprised 5% of all feedback in January to March 2026 compared to 13% across 2025.

In Medway and Swale, some of the key issues relating to negative discharge experiences were poor continuity of care, a lack of communication and early discharge.

What steps can help ensure an effective discharge from services?

- 🎯 What measures do you have in place to ensure a safe and supported discharge?
- 🎯 Why is this important? Why are these measures beneficial for the individual?
- 🎯 How can organisations work together to ensure continuity of care?

Experiences of discharge from services



Representative example A:

"The inpatient team at [the mental health] hospital are far too quick to discharge patients without ensuring proper continuity of care."



In contrast, the community team have been proactive in preparing for my planned discharge next week. [The hospital] attempted to discharge me last week, but the community team had to intervene and push back.

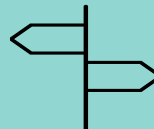


Previously, [the hospital] discharged me suddenly with no warning, leaving the community team unprepared. As a result, I ended up being readmitted as an inpatient just two weeks later. There is a clear disconnect between the two services: the community team recognise when admission is needed, while the inpatient team seem overly eager to discharge."



Representative example B:

"I came out of prison after [a long-term stay] and was left to my own devices. I was feeling suicidal and trying to adjust to life on the outside. All I was given was a smartphone that I didn't know how to use. I came to [a charity who] called the mental health team for me. They said they couldn't help me because I didn't have an immediate plan to end my life. I left there and went out onto the high street. The police stopped and talked to me, but they didn't help either. [Eventually] a community police officer phoned for an ambulance. The ambulance took me to [the] hospital. They brought me into the psychiatric section, but they only kept me for a few hours before letting me go. They discharged me into [the town] and let me walk back [home] even though I could have [harmed myself]. I never got any support from probation or anything. The [charity] was my only support. [How could your experience have been improved?] Something like a Safe Haven here on the island."



Representative example C:

"I checked myself into A&E. I was suicidal and in crisis. They did a brief psychiatric assessment which they sent to [Mental Health Together]. [The hospital] was fantastic with me and they were very helpful at the time. They signposted me to [a mental health charity] and [the local] safe haven, who were also great."



**What steps can
help ensure an
effective discharge
from services?**