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 West Kent tell us?

January to March 2026

We heard **82** pieces of feedback

of which **60** were on mental health care

Positive experience with crisis care

"The home treatment team came to see me every day for three weeks. They were brilliant. After that, I had interim visits from an occupational therapist. She referred me to [a mental health charity]."

Positive experience with wellbeing services

"I've suffered anxiety and depression all my life. I have always known of [this mental health charity], and it really appealed to me. I applied to them last summer and got in at the end of October. It's been lovely meeting other people like me and realising I'm not a freak. [Private therapy], in conjunction with coming to [the charity], is making me feel better. [The charity] helps you find new skills and interests and builds confidence. It's very social. I even feel I've been able to help others here."

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.

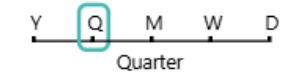
Triage, assessment and admission

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.

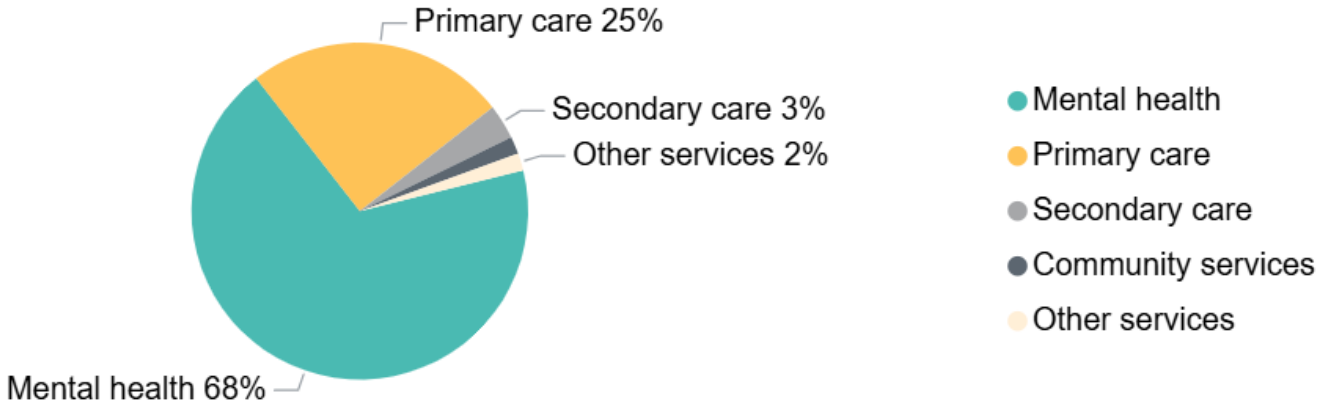
Waiting times and lists for treatment

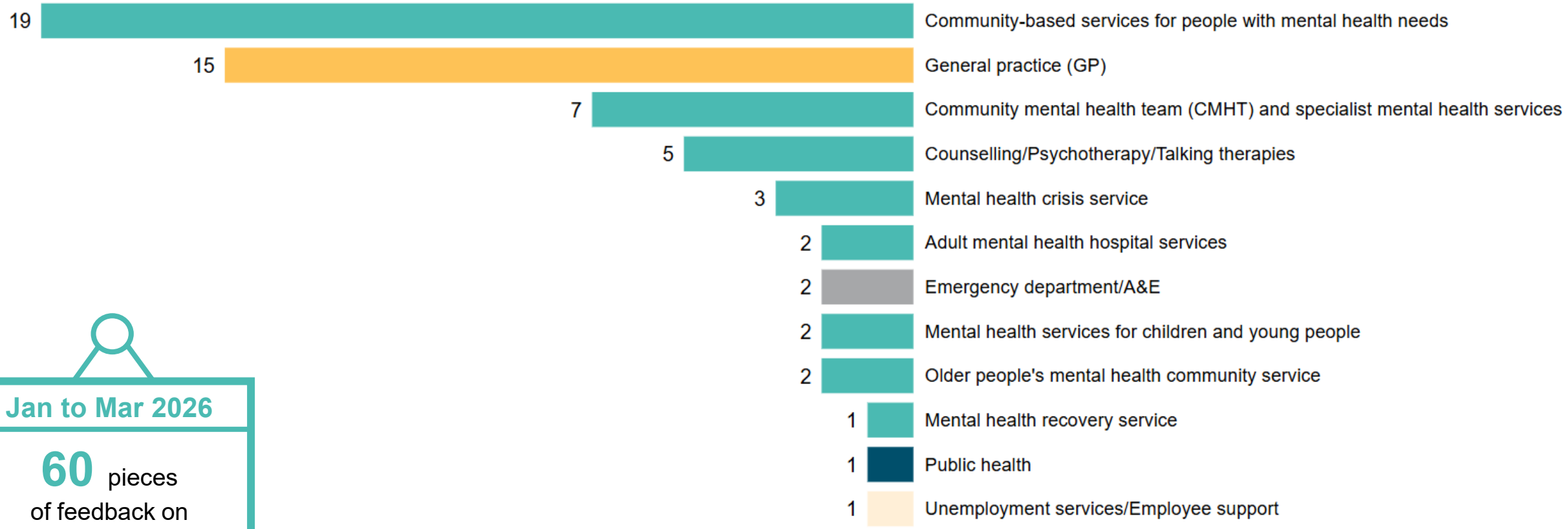
Use for waiting times and lists to get treatment.

Which services did we hear about regarding mental health care?



Dartford, Gravesham and Swanley
East Kent
Medway
Swale
Unspecified
West Kent

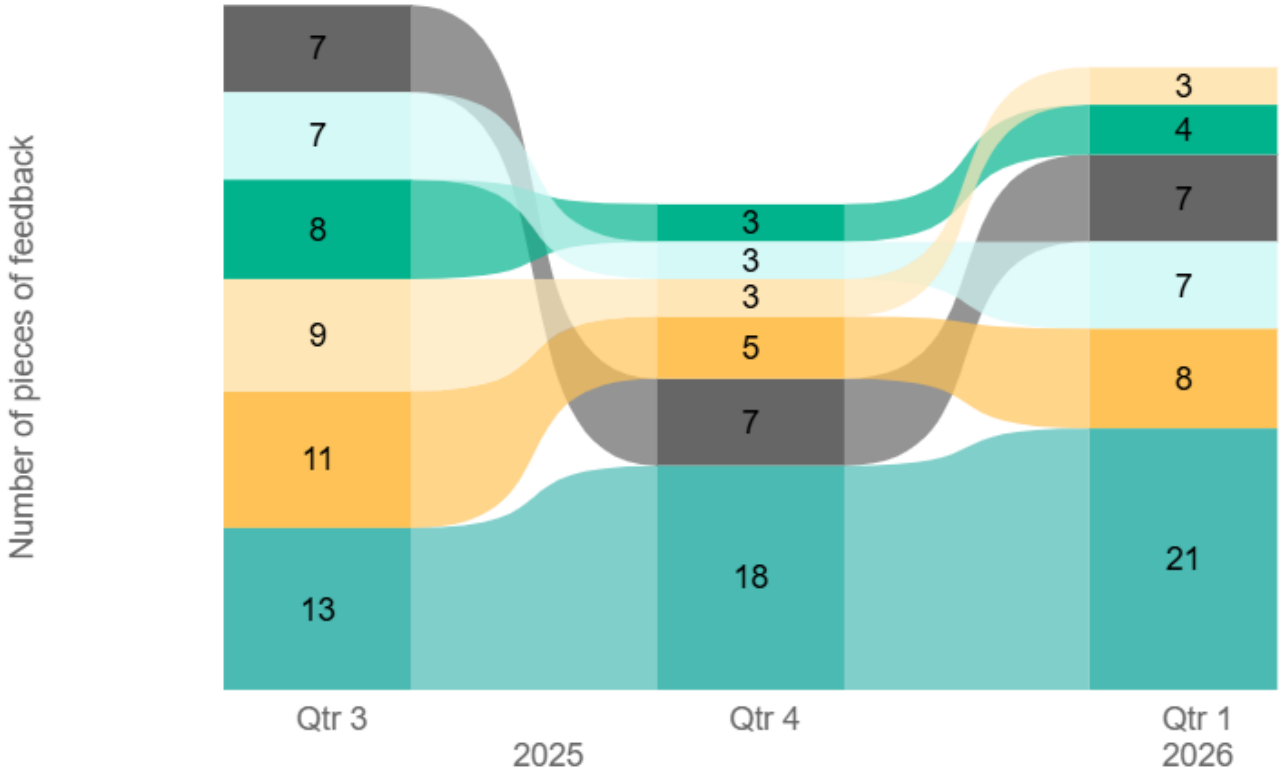




Jan to Mar 2026

60 pieces of feedback on mental health care

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

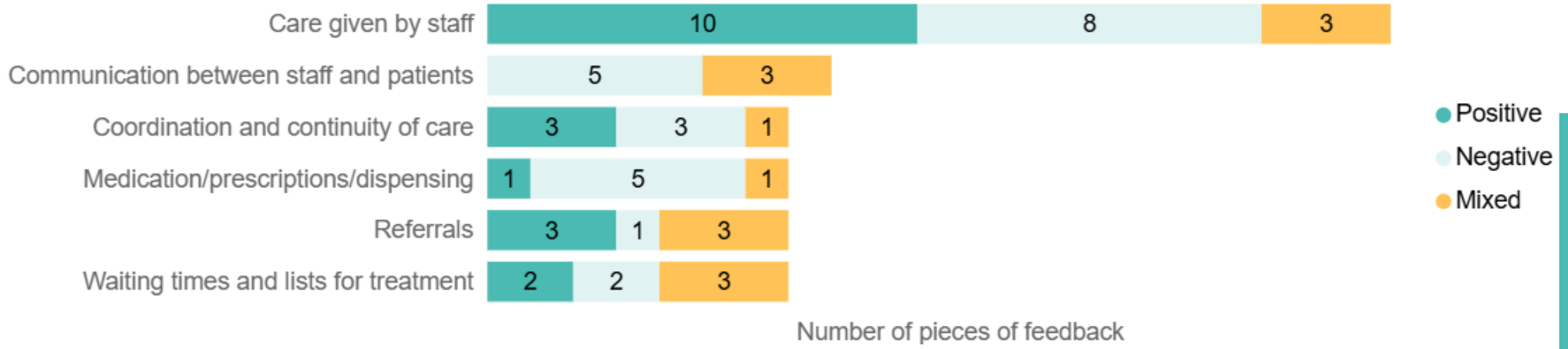


Whilst **medication/prescriptions/dispensing** and **referrals** were not key topics in previous quarters, they emerged as key topics this quarter (see chart below).

- Access to services
- Care given by staff
- Communication between staff and patients
- Coordination and continuity of care
- Health inequalities
- Waiting times and lists for treatment

Feedback about **medication/prescriptions/dispensing** was mostly negative whilst feedback about **referrals** were equally more positive and mixed.

What was the sentiment of the key topics this quarter?



Jan to Mar 2026

60 pieces of feedback on mental health care

How much did key topics occur over time?

In West Kent, negative feedback about **waiting times and lists for treatment** decreased this quarter, comprising 3% of all feedback in January to March 2026, compared to 13% across 2025.

However, **medication/prescriptions/dispensing** became a more prominent topic this quarter, with negative feedback in West Kent comprising 8% of all feedback in January to March 2026 compared to 5% across 2025.

People from West Kent raised a range of concerns about mental health medication, prescriptions and dispensing, including poor side-effect management and GP collaboration and crisis medication not being supplied.

Why is there a lack of consistent support around mental health medication?

- Does this resonate with you?
- Why do you think this might be?
- What other information do we collectively have to help understand this issue further?
- What can organisations individually do to try and contribute to addressing this issue?

Experiences of mental health medication, prescriptions and dispensing

Representative example A:

“I was in and out of crisis services and was under the crisis team ... Coming into 2025 I had another psychotic breakdown, and I got in touch my with psychiatrist [at Mental Health Together], who again, put me straight onto the maximum dose of medication.

He discharged me [autumn 2025] and I've since moved GP practices. I'm with [a GP surgery] and they have been brilliant. They have found the right dose for my medication, and they remind me to book appointments. I am now doing well. I even volunteer at [a mental health charity]. It makes me feel like I am part of a team and I am worth something." [How could your experience have been improved?] Not being passed from service to service. Not throwing medication at the problem."

Representative example B:

"I left home. It had all become too much and slept on the street for a night. When I got back home, the police were there. They told my [loved one] to take me to A&E … One frustrating thing about all this is the hospital can't prescribe medication in A&E, so I had to wait until I saw my GP.”

Representative example C:

“They changed my medication and it gave me hallucinations. Now they've taken some bloods to try and find something else. This is all making me feel so much worse. I'm exhausted by it. I have physical symptoms that are dismissed by my GP. She keeps saying I'm fine, it's all in my head. She's referred me to more counselling. That doesn't heal my feelings. I don't like these group sessions. I need some one-to-one help. I can't afford private counselling.”

Representative example D:

"[Ten years ago] I was diagnosed with post-traumatic stress disorder. ... I still have relapses. I am still on and off the meds. I am currently on [an antidepressant]. I really struggle with side effects of medications. It's hard to find the right one. It's quite a challenge. The NHS has limited choices. I understand that can be down to funding. I will say, GPs don't even notice if you stop antidepressants on your own. This is what I would do when the side effects were too much. This most recent visit to the GP, she told me to take a photo of a poster on her wall and access things when I needed them. I was like, no love. [How could your experience have been improved?] Less resistance when you want to change medication due to side effects."