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 East Kent tell us?

January to March 2026

We heard **91** pieces of feedback

of which **55** were on mental health care

Positive experience with Mental Health Together

"I had my routine mental health check-up appointment. I had my appointment with the psychiatrist and pharmacist after six months. The doctor was asking me questions about my health, mental and physical, my day-to-day activities, how my day is structured, if I attend some groups, how is my sleep and appetite. After this appointment I am calmer and I know that I am going in the right direction with my mental health. There is slow and persistent progress."

Positive experience with crisis care

“During a period when I was in need of support, I had a very positive experience with both the crisis team and [Mental Health Together]. The assistance I received was not only prompt but delivered with genuine compassion, making a significant difference at a crucial time. Both the services and the support available provided invaluable to me, ensuring that I felt cared for and understood when it mattered most.”

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.

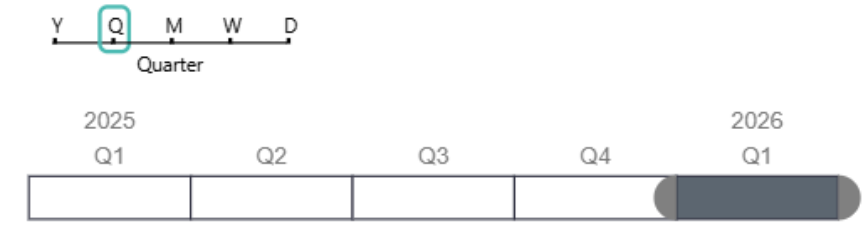
Triage, assessment and admission

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.

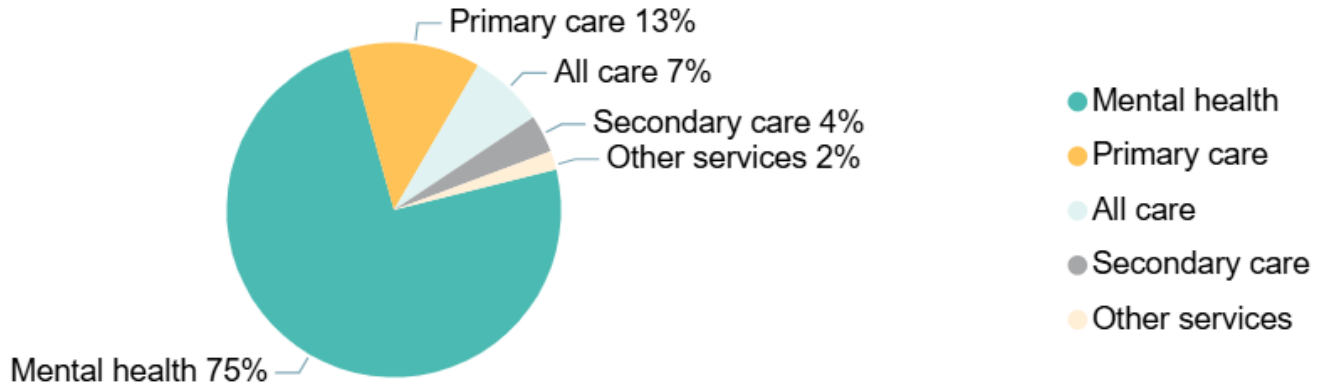
Waiting times and lists for treatment

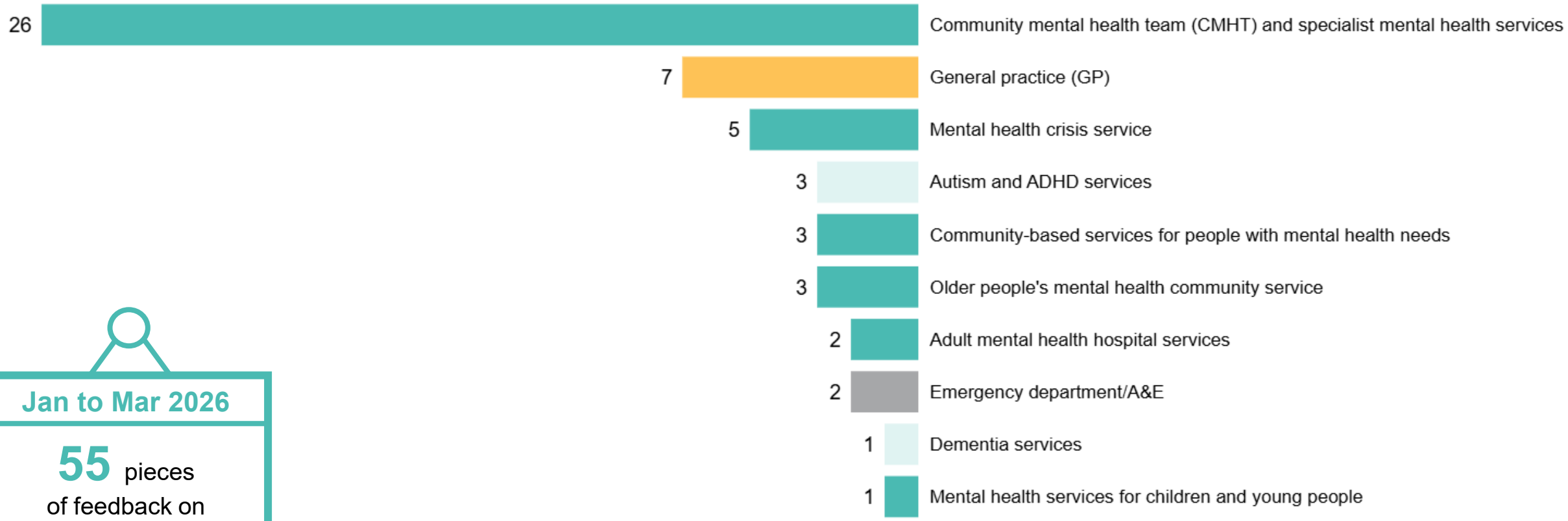
Use for waiting times and lists to get treatment.

Which services did we hear about regarding mental health care?



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

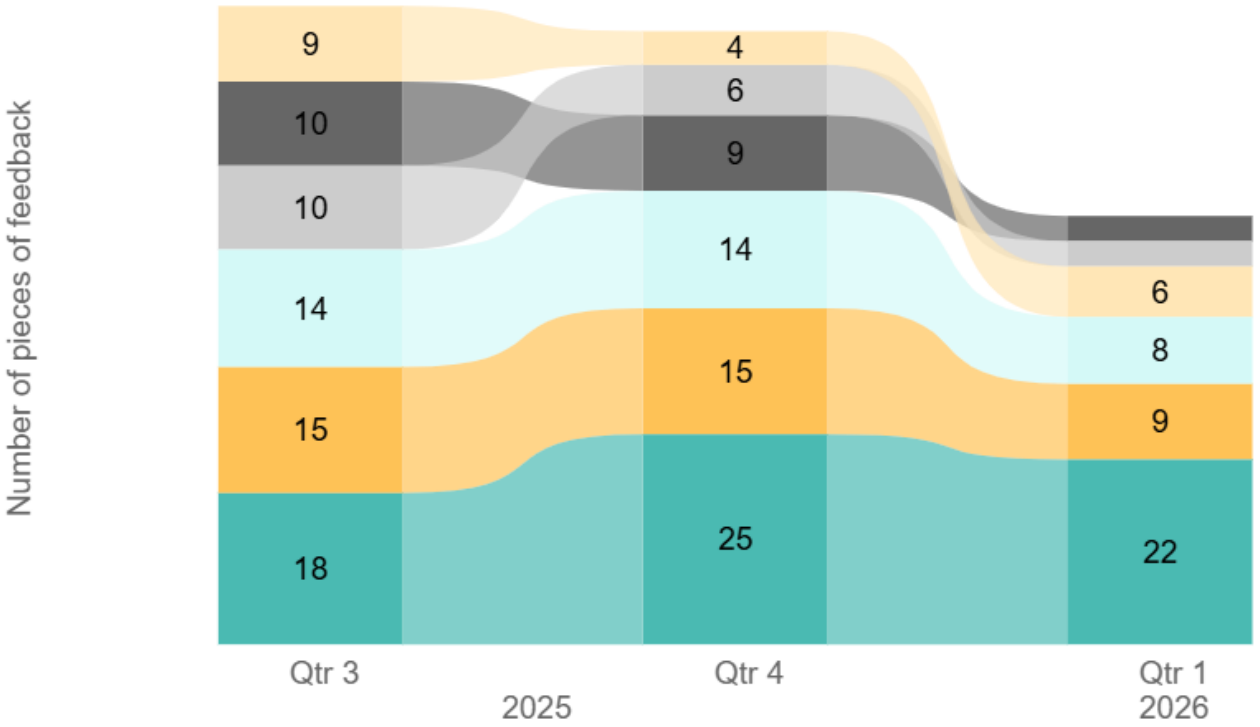




Jan to Mar 2026

55 pieces of feedback on mental health care

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

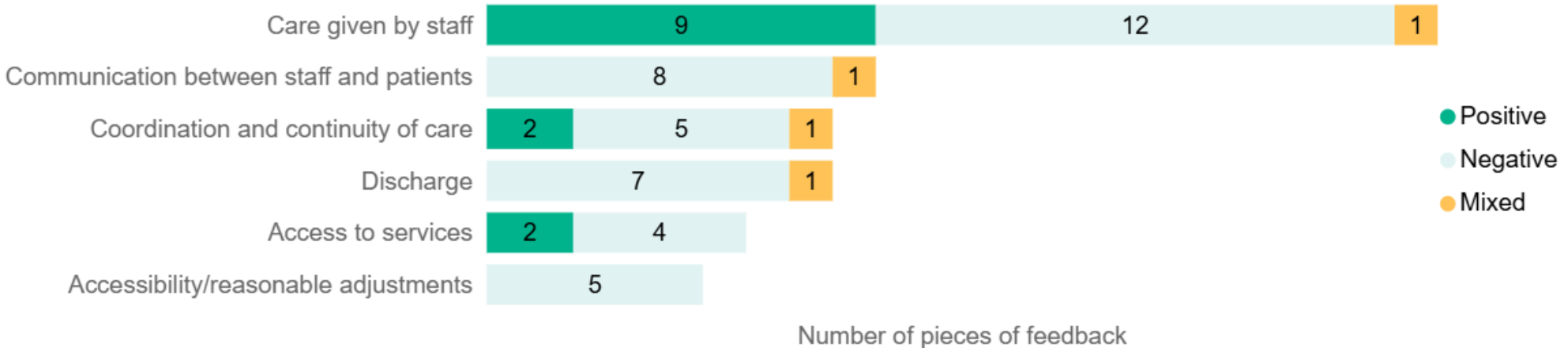


Whilst **discharge** and **accessibility/reasonable adjustments** were not key topics in previous quarters, they emerged as key topics this quarter (see chart below).

- Access to services
- Care given by staff
- Communication between staff and patients
- Coordination and continuity of care
- Medication/prescriptions/dispensing
- Waiting times and lists for treatment

We received a higher proportion of negative feedback for **communication between staff and patients** and **discharge**.

What was the sentiment of the key topics this quarter?



Jan to Mar 2026

55 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 East Kent increasing from 4% in 2025 to 13% in January to March 2026. Similarly, in the rest of Kent and Medway, negative feedback about the topic increased from 7% in 2025 to 10% in January to March 10%.

In East Kent, we heard more negative feedback about **communication between staff and patients** in January to March (15%) than in the rest of Kent and Medway (7%).

We found that these key topics often overlapped, with individuals who experienced poor discharge from mental health services also reporting a lack of communication.

Why is there a **lack of communication** around **discharge** from services?

- 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 discharge and communication between staff and patients

Representative example A:

"I've been discharged [by Mental Health Together] without my knowing. They haven't bothered keeping in contact with me. I was under the impression that I was waiting for some therapy or support … as I had completed an assessment and been engaging with them, and nobody has been checking in on me. If it wasn't for the visit to the Safe Haven. The person I spoke with [at the Safe Haven] said that they would let [Mental Health Together] know that I had been in to see them because I'd not heard from [Mental Health Together] for a couple of weeks. So, I was upset when I received a message that [Mental Health Together] had informed them I was no longer under them, and I would have to go back to my GP if I wanted to be referred. This has not done my mental health any good. There's been some breakdown in communication somewhere."

Representative example B:

"[I] was told [I] had to go under the home treatment team. I told [the psychiatrist] how bad it was last time but he insisted. Last time they discharged me quickly without warning and nothing had been put in place, so they didn't achieve anything …

The home treatment team came out and did an assessment. … The referral to the [complex emotional difficulties] group had been done but they hadn't heard anything back yet. They said they would discharge me provided they had heard back about the group. I told them I was having intense suicidal thoughts and was self-harming. They still hadn't heard back about the group, but they discharged me. The intensity had not changed at all over the time they had been visiting for this period. I didn't know what was happening with the group, I was being left alone again without support."

INSIGHTS AT EK360

Why is there a **lack of communication** around **discharge** from services?

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