healthwatch Newcastle

What do we mean by a Mental Health Crisis?

Public Perceptions of Mental Health Crises and Mental Health Crisis Services

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act, 2012.

Healthwatch Newcastle is an independent not-for-profit organisation. We are the local champion for everyone using health and social care services in the borough.

• We help people find out about local health and social care services.

• We listen to what people think of services and feed that back to those planning and running services, and the government, to help them understand what people want.

We help children, young people and adults to have a say about social care and health services in Newcastle. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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Disclaimer: This report discusses factors of mental health and use language which some people may find distressing or triggering. Anyone affected by these issues can refer to the signposting section of this document to find support.

Executive Summary

Healthwatch Newcastle aimed to investigate the gap between public understanding of crisis situations and the actual crisis support provided by healthcare professionals and services. Misunderstandings about mental health crisis management services may lead to individuals ineffectively communicating their needs or misunderstand the treatment options available to them, which can hamper their recovery process. It may also result in individuals being unaware of the resources and support networks available to them. This can limit their access to appropriate care.

In contrast, misunderstandings amongst healthcare professionals may lead result in being unable to provide appropriate care to individuals experiencing a crisis. Health professionals themselves may not be familiar with the best practices for assessing and managing mental health symptoms, which can result in inadequate or ineffective treatment. Therefore, this project aimed to identify common themes in defining a crisis and to evaluate how effectively people are able to access information and mental health services through current channels.

Healthwatch Newcastle collected data using online and in-person surveys, with some participants submitting paper responses by freepost. This mixed-methods approach combined quantitative (statistical) and qualitative (thematic) data to thoroughly examine the findings. A detailed analysis of responses highlighted participants' perspectives on their awareness and understanding of crisis management, and accessibility of services in Newcastle. Participants also provided additional verbal and written explanations to clarify their issues and experiences, offering a more in-depth view of the challenges they faced.

While awareness of mental health issues has improved, gaps remain in education, accessibility, and service effectiveness. Participants defined a mental health crisis in various ways, often describing it as a "brain illness" or "extreme pressure in the brain." These definitions often differed from the formal crisis definition (where someone feels at a breaking point and needs urgent help), emphasising the need for person-centred support rather than a rigid, one-size-fits-all approach.

A significant portion of respondents expressed dissatisfaction with mental health crisis services, believing their crisis needs were not well addressed. Furthermore, a large proportion of respondents would turn to emergency services such as 999 or 111 first during a mental health crisis, as they would for any other health emergency, which suggests a lack of awareness or confidence in non-emergency crisis support options. Stigma, uncertainty, and lack of trust in services remain key barriers.

Healthwatch Newcastle believe there is a need for improved public education on mental health crisis support options beyond emergency services. Additionally, better signposting to mental health resources in GP practices, workplaces, and schools is required. More effort is required by mental health services to target outreach to engage men and other individuals who may hesitate to seek help. Finally, there is a need for stronger integration between mental health services, GPs, and community organisations.

Introduction

Through conversations with mental health professionals across various roles, including suicide prevention therapists and community mental health and social support groups, Healthwatch Newcastle gathered valuable insights into the common issues affecting mental health services in Newcastle. The key issue points to a disconnect between the general public and what mental health services offer, in understanding how a crisis is defined.

A 'crisis' can be used to describe many different situations. A formal definition, in relation to mental health, it means a time when someone may feel at a breaking point and needs urgent help.[1] A person might be extremely anxious and have panic attacks, or experience flashbacks to a very distressing time, or they could be self-harming or thinking of suicide. In other instances, a person may be having an episode of hypomania or mania, (feeling emotions and experiences at high intensity), or psychosis (hallucinations, hearing voices, or feeling very paranoid).[2] These occurrences can be brought on by many stressors such as dealing with bereavement, addiction, abuse, money problems, relationship breakdown, workplace stress, exam stress, or housing problems. A person might be managing a mental health diagnosis, or they may not even know why they are feeling this way.[3]

Differing definitions of 'crisis' amongst the public and service users complicate effective communication with healthcare providers. This gap in understanding crisis and crisis management often leads to a mismatch between expectations of service users and the support actually provided by professionals.

[1] Mental Health Foundation: Crisis Care (2021). Available here.
[2] Mind: What's a mental health crisis? (2020). Available here.
[3] Ibid.

Public perceptions of crisis management in mental health services also vary widely. Some believe that these services are not suitably equipped to manage crises, pointing to long wait times, restricted access and inadequate resources as major issues. In contrast, others report positive experiences with crisis intervention teams or know of family and friends who have received timely, effective support.

Additionally, a growing concern is the rise in inappropriate referrals to crisis services. This is when a patient is directed to a service or specialist that is not suited to their current clinical needs, or when the referral is not the best use of healthcare resources. The increase in these referrals suggests that there are misunderstandings about what is classified as a crisis and the specific criteria for referring someone to crisis management services.

The research aimed to improve understanding of mental health crises, which can help reduce the stigma surrounding mental health challenges. Greater community awareness and empathy can create a more supportive environment for those facing mental health crises. In healthcare, better knowledge of Newcastle's mental health crisis situation can lead to major improvements in service delivery. This may include developing improved crisis intervention methods and providing better training for healthcare workers, addressing gaps in understanding and response to ensure they are well-prepared.

Methodology

Healthwatch Newcastle used opportunity sampling to recruit participants for the study, inviting anyone available and willing to take part. The main criteria for participation were that individuals had to be over 18 years old and have either personally accessed a mental health service or had a family member or friend who had done so.

The Engagement Team at Healthwatch Newcastle created flyers featuring a QR code, which they promoted through social media, the Healthwatch Newcastle's website, and newsletters. These flyers were also distributed to partner organisations and internal networks, ensuring survey information was widely distributed amongst their contacts and to the general public. These were also printed out as paper-copies. This strategy aimed to ensure that all potential participants were well informed about the survey and could participate within the allocated time.

Additionally, Engagement and Involvement Officers (EIO) conducted community outreach at various local venues across Newcastle, where they assisted members of the public with in-person survey completion. Using computers, EIOs accessed the online survey and assisted members of the public attending drop-in sessions to complete it. Participants with smartphones could also scan the QR code to fill out the survey digitally. For those without smartphones, paper copies of the survey were provided. Flyers and paper surveys, along with freepost envelopes, were also distributed to community centres, pharmacies, and retail stores in several areas to further increase accessibility.

The engagement and data collection was undertaken within a 6-week time period, between the 14th of October 2024, and the 25th of November 2024.

In total, 171 members of the public took part in the survey; however, only 126 participants (73% of all respondents) fully completed the survey. The 45 participants who only partially completed the survey were therefore not included in the overall figures.

The data analysis used a mixed methods approach where quantitative (statistical) data, and qualitative (thematic) data were studied and explored to help present findings.

Disclaimer:

- Research objectives and survey questions can be found in the appendices for an in-depth understanding of what this research aimed to establish.
- Percentages have been rounded to the nearest whole number.
- Where participants did not provide responses to individuals questions, percentages are shown for the ones that did. Therefore, this data will only be provided for the proportion of the total who responded to that question, rather the total number of respondents. This will be highlighted in the data analysis for the question responses this calculation applies to.
- Again, this report may discuss factors of mental health and use language which some people may find distressing or triggering. Appropriate support and signposting can be provided by contacting Healthwatch Newcastle.

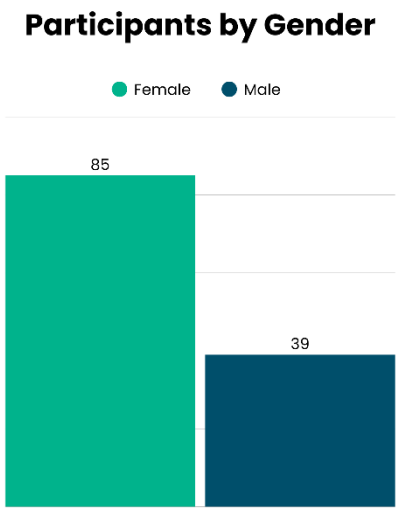
Results and Discussion

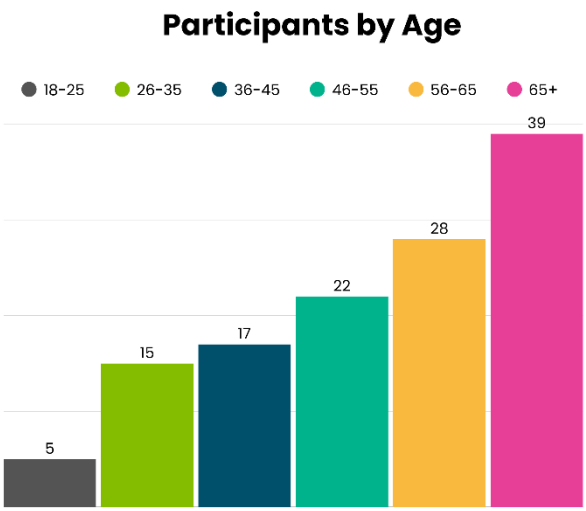
Survey questions were sorted into the following categories:

- Demographics
- Understanding of Mental Health
- Personal Experience in Seeking Help for Mental Health Issues
- Perception of Community Services
- Crisis Intervention and Support

Demographics

One hundred and twenty-six participants took part in the survey. Sixty eight percent (n=85) of participants were female, 31% (n=39) of participants were male, and 1 participant preferred not to share this information. No participant selected 'Other'. Of these participants 4% (n=5) were aged between 18-25 years, 12% (n=15) were aged between 26-35, 13% (n=17) were aged between 36-45, 18% (n=22) were aged between 46-55, 22% (n=28) were aged between 56-65, and 31% (n=39) were aged 65+.





Previous national research indicates that while both men and women experience mental health issues, they are not affected equally. Various factors contribute to this difference, including differences in help-seeking

behaviours and the way concerns are reported. Statistically, women are three times more likely than men to experience mental health problems.[4]

In relation to age, the combination of new physical, social, and emotional challenges, along with perception and emotional changes, influences the well-being, social relationships, decision-making, and self-control of men and women on an individual basis.[5] This may explain why a significant proportion of survey respondents were aged 56 and above.

Geographical data showed that most participants who took part in the survey resided in the Inner-West of Newcastle; post codes NE4 (24% (n=29), NE5 (22%, n=27), NE6 (12%, n=14), and NE15 (12%, n=14) were indicated frequently by participants. Below is a list of all the areas which participants who completed the survey came from:

- North - Heaton, Jesmond, Gosforth
- East – Byker, Benfield Park, Walker
- Outer West – Throckley, Newburn, Lemington
- Inner West - Cruddas Park, Elswick, Benwell, Fenham
- Central – Newcastle City Centre, Town Centre

National research has found the North-East to have third-highest rate of common mental health problems for adults in the country, and a high incidence of severe mental health conditions.[6] In 2017, around 18.9% of people aged 16 and over in Newcastle were estimated to have a common mental disorder (CMD), such as anxiety or depression. This is similar to the North East average (18.2%) but slightly higher than the national rate (16.9%). Among those aged 65 and over, the estimated rate of CMD in Newcastle was 11.5%, which is close to the regional average (11.3%) and slightly above the national figure (10.2%).[7]

The data shows that common mental disorders (CMD), such as anxiety and depression, affect a significant portion of Newcastle's population, with rates slightly higher than the national average but in line with the regional figures for the North East. It also highlights that CMD is more common in younger

[4] National Institute of Health Research Report on Gender, Mental Health and Ageing. Available here.
[5] National Institute of Health Research Report on Gender, Mental Health and Ageing. Available here.
[6] National Institute of Health Research Report on Mental Health. Available here.
[7] Newcastle City Council City Profile Report, (2021). Available here.

adults (16+) compared to older adults (65+). While the prevalence decreases with age, the figures for older adults in Newcastle remain slightly above the national average. This suggests that mental health challenges are a widespread issue in the area, particularly among post working-age adults.

Healthwatch Newcastle also surveyed participants about their ethnicity. The table below shows a breakdown of the respondents' answers.:

Ethnicity		Total
White: English, Welsh, Scottish, Northern Irish or British.		61% (n=78)
Asian, Asian British or Asian Welsh (including Indian, Pakistani, Bangladeshi, Chinese, and other Asian backgrounds)		24% (n=30).
Black, Black British, Black Welsh, Caribbean or African		8% (n=10)
Arab		3% (n=4)
Any other Mixed or Multiple ethnic background		2% (n=2)
Other	Iranian	1% (n=1)
	Russian	1% (n=1)

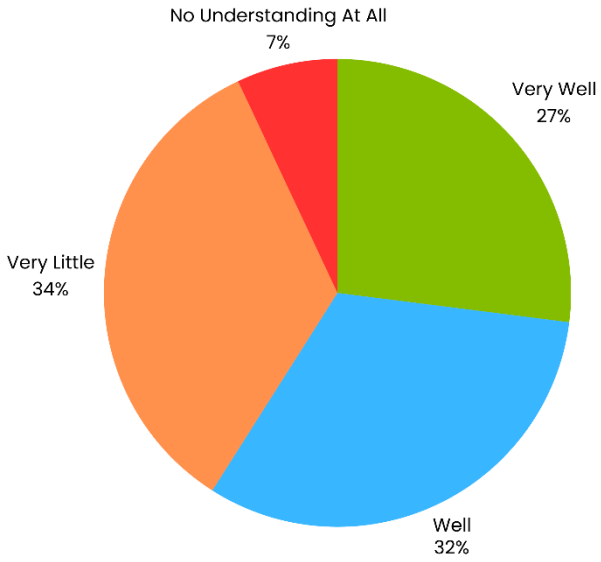
National research suggests that people from marginalised groups, including those from Black, Asian, and other minority ethnic backgrounds, are at higher risk of mental health issues.[8] This trend is also reflected in Healthwatch Newcastle data, where the second and third largest participant groups are from Asian and Black backgrounds.

[8] Race Equality Foundation Report on Mental Health, (2022). Available here.

Understanding of Mental Health

Participants were asked to rate their understanding of mental health issues. The largest group (34%, n=42) said they understood "very little," while 32% (n=41) felt they understood it "well." Meanwhile, 27% (n=34) reported understanding "very well", and 7% (n=9) said they had "no understanding at all."

"How well would you rate your understanding of mental health issues?"



This suggests that while many participants feel they have some understanding of mental health issues, a significant proportion still lack confidence in their knowledge. This highlights a need for better education and awareness around mental health amongst the population. However, the fact that nearly 60% believe they understand it "well" or "very well" indicates that some progress has been made in mental health awareness.

Healthwatch Newcastle set out to identify what the general public defined as a mental health crisis, so participants were asked to note a definition in their own words. Only 101 (80%) of respondents provided a response for this question, so data will be shown for these participants only.

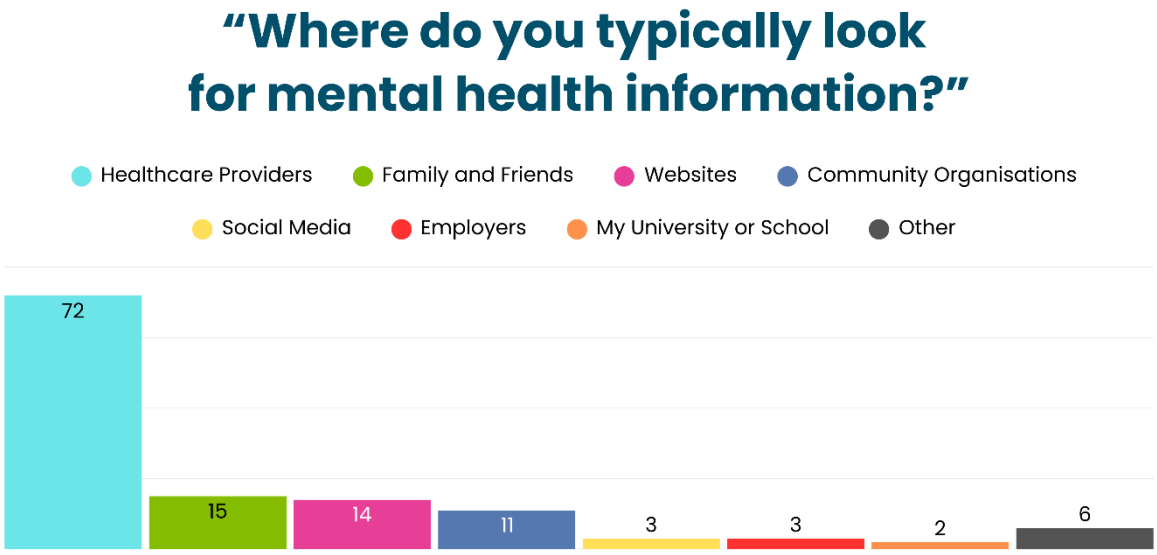
Eighteen participants self-described a crisis as a "brain illness" or the “brain being under extreme pressure”, while 17 participants defined it as “struggling to cope with emotions or daily life”. Additionally, 12 participants saw a crisis as “being at risk of harming themselves or others”. These three definitions were the most common responses by participants.

“How would you define a mental health crisis?”

The remaining 54 participants provided a range of other definitions, including needing urgent help, experiencing suicidal thoughts or episodes, feeling like there are no options left, going through physical distress, and feeling unlike themselves.

This suggests that people have varied perceptions of what amounts to a crisis, but there are some common themes. Many participants associate a crisis with severe mental strain, emotional distress, or a loss of control, while others focus on the risk of harm to oneself or others. The wide range of additional definitions highlights that crises are deeply personal experiences, affecting individuals in different ways. This diversity in understanding reinforces the need for flexible, person-centred approaches to mental health support and crisis management.

Participants were given a list of options and asked where they typically look for mental health information. The majority (58%, n=72) said they turn to healthcare providers, while 12% (n=15) rely on family and friends. Another 11% (n=14) seek information online through websites, and 9% (n=11) use community organisations. Smaller groups reported using social media (2%, n=3), employers (2%, n=3), or their universities or schools (1%, n=2). Additionally, 5% (n=6) selected "other." When asked for details, they said they would have chosen multiple options on the list, except for three participants who specifically mentioned charity websites such as Mind, Everyturn Mental Health, and James' Place.



To understand the public perceptions of mental health further, participants were asked to note what they thought to be the contributory factors to mental health crises in Newcastle. This question received a total of 214 responses, meaning participants provided more than one answer. The data highlights the key challenges affecting individuals, with the most commonly reported issues being:

- Economic or financial problems (23 responses)
- Unemployment or job-related concerns (22 responses)
- Relationship or family issues (20 responses)
- Poverty (19 responses)

Other significant factors include:

- Cost of living (16 responses)
- Illness, ill health, or injury (15 responses)
- Substance abuse or addiction (12 responses)
- Housing issues (12 responses)
- Poor mental or brain health (11 responses)

Additional concerns reported include:

- Loneliness and isolation (9 responses)
- Uncertainty about the causes of their difficulties (9 responses)
- Health service access (9 responses)
- Lack of services or support (9 responses)
- Trauma and abuse (8 responses)
- Depression (6 responses)

Less commonly mentioned but still relevant factors:

- Youth and educational stress (5 responses)
- Lack of community activities (4 responses)
- Waiting for treatment (3 responses)

This data suggests that financial struggles, employment concerns, and personal relationships are the most pressing issues, while access to support services and mental health challenges also play a significant role.

Personal Experience in Seeking Help for Mental Health Issues

Healthwatch Newcastle asked participants if they had ever sought help for mental health issues, either for themselves or on behalf of someone else. Of the 126 participants, 55% (n=70) answered “no”, 36% (n=45) answered “yes”, and 9% (n=11) answered “yes, on behalf of someone else”.

Participants were also asked what barriers, if any, they had faced in accessing mental health services, either for themselves or on behalf of someone else. Those that answered “no” to the previous question were directed to pass over to the next question. In light of this, a total of 81 participants missed this question indicating that they either had not faced

any barriers, or this was not relevant to them. For this question a total of 69 responses were received.

The data highlighted significant barriers to accessing healthcare and support services, with the most commonly reported issues being long waiting times, difficulties securing GP appointments, mental health challenges, and a lack of support, particularly from crisis teams:

"I feel if I had any issues, I would be confident speaking with my GP."

"Still huge amounts of stigma in all aspects of society. Made to feel guilty because there are people worse than you."

"I don't feel confident that I would be either listened to or understood."

Many participants also noted a lack of awareness about available services, as well as personal barriers such as low self-confidence or embarrassment. Some expressed frustration with telephone appointments, preferring face-to-face interactions. Additional challenges included difficulties with healthcare professionals, family or friend-related issues, feeling misunderstood, and problems within healthcare services. Financial struggles, communication barriers, and language difficulties were also noted, though less frequently. A small number of participants mentioned misdiagnosis, exclusion, and a lack of available options for support.

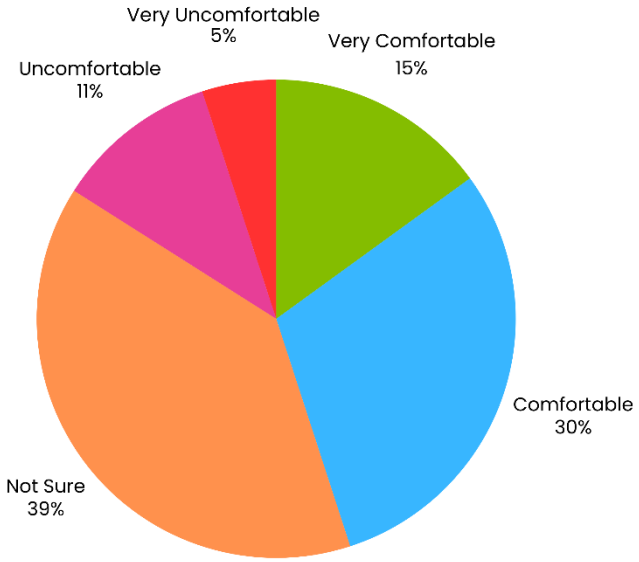
Overall, the data suggests that delays in accessing care, lack of support services, and difficulties with healthcare appointments are major challenges. Additionally, personal barriers such as confidence, awareness, and communication issues also impact individuals' ability to seek help effectively.

Additionally, participants were asked to rate how comfortable they are with seeking help for mental health issues. Out of the 126 participants, 115 answered this question, while 11 participants did not provide an answer. The following data presented has been calculated for the 115 participants who provided a response.

The responses indicate that 39% (n=45) were unsure about their feelings selecting "not sure", while 30% (n=34) felt "comfortable", and 15% (n=17) reported feeling "very comfortable". On the other hand, 11% (n=13)

participants expressed they felt "uncomfortable", and 5% (n=6) felt "very uncomfortable".

"How comfortable would you be seeking help for mental health issues?"



Participants were then asked to provide additional comments to explain their rating. The responses highlighted a range of perspectives on seeking mental health support. Some participants feel confident in seeking support for themselves and others, particularly when they have strong personal or professional networks. However, many mention persistent stigma around mental health, making it difficult for individuals to admit they need help. Several respondents note that professional services are not always adequate, with some expressing concerns about not being listened to or understood.

A few individuals feel supported at work or university:

"I have good connections through my work, so I feel I have a reasonable understanding of where to access information."

Others emphasise the difficulty of accessing services due to "bureaucracy" (regulations), emotional exhaustion, and being passed between different providers. There is also a gendered aspect, with some men feeling pressure to handle problems alone. Many believe that seeking help is a last resort, often only pursued when the situation becomes severe.

Some respondents highlight the importance of easily accessible and well-signposted support, while others express frustration over needing to justify concerns when advocating for someone else:

"In my social prescribing role, I am not confident that there is adequate support out there for the people I work with."

"There is a sense that I have to justify my concerns for a person, as a third party often reaching out for someone who has not consented or requested support."

"I have only sought help for others in my previous professional work, but the process can be bureaucratic and difficult for me to navigate with stable mental health. There is very little guidance provided about how to support people who may not meet the threshold for 'crisis intervention' but yet whose behaviour remains difficult to manage in the community."

Despite the challenges, a few participants acknowledge improvements in mental health awareness and education, though they stress that more needs to be done to ensure people receive timely and effective help.

Overall, these statements serve as valuable qualitative data that highlight the real-world struggles individuals and professionals face. Interestingly, professionals who act as liaisons (e.g., social prescribers) often feel unsupported themselves, making it harder for them to help others. It further raises ethical concerns about the emotional and professional strain on those tasked with supporting vulnerable individuals, emphasising the need for a more accessible, guided, and well-supported system.

Perception of Community Services

Healthwatch Newcastle were interested in exploring the public's views on existing mental health community services, so participants were asked how accessible they think these services are in Newcastle.

The findings indicate that a significant proportion of participants perceive mental health community services in Newcastle as lacking accessibility. With 39% (n=49) of respondents rating accessibility as "poor/bad" or "not accessible", there is a clear concern about the availability or ease of

accessing these services. Additionally, 27% (n=34) were unsure, stating they "don't know/[were] not sure", suggesting a lack of awareness or clarity about how to access support. Only 12% (n=15) found services to be "quite accessible", highlighting a minority with a positive perception. The 22% who did not respond may indicate disengagement or further uncertainty. Overall, these results suggest potential gaps in accessibility, awareness, and service effectiveness within Newcastle's mental health community support system.

Participants were also asked if they know of any local support organisations or resources that offer support for mental health crises. They were provided with a list of those that may be familiar to members of the public and were asked to answer either "yes" or "no". Below is a table of the services and the number of responses received:

"Are you familiar with this service?"

Service	Yes	No	Not Answered
NHS 111	67	34	25
NHS Mental Health Services (CNTW)	63	38	25
NHS Primary Care (GP Services)	103	16	7
Samaritans	70	28	28
Tyneside and Northumberland Mind	52	39	35
Mental Health Concern	31	62	33
Everyturn Mental Health	27	65	34
Social Call – Loneliness and Isolation Support	12	76	38
Campaign to end Loneliness	21	70	35
Next Steps North East	9	80	37

The key takeaways from the data presented shows that:

- NHS Primary Care (GP Services) had the highest awareness (103 people knew about it). GP services are also often a first port of call for any health issues.
- NHS 111 and Samaritans were also well-known, with 67 and 70 people recognising them, respectively.
- Next Steps North East had the lowest awareness (only 9 people knew about it).
- Services focused on loneliness, like Social Call and Campaign to End Loneliness, had relatively low recognition. However, this may be a specialised market, as people may not be interested in talking to them if loneliness is not perceived as the main problem.

This suggests that while NHS services and Samaritans are well-known, some local or specialised services may need more outreach to increase public awareness. Additionally, the number of responses not provided suggests either disengagement from the survey, or a lack of awareness of the services provided on the list.

Participants were asked to rate how well they think mental health services in Newcastle address the needs of individuals in crisis. Some respondents believe the services passably meet crisis needs, answering “well” (27%, n=34). The largest group feels the services only address crisis needs to a small extent, answering "very little" (29%, n=37). A smaller group thinks the services completely fail to meet crisis needs, answering "not at all" (8%, n=10). Very few feel the services fully meet crisis needs, answering “very well”, (4%, n=5). Many participants skipped this question (32%, n=40).

In total, a majority (n=47, 37%) think mental health services do not address crisis needs well, suggesting dissatisfaction, while only 5 people feel the services are doing very well, indicating low confidence in their effectiveness. The high number of non-responses (n=40) could mean uncertainty or lack of personal experience with crisis services.

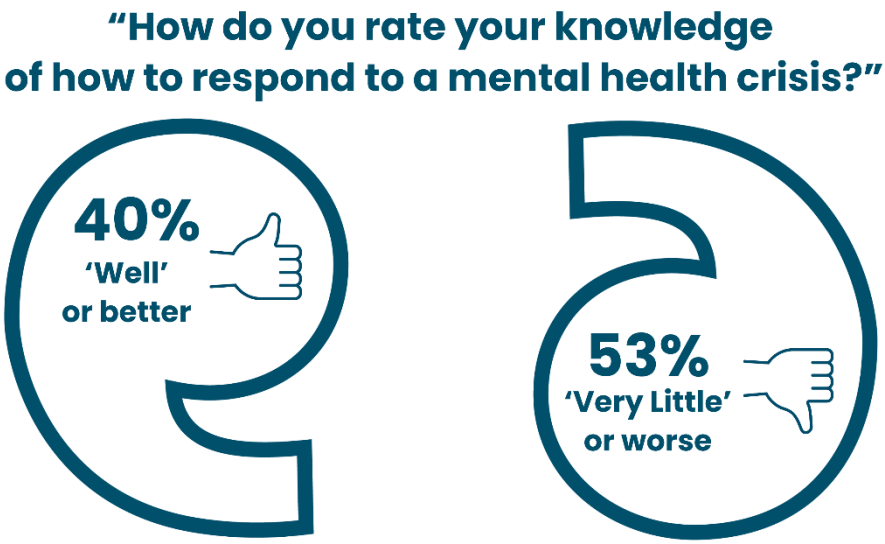
To understand participants’ views further, they were asked to suggest what changes or improvements they would like to see be made. Three percent of

respondents (n=4) mentioned the importance of working in partnership, while 6% (n=7) expressed a desire for improvements in education. Five percent (n=6) highlighted the need for better access to services. Four percent (n=5) suggested a more realistic waiting list, and 7% (n=9) called for an increase in resources, such as staffing. Twenty-one percent of the participants (n=26) indicated that they did not know enough to comment on the matter, while 54% (n=69) did not provide an answer.

The data shows that many people either did not answer the question or felt they did not know enough to comment, which suggests there may be a lack of clarity or engagement on the topic. Among those who did respond, a few common themes emerged. Some participants mentioned the importance of working in partnership, while others felt that improvements in education were needed for themselves, and for healthcare professionals. Access to services was also a concern, as some respondents felt services were hard to reach or inadequate. A few participants suggested that waiting lists should be more realistic, likely due to frustration with long or uncertain wait times. Lastly, several respondents called for more resources, especially staffing, indicating that there may not be enough support to meet current demands. Overall, the feedback points to a need for more collaboration, better access to services, and increased resources.

Crisis Intervention and Support

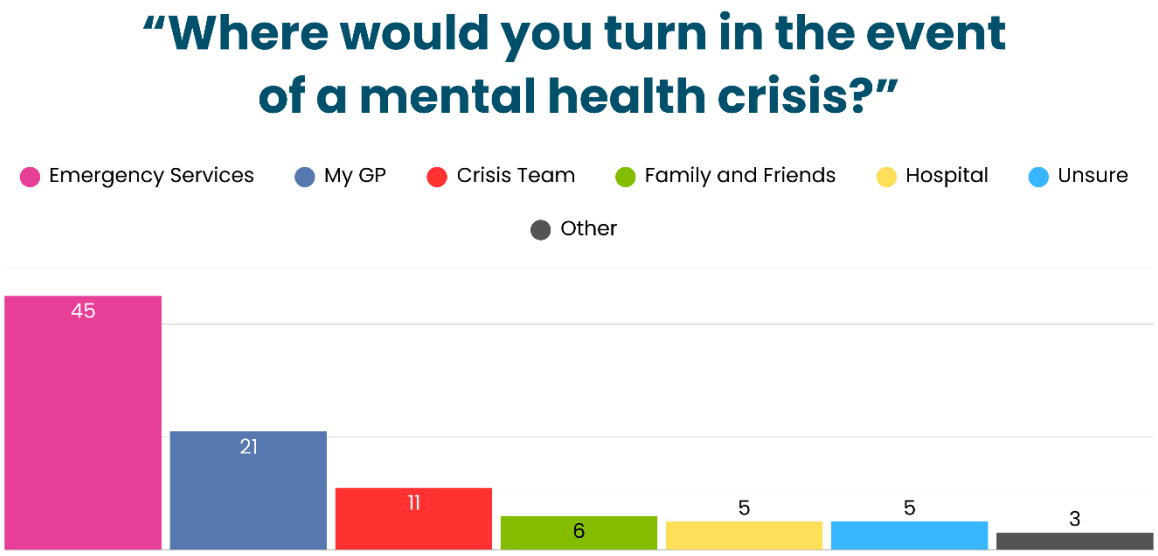
The survey aimed to explore the public's perception of crisis management in mental health by assessing their awareness of crisis intervention and support. Respondents were asked to rate their knowledge of how they would respond to a mental health crisis. A significant portion, 45% (n=57), rated their knowledge as "very little," suggesting a general lack of confidence or understanding in this area. Meanwhile, 29% (n=37) rated their knowledge as "well," and 11% (n=14) rated it as "very well," showing some level of awareness among a portion of the participants. Eight percent (n=10) admitted they knew "not at all," indicating a clear gap in their ability to respond to such situations. The remaining 6% (n=8) did not provide an answer.



The results highlight a widespread lack of knowledge among the public regarding how to respond to mental health crises. While some participants are somewhat informed, a large proportion of people feel ill-equipped to handle such situations, pointing to a potential need for increased education and awareness on mental health crisis management.

Participants were also asked, if they or someone they knew were to experience a mental health crisis, where would they seek help first. In total, only 96 participants provided answers for this question, so percentages below have been calculated and shown for these responses.

The data presented the different sources or support systems that respondents believe they would turn to in the event of a mental health crisis. The majority, 47% (n=45), identified emergency services, (with a small number including the police) as their primary resource, while 23% (n=21) would rely on their GP. A smaller portion, 11% (n=11), indicated they would contact a crisis team. Family and friends, as well as hospitals, were mentioned by 6% (n=6) and 5% (n=5) of participants, respectively. Five respondents (5%) said they were unsure. Other resources, including "self-care, local authorities, and first aid", were each identified by 1 respondent.

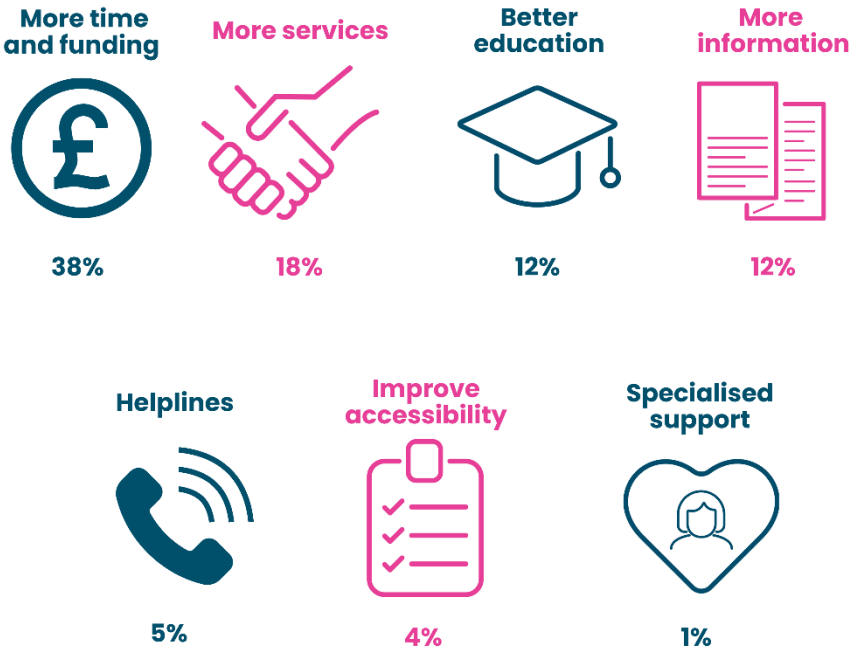


Overall, the data reveals that emergency services are seen as the most reliable source of support in a mental health crisis. However, other resources such as GPs, crisis teams, and family and friends also play a role, although they are less frequently chosen. This indicates a need for clearer guidance and awareness of available mental health support systems beyond traditional emergency services.

Participants were asked to explain what resources they think are needed in Newcastle to support people in crises. The data highlighted the following areas that respondents believe need improvement in the context of mental health crisis management. A significant portion, 38% (n=30), pointed to funding and time as the main areas for improvement. Services were mentioned by 18% (n=14), although no further explanation was provided to better understand what services participant were referring to. Twelve percent (n=9) highlighted the need for better education, while another 10%

(n=8) felt that more information was necessary, which was mentioned twice by different respondents. Smaller portions of participants identified the need for helplines (5%, n=4), easier access to services, especially for those with language barriers (4%, n=3), and specialised services for neurodiverse individuals and support for older people (1%, n=1 each).

Suggestions for improvement:



The data indicates that improving funding, time, and service availability are the top priorities for respondents. There is also a clear demand for better education, more information, and better accessibility to mental health resources, as well as a call for specialised services to meet the needs of diverse populations.

Lastly, participants were given the opportunity to provide any additional information that had not been previously asked or mentioned, to help improve the understanding of the public's awareness of crisis services and mental health. A total of 24 respondents were able to support with this part of the survey.

Fifty-eight percent (n=14) of participants commented on the quality of care provided and received by services in Newcastle, mostly conveying feeling disappointed or let down:

"It is shocking just how little support there is."

"I felt that my needs were not thought to be urgent, until I was in crisis"

"It didn't work for my friend. In fact, it failed catastrophically".

16 percent (n=4) suggested the need for more resources, with a special focus on prevention and early intervention:

"I believe they are doing the best they can with the resources they have. I would like to see these services supported financially and socially."

"More one-to-one sessions needed. Work with same person, if possible, to build positive relationship to reassure the person in need."

"Need earlier intervention and proper follow up care."

Thirteen percent (n=3) mentioned the need for better information sharing:

"I do not know much about mental health crisis and there will be others too. Some sharing of information and leaflets at GP surgeries and community centres will help."

Four percent of respondents (n=1 each) highlighted key areas for improvement. One emphasised the importance of encouraging individuals to make decisions about their own needs. Another stressed that all professionals should be trained to understand different cultures and the impact of a person's health condition on their family and community. Additionally, one respondent pointed out a fundamental issue with the system, stating that it focuses on reacting to crises rather than preventing them. They suggested that more proactive measures are needed to provide better support before a crisis occurs.

Key Themes

Using the feedback collected from participants, 4 key themes were identified which are discussed in more depth below:

- Varied Definitions of a Mental Health Crisis
- Effectiveness of Mental Health Services in Crisis Situations
- Crisis Intervention Knowledge
- Seeking Help in a Crisis

While mental health awareness has improved, gaps remain in education, accessibility, crisis response, and service effectiveness. Financial struggles, employment issues, and personal relationships are key stressors. Many feel unsupported by the system, and emergency services are often seen as the first point of contact in crises. Greater funding, education, and proactive interventions are needed to improve mental health support in Newcastle.

Healthwatch Newcastle have identified the following as key findings:

Varied Definitions of a Mental Health Crisis

The majority of the participants described a crisis as a "brain illness" or the “brain being under extreme pressure,” emphasising a biological or neurological basis for mental distress. Beyond these primary definitions, the remaining participants provided a broad range of responses, illustrating the deeply personal nature of mental health crises. These varied descriptions reflect the complexity of crisis experiences, which are not limited to any single cause but rather capture a range of distressing emotions, thoughts, and behaviours.

Notably participants’ definitions of crisis differ from the formal definition in the report, which describes a crisis as reaching a breaking point and needing urgent help due to severe anxiety, panic attacks, flashbacks, self-harm, suicidal thoughts etc. While some aligned with aspects of this definition, many had broader or more personal interpretations. This highlights that crisis is highly individual, though common themes emerge, such as extreme mental strain, emotional distress, or the risk of harm. The wide range of responses reinforces that crises are deeply personal experiences shaped by individual circumstances and coping mechanisms.

Given this variety, a flexible, person-centred approach to mental health support is essential. Services should adapt to individual needs rather than relying on a rigid, "one-size-fits-all" definition, ensuring those in distress receive the most appropriate care. Recognising and validating personal experiences will lead to more effective, compassionate, and responsive mental health support.

Effectiveness of Mental Health Services in Crisis Situations

The findings suggest that many participants are dissatisfied with how mental health services in Newcastle address crisis needs. While 27% (n=34) felt services met crisis needs "well," a larger portion, 37% (n=47), believed they are not poorly addressed, with 29% (n=37) stating services help "very little" and 8% (n=10) believing they do "not at all." Only a small minority (4%, n=5) feel services perform "very well." Notably, 32% (n=40) skipped the question, possibly due to a lack of experience or uncertainty about available crisis support.

When asked about improvements, responses highlighted key areas of concern. A small percentage emphasised collaboration (3%, n=4) and education (6%, n=7), while others focused on access to services (5%, n=6) and more realistic waiting lists (4%, n=5). The most common suggestion was increasing resources, including staffing (7%, n=9). However, a significant number (21%, n=26) felt they lacked enough knowledge to comment, and over half (54%, n=69) did not provide an answer.

These results indicate that many individuals either lack awareness of crisis services or feel disengaged from them. The most common concerns (limited access, long wait times, and insufficient resources) suggest that current services are struggling to meet demand effectively. Addressing these issues through better funding, improved accessibility, and stronger community partnerships could help enhance crisis support. The high number of non-responses also suggests the need for better communication and engagement with the public to ensure people understand what support is available and how to access it. This is because there is the possibility that respondents did not answer questions due to their lack of understanding and knowledge of mental health and crisis support.

Crisis Intervention Knowledge

Building on the above points, it is clear that the public may not be fully aware of the support services available to them. When asked where participants would first seek help if they or someone they knew experienced a mental health crisis, the majority (46%, n=44) responded they would contact emergency services. Another 23% (n=21) said they would turn to their GP, while 11% (n=11) would reach out to a crisis team. Smaller groups of respondents mentioned seeking support from family and friends or hospitals Additionally, others were unsure where they would go for help.

These findings suggest that many people view emergency services as the most accessible and dependable option in a crisis. However, the lower reliance on crisis teams and other mental health services indicates a possible lack of awareness or confidence in these alternatives. While GPs and personal support networks are recognised as potential sources of help, their role in crisis situations may need to be reinforced.

Overall, the results underline the need for greater awareness of mental health support options beyond emergency services. Especially in relation to the Right Care, Right Person (RCRP) approach, which determines whether the police are the appropriate agency to respond at the point at which the public or other professionals report a mental health-related incident (e.g. via a call made to the police).[9] There will always be situations where police need to respond to a mental health crisis, such as when there is an immediate risk to life, serious harm, or a crime involved. However, police are increasingly called to situations where they may not be the most suitable responders. Often, they struggle to transfer care to the right professionals quickly, which not only affects their ability to carry out other duties but can also lead to greater distress for individuals in crisis. This can result in a poorer overall experience and delays in receiving proper mental health support.

Strengthening the visibility and accessibility of crisis teams, helplines, and community services could ensure that individuals receive appropriate and timely care when facing a mental health crisis.

[9] National Partnership Agreement (2022-2024): Right Care, Right Person (RCRP), (2023). Available here.

Seeking Help in a Crisis

The data suggested a mixed level of comfort when it comes to seeking help for mental health issues. While a large portion of participants (45%) feel at least somewhat comfortable reaching out for support, a significant number remained unsure (39%), and 16% report feeling uncomfortable or very uncomfortable. The high percentage of uncertainty may indicate that many individuals are hesitant or lack confidence in available services.

Additional comments provided deeper insight into these responses. Those who feel comfortable seeking help often referred to strong personal or professional support networks as key factors in their confidence. However, many participants highlighted ongoing stigma surrounding mental health, which can make it difficult for individuals to acknowledge their struggles or seek help. Others expressed concerns about the effectiveness of professional services, mentioning experiences where they felt unheard or misunderstood.

Overall, these findings suggest that while some individuals are comfortable accessing mental health support, many remain hesitant due to stigma, uncertainty, or doubts about the quality of services. This outlines the need for continued efforts to reduce stigma, build trust in mental health services, and ensure that individuals seeking help feel validated and supported.

Conclusion and Recommendations

The findings of this study highlight both progress and ongoing challenges in public understanding, awareness, and access to mental health services in Newcastle. While a majority of participants report some level of understanding of mental health issues, a significant portion still lacks confidence in their knowledge. The varied definitions of a mental health crisis suggest that individuals experience crises in various different ways, reinforcing the need for person-centred support.

Key factors contributing to mental health crises in Newcastle include financial struggles, unemployment, relationship issues, and access to services. Many individuals face barriers in seeking help, such as long waiting times, difficulties securing GP appointments, and a lack of available support. Stigma, lack of awareness, and systemic inefficiencies further hold back individuals from accessing the help they need.

Despite some awareness of NHS services and national organisations, there is limited recognition of local mental health support services. Many participants expressed dissatisfaction with the accessibility and effectiveness of existing mental health services, particularly for crisis intervention. Emergency services remain the primary point of contact during crises, indicating a potential gap in awareness or availability of other support options.

The study stresses the need for improved education, resources, and accessibility to mental health services in Newcastle. While there is recognition of efforts made to address mental health, further action is required to ensure individuals receive timely and effective support.

Based on the above, Healthwatch Newcastle have proposed the following Recommendations:

Recommendations

- CNTW to ensure each GP Practice in Newcastle has standard information on what is meant by a mental health crisis, and where to access support for this in the first instance. For example, displaying a short infographic video on TV screens in GP waiting rooms, similar to flu vaccination, NHS 111, or prevent awareness videos. Or perhaps a

guidance resource, like a table or chart, that maps out support options based on different levels of mental health needs – for example, directing low to medium risk (non-crisis) cases to a GP and crisis situations to a specialised team.

- CNTW to implement targeted mental health awareness campaigns to improve public understanding of mental health issues and crisis management.

- CNTW/all mental health partners to enhance signposting to available mental health services, ensuring individuals are aware of crisis support options beyond emergency services, to improve public awareness and available services.

- CNTW/mental health services in Newcastle to develop educational programs for schools, workplaces, and community groups to reduce stigma and promote early intervention.

- Emergency services (ambulance and hospital staff)/GPs to improve training for professionals to better assess and respond to individuals at risk. As a result, enabling the proactive use of the RCRP approach.

- CNTW to develop specialised support for neurodiverse individuals, older adults, and those facing socio-economic challenges (e.g. income, education, employment, community safety and social support).

- Community mental health services/PCNs to address barriers related to gender, particularly the hesitancy of men to seek mental health support.

- GPs, PCNs, CNTW, the ICB and local authority to strengthen partnerships between (community) mental health services, GPs, and

social care providers to create a more integrated support system.

- CNTW/GPs/ICB to advocate for continual financial investment in mental health services to improve staffing levels and service availability.

- GPs/PCNs/CNTW to introduce more one-on-one support and continuity of care with healthcare providers to build trust and effective therapeutic relationships.

Limitations

Around 70% of the respondents identified themselves as living in the NE4, NE5, NE6 and NE15 areas which are geographically where social deprivation and health deprivation is high. This implies that a large proportion of the feedback highlights negative experiences and opinions strongly, as individuals residing in these areas may be exposed to wider factors of mental and physical health.

Additionally, a large percentage of responses were provided by women (67%), in comparison to men (31%). Although previous research has illustrated the reasons why men often do not seek health and support for mental health, there needs to be more effort in ensuring men feel supported and confident in requesting this, and that their views are considered. This can help to lessen the stigma surrounding men and mental health.

The survey often provided limited data to analyse; most responses indicated vagueness, or rather a lack of engagement. Most participants answered, “very little”, “not at all”, “do not know enough to comment” or did not answer some questions. This lack of involvement makes it challenging to present substantial information, especially when aiming to identify a pattern or trend. Perhaps the questionnaire was not asking questions the right way, thus influencing the way respondents provided answers.

A final limitation is that Healthwatch Newcastle were unable to meet Objective B as outlined in the project scope and were only able to partially

meet Objective C. (please see appendices for a full list of research objectives).

B) To identify the communication and coordination processes that are already in place for the public/patients in mental health services to access support for crisis situations.

Although information on making self-referrals—whether through a GP or directly to mental health services—is publicly available, it was not explicitly highlighted in the study or included as a survey question to gather further insights. In many cases, guidance primarily directs individuals to contact their GP first, leading to the assumption that this is common knowledge. However, this assumption limited the opportunity to explore valuable information, particularly in understanding public perceptions of mental health crisis management.

C) Review current communications plans for mental health crisis management services in Newcastle.

Although Healthwatch Newcastle successfully identified services and resources to include in the survey to enhance public awareness, there was no opportunity to provide participants with a fact sheet explaining how referrals work or how to verify the accuracy and suitability of the provided contact details. This limitation also contributed to the inability to meet the Objective B. Instead, the recommendation was to direct individuals to these services if they sought further advice. As a result, this report includes a disclaimer at the beginning to ensure the public is aware of alternative support options.

Response Statement

The following statement has been provided by partners at CNTW. This is intended to address, acknowledge, and engage with the research findings that have been presented by Healthwatch Gateshead:

"Thank you for sharing the draft report on the work you have carried out to investigate the gap between public understanding of crisis situations and the actual crisis support provided by healthcare professionals and services.

We have reviewed this report and our Place Director has provided some suggestions in relation to the recommendations for your consideration.

I wanted to also take this opportunity to respond to the findings of the report and how this links with the work we are taking forward with partners across Newcastle which I hope is both informative and reassuring in relation to the improvements we need to make across the system.

Community transformation and urgent care (crisis)

The latest national guidance on community transformation in mental health is aligned with the new government's neighbourhood health service models. NHS England has a top priority for reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and unnecessary admissions to hospital and improving timely access to care when it is needed urgently.

The NHS England's Neighbourhood Health Guidelines for 2025/26 emphasise an integrated approach to health and care, building on existing structures like Primary Care Networks (PCNs) and other cross-team collaborations. The goal is to provide more care at home or closer to home, improve access, experience, and outcomes, and ensure the sustainability of health and social care delivery.

The Trust has long been working to the national guidance on community transformation in mental health which emphasises a whole-person, whole-population approach, with the aim of developing integrated models of primary and community mental health care. This includes access to psychological therapies, improved physical health care, employment

support, Housing and benefits support, personalised and trauma-informed care, and support for self-harm and coexisting substance use.

The Trust has also been working to the Long-Term Plan national guidance on mental health and urgent and crisis needs, focusing on ensuring timely and appropriate care for individuals experiencing a mental health crisis. The NHS Long Term Plan emphasises the importance of providing comprehensive crisis pathways in every area, which can be accessed through communities, homes, emergency departments, inpatient services, or even ambulance transport and now 111 press Mental Health. The goal is to offer a range of crisis services, including crisis resolution home treatment, liaison mental health services, and alternative models like crisis cafes and safe havens. This approach aims to improve access, experience and outcomes for those in urgent need of mental health support.

Linked to the national guidance we are making changes across Newcastle with our partners. We have developed new mental health hubs in Newcastle, where partners come together in one place to provide easy access to help and support. This links to making the changes to our care and support model for all service users, which I have enclosed a summary of with this letter.

We have an excellent track record of working in partnership in Newcastle under the Collaborative Newcastle programme leading to exciting initiatives involving CNTW, local voluntary and charitable organisations, the Universities, Newcastle Hospitals Trust, Newcastle City Council, primary care, Northumbria Police and others which we are continuing to build on as part of the changes in our model of care and support.

CNTW welcomes this report and the opportunities this has to support the joint working with system partners to address the recommendations.

Thank you for allowing us the opportunity to review this prior to the report being finalised.

Yours sincerely,

Chief Executive

Cumbria Northumberland Tyne and Wear NHS Foundation Trust.

Appendices

Research Objectives:

a) To identify common themes in defining what a crisis is according to the public, but also healthcare professionals.

b) To identify the communication and coordination processes that are already in place for the public/patients in mental health services to access support for crisis situations.

c) Review current communications plans for mental health crisis management services in Newcastle.

d) To measure the effectiveness of the public accessing information/crisis management services through current available channels.

e) To identify areas for improvement, inform decision-making, and track key performance indicators such as response times, service utilisation rates, accessibility barriers, and patient outcomes.

Survey Questions:

Demographics

1) What is the first part of your postcode?

2) What is your age?

3) What is your gender identity? (male, female)

4) What is your ethnicity?

- Black, Black British, Black Welsh, Caribbean or African
- Any other Mixed or Multiple ethnic background
- White: English, Welsh, Scottish, Northern Irish or British
- White: Irish
- White: Gypsy or Irish Traveller, Roma or Other White
- Arab
- Prefer not to share
- Other (please specify):

Understanding of Mental Health

5) How well do you feel you understand mental health issues?

6) How would you define a mental health crisis? Please explain in your own words below.

7) What sources do you refer to for information about mental health? (E.g. social media, healthcare providers, community organisations, website pages i.e. google, family/friends, university/schools-pastoral, employers)

8) What do you think are the contributory factors causes of mental health crisis in Newcastle?

Personal Experience in seeking help for Mental Health Issues

9) Have you ever sought help for mental health issues?

10) What barriers, if any, have you faced in accessing mental health services, either for yourself or on behalf of someone else? (If not applicable skip to Question 11).

11) How comfortable are you seeking help for mental health issues? Please explain your answer further in the comment box below.

Perception of Community Services

12) How accessible do you think mental health services are in Newcastle?

13) Do you know any these local organisations or resources that offer support for mental health crisis? (e.g. NHS 111; NHS Mental Health Services (CNTW); NHS Primary Care (GP Services); Samaritans; Tyneside and Northumberland Mind; Mental Health Concern; Everyturn Mental Health; Social Call-Loneliness and Isolation Support; Campaign to End Loneliness; Next Steps NE).

14) How well do you think mental health services in Newcastle address the needs of individuals in crisis?

15) What changes or improvements would you like to see in mental health services or community support in Newcastle?

Crisis Intervention and Support

16) How would you rate your knowledge of how to respond to a mental health crisis?

17) If you or someone you know were to experience a mental health crisis, where would you seek help first?

18) What resources do you think are most needed in Newcastle to support people in crisis?

19) Is there anything else you would like to add about your thoughts or experiences of crisis management in mental health?

Model of Care and Support:

(Double-click on the i-con below to open up the slides to view the Model of Support and Care).

Model of Care and Support for Healthwa

Signposting

NHS Mental Health Services:

NHS 111 is much more than a helpline – if you're worried about an urgent medical concern, you can call 111 to speak to a fully trained adviser. They are open 24 hours a day, 365 days a year. They can tell you about your local crisis support services. https://www.nhs.uk/nhs-services/mental-health-services/

Crisis teams:

If you need urgent help with your mental health, you can get in touch with the Trust's Initial Response services. Open for anyone to call, 24 hours a day on 0303 123 1146.

Samaritans:

Whatever you are going through, call them free any time, from any phone on 116 123. They are there round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call them on the phone. This number is FREE to call. You do not have to be suicidal to call them.

Tyneside and Northumberland Mind:

A local charity here for the mental health of Newcastle, Gateshead Northumberland, North and South Tyneside.

Their Support Line available is for those over the age of 16 and living in Newcastle, Gateshead or Northumberland. You can also fill in a self-referral form by contacting them.

Call: 0191 477 4545 or 0330 1743 174 (Calls are charged at local rate) – Monday-Friday 2pm-10pm and Saturday-Sunday 12pm-8pm.

Office are located in:

- Tyneside and Northumberland Mind, 3rd Floor Tru-Knit House, Carliol Square, Newcastle upon Tyne, NE1 6UF
- Tyneside and Northumberland Mind, New Century House, West Street, Gateshead, Tyne and Wear, NE8 1HR

Everyturn Mental Health:

A national non-profit, providing mental health services on behalf of the NHS.

Contact details for different directories (dependent on needs of individuals): https://www.everyturn.org/contact-us/

Address: 2 Esh Plaza, Sir Bobby Robson Way, Newcastle upon Tyne, NE13 9BA

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