

# Right here, right now

People's experiences of help care and support during a mental health crisis



## What our report means for providers

[Right here, right now](#) reviews the access to, availability and quality of crisis care services in England, focusing on what it is like for people having a [mental health crisis](#).

### The bigger picture

- It is estimated that one in four people who use primary care services will need treatment for mental health problems at some point in their lives.
- In 2013/14 more than 1.5 million people were in contact with NHS trusts providing specialist mental health services, and almost 500,000 people were registered with a serious mental illness on local GP registers.

Our review has shown that there are some examples of good crisis care happening across the country. For example, one person told us:

*“The care that I received during my crisis was amazing. My care coordinator responded appropriately and helpfully in calling the crisis and home treatment team... They saw me within the expected timeframe and were able to offer me the help and support I needed.”*

However, our work has shown that far too many people in crisis have poor experiences of care in a crisis because services responses are failing to meet their needs.

*“My GP initially referred me to the early intervention in psychosis team which didn't help since they weren't the right team for me. I eventually went to A&E since I became suicidal and tried to kill myself...”*

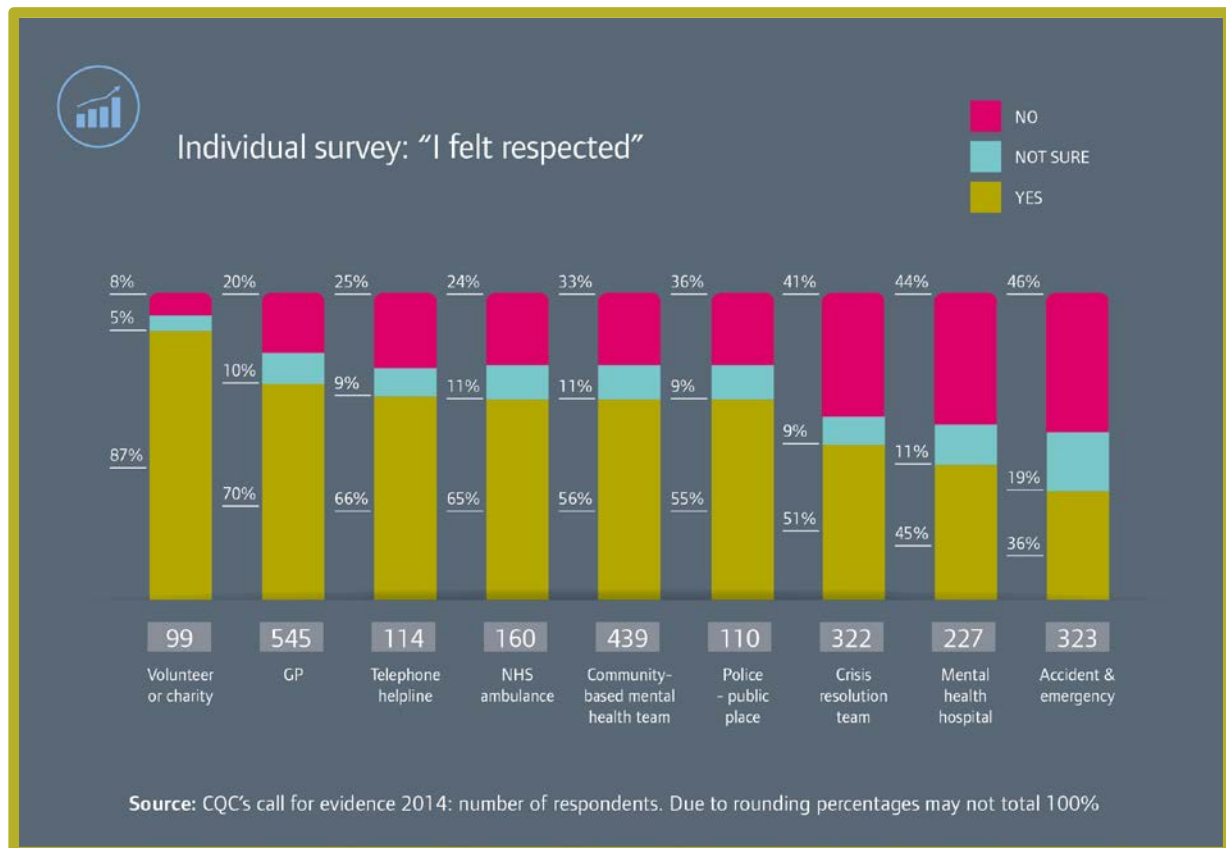
Only 14% of people in our call for evidence told us that the response they received during their crisis was helpful. We think that a health and care system where such a low proportion of people feel that they received the help they needed is unacceptable and raises serious questions about the fairness and safety of service responses.

As GPs are often the first point of contact for people in crisis, we support the Chief Medical Officer's call for specialist mental health training for GPs to help them to identify underlying mental health issues at the first point of contact.

Our report also highlights the need for providers and commissioners to work together to review local referral arrangements for talking therapies.

## Putting people first

How people were treated when they sought help had a big impact on their experience. In general, people told us that they felt respected by the services they encountered, with GPs and voluntary services being rated highly. However, A&E was highlighted as they place where most people felt they had been judged.



We asked people whether they felt listened to and taken seriously, whether they were treated with warmth and compassion, and if they felt judged. Again, GPs and voluntary services scored well, but fewer than four in 10 respondents were positive about their experiences in A&E for any of these statements. Feedback from our call for evidence also highlighted poor staff attitudes to injuries caused by self-harm.

***"A&E was horrible. I felt like I was being judged for inflicting injuries on myself and that certain staff actively didn't want to treat me."***

We think this is unacceptable. These attitudes cannot be tolerated and show that work is still needed to embed parity of esteem with physical health problems.

Our report encourages acute hospital trusts to run joint training sessions with members of liaison psychiatry service, and to make sure everyone working in A&E departments offers warmth, compassion and empathy to people presenting with self-harm related injuries.

## The importance of sharing information

Information sharing is vital to keeping people safe and is a key part of how local services should work together to provide a person-centred response.

Through our local area inspections, we found a mixed picture about organisations' ability to share information. For example, in one area, the RAID (Rapid, Assessment, Interface and Discharge) team could access information from both the acute hospital and mental health trust, making it easier to find out about a person's medical history.

However, in the same area the child and adolescent mental health services (CAMHS) system was standalone. This meant that staff were unable to access records out of hours and led to assessments having to be carried out without access to all relevant information.

Tackling mental health successfully is not something that can be achieved in isolation. Our report highlights the need for local areas to have standardised practices for sharing care plans with relevant local agencies to make sure that everyone involved in a person's care is aware of what should be done in the event of a crisis.

## What we want to see change

The introduction of the Crisis Care Concordat in February 2014 challenged commissioners and providers alike to commit to a set of [core principles](#) to address this. The Concordat is clear that people experiencing a mental health crisis should have access to the help and support they need 24 hours a day, seven days a week – a crucial step towards achieving parity with physical health care.

Throughout the report, we identify a series of areas where we think providers and services need to make improvements. Specifically, we encourage:

- Community mental health teams to make sure that people are supported to develop a crisis care plan, and make sure people are involved in decisions about their care.
- Crisis telephone helplines – whether provided in-house or through external providers – are accessible when they are most needed and meet expected service standards.
- Acute hospital trusts to focus on improving the experiences of people in crisis when they present to A&E for help, care and support through:
  - Joint-training sessions for staff run by members of the liaison psychiatry service.
  - Improving the environment of A&E departments, and ensuring that people presenting with self-harm related injuries are always treated warmth, compassion and empathy.
- Providers and commissioners to revisit the key findings from our report on health-based places of safety, [A safer place to be](#), to make sure that they are planning sufficient provision to meet the needs of the local population.