Survey of users 2005

Mental health services

Healthcare Commission

Inspecting Informing Improving

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The mental health services survey of users 2005 was designed, developed and coordinated by the NHS patient survey advice centre at

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making patients' views count

About the Healthcare Commission

The Healthcare Commission exists to promote improvements in the quality of healthcare and public health in England. We are committed to making a real difference to the delivery of healthcare and to promoting continuous improvement for the benefit of patients and the public. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Health and Standards) Act 2003. The organisation has a range of new functions and took over some responsibilities from other commissions. It:

- replaces the Commission for Health Improvement (CHI), which ceased to exist on March 31st 2004
- takes over responsibility for independent healthcare, previously carried out by the National Care Standards Commission, which also ceased to exist on March 31st 2004
- carries out the elements of the Audit Commission's work relating to the efficiency, effectiveness and economy of healthcare

We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare with others. We have created an entirely new approach to assessing and reporting on the performance of healthcare organisations. Our annual health check will look at a much broader range of issues in our assessments, enabling us to focus on what really matters.

Contents

Executive summary

This survey aimed to find out the views of those using secondary mental health services. Secondary mental health services provide care to people who have been referred by a GP to a psychiatric outpatient clinic or local community mental health team. This is the second survey of users of mental health services. Where appropriate, the report makes reference to the first national survey undertaken in 2004. Around 26,500 people responded to the 2005 survey; 52% of these people had used mental health services for more than five years.

Key findings

Most (84%) of the respondents to the survey had seen a psychiatrist in the last 12 months. The majority (80%) believed that they were definitely treated with respect and dignity by their psychiatrist, a slight increase from 79% in 2004, and most (69%) reported that their psychiatrist had definitely listened carefully to them, a slight increase from 68% in 2004. Fifty-nine per cent said they definitely had trust and confidence in their psychiatrist, while 31% said that this was the case to some extent. Sixty-three per cent said they were definitely given enough time to discuss their condition or treatment with their psychiatrist, compared with 60% in 2004.

Seventy-five per cent of respondents said that they had seen the same psychiatrist at their previous two appointments, compared with 73% in 2004. A larger proportion of those who saw the same psychiatrist reported that they had trust and confidence in their psychiatrist, that they had definitely been listened to carefully, and that they were treated with dignity and respect, compared with those who saw different psychiatrists.

Eighty per cent of respondents who had seen a community psychiatric nurse (CPN) in the last 12 months said the CPN they saw had definitely listened carefully to them. Seventy-three per cent said that they definitely had trust and confidence in their CPN and 85% reported that they were definitely treated with dignity and respect by their CPN.

Just over half of respondents had seen a healthcare professional other than a psychiatrist or CPN. Of these, a higher percentage (72%) said that they definitely had trust and confidence in the healthcare professional they saw than in 2004 (69%). Eighty-four per cent reported that they had definitely been treated with respect and dignity. The percentage of respondents who said the health professional had definitely listened carefully to them was also higher in 2005 (79%) than in 2004 (77%).

The care programme approach (CPA) provides a framework for mental health care. All users of services on CPA should have a written copy of their care plan, which identifies their mental health needs and explains their care. An enhanced CPA is aimed at those with more acute health needs. Forty-one per cent of those on standard CPA had been given or offered a written copy of their care plan, compared with 70% on enhanced CPA.

Fifty-eight per cent of respondents who had been given or offered a copy of their care plan said that they definitely understood what was in it, compared with 47% in 2004. Fifty-nine per cent definitely agreed with what was in their care plan, compared with 55% in 2004. For the first time, users of services were asked if they were involved in deciding what was in their care plan. Forty-two per cent of those who wanted to be involved said that they definitely had been, 35% said they had been involved to some extent and 23% that they had not been involved.

A care review is a chance for users of services to meet with those involved in their care to discuss their care plan. Forty-seven per cent of respondents said they had at least one care review in the previous 12 months, compared with 49% in 2004. Sixty-nine per cent of respondents on enhanced CPA had a care review in 2005, compared with 37% on standard CPA. Almost three quarters said that they had the chance to talk to their care coordinator before the meeting and 70% of those who wanted to invite a friend or relative to the meeting were told that they could (compared with 68% in 2004). Sixty-six per cent of respondents said that they were definitely given the chance to express their views at the meeting. Forty-seven per cent said that they definitely found the meeting helpful, while 40% said it was helpful to some extent.

A care coordinator is responsible for coordinating care and keeping in touch with users of services. Sixty-nine per cent of respondents said they were told who their care coordinator was, a slight increase from 2004 (67%). A greater proportion of those on enhanced CPA (86%) said that they were told who their care coordinator was, compared with those on standard CPA (62%). Most respondents (72%) said that they could always contact their care coordinator if they had a problem.

Most (93%) of the respondents had taken medication for their mental health problems. Thirty-nine per cent of these people said that they had definitely been involved in decisions about the medication they took. Forty-two per cent said that they were only involved to some extent and 19% said that they were not involved. When asked if they were told of the possible side effects of taking new medication, 37% said they were definitely told, 28% said they had been told to some extent, and 35% said they were not told. These results were the same in 2004.

Two-fifths of respondents had received talking therapies (such as counselling or psychotherapy) in the previous year. Just over half (52%) of these people said that they had definitely found it helpful.

Guidelines state that all people in contact with specialist mental health services should be able to access crisis resolution services at any time by, for example, telephone. Around half (48%) of respondents said that they had the number of someone in mental health services they could call out of hours, which was similar to the 2004 figure (49%). The majority (64%) of those who had been given a number and had used this service said that they were able to get through to someone immediately, while 22% got through in an hour or less. Five per cent said that they could not get through to anyone, the same proportion as the 2004 survey. Almost half (48%) of those using this service said they had definitely received the help they wanted.

Almost half of respondents who needed help with accommodation said that they would have liked help but did not receive any. Fifty-two per cent who wanted or needed help with finding work said that they would have liked help, but did not receive any. Seventy-three per cent of respondents who would have liked help with getting benefits said they had received help, compared with 69% in 2004. More than half (57%) of those who wanted or needed information about local support groups said they received it, compared with 53% in 2004.

Overall, 77% of respondents rated the care they received over the previous 12 months as excellent, very good or good overall, while 9% rated it as poor or very poor.

The national patient survey programme

Understanding what people think about the care and treatment they receive is crucial to improving the quality of care being delivered by healthcare organisations. One way of doing this is by asking people who have recently used the health service to tell us about their experiences.

The national patient survey programme, which was taken over by the Healthcare Commission in April 2004, is one of the largest patient survey programmes in the world. It provides an opportunity to monitor experiences of healthcare and is an important part of the Healthcare Commission's new annual health check.

The national patient survey programme aims to:

- provide feedback from patients to healthcare organisations, which can be used locally for quality improvement
- gather information about the experiences of people using services to inform performance assessments and Healthcare Commission inspections and reviews at a local level
- assess the performance of healthcare providers and monitor the experience of patients at a national level
- allow healthcare organisations to compare their results so that best practice can be shared

The Healthcare Commission has already surveyed patients on topics as diverse as hospital inpatient services, services for children and young people, emergency and ambulance services, and outpatient services. The programme continues to develop new approaches, different topics and improved partnership working to ensure that we capture a wider range of views from people who use the NHS and independent healthcare services.

More information about the national patient survey programme is available on the Healthcare Commission website at **www.healthcarecommission.org.uk**, along with copies of our pervious survey reports and benchmark reports.

Introduction

On average, one in four people will experience a mental health problem in the course of a year. These problems can range from grief to depression or a complete loss of touch with every day reality.

This report sets out the key findings from the second national survey of users of mental health services. The purpose of this survey was to learn what users of mental health services in England thought about the care they received.

Throughout this report, there will be mention of the National Service Framework (NSF) for Mental Health. The NSF sets out standards, provides a way of implementing national programmes and ensures links between the different services that provide mental health care.

As outlined in the NSF, the care programme approach (CPA) provides a framework for effective mental health care by assessing the needs of users of services and forming a written care plan that identifies the health and social care input required from a variety of providers. Users of services can be on standard CPA or enhanced CPA. An enhanced CPA is designed for people with more acute care needs.

This survey covers issues that affect the quality of care that people with mental health problems receive, such as their relationship with healthcare professionals, care planning and coordination, medication, and support in the community. Where possible, this report compares the results of this survey with the results of the 2004 survey.

Detailed reports for each participating trust can be found on the Healthcare Commission's website at **www.healthcarecommission.org.uk/Patient Survey2005**.

Understanding differences
When comparing the results of two different surveys there can be a degree of uncertainty around the results. Differences may be real, or may have occurred by chance, reflecting who responded to the questionnaire. Statistically, it is highly unlikely that any differences mentioned in this report have occurred by chance. They represent a real change between the two surveys. Where there has been no real change, differences or comparisons are not shown.

Our approach

This survey involved 81 NHS trusts which provide secondary mental health services, including combined mental health and social care trusts, and primary care trusts that provide mental health services. Secondary mental health services provide care to people who have been referred by a GP to a psychiatric outpatient clinic or local community mental health team.

Each trust identified a random sample of 850 adults, aged 16-64, who were registered on the CPA programme and had used mental health services between September 1st 2004 and November 30th 2004. These people were sent a postal questionnaire and a covering letter. Up to two reminders were sent to those who had not responded. The survey was carried out in spring 2005.

In total, 66,948 questionnaires were sent out to people who use mental health services and 26,555 completed questionnaires were returned. This represented an overall response rate of 41%.[1]

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[1] Overall response rate allows for undelivered questionnaires, deaths and those patients who were ineligible to receive a questionnaire, such as patients under 16 years of age.

Nationally, of the people that were surveyed:

- 52% had used mental health services for more than five years, 32% had used them for between one and five years, and 16% for one year or less
- 24% were aged 16-35, 41% were aged 36-50, and 35% were aged 51-65
- 93% of respondents were white, 3% were Asian or Asian British, 2% were black or black British and 2% were either of mixed race or from Chinese or other ethnic groups
- 58% were women
- 65% had last seen someone about their mental health needs less than a month before completing the questionnaire, 37% had seen someone in the last week, 23% between one and three months before, and 12% more than three months before
- 62% were on standard CPA, 32% were on enhanced CPA and the CPA status of 6% was unknown[2]
- 20% said their mental health was excellent or very good, 59% rated it as good or fair and 22% said their mental health was poor or very poor
- 79% said that they were not currently in paid work

Further information

Further detail about how the survey was carried out is available on the NHS surveys advice centre website at **www.nhssurveys.org**. An appendix to this report is also available on the Healthcare Commission website. The appendix contains key results tables, demographic information and comparative analysis.

Acknowledgement

The Healthcare Commission would like to thank the users of services who responded to this survey, as well as the NHS trusts in England that participated. We would also like to thank Esther Howell and Rachel Reeves of Picker Institute Europe for their contribution.

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[2] The proportion of respondents on enhanced CPA varied considerably between trusts, from 7% to 74%, reflecting differences in information systems and definition of CPA used by trusts.

Key findings

Relationships with healthcare professionals

Psychiatrists

Most people who responded to the survey (84%) had seen a psychiatrist in the previous 12 months. The majority (80%) said that their psychiatrist had definitely treated them with respect and dignity, while 3% said that they had not. More than two thirds (69%) said their psychiatrist had definitely listened carefully to them and 26% said their psychiatrist had listened carefully to some extent.

The percentage of people who said the psychiatrist listened carefully to them increased from 68% in 2004 to 69% in 2005. The percentage who said they had been treated with respect and dignity increased from 79% in 2004 to 80% in 2005.

“My psychiatrist is excellent, a good listener who has never patronised me. I trust him implicitly.”

“Psychiatrists need to take a little more time and listen to patients more, also be more caring and understanding.”

More than half of respondents (59%) said that they definitely had trust and confidence in the psychiatrist they saw at their last appointment. However, 31% only agreed to some extent and 10% said that they did not have trust and confidence in their psychiatrist.

Sixty-three per cent said that they were definitely given enough time to discuss their condition or treatment with their psychiatrist, compared with 60% in 2004. Twenty-five per cent said that they were only given enough time to some extent and 12% that they were not given enough time.

“In all of the appointments in the last year I found that I was given plenty of time to talk over my health with a psychiatrist.”

“The psychiatrist appointments could be longer and more open to discussion.”

Community psychiatric nurses (CPN)

Fifty-eight per cent of respondents had seen a CPN in the previous 12 months. The majority of these (85%) agreed that they were definitely treated with respect and dignity by the CPN; 13% agreed to some extent. Three per cent said that they had not been treated with respect and dignity. This compares with 80% of respondents who said that they were definitely treated with respect and dignity by their psychiatrist.

“Have very good relationship with CPN. He steps in when needed but allows me to do the rest which gives me dignity.”

“I ended my relationship with my CPN as I felt she lacked empathy, was disrespectful and occasionally very unprofessional in her treatment of me.”

The majority of respondents (80%) said their CPN had definitely listened carefully to them; 16% said that they listened carefully to some extent. The majority of respondents (73%) also said they definitely had trust and confidence in their CPN, 20% said they had trust and confidence to some extent, and 7% said that they did not have any trust or confidence.

> "My CPN is excellent and gives me a lot of help and advice. She takes time to listen to me and gives me positive feedback."
>
> "My CPN nurse is excellent. She never rushes me, and she always listens. I couldn't be without her."
>
> "I find my CPN supportive, understanding and motivational. I trust her and feel I can depend on her undivided support, she has helped me in many ways."

Other healthcare professionals

Just over half of respondents had seen a healthcare professional other than a psychiatrist or CPN in the previous 12 months. Of these respondents:

- 30% saw a social worker
- 17% saw an occupational therapist
- 23% saw a psychologist
- 30% saw someone else

The percentage of respondents who said that they definitely had trust and confidence in the healthcare professional they saw increased from 69% in 2004 to 72% in 2005. Only 7% said they did not have confidence or trust in the healthcare professional they saw in 2005.

Eighty-four per cent said that the healthcare professional they saw had definitely treated them with respect and dignity, 13% said they were treated this way to some extent and 3% said they were not treated with respect and dignity.

A large percentage (79%) of those who saw other healthcare professionals said that they had definitely listened carefully to them. This compares with 77% in 2004. Four per cent of respondents said that the healthcare professional they saw had not listened carefully to them and 17% said they listened to some extent.

The 2005 results, broken down by professional group, can be found in appendix 1 to this report on the Healthcare Commission website. Comparative results for 2004 and 2005 are available in appendix 3.

The care programme approach (CPA)

Care plan

The National Service Framework (NSF) for Mental Health recommends that all those on the CPA should have a copy of their written care plan. This plan is a document or letter that outlines their mental health needs and explains how their care has been planned.

Half of respondents (50%) were offered or received a copy of their care plan. Seventy per cent of those on enhanced CPA were given or offered a copy of their care plan, compared with 41% of respondents on standard CPA. Of those who said they were given or offered a copy, more than half (58%) said that they definitely understood what was in their plan. Almost a third (32%) indicated that they understood its content to some extent and 10% said they did not understand their care plan at all.

Respondents who had been given or offered a copy of their care plan were asked to what extent they understood or agreed with it. The findings show a marked improvement from the 2004 survey. More than half (58%) definitely understood their care plan, compared with 47% in 2004. Almost a third (32%) said they understood it to some extent and 10% said that they did not understand their care plan at all. Fifty-nine per cent definitely agreed with what was in their care plan compared with 55% in 2004. Thirty-five per cent agreed to some extent.

For the first time, we also asked whether respondents had been involved in deciding what was in their care plan. Of those who responded, 42% said that they had definitely been involved, 35% said that they were involved to some extent, and almost a quarter (23%) said that they had not been involved.

Care review

A care review is a meeting between a user of mental health services and those involved in their care to discuss how the care plan is working. As outlined in the NSF for Mental Health, the review of the care plan should be ongoing.

Twenty-four per cent of respondents had a care review in the previous 12 months, the same as in 2004. Sixty-nine per cent of respondents on enhanced CPA had a care review in 2005, compared with 37% on standard CPA. There was a slight decrease in the proportion of people who reported that they had more than one care review, from 25% in 2004 to 23% in 2005. There was a corresponding increase in the proportion of respondents reporting that they had not had a care review, from 51% in 2004 to 53% in 2005.

> **"I have had three monthly CPA meetings instead of outpatients appointments, which has allowed in depth discussions and moving forward."**
>
> **"More written reviews and reports on how I am doing and what progress I have made would help me a lot and I know others would find this useful too."**

A new question was included in the 2005 survey to find out whether users of services had the opportunity to talk to their care coordinator before the review. Almost three quarters (74%) said that they were given the chance to talk to their care coordinator, while the remainder said they were not. Seventy per cent of respondents who wanted to bring a friend or relative to their care review meeting said that they had been told they could, compared with 68% in 2004.

Two thirds (66%) of respondents said they were definitely given a chance to express their views at the care review meeting, 29% said they were given the chance to some extent, while 5% said they were not given a chance to express their views.

Almost half (47%) of respondents said they had definitely found the care review meeting helpful, 40% said they had found it helpful to some extent and 13% said it was not helpful at all. In 2004, a slightly higher percentage (49%) said they had definitely found the care review meeting helpful.

> **"Promises are made in your care review but never seem to happen, like when I was promised more support by a support worker and I'm still waiting since my review and meeting."**
>
> **"Communications could be improved between the psychiatrist, GP and CPN. Neither the psychiatrist nor the GP attended my care plan review and I had to make separate appointments with each to inform them of the decisions and plans that had been made."**

Care coordinator

A care coordinator, or keyworker, is someone from mental health services with responsibility for coordinating care and keeping in touch with users of services. The care coordinator is responsible for ensuring that the care plan is delivered and reviewed as required.

Sixty-nine per cent of respondents said they were told who their care coordinator was, an increase from 67% in 2004. Again, a higher percentage (86%) of respondents on enhanced CPA were told who their care coordinator was compared with those on standard CPA (62%).

The majority of these respondents (69%) said that they had seen their care coordinator less than a month before completing the questionnaire. Nineteen per cent had seen them between one and three months before and 13% had last seen their care coordinator more than three months before they completed the questionnaire.

Most respondents (72%) said they could always contact their care coordinator if they had a problem. A quarter (25%) said they could sometimes contact them and only 4% said they could not contact their care coordinator if they had a problem.

Treatment and care

Overall

The majority of respondents rated the care they received in the previous 12 months as excellent (25%), very good (29%) or good (23%). Only 9% rated the care they received as poor or very poor, which was the same percentage as the 2004 survey.

> "I have received first class care from my local NHS trust, when I realised I needed help, they were there with non judgmental care, advice, treatment and leadership. I feel very fortunate to have received this level of care."
>
> "The whole service could, and should, be improved. I receive no help and have no faith in any services offered."

Forty per cent of respondents reported that they definitely had enough say in decisions about their care and treatment, 44% said they only had enough say to some extent and 15% said they did not have enough say.

Forty-two per cent of respondents said their diagnosis had definitely been discussed with them and 39% said it had been discussed to some extent. However, 19% said their diagnosis had not been discussed with them.

> "My psychiatrist is very kind and caring, but I would like more information from him about my condition, and how he sees my problems and my prognosis. He has a common medical attitude of not fully sharing information with the patients."

Appointments

Fifty-six per cent of respondents said an appointment with their psychiatrist had not been cancelled or changed in the previous 12 months. However, 31% said that one appointment had been cancelled or changed, and 13% said that two or more appointments had been cancelled or changed.

> "You can phone the clinic and usually speak to your psychiatrist on that day. You can usually get an earlier appointment if necessary."
>
> "I would like psychiatrist's to keep to the appointments, as I have sat a long time at my last two appointments only to be told the doctor could not make them."

To develop a good relationship, it is important for those who use mental health services to see the same psychiatrist. Seventy-five per cent of respondents had seen the same psychiatrist at their previous two appointments, compared with 73% in 2004.

> "I now see the same psychiatrist every time, which I did request, as I was sick of seeing a different one every time. I do think it is very important that you do see the same person every time for continuity of care."
>
> "The psychiatrists I see are changed every six months, so I never see the same person more than twice. This means explaining and building a rapport again every time."

A larger proportion of respondents who saw the same psychiatrist at their previous two appointments said that they had trust and confidence in them, that they had been listened to, and they were treated with respect and dignity. Specifically:

- 64% definitely had trust and confidence in the psychiatrist they saw, compared with 45% who had seen different psychiatrists
- 73% said the psychiatrist had definitely listened carefully to them, compared with 59% who had seen different psychiatrists
- 83% reported that the psychiatrist definitely treated them with respect and dignity, compared with 72% of those who had seen different psychiatrists

> "I found that seeing the same psychiatrist has been invaluable especially as he is a registrar, being experienced, knowledgeable and passing that onto me."

Medication

Most (93%) respondents said that they had taken medication for their mental health problems in the previous 12 months. This is the same proportion as in the 2004 survey.

A frequent complaint by those who use mental health services is that they are not involved enough in decisions about their medication. The survey found that, while 39% said they definitely had a say in decisions about the medication they took, 42% said this was only the case to some extent and 19% said they did not have a say at all.

> "I was able to change some of my medication which was causing problems after discussions with the mental health team."
>
> "Since changing to another psychiatrist I feel I have found someone who would listen to me, and agreed to change my medication. It has made a big difference to my life."

In the previous 12 months, 46% of respondents said that they had been prescribed new medication by a psychiatrist. Sixty-two per cent said the purposes of the medication were definitely explained to them, an increase from 60% in 2004. Nine per cent said the purposes of the medication had not been explained to them.

However, a much lower percentage of respondents were told about side effects of the medication. Thirty-seven per cent were definitely told and 28% had only been told to some extent. More than a third (35%) said they were not told about possible side effects, which does not show any improvement on the 2004 survey results.

Talking therapies

The NSF for Mental Health lists psychological (or talking) therapies among the range of effective treatments for people with mental illness, including those with a severe and enduring mental illness.

In the previous 12 months, 40% of respondents received talking therapy, such as counselling or psychotherapy, from NHS mental health services. A new question was included in the survey asking if those who had received talking therapy had found it helpful. More than half (52%) of these respondents definitely found it helpful, 34% found it helpful to some extent and 14% did not find it helpful. One in three (33%) of those who had not had talking therapy said that they would have liked it.

> “My psychotherapist is very good (on NHS) and has helped me for the last four years.”
>
> “When I needed psychotherapy, the waiting list was six months. That was far too long for me to be expected to wait for this help.”

Crisis care

The NSF for Mental Health states that all people in contact with specialist mental health services should be able to access crisis resolution services, such as a telephone number they can call at any time. Less than half (48%) of respondents said they had the number of someone in mental health services that they could call out of hours, down slightly from 49% in 2004.

> “I would like a direct number for the crisis team out of hours, but I normally have to see an emergency doctor.”
>
> “I know I can contact a crisis team if I need them and they are aware of my care plan.”

Thirty-eight per cent of respondents who had the number of someone they could call said that they had used it in the last 12 months, compared with 36% in the 2004 survey. The majority (64%) said that the last time they called the number they got through to someone immediately, 22% got through in one hour or less, 7% in a few hours and 2% after a day or more. Five per cent said they could not get through to anyone the last time they called the number, which is the same as the 2004 survey.

> “Whoever I phone in a crisis there is always somebody there.”
>
> “If I had a crisis out of hours I think it would be difficult to obtain help needed locally.”

An additional question in this year’s survey asked if users received the help they wanted after calling someone in mental health services out of office hours. Forty-eight per cent of those who had called someone in the previous 12 months said they definitely got the help they wanted, 34% got the help they wanted to some extent and 18% said they did not get the help they wanted.

> “There are always people I can contact or talk to when I need to. Confidentiality is always respected and I am treated with dignity and respect.”
>
> “The crisis team is only open until 9pm ... on the whole the help and support offered by them is of a poor standard and some staff are very unsympathetic.”

Mental Health Act 1983

The Mental Health Act 1983 places a duty on managers of hospitals to give information to detained patients to ensure they understand under which provision of the Act they have been detained and the effect of that provision.

Eighteen per cent of people who responded to the survey had been admitted to hospital as mental health patients within the previous year. Five per cent of these respondents were admitted two or more times. Seven per cent were detained (sectioned) under the Mental Health Act in the previous 12 months. Of these people, 43% said their rights had been explained to them completely and 32% said they had been explained to some extent. One in four users who had been detained said that their rights had not been explained to them.

> “When I was sectioned I felt in such turmoil that whatever was explained went in one ear and out the other and felt sheer panic on being shut in.”

Support in the community

It is recognised that people with mental health problems have social needs, in addition to their health needs, which should be addressed. By March 2004, all users of services on the CPA should have a written copy of their care plan, which outlines plans to secure suitable employment or other occupational activity, adequate housing and appropriate entitlement to welfare benefits.[3]

Almost half (48%) of respondents who needed help with accommodation said they would have liked help but did not receive any.

> "The communication within the system for mental health care appears to be non existent and no one is ever able to suggest any solution to the most basic of problems, e.g. suitable affordable housing."
>
> "My psychiatrist, who arranged supported lodgings housing organised by NHS, has been fantastic. I was given a choice of accommodation and they took a great deal of care to match my age group, needs and personality to the house."

Respondents were also asked whether they had received help with finding work. The majority of respondents said that they were unable to work because of their mental health problems, or that they did not need any help. Of the respondents who needed or wanted help finding work, 48% received it. Fifty-two per cent had not received help but would have liked it.

> "I am currently receiving help from an employment coordinator to try and get a better job, more suited to me. This help is very beneficial."
>
> "There could be more help with getting people back into useful employment."

Seventy-three per cent of respondents who wanted or needed help with getting benefits said they received help, an improvement from 69 % in the 2004 survey.

> "I have a very good CPN and have received ample help when applying and renewing benefits."

The survey asked respondents whether they had received any information about local support groups for users of mental health services in the previous 12 months. Fifty-seven per cent of those who wanted or needed information said they had received it, an improvement from 53% in the 2004 survey. However, 43% said that they would have liked information about local support groups, but did not receive any.

[3] Department of Health (2001) *The Journey to Recovery: The Government's vision for mental health care.*

Conclusion

Conclusion

Most of those who responded to the survey had been in contact with mental health services for more than one year (84%).

More than three quarters (77%) reported that their overall care was excellent, very good or good. As in the 2004 survey, the majority of people responded positively to questions about their relationship with the healthcare professionals involved in their care. Most said that they had been listened to, were treated with respect and dignity, and that they had confidence and trust in the healthcare professional they saw.

Again, as in the 2004 survey, users of services said that they would like to be more involved in decisions about their care and treatment. More than half of respondents said they were not fully involved in decisions about what was in their care plan and a similar proportion said they did not definitely have a say in decisions about their medication. A quarter said they were not given an opportunity to talk to their care coordinator before their care review meeting and a third said they were not fully given a chance to express their views at the meeting. Overall, less than half of those who responded to the survey felt that they definitely had enough say in decisions about their care and treatment.

Since the 2004 survey, a slightly higher percentage of users said that their psychiatrist had treated them with respect and dignity, that they were listened to carefully, and that they were given enough time to discuss their condition and treatment. In addition, a greater proportion of those who had seen another healthcare professional, such as a social worker, occupational therapist or psychologist, said they had trust and confidence in the person they saw and said that they had listened carefully to them.

The survey showed a small improvement in the percentage of respondents who saw the same psychiatrist at their previous two appointments. However, one in four still reported that they had seen two different psychiatrists. Those who had seen the same psychiatrist at their previous two appointments responded more positively about their relationship with their psychiatrist. There were also small improvements in the percentage of users who were told who their care coordinator was and who received an explanation about the purpose of their medication.

There was a large increase in the proportion of respondents who said they understood what was in their care plan, and in the proportion who said that they agreed with it. However, around half still said that they had not been given or offered a written or printed copy of their care plan.

Some questions saw the percentage of positive responses decrease from 2004. A higher percentage of respondents said they had not had a care review in the last 12 months, when compared with the 2004 survey. Of those who had a care review, a slightly smaller percentage reported that they definitely found the review helpful.

The survey revealed that just fewer than half of respondents had a contact number for out-of-hours crisis resolution services. Around two fifths had called this number. Just fewer than half said that they definitely got the help they wanted the last time they called, while a third got the help they wanted to some extent.

The findings from the survey showed that more could be done to address the social needs of users of services. Around half of respondents who wanted or needed help said they did not get any help with accommodation or with finding work, but they would have liked some. There was an increase in the percentage of respondents who received help with getting benefits and who received information about local support groups, but more could be done.

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.
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