K&C LINk

Community Mental Health Services – service user views in Kensington and Chelsea

January 2013

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1. Executive Summary

From November 2012 to January 2013, the Kensington and Chelsea Local Involvement Network (K&C LINk) worked with Hestia, Cyrenians, Smart, Grove staff teams and the K&C LINk Mental Health Sub-Group to carry out a community mental health services survey across 65 service users within the borough.

Whilst we received many positive comments about the care mental health service users receive in K&C, there were some particular areas of concern that the LINk would like to see addressed. Notably, 'crisis' is an issue, as the majority of respondents have reported to not have a crisis card or a copy of their crisis plan. Another particular area for concern is support for seeking employment, volunteering or training opportunities for service users, as just under half of our respondents have been successful in seeking such opportunities. This is in line with figures from the National Adult Social Care Intelligence Service's (NASCIS) Adult Social Care Outcomes Framework 2011-12 Provisional Report which show that Kensington and Chelsea perform lower that the national average to improve employment outcomes for adults with mental health problems[1]. Additionally, involvement in choosing medication was rated as being low across our service user sample.

We received comments reporting difficulty or lack of knowledge as to how to access therapies (including talking therapies), and would like to suggest that the CQC include a question addressing access to therapies in their next community mental health services survey. For more details regarding the CQC community mental health services survey results, please see Section 6 for CQC National Community Mental Health Services Survey.

Other issues included involvement in the development of care plans, uncertainty regarding GP knowledge of discharge, and lack of activities. For a full outline of issues reported, please see Section 4 for Main Findings. The K&C LINk have made a full list of recommendations based on these findings, which can be found in Section 5 for Recommendations.

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[1] The Adult Social Care Outcomes Framework 2011-12 can be accessed here:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

2. Introduction

The Kensington and Chelsea Local Involvement Network (K&C LINk) supports approximately 1,300 members of the local community who share a passion for improving and changing health and social care services in the Royal Borough of Kensington and Chelsea. K&C LINk works on the principle that users of services should be involved in the design and delivery of services and decisions that affect their daily lives.

The K&C LINk understand that under the Operating Framework for the NHS in England, a minimum of 4% in efficiency savings is required across all contracts in the NHS. As the Central North West London NHS Foundation Trust (CNWL) contract currently stands at £36.7m[2], we understand that this equates to a minimum of £4.2m in savings across CNWL services for users in the Royal Borough of Kensington and Chelsea.

As a result, the K&C LINk understands that local mental health services must undergo change. The 'Building Better Mental Health Care' consultation document, which was published by CNWL in August 2012, outlined the proposed reduction of acute hospital based services, and referred to a shift in the settings of care from hospital to community based services.

With a shift towards greater service provision out of hospital in community based mental health services, the K&C LINk wanted to assess the user experience of current community services to inform this change.

Section 3 outlines the methodology of this piece of research, including the development of the survey and the analysis of the results. Section 4 outlines the main findings from the survey results, focusing on issues in Staff Support and Care, Medication and Therapies, Discharge, Crisis, Involvement, Volunteering, Training and Employment Services, and Future Changes. We have then discussed our findings, referencing the CQC's community mental health services survey in in Section 5. This is to look at how K&C is performing nationally and to identify any discrepancies between reported figures. Section 6 is a complete list of recommendations made by the K&C LINk based on the main findings. Section 7-9 outline our Conclusion, plans for Follow-up and Acknowledgements respectively.

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[1] CNWL have shared the value of their contract with Kensington and Chelsea as £36.7million in a letter addressed to the K&C LINk dated 14.11.12

3. Methodology

The K&C LINk Mental Health Sub-Group worked in partnership with local organisations such as K&C Mind and Hestia Community Support Workers to develop an accessible questionnaire (see Appendix 1). This questionnaire was approved by the K&C LINk Management Group and to acknowledge the contribution if users a £5 Sainsbury's voucher was offered to those who completed the questionnaire.

With the help of the local Hestia, Cyrenians, Smart, Grove staff teams and the K&C LINk Mental Health Sub-Group, the LINk were able to recruit and interview 65 service users. An online weblink was also published for those who wanted to complete the survey via the website.

The K&C LINk recognise that there is a potential conflict of interest with interviewing Hestia clients, as Hestia is the host organisation of K&C LINk. However this survey was carried out in line with Hestia's 'Conflict of Interest' policy, in order to reduce the effects of these circumstances.

The questionnaires were collated and analysed using 'Survey Monkey'. The main findings are outlined below.

4. Main Findings

Demographics

Of the service users that we interviewed (65), 60% were on a Care Programme Approach, 20% were receiving Lead Professional Care and 5% were on a Community Treatment Order. For more details regarding the demographics of our service users sample from the Equalities Monitoring section of our survey, please see Appendix 1.

4.1 Staff Support and Care

When asked to rate the support received for care issues from the following staff (where 1: Poorly addressed, 2: Addressed to an extent, and 3: Completely addressed), service users responded as below:
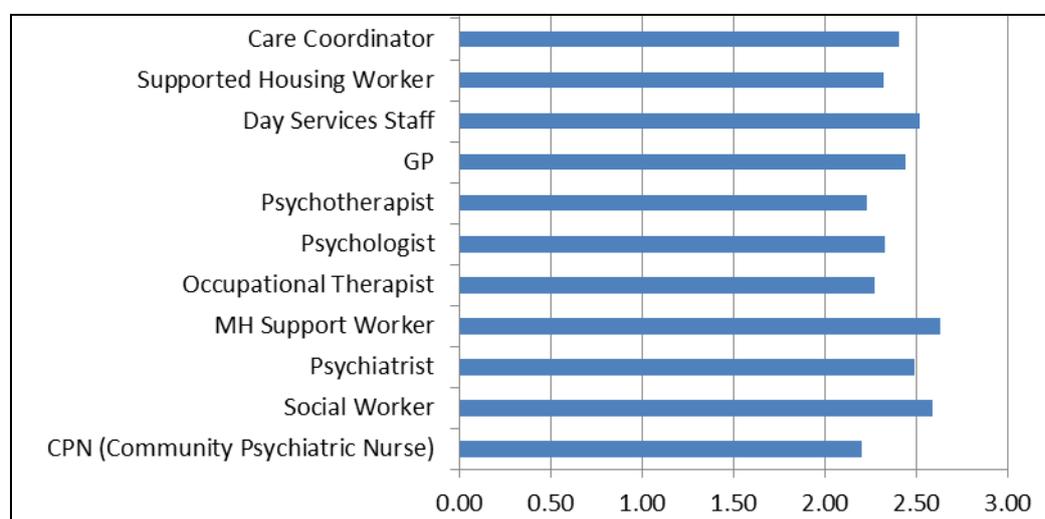
The table below outlines the number of rating responses per type of staff:

Please rate the support you receive for you care issues from the following staff. 1: Poor, 2: Average, 3: Good					
Answer Options	1	2	3	Rating Average	Response Count
CPN (Community Psychiatric Nurse)	10	4	16	2.20	30
Social Worker	1	9	17	2.59	27
Psychiatrist	7	12	32	2.49	51
MH Support Worker	4	7	29	2.63	40
Occupational Therapist	3	5	7	2.27	15
Psychologist	1	4	4	2.33	9
Psychotherapist	3	4	6	2.23	13
GP	9	11	32	2.44	52
Day Services Staff	1	8	12	2.52	21
Supported Housing Worker	4	5	10	2.32	19
Care Coordinator	6	5	18	2.41	29
Other healthcare worker or social care worker. Please specify below	2	2	5	2.33	9

When invited to openly comment about how service users felt that their care issues had been addressed, 19 out of the 55 (35%) comments we received were concerns with the handling of their issues. These included a lack of support from particular staff, including Occupational Therapists, Psychiatrists, Social Workers ('*could play more of a bridging role*'), Care-Coordinators ('*no advice on how to identify and address issues*') and CPNs ('*issues not recorded*'). People were also concerned about their care planning. Concerned service users felt their care plans were not followed or were ineffective and that CPA implementation is slow. One service user commented that they felt unsure what to say or do in CPA meetings, suggesting that they could receive more support to understand the objective of these meetings. Furthermore, two service users reported that their care needs had changed, but this hadn't been taken into consideration (e.g. a service user had not received counselling for cancer).

The remainder of the comments were either descriptive (e.g. listing the support services used) or positive comments, including complimenting staff on support received and work.

"Since moving from hospital I have been moved into supported housing that is addressing my support needs. I feel safe and I am being assisted in complying with my treatment order."

"CPN discusses and consults me on my mental state, then he goes back to report this to the doctor. I am content with the service."

Particular staff members cited for providing quality support included Care-Co-ordinators, Crisis Teams, Support Workers and Psychiatrists.

4.1.1 Lack of Co-ordination

When asked to provide recommendations on how services could be improved, we received six comments related the co-ordination of services. These included being unsure who to contact during unsociable hours (e.g. during the night), not being given enough notice for appointments, outreach workers not arriving on time, delays in receiving documents and budgets, and CPA meetings being cancelled.

4.1.2 Waiting Time

Four people felt unhappy with the amount of time they have had to wait to see particular staff. This included psychiatrists (one service user said they had to wait 7 months -1 year) between appointments and duty workers (wait for one week during crisis).

4.1.3 Consistency in Care

Four respondents said they would like to see staff such as care coordinators and support workers more regularly. One service user commented:

"Wish I had more people to talk to and say everything is going to be ok."

Local service providers have also voiced their concerns regarding reductions in staffing and increases in caseloads, and how this may affect the time and attention service users require. They fear that a lack of consistency in care and changes in services may allow for *"people to fall through the gaps again."*

We received three comments asking for greater consistency with staff contact. Service users said that they would like to see the same workers all the time as they get to know them and their moods. Another user felt that because of a lack of consistency in care, their relapses were not caught at an earlier stage. We also received a comment from a service user who felt that there is a lack of consistency in standards of care, and that these were sometimes poor. Two service users felt that they had been treated disrespectfully by mental health nurses.

4.1.4 Activities and Interests

Service users also said they would like to receive greater support with their interests and activities (e.g. music, arts). Social workers in the South Mental Health Team were praised for supporting a weekly football team, as were those who supported service users to go on holidays. One service user also said that they would like better access to translators.

4.1.5 Hospital Environment

Although the K&C LINk were primarily looking at community mental health service provision, we also received some feedback on the hospital environment. Service users referred to hospital environments as '*chaotic*' and disorientating. It was suggested that patients should be provided with a tour and an induction on the mental health system when initially admitted. Two service users also felt they were mistreated whilst in hospital.

We also received feedback stating hospitals did not provide people with an appropriate level of privacy due to the lack of single sex wards and also the lack of an exercise area.

4.2 Medication and Therapies

4.2.1 Choosing and Accessing Medication

The following graph shows the type of staff who service users reported receiving support from in choosing medication:
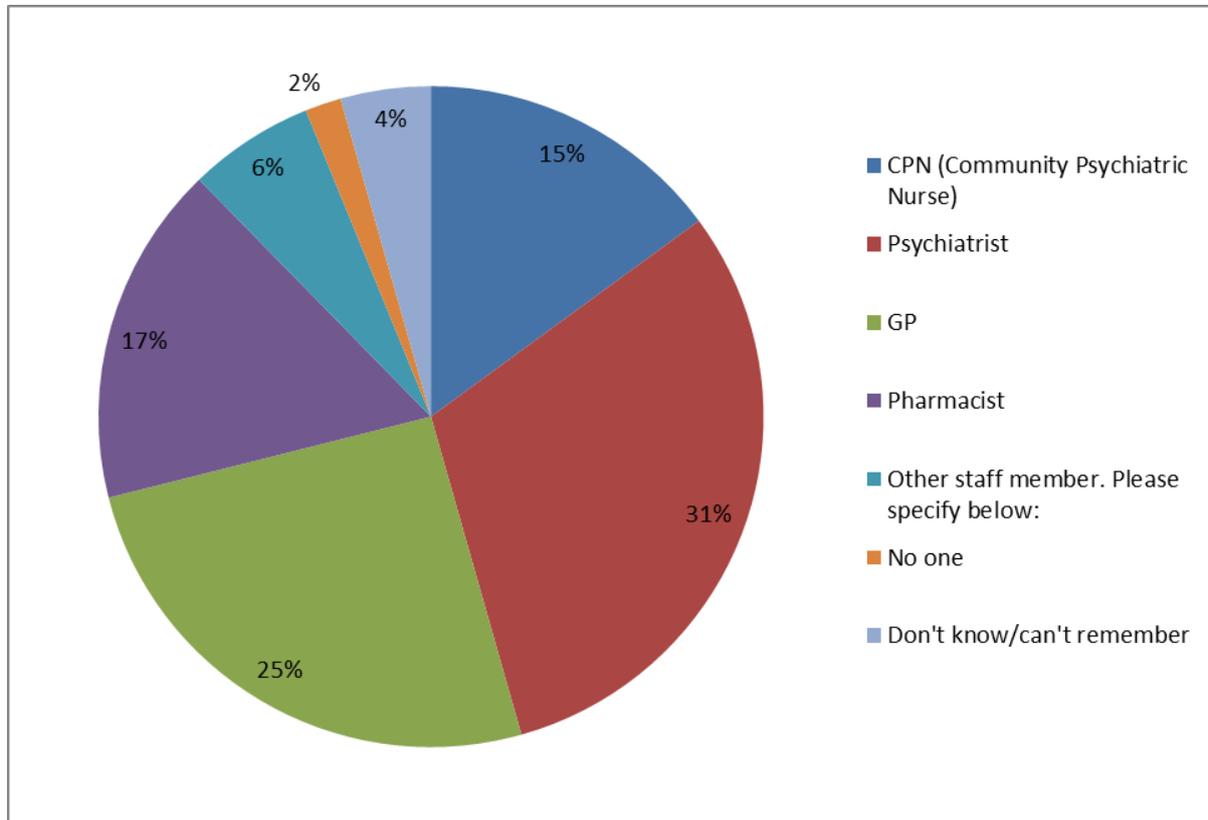
Other types of staff who service users reported supported them in choosing their medication included support workers, dieticians, the Grove staff and care co-ordinators.

Out of those who commented on this topic, 28% of respondents felt that they were not involved in choosing their medication. This was echoed by local service providers, who felt that *"many people still feel that they don't have a great enough say in the treatment and that some of these changes are just going to amplify this".*

Concerns were expressed around the amount of medication administered to patients in hospital settings, and the lack of information and advice about medications. However, 46% of respondents did feel that they were involved in their medication decisions, and that they received enough information. This included two respondents who said that they successfully chose to stop their medication.

As well as the staff mentioned in Section 2.1, other staff who assist service users in accessing medication include practice nurses, support workers, crisis team members, occupational therapists and social workers.

In terms of accessing medication, comments were received outlining flexible individual arrangements with pharmacists. These included agreements with the service user to provide additional medication until their next prescription and an exchange of empty packets of medication for new ones. This service user was happy with this arrangement.

There were also concerns expressed due to confusion in accessing medication. One service user reported a lack of communication between their GP and their mental health services.

4.2.2 Choosing and Accessing Therapies

The following graph shows the type of staff who service users reported receiving support from in choosing therapies:
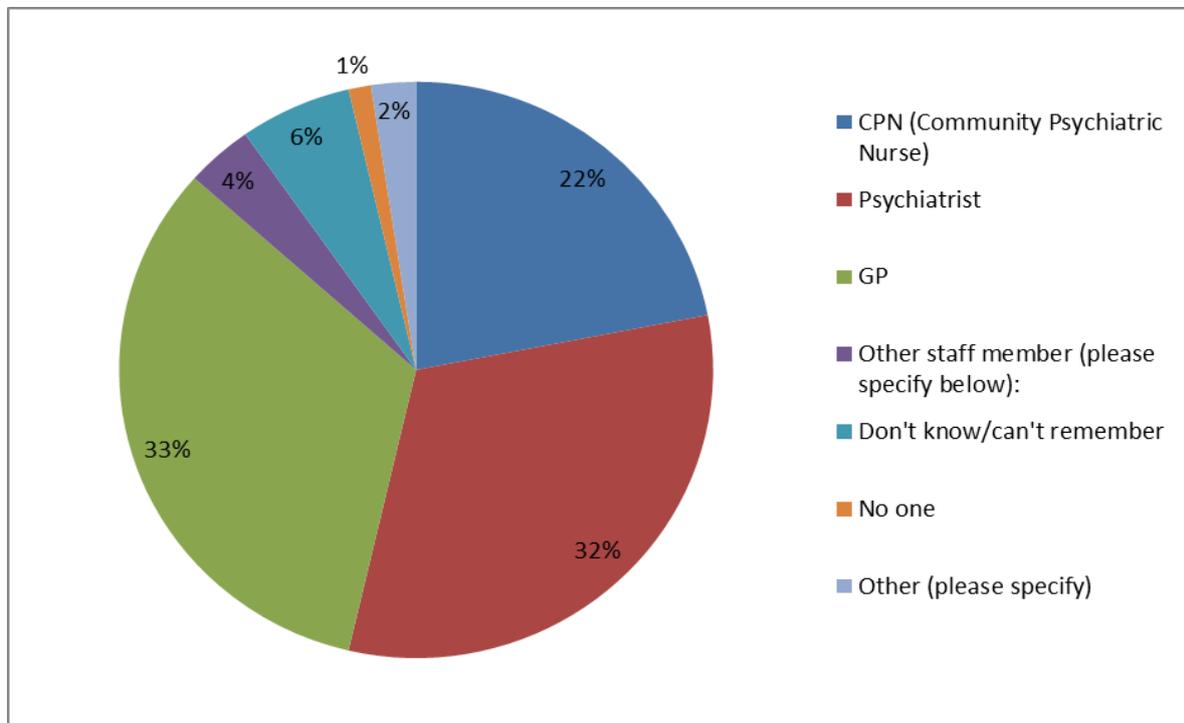
Therapies that service users reported use include art therapy, Smart services, Grove services, Mind services, Cognitive Behavioural Therapy (CBT), psychotherapy, Reiki, group therapy, psycho-dynamic therapy and dual-diagnosis therapy. People identified their care coordinators, liaison nurses and occupational therapists in supporting them to choose their therapies, in addition to the staff above. 74% of 29 people responded positively to this question. Comments included having received sufficient information about and referrals to therapies available.

However, 25% of 29 respondents had issues around the suitability of, involvement in and information available on therapies. For example, comments were received stating service users felt '*patronised'* by their CBT.

We received mixed comments on how supported people felt in accessing their therapies. Service users spoke positively regarding email and phone support that they could access (even during unsociable hours). However, others were unsure how to access therapies and reported that although they had asked for therapies they had not received them. One service user asked for better communication with follow ups to requests for therapies.

4.3   Discharge

When asked to rate the support received during discharge from the following staff *(where 1: Poorly addressed, 2: Addressed to an extent, and 3: Completely addressed),* service users responded as below:
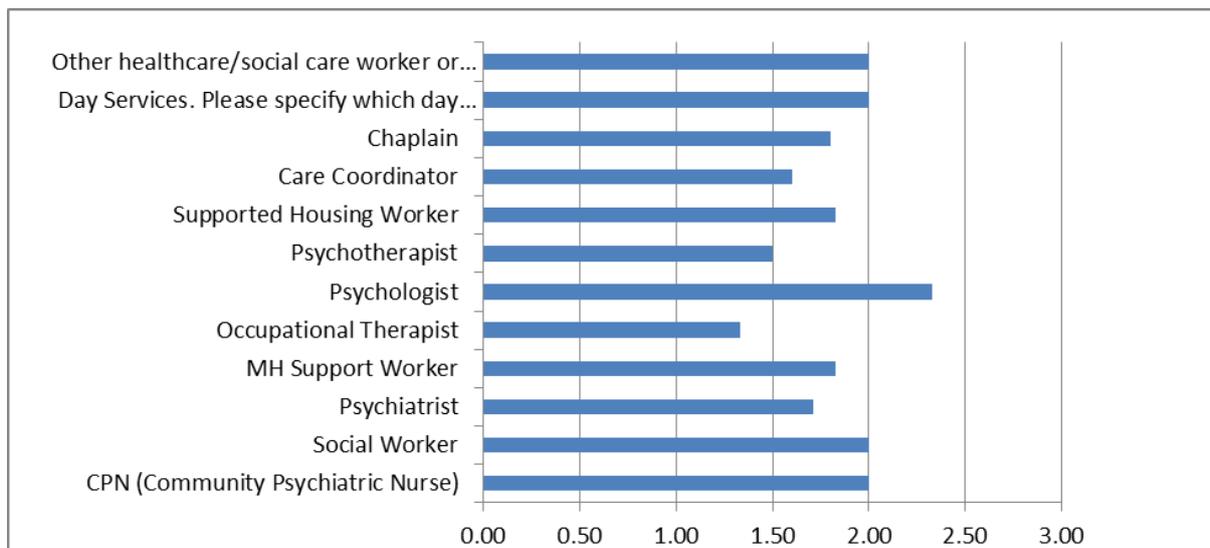
When people were asked to rate support through discharge compared to support received for care issues, support through discharge was rated lower.

We received three comments describing GP support as sufficient to the individual's needs. Social workers, support workers and the crisis team were also named as sources of support through discharge; helping to co-ordinate needs (support worker) and manage moods (crisis team). People also said that they were consulted, they had an effective care plan and that their families were informed of their discharge. Two comments highlighted the role of the family in reminding patients to take their medication.

However, people also reported difficulties during discharge that were not sufficiently addressed. Two service users were unsure of the extent of their GPs involvement and knowledge of their discharge. Some service users were unhappy with their discharge planning including committing to a discharge date and a lack of transparency in the development of their plan. One service user unfortunately reported that they felt '*neglected'* during their discharge period.

4.4 Crisis

When asked if service users had a crisis card, 55% of 60 respondents said 'no'. 59% of 51 respondents also said they did not have a written copy of their crisis plan.

When service users were asked to outline the contents of their crisis plan (if applicable), they listed emergency contacts, help they received with medication, bills, childcare, etc. and their contingency plans. Service users said their plan was developed with and involved the Community Recovery Team, the Pall Mall mental health unit and their care-coordinators. When invited to comment on their crisis plan, we received three positive comments regarding service user involvement with regular reviews (every 6 months).

However we also received comments from service users who felt their needs had changed and that their plan had not been updated accordingly. Another service user was not happy with her crisis plan because it involved visiting St. Charles which she felt was too far away for her.

We only received four comments regarding the Crisis Team (Home Treatment Team), and three of these were concerns around the punctuality of the team. Comments also stated the team do not provide sufficient support, apart from the provision of medication.

4.5 Involvement

When invited to openly comment on how service users felt their issues had been addressed, seven service users raised the issue of their involvement in their care plan. However, only two out of these seven service users stated that they had been involved in the development of their care plan. Two service users said they felt there should greater user involvement at every level (including choosing medication), and that personalisation and co-production should be improved.

A further two service users felt that they were not listened to on safety, risk, violence, comments and suggestions when asked to comment openly on improvements. Further, they would like to see a shift in power from the service provider to the service user.

People who have taken part in Service User Involvement (SUI) through LINk, AFMH, CNWL, and Hestia said that they thoroughly enjoyed it and felt that there should be greater encouragement for service users to feedback on their services. One service user also said that they would like more information on how a diagnosis is reached.

4.6 Volunteering, Training and Employment Services

We received 15 responses from people who have used local employment services. Of these, 47% have or are currently volunteering.

These include placements with or through Smart, the Volunteer Centre, User Focused Monitoring (UFM) with Advocate for Mental Health (AFMH), CNWL, Mind, Pure Innovations (based at Beatrice Place), User Employment Programme, the

Bridge Building Team, and the Citizens Advice Bureau (CAB). Service users were complimentary about the Mind IT training courses, the Recovery College courses and UFM.

However one service user said they had to wait eight months to see the employment specialist from the Bridge Building Team. We received three comments outlining how some service users felt they were over qualified for the majority of opportunities that they could access through the above mentioned services.

When asked an open question regarding recommendations for future improvements in local mental health services, two service users requested more specialist support in accessing volunteering opportunities and paid employment.

4.7   Future Changes

Five service users expressed concerns regarding future changes when given the opportunity to comment openly on services. These mainly surrounded the proposed closure of Mulberry South and other reductions in services in the south of the borough and changes to day services. People felt that these decisions had already been made without consulting them. One service user commented that the duty clinic never has available beds when they want to be admitted as the hospital is always full-up.

We are also aware that concerns around the transfer of services in the south to the north of the borough are echoed by local service providers, particularly in regards to transport.

A local service provider has also stated that *"the principal of treating more people at home/in the community rather than in hospital is excellent however there is a concern that there won't be enough capacity to deal with this".*

5. Discussion of Findings and CQC National Community Mental Health Services Survey 2012

In September 2012, the CQC published a national community mental health services survey, which can be accessed here: http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/community-mental-health-survey-2012. The results of the survey are presented on a national level, but can also be broken down by Trust. The K&C LINk have looked at how the results from our survey compare with those of the CQC, both nationally and with those reported for CNWL in this section.

5.1 Staff Support and Care

In line with national and CNWL specific results from the CQC, the majority of mental health service users were positive about their health and social care workers.

5.2 Medication and Therapies

The CQC report that 6.9 out of 10 (69%) CNWL service users felt that they had their *"views taken into account when deciding which medication to take"*. These figures are comparable to average national figures, as reported by the CQC, however there has been no improvement in this area since 2011. This is higher than the figure from the K&C LINk survey results (46%) regarding service users feeling involved in choosing their medication. The CQC survey also reported that CNWL perform comparably worse on a national level regarding giving service users "an explanation about the purpose of the new medication", which is in line with service user comments that we received expressing concerns about the lack of information and advice about medications.

The CQC survey only reported on how useful service users found talking therapies (of those who had accessed them), however the K&C LINk would like to suggest that the CQC examine further how these, and other alternative therapies are currently being accessed in the mental health system.

5.3 Discharge

The CQC survey also does not cover issues around discharge.

5.4 Crisis

According to the CQC report, 54% of service users' care plans cover what to do in a crisis nationally. This is a poor figure, and is comparable to the 59% of (30 out of 51 respondents) respondents to the K&C LINk survey who stated that they did not have a written copy of their crisis plan.

Additionally, 55% of 60 respondents said that they did not have a crisis card. This is concerning as the K&C LINk understand that CNWL have distributed crisis cards to most service users across the Trust. Unfortunately we have had feedback that people's experiences of contacting CNWL out of hours service for urgent advice has

not been good[3]. However we understand that Ms. Selena Cox is currently managing the development of a new urgent advice line to provide immediate support to service users and carers. The K&C LINk look forward to Ms. Cox's presentation on these developments at the next K&C LINk Mental Health Sub-Group meeting on the 6th of March, 2013[4].

5.5   Involvement

As stated in Section 5, regarding service user involvement in care plans, only two out of seven service users disclosed that they had been involved in the development of their care plan. Because of the open nature of the question, which asked service users to comment on how they thought their issues were and are currently being addressed, we only received seven responses which specifically focused on service user involvement with the development of care plans. Although the K&C LINk recognise that this is a small sample, this is substantially less that the figure reported by the CQC for CNWL, where 7.1 out of 10 CNWL mental health service users reported involvement with their care plan. This figure is rated as 'about the same' compared nationally to other mental health Trusts.

5.6   Volunteering, Training and Employment Services

As stated in Section 6, 47% of respondents who have used local employment services have been or are currently in volunteering posts.

The CQC reported that 5.6/10 CNWL service users felt that they received enough support *"in getting help with finding or keeping work".* Although this figure was rated *'about the same'* when compared to other mental health Trusts nationally, we recognise that there is substantial room for improvement. In line with the comments received from service users requesting more support in this area, and with Andy Bell, the deputy chief executive for the Centre for Mental Health, who is quoted below, we would like to emphasise our recommendations under this section.

"Over a third of people who wanted support from mental health services to find or remain in employment did not get the help that they needed. While more than half of service users are receiving some help to gain or retain a job, there are still too many areas with a hard-to-shift culture of low expectations of people with mental health conditions." [5]

The NASCIS Adult Social Care Outcomes Framework 2011-12 Provisional Report shows that K&C perform lower than the national average to improve employment outcomes for adults with mental health problems[6]. The K&C LINk therefore strongly recommend a more integrated approach across health and social care services in order to tackle this issue. CNWL must work with adult social care and employment services in order to support their mental health services users back into employment.

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[3] Discussed during the Urgent Advice Line Patient Reference Group meeting, 18.12.12
[4] This meeting will take place from 1-3pm at the London Lighthouse, 111-117 Lancaster Rd
[5] As quoted from the Centre for Mental Health website:
http://www.centreformentalhealth.org.uk/news/2012_cqc_results.aspx
[6] The Adult Social Care Outcomes Framework 2011-12 can be accessed here:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

6. Recommendations

6.1   Staff Support and Care

1. Ensure service users' concerns are recorded and actioned appropriately
2. Ensure objectives to measure the effectiveness of care plans are established with service users and that these are part of regular care plan reviews
3. Ensure service users are receiving appropriate support from their Care-Coordinators in preparing for CPA meetings, including understanding what kind of questions can be asked to address their care issues
4. Ensure that there are appropriate pathways including flexible care planning in place for service users to raise changes in their needs.

6.1.1 Lack of Co-ordination

1. More effective communication pathways are required between service lines to develop a more holistic and integrated service
2. Ensure that service users are given at least two weeks' notice before appointments
3. Give service users the option of avoiding CPA meeting cancellations through substituting psychiatrists
4. Ensure outreach and other support workers arrive within 10 minutes of agreed appointment times
5. Ensure documents are received by service users in a timely manner
6. Nominate and rotate an activities champion within different service lines, to identify and network with organisations providing activities for service users. This may also include organisations that provide services for different cultural groups
7. Ensure that effective translation services are available for those who require it

6.1.2 Waiting Time

1. Where waiting time cannot be reduced to see mental health staff, ensure that there are other or remote (e.g. email, telephone, etc.) services for users to access, particularly if they are in crisis

6.1.3 Consistency in Care

1. Where service users would like more regular contact with support staff (e.g. care   co-ordinators, support workers etc.) ensure there are alternative means of contact if face-to-face support is not available (e.g. telephone, email, etc.).
2. Ensure that service users have consistent staff support whenever possible. Service user cases should be documented in detail so that early signs of relapse or progression of mental health problems are recognised
3. Ensure staff receive regular training in compassion and dignity to uphold high standards of care.

6.1.4 Activities and Interests

1. Nominate a different 'Community or Activity Champion' each month across Occupational Therapy, and other support teams; whose responsibility it is to identify community groups and organisations that provide activities for service users
2. Ensure that asking service users about their interests, and signposting them to activities is incorporated as much as possible into support work

6.1.5 Hospital Environment

1. Ensure that service users are provided with an induction of the hospital environment as soon as possible after admission
2. Consider providing a space for exercise for patients or signposting service users to other parts of the hospital where this is appropriate

6.2 Medication and Therapies

1. Ensure service users are provided with sufficient information and advice about medications and therapies to enable them to making an informed choice
2. Ensure that requests for medication or therapies are followed up

6.3 Discharge

1. Ensure GPs are aware of service users' discharge
2. Ensure discharge plans are co-produced with service users to encourage transparency and service user involvement
3. Ensure service users are engaged and comfortable with discharge.

6.4 Crisis

1. Ensure every service user has a crisis card
2. Ensure every service user has a crisis plan which they have agreed to and are happy with
3. Ensure crisis plans are regularly updated and that service users have effective communication pathways to follow when they feel their needs have changed
4. Ensure service user feedback is recorded and acted upon appropriately
5. Provide information to service users around diagnoses

6.5 Involvement

1. Ensure service users are involved in their care planning from its initiation, and at every level where possible
2. Ensure there is support for service users to learn more about personalisation and co-production
3. Provide greater encouragement and clearer pathways for service users to feedback on their services

6.6 Volunteering and Employment

1. Consider developing relationships with Universities and opportunities within the Trust to look at how service users can become involved with academia and research
2. Consider training programmes that focus on 'up-skilling' service users to apply for more technical opportunities
3. Introduce Individual Placement and Support models across more programmes, as they *"are more than twice as effective than traditional approaches such as vocational training and sheltered work in successfully getting people with severe mental illness into work."*[7]
4. Build networks with local organisations and companies to build on the strengths of service users and look at how these can be developed into employment opportunities
5. Look at alternatives to aspects of 'mainstream' employment (e.g. flexible hours, options to work from home, etc.) with service users

6.7   Future Changes

1. Where possible, ensure that service users are involved from the inception of changes to mental health services
2. Ensure that transparency is upheld through engagement with service users and the community and voluntary sector when changes are being made

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[7]As quoted from Andy Bell, Deputy Chief Executive for the Centre for Mental Health
http://www.centreformentalhealth.org.uk/news/2012_cqc_results.aspx

7. Conclusion

Whilst we received positive feedback on community mental health services in the borough, this piece of research has also given service users the opportunity to raise their concerns. These have been outlined under the findings section, and recommendations have been developed to suggest how to address these concerns. Recommendations for improved services are collated under ten key themes; staff support and care, consistency in care, lack of co-ordination, activities and interests, hospital environment, medication and therapies, discharge, crisis, involvement, and volunteering and employment.

8. Follow-up

K&C LINk will share this report with CNWL and other local service providers, and request a response to the outlined findings and recommendations.

We will also make copies of the report and any follow-up available via all the services we visited as part of this research. We will also send copies of the report to all service users interviewed who requested a copy.

9. Acknowledgements

The K&C LINk would like to thank all the service users who kindly agreed to take part in this survey; your opinion is very much valued and your comments are appreciated. We would also like to thank the members of our Mental Health Sub-Group, the Management Group, the Hestia K&C Community Support Team, London Cyrenians, Smart and the Grove for their support in the development of the questionnaire and in assisting to engage service users in our research.

If you have any comments or queries, or would like to request a copy of this report, please contact Sonya Chee, K&C LINk Project Officer at sonya.chee@hestia.org or 0208 968 9004.

Appendix 1: Demographics

How old are you?

Answer Options	Response Percent	Response Count
26-35	7.8%	5
36-45	21.9%	14
46-55	37.5%	24
56-65	23.4%	15
66-75	9.4%	6
76-85	0.0%	0
	answered question	64
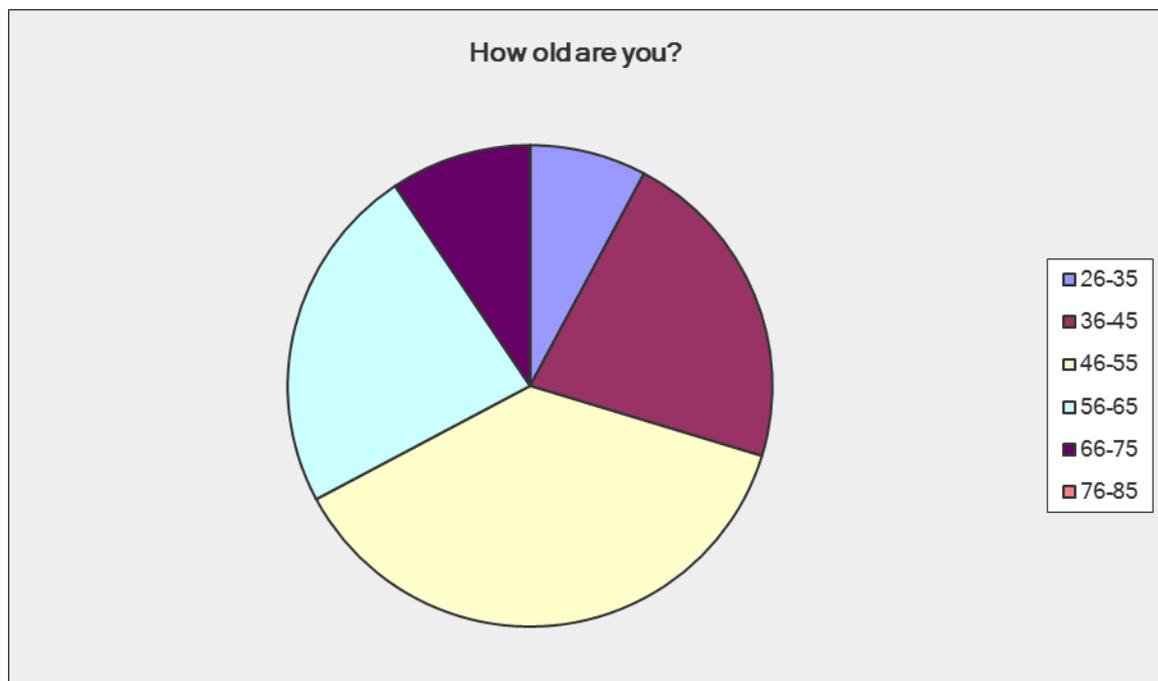
What sex are you?

Answer Options	Response Percent	Response Count
Male	73.8%	48
Female	26.2%	17
	answered question	65

What sex are you?
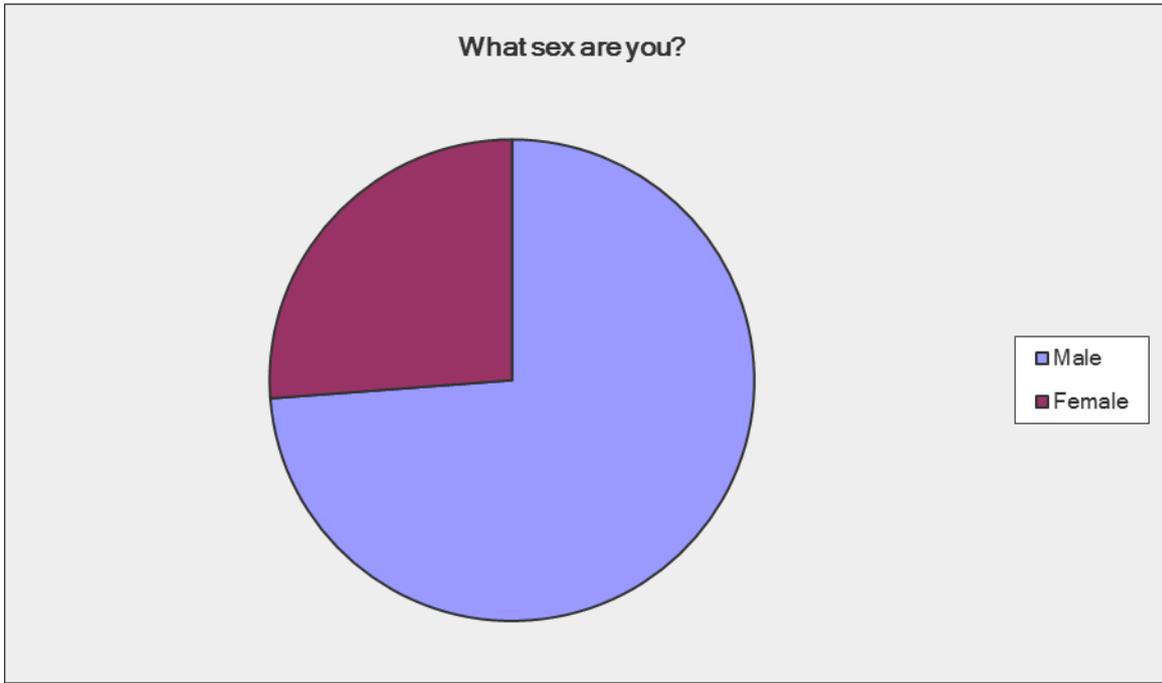
Do you consider yourself to have a disability?

Answer Options	Response Percent	Response Count
Yes	74.6%	47
No	12.7%	8
Don't want to answer	12.7%	8
answered question		63

Do you consider yourself to have a disability?
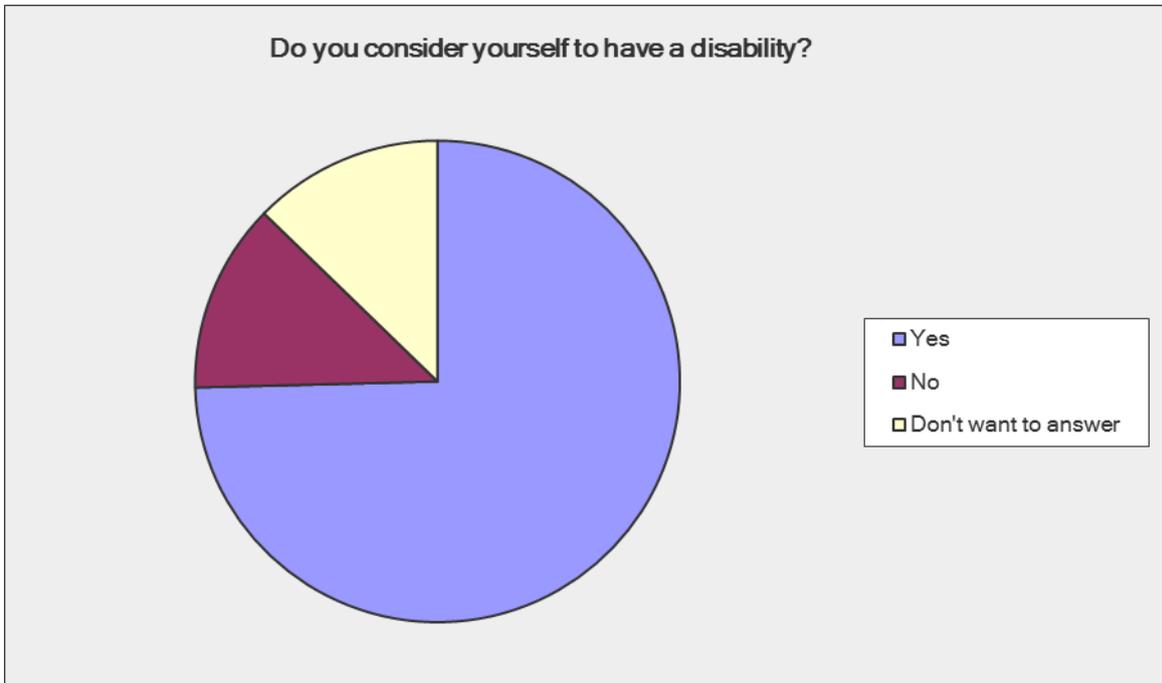
Would you define yourself as		
Answer Options	Response Percent	Response Count
Heterosexual	75.8%	47
Bi-sexual	3.2%	2
Gay	6.5%	4
Lesbian	0.0%	0
Other	3.2%	2
Declined to answer	11.3%	7
	answered question	62
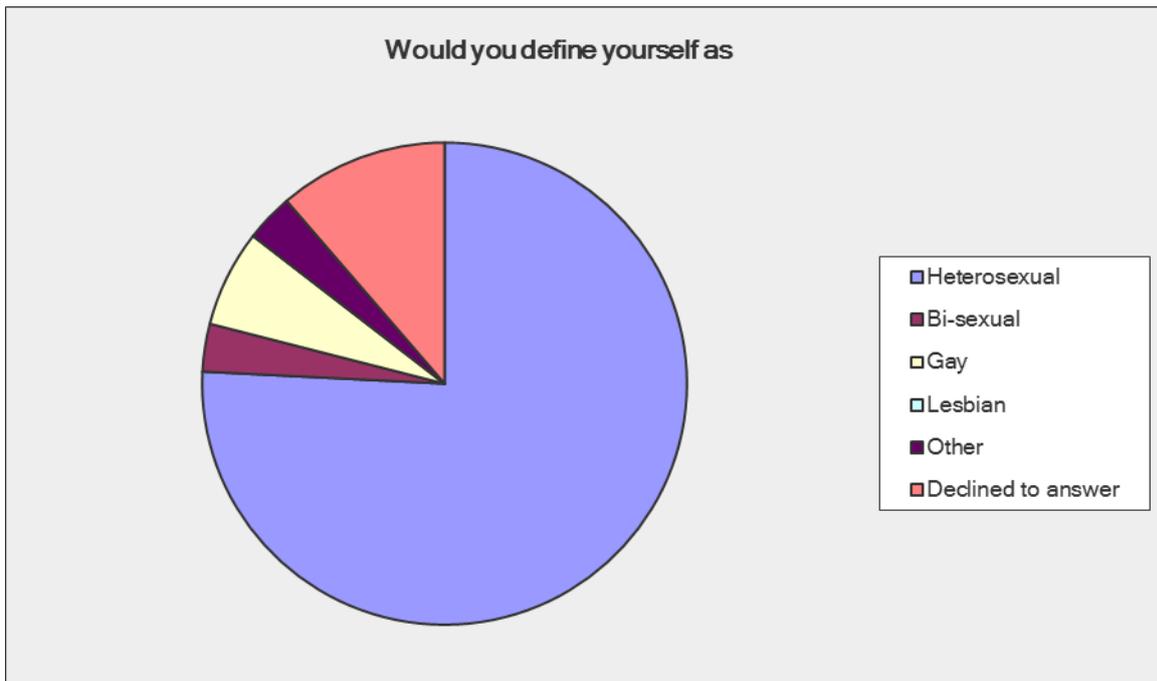
What religion do you define yourself as		
Answer Options	Response Percent	Response Count
None	19.0%	12
Muslim	9.5%	6
Buddhist	4.8%	3
Hindu	6.3%	4
Christian	39.7%	25
Sikh	4.8%	3
Jewish	3.2%	2
Other religion	1.6%	1
Decline to answer	11.1%	7
	answered question	63

What religion do you define yourself as

Legend:
- None
- Muslim
- Buddhist
- Hindu
- Christian
- Sikh
- Jewish
- Other religion
- Decline to answer
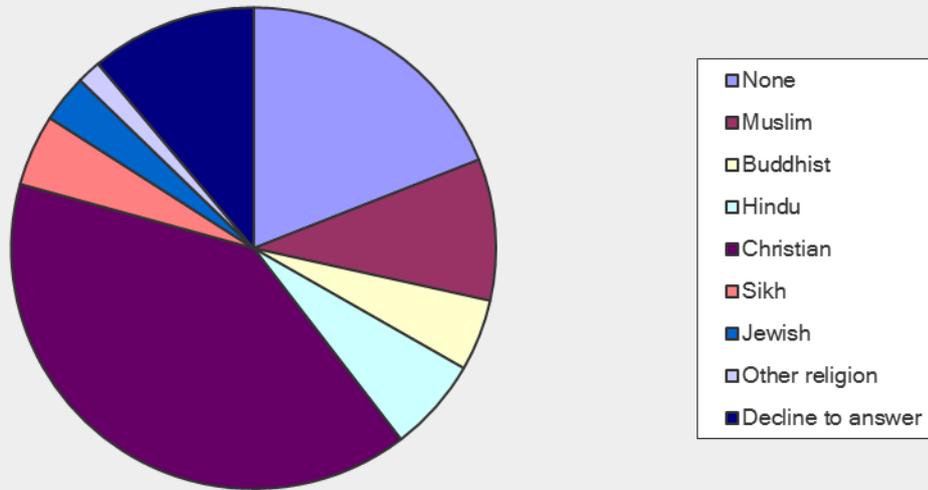
Ethnic Background		
Answer Options	**Response Percent**	**Response Count**
White British	44.6%	29
White Irish	3.1%	2
Any other white background	10.8%	7
Asian British	1.5%	1
Indian	0.0%	0
Pakistani	0.0%	0
Bangladeshi	1.5%	1
Any other Asian background	3.1%	2
White and Black Caribbean	1.5%	1
White and Black African	3.1%	2
White and Asian	0.0%	0
Any other mixed background	1.5%	1
Black British	10.8%	7
Caribbean	3.1%	2
African	4.6%	3
Any other Black Background	1.5%	1
Chinese	0.0%	0
Any other ethnic group (please specify below)	3.1%	2
Don't want to answer	6.2%	4
Other (please specify)		7
answered question		65

Ethnic Background

- White British
- White Irish
- Any other white background
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Black British
- Caribbean
- African
- Any other Black Background
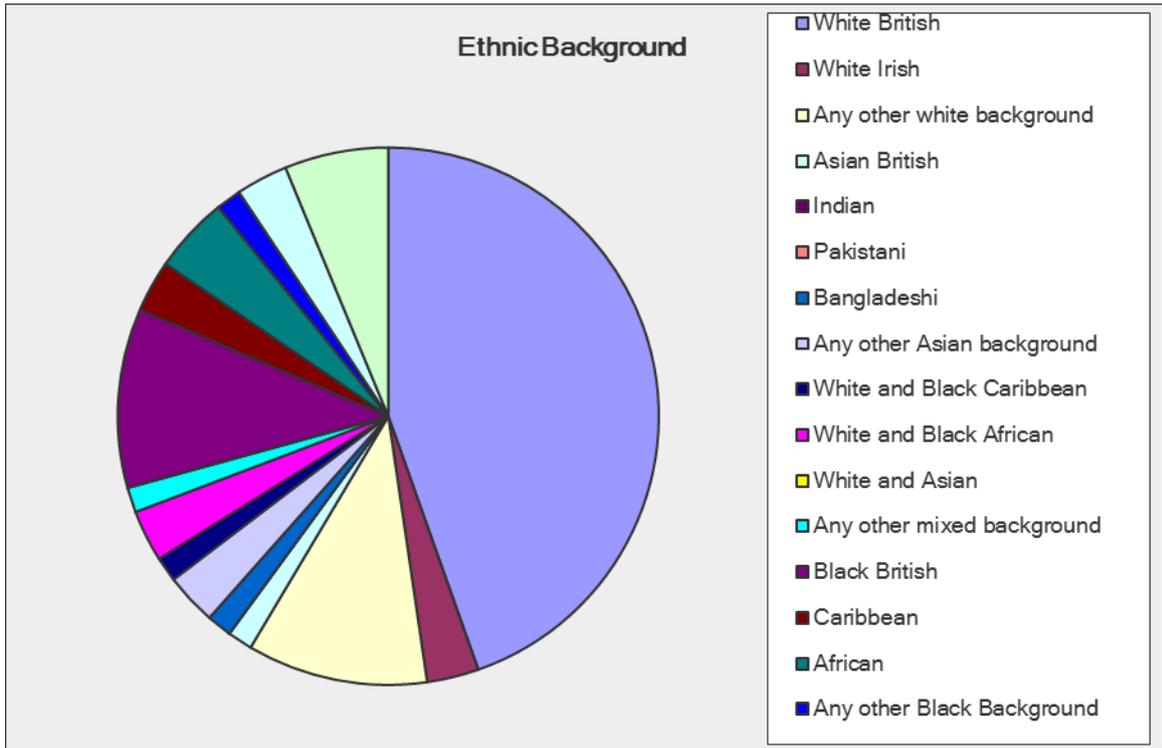
Appendix 2

K&C LINk Patient Experiences Questionnaire (adult Mental Health services)

Introduction

The Central North West London (CNWL) NHS Foundation Trust is the provider of community adult Mental Health services in Kensington and Chelsea.

The K&C LINk is a health and social care watchdog, which is made up of members of the community. The purpose of this questionnaire is to gather people's views on CNWL community adult Mental Health services and recommendations for future development. The K&C LINk will work with their Mental Health Sub-Group to collate these findings and recommendations into a report, which will be presented to CNWL. This is to ensure that service user concerns and needs are addressed in the changes to CNWL adult Mental Health services.

The report will be shared and presented at the K&C LINk Mental Health Sub-Group meetings, and published on the K&C LINk website at http://www.rbkclink.org

If you would like a copy of the report, please provide us with your details on the next page.

If you would like to receive mental health updates in your local borough from the K&C LINk, please indicate this on the next page and your details will be added to the K&C LINk Mental Health mailing list.

We would appreciate your time to fill out this questionnaire, so that we can gain valuable insight into how mental health services in our borough can be improved. To say thank you for completing the questionnaire, we can provide you with a £5 Sainsbury's voucher.

All the information you provide us with will remain completely anonymous.

Thank you for your time.

If you would like to receive a copy of the report, please provide your email address or your postal address below:

If you would like to be added to the K&C mailing list, then please provide your details below:

Name:
Contact Details (email/postal):

There are three types of care approaches in mental health service provision:

1. A Care Programme Approach plan is provided for people with complex needs, who are at higher risk, and need different kinds of support (e.g. financial, addiction, childcare, learning disabilities, etc.)

2. A Lead Professional Care plan is provided by an identified lead professional for people with more straightforward support needs
.
3. A Community Treatment Order is for people who are required to adhere to a mental health treatment plan whilst living in the community. Failure to adhere to this plan usual results in readmission to in-patient care

Which care approach are you on?	
Care Programme Approach (CPA)	
Lead Professional Care (LPC)	
Community Treatment Order (CTO)	
Don't know	
Do not wish to answer	

1. Please rate the support you receive for your care issues from the following staff (if applicable). **1: Poorly addressed, 2: Addressed to an extent, 3: Completely addressed**

Level of support with your care issues	1	2	3
CPN – Community Psychiatric Nurse			
Social Worker			
Psychiatrist			
Mental Health Support Worker			
Occupational Therapist			
Psychologist			
Psychotherapist			
GP			
Day Services Staff			
Supported Housing Worker			
Care Coordinator			
Other healthcare worker or social care worker. Please specify			

Don't know/can't remember	
No one	

2. Please use this space to describe how you feel about how your issues have been addressed. You may want to think about:
   - If staff/services have sought to involve you in identifying and solving your issues
   - Your care plan

3. When were you discharged?			
In the last month		7-12 months ago	
1-3 months ago		More than 12 months ago	
4-6 months ago		Don't know/can't remember	

If you were discharged more than 6 months ago, then please skip to question 8

4. Please outline your discharge process below. You may want to include the following:
   - Were you and your family consulted about the date/time of discharge?
   - The destination of discharge
   - If you were provided with a discharge care plan, and if so, your views on it

5. Which staff/services were available to you to support your discharge? Please tick the box on the far right-hand side below to indicate which staff/services you were **aware of**.

If you used these staff/services, please rate how they supported through discharge by the following staff? (if applicable), from **1: Not at all, 2: To an extent, 3: Yes, definitely**

Support through discharge	1	2	3	Aware existed
CPN – Community Psychiatric Nurse				
Social Worker				
Psychiatrist				
Mental Health Support Worker				
Occupational Therapist				
Psychologist				
Psychotherapist				
Day Services. Please specify which day services provision you used:				
Supported Housing Worker				
Care Coordinator				
Chaplain				
Other healthcare/social care worker or service. Please specify:				

6. Please use this space to outline how you have felt supported by your GP through the discharge process. You may want to include:
- If your GP knew that you were being discharged
- If your GP made a follow up appointment with you for after your discharge
- How well you think your GP knows about you and your condition
- Any experiences where you have been happy with your GP and their support
- Any experiences where you feel there could have been improvement with your GP and their support

7. Please use this space to describe how you felt during your discharge process. You may also want to include:
    - Which services you used during your discharge process
    - What would have made your experience better
    - What you think is *most important* from community services to prevent you from being readmitted to inpatient care

If you are not on medication and/or using therapies then please skip to question 12

8. Which of the following staff members support you in **choosing** your medication and/or therapies? (if applicable), from **1: Not at all, 2: To an extent, 3: Yes, definitely**

Medication	1	2	3	Therapies	1	2	3
CPN – Community Psychiatric Nurse				CPN – Community Psychiatric Nurse			
Psychiatrist				Psychiatrist			
GP				GP			
Pharmacist				Pharmacist			
Other staff member. Please specify:				Other staff member. Please specify:			
Don't know/can't remember				Don't know/can't remember			
No one				No one			

9. Please use this space to further comment on how you choose your medication and/or therapies:
    - What therapies and medication you are aware of that are available
    - How have you been involved in choosing your therapies and medication

Medication	Therapies

10. Which of the following staff members support you in **accessing** (obtaining/receiving) your medication and/or therapies? (if applicable), from **1: Not at all, 2: To an extent, 3: Yes, definitely**

Medication	1	2	3	Therapies	1	2	3
CPN – Community Psychiatric Nurse				CPN – Community Psychiatric Nurse			
Psychiatrist				Psychiatrist			
GP				GP			
Pharmacist				Pharmacist			
Other staff member. Please specify:				Other staff member. Please specify:			
Don't know/can't remember				Don't know/can't remember			
No one				No one			

11. Please use this space to further comment on how you access (obtain/receive) your:

Medication (please include how you would access your therapies in an emergency):	Therapies (please include how you would access your therapies in an emergency):

12. Do you have a crisis card?

Yes	No

The 'crisis card' is a pocket sized card containing key information and a support phone line the individual or a representative can contact in times of need.

13. Do you have a written copy of your crisis plan? Please outline your plan below, and your views on your plan:

14. Please use this space to comment on what employment support services you have used, and what you think about them.

15. Please use this space to comment on experiences where you have been happy with mental health services received (please note the type of staff you encountered: e.g. GP, Social Worker, etc.)

16. Please use this space to comment on experiences you have had with mental health services where improvements could have been made (please note the type of staff you encountered: e.g. GP, Social Worker, etc.)

17. Please use this space to make any recommendations regarding mental health services in K&C (your borough)

Equal opportunities monitoring
Explain to the interviewee that they only need to answer these questions if they are happy to do so. They are to help us ensure our service users are representative of the wider community.

1. Age bracket: 26-35 □   36-45 □   46-55 □   56-65 □   66-75 □   76-85 □
85+ □

2. Sex: Male □ Female □

3. Do you consider yourself to have a disability: Yes □ No □ Declined to answer □

4. Would you define yourself as: Heterosexual □ Bi-sexual □ Gay □ Lesbian □ Other □
Declined to answer □

5. What religion do you define yourself as: None □ Muslim □ Buddhist □ Hindu □ Christian □ Sikh □ Jewish □ Other religion □ Declined to answer □

6. Ethnic background
White
British □
Irish □
Any other white background □
Asian or Asian British
Asian British □
Indian □
Pakistani □
Bangladeshi □
Any other Asian background □ (Please specify below):
Mixed
White and Black Caribbean □
White and Black African □
White and Asian □
Any other mixed background □ (Please specify below):
Black or Black British
Black British □
Caribbean □
African □
Any other Black Background □ (Please specify below)
Chinese or other ethnic group
Chinese □
Any other Ethnic Group □ (Please specify below):

Not stated/do not wish to answer   □