

Mental Health Crisis in Leeds

**People's stories and experiences of
mental health crisis in Leeds and
access to services and support**

January to March 2019



Some of the services mentioned in this report

Crisis Service (Single Point of Access - SPA)

An access point for health and other professionals wishing to refer someone into LYPFIT services but is also an access point for anyone to request an urgent crisis response.

Dial House

Dial House, is an out-of-hours service in Leeds for people in crisis.

NHS 111

111 is the NHS non-emergency number

Acute Liaison Psychiatry Service (ALPS)

The Acute Liaison Psychiatry Service (ALPS) operates over a 24 hour period, seven days a week. They assess men and women over the age of 18 years who are experiencing acute mental health problems and present to either of the Leeds' Emergency Departments, or those who have self-harmed and are in either St James's Hospital or LGI.

Connect Helpline

A telephone service Providing emotional support and information every night for people in Leeds 6pm-2am.

The Market Place

The Market Place offers services to young people in Leeds aged 13-25 years old for mental health and sexual health and to provide support in times of crisis. All services are free and confidential.

Dial House@Touchstone

Dial House@Touchstone is an out-of-hours crisis service in Leeds for people from Black and Minority Ethnic (BAME) groups.

Well Bean Crisis Café

The Well-Bean Hope in a Crisis Cafe is open to people in Leeds who are experiencing a crisis.

Teen Connect Helpline

A telephone service offering emotional support for 13-18 year olds in Leeds every night, 6pm-2am.

Where to go for help and support

For further information for yourself or someone you are helping, please visit the mindwell website.

<https://www.mindwell-leeds.org.uk/>

If you are under 16 or looking for information about mental health support and services for someone under 16 you can visit the mindmate website

<https://www.mindmate.org.uk/>



Contents

Summary	1-2
Background	3-4
Why we did it	4
What we did	5
What we found	6-20
Focus Group - Young people	21
Spotlight on BAME	22
Messages & Recommendations	23
Service provider response	24-26
Next steps & Thank you	27
Appendices	28-32



Summary

Introduction

Mental health is a key issue nationally and locally and there is a recognition that this is an area that needs urgent action. Mental health is a priority for Healthwatch Leeds and this project was carried out in the light of information already available about the challenges faced by people when in mental health crisis.

This project was carried out from January to March 2019 to find out about people's experience of "what it is like to have a mental health crisis in Leeds". By mental health crisis we mean when someone no longer feels able to cope or be in control of their situation (definition taken from the NHS website). A total of 697 people completed our survey to tell us about their experience of mental health crisis and awareness of services and support. They told us about the services they had been in touch with and also about the reasons why they had not asked for support. People also told us what had worked well and what could have been better.

Key Findings

- Almost half of people experiencing or supporting someone in crisis for the first time told us they would not know where to go for support.
- There were significant variations in people's experience of support received from different services. Crisis (57%), Acute Liaison Psychiatry Service (ALPS) (55%) and A&E (58%) received more negative feedback than positive feedback.
- Whilst we received feedback about people's negative experiences we also heard about people's positive interactions with services particularly those in the third sector and some primary care.
- Many of the comments about services both positive and negative were in relation to staff. The interactions that people had with staff when seeking support and the response they received had a big impact on their experiences.
- Quicker access to support when in mental health crisis was a strong and recurrent theme.
- A lack of understanding of mental health by some mainstream services was highlighted as an issue.
- The most common reasons why people did not seek help were:
 - They did not know where to go
 - They were not sure it was a crisis
 - They had used a service before and not found it to be helpful or had a poor experience
- Having someone to talk to was highlighted as being the most important and helpful thing during a crisis.
- Out of those who responded to the question about further support only 46% said that they were told about any further support that they could get after crisis.

- People talked about the need for better and earlier interventions to help avert a crisis and highlighted long waiting times for mental health support services.
- Particular groups highlighted that their additional needs or circumstances were not taken into account when accessing mental health crisis services eg autism and carers

Key recommendations / messages

Below is a summary of our key recommendations.

1. Simple and clear information about where to go for support when in crisis to be made available and be widely used across the city.
2. All providers to demonstrate how their services adhere to the mental health crisis “I” statements. (See Appendix 5).
3. All service providers to demonstrate how they support their teams to deliver a consistent and non-judgemental service, in a kind, compassionate and caring manner. Providers to build in measures to ensure that this is an ongoing process that is measured and reviewed on a regular basis.
4. Providers to work together to share and learn from the good practice in mental health crisis services.
5. Providers and commissioners to review and respond to the timeliness of access and waiting lists for both crisis and mental health support services.
6. Mainstream services to ensure they provide mental health training for all frontline staff, e.g. mental health first aid training.
7. Appropriate follow-up and ongoing support after a crisis to be made available and offered to everyone.
8. Providers to review and identify how they ensure services meet the needs of people with additional needs.
9. Providers to identify how carers are supported and involved in the care provided by mental health crisis services.
10. All services to review and/or implement processes for ensuring service user and carer feedback is gathered and acted upon. The process to be simple and accessible and any changes as a result of feedback to be widely shared.

Main Report

Background

It is increasingly being recognised that mental health is an area of health and care services that needs urgent action. We all have mental health and anybody can need support for this at any time. It is therefore crucial that we get services and support right for everyone.

For the past four years mental health has been the number one health and social care issue for the Healthwatch network. A poll carried out by Ipsos Mori, showed that the public prioritise spending on mental health services above most services, with the exception of urgent and emergency care.

Here in Leeds, mental health was the number two issue for over 17,000 young people in Leeds recently surveyed in #makeyourmark, coming a close second to knife crime. In the recent Big Leeds Chat, access to mental health services was one of the priority themes that people talked to us about and we know as health and care partnerships come together in our local communities that mental health is the priority issue for them.

In terms of government policy and action on this, the Five Year Forward View for Mental Health policy document, published in 2016, prompted a sector-wide shared focus on achieving change. It highlighted not just the current state of mental health services in England, but specific areas where things could be better.

Some of its recommendations include:

- More 24/7 services for people in crisis
- Expansion of community services
- 10% reduction in suicide rates
- Supporting 30,000 more women within perinatal mental health services
- Support more people with mental health conditions to find or stay in work by doubling the provision of individual placement support
- The recent NHS Long Term Plan again focuses attention on mental health and gives as much weight to mental health needs as physical needs. Actions include:
 - New waiting times targets for mental health treatment
 - Extra funding for talking therapies
 - An around the clock helpline
 - Improved maternity mental health services
 - Improved access to children's mental health services

Within Leeds we have been working together for several years as part of the Mental Health Partnership Board to think collectively about mental health in adults. The board brings together people with lived experience of mental health, decision makers from Leeds City Council and the NHS along with third sector partners to collectively plan and design mental health services that better meet

people's needs in Leeds and design a plan for the city - the Leeds Mental Health Framework. Much of the work within the framework has focused on:

- Providing better information about mental health
- Improving crisis mental health services - at the centre of this was a set of "I" statements, developed by people who use mental health services which identify what crisis services should be, feel and mean to people in Leeds (see appendix 5)
- Developing the mental health support offer in the community
- Looking at how it feels to transition from children's mental health services to adult services as well as peri-natal services

From a children and young people's perspective, we have a strategy in Leeds called Future in Mind, this too has been developed bringing together all the different partners in Leeds with the voice of children and young people with lived experience of mental health at the centre of this plan.

A new mental health strategy is currently in development in Leeds which will bring together both children and adults mental health.

Why we did it

To support and champion this important work to improve mental health services in Leeds, here at Healthwatch Leeds we have made mental health one of our priority themes. We are keen to play our part to ensure that people's voices and experiences are at the centre of this work and use our role wherever we can to champion better health and care services.

Access to good and timely crisis services is something that has consistently been raised. In 2018, Battle Scars, a Leeds based community developed self-harm support group, produced an insightful report reflecting many people's experiences of crisis services here in Leeds. The report gave an honest and hard-hitting account of some of the experiences in Leeds.

We as Healthwatch Leeds were keen to build on this to have a citywide conversation, asking people "what is it like to have a mental health crisis in Leeds". This is most importantly a call to action to our partners, providers of services and funders of services to act on what people have said.

As part of this project we set out trying to find out more about services and support available to people when in crisis. From our experience undertaking this project we found it was not clear what services are available and how to access these. It can be very confusing and difficult to know where to go and to find the right support when needed.

What we did

At the end of 2018 we met with and spoke to a number of key statutory and third sector organisations and groups providing mental health support and services. The aim of this was to find out what services are available for people in mental health crisis and identify where some of the gaps and issues may be.

Following the feedback that we had gathered we designed a survey with a list of key questions asking about people's experience of mental health crisis, in the last 12 months, and knowledge and awareness of the support available. The survey was available for people who had experienced a crisis and/or family and friends that had supported them. There was also an option for people who had not experienced a crisis to complete part of the survey as we wanted to know more about if people would know where to get support if they ever found themselves in that situation. We received a total of 697 responses to the survey.

Between January and the end of March 2019 the survey was available on the Healthwatch Leeds website and was widely distributed through a range of methods, including:

- Through partner organisations and those providing mental health support and services
- Leaving the surveys and freepost envelopes in clinics and waiting rooms in the Child and Adolescent Mental Health Service (CAMHS) and Leeds Community Mental Health Team (CMHT)

- Through newsletters and bulletins within both the statutory and third sectors
- Healthwatch Leeds volunteers and staff carried out 37 visits to 25 groups and organisations to do surveys with service users and carers
- Through a range of social media outlets

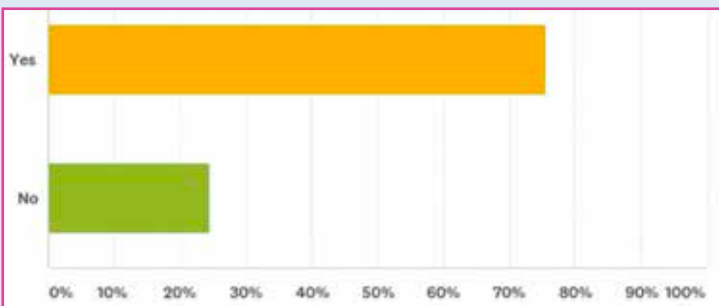
We wanted to hear about the experiences of as many people as possible from a range of backgrounds and ages (See appendix 2 for a full breakdown of monitoring information based on age, gender, ethnicity and disability).

We particularly wanted to hear about the experiences of Black and Minority Ethnic (BAME) groups and visited a diverse range of groups and organisations to speak to people about their experiences (see appendix 3 for a list of groups visited).

We also carried out a focus group at the Market Place with young people to hear about their views and experiences.

What we found

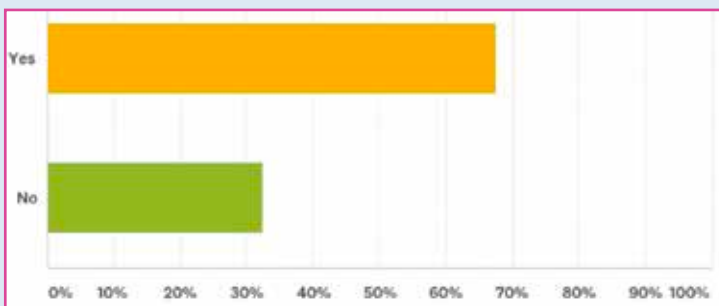
We received a total of 697 responses to the survey. Not every question was relevant to all respondents and some chose not to answer specific questions. The number of people that answered each question and the percentages are highlighted in each section.



Have you or someone you know had a mental health crisis in the last 12 months?

Experience of mental health crisis

We asked people if they or someone they knew had experienced a mental health crisis in the last 12 months. 527 (76%) answered yes and 170 (24%) answered no.

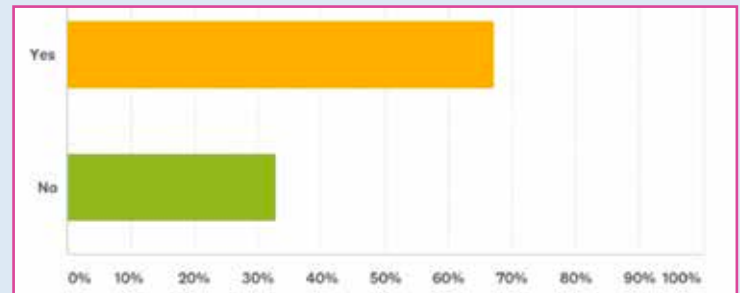


Would you know where to get help in a mental health crisis?

The 170 that answered no were asked a further question about whether they would know where to get help if they had a mental health crisis and 167 responded to this question. Out of those that responded 113 (68%) said that they would

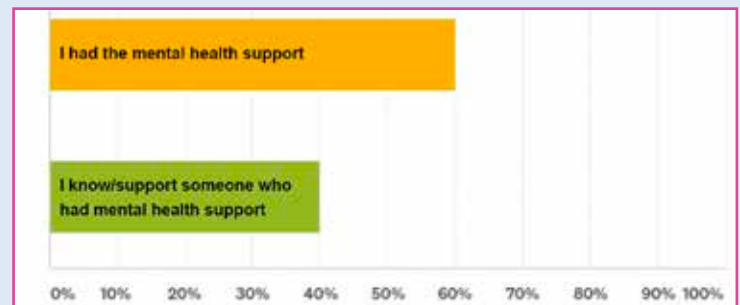
know where to get help and 54 (32%) told us they wouldn't know where to go for help.

The 527 people that that told us they, or someone they knew had experienced a mental health crisis were also asked if



Do you know how to get help? (if there is more than one episode.)

they knew where to get help and 491 of them provided a response. Out of those, 330 (67%) answered yes and 161 (33%) said they did not know where to get help in a crisis. However, the figure among those that knew where to get help dropped to 53% when this was the first experience of crisis.



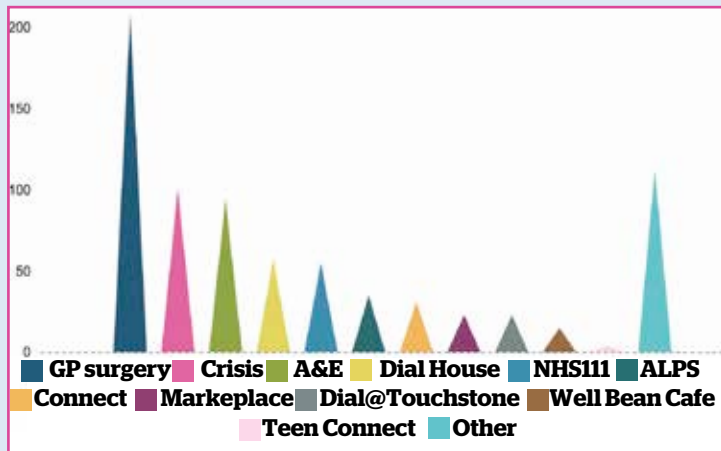
Did you experience the crisis or were you supporting someone who would?

When asked who had experienced the crisis 491 responded, out of which 295 (60%) told us that they had experienced the crisis and 196 (40%) said that they had supported someone who had experienced the crisis.

For 139 (28%) people this was the first experience of mental health crisis while the remaining 352 (72%) told us this was not the first time they had experienced a mental health crisis.

Support for mental health

We asked people to tell us about the services they had contacted for support and how that experience had been for them. Each person was able to tell us about their contact with whatever services they had been in touch with. A total of 312 people responded to this question.



The GP surgery was the most contacted service, with 209 people (67%) contacting the GP for support. The second most contacted service was Crisis Service (Single Point of Access (SPA)), which was contacted by 101 people (32%).

Other popular points of contact were A&E which was contacted by 94 people (30%), Dial House was contacted by 57 people (18%) and NHS 111 was contacted by 55 people (18%).

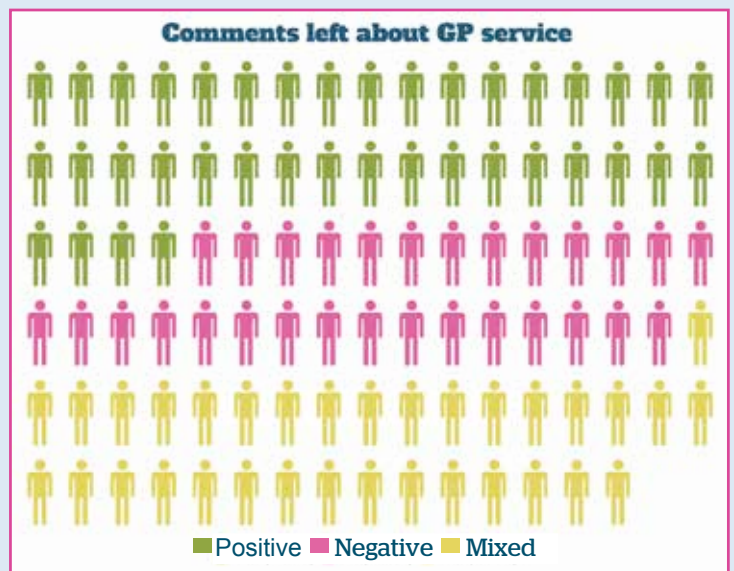
In addition to this, 35 people (11%) contacted the Acute Liaison Psychiatry

Service (ALPS), 31 (10%) contacted the Connect Helpline, 23 people (7%) contacted the Market Place, 23 people (7%) contacted Dial House @ Touchstone, 15 people (5%) contacted the Well Bean Crisis Café, and 4 people (1%) contacted Teen Connect Helpline.

113 people (36%) stated that they contacted 'Other' services. These included the Becklin Centre, Child and Adolescent Mental Health Service (CAMHS), Improving Access to Psychological Therapies (IAPT), Samaritans and the Police.

GP surgery

184 people left comments about the GP service. 69 (38%) of these comments were positive and 53 (29%) were negative. All other comments were mixed or were observations without any particular negative or positive comments.



Many of the positive comments were about the GP being helpful, understanding and patient. There were

also many comments about the GP making quick referrals to other appropriate services which then helped the patients. Other positive comments were about medication being prescribed, and the correct diagnosis being made which led to more effective treatment for the patient.

“Brilliant. Fitted me in within an hour, listened and understood what was happening. He was focused on what he can do to help, and what steps I can take myself which I like”.

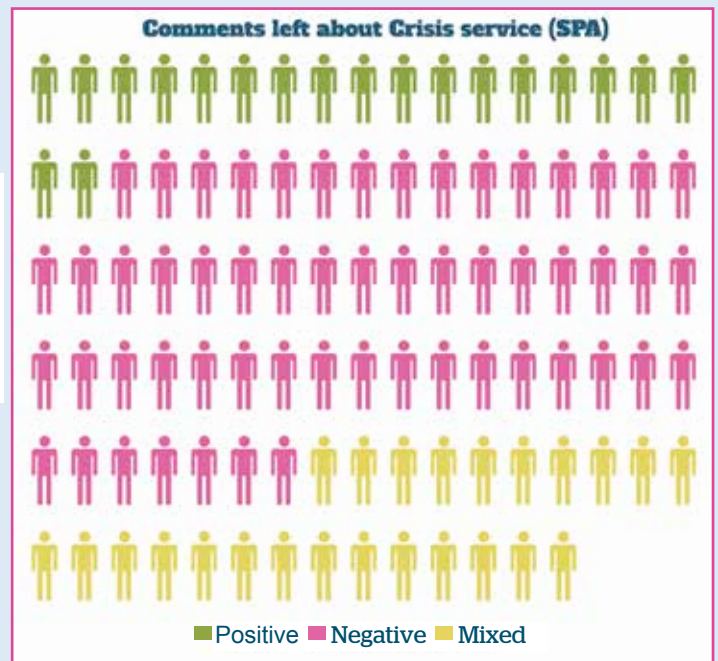
Negative comments were about waiting times to get a GP appointment in the first place, and then the long waiting times between the GP appointment and the service that the GP referred them to. There was also a feeling by some that mental health was not fully understood by GPs, or that they did not consider it to be a priority. A few people commented that the appointment was not long enough when wanting to discuss personal and sensitive topics around mental health.

Crisis Service (Single Point of Access (SPA))

99 people left comments about the Crisis Service. 19 (19%) were positive and 56 (57%) of these comments were negative. All other comments were mixed or neutral.

Most of the negative comments were about the long waiting times for the service to call back after the initial phone call was made, with some waiting several hours for a call back. In some cases, the

service did not call back at all. On more than one occasion, people had reached crisis point before hearing anything from the service.



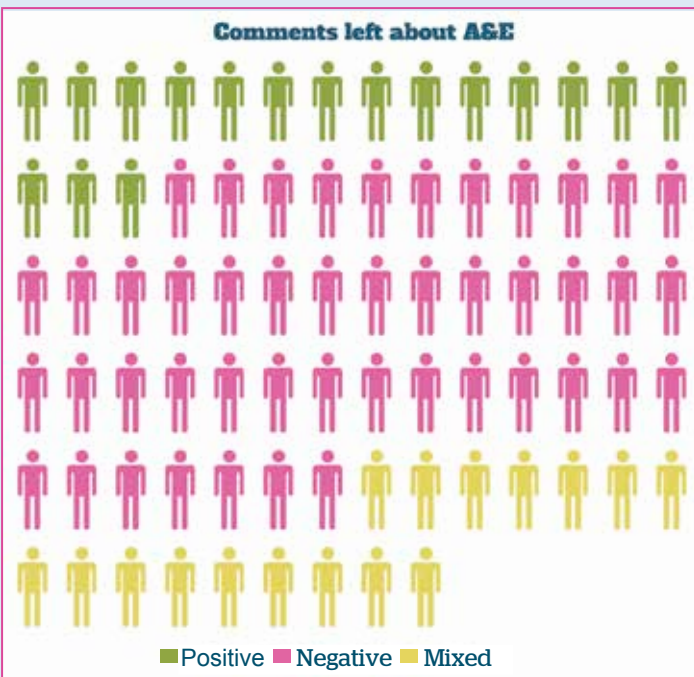
There were also concerns about the quality of the advice given by the service, with people feeling that it was very general. On some occasions people reported that the service said they could not help them. In addition to this, there were a few comments about communication with staff, with one commenting that the person they spoke to was ‘not warm or empathetic’.

“Hard to get through on the phone. Wanted to know why I wanted to talk to someone as they said the ‘service was very busy’. Call-back was over 4 hours later”.

The positive comments were related to somebody from the service being able to come out and see them, staff being supportive, and the right referrals being made.

A&E

79 people left comments about A&E. 17 (22%) were positive and 46 (58%) of these comments were negative. All other comments were mixed or neutral. Most of the negative comments mentioned long waiting times as an issue. Relating to this, many people commented that the busy and clinical environment in A&E was very distressing. Many others commented that they didn't feel as though A&E was equipped to deal with mental health issues and were more concerned with the physical health.

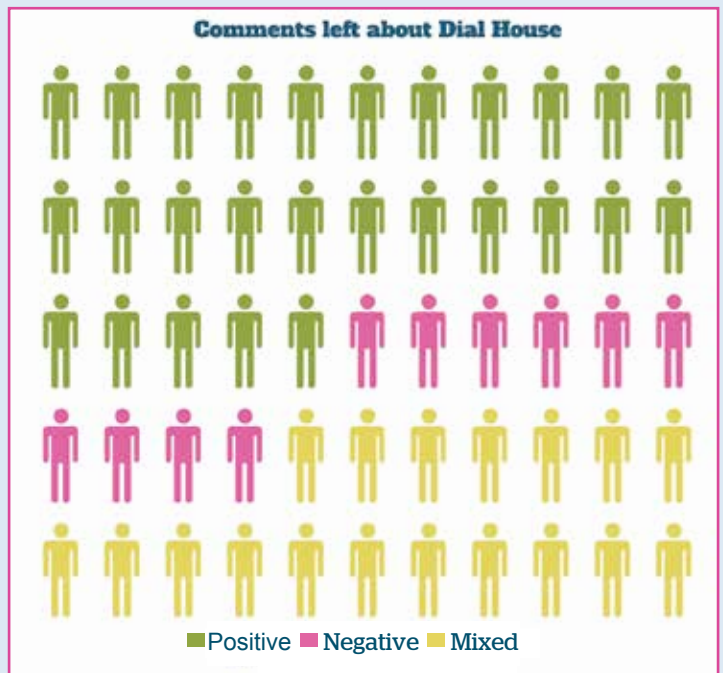


“When someone is in crisis, to attend a very busy and hectic A&E department, is in itself very stressful. There is no option or facility for a quiet and private waiting area, and the long waits are just too much for patients with such needs to bear”.

The few positive comments were related to helpful staff and the right referrals being made.

Dial House

55 people left comments about Dial House. 27 (49%) of these comments were positive and 10 (18%) were negative.



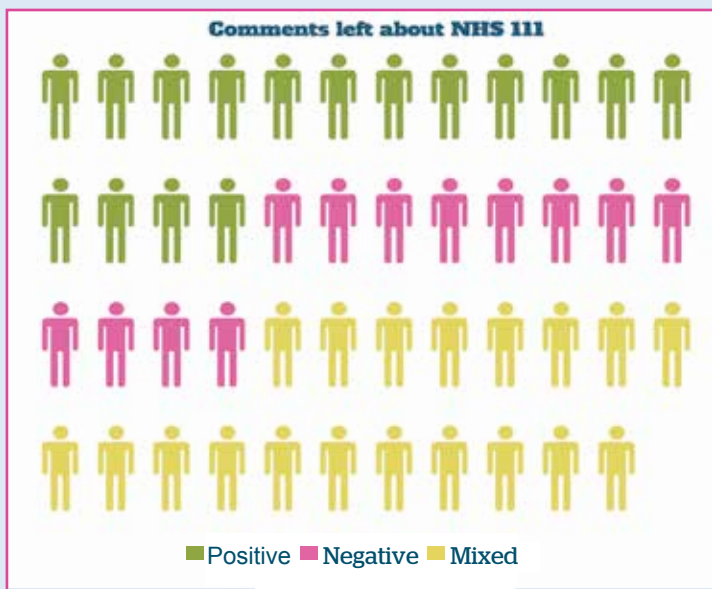
Most of the positive comments related to staff, with many people commenting that the staff were supportive, non-judgemental, helpful and empathetic. Furthermore, people said that they really felt listened to. Others commented on it being a safe space with a nice atmosphere.

“He liked the experience because he was able to have a one-to-one session and it was a comfortable, welcoming environment”.

Negative comments were mostly related to capacity issues, as many people commented that they could not get through to speak to someone.

NHS 111

47 people left comments about NHS 111. 16 (34%) of these comments were positive, 12 (25%) were negative, and the rest were mixed or neutral.



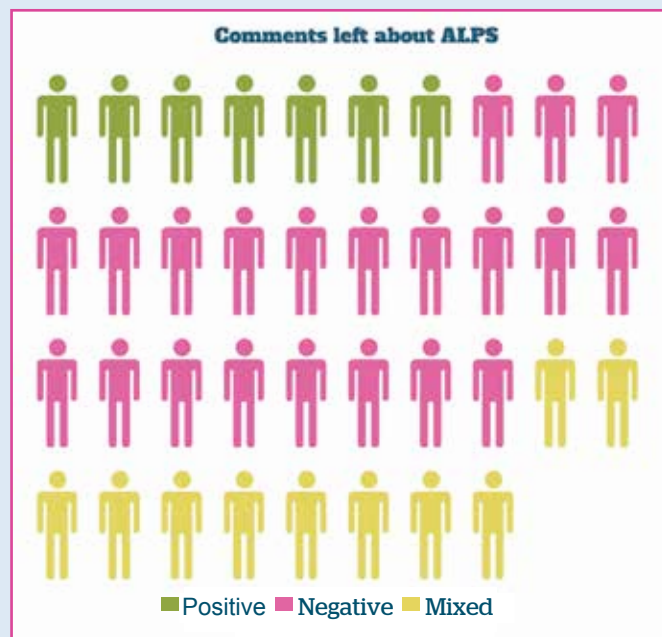
The positive comments were mostly related to staff being friendly, helpful and understanding. People also commented that the staff gave good advice, and were able to signpost them to useful services.

The negative comments were mostly about the service not offering any useful advice.

Acute Liaison Psychiatry Service (ALPS)

38 people left comments about ALPS. 7 (18%) were positive and 21 (55%) of these comments were negative. The rest were mixed or neutral.

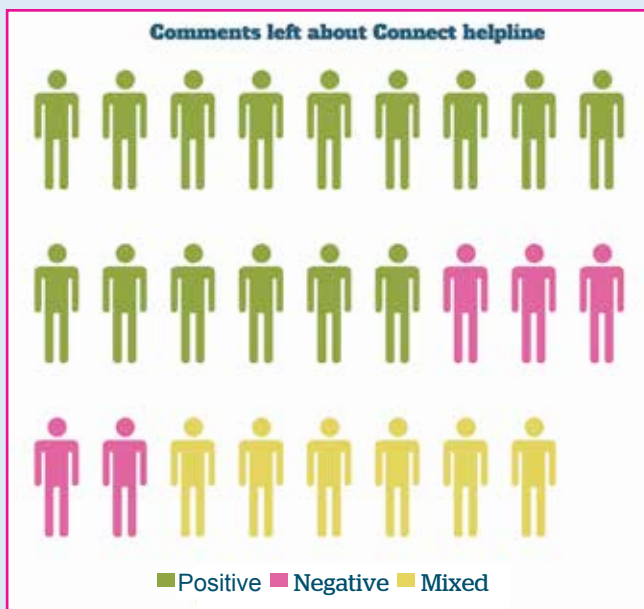
The negative comments were about staff, with many saying that staff were unhelpful. More than one comment mentioned that staff were rude.



Most comments also spoke about the service being generally unhelpful and not able to give them the support they needed. However, there were some positive comments relating to staff, with people saying the staff helped them.

“I have seen ALPS many times but not in the last major crisis. Again I try to avoid them, they don’t listen or take you seriously”.

Connect Helpline



26 people left comments about Connect Helpline. 15 (58%) comments were positive and 5 (19%) were negative. Others were mixed or neutral.

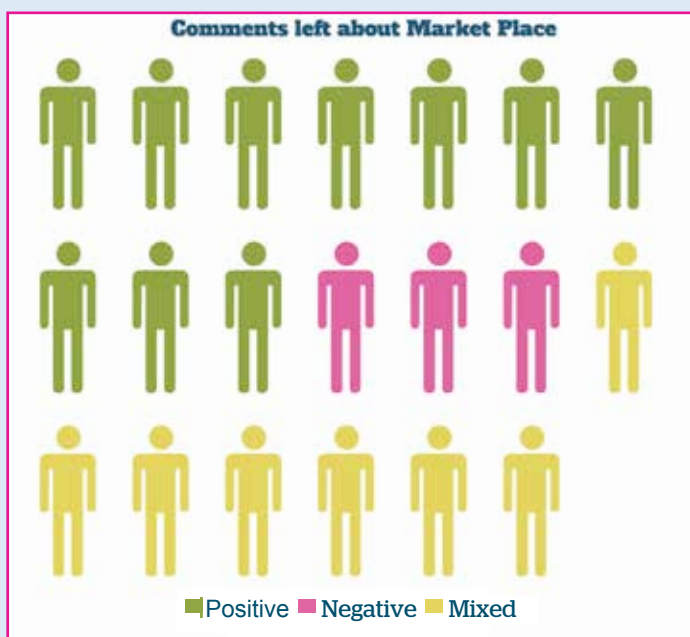
The positive comments were mostly about staff. Many people commented that the staff were friendly, were able to listen really well, and gave them lots of time to talk. A few of the positive comments were about the helpline’s ability to signpost to the correct services.

“They helped me so much and signposted me to the correct organisations for help”.

The few negative comments were about not being able to get through on the phone, and staff not being very helpful.

Market Place

20 people left comments about the Market Place. 10 (50%) comments were positive and 3 (15%) were negative. Others were mixed or neutral.

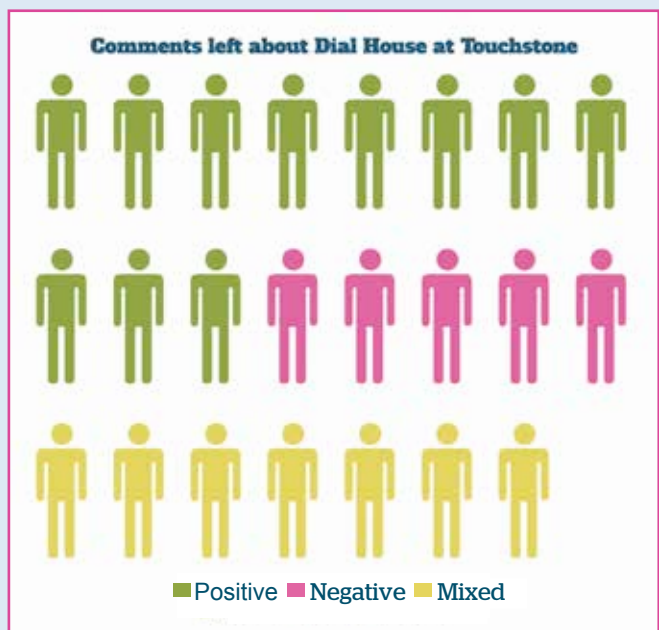


Positive comments stated that the counselling service was helpful and the

group meetings were positive. Negative comments were around waiting lists and no flexibility around times of appointments.

Dial House at Touchstone

23 people left comments about Dial House at Touchstone. 11(48%) comments were positive and 5 (22%) were negative. The rest were mixed or neutral.



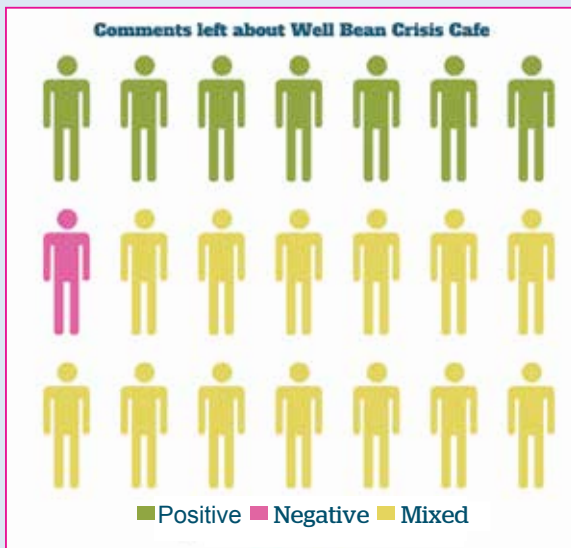
The negative comments on the whole did not give specific reasons but just expressed their view that the service had been unhelpful or not given them the support they needed.

Positive comments were about it being a safe and comfortable space, being with other people from BAME backgrounds and that staff were friendly and helpful. More than one comment mentioned that it is an inclusive and diverse place.

“Staff are nice and I enjoy the social space - it’s safe and meets my cultural needs”.

Well Bean Crisis Café

21 comments were made, with 7 (33%) of them being positive and 1 (5%) being negative. All other comments were mixed or neutral.



Positive comments included that the staff treated people with dignity and that there is a nice environment with fun activities. The negative comment was about not being able to contact anyone. A couple of people did comment that they had not heard about this place and it would be useful to promote it more.

“Positive. If it wasn’t for this place, I would be 6 foot under by now. I am treated like a person not a number. Not looked down on. Staff treat me with dignity”.

Teen Connect Helpline

6 comments were made about the Teen Connect Helpline. These were a mix of positive and negative. Negative comments were about waiting times and being turned away from the service or being too old for the service. The positive

comments gave very little detail apart from it being a positive experience.

Common themes across the services

Although each service had very specific comments which were unique to that service, there are a few themes that can be identified across all services. These are categorised below under: Staff; Referrals; Contact and Waiting Times; and Prioritising/Understanding Mental Health.

Staff

Most of the comments, both positive and negative, made about services were in relation to staff.

Most of the positive comments talked about how staff were friendly and approachable, as well as being understanding and empathetic about their circumstances. It was clearly important to those using services that staff listen well and give them plenty of time to discuss their issue.

However, many comments made about staff were negative. This was particularly an issue at Acute Liaison Psychiatry (ALPs) and Crisis Service (Single Point of Access (SPA)), however most services had at least one negative comment about staff. Comments were about staff being unhelpful and sometimes rude and judgemental.

“The staff (at the Crisis Service) are not empathetic to people’s problems and I am concerned RE: workers lack of mental health awareness. Workers seem uninterested when you call to make a referral.”

Referrals

Many of the comments spoke about referrals made to other services. Often, the services contacted would be a first point of contact and so it would be necessary for the service to signpost people based on their needs.

There were many positive comments about referrals being made quickly and to appropriate services. This is particularly true for those who contacted their GPs, NHS 111 and Connect Helpline.

However, there were also many concerns around referrals. A lot of the time, people felt that the service they were referred to was not appropriate for their needs. In other cases, the service they were referred to was uncontactable or unable to help them which left them without support.

Contact and waiting times

One issue that came up amongst almost all services was the difficulty of contacting the service initially, as well as long waiting times waiting for calls back/referrals.

For those services that were contacted over the phone, many people commented that it took several attempts to finally speak to someone. This was particularly true for Crisis Service (Single Point of Access (SPA)). Once the initial call had been made, it sometimes took hours to get a call back. A few people commented that they could not get through at all, or never got a return call, and their situations escalated into crisis before being able to speak to someone.

Those who contacted A&E also commented on the long waiting times. In addition, those who visited the GP commented on waiting times between this visit and visiting the service they had been referred to.

Prioritising/understanding mental health

Underlying many of the negative comments about services was a feeling that their mental health problems were either not fully understood, or not taken as seriously as they should be.

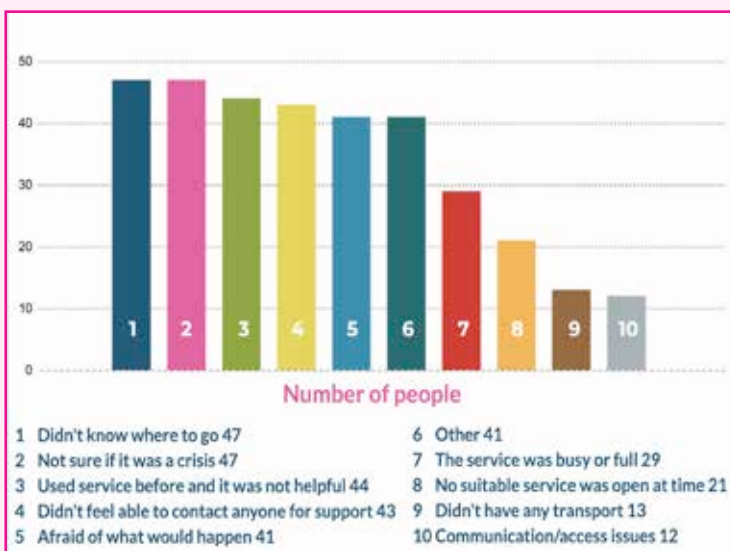
This was particularly the case in the GP surgeries and in A&E. It was felt that adaptations to the regular service should be made in order to meet people's mental health needs. For example, GP appointments should be made longer so that people have plenty of time to speak about their concerns. Also, there should be a space in A&E which is less busy and chaotic for those in crisis, as the atmosphere in A&E may worsen symptoms.

Across the services, a few people commented that they were not seen as having severe enough needs to receive the service on offer. Therefore on a few occasions, people were turned away.

“My friend, who I support, rang the Crisis team; was promised a call back however this never happened. We got a text message 9 hours after our initial call, which by this point we were at A&E as my friend had overdosed”.

Why people did not ask for support

We asked people to tell us why they had not contacted anyone for support and they selected from a list of options. A total of 190 people told us about why they had not contacted anyone for support. People were able to select more than one response from the list and we received a total of 338 responses. The table below lists the responses in order of priority given to each.



The top responses had similar numbers with the highest two being that people did not know where to go or were not sure that they were in crisis. The next two options also had a similar number of responses where people did not feel able to contact anyone for support or they had a previous poor experience and this prevented them from seeking support.

“The person I supported did not contact the crisis team as they said they had used the service before and not found them helpful”.

We also asked people to tell us more about why they did not ask for support. People told us about their experiences and these are grouped under the following headings. Many also echoed the

listed options such as they did not know who to contact and were not sure if it was a crisis.

“It is very difficult to support someone when you are not sure what service to go to and the ones you have are not 24/7 but you also don't know what is classed as a crisis”.

Not being understood or listened to

People told us that they did not sometimes seek help as they felt like they would not be given the help they needed. Comments were also received about people feeling that no one would be able to understand what they were going through and they would not be listened to.

“I feel that no one understands from my perspective”.

Did not want to seek help

Some of the respondents told us that they did not want to get help even when advised to do so by people around them. Some felt uncomfortable, or didn't think there was any point while others thought they would come up with a solution on their own.

Afraid of judgement

The stigma attached to mental health was mentioned as a reason for not seeking help by some. There was a fear of confiding in a stranger or people around them about what they were going through and feeling that they would be judged as they should be able to cope.

“I feel ashamed sometimes that I can’t cope and feel like I should be able to”.

Lack of appropriate support

Some respondents felt there was no appropriate support available to them given their circumstances. The reasons for this ranged from them having other health conditions which also needed to be dealt with or them being in a place where they could not access help.

“I was in prison at the time and there were no services available”.

Long waiting times

People also talked about long waiting times for getting help and support. Some said they were already on a waiting list or had to wait for such a long time to speak to someone. This was given as a reason for not contacting anyone to get support when they underwent a crisis.

Other barriers

Other respondents told us about a range of barriers that hindered them from seeking help when they needed it. These included trust issues, their physical and mental health, or being afraid of hospitals and thinking the crisis level could be escalated should they seek help.

“I manage these attacks on my own. I am frightened of hospitals so would not ring anyone in case I ended up there”.

What worked well

We asked people to tell us up to three things that they had found helpful during the crisis. 303 people responded to this question and provided 651 comments about what they had found helpful. While the responses were wide and varied there were some themes that emerged and these are detailed below.

Someone to talk to

Having someone to talk to and being listened to were highlighted as being the most important and helpful things during a crisis. Almost a third of those that responded to this question mentioned this as one of the 3 things they had found helpful. People talked about the importance of being taken seriously and having someone they could voice their feelings to and just being believed.

“Feeling that someone cared for me and was there for me”.

Support

Getting the right support in a crisis was crucial for people. Respondents mentioned the importance of being supported without judgement. A number of people said that they found having a quick response and/or appointment helpful during a crisis.

“They gave me options straight away as to what we could do”. “Having immediate contact from the people you contact”.

Some people mentioned having and knowing about further support and information as helpful during their crisis.

“Knowing where to go next was helpful”.

Family and Friends

Many people highlighted the invaluable role of family and friends during the crisis as being one of the most helpful things for them. This was mentioned by almost a quarter of people as one of their top 3 things that they had found helpful.

“Having support from family members who are very aware of mental health and who offer zero judgment”.

Medication

Medication was mentioned by a number of people as something that had been helpful during the crisis. While many told us that they had found medication helpful, others talked about the changes in dosage or type of medication that had been of help to them.

Services

There were quite a few specific services that were mentioned as being helpful during the crisis. The one mentioned the most was support from GPs.

“GP knowing me well enough to know I was in crisis”.

Other services mentioned by people as being helpful during their crisis included, Dial House, A&E, ambulance staff and police. Support given at the Becklin Centre, St Mary’s House and The Mount were also mentioned and some people rated NHS 111, support at school and the

Mindmate website as being helpful during crisis.

“The Becklin centre were kind - they gave me a place to rest”.

What could be better

We asked people to tell us up to three things that could have been better during the crisis. 299 people responded to this question and we received 604 comments about what could have been better.

Support

The need for improved support was mentioned most frequently when people told us what could have been better. Just over a quarter of respondents mentioned support as one of the three things that would have helped them. The key areas highlighted included staff attitude, more information about where to go, quicker response times, better follow-ups, 24-hour support, and better communication between services.

“No response from the crisis centre after attempts from us, (his parents) the GP and the police ringing them saying he needed to be sectioned”.

One of the main things highlighted by many people in terms of support was getting the support they needed sooner and when they needed it. This was mentioned by almost a quarter of the people that answered this question as being one of the three things that could have been better. Respondents mentioned services that were slow to respond such as the crisis team and

having to wait for hours in A&E or not being able to get an appointment with the GP when needed. Many felt that not getting the response they needed when they needed it impacted in a negative way on the crisis. People also talked about long waiting lists for services such as Improving Access to Psychological Therapies (IAPT) and Child and Adolescent Mental Health Service (CAMHS) as being unhelpful.

“Wait in A&E was 5 hrs - my daughter stayed but we were worried she wouldn’t”.

Attitude

Another aspect that many people told us could be better was the attitude of staff. People talked about the need for a more compassionate, understanding and non-judgemental approach from professionals.

“Staff should talk to the service user in a compassionate way”.

Respondents felt that there was a need for better communication and the need to be taken seriously and staff to have more time for them.

“The staff member at A&E was unsympathetic and I felt talked down to the person. She said there was nothing they could do at A&E and best to go home”.

Information and Communication

Other things people told us could be better during a crisis were improving the amount and clarity of information available and having better

communication. People talked about the need for clearer information and guidance about where to go for help and what to do. Some people suggested that a single point of access for information would help make the support routes clearer.

“Clearer and more easily available contact information - maybe a single point of contact or assessment that filters patients to the appropriate service would help”.

Some people talked about the need for continuity of care, where services were well connected and communicated with each other. Others mentioned the need for services to communicate clearly both with them and with each other.

“Better coordination between the different areas of care”.

Services

A range of comments were also received about specific services and how they could better respond to people in crisis.

The crisis team was mentioned by many people for not providing support or information that was helpful, or not calling back so people were left waiting for hours or sometimes not calling back at all.

“Sometimes the staff are very busy and they said they would get back to you but they never did. That made me very anxious”.

A&E was mentioned by many respondents as a service that people

ended up in when in crisis, but which could respond much better to the needs of those people. Most of the comments were around the very long waiting times and the environment being completely inappropriate. People also talked about the need for better understanding and support from staff around mental health issues and the need for some privacy and a quiet space while waiting to be seen.

“There needs to be a separate safe place in A&E for mental health assessment - it needs to be used because we are already stigmatised and are left to have a further breakdown in the general waiting area”.

Some people also told us about help from the GP that could have been better. This included having more time with the GP, being able to get an appointment quickly when needed and GPs having better awareness of mental health issues.

“Better awareness of mental health issues from the GP”.

Further Support

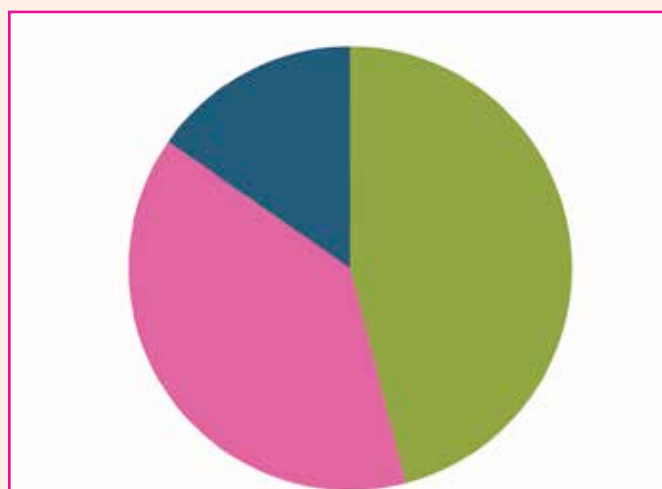
Out of the 398 participants who answered the question ‘Were you told about further help that you or the person you were supporting could get following a crisis?’ 154 (39%) said no, 183 (46%) told us that they were told of some kind of support and the remaining 61 (15%) answered not applicable.

People who said they were not told about any further support provided a range of comments. The feedback included not knowing they could ask for or get support, not knowing where to go,

nothing being available or the information given not being useful.

“Just referred back to GP which was not helpful, need some ongoing support to stop going into crisis again”.

Many people told us about the lack of follow up support that they had received.



Yes 154 No 183 Not applicable 61

Were you told about further help that you or the person you were supporting could get following crisis

Some people felt that there was no support available for them apart from when they were in crisis.

“Told to take her to A&E if really concerned”.

Others commented that they had been given leaflets about services or information about websites but these had not been useful or they were not able to help.

“Handed a leaflet that was a bad photocopy and included out of date contact information”.

Some people commented that when they had received information about ongoing support it had come from other sources or they had to find out about it themselves. Others talked about support coming from family and friends rather than services.

A number of carers also commented about the lack of support, information and follow-up that they had received after a crisis. Many had supported someone through the crisis but felt that they were not always involved in conversations about the care and follow-up or offered any support for their mental health and wellbeing.

“As carers we feel we should be cared about more around mental health crises - they are exhausting and traumatising to live through”.

Out of those people that said they had been told about further support many commented on how helpful this had been. People mentioned places they had been told about, including Dial House, Connect and Teen Connect, Touchstone, Well Bean Cafe, the mental health hubs, Samaritans and various support groups and courses.

“Told about the Well Bean Cafe and other groups, also was given the opportunity to go back (to Dial House) and feel safe in other people’s company”.

People also talked about being referred to other services such as the Community Mental Health Team (CMHT) and IAPT. While some found these helpful, others talked about the lengthy waiting times for IAPT being a concern. This was also an issue for those referred on the CAMHS, where people talked about having to wait so long that by the time they were seen they no longer met the criteria.

“We were referred to CAMHS, by the time we were seen we didn’t meet the threshold to need their help but still had struggles”.

People spoke about being referred to their GP for further support. While some people did not find this to be helpful, many spoke positively about the support they received from their GP and the good relationships they had with them.

“I see my GP regularly to get my prescription of antidepressants and she always makes sure I have all the crisis numbers”.

What else people told us

331 of the 697 participants (47%) responded here. As might be expected with an open question, responses were many and varied. However, some important themes emerged:

Lack of Awareness, Better Publicity and More Information

27 people (8%) felt much more could be done to promote the crisis services and in particular provide more information on how the various services can be accessed. Several mentioned that there needed to be better clarification on what services were available and how they can be contacted or referrals made. Comments included that it would be advantageous if all information on crisis services was available in one place and the need to keep the language used simple, avoid jargon and keep phone numbers updated.

“More publicity about who to contact in a crisis”

Access, response and waiting times

24 people (7%) felt that mental health services in Leeds and the crisis team in particular were poorly resourced and underfunded, contributing to long waits, delayed responses and poor support.

43 people (13%) reported concerns and/or personal experience of long waits to access certain services including IAPT and CAMHS, with some reporting waits of several months for an appointment.

Some people were critical of the crisis service, with even more feeling that at the point of first contact with the crisis team their call could have been handled more empathetically.

27 people (8%) felt that access to mental health services in a crisis could be improved, and 'out of hours' services (including weekends) for people in crisis should be extended and more available.

30 people (9%) expressed concern about the response they received when they made contact in crisis, with some feeling they were being passed around between services, being left in limbo, having calls unanswered or not receiving call-backs as promised.

“The services don't get back to you in time even though they say they will”.

Service provision

Some people commented that better mental health provision and intervention initially might have helped avert a crisis. Others felt the support they received during and after the crisis was inadequate and better support would have helped.

“Basically there needs to be more support prior to being in crisis to prevent a crisis situation from occurring”.

Other Issues

People talked about a range of other issues in relation to mental health services. Some felt it would be good to have a designated 'safe space' for people in crisis other than general hospital Accident and Emergency Departments.

People felt that more one to one support should be available as 'group therapy' didn't work for everyone.

Some commented that the service for school children and young children could be improved, in particular with better advice and training for schools about how to manage concerns about students' mental health.

Carers were also mentioned and it was felt by some that more could be done to support carers, who were sometimes left to deal with challenging situations with little or no support.

19 people (6%) mentioned that there was a need for more focused services for particular client groups including those with learning disability, autism, eating disorders, hearing impairment and BAME groups.

A number of services came in for particular praise, including Dial House (7 people), the Well Bean Cafe (4 people) and the Connect Helpline (3 people) with several respondents wishing these services' opening days and times were extended.

“I hope that Well Bean Cafe, Dial House and Connect Helpline can grow. They are incredible”.

Focus Group Feedback - Young People

We held a small focus group (8 people) at the Market Place in Leeds to get the views of young people about their experiences of mental health crisis. Young people talked about the poor experiences they had at A&E and from the ALPS team. This included poor staff attitudes and a lack of understanding of mental health issues. The crisis service was also criticised as offering a lack of support to people when in crisis and staff being rude and patronising.

“Heard a lot of negative things about how young people are treated by staff, transition from children’s services to adults’ is awful”

There was praise for the support offered by some services, including the Connect Helpline, Dial House and the Market Place.

“My lifeline. Staff listen and want to understand and help you. Can’t fault them”
(comment about Connect Helpline).

Mixed comments were received about NHS 111 where people felt it was ok but sometimes involved too many questions. There were mostly negative comments about GPs where sometimes the support received depended on the doctor seen. Others commented that GPs could be judgemental and not offer the help needed.

“Felt like the GP did not want to understand where I was coming from, felt like the attitude of the doctor was rather old-timey”.

When asked about the reasons for not seeking support there was quite an even spread across all the responses, but the highest number was not having transport to get there.

“Late at night there are no buses/trains, me and my family don’t drive and don’t

live near the city centre - taxi to Leeds A&E costs £20 one way”.

People also told us about what could have been better for them during their crisis. There was a general view that staff need to be better at dealing with the mental health issues as well as physical, especially in A&E. People also talked about issues about privacy and having to share details in front of others in the waiting area. Some respondents told us that they wanted a better response from the crisis team and not to be passed around.

“Patronising. You can’t access this service. Can take 24+ hours to get back to you”
(comment about crisis service).

When asked to tell us about what they had found helpful, people told us about the positive support they had received from the Connect Helpline, Dial House, the Market Place and other professionals such as college tutors.

“The staff are friendly, sincere and willing to help and don’t ever judge”
(comment about about the Market Place).

Spotlight on BAME Groups

As part of our research we wanted to have a focus on the experiences of people from BAME groups when they have a mental health crisis. While much of the data shows little difference in experiences there were some issues that were more prominent for this group

There was a significantly lower number of BAME respondents (25%) who told us that they had used the SPA or crisis service compared to white British respondents (34%). However the numbers of those that reported negative experiences once they had made contact was very similar across all groups.

“I feel fobbed off by distraction techniques rather than someone listening and understanding how I’m feeling”.

When talking about other services who supported them during their crisis 17% of BAME respondents who answered this question said the police were involved while only 7% of people from white British backgrounds mentioned the police. The comments from BAME groups were mostly neutral with one negative comment.

“They held me down like I was a criminal. I was only shouting because of the voices I was hearing. I am not an aggressive person”.

The white British respondents talked in a positive or neutral way about their experience with the police.

“West Yorkshire Police have always been helpful”.

BAME respondents found BAME-specific services such as Dial House @ Touchstone to be very helpful during their crisis as many mentioned that it was

useful to have a service that catered to their needs. People also talked about the value of other specific services such as Dosti and PAFRAS as being an important source of support.

“Staff are nice and I enjoy the social space - it is safe and meets my cultural needs”.

“Really good to talk to other BAME people so I felt less isolated”.

Some participants mentioned the need for more BAME specific services:

“I found mental health services very good but I feel more could be done for people of the BAME community”.

There were higher numbers of BAME respondents who spoke about communication being a barrier to asking for support - 8% of BAME respondents said it was an issue compared to 3% of white British respondents.

People also talked about a warm and friendly welcome being important when in crisis regardless of background or communication needs.

“Welcoming and friendly staff that greet me with a smile even if I cannot speak the language”.

Our messages / recommendations

This report gives some clear messages about mental health crisis in Leeds. There are still significant numbers of people who do not know where to go for support in a crisis and there is a lack of clarity about what is available.

There are variations in reported experiences of support received, and while there are some examples of good support, many people told us about their poor experiences when trying to contact services and get help in a crisis.

Many people are not able to access the support that they need, when they need it and there are long waiting lists for ongoing support. People rely on family and friends to help them through the crisis when services are not able to support them. However we also heard about some good experiences of support from organisations in the third sector.

Based upon the key findings and what people have told us, we would make the following recommendations to organisations working with and supporting people when they are in crisis:

1. Simple and clear information about where to go for support when in crisis to be made available and be widely used across the city.
2. All providers to demonstrate how their services adhere to the mental health crisis “T” statements. (See Appendix 4).
3. All service providers to demonstrate how they support their teams to deliver a consistent and non-judgemental service, in a kind, compassionate and caring manner. Providers to build in measures to

ensure that this is an ongoing process that is measured and reviewed on a regular basis.

4. Providers to work together to share and learn from the good practice in mental health crisis services.
5. Providers and commissioners to review and respond to the timeliness of access and waiting lists for both crisis and mental health support services.
6. Mainstream services to ensure they provide mental health training for all frontline staff, e.g. mental health first aid training.
7. Appropriate follow-up and ongoing support after a crisis to be made available and offered to everyone.
8. Providers to review and identify how they ensure services meet the needs of people with additional needs.
9. Providers to identify how carers are supported and involved in the care provided by mental health crisis services.
10. All services to review and/or implement processes for ensuring service user and carer feedback is gathered and acted upon. The process to be simple and accessible and any changes as a result of feedback to be widely shared.

Service Provider Response

Leeds Survivor Led Crisis Service (LSLCS)

Thank you to the Healthwatch Team for producing such a comprehensive overview of crisis services in Leeds. It is reassuring to read that the services provided by LSLCS -Dial House, Connect, Teen Connect, Dial House @ Touchstone and the Wellbean Café (in partnership with Touchstone)- have received positive feedback. It is striking that staff attitudes feature prominently in the report; highlighting that we all need to be treated with humanity, warmth, kindness respect and compassion when in crisis. LSLCS is 20 this year. We hope this report will provide an opportunity for us to share our long experience in delivering effective crisis services to other providers.

Fiona Venner, Chief Executive, Leeds Survivor Led Crisis Service.

Leeds and York Partnership NHS Foundation Trust (LYPFT)

We welcome the work undertaken, the findings and recommendations of this report. In Leeds and York Partnership Foundation Trust, we engaged broadly last year and have continued to do so as part of our Community Redesign proposals. We heard from people the need to strengthen our Mental Health Crisis response and the need to intervene earlier and support people who are at their most vulnerable. At the heart of our changes launched in March, we took steps to refocus and strengthen our Crisis and Intensive support services. This has

been a key driver and a key principle for improvement and we continue to build on this further.

However, we knew that there would still be more to do and are fully committed to building on this work.

The intelligence this report shares will enable us to work in partnership with service users and carers as well as other providers of care and support to make the improvements people are asking for. We are meeting regularly with our Third Sector partners and an area of focus is on Crisis support and response across the city. The results from this together with involvement from service users and carers will enable us to agree a clear plan for development and improvement across Leeds.

Joanna Forster Adams Chief Operating Officer LYPFT

Leeds Teaching Hospitals NHS Trust (LTHT)

We are very pleased to receive the Healthwatch Leeds Mental Health Crisis Report, which we will use as an opportunity to reflect upon the care we currently provide to patients and to consider where we could make improvements

Krystina Kozlowska, Head of Patient Experience LTHT

Touchstone

Touchstone wishes to thank Healthwatch Leeds for undertaking this scrutiny exercise and for including us in the process. We are really pleased to see a majority of people are satisfied with the service at the Wellbean Crisis Café - a partnership with LSLCS - and we are keen to use this report to improve people's experience yet further. Access to information in a time of crisis is a crucial part of someone's ability to seek early help and recover. Touchstone will look at how we publicise our services and also how we raise awareness of all crisis support via other services, such as Mentally Healthy Leeds and Your Space.

Respect and dignity in crisis are the main standouts from this report and we hope the quality of our staff's response to people in crisis is the reason why satisfaction is high. We will work to continue our focus on respectful and coproduced interactions with people as a means to improved outcomes for all as well as sustained recovery.

Alison Lowe, CEO Touchstone

Market Place

Well Done Healthwatch on conducting this piece of work and including children and adult services into this comprehensive report.

We are really pleased that on the whole young people who use our services are happy and we take on board the comments about flexible appointments and would like to update that The Market Place is now open 7 days a week.

It's great to see how valued voluntary sector services are in supporting and championing people in crisis throughout the report.

We are constantly reviewing all the services we offer including our crisis services and the voices of young people continue to be at the heart of this through our consultation, participation and young person driven practice.

Emma Holmes, CEO, The Market Place

NHS Leeds Clinical Commissioning Group (CCG)

NHS Leeds CCG recognises the current gaps and shortfalls that have been highlighted within this report and will work with partners in terms of ensuring that as a system we respond to the recommendations.

LYPFT community redesign went live in April 2019, which ensures there is a clear and consistent offer across the city and a trajectory has been agreed between Leeds CCG and LYPFT that ensure crisis services meets core-fidelity standards, in particular, around timely access and more intensive support in the community or in people's homes. To support this work, NHS Leeds CCG has made further investments this year and are working with partners in terms of developing alternatives to hospital admissions though safe havens/sanctuary models, which is also referenced within the NHS Long Term Plan.

One of the investments we've made now means we have a third Well Bean Café open in the city, helping people experiencing a mental health crisis. In addition we continue to look at how urgent and emergency care in the city can



support people experiencing a crisis with transfer to a more appropriate care setting as quickly as possible. LYPFT plan to evaluate their community redesign at 6 months of implementing their community model so we can measure the impact.

This will provide us with an opportunity to look at patient experience information as well as exploring the possibility of carrying out more focused feedback from people using these services as well as those providing them.

Penny McSorley, Deputy Director of Nursing and Quality NHS Leeds CCG

Next Steps

When we started this important work, LYPFT as the primary provider of crisis services made us aware that changes in crisis services from LYPFT were planned to happen in 2019. This report is designed to support these changes and enable LYPFT to gain an insight into the experiences of people to date. It also provides an insight into what is important to people ensuring that future services meet the needs of people in Leeds.

The report will be shared with commissioners and statutory and third sector providers of health and care services in Leeds.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. A mental health crisis summit is planned for September 2019 to bring all partners together in Leeds to take forward this important agenda.

We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on our website.

Thank you

This report has been written by Sharanjit Boughan, Community Project Worker at Healthwatch Leeds.

Thank you to the following volunteers for helping analyse the data: Helen Dannatt, Oliver Corrado, Josephine Magoola, Ruby Lucas and Jane McDonnell.

We would like to thank all our partners for ensuring the survey was widely distributed and shared across the city.

Finally and most importantly we would like to thank all the people that took the time to share their experiences of mental health crisis with us.

Appendices

Appendix 1 : Mental Health Crisis Survey

Mental Health Crisis Survey

Healthwatch Leeds is an independent organisation, here to listen to people's experiences of health and social care services. Healthwatch Leeds wants to know your views about support for mental health crisis in Leeds. **By mental health crisis we mean when you or someone you know no longer feels able to cope or be in control of their situation.** For more information about support please visit the [MindWell](http://www.mindwell-leeds.org.uk) website at: www.mindwell-leeds.org.uk or if you are a young person visit the [MindMate](http://www.mindmate.org.uk) website at: www.mindmate.org.uk

Any information you share with us will be used anonymously in a report that will be shared with people who provide and commission services and made available to the public. 'Anonymously' means that we will not use any information that would identify you.

The survey should only take about 10 minutes to complete and will help us to improve mental health crisis services for everyone in Leeds.

*** Please fill in all questions marked with * if they are relevant to you!**

*1. Have you or someone you know had a mental health crisis in the last 12 months?

Yes

No (go to question 5)

*2. Did you experience the crisis or were you supporting someone who did?

I had the mental health crisis

I know/support someone who had the crisis

*3. Is this the first time you or the person you know has experienced a mental health crisis?

Yes

No

Tell us about your experience of this service (positive and negative)

GP Yes No

Tell us about your experience of this service (positive and negative)

The Market Place Yes No

Tell us about your experience of this service (positive and negative)

NHS 111 Yes No

Tell us about your experience of this service (positive and negative)

Other (Please state):

Tell us about your experience of this service (positive and negative)

*8. If you did not contact anyone for support tell us why? (you can select more than one option)

Didn't know where to go

Didn't have any transport to get to there

No suitable service was open at the time

Used service before and it was not helpful

Did not feel able to

Afraid of what would happen

Not sure if it was a crisis

Communication/access issues e.g.

language, disability, visual and hearing impairments

The service I wanted to access was busy or full

Other (Please state)

.....

Please tell us anything else about why you did not contact anyone for support

*4. Did you know where to get help? (If there has been more than one episode of mental health crisis please tell us about the most recent experience).

Yes (Go to question 6)

No (Go to question 6)

*5. Would you know where to get help in a mental health crisis?

Yes (go to question 12)

No (go to question 12)

*6. Did you contact anyone for support?

Yes (go to question 7)

No (go to question 8)

7. Who did you contact for support?

Crisis Service (Single Point of Access (SPA)) Yes No

Tell us about your experience of this service (positive and negative)

Dial House Yes No

Tell us about your experience of this service (positive and negative)

Dial House @Touchstone Yes No

Tell us about your experience of this service (positive and negative)

Connect Helpline Yes No

Tell us about your experience of this service (positive and negative)

Teen Connect Helpline Yes No

Tell us about your experience of this service (positive and negative)

A & E Yes No

Tell us about your experience of this service (positive and negative)

Acute Liaison Psychiatry (ALPs) Yes No

Tell us about your experience of this service (positive and negative)

Well Bean Crisis Café Yes No

9. Tell us up to 3 things that you found helpful during the crisis if anything?

10. Tell us up to 3 things that could have been better, if anything

*11. Were you told about further support that you or the person you were supporting could get following the crisis?

Yes

No

Not Applicable

Please tell us more about this:

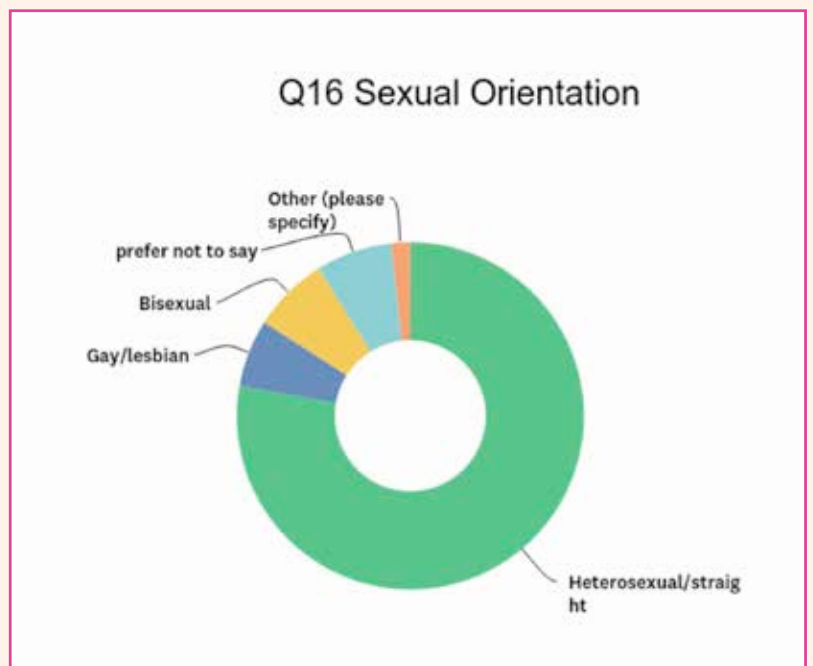
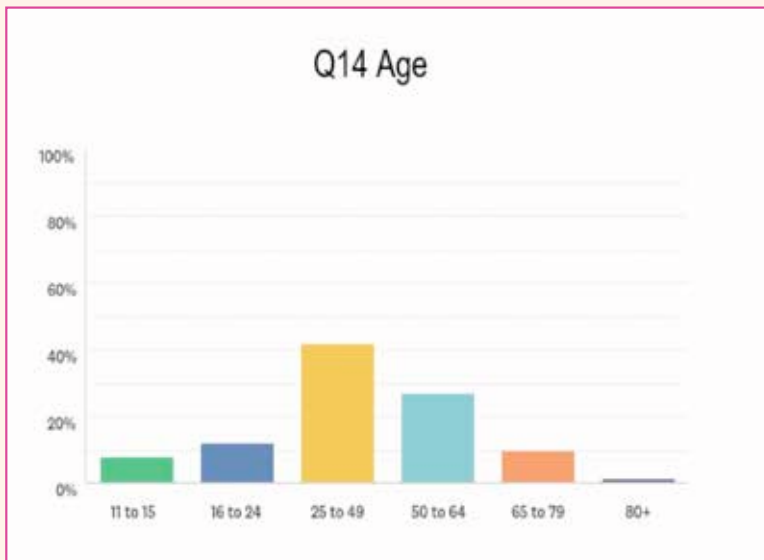
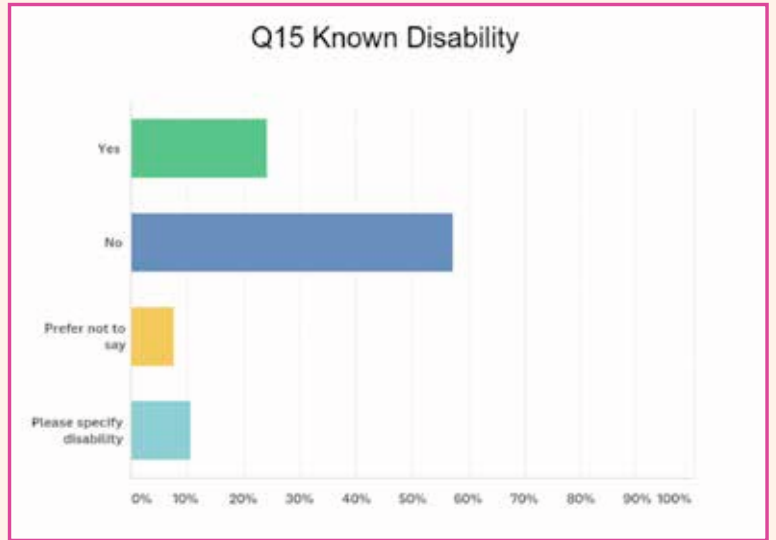
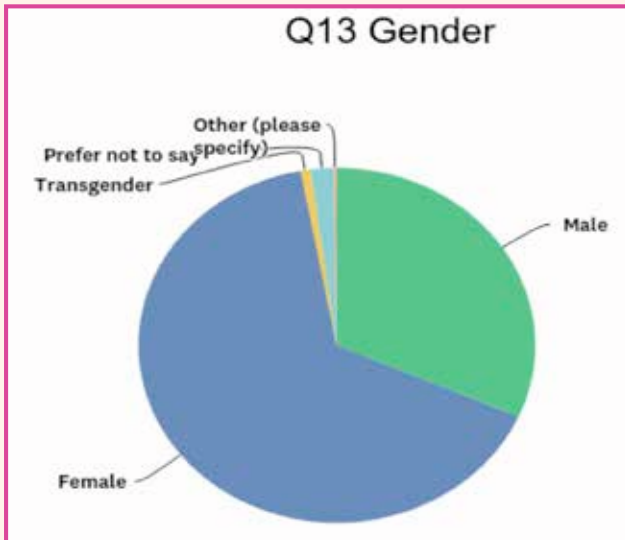
12. Please tell us anything else you would like to about mental health crisis services in Leeds and the help that you needed or would hope to receive.

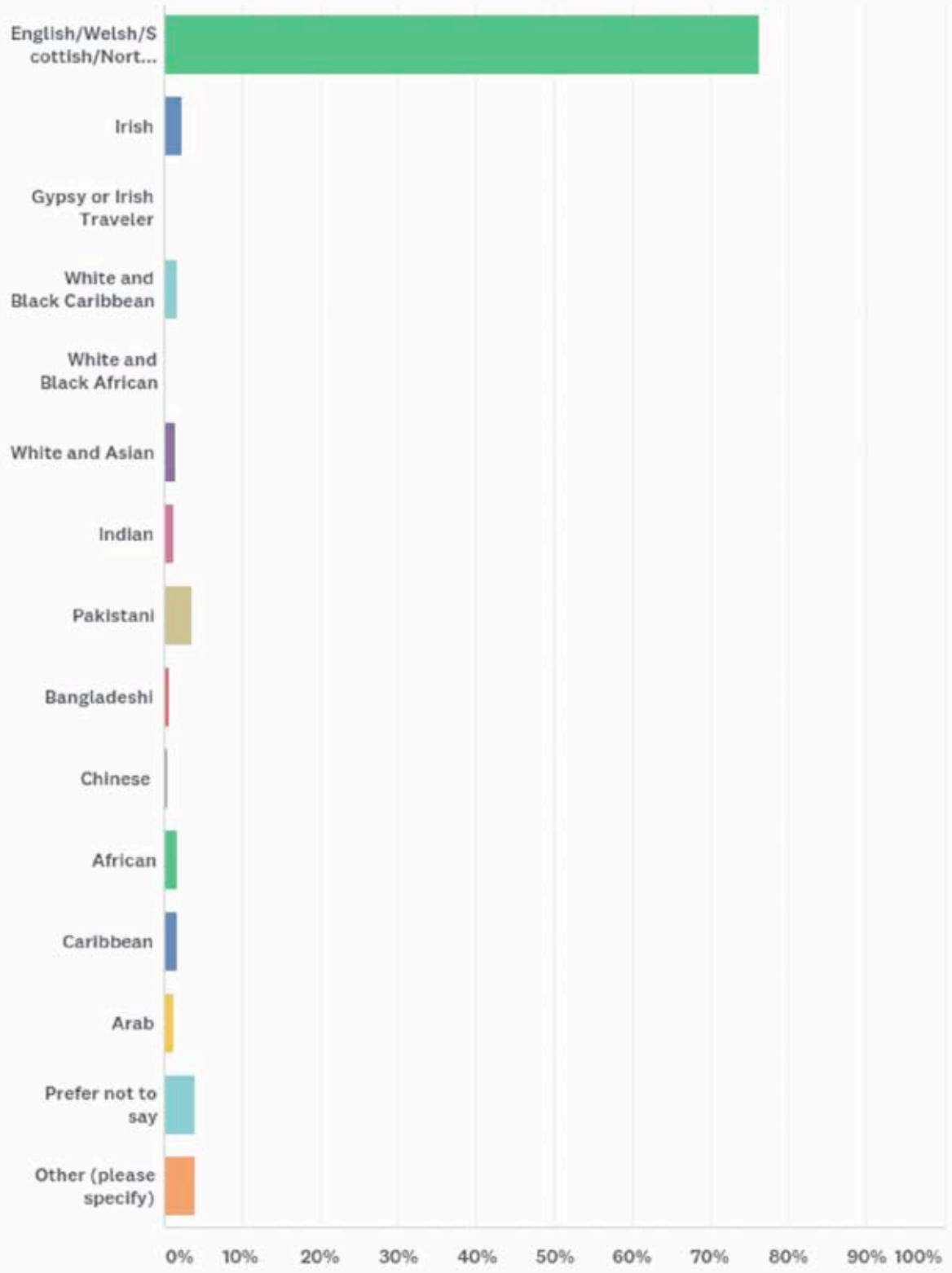
Please keep this page for your information

What is a Mental Health Crisis? *By mental health crisis we mean when you or someone you know no longer feels able to cope or be in control of their situation.*

Where should I go for help and Support? *For more information about support please visit the [MindWell](http://www.mindwell-leeds.org.uk) website at: www.mindwell-leeds.org.uk or if you are a young person visit the [MindMate](http://www.mindmate.org) website at: www.mindmate.org.*

Appendix 2: Monitoring Information





Appendix 3: Where we visited

Organisation/Group	Type of Group	Number of visits
Harehills Lane Baptist Church	ESOL BAME	2
Together Women Project (TWP)	Women, Ex-Offenders	3
St George's Crypt	Homelessness Alcohol/Drugs	1
PAFRAS Drop-in	Migrants & Refugees Homeless, BAME	1
Frederick Hurdle Centre	BAME	2
Leeds Town Hall Chinese New Year	BAME	1
BAME HUB	BAME	2
Dosti Women's Group	BAME, Women, Mental Health	1
Tenfold AGM	Learning Disability	1
Dial House @ Touchstone	BAME, Mental Health	1
The Marketplace	Young People	2
Leeds Autism AIM	Autism	1
The Meeting Point Café	Generic	1
Lovell Park Hub	Mental Health	2
The Becklin Centre Inpatient Wards	Mental Health	2
Stocks Hill Hub	Mental Health	2
Technorth	MAP- Migrant/BAME	1
The Mount	Older people - mental health	3
Café Leep	Learning Disability	1
Roscoe Methodist Church	BAME	1
The Vale Circles	Mental Health	2
Sikh Elders	BAME	1
Touchstone Support Centre		
Women's Support Group	Women, Mental Health	1
Touchstone Support Centre		
Men's Support Group	Men, Mental Health	1
Touchstone Support Centre		
Mental Health Carers Support Group Carers Leeds	Carers, Mental Health	1

Appendix 4 - Where to go for help and support

If you need support with your mental health or would like further information for yourself or someone you are helping, please visit the mindwell website <https://www.mindwell-leeds.org.uk/>. It has information about support groups,

organisations, telephone helplines and what to do in a crisis.

If you are under 16 or looking for information about mental health support and services for someone under 16 you can visit the mindmate website <https://www.mindmate.org.uk/> for information about help and support that you can get.

Appendix 5 “T” statements

These “T” statements were developed by people who use mental health services and identify what crisis services should be, feel and mean to people in Leeds

Information on Prevention

1. I want support within the local community to prevent crisis and to re-access services when I need them
2. I can be supported to find the right information
3. I would like support in accessing Mental Health services, especially in my local community, in my language

Responding to crisis

1. When I am in crisis I will be able to access the right support at the earliest opportunity (24/7 helpline)
2. If I am experiencing crisis my individual needs will be met

Information and access

1. I can access up to date information in my local area which meets my needs when I am in mental health crisis including when I need emergency help for my mental health
2. If I need emergency help for my mental health, this is treated with as much urgency and respect as if it were a physical health emergency. If problems cannot be resolved where I am, I am supported to travel safely, in suitable transport, to where the right help is available.

Tools for coping

I want someone to help me through my crisis and equip me with the knowledge, skills and tools to build resilience and manage my own health (regardless of whether previously known to service)

Post-crisis support

I need co-ordinated services that see crisis as an opportunity to address its many causes in a joined-up way. I will have individual care plan after crisis. It should be clear, accessible and meet my needs, to help me avoid future crises I will know what the plan is, what will happen next as will those involved in my care i.e. GP



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