

National Summary of the Results for the 2014 Community Mental Health Survey

Introduction

This summary provides the key findings from the 2014 national survey of people who use community mental health services.¹ Also available is a set of tables showing the national results for each question, demographic information about the respondents and information on how these results were calculated. We have also published data for all participating NHS trusts on the CQC website (please see 'further information' section).

Community mental health services provide care and treatment for people who require care over and above what can be provided in primary care. Services are provided through a wide range of service models, and through a broad range of interventions. People using these services may receive support over a long period of time or for short-term interventions.

The 2014 survey involved 57² NHS trusts in England (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). Responses were received from more than 13,500 people, a national response rate of 29%.³ People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition, including those who receive care under the 'Care Programme Approach' (see page 3) and had been seen by the trust between 1 September 2013 and 30 November 2013. Fieldwork (the time during which questionnaires were sent out and returned) took place between February and June 2014. The survey was developed and co-ordinated by Picker Institute Europe, a charity specialising in the measurement of people's experiences of care.

Survey Redevelopment

Similar surveys of community mental health services were carried out between 2005-2008 and 2010-2013. However, the 2014 survey questionnaire was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. New questions have been added to the questionnaire, and existing questions modified. This means that the results from the 2014 survey for all questions are **not comparable** with the results from previous surveys.

The redevelopment of the questionnaire for 2014 was strongly informed by a wide ranging consultation which included people using mental health services, service providers, mental health support groups, charities, academics, regulators and policy colleagues amongst others. The consultation identified a number of gaps in the questionnaire covering issues around relationships with staff (for example, continuity and quality of care), co-production of care (for example, working together with staff to agree care), service provision (for example, difficulties travelling to services and

¹ Percentage figures are rounded to the nearest whole number, so the values given for any question will not always add up to 100%

² One trust was excluded from the survey as it was unable to provide an adequate sample

³ At trust level, response rates ranged from 24%-36%

changes in staff) and wider life needs (how their wider life may impact on their mental health needs, and whether staff understand this).

The language of the questionnaire was changed to reflect a more collaborative approach to care whereby care should be agreed together between the people using services and people providing their care or treatment. The language was also changed to avoid the use of terms such as ‘care plans’ as the redevelopment work found that while people may have a document that sets out their care, the name given to this may differ between trusts.

Policy Background

One of the key reasons for redeveloping the survey for 2014 has been the updates and changes to national policy and best practice guidance since the last major redevelopment of the survey in 2010.

In 2011 the government published its mental health strategy *No Health Without Mental Health*.⁴ One of the strategy’s two overall aims is to improve outcomes for people with mental health problems through high quality services that are equally accessible to all. It sets out six key objectives for improved mental health in England, which includes commitments that ‘more people with mental health problems will recover,’ ‘more people with mental health problems will have good physical health’ and ‘more people will have a positive experience of care and support’.

The strategy is framed around the ‘recovery approach’ to mental health care. This approach moves away from a medicalised treatment model around maintenance and the relief of symptoms, towards a more individualised approach which focuses on each person’s goals and priorities.⁵ Published in the same year, guidance from NICE⁶ on ensuring people who use adult NHS mental health services have a good experience of care similarly reflects this approach.

The Government’s strategy sets out a commitment to measure people’s experiences via Domain 4 of the NHS Outcomes Framework⁷ ‘ensuring people have a positive experience of care’ which includes questions selected from the community mental health survey, amongst other data sources.

As a result of this change in policy imperative, and due to gaps in the questionnaire identified during the consultation work, new questions have been included in the questionnaire, and existing questions modified. For more information, please see the redevelopment report which is available at:

www.nhssurveys.org/Filestore/MH14/MH14_Development_report_v3.pdf

⁴ www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

⁵ For further information please see:

www.centreformentalhealth.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf

www.centreformentalhealth.org.uk/pdfs/Implementing_recovery_methodology.pdf

⁶ www.nice.org.uk/guidance/CG136/chapter/1-Guidance

⁷ www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

The Care Programme Approach (CPA)

The term 'Care Programme Approach' (CPA) describes the framework that was introduced in 1990 to support and co-ordinate effective mental health care for people using secondary mental health services. Although the policy has been revised over time, the CPA remains the central approach for co-ordinating the care for people in contact with these services who have more complex mental health needs and who need the support of a multidisciplinary team. Thirty four percent of the people who responded to the 2014 survey had their care co-ordinated under CPA.

The term 'Care Programme Approach' (CPA) describes the framework that was introduced in 1990 to support and co-ordinate effective mental health care for people using secondary mental health services. The policy has been revised over time, and since 2008 has been the approach for co-ordinating care for people who have more complex characteristics. These characteristics are set out in full in the policy document *Refocussing the Care Programme Approach*⁸ but may include severe mental disorder, dual diagnosis (for example, alcohol or drug dependence), recent detention under the Mental Health Act, and/or the need for services from multiple agencies such as housing, physical care or employment. People who are not generally considered for support under the CPA will tend to have more straightforward needs, and be in contact with only one agency, or have no problems with access to other agencies or support.

It is therefore to be expected that there will be some differences in people's experiences depending on whether or not they receive community mental health services under the CPA. This is partly due to the different service requirements for people on CPA who need greater support, and as a result, may have different patterns of care. This document presents findings separately where policy guidance sets out differences between the care pathway of those who are on CPA and those who are not. We carried out statistical tests⁹ on the data to determine whether there were any 'statistically significant differences' across the two groups: a statistically significant difference means that the difference in the results is very unlikely to have occurred by chance.

Key Messages

Whilst two-thirds of respondents (66%) rated their overall experience of community mental health services as seven or above on a scale of zero to ten, there is still considerable progress to be made before national policy ambitions and standards of good practice are experienced by everyone using these services.

The development of trusting and supporting relationships between staff members and the person using the service is essential. People responded positively to some questions asking about staff and said that staff 'definitely' listened carefully to them

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http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf P13-14 and P17

⁹ A z-test was used to compare data between the two groups. Please see national tables for further information (as available at: www.cqc.org.uk/PatientSurveyMentalHealth2014)

(73%), ‘always’ treated them with dignity and respect (75%), and ‘definitely’ gave them the time they needed to discuss their care and treatment (66%).

However, many people are still not involved as much as they want to be in planning and reviewing the care and treatment they receive. CQC has raised this issue through this survey and other reports¹⁰ over a number of years, and it is disappointing to find that this remains a key area for improvement. All people using services should be considered partners in the care planning process, and be active participants in decisions about their care. A greater proportion of respondents on CPA (53%) said that they had ‘definitely’ agreed with someone what care they would receive, compared with those who were not on CPA (39%). There is much more to be done to fully involve people in planning and reviewing their care with 57% ‘definitely’ involved as much as they wanted to be in agreeing what care they will receive; 61% saying this agreement ‘definitely’ took their personal circumstances into account and 60% ‘definitely’ involved as much as they wanted to be when discussing how their care is working. It is of serious concern that only around half (53%) of people prescribed new medicines for their mental health said that they were ‘definitely’ given information about it in a way they could understand.

Where appropriate, involvement in care and treatment decisions should also extend to families and carers, who can play a central role in the recovery of the person they care for. The survey findings show that only 55% of people said that NHS mental health services ‘definitely’ involved their family, or someone close to them, as much as they would like. Services should do more to encourage and facilitate this involvement.

Recovery can mean a range of things to different people. Central to the recovery approach is that people should be able to build a meaningful life for themselves, and should be supported to take control of and manage their own condition. However, less than half of respondents felt that the staff they see through NHS mental health services ‘always’ understand what is important to them in their life (43%); ‘always’ help them with what is important to them (42%); and ‘always’ help them to feel hopeful about the things that are important to them (39%).

Social inclusion is closely linked with recovery, and services could do much more to support people who want this support to engage in their local community through taking part in a local activity (32% of survey respondents on CPA and 47% not on CPA said they did not receive such support but would have liked it). The findings also suggest that, of those respondents who wanted or needed this support, many people would have liked more help with getting support in relation to employment, finances and accommodation. This was particularly the case for people who were not on CPA. While there may be less emphasis in national policy on addressing the wider needs of people who are not on CPA, we would still expect a full assessment of their needs and for services to signpost people to the organisations that can help. In addition, of those who wanted it, 45% of people on CPA and 52% of people not on CPA said they would have liked information about getting support from others who

¹⁰ See for example: www.cqc.org.uk/content/state-care-201213 (p. 55) <http://www.cqc.org.uk/file/5452> (P.9) and www.cqc.org.uk/content/mental-health-act-annual-report-201213 (P.27)

have experiences of the same mental health needs as them (such as peer supporters) but did not get this.

It is highly concerning that over a quarter of people on CPA who have physical health needs, and wanted advice or support, reported that they were not given this help or advice but would have liked it (28%). The link between physical and mental health has been well-established¹¹ and reducing the premature mortality of people with mental health conditions is a public health priority.¹² Mental health services must do more to fulfil their responsibilities in this area.

Effective care for mental health conditions may involve providing a range of different treatments or therapies. Mostly commonly these involve NICE recommended medicines and psychological ('talking') therapies, but this could also include relaxation or art therapies, or alternative therapies such as massage or acupuncture for example. Of those respondents for whom this was appropriate, less than half (47%) said they had received any treatments or therapies that did not involve medicines and 26% said 'no, but I would have liked this'. As it is a government priority that more people should benefit from psychological therapies, we hope that future surveys will find a greater proportion of people receiving therapies other than, or in addition to, medicines.

People using community mental health services should generally have a single person or team with an identified lead professional responsible for planning and reviewing their care. People who need the additional support provided by CPA will often have a wide range of needs from a number of services, and so having a designated care co-ordinator is a vital aspect of their care. As might be expected, the survey findings show differences between people on CPA and not on CPA with a greater proportion of respondents on CPA saying they have been told who is in charge of organising their care and services (89%) than those not on CPA (71%). It is encouraging that almost all respondents (97%) said they knew how to contact the person in charge of organising their care and services if they have a concern about their care. It is also reassuring that people said that this person organised their care and services either 'very well' (61%) or 'quite well' (32%).

Policy guidelines suggest that people receiving care on CPA should receive a formal review at least once a year, although this could be needed more regularly. Those not on CPA should receive on-going reviews as their needs require. While most people on CPA (83%) said that they had a formal meeting to discuss how their care is working in the last twelve months, as may be expected, fewer people not on CPA said that they had (69%). Over one in five respondents (22%) who had been on medicines for 12 months or longer said that they had not had a review of their

¹¹ See for example:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf and
www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-17_Feb_2014.pdf

¹² As set out in:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf (P.13),
www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf and
www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-17_Feb_2014.pdf (p.27)

medicine in the last year. We expect progress to be made on this by the time of the next survey.

Services have more to do to ensure that they are sufficiently responsive to people's needs, as less than half of people (48%) felt that they had 'definitely' seen someone from NHS mental health services often enough for their needs. Just over two fifths of people (41%) had experienced changes in the people delivering their care in the last 12 months (which was not due to them having moved house). Of these people many said that they did not know who was in charge of their care while the change was taking place (37% of respondents on CPA and 50% of respondents not on CPA) . While over a quarter (27%) of people said that their care got better as a result, the same proportion said their care got worse.

Almost four fifths of respondents on CPA (79%), and 62% of those not on CPA, said they knew who to contact if they experienced a crisis in their mental health outside of office hours. Less than half (46%) of those who had tried to get help from that person or team reported that they 'definitely' got the help they needed. While survey results suggest that people on CPA were better informed about out of hours contacts than those not on CPA, these findings are far below the standards that people should expect. A mental health crisis is an emergency, and should be considered as such by care services. Crisis care is a major focus of CQC's work this year, as we are undertaking a thematic programme of work into the experiences and outcomes for people experiencing a mental health crisis and we will report on our findings in due course.

The NHS Mandate¹³ sets out an objective to 'put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole'. We expect services to improve support for people with mental health conditions, and to work towards achieving this parity of esteem between mental health and physical health services.

Variation in trust results

This section looks at variation in trusts' results by highlighting those trusts performing better or worse than expected across multiple questions and those areas where most trusts could improve how they are providing care.

Trust variation

Data is analysed using a statistic called the 'expected range'. This is the range within which we would expect a particular trust to score if it performed about the same as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are performing 'better' or 'worse' than the majority of other trusts, or if they are 'about the same.'

¹³

www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf
(P.15)

Table one shows the trusts that scored ‘better than expected’ for five or more questions across the questionnaire as a whole. Two trusts (Cheshire and Wirral Partnership NHS Foundation Trust and Humber NHS Foundation Trust) were ‘better than expected’ on more than 10 questions and, in both cases, these questions were spread across various aspects of care covered within the survey.

While the Trusts highlighted in table 1 are performing well comparatively, they should consider their performance to ensure that services continue to be improved particularly across areas within table 4 where trusts overall performed worse.

Table 1: trusts with high numbers of questions where their performance is ‘better than expected’

Trust name	No. of ‘better than expected’ questions
Cheshire and Wirral Partnership NHS Foundation Trust	11
Humber NHS Foundation Trust	11
Cumbria Partnership NHS Foundation Trust	8
Camden and Islington NHS Foundation Trust	7
2gether NHS Foundation Trust	6
Rotherham, Doncaster and South Humber NHS Foundation Trust	6
East London NHS Foundation Trust*	5
Somerset Partnership NHS Foundation Trust	5

Notes: Please see the technical document referred to in the ‘further information’ section for details of the analysis applied

* East London NHS Foundation Trust also scored worse for one question which is Q43 (Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Table two highlights trusts that scored ‘worse than expected’ for five or more questions across the questionnaire as a whole. Two trusts (Norfolk and Suffolk NHS Foundation Trust and Lincolnshire Partnership NHS Foundation Trust) were ‘worse than expected’ on 9 or more questions. In both cases the questions identified represent a spread across the various aspects of care covered within the survey.

Trusts listed in table two must review their performance as a matter of urgency to ensure that they are delivering good quality community mental health services across the areas included in this survey.

Table 2: trusts with high numbers of questions where their performance is ‘worse than expected’

Trust name	No. of ‘worse than expected’ questions
Norfolk and Suffolk NHS Foundation Trust	10
Lincolnshire Partnership NHS Foundation Trust	9

The Isle of Wight NHS Trust	6
Kent and Medway NHS and Social Care Partnership Trust	6
Birmingham and Solihull Mental Health NHS Foundation Trust	5

Note: Please see the technical document referred to in the ‘further information’ section for details of the analysis applied

Nine trusts were ‘about the same’ for all questions. While this represents experiences of care that are in line with current expectations of care CQC would strongly encourage these trusts to consider their results carefully, particularly in relation to those questions in table four, to ensure that they continue to improve services and achieve the highest levels of care for people.

Trust scores

For each question in the survey that evaluates trust performance, responses are converted into scores on a scale from 0 to 10. The higher the score, the better a trust is performing. This data is standardised by age and by gender to enable fairer comparisons of results between trusts that have different population profiles. This is a different measure to that used to identify trust variation used above as it measures different aspects of performance on the survey.

The survey questions have different response options, so while they are all converted into a score out of 10 we should be cautious when comparing the scores between questions. A higher score is generally better but the question scores are not always strictly comparable.

In the results that follow a score of 7 has been used as a threshold to determine questions where, generally, trusts are performing well (7 and above) or where there are areas for improvement (below 7).

Generally, trusts performed better on questions across the survey that related to the quality of interactions between those who receive care and their staff. All trusts performed well on question ten (Do you know how to contact this person if you have a concern about your care?) with the minimum score being 9.15

Table 3: questions where trusts are performing well

Question	Min score	Max score
10. Do you know how to contact this person if you have a concern about your care?	9.15	10.00
43. Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.84	9.00
11. How well does this person organise the care and services you need?	7.76	9.00
5. Did the person or people you saw listen carefully to you?	7.72	8.94
6. Were you given enough time to discuss your needs and treatment?	7.20	8.37
17. Did you feel that decisions were made together by you and the person you saw during this discussion?	7.09	8.53

Trusts generally performed worse on questions about receiving support, advice and information. In particular trusts did worse in those areas related to supporting people in other areas of their life.

Table 4: questions where trusts are performing less well

Question	Min score	Max score
34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	1.90	6.21
38. Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	2.26	5.14
36. Has someone from NHS mental health services supported you in taking part in an activity locally?	2.47	5.94
35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	2.70	6.09
33. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.19	6.01
32. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?	3.62	6.14
41. Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	5.29	6.78

National Results from the Survey

Care and Treatment

Respondents were asked about their contact with NHS mental health services.

Most respondents (90%) had seen someone from NHS mental health services in the last six months: 52% in the last month and 38% between one and six months.

Just under a fifth (18%) of respondents had been in contact with NHS mental health services for less than a year. Forty one percent had been in contact for 1-5 years, 12% for 6-10 years and 29% for more than ten years.

Less than half of respondents (48%) said that during the last twelve months, they 'definitely' felt they had seen someone from mental health services often enough for their needs and 31% said they had to 'some extent'. However, a fifth (20%) said that they did not feel they had seen someone from mental health services often enough for their needs. One percent responded 'too often'.

The survey redevelopment work showed that some trusts and people using mental health services were concerned about service reorganisation (for example, services being closed, or moved, or merged with another trust) and that this might make it harder for some people to attend appointments, for example, if they have to travel further from home to attend services. A question was included in the 2014 survey asking respondents how easy they found the journey to see someone from NHS mental health services. Of those who had to travel, most (61%) said they found it 'easy to get there' with 24% saying they 'found it somewhat easy to get there'. This leaves 15% who 'found it hard to get there'.

Health and Social Care Workers

Respondents were asked about the people they see for their mental health needs.

Almost three quarters (73%) said that the person or people they saw 'definitely' listened carefully to them. Twenty one percent responded 'yes, to some extent' and 5% 'no'.

Two thirds (66%) said that they were 'definitely' given enough time to discuss their needs and treatment. However, this leaves a third who did not with 24% responding 'yes, to some extent' and 9% 'no'.

Almost three fifths (58%) said that the person or people they saw 'definitely' understood how their mental health needs affect other areas of their life. This leaves over two fifths who responded either 'yes, to some extent' (31%) or 11% 'no'.

Consultation with people who use services during the redevelopment work revealed an important aspect of the relationship between people using services and staff was staff's consideration of their lives as a whole. This is also a key principle of the recovery approach.

Less than half of respondents (43%) said that the people they see through NHS mental health services 'always' understand what is important to them in their life. Forty percent said they 'sometimes' did and 17% said 'no'.

Less than half (42%) said that the people they see through NHS mental health services 'always' help them with what is important to them. Thirty eight percent said they 'sometimes' did and 19% 'no'.

Less than two fifths (39%) said that the people they see through NHS mental health services 'always' help them feel hopeful about the things that are important to them. Forty percent said they 'sometimes' did and 20% 'no'.

Organising Care

People using community mental health services should generally have a single person or team with an identified lead professional responsible for planning and reviewing their care. Sometimes this person is known as a 'care coordinator' or a 'lead professional'. This person will oversee their care and keep in contact with them. For those receiving mental health services under CPA, the role of the care coordinator is pivotal and involves: keeping in regular contact with the person using services; co-ordinating and overseeing their care and liaising with the various

professionals and agencies involved in their care and treatment. People who are not on CPA should only require the support of one agency and may only see one person. They are allocated a 'lead professional' responsible for facilitating their care.

As might be expected, a greater proportion of respondents on CPA said that they have been told who is in charge of organising their care and services (89%) than those not on CPA (71%). (Table 5).

Table 5: Q8 Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a 'care coordinator' or 'lead professional'.)

	On CPA	Not on CPA / status unknown	Significant difference?
Yes	89%	71%	Y
No	11%	29%	Y
<i>Number of respondents</i>	3988	7347	

Answered by all, however, respondents who stated that they were 'not sure' have been excluded
A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Those respondents who were told who is in charge of organising their care and services were asked a number of questions about this person.

When asked who the person in charge of organising their care and services was, there were differences between those on CPA and those not on CPA (table 6). Just over half of those on CPA (51%) said that a CPN (Community Psychiatric Nurse) was in charge of organising their care. For those not on CPA, a psychiatrist (33%) followed by a CPN (25%) were the two most common responses.

Table 6: Q9 Is the person in charge of organising your care and services....

	On CPA	Not on CPA / status unknown	Significant difference?
A CPN (Community Psychiatric Nurse)	51%	25%	Y
A psychotherapist / counsellor	5%	11%	Y
A social worker	15%	9%	Y
A psychiatrist	23%	33%	Y
A mental health support worker	17%	14%	Y
A GP	8%	19%	Y
Another type of NHS health or social worker	5%	6%	
<i>Number of respondents</i>	3418	5016	

Answered by all who were told who was in charge of their care and services
A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Note: Respondents ticked more than one response option so percentages will not add up to 100%

The majority of respondents (97%) said that they know how to contact this person if they have a concern about their care.¹⁴

Sixty one percent said that this person organises the care and services they receive 'very well' and 32% 'quite well'. The remainder responded 'not very well' (5%) or 'not at all well' (2%).¹⁵

Planning Care

Everyone receiving care from specialist mental health services should have agreed with someone from mental health services what care they will receive. This may be known as a 'care plan' 'or a 'recovery plan' and should have been developed jointly with mental health and social care professionals. This plan should set out their individual mental health needs, plans and goals for their care and treatment. In line with national guidance, there are different practice expectations for people on CPA and those not on CPA. People on CPA should have a **comprehensive formal written care** plan detailing their care and treatment. In the case of those who are not on CPA, there is **no formal requirement** to have a written care plan or review. However guidelines¹⁶ recommend they should have a clear understanding of how their care and treatment will be carried out and by whom.

As may be seen in table 7, a greater proportion of respondents on CPA (53%) have 'definitely' agreed with someone from NHS mental health services what care they will receive than those not on CPA (39%).

Table 7: Q12 Have you agreed with someone from NHS mental health services what care you will receive?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	53%	39%	Y
Yes, to some extent	33%	34%	
No	15%	26%	Y
<i>Number of respondents</i>	4396	8802	

Answered by all

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

A central element of the recovery approach is that people should be a partner in agreeing their own care. Of those respondents who had agreed with someone from

¹⁴ Please note that anyone who said that their GP was in charge of organising their care were removed from the base for this question, as their responses are not attributable to the NHS mental health trust

¹⁵ Those who said that their GP was in charge of organising their care were removed from the base for this question

¹⁶

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf P16

NHS mental health services what care they will receive, 57% were ‘definitely’ involved as much as they wanted to be in agreeing what care they will receive and 37% were ‘to some extent’. This leaves 6% who said ‘no, but I wanted to be’.

Sixty four percent of respondents on CPA said that the agreement on what care they will receive ‘definitely’ took their personal circumstances into account, and 60% of respondents not on CPA said this (table 8).

Table 8: Q14 Does this agreement on what care you will receive take your personal circumstances into account?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	64%	60%	Y
Yes, to some extent	31%	34%	Y
No	6%	6%	
<i>Number of respondents</i>	<i>3617</i>	<i>6082</i>	

Answered by all who had agreed with NHS mental health services what care they would receive, however, respondents who stated that they ‘did not know / could not remember’ have been excluded. A ‘Y’ in the ‘significant difference’ column indicates a significant difference. A blank means any difference is not statistically significant.

Reviewing Care

Once a care plan has been developed, a date should be agreed to review it.¹⁷ Policy guidelines suggest that people receiving care under CPA should receive a formal review at least once a year, although this could be needed more regularly. Those not on CPA should receive on-going reviews as their needs require.

Eighty three percent of respondents on CPA said that in the last 12 months they had a formal meeting with someone from NHS mental health services to discuss how their care is working, and 69% of respondents not on CPA said this (table 9).¹⁸

Table 9: Q15 In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes	83%	69%	Y
No	17%	31%	Y
<i>Number of respondents</i>	<i>3705</i>	<i>6562</i>	

Answered by all, however, respondents who stated that they ‘did not know / could not remember’ or who have been in contact with NHS mental health services for less than a year have been excluded

¹⁷ www.nice.org.uk/guidance/CG136/chapter/Quality-statements

¹⁸ Please note that results exclude respondents who have been in contact with services for less than a year

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

A collaborative approach to agreeing care is a central element of the recovery approach. Questions were added to this survey to ask if this occurred when reviewing care.

Of those respondents who said that they have had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months, 60% said that they were 'definitely' involved as much as they wanted to be in discussing how their care is working. Thirty three percent said they were 'to some extent' and 7% said 'no, but I wanted to be'.

Just over three fifths (62%) said that decisions were 'definitely' made together by them and the person they saw during this discussion with 29% responding 'yes to some extent'. Just under a tenth (9%) said they did not feel that decisions were made together.

Changes in who people see

NICE guidance¹⁹ states that changes in staffing can be disruptive to care and it is therefore important that services maintain continuity of individual therapeutic relationships wherever possible. Where changes are necessary, people should be provided with appropriate and accessible information about what is happening.

Just over two fifths of respondents (41%) said that in the last 12 months, the people they see for their care or services had changed.²⁰ When asked what impact this had on the care they receive, just under half (46%) of this group said that it 'stayed the same'. Equal proportions (27%) said that 'it got better' or that it 'got worse'. However, 37% of respondents on CPA and 50% of respondents not on CPA said that they did not know who was in charge of organising their care whilst this change was taking place (see table 10).

Table 10: Q20: Did you know who was in charge of organising your care while this change was taking place?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes	63%	50%	Y
No	37%	50%	Y
<i>Number of respondents</i>	1624	2599	

Answered by all for whom the person they see had changed in the previous 12 months. Respondents who stated that they were 'not sure' have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

¹⁹ www.nice.org.uk/guidance/CG136/chapter/1-Guidance

²⁰ The remainder responded: 'yes, but this was because I moved house' (2%), 'no' (54%) or 'my care has started but not changed' (4%)

Crisis Care

People using mental health services who are at risk of crisis should have a crisis plan which has been developed jointly with their care coordinator. As recommended by NICE guidance²¹ this should contain information about 24-hour access to services and named contacts. All those on CPA should have explicit crisis and contingency plans, which is part of their care plan, and explains what they should do. Although there is not the same policy requirement for people not on CPA, they should be aware of who to contact in the event of a crisis.

Almost three fifths (79%) of respondents on CPA, and 62% of respondents not on CPA, said that they knew who to contact out of office hours if they had a crisis (table 11).

Table 11: Q21 Do you know who to contact out of office hours if you have a crisis?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes	79%	62%	Y
No	21%	38%	Y
<i>Number of respondents</i>	<i>4040</i>	<i>7820</i>	

Answered by all, however, respondents who stated that they were 'not sure' have been excluded
A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Just under two fifths (39%) said that in the last 12 months they had tried to contact this person or team because their condition was getting worse. Of this group, less than half (46%) 'definitely' got the help that they needed with 32% saying they did 'to some extent'. A further fifth (20%) said that they did not get the help they needed, and 2% said they were not able to contact anyone.

Treatments

NICE guidelines²² recommend that staff who work with people using mental health services should promote active participation in decisions about treatment, and support people to manage their own condition.

The survey asked a number of questions about the treatments people were receiving for their mental health needs.

Most respondents (84%) said that in the last twelve months they had been receiving medicines for their mental health needs. Of these, just over half (53%) said that they were 'definitely' involved as much as they wanted to be in decisions about which medicines they receive. Thirty six percent said they were 'to some extent' and just over a tenth (12%) that they were not but wanted to be.

²¹ www.nice.org.uk/guidance/CG136/chapter/1-Guidance

²² www.nice.org.uk/guidance/CG136/chapter/1-Guidance

It is important that people who are receiving treatment should be given information about that treatment, including any side effects. NICE guidance²³ states that written information should be available in an appropriate language or format, and staff should clearly explain any clinical language and check that the person understands what is being said. Any communication needs should be taken into account, and independent interpreters or communication aids provided if required.

Just under half of respondents (46%) had been prescribed new medicine for their mental health needs in the last 12 months. Of these people, 53% said that they were 'definitely' given information about it in a way they were able to understand and 32% said 'yes to some extent'. The remainder said that they were either not able to understand the information (12%) or that they were not given any information (3%).

Most respondents (87%) had been receiving medicines for their mental health needs for 12 months or longer. Of these, 78% said that in the last 12 months, a mental health worker checked with them how they are getting on with their medicines (that is, their medicine had been reviewed). This leaves over a fifth (22%) who said this had not occurred.

Effective care for mental health conditions may involve providing a range of different treatments or therapies. Mostly commonly these involve NICE recommended medicines and psychological ('talking') therapies, but this could also include other treatments as appropriate such as relaxation or art therapies, massage or acupuncture for example. Respondents were asked if they had received any treatments or therapies for their mental health needs that did not involve medicines in the last 12 months. Less than half (47%) said that they had. Just over a quarter (26%) said 'no, but I would have liked this' and 28% said 'no, but I did not mind'.²⁴

Of those who had received treatments or therapies that did not involve medicines, 55% said they were 'definitely' involved as much as they wanted to be in deciding what treatments or therapies to use. Thirty six percent said they were 'to some extent' and 9% said 'not but I wanted to be'.

Physical health

The link between physical and mental health is made explicitly in *No Health Without Mental Health*²⁵ which includes an objective that that 'more people with mental health problems will have good physical health'. Of those respondents with physical health needs, 43% of those on CPA and 32% of those not on CPA said that in the last 12 months mental health services 'definitely' gave them help or advice with finding support for this (table 12).

²³ www.nice.org.uk/guidance/CG136/chapter/1-Guidance

²⁴ Please note that respondents who said that this was not appropriate for them have been excluded

²⁵ www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

Table 12: Q32 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, disability, or a condition such as diabetes, epilepsy, etc.)?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	43%	32%	Y
Yes, to some extent	30%	29%	
No, but I would have liked help or advice with finding support	28%	39%	Y
<i>Number of respondents</i>	<i>2452</i>	<i>4051</i>	

Answered by all, however, respondents who stated that they already have support and did not need advice, or who did not need support for this, or who did not have physical health needs have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Other areas of life

People who are using specialist mental health services sometimes have wider needs, for example with their finances, housing or employment. Addressing these wider needs can be a key part of their recovery. NICE guidance²⁶ states that care plans should include activities that promote social inclusion such as employment, volunteering, and other aspects such as leisure activities.

Whilst NHS mental health services do not necessarily provide this support directly, they should help people to find support from other sources, such as by 'sign-posting' them to other services. Please note that the results for these questions exclude those for whom they were not applicable (for example, because they do not need support, or they already had support in place).

Financial advice or benefits, work, and accommodation

National guidance states that people receiving care under CPA should receive support with employment, housing and finance from mental health services, if they need it. These needs should be identified in an initial assessment which should cover all needs and risks.²⁷ For those respondents not on CPA, the focus is more on clinical needs rather than providing support for a wider range of needs. Nevertheless policy guidelines²⁸ state that they should receive a full assessment 'including risk assessment' to identify if they have these needs.

Less than half of respondents on CPA (41%), and 27% of respondents not on CPA said that in the last 12 months, NHS mental health services 'definitely' gave them help or advice with finding support for financial advice or benefits (table 13).

²⁶ www.nice.org.uk/guidance/CG136/chapter/1-Guidance

²⁷

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf P18

[\(P.16\)](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf)

Table 13: Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	41%	27%	Y
Yes, to some extent	27%	23%	Y
No, but I would have liked help or advice with finding support	32%	50%	Y
<i>Number of respondents</i>	2736	4494	

Answered by all, however, respondents who stated that they already have support and did not need advice, or who did not need support for this have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Less than a third of respondents on CPA (32%), and less than a quarter of respondents not on CPA (23%), said that in the last 12 months, NHS mental health services 'definitely' gave them help or advice with finding support for finding or keeping work (table 14).

Table 14: Q34 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	32%	23%	Y
Yes, to some extent	34%	26%	Y
No, but I would have liked help or advice with finding support	34%	51%	Y
<i>Number of respondents</i>	1344	1985	

Answered by all, however, respondents who stated that they already have support and did not need advice, or who did not need support for this, or who are currently not in or seeking work have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Less than a half of respondents on CPA (42%) and a quarter of those not on CPA (25%) said that in the last 12 months, NHS mental health services 'definitely' gave them help or advice with finding support for finding or keeping accommodation (table 15).

Table 15: Q35 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	42%	25%	Y
Yes, to some extent	27%	23%	Y
No, but I would have liked help or advice with finding support	31%	52%	Y
<i>Number of respondents</i>	1425	1676	

Answered by all, however, respondents who stated that they already have support and did not need advice, or who did not need support for this have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Local activities and support from others

A principle of the recovery approach is that people do not recover in isolation and being able to take on '*meaningful and satisfactory roles within the local community*' can help recovery²⁹. Questions were included to measure how well services are supporting people to do this, and how to access support from others, if they want this.

Respondents were asked if someone from NHS mental health services supported them in taking part in an activity locally.³⁰ Less than two fifths of those on CPA (38%) and less than a quarter of those not on CPA (24%) said 'yes, definitely' (table 16).

Table 16: Q36 Has someone from NHS mental health services supported you in taking part in an activity locally?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	38%	24%	Y
Yes, to some extent	30%	29%	
No, but I would have liked this	32%	47%	Y
<i>Number of respondents</i>	2490	3731	

Answered by all, however, respondents who stated that they did not want or need this have been excluded

A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Just over a quarter of respondents on CPA (26%) and 21% of respondents not on CPA said that they had 'definitely' been given information by NHS mental health

²⁹ *Making Recovery a Reality* available at

www.centreformentalhealth.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf

³⁰ Please note that respondents who said that they do not want or need this have been excluded.

services about getting support from people who have experiences of the same mental health needs as them (table 17).³¹

Table 17: Q38: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	26%	21%	Y
Yes, to some extent	29%	26%	Y
No, but I would have liked this	45%	52%	Y
Number of respondents	2665	5034	

Answered by all, however, respondents who stated that they did not want this have been excluded
A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

Involving family or friends

NICE guidance³² states that NHS mental health services should welcome the involvement of friends or family in the care of those using services, if this is what they want. Over half of respondents (56% of those on CPA and 55% of those not on CPA) said that NHS mental health services 'definitely' involved a member of their family, or someone else close to them, as much as they would like (table 18).³³

Table 18: Q37 Have NHS mental health services involved a member of your family or someone else close to you as much as your would like?

	On CPA	Not on CPA / status unknown	Significant difference?
Yes, definitely	56%	55%	
Yes, to some extent	26%	24%	Y
No, not as much as I would like	15%	18%	Y
No, they have involved them too much	3%	3%	
Number of respondents	3061	5788	

Answered by all, however, respondents who stated that family / friends did not want to be involved, who did not want their family / friends involved or felt it did not apply to them have been excluded
A 'Y' in the 'significant difference' column indicates a significant difference. A blank means any difference is not statistically significant

³¹ Please note that respondents who said they did not want this have been excluded.

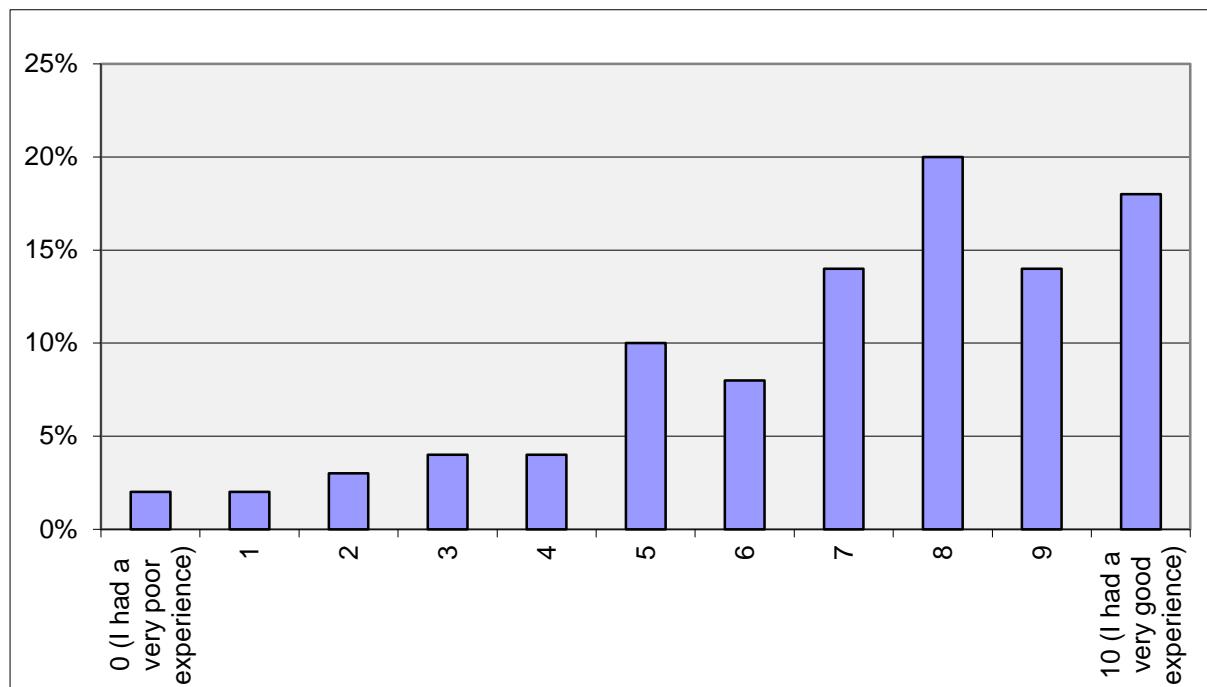
³² www.nice.org.uk/guidance/CG136/chapter/1-Guidance

³³ Please note that respondents who said their friends or family did not want to be involved, or they did not want their friends or family involved, or this did not apply to them have been excluded.

Overall Impression

Respondents were asked to evaluate their overall experiences on a scale of 0-10. Most people (66%) responded positively (see Chart 1 below) rating their overall experiences as '7' or above.

Chart one: Overall.....



The majority of respondents (75%) felt that overall, in the last 12 months they were 'always' treated with respect and dignity by NHS mental health services. Just under a fifth (19%) said this was 'sometimes' the case with 6% saying they were not treated with respect and dignity.

Next Steps

This report has presented the results for England from the 2014 Community Mental Health Survey. The detailed survey results have been provided back to NHS trusts who are expected to take action based upon them.

The results from this survey will be used by the Care Quality Commission in its assessment of NHS mental health trusts in England. Data from the survey will also be included in the data packs for inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust, and a link to the benchmark report for each trust. Also available is a 'technical document' detailing the methodology for the trust level analysis:

www.cqc.org.uk/PatientSurveyMentalHealth2014

Full details of the methodology of the survey can be found at:

www.nhssurveys.org/surveys/739

The results from previous community mental health surveys can be found on the NHS surveys website at:

www.nhssurveys.org/surveys/290

More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information on CQC's role in regulating, checking and inspecting mental health services is available on the CQC website:

www.cqc.org.uk/content/mental-health