

SUPPORTING BRIEFING NOTE: **COMMUNITY MENTAL HEALTH SURVEY 2010**

This briefing note provides key findings from the 2010 survey of people who use community mental health services.

The 2010 survey comprises a sample of service users aged 16 and over who had been in contact with NHS mental health services in the three month period 1 July 2009 to 30 September 2009 and who were receiving specialist help for a mental health condition. A total of 17,199 questionnaires were returned, a response rate of 32%.

The survey aimed to find out about the experiences of people using mental health services in the community. These services provide care and treatment to people who have been referred to a psychiatric outpatient clinic, local community mental health team, or other community-based mental health services.

The results from the survey are primarily intended for use by NHS mental health provider trusts to help them improve their performance. They also have relevance to those local authorities that employ social workers and social care staff that work as part of multidisciplinary community-based mental health teams. The Care Quality Commission will also use the results in a number of ways, including setting out national and trust findings; informing patients and the public of trusts' results; and using the results in regulatory activities such as registration, the monitoring of ongoing compliance, and reviews. The Department of Health will also use the results in measuring performance against a range of indicators.

The Care Programme Approach

The term 'Care Programme Approach' (CPA) describes the framework for supporting and coordinating effective mental health care for people with severe mental health problems in secondary mental health services.

Until 2008 CPA applied to all people who were in contact with secondary mental health services and was delivered on two levels: 'enhanced' support for those with more complex needs, who may need help from a range of agencies, and who were more likely to disengage with services; and 'standard' support for those who receive care from a single agency, who are able to self-manage and maintain contact with services.

In March 2008 the Department of Health published "*Refocusing the Care Programme Approach*"¹ which gave revised guidance on the "new CPA". One

¹ *Refocusing the Care Programme Approach: policy and positive practice guidance* available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647

of the key changes made was to only apply one level of CPA for those with more complex characteristics. The policy document notes that for service users with more straightforward needs (formerly standard CPA) it was not the intention that complicated systems of support should surround their care, as they are unnecessary. Service users rights to an assessment of their needs, the development of a care plan and a review of that care by a professional involved, will continue to be a good practice for all. The document describes service users requiring “new CPA” as having “complex needs; multi-agency input; higher risk” and other service users as having “more straightforward needs; requiring support from only one agency; lower risk”.

Surveys of people using community mental health services have previously been carried out annually between 2004 and 2008. In 2008 and in previous years the survey was of service users receiving ‘standard’ or ‘enhanced’ care under the CPA. Following the changes to the CPA set out in *Refocusing the Care Programme Approach*, the sampling methodology for the survey was revised to include both service users who have their care co-ordinated under the CPA and other service users in contact with secondary mental health services. The content of the questionnaire was also updated to reflect the changes in the national policy. As a result of these various changes, the results from the 2010 community survey are not comparable with surveys carried out between 2004-2008.

The changes in national policy mean that there are likely to be some differences in the experiences of service users, dependent upon whether they receive services under the CPA or not. Some of these differences will reflect the different service requirements for people on CPA who have been assessed as having more complex needs and may therefore need more intensive services and on-going support. As such, service users on CPA may have different patterns of care, for example, they may see different health and social care staff for their mental health condition. The revised policy also sets out some specific differences in practice expectations for those who are on ‘new’ CPA - this briefing note presents these findings separately where differences in practice expectations apply. Forty-three percent of the service users who responded to the 2010 survey had their care co-ordinated under the new CPA.

A document containing the full percentage results for the survey is available on the CQC website at: <http://www.cqc.org.uk/PatientSurveyMentalHealth2010>. This document provides results separately for those on CPA and those not on CPA as well as overall percentages based on all respondents. This briefing note summarises the key points from these detailed tables.

Health and Social Care Workers

The health or social care worker seen most recently by service users for their mental health condition was: Community Psychiatric Nurse (31%), Psychiatrist (28%), Mental Health Support Worker (13%) Psychologist (9%), Social worker (8%), Occupational therapist (3%) and other workers (7%). There are differences between respondents on CPA and those not on CPA in the health or social care worker seen most recently which may be seen in the detailed tables available on the CQC website.

The majority of service users were positive about the last time they saw this health or social care worker for their mental health condition:

- Eighty percent reported that this worker “definitely” listened carefully to them. Just under a fifth (17%) said that this person listened carefully “to some extent” and 3% said they were not listened to carefully.
- Seventy five percent felt that the health or social care worker “definitely” took their views into account. Just over a fifth (21%) said that he/she took their views into account “to some extent” with 4% saying their views were not taken into account.
- Seventy two percent “definitely” had trust and confidence in the last health or social care worker they saw for their mental health condition. Just over a fifth (21%) said they had trust and confidence in this person “to some extent” with 7% saying they did not have trust and confidence in this person.
- Eighty eight percent said that they were “definitely” treated with respect and dignity by the health or social care worker. Ten percent said that they were treated with respect and dignity “to some extent” with 2% saying they were not treated with respect and dignity.
- Seventy three percent said they were “definitely” given enough time to discuss their condition or treatment. Just under a fifth (19%) were given enough time “to some extent” with 7% saying that they were not given enough time to discuss their condition or treatment.

Medications

In the last 12 months, the majority (89%) of service users had taken prescribed medications for their mental health condition. Of these, over half (57%) said that their views were “definitely” taken into account in deciding which medications to take, with 31% saying their views were taken into account “to some extent” and 12% that their views were not taken into account. Just over two fifths (42%) had new medications prescribed for them by a mental health worker (not including their GP) In the last 12 months. Of these:

- just over two thirds (69%) said that the purpose of the new medication had “definitely” been explained to them, almost a quarter (24%) said that the

purpose had been explained “to some extent” and 7% said that the purpose was not explained to them.

- Less than half (43%) of these respondents said that they were “definitely” told about possible side effects of the new medication, with 28% saying they were told “to some extent” and 29% that they were not told about possible side effects.
- Just over half (52%) said that they were “definitely” given information about the new medication in a way they could understand, with 32% saying that this was done “to some extent” and 15% not receiving information about their new medication in a way they could understand.

The majority (87%) of service users who had taken prescribed medications for their mental health condition in the last 12 months had been taking medication for 12 months or longer. While 81% of these said that they had been asked in the last 12 months how they were getting on with the medicines (i.e. having their medicines reviewed) this leaves almost a fifth (19%) who had not been asked.

Talking Therapies

There are a number of different types of talking therapy which include psychological therapies such as counselling, cognitive behavioural therapy (CBT), faith and spirituality based counselling, art, music or drama therapy and anxiety management.

Forty-four percent of service users had received some kind of talking therapy from NHS mental health services in the last 12 months and 56% had not. Of those that had not received any talking therapy, 27% said that they wanted it.

Just under half (47%) of those who had received talking therapy said that they “definitely” found it helpful, with just over a third (37%) finding it helpful “to some extent” and 15% stating that they did not find talking therapy helpful.

Care Coordinators or Lead Professionals

A care coordinator or lead professional is someone who is the main point of contact for the service user. *Refocusing the Care Programme Approach* sets out some differences in approach for service users under CPA and those not on CPA.

Those receiving mental health services under CPA should have a named ‘care coordinator,’ that is someone from community mental health services who is involved in their care and who keeps in regular contact with them by acting as a link between them and the services they receive. The guidance states that service users should receive support from a care coordinator who has received training for this role as part of their job description. The role of the care coordinator should usually be taken by the person who is best placed

to oversee care management and resource allocation and can be of any discipline depending on capability and capacity.

The majority of the respondents to the survey receiving care under CPA said that they knew who their care coordinator was (84%), with 16% saying they did not know or were not sure.

Service users not on CPA should only require the support of one agency and a professional in this agency should be the person responsible for facilitating their care. The guidance states that service user care is self directed with support from a 'lead professional' who undertakes this role in addition to their other clinical or practitioner roles. The person undertaking this role should be identified to the service user.

For those service users not receiving care under CPA, 64% said that they knew who their lead professional was, with 36% saying they did not know or were not sure.

On the whole, those service users who knew who their care coordinator or lead professional was were positive about that person:

- Overall, 74% said that they could "always" contact their care coordinator or lead professional if they had a problem, with 22% "sometimes" able to contact them and 4% saying they were not able to contact their care coordinator or lead professional if they had a problem.
- Overall, 62% of service users said that their care coordinator or lead professional organised the care and services they need "very well", with the remainder responding "quite well" (31%), "not very well" (5%) and "not at all well" (3%).

There were only small differences between CPA service users and others in their responses to the questions about contacting their care coordinator and how well their care is organised by their care coordinator. These differences can be viewed in the detailed tables available on the CQC website.

Care Plans

A care plan sets out service users' assessed needs and how these will be met. *Refocusing the Care Programme Approach* sets out some differences in approach for service users under CPA and those not on CPA. Service users on CPA should have a comprehensive formal written care plan detailing their care and treatment.

Overall, 71% of respondents receiving care under CPA said that they had been given or offered a written or printed copy of their care plan, 55% "in the last year" and 16% "more than a year ago". Over a quarter (30%) said that they had not been given or offered a written or printed copy of their care plan.

For those service users not under CPA, there is no formal requirement to have designated paperwork for care planning and review, but policy guidance

sets out that they should have a recorded statement of care agreed with the service user which gives a clear understanding of how their treatment will be carried out and by whom. This may be set out in a clinician's letter or in practice notes. According to the survey, less than half of respondents who were not on CPA (46%) said they had been given or offered a written or printed copy of their care plan either "in the last year" (33%) or "more than a year ago" (13%).

Overall, of all respondents (including those on CPA and those not on CPA) who said that they had a care plan:

- Just under half (48%) said that they "definitely" understood what was in their care plan and 29% said that they understood it "to some extent". Nine per cent said that they did not understand what was in their care plan, and 15% were "not sure". There were differences by CPA with a greater proportion of those receiving care under CPA 'definitely' understanding what is in their care plan (53%) compared with respondents not on CPA (45%).
- Just over half (53%) "definitely" thought their views were taken into account when deciding what was in their care plan, with 34% thinking this was true "to some extent" and 13% saying their views were not taken into account.
- Four fifths of respondents (80%) said that their care plan set out their goals, either "definitely" (42%) or "to some extent" (38%). The remaining 20% said that their care plan did not set out their goals. There were differences by CPA with a greater proportion of those receiving care under CPA saying that their care plan 'definitely' set out their goals (44%) compared with respondents not on CPA (40%).
- Of those whose care plan set out their goals, just under half (47%) said that the mental health services they received "definitely" helped them to achieve these goals, 46% thought their care plan did so "to some extent" with 7% saying that the mental health services they received did not help them to achieve these goals.

Refocusing the Care Programme Approach expects that all service users on CPA should have explicit crisis and contingency plans set out in their care plan which explains what they should do in a crisis. Just over half (52%) of survey respondents on CPA and who had a care plan said that their care plan "definitely" covered what they should do if they have a crisis and 26% said their plan covered what they should do "to some extent". However, over a fifth (23%) said that their care plan did not cover what they should do if they have a crisis.

Although there is not the same policy requirement for service users not on CPA, they should be aware of who to contact in the event of a crisis. Thirty nine percent of those who said that they had a care plan said that it "definitely" covered what they should do if they have a crisis, with 24% saying that their care plan covered what they should do "to some extent" and 37% saying their care plan did not cover what they should do if they have a crisis.

Care Reviews

A care review is a meeting between the service user and those involved with their care to discuss how their care plan is working.

Again, there are some differences in expectations in *Refocusing the Care Programme Approach* for service users receiving care under CPA in that they should receive a “formal, multi-agency review at least once a year but likely to be needed more regularly.” Just over two thirds (70%) of respondents on CPA said that they had had a care review in the last twelve months to discuss their care plan, having had either one (35%) or more than one (35%). Over a quarter (30%) said that they had not had a care review meeting in the last 12 months to discuss their care plan².

For service users not on CPA, *Refocusing the Care Programme Approach* states that they should receive “on-going review as required.” Less than half of respondents not on CPA (47%) said that they had had a care review in the last twelve months to discuss their care plan, having had either one (25%) or more than one (22%). Over half (53%) said that they had not had a care review meeting in the last 12 months to discuss their care plan.

Overall, of all respondents (including those on CPA and those not on CPA) who had had a care review meeting in the last twelve months to discuss their care plan:

- The majority said that they were told they could bring a friend or relative to the meeting (80%).
- Almost three quarters (74%) were given a chance to talk to their care coordinator about what would happen before the meeting. A greater proportion of service users on CPA said they had this opportunity (78%) compared with those not on CPA (70%).
- The majority felt they were given opportunity to express their views at the meeting, either “definitely” (70%) or “to some extent” (25%).
- Over half (52%) said that they “definitely” found the care review helpful with 39% finding it helpful “to some extent” and 9% not finding the care review helpful.
- Over half (61%) said that they had “definitely” discussed whether they needed to continue using mental health services with 21% saying this was discussed “to some extent” and 18% saying this was not discussed.

With the exception of being given an opportunity to talk to their care coordinator or lead professional before the meeting there were only very small differences between the responses of respondents receiving care under CPA and those not on CPA which can be viewed in the detailed tables available on the CQC website.

² Respondents who said that they had been in contact with NHS mental health services for less than a year were excluded from the analysis for this question

Day to Day Living

In the last 12 months, the majority of respondents had been asked by someone in mental health services about any physical health needs they might have, either “definitely” (38%) or “to some extent” (25%). Over a third (37%) said that they had not been asked.

For those service users with physical health needs, just over a third (39%) felt that mental health services had “definitely” given them enough support in getting help for these needs and 27% “to some extent”. Thirty-three percent said that they had not received enough support in getting help for their physical needs.

In the last 12 months, 39% of service users had been asked by someone in mental health services about both their alcohol intake and use of non-prescription drugs. A further 13% had been asked only about their alcohol intake and 2% only about their use of non-prescription drugs. Forty-five percent of service users said they had not been asked about either their alcohol intake or use of non-prescription drugs.

Just over a fifth of service users (21%) had care responsibilities (including looking after children). Of these, 36% reported that mental health services had “definitely” given them enough support with their care responsibilities and a further 26% received support “to some extent”. Thirty-eight percent said that they had not received enough support.

Service users receiving care under CPA should receive support from mental health services with employment, housing and finance if they need this. *Refocusing the Care Programme Approach* states that this should be identified in an initial assessment with mental health services which should cover “the full range of needs and risks”. Survey results showed that for those respondents receiving services under CPA, in the last twelve months:

- Just under two thirds (61%) of respondents who wanted help said that they had received help from someone in mental health services with finding or keeping work. Over a third (39%) said that they would have liked help but did not receive any.
- Just over two thirds (68%) of respondents who wanted help said that they had received help from someone in mental health services in finding or keeping accommodation. Almost a third (33%) said that they would have liked help but did not receive any.
- Almost three quarters (71%) of respondents who wanted help said that they had received help from someone in mental health services in getting financial advice or benefits (such as Housing Benefit, Income Support or Disability Living Allowance). Over a quarter (29%) said that they had not received any help but would have liked some.

For those respondents not receiving services under CPA, the mental health services they receive focus on clinical needs and there is not the same requirement to provide support for a wider range of needs. However,

Refocusing the Care programme Approach states that they should receive “a full assessment of need for clinical care and treatment, including risk assessment”. Survey results showed that for those respondents not receiving services under CPA, in the last 12 months:

- Less than half (46%) of respondents who wanted help said that they had received help from someone in mental health services with finding or keeping work. Fifty five percent said that they would have liked help but did not receive any.
- Less than half (47%) of respondents who wanted help said that they had received help from someone in mental health services in finding or keeping accommodation. Fifty three percent said that they would have liked help but did not receive any.
- Just over half (51%) of respondents who wanted help said that they had received help from someone in mental health services in getting financial advice or benefits (such as Housing Benefit, Income Support or Disability Living Allowance). Forty nine percent said that they had not received any help but would have liked some.

Crisis Care

Fifty-six percent of service users said that they had the number of someone from their local NHS mental health service that they could phone out of hours, and 44% did not have a number. Of those that had a number from their local NHS mental health service, 36% had called the number in the last 12 months.

The last time that these service users had called the number of their local NHS mental health service, 66% had got through to someone immediately, 22% in one hour or less, 5% in a few hours and 3% in a day or more. Four percent said they could not get through to anyone.

The last time that service users had called the number of their local NHS mental health service, 50% had “definitely” received the help they wanted and 32% had “to some extent”. Eighteen percent of service users said that they had not received the help they wanted.

Overall

Overall, service users rated the care they received from mental health services in the last 12 months as: excellent 29%, very good 30%, good 20%, fair 12%, poor 5% and very poor 4%.

Of those service users who wanted their family or someone else close to them to be involved in their care, just over half (52%) said that mental health services had involved a member of their family or someone else close to them as much as they would like, with 28% saying they were involved “to some extent” and the remaining 20% saying their family or someone else close to them had not been involved as much as they would like.

About the respondents

Forty two percent of respondents were male and 58% female.

Eighteen percent of respondents were aged 16-35 years, 30% were aged 36-50 years, 26% were aged 51-65 years and 26% were aged 66 years or more.

The majority of respondents were white (93%) with 3% Asian or Asian British, 3% Black or Black British and 2% Chinese, Mixed or other ethnic group.

Four percent of service users said that they were in paid work for between 1-15 hours a week, with 12% working 16 or more hours a week. Over half (52%) were not working, 29% were retired, 1% were working on a casual basis, 2% were full-time students and 7% were doing voluntary work. Respondents were able to tick all the response options that applied to them for this question so percentages will not equal 100.

Just under a fifth (17%) of service users said that they had been in contact with mental health services for less than a year. Over a third (36%) had been in contact for 1-5 years, 14% for 6-10 years, with 33% having been in contact with mental health services for more than 10 years.

Over half of all service users (54%) said that they had last seen someone from NHS mental health services (excluding their GP) in the last month, with 26% seeing someone 1-3 months ago, 13% 4-6 months ago, 5% 7-12 months ago and 2% more than 12 months ago.

In the last 12 months, 13% of service users had been admitted to hospital as a mental health patient with 10% having been admitted once and 3% having been admitted 2 or 3 times. The majority (86%) had not been admitted to hospital as a mental health inpatient in the last 12 months.

Service users described their mental health at the time of completing the questionnaire as being excellent (7%), very good (12%), good (22%), fair (35%), poor (18%) or very poor (6%).

Almost three quarters (72%) of service users filled in the questionnaire themselves, with 16% being completed by a friend or relative, 8% by both the service user and a friend or relative together and 4% by the service user with the help of a health professional.

Notes on the survey

The 2010 survey of people who used community mental health services included 66 NHS trusts in England providing community mental health services (including combined mental health and social care trusts, primary care trusts that provide mental health services and Foundation Trusts). The sample was taken from all service users who were seen by the Trust between 1 July 2009 and 30 September 2009.

The survey fieldwork was carried out between January and April 2010.

Service users were eligible for the survey if they were aged 16 years or older. Excluded from the survey were:

- anyone seen only once for an assessment (for example, those who were seen by a psychiatrist for a single assessment);
- anyone primarily receiving drug & alcohol services;
- anyone primarily receiving Learning Disability services;
- anyone attending specialist forensic services;
- any children who were under 16 on the date the sample was drawn;
- any service users who were known to be current inpatients;
- any service users who only see their GP for their mental health condition.

We received responses from 17,199 service users, a response rate of 32%.

Note that not all percentage totals in this briefing note will add up to 100, due to rounding.

A report for each participating trust is available on the Care Quality Commission website. These reports show how each trust performed for every question that measures the quality of service user experience. Response options that do not directly measure this (such as can't remember) are excluded from results. The results for each trust are compared against all other trusts which took part. Since the types of service user at each trust can differ, these reports are standardised by age and gender. This allows trusts, and others, to compare performance, identify areas where they are currently performing well and to show where improvement is needed. Results are available on the Care Quality Commission website:

<http://www.healthcarecommission.org.uk/PatientSurveysMentalHealth2010>

The results for each trust will also be available under the organisation search tool of the CQC website:

<http://healthdirectory.cqc.org.uk>

(Select "summary information", enter a postcode or organisation name, then scroll down to 'What patients said about this trust').