



**EAST RIDING OF YORKSHIRE**  
**Local Involvement Network**

Your Voice on Health & Social Care

## **Crisis Resolution Home Treatment Service Survey**

**July 2011**

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## Introduction

The East Riding of Yorkshire Crisis Resolution Home Treatment Team (CRHTT) within Humber NHS Foundation Trust (HFT) was established at the end of 2008. Its aims are firstly to reduce the number of acute hospital and inpatient unit admissions for people in mental health crisis by providing assessment, intensive support and treatment in a person's own home and secondly to facilitate early discharge from hospital by supporting service users who have been admitted to inpatient units.

Originally, two multi-disciplinary teams operated in the East and West of the East Riding. However, these were joined to form one multi-disciplinary team as of August 2010. The team consists of 24 staff whose working hours are from 7:45am to 8:15pm. Calls received outside these hours go through to the sister team in Hull which operates 24 hours a day. Previously, the service could only be accessed via a referral from the Community Mental Health Teams. Since recent service reorganisation referrals should now be processed by the single point of access service and community mental health teams.

An evaluation of this service was undertaken by Humber NHS Foundation Trust in 2009 which included a Service User Satisfaction Survey (May to July 2009) and a Carer Satisfaction Survey (July to September 2009). The results of the surveys prompted the ERYLINK Mental Health and Learning Disability Sub Group (MH and LD Sub Group) to take a closer look at the issue of satisfaction within the CRHTT service. The MH and LD Sub Group raised specific concerns as to whether the Service User Survey was able to give an accurate picture of the way the CRHTT addressed the needs of service users. Concerns were also raised around the small sample size of the Carer Satisfaction Survey and whether issues raised were followed up.

Consequently, in 2010 the ERYLINK Mental Health and Learning Disability Sub Group met with representatives of Humber NHS Foundation Trust and the CRHTT to discuss the need for further Service User and Carer evaluation. As not all service users have carers and the needs of carers are different from service users it was decided that the CRHTT would continue to undertake the Carer Satisfaction Survey using the existing document. However, the MH and LD Sub Group would undertake their own survey in collaboration with the CRHTT to determine service user satisfaction. It was felt that this way the level of service user satisfaction would be established by an independent organisation – the ERYLINK.

## Methodology

The ERYLINK MH and LD Sub Group developed questions for the service user satisfaction questionnaire together with representatives of the CRHTT and Humber NHS Foundation Trust.

It was the responsibility of the MH and LD Sub Group to produce, photocopy and deliver the questionnaires to the CRHTT who were responsible for distributing it to Service Users and providing assistance in completing the questionnaire where needed. The questionnaire was included in the CRHTT Assessment Pack and was handed out to anyone visited by the team.

Service users were able to fill in the questionnaire whilst the CRHTT staff were present, or complete it independently. For Service Users completing the questionnaire independently they were provided with a pre-paid envelope and had the choice of returning it by post or to the CRHTT staff member at their next visit.

Face to face interviews were not possible due to time constraints amongst CRHTT staff and the small number of MH and LD Sub Group members.

The timeframe for the survey was originally set to 2 - 3 months running from the end of January to the end of April 2011. Due to a low response rate this was extended to 5 months until the end of June 2011.

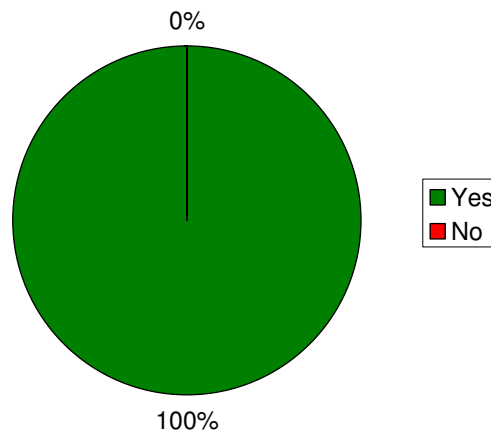
In total, 84 questionnaires were handed out and 16 questionnaires were returned. The surveys were returned anonymously to ERYLINK who have collated and analysed the responses, which form the basis of this report.

## Results of the Questionnaire

### 1. Did the team explain who they are and what they offer?

All respondents stated that the team explained to them who they were and what they could offer. Nobody had any reservations.

Did the team explain who they are and what they offer?

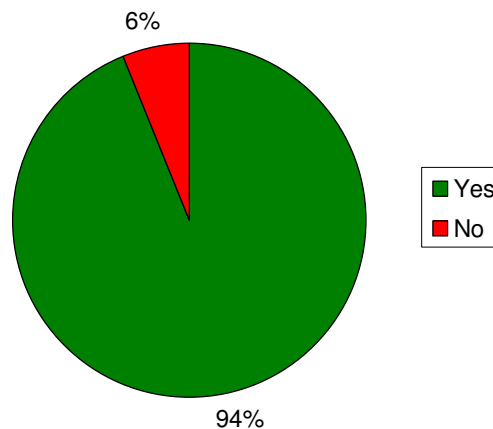


### 2. Did you feel during this contact you were listened to and understood?

The vast majority (94%) answered this question with "Yes" with one person saying "definitely".

Only one person did not feel listened to and understood. This negative answer came from the only person who returned the only questionnaire with consistently negative answers.

Did you feel during this contact you were you were listened to and understood?



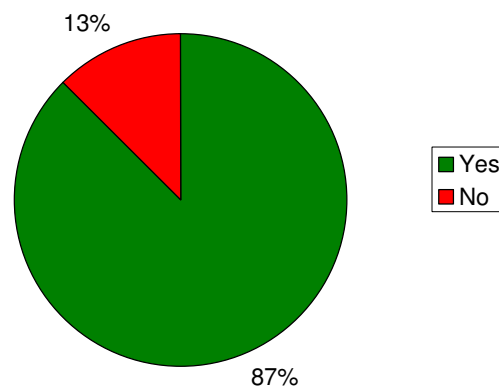
### 3. Did you feel the care offered to you met your needs?

The vast majority of respondents felt that their needs had been met. One person commented that he was too distraught to answer this question but that his wife had been happy with the service they received which indicates that this person would have ticked “Yes”, too.

One comment raised the possibility of transport problems that some users of the CRHT service could have if there was not a supportive family in the background.

2 out of the 15 people (13%) who answered this question said they did not feel that their needs were met.

Did you feel the care offered to you met your needs?



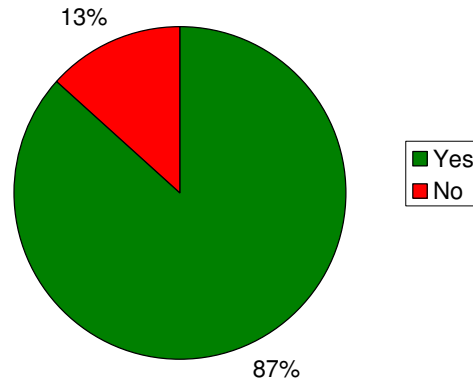
However, one of them gave contradictory answers in the questionnaire stating later that there had been no gaps in the care received and enough support had been given. The same person who feels not listened to and not understood also feels that their needs had not been met.

### 4. If follow up plans were arranged, did you feel these were supportive?

Of the 15 people who needed follow up plans the majority found them supportive (87%) and had no problems with them. One person stressed that the CRHTT liaised well with other mental health services.

Again, the same two people who gave a negative response to the previous question gave a negative response to this question, too.

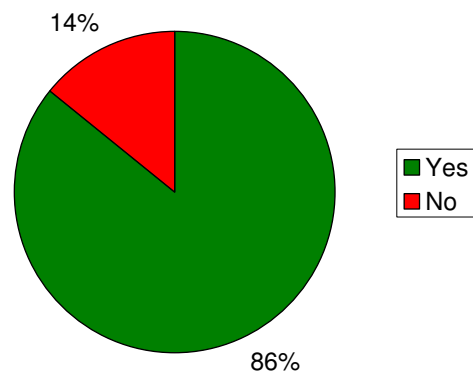
If follow up plans were arranged, did you feel these were supportive?



**5. If you were referred to another service, was the reason for this fully explained to you?**

Most of the 14 people who responded to this question were satisfied with the explanations they were given. The same two people who had ticked “No” for the previous questions also ticked “No” for this question but again giving no further comment.

If you were referred to another service, was the reason for this fully explained to you?

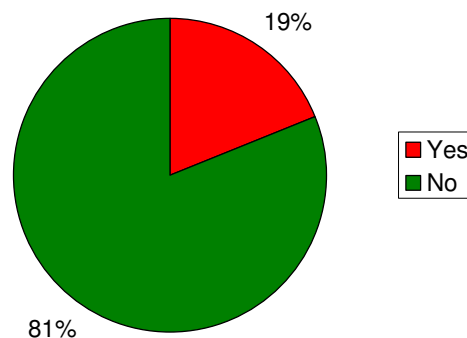


## 6. Did you feel there were gaps in the care you received and if so, what were they?

This question was answered by all respondents. 13 out of 16 did not perceive any gaps. One person commented: “My experience was nothing but informative, caring, helpful and supportive at a difficult time. The team members I have seen are excellent.”

Of the remaining 3 only one comment was very critical of the CRHTT: “No understanding”. This comment came from the person who had been critical of the CRHTT throughout. The other two comments about gaps in care did not refer to the CRHTT: “Was before the team came in and saw me it’s given me hope that I can finally be ok.”; “Appears very difficult to get psychiatric help compared to physical ailments.”

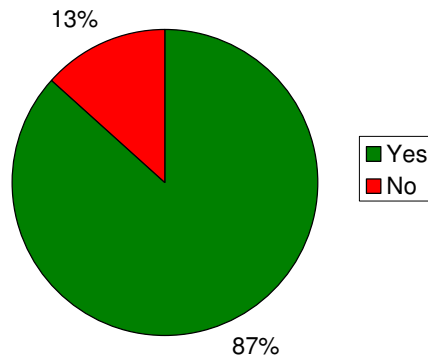
Did you feel there were gaps in the care you received and if so, what were they?



## 7. Were you given enough support, information and advice about your treatment?

Nearly all of the 15 respondents had been happy with the support, information and advice they had been given. One person commented that they would have liked to be given a crisis contact number to ring in the short term not just in the long term. A second person stated specific problems with the CRHTT: “Not supportive in my Book of Attitude towards me as a woman”

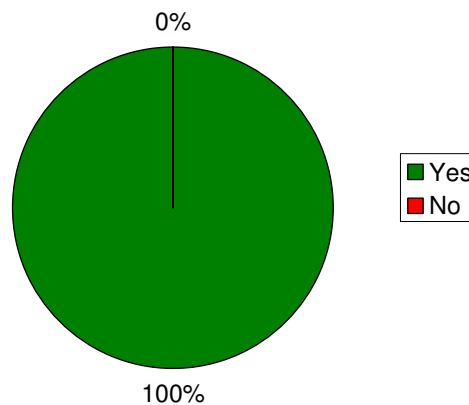
Were you given enough support, information and advice about your treatment? If no, what could have been better?



**8. During your time with the team, were you given details of whom to contact in a mental health crisis?**

Everyone who returned the questionnaire stated that they had been given a number to contact in a crisis. One person commented “At every visit it was stressed that support was there. Thank you.”

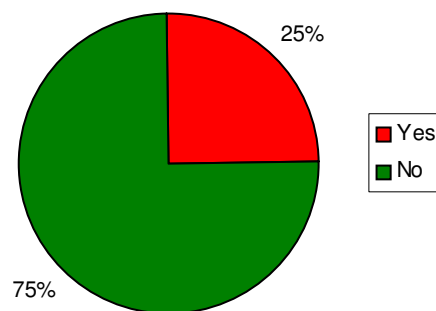
During your time with the team, were you given details of whom to contact in a mental health crisis?



## 9. Did you need to contact this person?

Contacting this person had not been necessary for  $\frac{3}{4}$  of the respondents. Some people referred to the time span involved: “Not at present” or “At time of writing, no. But I have been reassured that support is there for me”. One person complaint: “No details supplied”.

Did you need to contact this person?

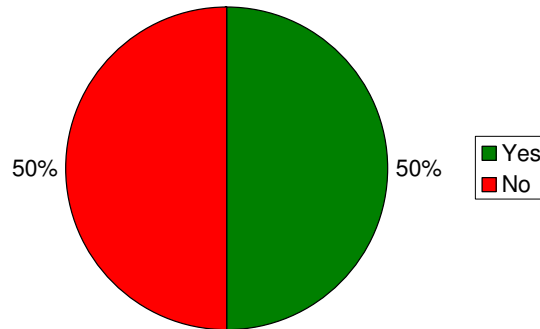


The same person who had criticized the CRHTT throughout criticized the CRHTT again: “Desperate 4 realistic help & advice”.

## 10. Was their response helpful?

Here, a divided picture emerged. 25% of all people who responded to the questionnaire had to contact this person. Half of these respondents had been satisfied with the support they received, the other half had not. No further comments were made in either case.

Was their response helpful?

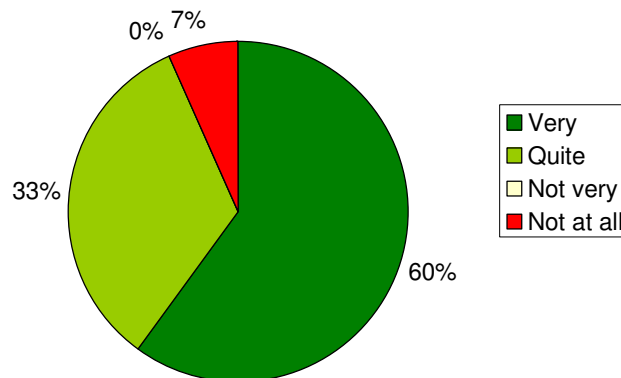


### 11. Overall, how satisfied and confident are you using the CRHTT service?

The questionnaire respondents provided a clear answer. 93% of those who responded are very or quite satisfied and confident using the CRHTT. One person did not answer this question. But as this person rated the whole service as good (next question) it can be assumed that this person's answer would have been in the "Very" or "Quite" categories here.

However, 7% or one person strongly disagree with the 93%. This person has no confidence in the CRHTT at all.

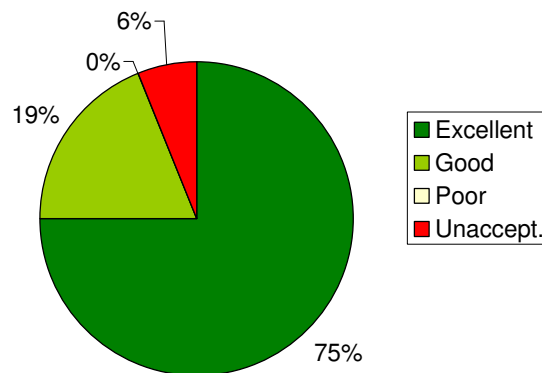
Overall, how satisfied and confident are you using the CRHTT service?



## 12. Considering the whole service, how would you rate the service you have been offered/received?

A very similar picture arises for the whole service. This time everybody who had taken part in the questionnaire answered the question. The overwhelming majority (94%) rated the whole service they had received or been offered as “Excellent” or “Good”. 6% (or one person) however, re-iterated their opinion of the service being “Unacceptable”.

Considering the whole service, how would you rate the service you have been offered/received?



## 13. List three things the service does well

The most frequently mentioned qualities that respondents attributed to the team were identified as the team being able to “Listen” and the team being “Supportive” and “Caring”. This was closely followed by team members judged as “Very helpful”. These four qualities make up more than half of all responses to this question.

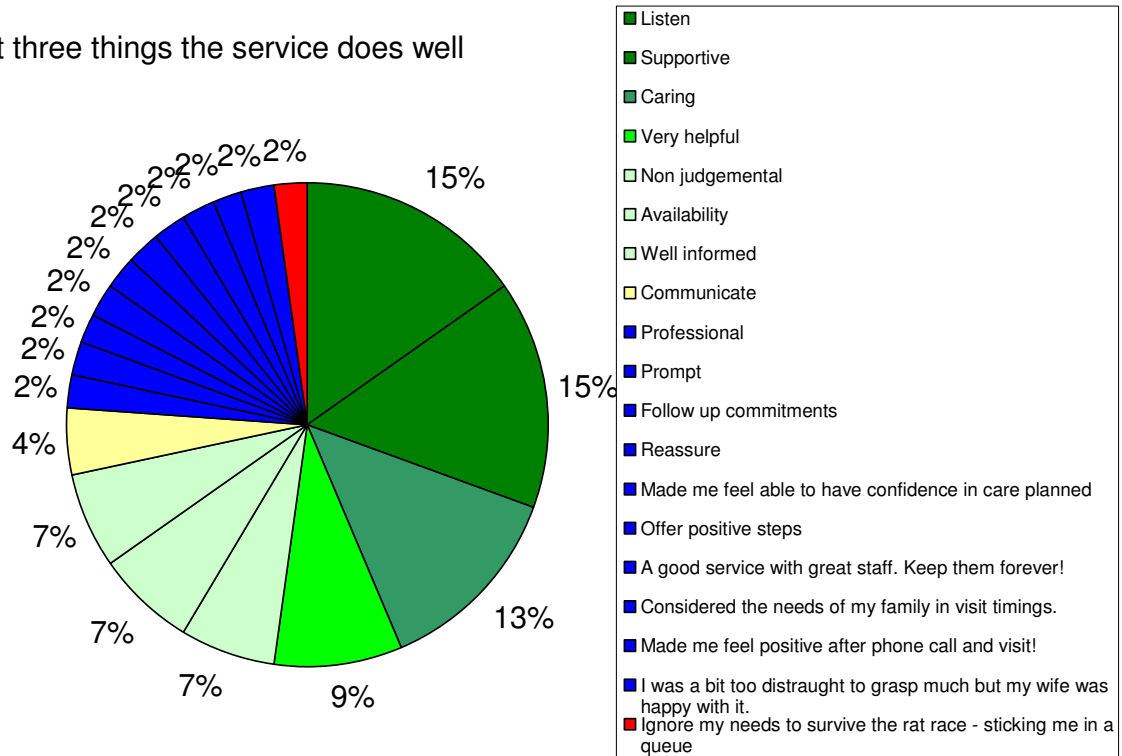
25% of all responses described the team members as “Non judgemental” and “Well Informed”. Availability of the team and good communication were also mentioned.

One person took the opportunity to express their severe disappointment in the service by making an ironical remark: “Ignore my needs to survive the rat race – sticking me in a queue”.

This statement stands in contrast to other equally strong statements on the positive side:

- “A good service with great staff. Keep them forever!”
- “Made me feel able to have confidence in care planned”
- “Made me feel positive after phone call and visit.”
- “Considered the needs of my family in visit timings.”
- “Offer positive steps”
- “Reassure”
- “Follow up commitments”

List three things the service does well



## 14. List three things you wish the service did better

30% of respondents had suggestions to make how the CRHT service could be improved. Suggestions for improvement relate to numbers of staff, working methods and signposting. As these suggestions are all very specific they are quoted in full here:

“Continuity of care – if possible to have the same nurses or left to a minimal so not to keep repeating myself to strange faces every visit.”

“Some staff are prone to clock watching – understand that there is a number of visits to do per day – however ‘clock watching’ or picking up coat and bag half way through consultation is very off putting. Made me feel less important.”

“They may at times provide help with transport for users of the service that need that help. I don’t know if this is a feature of the teams work now, but I feel it should be.”

“Listen to my needs and fears; Not judge me”

“Didn’t have the phone number for Beverley Mental Health.”

“Literature, contact telephone number, (helpline details)”

## Summary

With only 16 questionnaires returned this survey can only provide a snapshot of the service the CRHTT delivers. However, the vast majority of people who returned the questionnaire stated that they are very or quite satisfied with the CRHTT (question 11) and that in their opinion the whole service they received had been excellent or good (question 12).

2 out of 16 returned questionnaires voiced their dissatisfaction with the CRHTT. But only one of them stated consistently negative experiences throughout the questionnaire, e.g. not feeling listened to and understood, not having had their needs met, not having received supportive follow up plans and the gap in the service being lack of understanding. The other questionnaire gave contradictory answers, e.g. that the care offered had not met their needs and follow up plans had not been supportive. But later this person stated that there had been no gaps in the care received and that enough support, information and advice had been given.

The vast majority of respondents felt that the CRHTT listened to them, understood them and met their needs. They also felt that any follow up plans that had been arranged for them had been supportive. These positive experiences with the CRHTT were re-enforced when people were asked to list things that the CRHTT was good at. Listening, being supportive, caring, very helpful, non judgemental, available, well informed and communicate well were the most mentioned attributes attached to the CRHTT.

The gratitude for the work and support of the CRHTT becomes particularly visible when respondents give longer comments, e.g. “Made me feel positive after phone call and visit”, “Made me feel able to have confidence in care planned”, “Considered the needs of my family in visit timings”, “Offer positive steps”, “A good service with great staff. Keep them forever”.

When asked whether enough support, information and advice about the treatment had been given the vast majority, again, answered in the affirmative. The only reservation was made about not having information material ready at hand (particular local mental health services, contact numbers, literature).

All respondents were very happy and satisfied with the service they received and did not find any gaps in the care the CRHTT members delivered (apart from the person who stressed lack of understanding throughout). Gaps in services were only identified for services that respondents had been in contact with before the CRHTT came in. No specific gaps were identified. However, it was highlighted that it is much more difficult to get help for mental health problems than physical problems.

There were only very few suggestions for what could have been done better when the CRHTT visited. The first comment suggested to keep the same professional who comes for a visit or a minimum of different professionals to ensure continuity of care. Another suggestions was to stop “clock watching” as “clock watching or picking up coat and bag” makes the person in crisis feel less important. It was also suggested to provide transport to service users if their family cannot take them.

## Recommendations

When analysing the results of this survey it must be kept in mind that the questionnaire was filled in by people in crisis situations. Any complaints about missing information or “clock watching and picking up of bags and coat” or change of team members need to be seen in context. However, it is the recommendation of the MH and LD Sub Group that these issues must be taken seriously and every step possible should be taken to overcome and minimise these issues. If it is not already practice, the MH and LD Sub Group recommends that:

- Team members repeat important information a number of times. This should include reminding people of details of their next appointment and of any changes in staff as a result of staff holiday or sickness etc. However, it is also the suggestion of the MH and LD Sub Group that this information be provided in a written format, e.g. encouraging people to put the details in a diary or on a notice board or confirming this information by letter and/or by telephoning the Service User on the day of the appointment.
- The Crisis Resolution Home Treatment Team (CRHTT) produce an information pack that can be kept by Service Users with details of the name and contact details of the staff member providing the support as well as Emergency Contact Details and other Local Support Services. This may also include information around the Mental Health Condition and the role of the Service.
- Staff should be open and honest about any time constraints and the support that can be provided. For example, if staff can only stay for an hour this should be stated on arrival so that the Service User knows what to expect, therefore preventing relationships or expectations being jeopardised and eliminate Service Users feeling as if they are being “clock watched”.
- Humber NHS Foundation Trust invest in advertising Mental Health Services to make it easier for people to access timely help and support.
- CRHTT staff have access to training and literature to aid them in signposting Service Users to other appropriate support services.
- Put measures in place to ensure that Service Users can be supported by one member of staff. However, where this is not possible good information sharing protocols should be introduced to prevent Service Users from repeating themselves. This should also address information sharing between organisations to ensure that all organisations have access to relevant information about an individual.
- Money to be ring fenced to protect this service from any potential financial cuts. Should money become available we recommend that the money be invested in increasing staff levels of the CRHTT.

- If it is possible to trace the person who complained about lack of understanding in the Crisis Resolution Home Treatment service (CRHT service) then it is recommended that the CRHTT gets in touch with this person to rectify any problems.
- In response to future negative comments or complaints we urge the CRHTT to contact these individuals to obtain a detailed understanding of the reasons for these comments and use the comments to develop and adapt the service according to Service User need and preference.
- That the CRHTT continue to undertake holistic assessments of Service User needs and recognise the constraints that may make it difficult for Service Users to access services such as lack of transport and look at and signpost to other services to ensure that the need is met.

*Even though the sample size is very small this survey shows that the CRHT service is working well and can only be commended to current commissioners and future commissioners such as the GP Consortium. CRHTT - Money well spent.*

**This Report was endorsed by the ERYLINK Lead Group on 2 November 2011.**

### **Next Step:**

This Report will be sent out to the commissioners and providers of mental health services. Comments and responses to our recommendations will be published on the ERYLINK website: [www.erylink.org.uk](http://www.erylink.org.uk)



**Humber & Wolds  
Rural Community Council**  
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