

Service user experience in adult mental health services overview

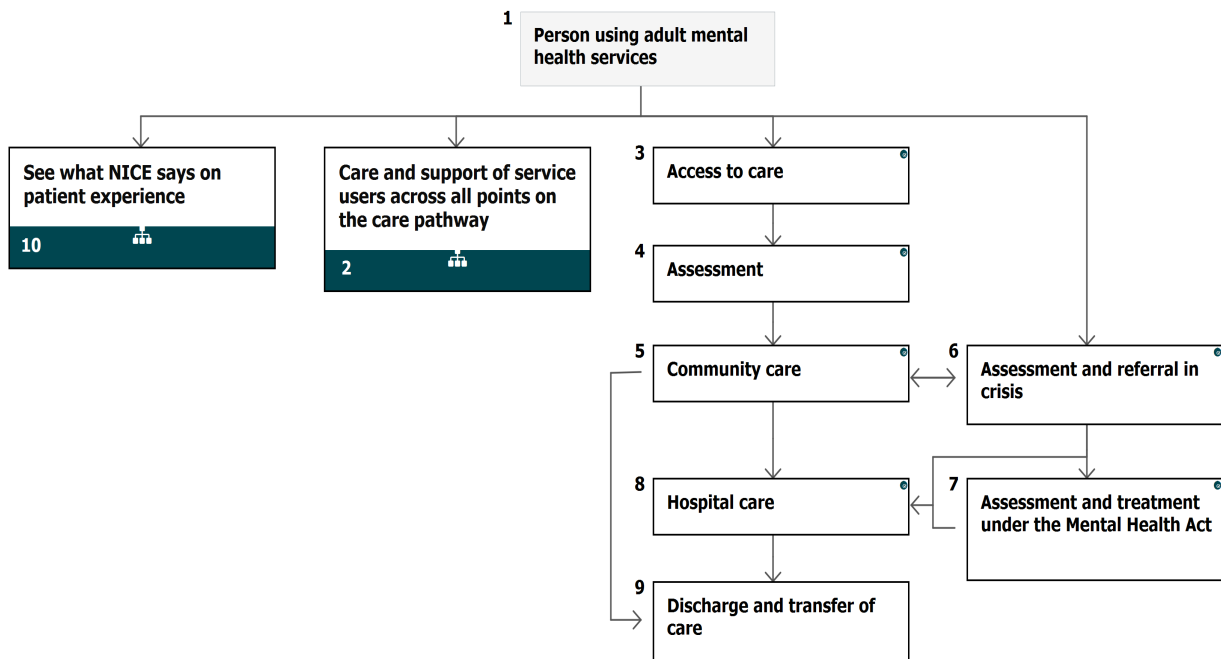
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/service-user-experience-in-adult-mental-health-services>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person using adult mental health services

No additional information

2 Care and support of service users across all points on the care pathway

[See Service user experience in adult mental health services / Care and support of service users across all points on the care pathway](#)

3 Access to care

Offering a timely appointment with mental health services

When people are referred to mental health services, ensure that:

- they are given or sent a copy of the referral letter when this is sent to mental health services
- they are offered a face-to-face appointment with a professional in mental health services taking place within 3 weeks of referral
- they are informed that they can change the date and time of the appointment if they wish
- any change in appointment does not result in a delay of more than 2 weeks.

Ensuring a comprehensive appointment letter

When people are sent an appointment letter for mental health services it should:

- give the name and professional designation of the person who will assess them
- include information about the service, including a website address where available, and different options about how to get there
- explain the process of assessment using plain language
- specify all the information needed for the assessment, including about current medication
- address the likely anxiety and concern often experienced by people attending mental health services for assessment
- explain that although they can be accompanied by a family member, carer or advocate if they wish for all or part of the time, it is preferable to see the person alone for some of the assessment
- ask if they will require anything to support their attendance (for example, an interpreter, hearing loop, wider access)

- give a number to ring if they have problems getting to the appointment or wish to change it.

Working in partnership with primary care and local voluntary organisations

Mental health services should establish close working relationships with primary care services to ensure:

- agreed processes for referral, consistent with those described above, are in place, and
- primary care professionals can provide information about local mental health and social care services to the people they refer.

Local mental health services should work with primary care and local third sector, including voluntary, organisations to ensure that:

- all people with mental health problems have equal access to services based on clinical need and irrespective of gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) and any disability
- services are culturally appropriate.

Ensuring equal access to services

Take into account the requirements of the Equality Act 2010 and make sure services are equally accessible to, and supportive of, all people using mental health services.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

6. Access to services

4 Assessment

Greeting and engaging service users

On arrival at mental health services for assessment, service users should be greeted and engaged by reception and other staff in a warm, friendly, empathic, respectful and professional manner, anticipating possible distress.

Ensure that if a service user needs to wait before an assessment, this is for no longer than 20 minutes after the agreed appointment time; explain the reasons for any delay.

Ensure that waiting rooms are comfortable, clean and warm, and have areas of privacy, especially for those who are distressed or who request this, or are accompanied by children.

Explaining the process of assessment

Before the assessment begins, the health or social care professional undertaking the assessment should ensure that the service user understands:

- the process of assessment and how long the appointment will last
- that the assessment will cover all aspects of their experiences and life
- confidentiality and data protection as this applies to them
- the basic approach of shared decision-making
- that although they can be accompanied by a family member, carer or advocate for all or part of the time, it is preferable to see the person alone for some of the assessment
- that they can refuse permission for any other member of staff, such as a student, to be present.

Carrying out the assessment

When carrying out an assessment:

- ensure there is enough time for the service user to describe and discuss their problems
- allow enough time towards the end of the appointment for summarising the conclusions of the assessment and for discussion, with questions and answers
- explain the use and meaning of any clinical terms used
- explain and give written material in an accessible format about any diagnosis given
- give information about different treatment options, including drug and psychological treatments, and their side effects, to promote discussion and shared understanding
- offer support after the assessment, particularly if sensitive issues, such as childhood trauma, have been discussed.

After the assessment

If a service user is unhappy about the assessment and diagnosis, give them time to discuss this and offer them the opportunity for a second opinion.

Copy all written communications with other health or social care professionals to the service user at the address of their choice, unless the service user declines this.

Inform service users of their right to a formal [community care assessment](#) (delivered through local authority social services), and how to access this.

Inform service users how to make complaints and how to do this safely without fear of retribution.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

2. Empathy, dignity and respect
3. Shared decision-making and self-management
7. Information and explanations

5 Community care

Communicating with service users

When communicating with service users use diverse media, including letters, phone calls, emails or text messages, according to the service user's preference.

Developing a care plan

Develop care plans jointly with the service user, and:

- include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants
- provide support to help the service user realise the plan
- give the service user an up-to-date written copy of the care plan, and agree a suitable time to review it.

Developing a crisis plan

For people who may be at risk of crisis, a crisis plan should be developed by the service user and their care coordinator, which should be respected and implemented, and incorporated into the care plan. The crisis plan should include:

- possible early warning signs of a crisis and coping strategies
- support available to help prevent hospitalisation
- where the person would like to be admitted in the event of hospitalisation
- the practical needs of the service user if they are admitted to hospital (for example, childcare or the care of other dependants, including pets)

- details of advance statements and advance decisions (for more information see the recommendations on [decisions, capacity and safeguarding](#))
- whether and the degree to which families or carers are involved
- information about 24-hour access to services
- named contacts.

Supporting self-management and choice of care

Support service users to develop strategies, including risk- and self-management plans, to promote and maintain independence and self-efficacy, wherever possible. Incorporate these strategies into the care plan.

Ensure that service users routinely have access to their care plan and care record, including electronic versions. Care records should contain a section in which the service user can document their views and preferences, and any differences of opinion with health and social care professionals.

If they are eligible, give service users the option to have a personal budget or direct payment so they can choose and control their social care and support, with appropriate professional and peer support as needed.

Ensuring continuity of care

Health and social care providers should ensure that service users:

- can routinely receive care and treatment from a single multidisciplinary community team
- are not passed from one team to another unnecessarily
- do not undergo multiple assessments unnecessarily.

Ensuring access to recommended treatments

Ensure that service users have timely access to the psychological, psychosocial and pharmacological interventions recommended for their mental health problem in NICE guidance.

Ensuring culturally appropriate care

Mental health services should work with local third sector, including voluntary, black and minority ethnic and other minority groups to jointly ensure that culturally appropriate psychological and psychosocial treatments, consistent with NICE guidance and delivered by competent practitioners, are provided to service users from these groups.

Mental health and social care professionals inexperienced in working with service users from different cultural, ethnic, religious and other diverse backgrounds should seek advice, training and supervision from health and social care professionals who are experienced in working with these groups.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

3. Shared decision-making and self-management
4. Continuity of care
8. Care planning
9. Crisis planning

6 Assessment and referral in crisis

Crisis resolution and home treatment teams

Health and social care providers should ensure that crisis resolution and home treatment teams are accessible 24 hours a day, 7 days a week, and available to service users in crisis regardless of their diagnosis.

Crisis assessment

If assessment in the service user's home environment is not possible, or if they do not want an assessment at home, take full consideration of their preferences when selecting a place for assessment.

Assessment in crisis should be undertaken by experienced health and social care professionals competent in crisis working, and should include an assessment of the service user's relationships, social and living circumstances and level of functioning, as well as their symptoms, behaviour, diagnosis and current treatment.

Immediately before assessing a service user who has been referred in crisis, find out if they have had experience of acute or non-acute mental health services, and consult their crisis plan and advance statements or advance decisions if they have made them. Find out if they have an

advocate and contact them if the service user wishes. Ask if the service user has a preference for a male or female health or social care professional to conduct the assessment, and comply with their wishes wherever possible.

When undertaking a crisis assessment:

- address and engage service users in a supportive and respectful way
- provide clear information about the process and its possible outcomes, addressing the individual needs of the service user, as set out in the recommendations on [assessment](#) [See page 4]
- take extra care to understand and emotionally support the service user in crisis, considering their level of distress and associated fear, especially if they have never been in contact with services before, or if their prior experience of services has been difficult and/or they have had compulsory treatment under the Mental Health Act (1983; amended 1995 and 2007).

Supporting service users in a crisis

To avoid admission, aim to:

- explore with the service user what support systems they have, including family, carers and friends
- support a service user in crisis in their home environment
- make early plans to help the service user maintain their day-to-day activities, including work, education, voluntary work, and other occupations such as caring for dependants and leisure activities, wherever possible.

At the end of a crisis assessment, ensure that the decision to start home treatment depends not on the diagnosis but on:

- the level of distress
- the severity of the problems
- the vulnerability of the service user
- issues of safety and support at home
- the person's cooperation with treatment.

When a person is referred in crisis they should be seen by specialist mental health secondary care services within 4 hours of referral.

Health and social care providers should support direct self-referral to mental health services as an alternative to accessing urgent assessment via the emergency department.

Health and social care providers should provide local 24-hour helplines, staffed by mental health

and social care professionals, and ensure that all GPs in the area know the telephone number.

Consider the support and care needs of families or carers of service users in crisis. Where needs are identified, ensure they are met when it is safe and practicable to do so.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

6. Access to services
10. Assessment in a crisis

7 Assessment and treatment under the Mental Health Act

Detain service users under the Mental Health Act (1983; amended 1995 and 2007) only after all alternatives have been fully considered in conjunction with the service user if possible, and with the family or carer if the service user agrees. Alternatives may include:

- medicines review
- respite care
- acute day facilities
- home treatment
- crisis houses.

Carry out an assessment for possible detention under the Mental Health Act (1983; amended 1995 and 2007) in a calm and considered way. Respond to the service user's needs and treat them with dignity and, whenever possible, respect their wishes.

Explain to service users, no matter how distressed, why the compulsory detention or treatment is being used. Repeat the explanation if the service user appears not to have understood or is pre-occupied or confused. Ask if the service user would like a family member, carer or advocate with them.

When detaining a service user under the Mental Health Act (1983; amended 1995 and 2007) inform the receiving mental health service about the service user so they are expecting them and ready to welcome them to the service.

When detaining a service user under the Mental Health Act (1983; amended 1995 and 2007):

- give them verbal and written information appropriate to the section of the Act used, including 'patient rights leaflets' detailing what is happening to them and why, and what their rights are
- repeat this information if they appear not to have understood or are pre-occupied or confused
- give them, and their families or carers if they agree, information about the legal framework of the Mental Health Act (1983; amended 1995 and 2007)
- ensure they have access to an Independent Mental Health Advocate (IMHA).

Inform service users detained under the Mental Health Act (1983; amended 1995 and 2007) of their right to appeal to a mental health tribunal and support them if they appeal; provide information about the structure and likely speed of the appeals process.

Inform the service user that if they are dissatisfied with their care and wish to make a complaint while under the Mental Health Act (1983; amended 1995 and 2007) they should, in the first instance, direct their complaint to the service detaining them. If they are dissatisfied with the service's response to their complaint, inform them they can complain to the Care Quality Commission and explain how to do this.

When a service user is admitted to a 'place of safety' ensure they are assessed for the Mental Health Act (1983; amended 1995 and 2007) as soon as possible, and certainly within 4 hours.

After application of the Mental Health Act (1983; amended 1995 and 2007) ensure that:

- transition to the inpatient unit is smooth, efficient and comfortable
- family and carers can travel with the service user if safe to do so
- the police are involved only if the safety of the service user, family, carers, dependent children or health and social care professionals is an important consideration and cannot be managed by other means, such as involving more professionals.

Control and restraint, and compulsory treatment

Control and restraint, and compulsory treatment including rapid tranquillisation, should be used as a last resort, only after all means of negotiation and persuasion have been tried, and only by healthcare professionals trained and competent to do this. Document the reasons for such actions.

When a service user is subject to control and restraint, or receives compulsory treatment including rapid tranquillisation under the Mental Health Act (1983; amended 1995 and 2007):

- recognise that they may consider it a violation of their rights

- use minimum force
- try to involve healthcare professionals whom the service user trusts
- make sure the service user is physically safe
- explain reasons for the episode of compulsory treatment to the service user and involved family members or carers
- offer to discuss episodes of compulsory treatment with the service user at the time of discharge and do so in a calm and simple manner
- ensure training in restraint involves service users.

After any episode of control and restraint, or compulsory treatment including rapid tranquillisation:

- explain the reasons for such action to the service user and offer them the opportunity to document their experience of it in their care record, and any disagreement with healthcare professionals
- ensure that other service users on the ward who are distressed by these events are offered support and time to discuss their experience.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

6. Access to services
14. Using control and restraint, and compulsory treatment

8 Hospital care

Welcoming the service user to the ward

When a service user enters hospital, greet them using the name and title they prefer, in an atmosphere of hope and optimism, with a clear focus on their emotional and psychological needs, and their preferences. Ensure that the service user feels safe and address any concerns about their safety.

Give verbal and written information to service users, and their families or carers where agreed by the service user, about:

- the hospital and the ward in which the service user will stay
- treatments, activities and services available

- expected contact from health and social care professionals
- rules of the ward (including substance misuse policy)
- service users' rights, responsibilities and freedom to move around the ward and outside
- meal times
- visiting arrangements.

Make sure there is enough time for the service user to ask questions.

Shortly after service users arrive in hospital, show them around the ward and introduce them to the health and social care team as soon as possible and within the first 12 hours if the admission is at night. If possible, this should include the named healthcare professional who will be involved throughout the person's stay.

Commence formal assessment and admission processes within 2 hours of arrival.

Undertaking shared decision-making

Undertake shared decision-making routinely with service users in hospital, including, whenever possible, service users who are subject to the Mental Health Act (1983; amended 1995 and 2007).

Ensuring regular coordinated person-centred care

All health and social care professionals who work in a hospital setting should be trained as a team to use the same patient-centred approach to treatment and care.

Offer service users in hospital:

- daily one-to-one sessions lasting at least 1 hour with a healthcare professional known to the service user
- regular (at least weekly) one-to-one sessions lasting at least 20 minutes with their consultant
- an opportunity to meet with a specialist mental health pharmacist to discuss medication choices and any associated risks and benefits.

Ensure that the overall coordination and management of care takes place at a regular multidisciplinary meeting led by the consultant and team manager with full access to the service user's paper and/or electronic record. Service users and their advocates should be encouraged to participate in discussions about their care and treatment, especially those relating to the use of the Mental Health Act (1983; amended 1995 and 2007). However, these meetings should not

be used to see service users or carers as an alternative to their daily meeting with a known healthcare professional or their weekly one-to-one meeting with their consultant.

Health and social care providers should ensure that service users in hospital have access to the pharmacological, psychological and psychosocial treatments recommended in NICE guidance provided by competent health or social care professionals. Psychological and psychosocial treatments may be provided by health and social care professionals who work with the service user in the community.

Ensuring access to meaningful activities and choice of food

Ensure that service users in hospital have access to a wide range of meaningful and culturally appropriate occupations and activities 7 days per week, and not restricted to 9 am to 5 pm. These should include creative and leisure activities, exercise, self-care and community access activities (where appropriate). Activities should be facilitated by appropriately trained health or social care professionals.

Ensure that service users have access to the internet and telephone during their stay in hospital.

Ensure that hospital menus include a choice of foods, and that these are acceptable to service users from a range of ethnic, cultural and religious backgrounds and with specific physical health problems. Consider including service users in planning menus.

Ensuring continuity with community care

Service users receiving community care before hospital admission should be routinely visited while in hospital by the health and social care professionals responsible for their community care.

Listening to service users' views

Ensure that all service users in hospital have access to advocates who can regularly feed back to ward professionals any problems experienced by current service users on that ward. Advocates may be formal Independent Mental Health Advocates (IMHAs), or former inpatients who have been trained to be advocates for other service users not detained under the Mental Health Act (1983; amended 1995 and 2007).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Feeling optimistic about care
2. Empathy, dignity and respect
5. Using views of service users to monitor and improve services
7. Information and explanations
11. Inpatient shared decision-making
12. Contact with staff on wards
13. Meaningful activities on the ward

9 Discharge and transfer of care

Anticipate that withdrawal and ending of treatments or services, and transition from one service to another, may evoke strong emotions and reactions in people using mental health services.

Ensure that:

- such changes, especially discharge, are discussed and planned carefully beforehand with the service user and are structured and phased
- the care plan supports effective collaboration with social care and other care providers during endings and transitions, and includes details of how to access services in times of crisis
- when referring a service user for an assessment in other services (including for psychological treatment), they are supported during the referral period and arrangements for support are agreed beforehand with them.

Agree discharge plans with the service user and include contingency plans in the event of problems arising after discharge. Ensure that a 24-hour helpline is available to service users so that they can discuss any problems arising after discharge.

Before discharge or transfer of care, discuss arrangements with any involved family or carers. Assess the service user's financial and home situation, including housing, before they are discharged from inpatient care.

Give service users clear information about all possible support options available to them after discharge or transfer of care.

When plans for discharge are initiated by the service, give service users at least 48 hours' notice of the date of their discharge from a ward.

When preparing a service user for discharge, give them information about the local patient advice and liaison service (PALS) and inform them they can be trained as an advocate or become involved in monitoring services if they choose.

10 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

Glossary

Equality Act 2010

the Equality Act 2010 replaces all previous anti-discrimination legislation and includes a public sector equality duty requiring public bodies to have due regard to the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act provides an important legal framework which should improve the experience of all mental health service users, particularly those from black and minority ethnic communities

Sources

[Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services \(2011\) NICE guideline CG136](#)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in

their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.