

Care Quality Commission community mental health survey 2023

The Care Quality Commission (CQC) has published its **annual community mental health survey 2023**, which asks people who use NHS community mental health services in England about their experiences of care. This year, the survey methodology, eligibility, and questions used have been revised and so it is not possible to make comparisons with previous years. This briefing summarises the key findings, areas for improvement and NHS Providers view. If you have any questions or comments on this year's findings, please contact NHS Providers policy officer, Emily Gibbons (emily.gibbons@nhsproviders.org).

Key points

- The 2023 community mental health survey received feedback from 14,770 people who received treatment for a mental health condition between 1 April and 31 May 2023.
- Fifty-three providers of NHS mental health services participated and each has been provided with **a benchmark report** which provides detail of the survey methodology, headline results, trust scores for each question, and banding for how a trust score compares with all other trusts.
- Areas where most people reported good experiences include: that they felt they had enough privacy to talk comfortably, and effective medication reviews. Forty-eight percent of respondents gave a score of 8, 9 or 10 for their experience of community mental health services and 65% of respondents felt they were always treated with dignity and respect, and care and compassion. Over 8 in 10 people who used older people's services reported they were always treated with care and compassion (88%), and with dignity and respect (86%).
- Key areas for improvement include ensuring that people: are given the time and space to discuss their needs and treatment, receive timely care if they are experiencing a mental health crisis, and feel supported while they wait for community mental health treatment.

Positive results

There are a few areas where most people reported good experiences. For example, 74% said they had enough privacy to talk comfortably during the delivery of NHS talking therapies. In addition, 77% of all respondents said their NHS mental health team asked them how they were getting on with their medications in the last 12 months. When medication was discussed, 97% said they had discussed the

purpose of the medication and 93% had some discussion around its benefits. However, side effects and what would happen if they stopped taking their medication were not so frequently discussed.

Survey respondents using Older People's Mental Health Services (OPMHS) generally reported positive experiences of interacting with their mental health team. Over 8 in 10 reported they were always treated with care and compassion (88%), and with dignity and respect (86%).

Key areas for improvement

Quality of care

Only 39% of respondents said they were 'definitely' given the help they needed the last time they saw someone from mental health services. Fifty percent of people responded 'yes, definitely' when asked if they were given enough time to discuss their needs and treatment during their appointments, while 34% answered 'yes, to some extent'. Sixteen percent of respondents said they were not given enough time.

Only 24% of respondents said they did not have to repeat their mental health history to their mental health team. Forty-six percent said 'yes, definitely' and 35% said 'yes, to some extent' when asked if the team considered how areas of their life impacted their mental health.

Crisis Care

Forty-one percent of respondents that contacted the crisis team said they had 'definitely' received the help they needed and 33% said 'to some extent', while 26% said they did not. Respondents were also asked about the length of time it took them to get through to their crisis contact or team; 35% reported getting through 'straight away', while 21% felt they 'had to wait too long'. Forty-six percent of respondents said their family or carer was not given support. Respondents were also asked if they would know who to contact out of office hours within the NHS if they had a crisis. Seventy-eight percent of respondents said they knew and 45% have contacted this person/team.

Support while waiting

Forty-four percent of respondents who were waiting for their first appointment for treatment reported their mental health had got worse. While waiting, 42% of respondents said they were not offered support with their mental health. People waiting longer for treatment were less likely to say they had been offered support; 70% of respondents who waited more than six months said they were not

offered support whereas 82% of those who said they waited less than two weeks between their assessment and first appointment for treatment said they were offered support.

Forty-eight percent of respondents thought the support they were offered was appropriate for their mental health needs, and 43% answered 'to some extent'. Nine percent felt the support offered was not appropriate for their mental health needs and 27% of people who waited more than six months felt the support offered was not appropriate for their needs.

Planning and involvement in care

The survey showed that 37% of respondents did not have a care plan in place but were more likely to report they did have a care plan if they were having face-to-face contact and had been in contact with the team for one to ten years. Forty-four percent of respondents said they had not had a care review meeting with their NHS mental health team in the last 12 months.

Thirty-nine percent of all respondents said they had 'definitely' made decisions together with their mental health team, compared with 22% who reported they had not. Forty-two percent of respondents felt they were 'definitely', and 35% said 'to some extent', supported to make decisions about their care and treatment. Furthermore, 30% felt they were 'definitely' in control of their care, with a further 41% feeling in control 'to some extent'.

Support with other areas of life

This year the survey included questions about the support provided to them in accessing help for their broader needs, as well as around the 'cost of living' and social engagement. Those who already had active support or felt they did not require support with their needs ranged from 15% to 30% across the individual questions and were excluded from results.

Respondents were asked how their NHS mental health team had supported them in the last 12 months:

- Forty percent said they have not received support with their physical health needs while 31% said they 'definitely' had.
- Forty-four percent said they have not received help or advice with finding support for joining a group or taking part in an activity, while 28% said they 'definitely' had.
- Seventy percent said they have not received any help or advice with finding or keeping work.

- Sixty-seven percent said they have not received help or advice with finding support for financial advice or benefits.
- Seventy-eight percent of respondents indicated they were not offered any help or advice with finding support for the cost of living.

Respondents were also asked if NHS mental health services involved a member of their family or someone else close to them as much as they would like. Forty-five percent responded 'yes, definitely', while 8% felt they had been involved too much.

Child and adolescent mental health services (CAMHS)

Survey results for people using CAMHS (aged 16+) indicated low levels of satisfaction in the planning of and involvement in their care. Thirty-three percent of CAMHS respondents did not feel in control of their care, 40% said they did not have a care plan and 47% said they have not had a review meeting in the last 12 months to discuss their care. Additionally, 27% said they had not made decisions about their care and treatment with their mental health team.

Older peoples' mental health services (OPMHS)

Despite some positive findings, poorer experiences were reported by individuals in contact with OPMHS regarding support in accessing care and planning and involvement in their care. For example, 49% said they were not asked if they needed support in accessing their care and treatment and 46% said they 'definitely' made decisions with their mental health team about what care and treatment they would receive.

Other key findings

Support in accessing care

Fifty-nine percent of respondents said they were not asked if they required support to access their care and treatment. Around a third (31%) of respondents who did require support and received this said the support did not meet their needs.

Respect, dignity and compassion

Respondents were asked if their NHS mental health team treated them with care and compassion. Sixty-five percent of respondents answered 'yes, always', while 9% answered 'no'. Sixty-five percent of respondents also reported they were 'always' treated with respect and dignity, while 10% answered 'no'.

Feedback

In the last 12 months, 73% of respondents were not asked by NHS mental health services to give their views on the quality of their care.

Overall experience and disparities in experience

Respondents were asked to rate their experience of using NHS mental health services on a scale of 0 to 10, with 0 indicating very poor experiences and 10 indicating very good experiences. Overall, 34% of respondents gave a score of 9 or 10, 14% scored 8 and 33% scored 5 or below. 1 in 5 people (19%) assigned a score of 9 or 10 to their overall experience of using CAMHS services. 12% scored 8 and 44% scored 5 or lower.

Analysis found there were disparities in the experiences of different demographic groups receiving care and treatment. Most notably, respondents with a disability reported worse than average experiences for 14 of the 20 questions analysed. These questions covered areas of care such as: being treated with care and compassion; being given the help they needed from services; and being supported to make decisions about their care and treatment. People who were not disabled reported better than average experiences in these same areas of care.

Other groups more likely to report worse experiences across multiple questions were people aged 16-35, people with autism or autism spectrum condition, and people who access services over the telephone. In contrast, groups who reported better than average experiences across multiple questions included people aged 66 and over, people who access care face to face, and people who have been using services for five years and less.

NHS talking therapies

This survey asked about those who had secondary care referral from their existing mental health service. Of all respondents, 61% received NHS talking therapies in the last 12 months as part of a wider package of care.

How the survey results will be used

CQC will use the survey results to build an understanding of the risk and quality of services and those who organise care across an area. Where survey findings provide evidence of a change to the level of risk or quality in a service, provider or system, the results will be used alongside other sources of

people's experience data to inform targeted assessment activities. NHS England and the Department of Health and Social Care will also use the results for performance assessment, improvement and regulatory purposes.

Each trust has been provided with a benchmark report and they, and those who commission services, will use the results to identify and make the changes they need to improve the experience of people who use their community mental health services.

NHS Providers view

NHS trusts have been working to adapt and respond to rising, and often more complex, demand. The survey results helpfully point to where they can further consider quality of care and people's experience of care. This includes key areas such as ensuring that people are given the time and space to discuss their needs and treatment, they receive timely care if they are experiencing a mental health crisis, and that they feel supported while they wait for community mental health treatment. We welcome CQC providing each trust that participated in the survey with a benchmarking report which will support learning and improvement.

The survey also includes a range of positive results, including around people's experience of community services, respondents feeling they were always treated with dignity and respect, and regarding an individual's privacy and medication reviews. Furthermore, respondents using older people's services generally reported positive experiences of interacting with their mental health team. It will be important to continue sharing good practice so high-quality care can be delivered consistently across the country.

Welcome work is underway to deliver new integrated models of community mental health care, backed by a significant amount of dedicated funding. However, this transformation will take time to deliver given the historic underfunding and lack of prioritisation of community mental health services. Eighty-five percent of mental health trust leaders we [surveyed in 2019](#) did not feel there were adequate mental health community services to meet local needs. Furthermore, individuals receiving care from community mental health services often rely on support from other agencies as well, and these likewise have faced severely constrained funding for over a decade.

To aid trusts' efforts in delivering high-quality care and support, we need broader, cross-government action to address the gap between demand for mental health care and wider support and trusts' and

their partners' ability to provide it. It is also vital that there is adequate focus and investment in prevention and early intervention to support people to stay well.

See our press [response](#) to the survey's findings.