Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Adult Mental Health Inpatient Services - Engagement Report

NHS Shropshire, Telford and Wrekin

Communications and Engagement Team

21 November 2025 *(updated May 2026)*

Introduction & engagement approach

Background and context

- Health and care partners, including NHS Shropshire, Telford and Wrekin, Midlands Partnership University NHS Foundation Trust, local councils, and the voluntary and community sector, are working together to shape the new Transforming adult mental health inpatient services strategy for 2024-27.
- The plan aims to:
  - Provide earlier support and intervention
  - Reduce avoidable hospital admissions
  - Improve the quality of inpatient care when it is needed
  - Ensure care is safe and effective
  - Keep residents close to home and connected to support.
- This strategy aligns with the NHS Long Term Plan and national evidence-based best practice. The three year strategy aims to shape the inpatient services and bed provision across the area.
- The engagement is designed to support the delivery of this three-year strategy and involves gathering insights from mental health inpatient service users, carers, professionals, and partners to understand experiences, barriers, and ideas for improvement.
- The aim is to shape a person-centred model of care that aligns with national priorities and ensures services are accessible, effective, and responsive to local needs.
- Insights from previous engagement are already informing the strategy.
- Dialogue will continue over the next three years to ensure services meet local needs.

Engagement overview

- NHS Shropshire, Telford and Wrekin engaged with service users, carers, professionals and partners to shape a three-year strategy for improving inpatient mental health services.
- Engagement builds on feedback from the Community Mental Health Transformation Programme and ongoing involvement with MPFT.
- The focus is to ensure voices of those with lived experience are central to the design and delivery of future services.
- A comprehensive communications and engagement plan was developed to gather views from older adults, carers, professionals, volunteers and stakeholders across our communities.

Aims of Engagement

- Explain the current model and vision for inpatient mental health care.
- Understand people's experiences, barriers and challenges in accessing and using mental health inpatient services.
- Gather views on how to develop a more aspirational and person-centred service model.
- Inform decision-making through feedback from service users, carers, professionals and volunteers.

Key Focus Areas

- Identify improvement opportunities in care and environment.
- Understand positive/negative impacts of potential changes.

Outcome

Feedback will directly inform the Mental Health Inpatient Quality Transformation Strategy, ensuring:

- Co-production with people with lived experience.
- Services are safe, compassionate and high-quality.
- Continuous involvement throughout delivery of the transformation programme.

Methodology

The NHS STW communications and engagement team undertook a period of extensive engagement over a 3-month period from 5 August 2025 to 4 November 2025, to understand the views of our target audience:

- People who have are using or have used adult mental health inpatient services in the last three years.
- Carers, families, and unpaid supporters of adults who are using or have used adult mental health inpatient services in the last three years.
- Professionals, volunteers and community groups who currently work/support in adult mental health inpatient services.

Our approach included the following:

- **Online public and professional surveys providing opportunity for quantitative and qualitative feedback.**
- **Targeted engagement** including one to one interviews with service users (and professionals) and families/carers at Redwoods
- **Targeted community outreach** to ensure that we heard the voices from those harder to reach / digitally excluded groups.
- **Stakeholder listening event** with professionals, the VCSE community and wider stakeholders to share the strategy and gather views.
- **A Mid-point Review** was conducted at 6 weeks to identify which demographics and geographical locations we had reached and to identify any gaps, target audiences or groups we still needed to engage with.

Public survey questions*

- Have you personally experienced mental health services in the community at a time of crisis or needed to be admitted to a mental health hospital?
- Was this care received in the Shropshire, Telford and Wrekin area, or in another location?
- If you are a carer/family member, did you feel your needs and views as a carer were considered and responded to appropriately?
- Which of the following types of support have you or they accessed?
- Thinking about this experience, what did you value most about the care received?
- Thinking about this experience, is there anything we could have done better?
- Please tell us more about how you would like mental health services to help you, your family, or your friends, in the future
- How easy did you find it to get this support for yourself, your family or friends?
- Could anything be done differently to make it easier to get support?
- To what extent do you agree with the following statement? I felt involved in planning the care and support for myself, my family or friends?
- Did you feel that the support received was tailored to your personal needs and circumstances? This could include making reasonable adjustments for a disability or neurodiversity, or considerations of culture, gender, religion, age, or ethnicity.
- Could anything be done differently to improve the experience for yourself, your family or friends?

*Full survey questions in the appendix

Professional Survey Questions*

- What best describes your role?
- Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what works well?
- Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what isn't working well?
- Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what could be improved to better support people?
- What would help you, in your professional or volunteer role, to better support people in a crisis in the community or during a mental health hospital admission?
- What would you like mental health services to look like in future to better meet the needs of the people you support in a crisis in the community or during a mental health hospital admission?
- Is there anything else you would like to share about mental health inpatient (hospital) or urgent care services in Shropshire, Telford and Wrekin?

**Full survey questions in the appendix*

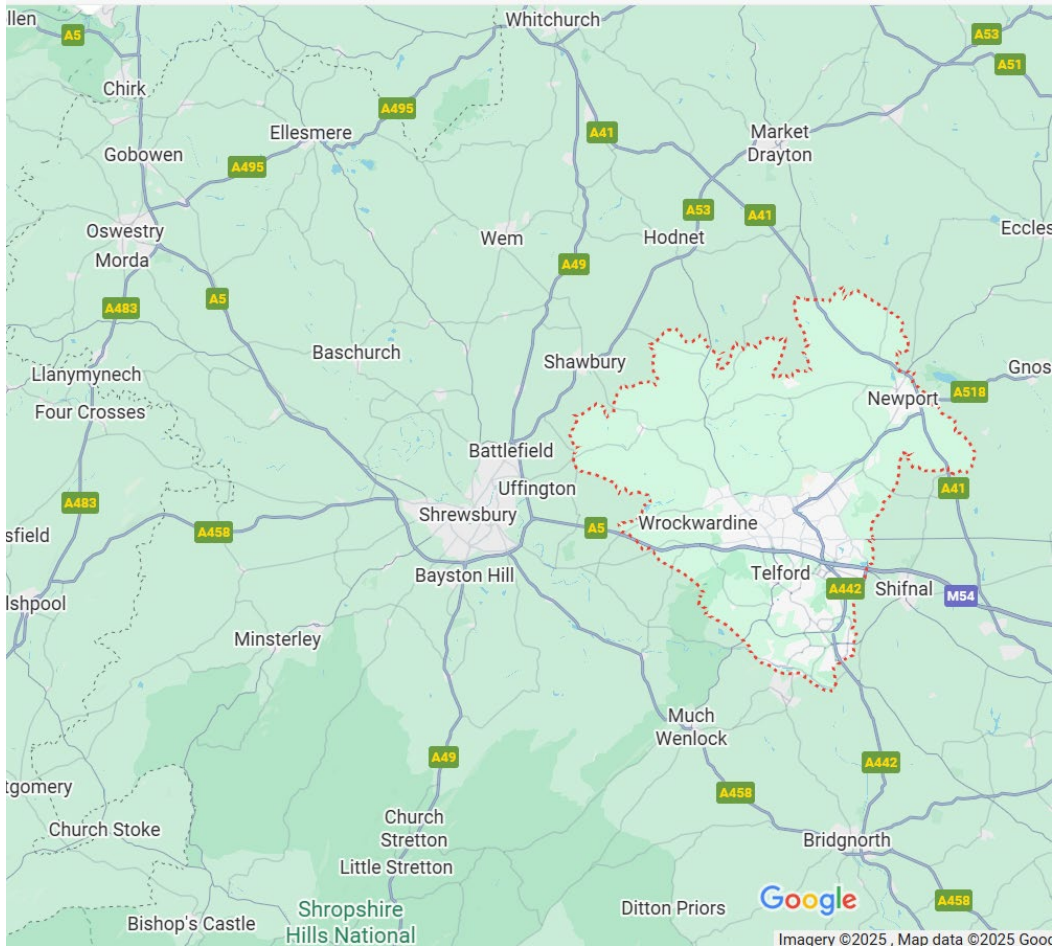
Promotion and distribution

- NHS STW web page was launched: Adult Mental Health Inpatient Services - NHS Shropshire, Telford and Wrekin
- The survey links were shared widely through a stakeholder briefing, a press release to local media, newsletters and social media channels by NHS STW and ICS partners.
- A comms toolkit was distributed to partner organisations (including VCSE) and stakeholders across the health and social care system including the press release, newsletter/website copy, poster/leaflet and social media copy/assets.
- Leaflets and information were given out at engagement events and in addition, at events including Whitchurch Talking Suicide Prevention, Embrace Conference, Calm Cafes, Community Connector meetings, Age UK community group and traveller sites.

Face to Face Engagement
Groups and sites visited

Groups in Shropshire, located in:

- Whitchurch,
- Ironbridge,
- Shrewsbury
- Bridgnorth
- Shropshire Mental Health Forum
- Shropshire Countywide Community Connectors



Groups in Telford, located in:

- Wellington,
- Central Telford,
- Oakengates,
- Donnington,
- Telford Mental Health Forum
- Telford Community Connectors

Engagement Response Overview

Total number of respondents

We have had a good response to the survey with a total of 186 respondents.

This is broken down as:

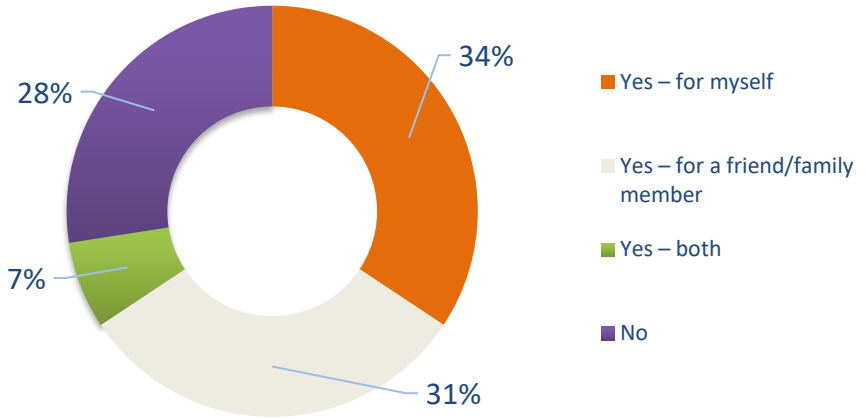
- Public (service users, cares and family members):
  - **Public Online survey:** 103 respondents
  - **Community targeted face-to-face engagement:** 40, 7 were in-depth interviews
  - **Service users face to face engagement:** 9 respondents
- Professional (health and care professionals and volunteers):
  - **Professional online survey:** 34 respondents

Online Public Survey - Summary

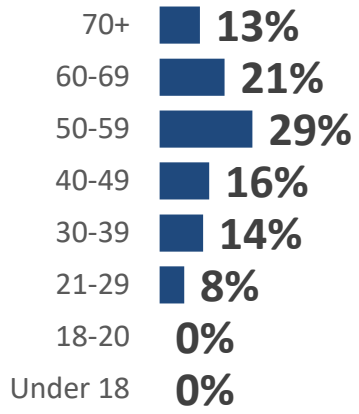
Online Public Survey Respondent Breakdown (Demographics)

In total, 103 individuals responded to the online survey. This breaks down as follows:

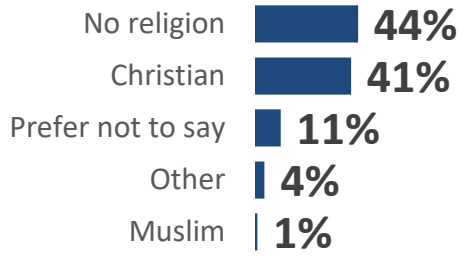
Source of Response



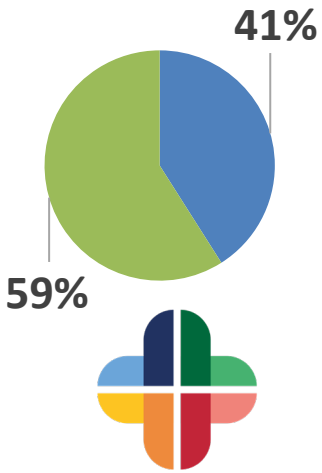
Age



Religion

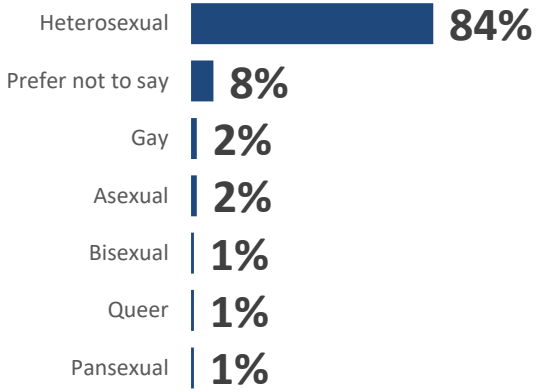


Disability

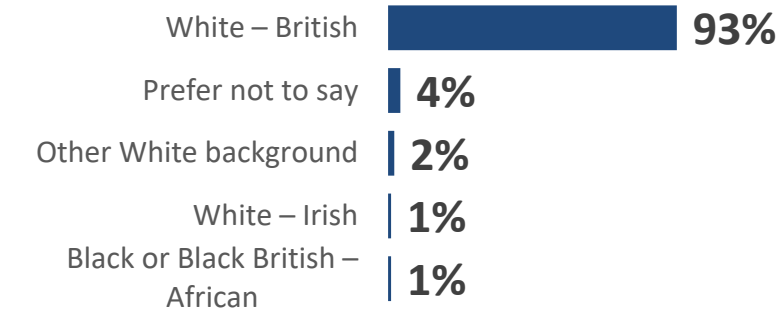


Yes - Long Term Health Condition	11%
Yes - Mental ill health	10%
Yes - Neurodiverse	4%
Yes - Mobility	3%
Yes - Sensory impairment	1%
Yes - Deafness	1%

Sexual Orientation



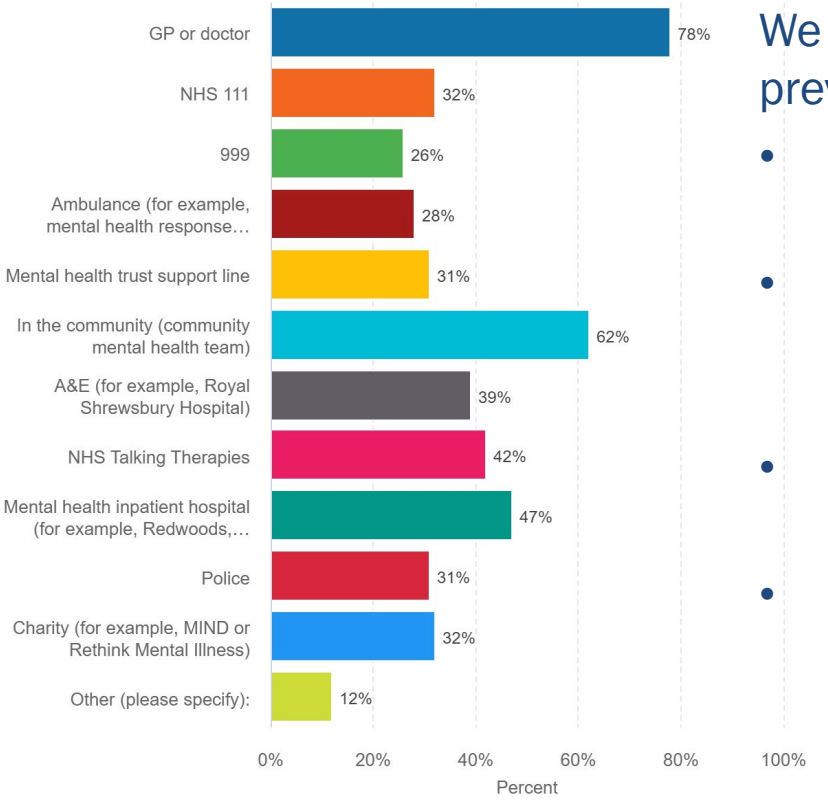
Ethnicity



Key Headlines from the Online Public Survey

- **Listening, empathy and compassionate communication to deliver personalised support are central to improving the patient experience.**
  Respondents consistently highlighted that being listened to, treated with compassion, and involved in decisions that impact their care **transforms their experience**. Conversely, feeling dismissed or ignored is the most common cause of distress and disengagement.
- **Access to help can be too slow and complex.**
  Instances of long waits and inconsistent knowledge across the system and within the community **leave people struggling alone until situations escalate**, and inpatient support is needed. Faster, clearer and simpler routes to timely care are needed.
- **Support for families and carers is limited.**
  Families often feel excluded from care planning, left without updates, and unsupported after crises or discharge. Carers want recognition, inclusion and improved information to help keep loved ones safe, along with confidence that continuity of care will continue in the community after discharge from inpatient facilities.
- **Quality of care is inconsistent.**
  While some specialist inpatient and community teams were praised for exceptional kindness and professionalism, others, particularly in inpatient settings, were described by some as **unsafe, uncoordinated, or lacking basic compassion and communication.**
- **Early intervention and joined-up care are key to the future.**
  People want proactive, preventative mental health support that **acts before crisis**, with joined up pathways between GPs, community teams, and hospitals, with reliable follow-up afterwards.

How have people accessed mental health support?



We asked respondents which forms of support they have accessed previously for their mental health.

- Over ¾ of respondents have engaged with their GP, followed with just over 60% engaging with community mental health teams.
- NHS111 usage is notably highest amongst those aged under 30, as is attendance at A&E (c-50% higher than those aged over 30). Those aged over 60 are particularly unlikely to contact NHS 111.
- Younger respondents (aged under 50) are also more likely to have had contact with the police as a part of their mental health experience.
- The table below shows this data broken down as a percentage of each age group who told us they have previously used a source of support.

	21-29	30-39	40-49	50-59	60-69	70+
GP or doctor	100%	43%	81%	63%	43%	23%
NHS 111	75%	14%	50%	20%	5%	8%
999	63%	29%	25%	17%	5%	0%
Ambulance (for example, mental health response	38%	43%	31%	20%	5%	0%
Mental health trust support line	25%	36%	31%	27%	14%	0%
In the community (community mental health team)	75%	36%	69%	57%	24%	15%
A&E (for example, Royal Shrewsbury Hospital)&n	75%	43%	44%	20%	14%	8%
NHS Talking Therapies	25%	36%	50%	33%	19%	15%
Mental health inpatient hospital (for example, Red	75%	29%	44%	40%	24%	8%
Police	38%	7%	44%	37%	5%	0%
Charity (for example, MIND or Rethink Mental Illne	13%	21%	50%	33%	10%	0%

What is working well?

- Although many said help took a long time or came too late, those who eventually received **inpatient or specialist support** often described it as **high quality.**
- Several respondents described positive experiences with **police, paramedics, or GPs,** with some instances noting in contrast with poor mental health service response.
- Certain teams received **notable praise,** predominantly based in community settings**:**
  - **Autism team** – tailored communications and understanding needs.
  - **Early Intervention team** - daily support and reassurance
  - **Crisis team** - timely and effective intervention
- **Individual staff members** often made the biggest difference, with instances of high levels of care which had a notably positive impact on the respondent's health and wellbeing.
- Positive impact was often attributed to **people rather than organisations** or systems, showing the value of personal connection rather than care.

I felt (my GP was) considerate about my needs and compassionate about the reason why I was there. The hospital staff even offered me a quieter room to wait while the consultant was waiting for results etc, rather than sitting in the main the reception area.

The crisis team that helped me in 2020 with my daughter were outstanding. At that time I had not had much interaction with the mental health teams and when my daughter became unwell, they explained to me what was happening. We tried caring for my daughter at home but she kept on getting worse and the team were brilliant in facilitating her admission to Redwoods.

Community staff were (and are) amazing, they deserve recognition for the support they have provided over many years

What is NOT working well?

- Many respondents felt **that staff often did not listen, interrupted, dismissed concerns, or lacked empathy,** towards both patients, families and their support networks.
- People repeatedly mentioned delays in accessing care or crisis response, with examples of **first contact professionals not being able to provide expected levels of care**. In a number of instances, GPs are highlighted as particular pinch points, with a **lack of knowledge and action raised as particular problems**.
- Breakdowns in communications between services and individuals, and a sometimes unreliable follow up provision can lead to people feeling abandoned and lost in the system. There are also multiple instances of staff members leaving mid-treatment, and a **replacement not being provided.**
- **CBT provision is felt to be not right for everyone** (and therefore not tailored to the individual) and not offered as a long enough course of treatment to be effective.
- Families can feel excluded from the process, unsupported, and ignored.
- There is some **negative sentiment towards the provision offered at The Redwoods Centre**. While feedback varied, one individual described their experience as a ‘nightmare’. Other negative feedback focused on issues such as an unsafe environments, poor food, and notably poor care received from staff.

Maybe listen more and don’t talk over, give the person time to speak out without getting shut down. Be more open, honest & straight to the point - don’t be misleading. Ask the patient if they are happy to be allocated to male or female staff member.

Ensure that your staff are aware of clinical guidelines and act upon them in a timely manner. Provide safe and appropriate care including risk assessment and support for suicidal patients. Ensure that staff turn up to appointments and make telephone calls at the agreed times and avoid attempting to blame patients for their own failures to do so.

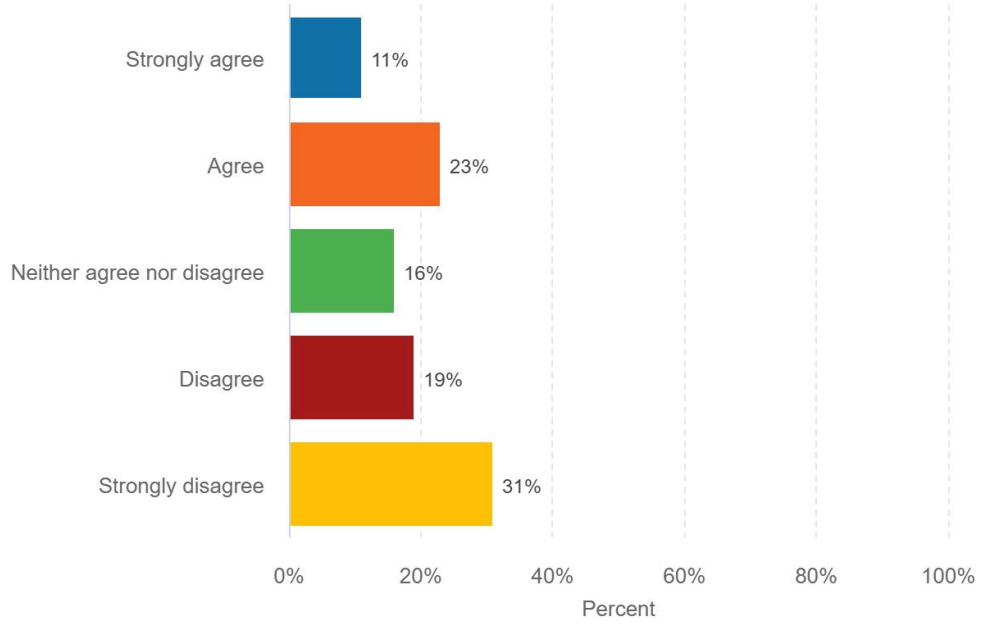
Offer more than CBT or "general counselling". Holistic or psychodynamic counselling work so much better with neurodivergent people. CBT is utterly worthless if you already have self-awareness. Poor Vicky Ford had to waste 5 years because there was nothing else but it was useless to me

Involvement in Care

Across each pathway and location, and regardless of whether the respondent is answering individually or on behalf of someone else, we hear about the importance of the individual being involved and engaged in decisions about their care. However, it is evident from our respondent's experiences that this is not always happening.

- 68% of carers or family members tell us they **did not feel their needs and views were considered and responded to appropriately.**
  - This was driven by:
    - An overall **lack of communication** and exclusion from care decisions
    - A feeling that there is an **over reliance on patient confidentiality once the patient turns eighteen**, with minimal flexibility
    - In some instances, **failure to recognise or respond to crisis and risk** with intervention only occurring following a suicide attempt.
    - We heard emotional experiences describing feeling helpless, traumatised, or at breaking point trying to keep respondent's loved ones safe. People told us about **stress and exhaustion** from having to fight for help or fill the gaps in care themselves.
- Similarly, as show on the chart to right, half of respondents (including individuals) disagreed that they felt involved in the planning of care and support

To what extent do you agree with the following statement? I felt involved in planning the care and support for myself, my family or friends?



How would you like mental health services to help you, your family, or your friends, in the future?

- **Earlier intervention is a key theme**, with many respondents sharing personal experiences and views about how this would have led to a more positive outcome for them or someone they care for. More resource and training is requested for community-based healthcare functions including GPs, supported by enhanced fast track provision.
- We heard strong calls for professionals **to actively listen to patients and their families/support networks, show empathy, and involve all parties in the planning and decision-making process**. Families want to be kept informed, included in meetings, and supported themselves as individuals. Respondents want respectful communication and to be treated as partners in care rather than being dismissed or ignored.
- **Patients want easier and faster access to help when they need it**, with shorter waiting times, drop-in options or 24/7 crisis routes, with clear pathways to support across ages and needs. There is frustration about missed appointments, long waits, and a lack of follow-up when people are in distress that need addressing.
- **Crisis teams need to be appropriately resourced**, responsive, and available out of hours. People want respectful and therapeutic environments in hospital, and smoother aftercare when discharged

> I would like see a service that is resourced to be pre-emptive, and helps people before they get to the point of suicide, for some that help is too late.

> I think a much more proactive approach and earlier intervention would make a vast difference. My family has experienced good support once mental health services became involved, but we struggled for a long time until they did, with multiple visits from social services and calls to the police.

> Listen to carers and families and support them, they are struggling too. Dealing with someone who is in a manic state of mental health is exhausting and we shouldn't be ignored just because they are an adult. Make sure that people who try and take their own lives receive follow on support and talking therapies.

How can we make it easier for people to get the support they need?

- Improve access and reduce waiting times
  - People want faster, simpler routes to help, not long waits or complex referral processes.
  - Suggestions included online or phone “fast track” assessment options, local drop-in community hubs, and more emergency access points outside of A&E.
- Improved communication, listening and compassion
  - Many respondents that said staff should ensure they take the time to listen and use clear and simple language.
  - Review opportunities to involve people with lived experience in the support and treatment pathway.
- Stronger family involvement and support
  - Families often feel excluded and uninformed, especially during admissions or discharge. This is particularly prevalent for those supporting people under the age of eighteen.
  - Support for families themselves (e.g. bereavement packs, carer advice) were requested.
- More staff, training and service variety
  - Calls for more qualified mental health professionals, better GP understanding, and a wider range of therapies beyond CBT.
  - Improved community services and stronger continuity of care were highlighted as opportunities for improvement.
- Simpler access to clearer information
  - Easier to find information on services, helplines and referral routes accessible to people when they need the support
- Joined up care and accountability
  - Better coordination between GPs, community teams, hospitals, and other agencies.
  - Follow-up after crises or overdoses was frequently mentioned as missing but vital, often leading to relapse and readmission.

Transferring from CAMHS to Adult Mental Health Services

- We received seven responses from people who have experience either personally transferring from child and adolescent mental health services (CAMHS) to adult mental health services or supporting someone who has.
- Of these seven individuals, **every respondent told us that they had a negative experience of this transfer** (four were very dissatisfied, 3 were dissatisfied).
- Patients tell us that the transition of services is poor, with services being 'cut off' at the point of transfer, leading to significant impact on the young person.
- It is evident that communications about the transfer are poor, as multiple responses reference challenges, and one respondent notes that they are unable to access adult services, despite previously being under CAMHS.

> Don't even start me off on CAMHS. They ruined our lives, I still have a letter I have written but have been unable to complete due to trauma from that service. It's the worst thing we EVER did and I advise everyone to avoid them

> You are just cut off, all services as a child stop, bam, that's it, there needs to be a process of coming to an end, mental health patients do not cope well with change.

> My son disengaged & is very frustrated about the experience. I'm sure he has PTSD as well as his own health concerns

What concerns do you have about contacting mental health services?

- 57% of respondents told us they would have concerns about contacting mental health services.
  - Many people told us that they would be worried about contacting mental health services because of **poor past experiences, long waits, and difficulty getting timely or consistent help**. There is a widespread perception that services **are overstretched, underfunded, and lack compassion or continuity**, leaving people feeling unheard or dismissed. Some also said they would not know how to access support or would prefer to turn to their GP or community resources instead.
- At an overall level, of greatest concern for respondents about contacting mental health services is 'not being listened to', 'not knowing who to contact or speak to' and previous experiences.
- The importance of each factor varies significantly by respondent age.
  - Someone aged over 60 is almost twice as likely to tell us they are **worried about not knowing who to contact or speak to**, than someone aged under 40.
  - Similarly, **not knowing what the expect** is driven mainly by the over 60s, who are over twice as likely to feel this way
  - **Concerns about being judged or embarrassment** are notably more prevalent for respondents aged under 40
  - Concern about **feeling worried** is strongest amongst the under 30s, with many of these patients being. Someone aged under 30 is twice as likely as any other aged group to note this concern.

	Percentage of Respondents
Not being listened to	61%
Not knowing who to contact or speak to	43%
A previous experience	38%
Being judged	35%
Feeling worried	34%
Feeling embarrassed	31%
Not knowing what to expect	30%
Having to talk on the phone	25%
Having to come into a healthcare centre	14%
People knowing who I am or finding out I have a mental health need	11%

Engagement with current inpatients at Redwoods

Key Feedback Themes from current inpatients

1. On-Ward Information and Communication

- Service users want clearer information about daily ward routines, including:
  - Available activities and access to outside spaces.
  - Times for kitchen access and use of shared facilities.
  - Availability of a cupboard with therapeutic or leisure resources.
- Requests for clear explanation of what happens during an incident (e.g. whether to remain in rooms).
- Greater transparency about night-time monitoring, including understanding that cameras can be used to reduce night-time disturbances.

2. Environment and Maintenance

- Concerns raised about maintenance issues in rooms (e.g., leaking or “dribbling” showers) not being fixed promptly.
- People felt that such issues negatively affected comfort, dignity, and wellbeing during inpatient stays.

3. Access and Support

- Improved access to advocacy services was highlighted as a key need, ensuring all patients understand how to contact an advocate.
- Requests for better access to pain relief medication at night (e.g., paracetamol for headaches) without long delays.

Mental Health Inpatient Engagement – Key Feedback Themes cont/...

4. Admission and Discharge Experience

- Admission during staff meal breaks was described as particularly stressful, as staff had limited time to provide reassurance or information.
- Discharge information should be provided earlier, rather than only on the day of discharge, to allow patients and families to prepare effectively.
- Staff should be clearer about what information can be shared with carers or families, ensuring consistency and confidence in communication.

5. Safety and Staffing

- Female service users reported feeling unsafe when outnumbered by male night staff, highlighting the importance of gender balance and visible safeguarding presence on wards.

6. Food and Drink

- Several comments related to food quality and choice. However, a separate Food and Drink Strategy consultation was running concurrently; findings from that consultation will be fed back to the Local Experience and Assurance Group (LEAG) when available.

Community Engagement - with former mental health inpatients

Targeted Face to Face Engagement Respondent Breakdown (Demographics)

ICB engagement team spoke to over 40 people who had or are currently receiving mental health support; however, only 7 people gave us in-depth 1:1 interviews about their recent experiences of mental health inpatient services.

Age Range: 30s to 60s

Gender: 4 female and 3 male

Locations: 4 Shropshire and 3 Telford

Ethnicity: 6 White British and 1 British Asian

Key Headlines from Community Face-to-Face Engagement from former mental health inpatients

We asked:

- What was helpful or positive about their time in inpatient care?
- What was challenging or unhelpful?
- What changes would they like to see in the future?

Summary of findings:

- Discharge: Participants frequently reported difficulties with the timing and communication of discharge. Some experienced delayed discharge due to lack of suitable accommodation, while others felt discharged abruptly or self-discharged due to ward environment challenges. Post-discharge support was inconsistent, with some accessing ongoing help and others left with minimal follow-up.
- Ward Environment and Routine: Concerns were raised about safety, particularly for vulnerable patients during night shifts, and incidents involving other patients. Restricted night-time access to the garden, kitchen, and medication contributed to feelings of isolation and distress. Access to activities varied, and some rooms had unresolved maintenance issues.
- Community-Based Support and Prevention of Re-Admission: Past inpatients highlighted the importance of timely support before crises and participation in peer-led and community groups to maintain mental health. Effective community services were seen as critical in preventing re-admissions and supporting recovery.
- Comparisons with Other Inpatient Settings: While Redwoods was generally praised for its modern facilities and engagement, participants noted differences in staff support, activities, and ward culture compared to other wards such as St George's and Shelton.

Key Headlines from Face-to-Face Engagement

- **Compliments**

Two people in the individual interviews complimented the care they received as inpatients at The Redwoods Centre:

I thought Redwoods was OK.

I think they do a good job at Redwoods: they don't do anything wrong.

Key Headlines from Face-to-Face Engagement: Discharge & Safety

People who have experienced inpatient care and carers recommendations to improve the issues around:

Discharge Experiences

- Participants reported inconsistent communication about discharge dates, with some patients and carers unaware in advance.
- Readiness for discharge and the potential impact on home life were sometime not fully considered.
- Post-discharge support varied: some could contact the ward, others received minimal follow-up.
- Staff awareness of what information can be shared with carers/families was inconsistent.
- Clear and reliable post-discharge contact was highlighted as essential.

Safety and Incident management on the ward

- Participants valued clarity about what would happen during incidents and wanted more 1:1 support afterwards.
- Access to personal space was important: ability to lock rooms and understanding ward safety protocols helped patients feel secure.

"The discharge plan included "for 7 days, the crisis team would see me twice a day. This happened for the first 2 days, from day 3, they called me on the phone once a day.'

"I did have one traumatic thing happen. A man tried to throw a chair across the room at me. The staff were there and stopped it from happening. Another time, someone hugged me and then looked like they were going to punch me."

"Mixed wards are not good. There were vulnerable people. There was a girl, and she was manic; one of the boys was doing inappropriate things with her. I'm not sure the staff picked up everything that was going on. He was also touching other girls. It's unacceptable. I didn't expect it to be mixed, and it shouldn't be."

Key Headlines Face to Face engagement: Night-Time Routine & Daytime Activities

People who have experienced inpatient care and carers recommendations to improve the issues around:

Night-time routine and restricted access :

- Restricted access to garden, kitchen, and smoking areas at night increased isolation; participants wanted more freedom.
- Clear information on access to resources, outside areas, and kitchen times was needed.
- Alternatives to regular night-time checking e.g. using cameras rather than waking patients, were suggested.
- Access to pain relief and sleeping medication during the night was important for comfort.

Daytime Activities

- Activities reduced the boredom and sense of isolation, but engagement was inconsistent.
- Clear communication about available activities and opportunities was needed.

"I was manic and not coping with all my thoughts. The garden was closed between 11 pm and 7 am. I wasn't allowed a hot drink in the late evening or through the night. I don't like squash. Having to be in my room for such long hours with my thoughts was very difficult. I felt isolated and bored. "

"There wasn't much going on, just a few groups and the occasional chats."

"I went to an art therapy group and tried a music therapy group."'

Key Headlines Face to Face engagement: Community Support & Preventing Re-admission

People who have experienced inpatient care and carers recommendations to improve the issues around:

Preventing admission

- Early, proactive support was crucial to avoid reaching crisis points.
- Access to community-based groups helped maintain wellbeing and a sense of belonging.

Continuing Support preventing Re-admission

- Peer-led and activity-based groups supported friendships, social connection and recovery.
- Timely access to help “when you need it” was vital.
- Appropriate and safe accommodation was important for ongoing stability.
- Participants valued non-judgemental environments where they could relax and engage socially, not defined by diagnosis

“*The peer-led charity in Telford* accommodation was good, but the Social Worker moved me to *housing for vulnerable people,* which was traumatic. One man got attacked in his room, and someone climbed through my window when I was out. I kept complaining about things, but they didn’t do anything.’ ‘I’m now back in *peer-led charity in Telford* accommodation, and they are really good’.

“The first time I had a problem, my sister tried calling everyone, asking for help, but everyone just kept passing her on. Sometimes her calls weren’t answered. In the end, she called an ambulance, but by then, I had assaulted someone, a racial assault, and I was taken into the hospital. Everything seems to be reactive rather than proactive. If I had been helped sooner, I wouldn’t have done the assault and wouldn’t have to go to court for the assault charges.’ ‘When you have an episode, you need support straight away.”

’’ Groups where you are not judged, like Open Harmony, and you can laugh.” ”Music brings you together, and you make musical friends.” “I don’t think a diagnosis is helpful as it traps people.”

Professional Survey Online - Summary

Online Professional Survey Respondent Breakdown (Demographics)

In total, **34 professionals** responded to the online professional survey. This breaks down as follows:

- **Location:** 24 based withing Shropshire, 6 within Telford and 3 out of area (although potentially supporting in area patients)
- **Profession:** 62% of respondents are NHS healthcare workers, with a number of VCSE and social care professionals also responding (12% each)
- **Contact**: 97% of respondents told us they have worked directly with patients with mental health needs in either an in-patient setting, or in the community.

Key Headlines

- **Joined-up, person-centred care:** Professionals are passionate about the importance of better communication, shared decision-making, and continuity between inpatient, community, and crisis services.
- **Accessible and responsive support:** Quicker access to help, 24/7 crisis options, and early intervention to prevent escalation or admission.
- **Skilled, supported workforce:** Investment in staffing, training, reflective practice, and wellbeing to enable compassionate, trauma-informed care.
- **Holistic and preventative focus:** Address mental, physical, and social needs together; support families and carers; promote recovery and independence.
- **Adequate resources and system capacity:** More staff, community services, and beds with improved suitable local accommodation. Ensure fair funding across health and social care to meet rising demand.

Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what works well?

- Respondents **praise the individuals who work within local mental health teams**, and describe supportive and compassionate teams, who are responsive with strong cross organisational links
- Local colleagues are described as **subject matter experts**, with a good understanding of what the right thing to do for patients is, at the right time.
- The Crisis Team are specifically noted multiple times as a particularly strong function and are described as being very responsive out of hours, and able to work closely and efficiently with the Liaison Mental Health team at Royal Shrewsbury Hospital.
- There are many examples of different community organisations **working collaboratively to reduce delays, improve discharge planning, and keep patients safe**.

> The staff involved are dedicated and compassionate, their dedication and professionalism is world class and they consistently go above and beyond to support patients, carers and families with severe mental illness

> (It works well) when services are responsive, timely and work well together.
> In-reach services are invaluable - offering a point of contact for professionals, having good relationships with ward staff, an advocate, a social care voice and resource.

> (We are a) supportive team, reflective and have compassionate culture within the team. (We) offer an alternative view of mental health difficulties in opposition to the medical model

Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what isn't working well?

- Many respondents **highlight notable deficiencies in the discharge process into the community**. We heard that there are poor communication links, and patients are discharged before their support teams are able to fully understand the support proposition available for them. **Community resources are felt to be particularly stretched and lacking capacity**, meaning that there is an increased risk of relapse and admission.
- **A&E and ED departments are not recognised as suitable environments for individuals experiencing severe mental health problems**, which is exacerbated by frequent delays and long waits in identifying suitable alternatives.
- There is a **poor provision of community accommodation for high-risk individuals within the area**, meaning that service providers are hesitant to work with high-risk individuals, when they are most at need.
- Inconsistent continuity of care means that patients and their families often have to repeat their experiences and stories multiple time.
- Although we heard positive feedback about strong links between organisations, there are also instances where respondents told us it doesn't work, and in these instances, it can have a significant impact on a patients' wellbeing.

Patient needs are not met consistently by general practice, and whilst there are examples of excellent care sometimes primary care doesn't fully appreciate the needs of patients with severe mental illness and patients can feel let down.

Patients remain in hospital for too long due to lack of specialist local provision and alternatives to inpatient care.

There are no clear pathways for referrals into community dietetic services, long waiting lists for community dietetic services, and no specialist mental health dietitian for the community which is impacting patient care

Thinking about the service you deliver, and any links it has to community crisis care or inpatient care, what could be improved to better support people?

- **Increase staffing levels in Community Mental Health services** to reduce patient waiting times, enable quicker discharges and provide more consistent follow-up which is personalised to the individual needs of the patient.
- **Assign a key worker from each service to ensure continuity for patients** and families and ensure that consistent follow-up support is offered after crises or discharges to prevent relapse and re-admission. Ensure both inpatient and community services are strengthened together and collaboratively, rather than in isolation.
- **Create an environment outside of A&E and ED** to enable patients to stay onsite whilst awaiting placement or treatment, with 24/7 support from mental health nurses.
- **Increase funding for early intervention, community based support** and preventative services to reduce the likelihood of crisis escalation. Improve community support for lifestyle and physical health improvements, including smoking cessation and better dietetic input.
- Clear and transparent communications between services, and to the patient, with an open workplace culture with less focus on job bandings and hierarchy.
- **Promote a therapeutic, trauma-informed culture within the ward**, and embed reflective practice into staff routine. Expand the psychology service in terms of staffing to be able to meet the demands of the inpatient population.

I think there has to be an equal focus on inpatient and community services - improving one and not the other would likely be unproductive. As staff we are acutely aware that budgets and funding are getting tighter, but realistically it is not always possible to do more with less, People in the community need to know they will get a response from their support network including CMHTs/CRHT and not wait weeks between contacts/check ins.

Fund early intervention, community-based support and preventative services to reduce crisis escalation. Support lifestyle and physical health improvements — including smoking cessation and better dietetic input.

Better joint working and information gathering so that a better and more comprehensive assessment of the patient can be made. Safer discharges with the help of other professionals is essential to assure there is a discharge plan and an ongoing support plan in the community.

What would help you, in your professional or volunteer role, to better support people in a crisis in the community or during a mental health hospital admission?

- **Respondents told us they need more staff at all levels** and all stage of the patient journey, to reduce pressure, allow time for empathy, and improve patient care.
- The **restoration of mental health support worker roles** to provide consistent, practical help for patients and families.
- **Services should increasingly coordinate care for patients** rather than just signpost them, helping to make the first contact rather than handing over phone numbers or websites.
- Financial support for transport, for example free bus passes in rural areas, to reach community services.
- Stronger emphasis on early intervention and prevention before crisis develops, and an enhanced package of educational resources in schools and communities to reduce stigma and build understanding.
- **Rollout dedicated mental health nurses** in A&E to support patients through their journey.

More time to spend reviewing and refining treatment so that patients needs are met at the different stages of their recovery. Options need to be more accessible and available so that treatment doesn't lean too heavily on medicines once the immediate risk of a mental health crisis has passed.

Co-ordinate rather than signpost - sometimes just giving details of who you can contact for support for different things is unhelpful for people who are already overwhelmed or unaware that they would benefit from such support. Help people make this initial contact rather than just giving lists of phone numbers or websites

Having a mental health nurse on shift who solely looks after any MH patients and can give them the time they need and explain things throughout their journey in a less rushed way.

What would you like mental health services to look like in future to better meet the needs of the people you support in a crisis in the community or during a mental health hospital admission?

- Care should be joined-up, flexible and person-centred. Services should communicate effectively and deliver flexible and responsive support tailored to different needs and the individual's condition.
- **Seamless transition between inpatient and community care**, with clear and considered aftercare, and robust follow-up mechanisms in place.
- **Greater resource in the community to prevent crises and reduce reliance on hospital admission.** Earlier intervention in primary care is needed along with stronger partnerships with social care and voluntary organisations.
- **Suitable environments** that reflect different levels of need, focused on safe, calm and suitable spaces for mental health rather than general A&E and ED settings.
- Improved provision of care that is trauma-informed and psychologically based, addressing both mental and physical health.
- A culture that values **kindness, professional curiosity and transparency**, with opportunities for learning and feedback when things go wrong.

I'd like for our services to be psychologically informed, to take the whole person into account and empower patients through their difficult experiences. I would like people's psychological care to be smoothly continued into the community, without additional wait times.

We nore resources for follow-up support after a call to the MPFT MH Crisis Line, and the upskilling of staff in A&E departments. Somewhere for professionals to report unmet need or unsatisfactory conclusions so that learning and change can be understood and implemented.

Somewhere that can treat patients who are acutely mentally unwell but with no physical health needs, that is separate from the emergency department with trained staff, less movement around the department for the patient.

Additional Key Quotes

I think the services in STW are on a steep improvement curve, there is a strong sense of togetherness amongst MH service providers. The support available for staff is excellent overall and there is very strong leadership throughout the service especially from senior management who are visible and accessible.

The quality of clinical and clerical staff from the psychiatrists down is excellent overall but they are overwhelmed and need more investment so that quality is maintained. The answer isn't always money - sometimes culture needs to improve, but in STW the mental health service culture is top draw and so investment is needed to hold onto staff.

Even as someone working at Redwoods, I would have doubts about a relative being admitted to some of the wards here - they can be extremely chaotic, understaffed with inexperienced leadership.

There are some excellent professionals working in this area, they need more recognition and support for the work they do.

As a service that very rarely needs to refer people who are in crisis, it would be helpful to have a link with the service to be kept updated with ant changes of working practices etc. to ensure that any people in crisis situations are directed to the correct referral route without delay.

Summary

Key themes /areas to review / change within the strategy

A summary of the key themes:

1. **Discharge:** Participants frequently reported difficulties with the timing and communication of discharge. Some experienced delayed discharge due to lack of suitable accommodation, while others felt discharged abruptly or self-discharged due to ward environment challenges. Post-discharge support was inconsistent, with some accessing ongoing help and others left with minimal follow-up.

2. **Ward Environment and Routine:** Concerns were raised about safety, particularly for vulnerable patients during night shifts, and incidents involving other patients. Restricted night-time access to the garden, kitchen, and medication contributed to feelings of isolation and distress. Access to activities varied, and some rooms had unresolved maintenance issues.

3. **Community-Based Support and Prevention of Re-Admission:** Past inpatients highlighted the importance of timely support before crises and participation in peer-led and community groups to maintain mental health. Effective community services were seen as critical in preventing re-admissions and supporting recovery.

4. **Comparisons with Other Inpatient Settings:** While Redwoods was generally praised for its modern facilities and engagement, participants noted differences in staff support, activities, and ward culture compared to other wards such as St George's and Shelton.

We will

Year 1

- Invest in trauma-informed practice, reflective supervision and effective staff support mechanisms.
- Share good practice from high performing individuals and teams/wards to embed good practice and learning more generally.
- Be able to give assurances through internal and external governance on ward safety (including sexual safety), staffing levels and gender balance as well as skill mix, particularly at night.
- Strengthen incident management, visibility of safeguarding processes, and de-briefs/post incident support.
- Continue to promote a therapeutic, psychologically informed ward culture through the share and spread of our Culture of Care work.
- Clarify for staff what information can and should be shared with families.
- Improve coordination between inpatient teams, crisis, community teams and other partner agencies involved.
- Ensure safe and reliable post discharge contacts/points of responsibility are in place prior to discharge
- Maintain SafeWards modules across the acute wards

www.safewards.net

Year 2

- Strengthen carer inclusion and engagement embedding defined communication and consent processes.
- Ensure carers are actively involved in safe and timely discharge planning.
- Better understand our use of Mental Health Act (MHA) detentions (with particular reference to marginalised communities) and the implications of the new MHA.
- Strengthen the processes around shared decision making and co-production in all aspects of care planning.
- Strengthen accountability for continuity of care across care transitions and providers.
- Purchase Tier 3 training in trauma informed care for inpatient staff and plan to produce 'in-house' training for staff in the Care Group
- Have greater planning for and better structured MDTs so that families and community MH staff are better able to attend
- Continue to work with VCSE at our Front Door to offer support/listening service
- Extend our Lived Experience Advisory Group to cover Community Mental Health Services, not just Inpatient Services

Year 3

- Invest in further staff training, supervision and support.
- Enhance our model of reflective practice.
- Develop and sustain existing peer support worker roles.
- Support staff wellbeing and resilience to sustain quality and retention.
- Have embedded compassionate and trauma informed conversations and active listening skills as core workforce requirement.
- Provide dedicated and accessible carer support to include advice, signposting, education and emotional support.

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Thank you

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