Picker's response to 'Informing the mental health strategy for England'

About Picker

Picker is an independent health and social care charity with expertise in understanding, measuring, and improving people's experiences of care.

We pioneered the patient experience approach, now widely adopted around the world, and advocate for the highest quality person centred care for all, always. We work with policy makers, providers, professionals, and patients and the public alike to influence, inspire, and empower the delivery of person centred care.

We are commissioned by the Care Quality Commission (CQC) and NHS England (NHSE) to design, deliver, and analyse the NHS patient survey programme (including the national community mental health survey), the cancer patient experience surveys (adult and under 16), and the NHS staff survey. We have also been commissioned by NHSE to deliver the National Neonatal Care Experience Survey.

If you have any questions about this response, please contact oliver.potter@pickereurope.ac.uk.

Response

Hospital to community

We welcome practical examples and evidence on how mental health services can work more effectively across:

- **the wider NHS, including new neighbourhood health centres**
- **services to support people with co-occurring mental health and neurodevelopmental conditions**
- **different sectors, including education, employers, local authorities and the voluntary, community and social enterprise (VCSE) sector**

How can mental health services work more effectively across these areas? Please provide examples of cross-sector pathways in practice.

Picker delivers the Care Quality Commission's (CQC) Community Mental Health survey as part of the NHS Patient Survey Programme. The most recent survey results, published in March 2026, clearly show that there are improvement to be made in offering wider health and wellbeing support to community mental health service users. Only 33% of respondents said that their NHS team gave them help or advice with finding or keeping work, while only 34% said they were given advice on managing money or accessing benefits. While 55% of respondents said that they were given help or advice on joining a group, this represents a statistically significant decrease between 2025 and 2024. When asked if they need support to access care or treatment, 54% of respondents reported that they had not been asked if this was the case for them. The most common types of

support needed were emotional support, support accessing online appointments, room adjustments, and physical support.

We run the Picker Experience Network (PEN) Awards annually to celebrate best practice in improving patient experience. The 2025 overall winner was Southern Health and Social Care Trust, Northern Ireland, with their Seasons of Life bereavement and loss support programme (p172). The multi-disciplinary team recognises that loss extends beyond bereavement, and the programme has been co-designed with young people, including neurodiverse children, to combine clinical expertise with creative approaches.

University Hospitals Bristol and Weston NHS Foundation Trust also won in the 'Commissioning for Patient Experience' category with their Clinical Navigator Role, which supports people with learning disabilities and mental health challenges by reducing barriers to care in endoscopy services (p194). In 2024, Cheshire and Wirral Partnership NHS Foundation Trust were shortlisted for their 'Giving neurodivergent people and their family members and carers a voice' project (p33).

We welcome views or evidence on what further support, in addition to NHS services, should be provided for people with severe and enduring mental illness to:

- **help them stay well**
- **maintain participation in education, work and community life**
- **avoid crisis and/or hospital admission**
- **reduce length of stay in inpatient units**

What further support should be provided for people with severe and enduring mental illness?

When community mental health service users were asked about their waiting time between assessment and their first appointment for treatment, 45% reported waiting up to 3 weeks, 18% reported waiting 3-6 months, and 14% reported waiting more than six months. When asked if their mental health got worse while waiting, 41% said it did, increasing to 67% among service users who waited more than six months. Reducing waiting times, and improving support while waiting, are crucial to improving patient experience.

In our response to the previous question, we noted that service users would like support with money, access to benefits and work, and joining a group. When asked about their physical health needs, 38% of respondents said they were not supported with these, but that they would have liked support. Service users would also like their family, carer or someone else close to them involved in decisions about their care – 20% report that they were not involved as much as they would have liked.

When asked about crisis support, 17% of respondents said they would not know who to contact in a crisis. While this is an improvement on 2024 (22%), 20% of those who had tried to contact a crisis service said they waited too long to get through and 5% said they did not manage to get through. When asked whether their family or carers were provided with support or information while they were in crisis, 45% said they were not.

Ulster University's 'Beyond the Prescription' initiative aimed to improve physical health monitoring for patients prescribed antipsychotic medication and was a runner up at our 2025 PEN Awards

(p182). In 2024, Cheshire and Wirral Partnership NHS Foundation Trust, was a category winner for its 'Inclusion of Healthy Lifestyle Coaches within an Intensive Community Mental Health Rehabilitation Service' project (p35).

What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services? Please provide examples from either side of the transition and outline how these barriers could be effectively addressed.

While the Community Mental Health survey does include questions related to transition from child to adult services, the numbers are suppressed due to a low number of responses. However, we do know from the survey results that children and young people accessing Child and Adolescent Mental Health Services (CAMHS) report poorer experiences. For example, 46% of respondents said they waited more than three months or more for their first appointment for treatment and 54% said they did not receive support while waiting.

As mentioned in a previous response, University Hospitals Bristol and Weston NHS Foundation Trust won in the 'Commissioning for Patient Experience' category at our 2025 PEN Awards with their 'Clinical Navigator Role' project. This supports people with learning disabilities and mental health challenges by reducing barriers to care in endoscopy services (p194).

Analogue to digital

We welcome evidence and innovative examples of how digital and AI tools can be safely used for adults and children to:

- **improve mental health and wider societal outcomes**
- **support access to effective mental health support**
- **complement relational care**

What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes? Please provide examples.

The eight Picker Principles of Person Centred Care set out a framework for delivering person centred care. To reflect changes in the delivery of care, and the aspiration to shift from analogue to digital, we recently published our Principles of Person Centred Digital Care, which complement our existing principles. Designed with patients, service users and system leaders, these five principles set out that digital care should be: inclusive, convenient and flexible, empowering, secure, and trusted and ethical.

The shift from analogue to digital is important to ensure that health and care provision offers the best possible care that matches people's needs and expectations. While the world has digitised rapidly in recent years, it is important that 'digital by default' does not lead to digital exclusion and exacerbate existing health inequalities. In our response to the Change NHS consultation, we outlined why it is important to tackle digital exclusion. In summary, it is essential that the public are not excluded from accessing the information they require, in the format they prefer, in a drive to increase digitisation. There is a wider challenge as part of this for cross-departmental work on poverty reduction and tackling digital exclusion.

At the 2024 PEN Awards, Leeds Teaching Hospitals NHS Trust was shortlisted in our 'Innovative Use of Technology, Social and Digital Media' category for their 'Virtual Reality (VR) Headset for Adults with Learning Disability' project (p56). This reduced the need for sedation in adults with learning disability who need to have routine blood tests for chronic conditions. The use of VR helped remove barriers to accessing care for a vulnerable population that experiences health inequalities and the learnings are transferable to other settings.

How can data be used more innovatively to improve mental health and wider societal outcomes? Please provide examples.

In relation to patient experience, we need to ensure that we measure what matters most to patients and service users, and once we have the data, we need to ensure that it is used to drive change and transformation that is tangible to patients and delivers person centred care. It is important that we maintain representative, robust and systemic feedback on people's experiences of care.

The health service must also recognise and address gaps where a shortage of data means that user experience is poorly or not understood. Most user experience data in mental health focuses on people's experiences of using community mental health services. People's experiences as they wait for mental health services are not routinely measured, and there is limited evidence on the experience of mental health inpatients. Consideration should be given to addressing these gaps with new measures.

For staff, data must be easier to use as part of improvement work and training should be provided to help staff understand what the data is telling them. For patients, data needs to be accessible, aligning with the transparency agenda, and easy to understand, allowing them to make informed decisions about their care and their provider.

Sickness to prevention

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

No response – other organisations are better placed to respond to this question.

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

No response – other organisations are better placed to respond to this question.

How can services better support the 'missing middle' - those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services? Please provide examples.

No response – other organisations are better placed to respond to this question.

Factors enabling good practice

What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning? Please provide examples.

Co-production with patients and service users is essential to facilitating meaningful improvement in outcomes and experience, adopting a ‘Do With’ mentality, as opposed to a ‘Do To’ approach. There are, however, a number of barriers to this, including a lack of resources, including funding. The sharing of best practice can also be challenging when capacity is limited, which in turn, hinders innovation.

We are concerned that the changes proposed in the Health Bill, including the closure of Healthwatch England and its local branches, risk reducing public participation and undermining confidence due to a loss of operational independence. The commissioning and funding model must recognise the demands involved in participation and improvement activities and support these as core services. Additionally, lines of accountability need to be clear.