

"More people are having bad experiences of mental health care than positive" -  
Dr Andrew McCulloch on experiences of mental health care

Last week's NHS Community Mental Health Survey confirmed what many of us have long suspected; more people are having bad experiences of mental health care than positive, essentially not getting the care they need or deserve. Combine this with recent research from the *We Need to Talk* coalition, which found as many as one in six people with mental health problems are attempting suicide whilst waiting to access core services, and we can safely say there is cause for concern.

At a time when cuts to mental health services have been significant and emergency hospital admissions are higher than ever, we are effectively stuck in a counterproductive cycle. Patients wait too long for treatment, their mental health deteriorating, often leading to co-morbid physical health problems and eventually resulting in increased hospital admissions.

Much needed funding and staffing adjustments can and will make a difference, especially in areas such as waiting times for acute and crisis care. However, we must start to address the need for a change in the way mental health services are structured and delivered in the community if we are to see any sustainable improvements.

Currently we have a divide between the clinical agenda and what services users want and need from their care. Health and social care leaders must be willing and able to provide services that alongside delivering therapies and treatments, are socially inclusive, delivering the emotional and life support that those living with mental health conditions require.

Voluntary sector organisations such as the Samaritans and the Citizens Advice Bureau offer a great source of expertise and support but currently are overburdened as they try to fill this divide.

By focusing services on helping people live their lives, over just administering treatments and therapies when they struggle to do so, we not only start to deliver more effective care but also realise efficiencies across health and social care systems. A person-centred approach does not necessarily require more funding, it is not about doing more, with more money, or more staff (although I am not denying the need for both of these more broadly), it is about looking at the intelligence we have to do something different – something better.

Using the results of national initiatives such as the NHS Community Mental Health Survey to measure peoples' experiences alongside the intelligence gained by voluntary sector organisations, we can better understand peoples' needs and map services to them. Whether a case-worker who oversees and supports day-to-day living and medical concordance, or a clinical team in an acute setting, unlocking and responding to experiences of care, is a critical part of improving care quality.

A mental health service that does not support and enable those working in it to shape care around the needs of those who depend on it, cannot hope to deliver quality. Until mental health services are systematically embedded with a person-centred approach this cycle will continue to become more and more problematic, crippling what could be a quality service into one that is inefficient, not socially inclusive and essentially retrograde.