ADVANCING EQUALITIES

In Secure Mental Health Services

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<u>Background</u>

NHSE England commissioned the Yorkshire and Humber Network to explore Health inequalities in Mental Health Secure services during a 3-month project in Quarter 3 in 2021. Health Inequalities is a top priority and a key identified area for action and change nationally as well as in our region as identified by the Provider Collaboratives. This scoping exercise is only the beginning phase of plans to help reduce health inequalities in secure services. Service user experiences is vital to support data. We hope this report will cover some themes and trends that are familiar to your own journey, but also allow conversations to start for you and for your experiences to be heard to improve quality of services and care delivery in the future.

<u>Methodology</u>

A basic information request exercise was our starting point to gain an understanding of what good practice was taking place already around approaches to tackle inequalities within secure services, we requested a blog series to share on the Yorkshire and Humber website, following a successful series on Pride, which gained zero return, despite several prompts.

This led us to a theme analysis of all information that we had already gathered over the last 3 years from face-to-face events and workshops to gain a baseline. We keep a record of minutes in accessible newsletters that are available widely on our website.

We also had discussions for background purposes with a prominent expert by experience from Cygnet HealthCare Group, an Independent EbE representing South Yorkshire and Nesta- The innovation foundation for social good; who have all done work in this area before and are passionate about improving inequalities.

We had the help of a service user, who has experience of involvement and project work, to shape our methodology; we went with the process of listening to people's experiences told in their own words and collating themes from the collection of narratives, keeping the spectrum broad, rather than go in with set questions around already well documented inequalities and protected characteristics. We had areas to prompt discussion as follows:

- Background/ Early life
- Exclusions you have felt in your life
- When & How did you access services?
- Experience of being in services/ Journey on your pathway
- 'New Inequalities' felt from inpatient stay
- Future goals and aspirations
- MAGIC WAND- what would you change if you could

We then conducted the informal Interviews either over Microsoft Teams, due to the ongoing covid pandemic and restrictions, or face to face where possible over a two-month period.

All this was followed up with a Network event hosted on Microsoft Teams to check in and ensure all themes gathered thus far matched peoples experience and gave further opportunity to comment and feedback. A Newsletter summary of minutes was also created:

[YH-Virtual-Network-Meeting-Newsletter-December-2021-Advancing-Equalities.pdf (yorkshireandhumberinvolvementnetwork.nhs.uk)](YH-Virtual-Network-Meeting-Newsletter-December-2021-Advancing-Equalities.pdf)

Who did we speak to?

The opportunity to speak to the Yorkshire & Humber Involvement Team was opened up to all service users within West Yorkshire and Humber Coast and Vale Provider Collaboratives, this includes Medium and Low Secure mental health services provided by the NHS and Independent sector.

South Yorkshire services were already taking part in a 12-month project around inequalities and co-production with an Independent EbE. We felt on discussions and reflections of each project that there was potential for duplication and to prevent engagement fatigue we agreed that the South Yorkshire process would be presented at the Network event and future findings would be shared.

We offered one to one opportunities and small group discussions either face to face or virtually, the majority opted for one-to-one virtual sessions conducted via Teams with staff supporting the logistics.

Service users were sent the following information to choose how to get involved:
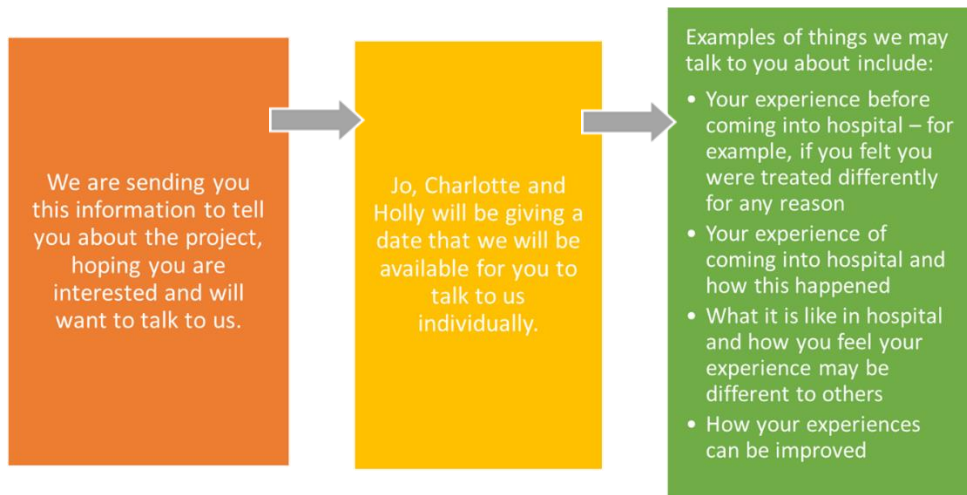
All together we spoke to 11 people directly, 4 were from medium secure, 6 were from low secure and one person was in the community. 5 were women and 6 were men, all had experienced multiple admissions, a length of stay in inpatient services over 2 years and all had identified exiting services a challenge.

We also had information from a group of 10 people that fed back to us via one representative in one low secure service, additional to their own experience.

The following Data was captured about the cohort:

Diagnosis		Ethnicity	
Backgrounds of Trauma and/or EUPD	Majority	White	10
Learning Disability	3	Asian	1
Epilepsy	1	Black	0
Cancer	1	Other Ethnicity	0
Other physical health condition (not stated)	1		
Described having no other disability	3		
Length of Stay (years)		**Age (years)**	
Longest Length of stay	25	Minimum age of participants (years)	22
Shortest Length of stay	2	Maximum age of participants (years)	55
Average Length of Stay of interviewees	7.75		
Sex		**Smoking Status**	
Men	6 (+10)	Smoker	3
Women	5	Ex-Smoker	3
Employment		**Education**	
Employed	3	School leaver (16)	4
Volunteered	1	Excluded	1
		Further Education	1
		University	1
Hospital sites		**Prison History**	
Low Secure NHS	2	Prison	3
Low Secure Independent	4 (+10)		
Medium Secure NHS	3		
		Sexual Orientation	
Medium Secure Independent	1	LGBTQ+	2
Community	1		

The people who came forward to talk to us from inpatient settings were all from a White British background, we had hoped to have a representation of people from a diverse range of backgrounds with different protected characteristics, it was however, to be expected in secure women's services where White British background is the predominate representation, especially in those with a diagnosis of Personality Disorder. In our region though, the local male BAME population is overrepresented compared to the community and we had hoped to hear from this population to explore further the barriers faced. We do have plans to follow up with a 3-month BAME specific project in West Yorkshire, the methodology will be slightly different to look at involvement experiences and to understand why this population do not want to or feel able to come forward and have their voice heard in platforms that are already on offer and to explore what meaningful involvement and engagement looks like to the local BAME population.

We felt that other than ethnicity we spoke to people with a variety of protected characteristics, varied experiences before coming into services, and differences whilst in services. Our sample size was good and was evenly spread across types of service.

Our findings will include key quotes and be discussed under the following headings:

- The experience of access to services
- The experience of mental health services
- Moving on
- Outcomes

1. <u>The experience of access to the services</u>

Trauma was experienced at a young age by almost all interviewee, with many specifying there were missed opportunities to connect with them, ask how you are, what is happening, how can we help. This was especially directed to school age interventions.

"I struggled through school; I got some GCSE's but not the best marks as I had mental health issues since 11. I had the support of psychiatric nurse in school, she put my point across to school and mediated between me and my mum" (Male, LSU)

Living in unpredictable environments with disrupted family life was also a common theme. Exclusions were felt growing up often leading to drug/alcohol misuse as an escape.

"I was using drugs to help my mental health, but it affected it too. It became a cycle" (Male, LSU)

There was poor mental health support offered when individuals were first trying to access it and a strong feeling by everyone spoken to that if people got the help at the right time, they wouldn't have needed hospital (especially secure services) or ended up in the prison system.

"I struggled with my mental health in high school, cutting myself regularly, but no one ever picked this up. No-one questioned why I was never well on sports days. I struggled with my mental health through school on my own.

I finally got help when I was 14 after being in foster care. If I would have got help sooner perhaps all this time in hospital could have been prevented. I asked for help, but it had to get to crisis point before anyone really listened" (Female, Community)

There was limited choice in what help looked like when it was finally available, often just crisis intervention, with what felt like a lack of skill amongst the workforces.

"Growing up I went through a lot with my family. I had an Asian family worker, but it was difficult because they came from the same perspective as my family. So that didn't change anything; same culture, same religion equalled no change. Choice of worker is important and not an assumption someone from the same background is the right person"

"Then I was sent to a care home. I wasn't really dealing with my mental health. They didn't have a clue. They weren't trained in mental health. It was tough without the support I needed. I was told to use my coping skills, but I didn't know what they were! Staff should and could have been trained up"

"CAMHS support is only there when there is a crisis and often too late" (Female, Community)

2. <u>The experience in mental health services</u>

Staff was a recurrent umbrella theme that was broken down into staffing shortages, lack of, knowledge and training, a feeling that they were too busy to offer support and that often they were not the 'right' staff, they had poor character and a lack of empathy. Again, choice of worker was identified as being important as was consistency.

"Restrictions are confusing enough without people saying 'you can't have this and can't have that'- staff should sing from the same sheet. More positive risk taking, and care planning is needed too."

"We need the right staff in this kind of environment, respect is a two-way thing. If you are comfortable with someone, you will listen and work with them. Choice of who to work with is important. We all count, and we all need to be safe" (Male, MSU)

"It depends which doctor we have and how much they allow us to do. I'd say this impacts on our lengths of time in hospital before being allowed to move on"

"Staff are busy all of the time. I feel like an inconvenience if I ask for help" "If I have asked for help and am told they are busy, I won't ask again. This effects my mental health and can make me relapse"

"There are more agency staff on nights than regular staff. We never know which staff are coming on shift which makes us anxious. We need consistent staff we can trust"

"There should be evening shifts for staff, so they are here for when we are awake, and need support the most. Staff numbers should represent when we need to do activities and struggle the most. Shifts should be more flexible"

"Nurses don't nurse anymore – they just do paperwork and talk to us when they need information. It's not meaningful for us. If you ask why they became a nurse they say it was to help people, but that's not how we feel from them" (Female, LSU)

Service users did state that they felt that staff in hospital were better equipped to deal with mental health and that they felt safer in hospital than in prison, even though improvements still could be made with better training that includes lived experience.

Service users identified it was important to have a meaningful role, they felt that engagement and involvement activities improved their experience and helped in recovery and reduce length of time in hospital. Positive peer relationships and role modelling also strongly linked with this concept.

"I'm ward rep, I try and be approachable- if people don't want to go to staff, they can come to me. I lead morning meeting each day and ask everyone on the ward if they are ok each day." (Male, LSU)

"I have made lots of friends through my time in hospitals" (Female, Community)

There was a consensus that activities in hospital could be modernised and linked more to technology, service users felt they were missing out and falling further behind the rest of society, especially with basic things such as email and online banking. It was acknowledged that more education was needed with technology, especially with online safety to coincide with these suggestions.

From talking to different services, it was clear there was disparity in what was available in terms of activities, facilities, and personnel to support with requests. More activities would like to be seen on offer, especially those with an educational and vocational purpose, that would aid integration to the community.

"Hospital has been slow; I have been here for 8 years. If I was still in prison, I would have been out in 4 years with good behaviour"

"Staff keep leaving or they are shorthanded, things get cancelled at last minute" (Male, MSU)

"As I have been in hospital a long time and because of my age I am not confident on the internet/using a smart phone, so I have to rely on staff" (Male, LSU)

"Technology; I haven't got a clue about mobile phones or online banking" (Male, MSU)

Help with finance and bills was also identified as an area people needed support with, to have independence and responsibility and really valued by those on the prison pathway who are not yet eligible for benefits.

"Getting help with finance has also been really helpful, sorting out a bank account, getting assistance and charity money" (Male, MSU)

"Issues that come up [in community meetings] are often around leave, accessing money from the safe, and activities" (Male, LSU)

Section 17 leave was also raised as inconsistent and dependent on staff availability, and more would be valued, especially with a therapeutic purpose. It is the one thing that service users feel is dependent on them moving on; section 17 going well.

"I Enjoy leave and would like more. I can go to town, get a hair cut, I just like the fact that I'm not in hospital all the time" (Male, MSU)

"I have been in hospital 2 years and still can't get unescorted leave because of my physical health, whereas in the community I loved being by myself and even looked after another family member. Not being able to go out on my own isn't fair when I don't have the associated mental health risks" (Female, LSU)

Better family involvement and support was also suggested to make it easier for when people leave hospital, keeping up connections and healthy relationships is hard when you are away from people for a long time and points of interest and activities drift due to being in different and restrictive environments.

"Family visits have been tough in lockdown, I can only use the computer or ring my family" (Male, MSU)

"My family visits once a week as it is quite a long way, they have to travel far" (Female, LSU)

"I'm more grateful for my family and friends contact now I am in hospital. I see people who never get visitors. That must be really hard" (Female, LSU)

3. Moving on

Choice was again something that was raised when discussing leaving hospital, it was felt that 'home area' was already predetermined and if you wanted a different start it was not recognised, funding of placement and accommodation became the focus.

"Getting accommodation and moving on from hospital into supported living is like a postcode lottery. I am being made to go away to my home area instead of staying local to here where I want to live. I don't have links in my home area and haven't lived there for a long time. I won't get the support I need to keep well, here I am around people and places I know" (Female, LSU)

"I've been out of my home area a long time so I should be able to choose where I go. When I have been in hospital a long time here this area should become my home" (Female, LSU)

We heard that the discharge process can be lengthy for some and often filled with false promises or misinformation; leading to people being let down.

"Coping with other illnesses at the same time as I have been waiting for accommodation has been stressful. I had to cope with cancer whilst concentrating on my pathway out." (Male, LSU)

Getting to know the community team sooner, building a rapport and trust was felt to be important, getting the transition right could help people maintain their health and stability and prevent re-entry to services.

"It is taking too long to get a care co-ordinator" (Male LSU)

"Into the community is an important next step- it sets you up for rest of life" (Male, LSU)

Preparedness for the community was also a theme that came up repeatedly, especially linked with technology, the feeling was that mental health inpatient services are often behind the times and more could be done to help people move on.

"Technology is needed to help people move on" (Male, LSU)

4. Outcomes

Service users spoke of their fragmented relationships with family and friends and how difficult it is to maintain healthy relationships and common interests whilst in hospital. There was an overwhelming sense of missing out on normal life experiences.

"I missed out a lot on family and friends' experiences and milestones. My friends have had children and got married and I was the only one who wasn't there at these occasions. That hurts" (Female, LSU)

"I'm missing my sister's wedding next year and haven't seen my niece grow up. That's sad" (Female, LSU)

"I've never seen my family and friends in the 8 years I have been here" (Female, LSU)

"I've missed out on family holidays" (Female, LSU)

The pace in which technology has moved on was clearly highlighted, the change seen in just 20 years was vast, potentially someone's length of stay in hospital, service users are at risk

of falling further and further behind and becoming more dependent on staff and the hospital environment; services need support to move at the same pace as society.

"I don't understand the technology. I'm needing basic computer skills from the recovery college course, safety online, and how to use a smartphone because they have all come so quickly and I have missed out whilst being in prison and hospital so long" (Female, LSU)

Service users highlighted the need for modern activities and therapies, traditional ways of working no longer fit with wider society and community expectations. Vocational and educational activities can have a positive impact on recovery, learning a trade or skill that will transition into the community with you, having a purpose and hope for the future.

"I likes to keep busy and involved in activities to make sure my week has structure, I like the attending the gym, woodwork, gardening, playing the guitar, art, psychology and cooking. 1 hour a week for woodwork just isn't enough though" (Male, LSU)

"I Would like access to more vocational activities like plumbing or electrics – things which will be helpful to get a job once I have left hospital" (Male, LSU)

Technology was seen as a meaningful activity by service users, a way to share interests and communicate and fill time, yet from a staff and service recovery perspective they are not seen as essential skills to assess. Service users will need to use technology in the community, but technology is seen as a risk in services. Service users could face the community unprepared, followed by quick re-entry to services.

"Technology is behind- we can have cheap mobile phones- no smart phones or cameras. I would like an iPhone and facetime & online gaming. We miss out- no sky, no Netflix. If I was in the community, I would have a laptop and Netflix. I love gaming" (Male, MSU)

Service user time was also seen as something that needed to be filled as part of recovery yet staffing levels or the tools to fill someone's time were not given, especially in low secure. Service users would welcome alternative interventions, different ways of working and alternatives to medication such as more talking therapies. Long periods of unoccupied time were seen as de-motivational and periods of rumination that could deteriorate mental health.

"Lockdown with covid has added on extra time" (Male, MSU)

Service users want to go into the community feeling confident and that they are able to enjoy life as much as the next person.

"In the future I want to go to college with other students" (Female, LSU)

"I haven't been in a house with stairs for ages" (Female, LSU)

"I want to be able to drive again" (Female, LSU)

<u>Service user recommendations</u>

The final question that we asked all service users was 'if you had a magic wand- what would you change?' the answers produced a series of helpful recommendations as follows:

1. **Listening costs nothing**

"If I had a magic wand, I would want services to listen to people, and let them live where they want to live. There may be a reason why. Not listening is cheaper – there is always a reason."

"I would want people to listen more- especially the doctors"

2. **Right support, Right time**

"I would get more support available for people at the right time. Not just to tell you to use your coping skills when you are a child. Some staff don't know what coping skills are so how was I to. Staff should be trained and confident to sit with someone and guide them – it's common sense – use it!!"

"I wouldn't have got into drugs if I had more help at 11"

3. **More intensive therapy**

"More intensive work is needed to move on- get people in and out quicker"

"I feel like I have lost time- more psychology then would have helped"

4. **Ward round consistency**

"Ward rounds are different on each ward in the hospital. Some are fortnightly and some are monthly. It would be better having an interim meeting with the doctor and nurse so we can talk and decisions can be made more frequently instead of being told to wait for ward round (which could be up to 3-4 weeks away). It doesn't always need to be the full MDT"

5. **Effective Transition and Discharge**

"If I had a magic wand, I would change the time discharge takes and the people involved. It is important that representatives of all the teams invited to the 117-discharge meeting are able to attend. There are questions that need answering by them. In my case the community team were not represented. When I return to the community, I will have a new support worker. It would have been good to have a face to a name"

We have also noted further key recommendations from wider discussions with experts by experience and our involvement network, this also includes the theme analysis of Newsletter minutes of meetings that took place over the last 3 years, combined with what we learnt as part of the project.

- Recruiting and retaining a skilled workforce, including ongoing training and reflection. Service users are dependent on staff and their experience is shaped by who they work with. Inconsistency in staffing leaves service users with varying experiences of quality that directly impacts their mental health and length of stay.

- Facilities/ environments/ approaches should be consistent across services, activities offered should be modern and be recovery focussed, especially linked to technology, education, and vocation. Preparedness for the community should be a priority on entry to services, service users should not feel like they have lost time whilst in hospital or that they no longer fit in.

- Early intervention is crucial, we heard that opportunities were often missed and having those interventions could have prevented admission to services. More joined up working and sharing of knowledge with other services such as education, foster care system, charitable organisations, third sector etc could prevent long term admission to inpatient mental health services.

- Technology is part of modern-day life; services need to be better equipped and staff trained to support service users not to fall behind. Technology use has a wider sociological impact too- it is how people connect, communicate and function.

- Involvement in decisions and having choice is key for service users to feel empowered, having a meaningful role and opportunity to make a difference can feel rewarding and help people move on. More opportunities for service users to tell their story will give narrative that supports data, offer recommendations and ensure more people have a better-quality experience.

Summary

We interviewed service users face to face or in small groups, over Microsoft Teams and in person to gather themes and trends about their experiences of inequalities before entry to services and during their inpatient stay. The parameters were left wide so that their narrative, alongside feedback from our wider Network meeting and three-year analysis on Newsletter minutes, could expand on national data and what we already know about those with protected characteristics. This has allowed us to highlight recommendations to improve quality of care delivered in adult forensic mental health services, improve people's experiences and reduce inequalities to access services, in service experiences that have an impact on mental health, length of stay, recovery and delay the moving on process and transition to the community.

We will continue to work with service users and staff within our region to understand who is accessing our services, how and why. Highlight the impact of inequalities on service users and the potential outcomes. We want to amplify the service user voice, empower their recommendations, and improve the quality of care delivered with better experiences for all. We will support on strategic inequalities work within West Yorkshire and Humber Coast and Vale In line with the NHS Long Term Plan and the Advancing Mental Health Equalities Strategy (NHSE, Sep 2020), including the impact framework in all our future project work.

We will be working on the BAME Involvement project in West Yorkshire and would also like to hear from our staff teams who work in Yorkshire and Humber services as their experience is valid, unique and also impacts service users, we aim to collect staff views in a similar format to present. We also continue to share areas of good practice and will ensure 'advancing equalities' is an area we concentrate on and is supported by our involvement strategy.

We would like to thank everyone who took part in this project, especially the service users who shared their experiences.

*Please note this report is part of a wider annual report for NHSE Spec Com 2022, and it is this annual report that will need citing. Please contact NHSE for more information.

Report Collated 14.2.22 by Y&H Involvement Leads

Final Document with Appendix 17.3.22

Appendix I

We have chosen to include some of the service user narrative in the appendix to give more context to the heading areas: accessing services, experience of services and moving on. This is only a proportion of the stories we heard and no more important than the sum of information we received. We once again thank everyone who took part and shared their experiences with us.

Accessing Services

I am from a wealthy Pakistani family but growing up I went through a lot with them. I wanted to meet people from other backgrounds who would think differently, but there were no opportunities for this. My family wanted me to follow their culture, I wanted to follow the white culture.

When I started to struggle, I was assigned an Asian family worker, it was difficult because they came from the same perspective as my family. Same culture, same religion, so this to me meant no change. Choice of worker is important! My choice.

I rebelled at school and did whatever I wanted to do. I struggled with my mental health in high school cutting myself, but no one ever picked this up. No-one questioned why I was never well on sports days. I struggled with my mental health through school on my own.

I finally got help when I was 14 after being in foster care. If I would have got help sooner perhaps all this time in hospital could have been prevented. I asked for help, but it had to get to crisis point before anyone really listened.

It could have all been different looking back. I was 14, a child, and struggling with my mental health and life. They could have done more for me. I had to do something big to get the right support.

My foster parents tried but wanted to become my parents, but they weren't my Mum and Dad, I didn't like that.

I was then admitted to a CAMHS unit far away. I got the help but felt far from home. Only my Grandad could visit, and he found that hard due to the distance. I asked if I could come closer to home, but I wasn't able to. I wanted and needed more family contact with my Grandad.

Then I had to go to care home, and I rebelled. I wasn't really dealing with my mental health. They didn't have a clue about mental health. They weren't trained in it. It was tough without the support I needed. Staff should and could have been trained up. CAMHS community support is only there when there is a crisis. I was told to use my coping skills, but I didn't know what they were!

I then went to a mixed inpatient ward, when I struggled the men kicked off and I was scared due to trauma in my past. I was moved to a women's service and it helped calm me down.

When looking to move on I couldn't stay in the area I had got used to as it was 'out of area' for me, even though I wanted this to be my home now. I hadn't experienced anywhere else to live closer to home as an adult.

I have been supported well as an adult by staff. I have learnt 'You are who you are, and you can't change that.' I have also made lots of friends through my time in hospitals and am grateful for peer support.

My future goals are to help other people – 'I've been through things so want to give back.'

'If I had a magic wand, I would want services to listen to people, and let them live where they want to live. There is always a reason why.' 'I would get more support available for people at the right time too. Not just to tell you to use your coping skills when you are a child. Some staff don't know what coping skills are so how was I to. Staff should be trained and confident to sit with someone and guide them.' (Female, Community)

I struggled through school; I got some GCSE's but not the best marks as I had mental health issues since I was 11. I had the support of psychiatric nurse in school, she put my point across to school and mediated between me and my mum.

I got work experience at school that led to a Saturday job and then full-time employment when I left.

I was using drugs to help my mental health, but it affected it too. It became a cycle. I lost everything and ended up in Prison.

It took a long time for me to get into hospital from Prison. I had a good mental health nurse there; the prison officers were not helpful though, they made me feel worse, they need training in mental health.

Hospital is friendly, staff are helpful, there is an understanding of what help we need, and it feels a lot safer than prison.

I have been in hospital for a long stay and had intensive psychology. The responsibility through involvement work has really helped too.

I am ward representative now. I try and be approachable so people can come to me. I lead morning meeting daily and ask everyone on the ward if they are ok each day. Issues that come up are often around [section 17] leave, accessing money from safe, and activities.

I am finding it is taking too long to get a care co-ordinator. I just want to be in a settled home. I hope the support in housing is as good as I get now. Into the community is an important next step, it sets you up for rest of life. Technology is needed to help people move on too.

If I had a magic wand I would go back and make up for lost time, I would want more help at 11, I tried taking my life then, psychology then would have helped not years later. I wouldn't have got into drugs either. (Male, LSU)

Experience of Services

I lived at home growing up and we were happy enough.

I attended school and liked it; I just didn't like the other kids. I felt isolated and didn't know who to hang round with, I found communicating difficult. I was excluded for good at 15.

I was abused, the people who hurt me were never brought to justice, I didn't understand. I was angry and violent. My family couldn't cope with me anymore.

I cycled through the hospital system for 25 years. I dug my heels in for a long time and did not want help. Staff were unkind, my trauma repeated.

I worked with psychology on a trauma book, and I looked in mirror and said, "you will go to these sessions and make a change." Staff treat me differently now; they want to help, want me to be in the community. People in services need help. If I had this help and attitude from the start 25 years could have been 10 in hospital

Restrictions are confusing too 'you can't have this and can't have that'- staff should sing from same sheet, more positive risk taking, and care planning is needed.

We need staff who care. We need the right staff in this kind of environment. If you are comfortable with someone, you will listen and work with them. Choice of who to work with is important. We all count, and we all need to be safe.

If I had a magic wand, I would look deeper into staff history, check their character- why do they want to be here? Have a service user on a [recruitment] panel. We need to feel safe and valued and should have a say. (Male, MSU)

I was in prison and asked to come to hospital, it took 2-3 weeks to transfer and a 30-minute drive. At the time it seemed like a good move for my health. But hospital has been slow, I have been here 8 years now, If I had stayed in prison, I would have been out in 4 years with good behaviour.

The environment can be quite relaxed one minute or like a bomb has hit the next- I just stay in my room. I have some work to finish and then can be back in the community.

I feel lockdown with covid has added on extra time too and an added barrier to moving on.

Staff keep leaving too or they are shorthanded, things get cancelled for me at last minute.

Technology is way behind; we can have cheap mobile phones- no smart phones or cameras. I would like an iPhone and facetime. I want to be online gaming, not just a PS4. We miss out on so much. If I was in the community, I would have a laptop and Netflix. I love gaming.

I just want to stay out of a place like this again, I want to go to college or have a part time college course and a job. Anything where I can use my hands.

If I had a magic wand, I would make the therapy work more frequent and intensive so I could move on quicker. Services need to get people in and out quicker. (Male, MSU)

Moving on

Before coming into services, I warned the police and general hospital staff that if they did not help me that I was going to hurt somebody. They said that they would not help until I did something. I did and this led to my index offence and thirteen years in services. This did not need to happen.

As I have now been in hospital a long time and because of my age (mid-fifties) I am not confident on the internet or using a smart phone, so I must rely on staff for help. This leaves me less opportunity to check things out relating to accommodation for myself.

Finding the right accommodation is difficult. There are limited one-bedroom flats available in the area I need to be. I also had to cope with other illnesses at the same time as waiting for accommodation, this has been stressful. I had to cope with cancer whilst concentrating on my mental health pathway out of hospital.

A private provider offered me accommodation which seemed positive. This fell through though because I did not meet their criteria (I was too functionally able). They wanted more money to fund support I did not need. The social needs assessment would not fund this. This slowed my progress.

The Tribunal process also hindered my progression. I initially won my first tribunal. This was deemed invalid due to legal issues. This affected my progress even though it was not my fault.

I then lost my next tribunal because of the housing situation. It could not be evidenced that the right accommodation/support was available in the right place to meet my needs. I am able to take care of myself but need support that acknowledges that I have been in hospital for thirteen years. (Male, LSU)

Getting accommodation and moving on from hospital into supported living is like a postcode lottery. I am being made to go away to my "home" area instead of staying local to here where I want to live. I don't have links in my "home" area and haven't lived there for a long time. Other people on my ward with the same diagnosis and also ready to move on can go to X but I can't have the choice where I want to go. The impact on me is that I won't get the support I need to keep well around people and places I know. So, I could end up coming back to hospital because I get unwell.

I've been out of my "home" area a long time so I should be able to choose where I go. When I have been in hospital a long time here this area should become my home (Female, LSU)