

What we’re hearing

about people with mental health needs in acute hospital trusts

February 2025

# About Healthwatch Surrey

At Healthwatch Surrey we listen to and champion the voice of local people to shape, improve and get the best from NHS, health and social care services. Mental health is one of our four thematic priorities.

# Approach

As no targeted engagement or questioning around experience of acute hospital trusts from patients who have mental health needs has been undertaken, some of the below is what has been shared with us as part of wider discussions around health and social care. It is a snapshot of what we’ve heard in the last 6 months.

**Please note**: Any urgent or concerning experiences within this report have been escalated to the appropriate teams. All appropriate information and signposting has already been given.

If you would like a paper copy of this document or require it in an alternative format, please get in touch with us.

# What we’ve heard

## Environment and feedback

People talk to us about the impact of being near others with mental health needs and how this can affect their own recovery. People also cite a lack of response to feedback as an issue.

“Although the treatment and care was very good from doctors and nurses, the environment was not conducive for mental health and healing due to a permanent inpatient’s dangerous and disruptive behaviour day and night. In December 2024 I complained to the Hospital Administrator in writing along with a fellow patient, and to PALS, but it appears to be that it can’t change due to the man’s disabilities.”

227970, Epsom and Ewell resident

## Patients in crisis

People often tell us that their only experience of secondary care is in a crisis situation, often due to a perceived lack of support in the community.

“My son is constantly having a mental health crisis. I am on probation and really stressed with life. He is 17 and 3 weeks off being 18 and because he is about to move under Adult Mental Health, it feels like no one will help. I can't cope with him. He is slitting his wrists. We were in A&E this weekend. Last week he did 'Spice'. It's all a cry for help as his mental health is not being looked after. It's too easy for him to get drugs, he orders them like it's Deliveroo.”

219681, Surrey resident

Falling between services (adult and children’s mental health above, and neurology and psychology and A&E and CMHRS below) is also something people speak to us about regularly.

“I was also visited that day by 2 representatives from Psychiatric Liaison, but they said that they could not help as “I did not have a mental health issue”, that I was feeling suicidal because of the neurological problem but that the neurologist wasn’t going to help because they said it was psychological. This was after them asking me whether I was still suicidal, which I confirmed I was. So, I have been left with no neurological input and no psychiatric help: a major failure of care from [the hospital trust].”

216944, Surrey resident

“I was under the CMHRS team for 10 years for my bipolar disorder but was discharged during Covid as I was also diagnosed as autistic. I have been feeling really low for the last 3 weeks so I went to A&E and was seen by the Psychiatric Liaison Team. They referred me to CMHRS who refused the referral. I have been to the Safe Haven as I was suicidal and went to [hospital] last week as I had taken an overdose. I was seen again by the Psychiatric Liaison Team and they referred me to the Home Treatment Team.”

228095, Surrey resident

Sometimes the services involved are outside the health service, notably the police, but it can have a real impact on patients’ care and progress.

“…I had a mental health break down. An ambulance was called, but the ambulance couldn’t do anything for me until the police came. No one told me this, so when the police arrived, I panicked and ran away. They went all round [the town] trying to find me, when they eventually did, they took me to A&E. When I was in A&E a doctor from the mental health team came to speak to me and told me that it would be a while before I was seen, so I left. I have not had any follow up at all.”

214176, Reigate and Banstead resident

People tell us that they can’t always be seen by the team they think they need.

“Went to A&E because of self harming and strong feelings of suicide. The psychiatric liaison team refused to see me.”

226520, Surrey resident

## Children and young people’s mental health

Some people have talked to us about their experiences with clinical staff who they don’t feel deal with their children with mental health needs appropriately.

“I’d like to share some of the experiences my child and I have had at Paediatric A&E over the last 9 months. They include an A&E nurse telling my child that paracetamol wouldn’t kill them. My child went on to take a much bigger paracetamol overdose.

Another time the same nurse told my child that the nurse had tried to kill herself by drinking bleach and that did not work. Thankfully my child did not try bleach!! Another time, after being in A&E for more than 12 hours, after self harm and suicidal ideation, a consultant scolded my child for not cleaning their teeth. Another time, A&E staff did not treat my child’s self harm wounds. My child was admitted and their wounds were not treated for more than 2 days, by which time it was too late to have them closed. This was despite me alerting staff every few hours. Another time, when I was required to be with my child 24/7 on the ward, the CAMHS practitioner on the ward told me that I may be making my child’s mental health worse by advocating so hard for them in front of them (but I could not let them out of my sight).”

211792, Surrey resident

“My son has now been in [hospital] for 19 hours waiting to see the psychiatric liaison team. He then left and the police brought him back. He is currently in the clinical assessment unit but still hasn’t been seen. He was seen and then sectioned under section 3 [up to 6 months as an inpatient] but there were no beds anywhere. Previously, he had to go to a hospital in Brighton.

He has absconded from the hospital twice since he was sectioned. He came back of his own accord. Then yesterday, he ran away again. He was meant to have a 1:1 with a nurse but that didn’t stop him running away. Can’t they restrain him? Knowing that he continually does this, why aren’t there things in place to stop him doing this again and again? Is the nurse mental health trained?”

225543, Spelthorne resident

## Positive experiences

People do share positive experiences with us. These are often related to the kindness and compassion shown staff and a feeling that individual needs are being identified and met.

“I have seen the mental health team here [at hospital] and they said I can go home. I am seeing my GP tomorrow and I will tell her what’s happened. The staff here have been really nice. I was really upset and crying when I came up here and the nurse asked if I wanted my curtains closed, which I did. She came back later and asked if I wanted them open again so I could talk to other people.”

227763, Reigate and Banstead resident

“Four weeks ago I had a breakdown, I was suffering with my mental health whilst visiting mum in the ward as it was all getting too much for me being here 12 hours a day seven days a week without a break, it feels relentless. That time staff in A&E were brilliant - they understood what I was going through, very empathetic, and said that I could go back up to the ward and they would call me when there was a doctor ready to see me to discuss my condition. This was really helpful and made me feel that they understood.”

216944, Surrey resident

“The matron on the ward is really good. She has been willing to listen and take on board mine and my child's suggestions. Unfortunately we have had many admissions and have seen the nurses really change for the better in their approach to young people admitted for mental health reasons. The student nurses were amazing with my child - actually talked to them and helped them feel seen.”

211792, Surrey resident

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We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view [our video](https://www.youtube.com/watch?v=y7jVu38Twno) highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information.

Every three years we perform an audit so that we can be certain of this.

The Luminus logo. The word Luminus is deep purple in colour. It is in a rounded font. The ‘L’ is a capital but the rest of the word is in lower case. From each side of the dot above the ‘i’ of Luminus are yellow beams which run horizontally stopping to the left before the ‘L’ starts and to the right at the end of the letter ‘s’.

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