

# Care Quality Commission community mental health survey 2022

The Care Quality Commission (CQC) has published findings from its **annual community mental health survey**, looking at people's experiences of NHS community mental health services. A summary of the key findings from this year's survey is outlined below. If you have any questions about this briefing, please contact senior policy advisor Ella Fuller ([ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org)).

## Key points

- In line with the past two years, the organisation of care is an area where the majority of people reported good experiences. Ninety-six per cent of respondents said they knew how to contact the person organising their care if they had a concern. There were also a higher proportion of respondents reporting positive experiences regarding the responsiveness of care and care planning than in other areas.
- However, CQC finds a number of areas for improvement including in relation to: accessing care; crisis care; involvement in care; support and wellbeing; and communication. These areas for improvement broadly match findings from last year's survey.
- When asked to rate their overall experience of NHS services, just under a third (29%) of respondents rated their care 'very good' and just over two thirds (69%) said that they were 'always' treated with respect and dignity.
- CQC highlights that access to care has seen a significant decline since 2014, including only 40% of respondents feeling they had 'definitely' seen enough mental health services for their needs and 45% saying they were not always given enough time to discuss their needs. Almost a quarter (22%) of respondents said they did not get the help they needed in crisis, while 2% said they could not make contact with a crisis worker or team.
- This year's survey highlights how experience varies for different groups, including according to age, duration of mental health condition, and mode of contact.
- The results from the survey will be used by CQC to build up the regulator's understanding of the risk and quality of services and those who organise care across an area. It will also be used by trusts and commissioning services to identify and make the changes they need to improve the experience of people who use their services.

## Context

The CQC community mental health survey has been carried out almost every year since 2004. For this year's survey, field work took place between February and June 2022. Those aged 18 and over and who had received specialist care or treatment for a mental health condition between 1 September and 30 November 2021 were eligible to take part. This year saw a decline in the number of respondents: CQC received responses from 13,418 people (a 21% response rate) compared to 17,322 people in 2021 (a 26% response rate).

Each participating trust has been provided with a **benchmarking report** which provides detailed information on how a trust's score compares with other trusts. The results from the survey will be used by CQC to build up the regulator's understanding of the risk and quality of services and those who organise care across an area. It will also be used by other trusts and commissioning services to identify and make the changes they need to improve the experience of people who use their services.

## Positive results

### Organising care

In line with the past two years, organising care is an area where the majority of people reported good experiences. Ninety-six per cent of respondents said they knew how to contact the person organising their care if they had a concern, the same percentage as in 2021. When asked how well this person organised the care and services they need, 57% responded 'very well' and a further 31% responded 'quite well'. Sixty-three per cent of respondents said they 'definitely' got the help they needed the last time they contacted this person. However, only around two thirds of respondents had been told who was in charge of organising their care and services, continuing a decline in positive answers to this question that began in 2014.

### Responsive care

In many trusts, remote options are available to people who use services, alongside traditional face-to-face care and treatment. 71% Seventy one percent of respondents said they and someone from NHS mental health services had agreed how their care would be delivered.

### Planning and reviewing care

Around half of respondents (55%) stated that they had 'definitely' been involved as much as they wanted to be in making decisions about their care and 35% answered 'yes, to some extent'. People were also asked whether decisions on what care they will receive took into account needs in other areas of their life. Half (50%) answered 'yes, definitely' and 37% answered 'yes, to some extent'.

However, 40% of people reported that they had not had a care review meeting in the last 12 months. When care reviews took place, 63% of respondents felt decisions were 'definitely' made jointly – an increase of two percentage points since 2021.

## Key areas for improvement

CQC finds a number of areas for improvement required given this year's survey findings, including in relation to: accessing care, crisis care; involvement in care and support and wellbeing and communication. These areas for improvement broadly match findings from last year's survey.

### Accessing care

Access to care has seen a significant decline since 2014. Only two in five people (40%) felt they had 'definitely' seen enough mental health services for their needs, which is lower than last year's result (41%) and a decrease of eight percentage points since 2014. Two in five people (45%) were not always given enough time to discuss their needs, a decrease of 11 percentage points since 2014. Two in five people (44%) thought the waiting time for their NHS talking therapies this year was too long.

### Support and wellbeing

94% of respondents reported that they had a physical condition, disability or illness that has lasted, or is expected to last, for more than 12 months. Of this group, 40% said they did not receive support for their physical health needs, but would have liked it. Half of respondents (50%) said they did not receive help or advice with finding support for their finances or benefits (51%) or in finding/keeping work (50%) but would have liked it. These results were all statistically significant increases since 2021. Only half (50%) of people reported that the person they saw 'definitely' understood how their mental health affected other areas of their lives.

### Medicines

Adherence to medicines can be low for people with mental ill health, and recent [guidance produced by NICE](#) recommends that people who use services are included in decisions about prescribed

medicines to help increase adherence. Of the respondents who had received medication, almost two-thirds (62%) of people responded 'yes, definitely' when asked if the purpose of the medication had ever been discussed with them. Under half (44%) said that they had possible side effects discussed with them. Last year the regulator saw a six percentage point increase in the number of people who said they had had their medicines discussed with them compared to pre-pandemic results. However, this year there has been one percentage point drop to 62%. 25% of people answered 'no' when asked if an NHS mental health worker had checked in with them about how they are getting on with their medicines.

### Crisis care

Rising two percentage points from last year, 28% of people said they would not know who to contact out of hours in the NHS if they had a crisis. A follow up question to this group revealed that almost a quarter of respondents (22%) did not get the help they needed, and 2% could not make contact with this person or team. 19% of people felt they had to wait too long to get through to a crisis worker or team.

### Involvement

Only 44% of respondents said they 'definitely' agreed what care they would receive with someone from NHS community mental health services. Around half (55%) of people were involved as much as they wanted to be in deciding what care they would receive. There has been a slight positive increase in the number of people who felt they were involved as much as they wanted to be in deciding which talking therapies to use, but it remains at only around half (51%). Around half (51%) of respondents said services had 'definitely' involved a family member or someone else close to them as much as they would like, which is a significant downward trend when compared to results from 2018 to 2022. Twenty-one per cent of people said their family member, or person close to them, was not included as much as they would have liked.

### Overall experience

When asked to rate their overall experience of NHS services, just under a third (29%) of respondents rated their care 'very good'. Compared with 2021 results, an increased proportion (now 5%) rated their experience as very poor. Just over two thirds (69%) of people said that they were 'always' treated with respect and dignity, which is a decrease on last year's score and the lowest score for this question in the nine-year reporting period. Compared with 2021 results, an increased number (10%) said they were not treated with dignity and respect.

## How experience varies for different groups

In line with last year's findings, younger people (aged 18 to 35 and 36 to 50) reported worse than average experiences, while those in the older age groups (66 to 80 and those over 80 years old) reported better than average experiences. Findings also showed that people with challenging and chaotic non-psychotic disorders reported worse than average experiences of care across multiple areas. In contrast, those with a diagnosis of first episode psychosis consistently reported better than average experiences. People who expected their mental health condition to last longer than 12 months also reported worse than average experiences across multiple themes. Those who received face-to-face and video modes of contact reported better experiences of care, whereas those who received telephone care were more likely to report worse than average care.

## NHS Providers view

CQC's latest assessment that people's experiences of using community mental health services continues to be poor is deeply concerning. This is despite trusts' best efforts to adapt and respond to rising, and often more complex, demand. The impact of the pandemic and now the rising cost of living on need is clear: responding to our survey of trust leaders in the summer, the majority of respondents (72%) said they have seen an increase in mental health presentations due to stress, debt and poverty.

We welcome CQC providing each trust that participated in the survey with a benchmarking report which will support learning and improvement. There is clearly more that trusts need to do in a number of key areas including ensuring that people are properly involved in decisions about their care, that their care is robustly and regularly reviewed, and that they always feel treated with dignity and respect.

Broader action is also needed to support community mental health services in responding to significant, longstanding challenges. There has been a considerable under-investment in core community mental health services historically and trust leaders were warning before the pandemic that they did not feel there were adequate mental health community services to meet demand. People receiving care from community mental health services often rely on other agencies as well, and these likewise have faced severely constrained funding over the last decade. It is vital that these services are adequately prioritised in forthcoming spending decisions.

Welcome work is now underway to improve and integrated community mental health services under the NHS Long Term Plan, but we know that delivering its ambitions in full will take time and further funding. As CQC notes, targets and budgets associated with these plans were created before the pandemic and therefore do not account for increased levels of demand we are now seeing.