



'Chances to Change'

South Yorkshire Engagement Events – Report on Transitions in and out of Secure Care

This report contains the statements, thoughts, ideas and discussions that were had with service users from secure services across South Yorkshire and Bassetlaw about their experiences of services, their pathways through services and with a particular focus on transition points including their upcoming or past community discharge. We spoke to service users who are currently in secure services, as well as those recently discharged into the community. We spoke to some of them on a 1:1 basis and others within a focus group. We spoke to service users at 5 different services within the provider collaborative. All of the discussions followed the same format around these key themes, and have been amalgamated under these headings so as not to identify particular individuals from specific services.

We also spoke with family, friends and carers at 2 different services Carers Events about their experiences of having a loved one in hospital, and about how they would best like them to be supported in the community during the transition period and after hospital. This can be found at the end of this document as a separate report.

ADMISSION

We would like to find out what support you had when you were admitted and what could have been different or better about this.

Lack of community support, being stuck in prison without the right support, waiting for treatment even after hospital admission, chaotic and noisy environments that don't feel appropriate and a lack of information about where people were going were the main themes here:

We need more community nursing support. We need to be able to access nurses in the community as last time it wasn't easy for me. That's when problems escalate. My behaviour got out of control way before my offence. I asked for help but couldn't get it. It could have all been prevented if the support was there in the first place.

I came from prison after being there many years. Then I went to a specialist ward for people who are deaf. There was no help available for people with mental health problems in prison. I've been stuck in the system for 14 years. My tariff was a lot less than that. I never got the right support until I went to high secure and then I got the help I needed. I saw a speech and language therapist who was fantastic and really understood me and how to help me. I was messed around by services because of my deafness. I waited 2 months to come back here. It's been a good experience when I finally got here. I had to wait a while to be admitted as the ward was unsettled which was frustrating but could come once it was more settled.

Timeframes are so long before we can start any treatment. It seems to take ages. We are sent here and then have to wait to be assessed before any treatment can start.

The assessment ward is very loud. I remember waiting and pestering for some psychology. I like to stay busy and just wanted to get on with it.

I would've liked an induction pack - something the other service users could have been involved in writing and telling us what the place is like. I came from high secure. It felt like there was no hope. It would be good to buddy up with someone when you first arrive – someone who's been through the system before, who could be really helpful.

Where did you come here from, and do you know what the plans are for your future pathway?

A mixture of responses from people, many not knowing future plans, while some were clear about it but didn't know timescales. Some not believing the plans until they are actually physically going as things have fallen through so many times.

I've been here two years. Next I'm going to the community. There are no plans yet.

I've been here two years and I came back

I've been here for years. Next I'm going to supported living in a flat.

I've been here nine years. There are no plans to move me on, and I haven't got a clue what's next. I'm losing interest and fed up. I just deal with it as it comes.

I came from a medium secure unit and I didn't want to leave a different MSU. I refused to come. I knew the staff and patients and I was nasty and abusive to staff when I arrived I first arrived. I was always in seclusion. Now it's been a year without it (seclusion) and I've settled in nicely.

I've been here for years. My future plan is now supported living with 24-hour support.

From prison - I need a robust mental health package. This was promised to me but never happened. I tried to get myself killed as a response to this.

Now I'm on a waiting list to go back to my last home area. This was where my offence was though. I'm waiting for a flat and will be able to stay there 2 years, and then I'll move properly into the community in my own place. I will furnish that myself.

I was transferred to here from prison. I get discharged tomorrow. I live quite a way away. I don't quite believe I will be going but everything is in place for me to go, but I'll believe it when I've gone.

I have been here a year. I came from prison and life here is much easier. The transition was good for me because I wasn't getting the mental health support I needed in prison and I knew I would here. People are warehoused in prison stuck with all sorts of problems because there is nowhere to put them. There needs to be more for those who don't get to hospital too.

I was admitted here on the day I was released from prison. I'm afraid when I'm discharged that I won't get the right support. The community team had some information about me which is factually wrong. I want it changed. It's information that could kill me if it's not right. I've told my community nurse.

The transfer from another MSU has been ok. I'm used to it all after lots of hospital admissions now. I take it in my stride.

I found it easy to get to know the staff here. At the high secure hospital I was at the staff don't interact with patients at all.

Moving from prison to a high secure hospital was massive for me. There were lots of bad experiences I had there. It's geared up with negative attitudes, and people don't get the right help.

I have some substance miss-use work to do then I can apply for a tribunal. I want to go straight to the community from here. It's hard going and slow at the high secure hospital, and much quicker here in medium secure. Three months after coming from high secure I was promised home leave. Things seem to be going so fast! I'll be right with my behaviour. I want to know what's next in the community I want to know my family I need help and that's why I offended in the first place. I need proper help - it's looking good though now. I need my own place when I move on. I don't want to put pressure on my family. I want to find out more about the community care that is available at my CPA. If you get discharged from prison you don't get any help. When I went to go to A&E from the community I wouldn't get any help offered. Yeah I'm in a medium secure unit now and I'm well. I asked for help at a low secure unit before and I was turned away because I wasn't poorly enough. Then I ended up in high secure. It's strange how that happens. People should be able to get help when they ask for it - it would mean less admissions and that people could get better quicker. My family was so scared that they had to call the police on me. They said that it was the hardest thing they ever had to do. But it was the only way to get help with being mentally unwell. The difference between hospital and prison is that hospital is better because you automatically get support from a community mental health team when you get discharged. Here it's more positive and staff respect us and we do them. I've been here a few months.

We would also like to know about the transition from where you were before to where you are now.

Transitions generally fairly smooth, often familiar staff, people happy to move if there was a positive reason for it such as lower security, moving from prison to hospital or moving closer to home, seem to take it in their stride.

When I came from medium secure to low secure people came to see me. I've been here before it is what it is. Anything to help the transition - like getting information is helpful. I was happy to make the move to be closer to my mum. I didn't want to do the activities at the old hospital so I was pleased to move. Psychology helps me deal with what's happened and how not to do it again in the future.

I liked moving from medium secure to low secure. It's closer to my mum and family.

I knew all the staff

Familiar staff from past admission and it was nice to recognize them

There used to be more activities, now there's not much enthusiasm for activities so they never go ahead.

I was too poorly to remember been admitted. My sentence finished but went to a high secure hospital because I was so unwell - not because of my offence. I've been here before. I've gained more insight in what's offered this admission. Last time I was disruptive because I wasn't well. It was spice - but now I am spot-on. I came from prison but gained more from high secure in discipline than anywhere. I have lived a better life in the last two years of hospital than 20 years been in prison. Now I'm looking to go to rehab. People need treatment not locking up. I'm in a good place now but still got work to do though

I came from prison seven months ago. I settled in well I was visited twice in prison before I came here. Spice destroys people's lives in prison. An ambulance was called to the prison 20 or 30 times a day when I was there. It's very dangerous. People just don't understand

What have you found most useful from this admission?

Education, Psychology, OT and practical skills were mentioned the most here.

I wanted to get help from all the care team but I've found OT have been the most useful. You can't knock education either. I needed help for PTSD and bereavement, and it has taken ages before the doctor agreed with me. I wanted help with my bereavement issues but the psychologist disagreed and so I was left to myself with it. So I have found someone in the community to talk to about this so when I move on I can still talk to them. I also need treatment for gambling issues. It's a shame they can't help with bereavement or gambling problems here, but they said they're both issues to deal with when I've moved on into the community.

The education tutor is fantastic here. I'm proud of the short stories I write. I've been supported to send some off to perhaps be published. Who would have thought you could get help like that in hospital.

I had schematic therapy here. It helped me change my way of thinking. It's something I can use to cope. I'd recommend it to other patients.

I found out my mum had cancer and I cared for her with my brothers. I lived with my mum and my brother and sister were down the road. I cooked for the first time on the lodges here in hospital. I cooked poached eggs and the eggs came out perfect! I don't like eggs but my mum would only eat my eggs when she was ill. Strange that, but things happen for a reason. It was totally down to be chance I learnt how to cook that and it was the best thing I could have done.

DISCHARGE

We would like to find out what support you had when you moved in to the community.

Some concerns about the lack of support in the community, worries about not going to the right place, the potential for coming back in to hospital, however for a few service users plans were quite clear and this was helpful, or they had already moved on and were having a positive experience of this. A lot of positive feedback from people who were in step down services.

I'm concerned I won't get a robust package in the community when I move on. I won't be well long in the community if I don't get the right help when I need it. I'm not sure what's available.

I've got a change to my community nurse since I've been in hospital. She came to see me in hospital and she said she will visit me at the hostel when I'm discharged.

This is a rehab service where you learn skills. There is seven or eight beds. I've been here 2 1/2 years - half good and half bad. I'm going to a residential home next. I'm still going to be in the same area. I came off my section which means I have more freedom but there is still staff to support me.

I came from Stoke-on-Trent. I found it a bit different here. Staff from where I came from couldn't find here when they brought me. It all looked the same. I felt nervous when looking round. I have done my treatment now and I'm ready for the next step. My daughter and the psychologist is helping my social worker to identify the next place. I'm involved and kept up-to-date with what's happening from the doctor.

I've been here two years now I moved here from rehab and before that at low secure. The difference between the two placements is that I found it more homely here, it was just like being at home with my parents. With less people there's only four beds and five bedrooms. It's a lot bigger. It's nicer than rehab because you can cook your own meals - and take it in turns on the rota to clean and do all the house jobs. I do my own shopping. It's a two year placement. I'm moving to Sheffield where I'm from afterwards.

I need more hope with what the future pathway holds, because I don't know at the moment if when I'm well I would prefer to be in prison. When you hear that other people are moving on, you can't compare yourself to others because it's always so different

I want to know the process of moving into the community. When I was asked I said I want my own place. My CPA is coming up. I need a chance. The doctor supports me but I need a flat before I can go anywhere. It stresses me that if I need help again I will need to come back into hospital and go through all the levels of security again. I don't want to go to low secure it's full of drugs and I don't want to go there. I need someone to watch me in the community because I need to take responsibility for myself then. No one can help you if you don't help yourself. I'll trust myself to do the right thing.

I've got a CPA in December. I want to go home to my family with help from the community mental health team. All my family is in the community and I want to spend time with them and get to know them properly. The lodges are brilliant. You can have leave and you learn to manage your money. You can eat food that's nice because you can cook for yourself, you can self medicate, and go shopping. It's just much better than low secure but not everyone goes to the lodge.

In the summer I'm hoping for discharge from the rehab ward. I need some leave before going to the lodges. You have to have good behaviour to go there. You can learn to cook, budget and so you get support from your MDT still. I'd like to go look around the lodges but I can't until I've got some leave. I need help. I don't want to rely on services because I'm becoming institutionalized. I was recalled from the MoJ. They recalled me as the doctor said to them that I needed to be hospital. It's only good if you're poorly but most people are well in hospital. I need help with living in the community everyone needs a chance to change.

Did you have the right amount of support with the transition?

Generally people fed back that while they were in hospital they could have had more input from care coordinators, case managers and external professionals. It is often unclear who is allocated to them as they don't attend key meetings or keep in touch. Everything takes so much time it is a test of your resilience to stay well during this difficult time. The right place to move on to doesn't always exist. People also felt that the transition was rushed or there was not enough information or chances to visit etc.

I'm going to supported living - there are 10 flats in total. It will be my next step into the community.

I've moved into the community now. I think that my care coordinator needs more time for me. She's too busy with different responsibilities and I have to wait to see her so I could be discharged. My discharge could have been a lot quicker if she could have taken me on earlier. I had to wait for ages. I wish she was more available.

I've been waiting 2 years for my discharge. The goal posts keep moving and I don't know what I need to do to get out.

It feels like a test - it's a challenge to see how I react to pressure and stress. That's the only way to look at it. You are always waiting whilst in these places. You have to keep hold of hope and just keep going.

I pester pester pester, but it still takes time. Lots of pieces of the puzzle have to come together, like funding, housing and your community team. Just best to be patient.

I need a CPN. I was told I have a social worker but not a community nurse. I'm not looking forward that when I'm discharged I will have to wait 5 weeks before universal credit will kick in. I need to try save some money now.

Lots needs to be arranged before we go. Like having a GP, having the right benefits to get some money to pay bills. We need a bank account and all sorts. It's a big jump from hospital to the community.

Before I can move on I need to know who my Case Manager is at NHS England. I've been told lots of things from different people. It all needs to be consistent and coordinated.

All Case Managers work differently but shouldn't do. It's a nightmare getting hold of one. We need them to get access to the right support once we move on. You can't move on without one.

I want someone to visit me and I'd like overnight stays before I move. I'm not sure what I want really. No one ever turns up to see me. Sometimes they come to my MDT meeting rather than my CPA. I'd prefer they come to my CPA where all the plans are supposed to be made. You need regular input really from your Case Manager.

When moving on from rehab it was better than a secure service. Going to a rehab service is better. It was better in Stoke-on-Trent and everything was different when I moved here. I've been in Stoke-on-Trent for years. I followed the football team there, now I've changed to here and have to support Doncaster!

I think people need short periods of overnight stays to meet the staff. I was told to come straight away. I had no notice and there was no information or photos of what it was like. I just came after someone coming to see me. I like to see a place and look round it. It has to be right. I need to feel comfortable and be involved. We need to get used to the staff and get the staff to get used to us. I saw photos when I visited supported living. Before I went I met other people there.

I moved to supported living in the community because there is nowhere at Sheffield to go. I visited before I went to there. I had a few overnight stays, got to know people and see what it was like. It could be better if it had a back and front garden that was improved. It needs weeding. I want unescorted leave. I would like to go into the kitchen without staff.

Out of area placements.

We didn't ask specifically about this, however it came up for some people when we were talking to them, as they were placed out of area. More about this can be found in the Out of Area Report.

It's difficult to see where I would be going with it being so far away.

My local area doesn't mean anything to me.

I changed my home area when I got assets in the new local community.

Everything always takes longer if you are out of area.

My home area doesn't have the type of service I need so I have come here.

It's difficult getting the right placement for everyone. It needs to be individualised, but I guess it's hard to organise.

We would prefer to be as close to home as possible

What has gone well and been helpful?

Taking things at the service users pace, having practical vocational and social things to do to keep a routine, and ensuring that the environment is right for them; both in hospital and in the community.

When I move into the community I want to visit and get to know a new place first. When I'm in crisis if I need to come back in to hospital it needs to be done quickly and safely, but going the other way into the community it needs to be slower so I can make visits and trial overnight leaves so I feel ready to move on properly, and I don't need to come back!

Someone I knew moved from medium secure straight to the community. Everyone still has got to do their own treatment first though. Newcomers stay less time than me. I'm happy for them. I've messed up and I'm paying for it now. I want to help others - that will help me. I'm struggling to move on. I want to move on and out and the team need to support me to get me to move on. That's my gut instinct.

On a Wednesday morning I volunteer RSPCA. When I move back to Sheffield it's important to keep working at the animal shelter. I've worked there for six years I love it cleaning them out and looking after them it's my main priority.

Compared to low secure and rehab I love living in the community. I'm glad to be away from others. I like it all the time there. It has a nice garden with squirrels. I go out on a Monday for bingo at DICE. There is a world garden where I have a job and on the Thursday evening there is drama at DICE where we take part and watch shows.

You can go anywhere in the house but the kitchen is locked in the community. Drinks are available though. You can use the microwave to cook and make drinks at rehab. I cook for myself. We have lockers with our own food and we put names on the food. Keys are for lockers with aftershave, razors and our laptop, as well as our clippers at supported living. Everything is shared in the fridge. We have medication and drinks locked in our cupboards. We have qualified staff sleep in overnight. At rehab it's very noisy. At the moment one person is really loud and rowdy. That would be the one thing I would change.

What could have improved the experience?

Having someone available who knows them, and has the knowledge and experience to support them and a community team with a good understanding of them and provide a safe environment. Being properly prepared for discharge and this being done at their pace, with the right information available, being able to visit. Having access to activities, and practical support with internet and budgeting.

I will always have staff with me but I will cook for myself always, have someone with me, people to talk to and to prevent me from doing what I did to get into hospital in the first place. I don't want to get back into hospital my ideal life is to be in the community with 24-hour support. I have the knowledge and insight and the experience. I need people with me to keep me safe. I need the right support in the community and I want to leave here when I become confident that I'll be safe and so will others. I need a good support network around me and give me my safety net. The community team need to have a good understanding of me. People need to help me properly and work out what works for me. I don't know my external social worker.

The key to everything when moving out of hospital is that it's the right place for me. I need the right help – there's a bloody good team here, and I need to accept the right support and the right relationships to help me move on.

It's always been a rush to move me. I'm told days before leaving. This has been really difficult for me. No proper planning or time to visit and see where I'm going.

I was told I was moving 1 week before I did. I was happy but would have liked a patient leaflet with information and pictures before I came.

I've only seen my house in the community from outside. I can't go inside because it's someone else's tenancy until I move there. I can't have any information about the flat. I will be given 4 weeks notice and 2 of those are for renovation.

We are always told when we are moving and never asked when we would like to move. We should be kept informed through the process. I am just used to it now though because that's what always happens.

It would be better if I was told I was moving. It would be better because I could be more patient and understanding if I knew what was going on. There needs to be a better system which is straight forward that we can be informed of and involved in.

It was anticipated I would have lots of spare time in the community. So I set up to go and volunteer 3 times a week, and I come back to the hospital for some activities every week too.

I organised these activities for myself with encouragement from my MDT. They said if I wasn't busy I could get back in my old ways. I don't want to risk that.

When you move into the community you can only rely on the community team for minimal support.

I wasn't use to using the internet but now in the community I found you need it for everything from shopping to banking, getting information and looking for jobs. It would be better if more preparation was given to this before people leave hospital. All costs in the shops have changed since before I was admitted too. It's a big shock if you're not ready for it.

Is there any advice you would give to people going through a similar transition?

Everyone had different words of advice, and these are captured here in full.

I would say to take advice from your team and make it a real team effort. Speak on the same page.

I didn't like to be told I was leaving on the same day, so I want a few days or a weeks notice in advance. I needed to sort out all of my things and my washing. I don't want to forget anything.

Don't blame the staff with your frustration and anger. Own your problems and feelings.

Use your psychology sessions and take advantage of all the support that's offered to you.

Tell the staff what you need, not just choosing what they offer.

Don't concentrate on timescales. You'll only be let down.

Get your head down and take it as it comes

Build up trust from staff and wait for your section 17 leave.

Keep going be patient. It takes time. I have psychology on Fridays. I talk to staff in the community if I have any problems. They know I like jokes and having fun. It keeps me out of the way.

I get to know people let them get on with it. I would introduce myself and tell them my routine and what I do. I show them round and explain it's more relaxed than Jubilee, say to them to "make yourself at home, enjoy it, there's plenty to do and feel at home." There's plenty of gardening to do and we have flowers and seeds to plant

My cousin is in prison and my advice to him is that they're here to help you. Do as you're told. Eat better and take your tablets. Have your psychology sessions. These places can change your life.

My advice is to keep your head down

My advice is that you need to change and to do what you need to do. Tell people how you're feeling and get the help and advice they are giving. I am an expert in me. Doctors can't say you're wrong – but you know yourself better than anyone else.

I know what I need. I need to be honest I need to stay off drugs, but I took them for a reason. Out in the community it is the most dangerous place to be. The most dangerous people are in the community. It's better to be without drugs in the community

What are your priorities for when you move into the community?

Good staff that you can trust, having a relationship, being part of a community, continuing treatment and implementing skills learnt, having a structure or a role like a job, going to college, caring for animals. The importance of social events, as well as practical skills were highlighted.

What would be better and is to have more decent staff, and a PAT dog. We had one but it smelt. There's lots of work done in the building to make it better, and less people living here. It takes patience. There needs to be more with staff though. Staff would have more time for us - to do more activities and have more leave. If leave is cancelled it gets rearranged. It's harder to do family visits because it takes too many staff. Staff have previously come in on their day off so I can go home. That's a real good staff member and she didn't need to do that, but I won't ever forget how much that meant to me.

I would like a relationship with someone. That will be good. I'd like to meet like minded people in cafés or befriending group activities. I could meet people there. I want to meet people for a relationship.

Once I'm in the community I'll go to community social groups somewhere like DICE for nightlife and a social group in the community.

I'd like a psychologist in the community.

I wouldn't want a psychologist. I've done the work. I finished it. I've already learnt everything. If I wanted to speak to someone I would ask for someone. If you give it everything you will be successful.

I'd like to go to college. I've done it before but I'd like to do it again. Something like small animal care.

I'd like to work in a supermarket on the till. I worked in a shop at my last hospital.

I would like to work at a coffee shop. Just like everything like I do every Thursday at the moment. I like it. It's not bad - I can chat with customers and I didn't need much training. I know how to work out the money in the till. If I go wrong I write it down and void it. The till needs to be right at the end of the day.

When I move on I'd like an animal like a dog or a hamster or a snake. Something to keep me company, and I'd like to look after it. Something that's easy to handle and look after.

We garden sometimes on Jubilee. I grow cabbages. We go to Sandal Beat on Mondays and clean up community areas. Sometimes I get bored and would like to do something else. At Sandal Beat there is a Christmas party for all the hard work we have done we make things. It's busy and nice.

Sometimes you get dizzy like a yo-yo doing the same things coming and going every week on the same days. I would like to clean kennels instead of horses for a change. There is a rabbit on rehab - it loves me! It's so cute! We have a rota for people to clean it out and feed it. People need to stick to the plan. On low secure they had guinea pigs. There is no pets at supported living because no one takes responsibility for them. This is because it's a short stay unit and people move round quickly.

We have supervised access to the Internet although we buy our own phones.

It's nice in the community – with nice staff. We have get-togethers with low secure, rehab and supported living. This happens four times a year – Easter, summer, Halloween and Christmas. We decide at the patients meeting what themes to have, and hire the server, get a DJ with music. We really enjoyed this and sometimes get dressed up. We would like to get together more often and see old friends.

We have smart phones which are locked for the Internet at rehab. We can't use them on the ward and so need leave to the Internet café with staff if you don't have a phone. The photo is not enabled though. It's the same policy trust wide and there are individualised care plans for each person across the three services.

There is loads of support in the community that is available - like groups, housing, and the same sort of support as in hospital. You need to get to know people from the community team. My Wellness Recovery Action Plan (WRAP) helps me, so other people know me and my triggers.

I want to get back to work help and to be part of my family's life so my kids believe in me and I know that I can be there for them.

I'd like to work. I worked on the roads and came off benefits. I arranged it myself. I did a one day course and got a certificate and got a job straight away. I worked a lot and it gave me structure and a reason to live.

I need something to make me think twice, with support to get back into work and keep it going, with a routine.

I need help to do this and make sure bills paid on time and to do my own shopping. I want to learn how to do this in a stepdown facility in the community to put what skills I've learnt into action before I forget.

Crisis support

We didn't ask specifically about this, however it came up for some people when we were talking to them, as they felt that this was crucial to their successful recovery and future support.

It's awful when you go for help and it's not there. Crisis support needs to be available 24/7. We always asked for help before we offended and hit crisis point but the care wasn't there for us to take.

Help needs to be available so I'm never recalled.

Options I'd like for crisis support

Recovery hubs

24/7 support with someone to talk to

Hospital provide relapse plan and have the numbers to be able to help in the community

Crisis beds - not hospital admissions being recalled, help for a few days or a week may all be that's needed

Social work support available

Probation to understand more about mental health issues

More knowledge from services in the community about forensics and where we have been

Someone with forensic expertise

Peer support along the pathway

Recovery colleges

CARERS

As part of the process to better understand peoples experiences of admission and discharge, and to learn from these to improve pathways and transitions, we spoke with family, friends and carers at 2 different services Carers Events about their experiences of having a loved one come in to hospital, and about how they would best like them to be supported in the community during the transition period and after hospital.

How involved are you with the service, what works and how could this be improved?

It was felt by all the families that it takes time to learn to ask the right person about their loved ones. They felt it isn't always explained and they got lots of mixed messages from different members of staff. They could be quite concerned about their loved ones if they spoke to a member of staff who contradicted other members of staff, which happened a lot. One family shared that they learnt to ask the people who give consistent answers - like a social worker for the ward or a carers link person.

The toilets in the reception area are clean today but they weren't the first time I came. It was nice to see that they were clean it says a lot about the hospital and gives a good or bad first impression.

First impressions - photos of what is behind closed doors – families want to know “is it safe?” It would be great to see the bed space - something visual like a photo. That's really important stuff with the hospital going above and beyond. What is going on behind closed doors? Your imagination goes everywhere. We want tours of the hospital. We only get to see the beginning bit. When you see it it's not as bad as what you think.

What could make your family members experiences better while they are here?

This family were happy with everything. Their son has no insight but they feel he is very well supported and are realistic about his care. They will be happier when he moves to low secure as it will be closer to their home in Sheffield. He's waiting to go to low secure at the moment and have been waiting for a bed for ages but nothing ever seems to happen.

Very positive family. Their family member came on a prison transfer. He works has a job in the hospital and chairs the Patients Forum, which they are proud of. He's okay with money despite the low amount of benefits he gets. Everything he is doing is leading up to him going home to his kids and living his life. He's been here for the 1 1/2 years mark and he's getting a change in his section so he is able to be discharged. It is his first admission and contact with mental health services. He wants to engage and learn as much as possible and sees this as an opportunity.

The next family didn't want to talk in front of their son as he was nervous and present, he was still taking drugs in hospital, and he felt his son must stop taking them. He wants him to behave better so he can be discharged in to the community, but first he needs to stop the vicious cycle he's in. He feels it is great here for his son, and that he can then be discharged to his mum's house, but he's worried once in the community he will be without structure and become bored very quickly. Then he may become a revolving door patient. They are looking for some hope.

This family live in Sheffield. They felt that their culture was respected in the hospital and the fact that everything is free is amazing! Their son feels he is in hospital because he got in the wrong crowd - with drugs – and there was no professional support, but the family are very supportive and feel their son needs to move into the community – but they're waiting patiently as it takes time

One family felt the hospital is very strict compared to anywhere their family member had been to before. They stated that when once visiting their son, that they were brought into a room full of men and they didn't know why. There was no communication and they didn't know or understand why the men stayed there during the visit. They felt intimidated. They want to have their son to have a holistic experience of hospital, but understand it is hard and not financially possible covering all levels of security in the same place.

What would help your family member when they are ready to leave hospital and move in to the community?

The family is afraid of what's next. Reassurance was sought around thoughts their family member would be discharged to no support. She has done her NVQ course in drugs and alcohol to try support her son. Thoughts that he would be discharged with nothing again is a big stress for her. She has lots of stresses looking after granddaughter whilst her son is in hospital, and she feels stressed and busy all the time. She doesn't know who to prioritise – her son or granddaughter. She came today to learn about trauma and wanted to listen to the presentation.

Family lives in London. They found the distance they have to travel difficult. The patient is in an area, but family have moved. Their family member will need lots of support in the community because all family live so far away. They feel relief that now he's in hospital getting help. The family don't know what's on offer in the community. They have no concept of what is available to anyone as it's new to them.

Overall everyone was really positive about being here, but there was a sense of hopelessness about the next step to the community. A lot of people were worried about drugs, alcohol and boredom would do to their family in the future if no consistent support is given. There was no knowledge about what comes next after discharge

When moving into the community people should be prepared for living in the community - like help with bills and life skills. This needs to be individualized as living in the community is.

Families wanted more information about what is next. They wanted reassurance that real support is available for their loved ones – as they didn't know what was on offer when the time comes.

One family felt the recovery college was really important to their family member's recovery and wanted to know when it is continuing. They were told that there was a steering group meeting follow-up and that there were opportunities for carer involvement in running courses. Unfortunately although one lady had planned and got a course agreed, the recovery college hasn't run since. She feels opportunities learnt in the recovery colleges can really help people practically in their future recovery as well as in the present.

What could support your relationship with your family member while they are in hospital?

One family felt moving here for her family member was bad because now she needs to take two buses to get to visit each way. This means she doesn't visit as much as she would like to.

One family member wanted more information about their family member but didn't know who our when to contact.

Many families felt the hospital didn't always get back to them after they phoned and left a message. They said nobody would return the call and visits weren't always logged so the family couldn't get in when their travel to see their family member.

This family felt that conversations on the telephone was rushed with their family member they needed to be present whilst on the phone with the relative but felt that by staff being there they couldn't talk properly

New patient was sent a card and an email name for their loved one. Then their calls get missed so they emailed as they felt that email has a paper trail - so they always email the name nurse changes so much communication when named contact changes.

Jo Harris and Holly Cade

Involvement Leads for Yorkshire and Humber

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