



# Experiences of using Bluebell Unit, Place of Safety

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# Report summary

## What is this report about?

This report looks at people's experiences of being taken to and using the Bluebell Unit – a health-based Place of Safety in Devizes – during the Covid-19 pandemic. This is a place where people can be taken if they are in extreme mental distress and need to be detained for their own safety and that of others.

## What did we do?

Working with BaNES Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) we:

- Developed a questionnaire in collaboration with people with lived experience of using mental health services.
- Contacted people who had used the Place of Safety and had given consent for their details to be shared with us.
- Publicised the project more widely.
- Carried out 32 in-depth telephone interviews.
- Analysed the findings and presented them in this report.

## What were the key findings?

- Most of those we spoke to were pleased to be asked for their views, and gave open, detailed accounts that strongly conveyed valuable insights into their experiences.
- Over 50% of those we spoke to said they had asked for help prior to going to the Place of Safety and mentioned difficulties accessing the right support.
- The experience of being detained and taken to the Place of Safety could be very traumatic for some people and they reported this had a lasting impact. Equally, some recalled the patience and kindness of police and ambulance workers.
- Quality of care at the Place of safety was rated highly by most people. There were many positive comments about the approach of staff who worked there.
- Most people reported that they understood their mental health assessment and its outcomes, although not everyone agreed with these.
- Our participants identified some things that could be improved. These mostly concerned the physical environment and facilities there.
- On reflection, most of those we spoke to thought that, in the circumstances, being taken to the Place of Safety was the right course of action.
- Transport and onward transfer from the Place of Safety worked well for most. In a few cases where it had not worked well, people felt this presented potential risks.

## Conclusions and recommendations

The report concludes that most people we spoke to felt that Bluebell Place of Safety provided a caring and appropriate environment for them, at a time when they were in crisis. Although situations are clearly complex, our findings suggest there may be instances where the need for people to be taken there could be avoided, with more responsive and appropriate support in crisis situations. This report makes nine recommendations which are based on what people who had used the service told us.



# Introduction and background

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

In July 2020 we were asked by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) to carry out an evaluation of experiences of people using the Bluebell Unit, a health-based Place of Safety based in Devizes, during the Covid-19 pandemic.

The Bluebell Unit is operated by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), the organisation that provides inpatient and community-based mental health care for people living in Bath and North East Somerset (BaNES), Bristol, South Gloucestershire, Swindon and Wiltshire.

A Place of Safety is somewhere where people can be taken, under the Mental Health Act, if they are in extreme mental distress and need to be detained for their own safety and that of others. The Bluebell Unit is a health-based Place of Safety where mental health professionals assess people's needs and decide the next steps. It has a dedicated staffing group and capacity for four people to be detained and assessed<sup>1</sup>.

Previous work on this took place in February 2019, when Healthwatch Swindon and Healthwatch Wiltshire undertook a telephone survey, alongside an online survey of 13 people involved in the service<sup>2</sup>.

## What did we do?

### 1. Planned the project

From early July 2020 discussions were held between Healthwatch Wiltshire, BSW CCG and AWP to plan the aims and objectives of the project. It was decided to use a similar methodology to that previously used, mostly using questions focusing on people's experiences of the Place of Safety. These questions would be used in 1-1 telephone interviews. It was agreed that 30 participants represented an appropriate number of people to interview.

### 2. Developed the questionnaire

A questionnaire was developed, focusing on people's experiences of being taken to the Place of Safety, and of their care and assessment there. We added questions that asked people to reflect on what happened before being taken to the Place of Safety, what they thought might have prevented them needing to be taken there, and whether they thought being taken there had been an appropriate course of action.

We worked in collaboration with people who use mental health services. They suggested changes to the ordering and wording of the questions and some additional questions, including asking about people's awareness of becoming unwell, and about the involvement of family and/or carers in arrangements. This input was very valuable, and their suggestions were incorporated into the final version.

The full questionnaire used can be found in the Appendix.

1. [Avon and Wiltshire Mental Health Partnership NHS Trust](#)
2. [Healthwatch Swindon: Health Based Place of Safety Impact Report, March 2019](#)

### 3. Carried out the interviews

Initially, staff members carried out some phone interviews as a trial. We then held a briefing for volunteers interested in being involved, using what we had learnt from our initial interviews. This was open to volunteers from Healthwatch Wiltshire, Swindon and BaNES.

The remainder of the interviews were carried out by Healthwatch volunteers. Due to the sensitivity of the issues discussed, the interviews were challenging for both the interviewer and interviewee at times, but resulted in some detailed and rich insights into people's experiences.

Interviews took place by phone and usually lasted between 20 minutes and an hour. No restrictions were put on participants as to timings, and they were offered the opportunity to stop, and to recommence at another time if they wished to.

### Ethical considerations

Given the sensitivity of the subject matter discussed and the use of volunteers to carry out interviews, we carefully considered what needed to be put in place for the wellbeing and safeguarding of those involved.

As a result the following measures were put in place:

- Care was taken to ensure the sharing of data was consistent with the Data Sharing Agreement between AWP and Healthwatch Wiltshire.
- Initially AWP contacted people and asked for their consent to be contacted by Healthwatch.
- The interviews that were felt would be most challenging were identified for staff members to conduct.
- Volunteers taking part were made aware of the nature of the interviews.
- A briefing was held to agree guidelines, discuss how to carry out the interviews and determine action to be taken where the volunteer or participant needed further support.
- The Projects Lead at Healthwatch Wiltshire monitored progress and issues arising.
- A procedure was agreed for signposting and referring participants to AWP should concerns arise during the interviews.
- A debrief meeting was held at the end of the project for volunteers involved to share their thoughts and feelings about the project, and to reflect on their experience of the interviews.

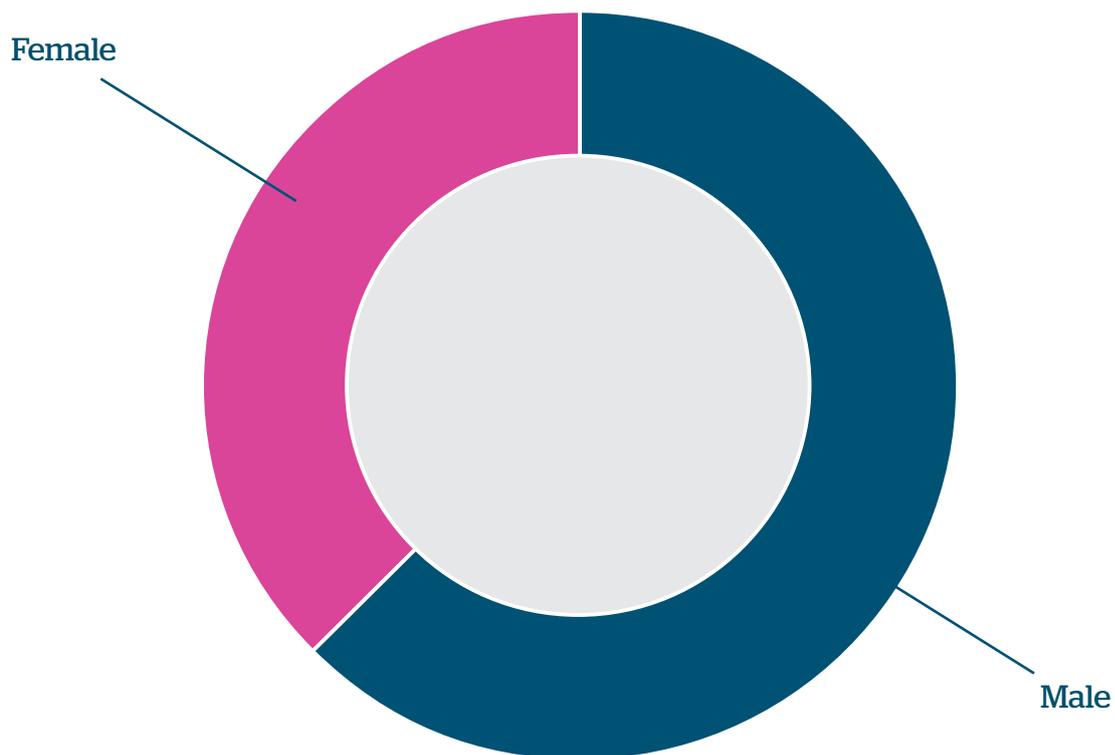
# What did people tell us?

In total we interviewed 32 participants.

The table below shows how many were put forward and interviewed from each area. All those put forward had given their consent to AWP be interviewed, but not all were willing to participate in the survey when phoned, and some did not answer the phone when called.

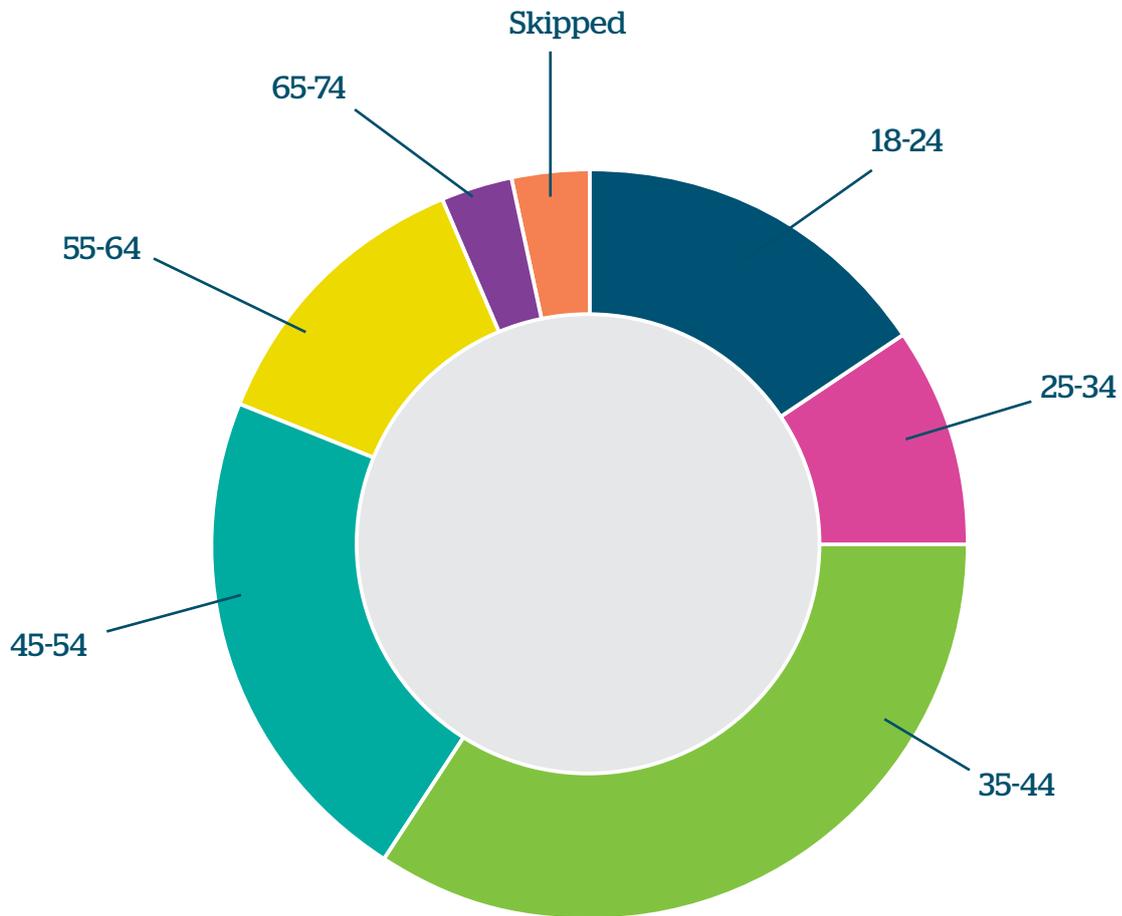
	Put forward	Interviewed
Swindon	2	2
BaNES	8	7
Wiltshire	33	23
Totals	43	32

## Gender

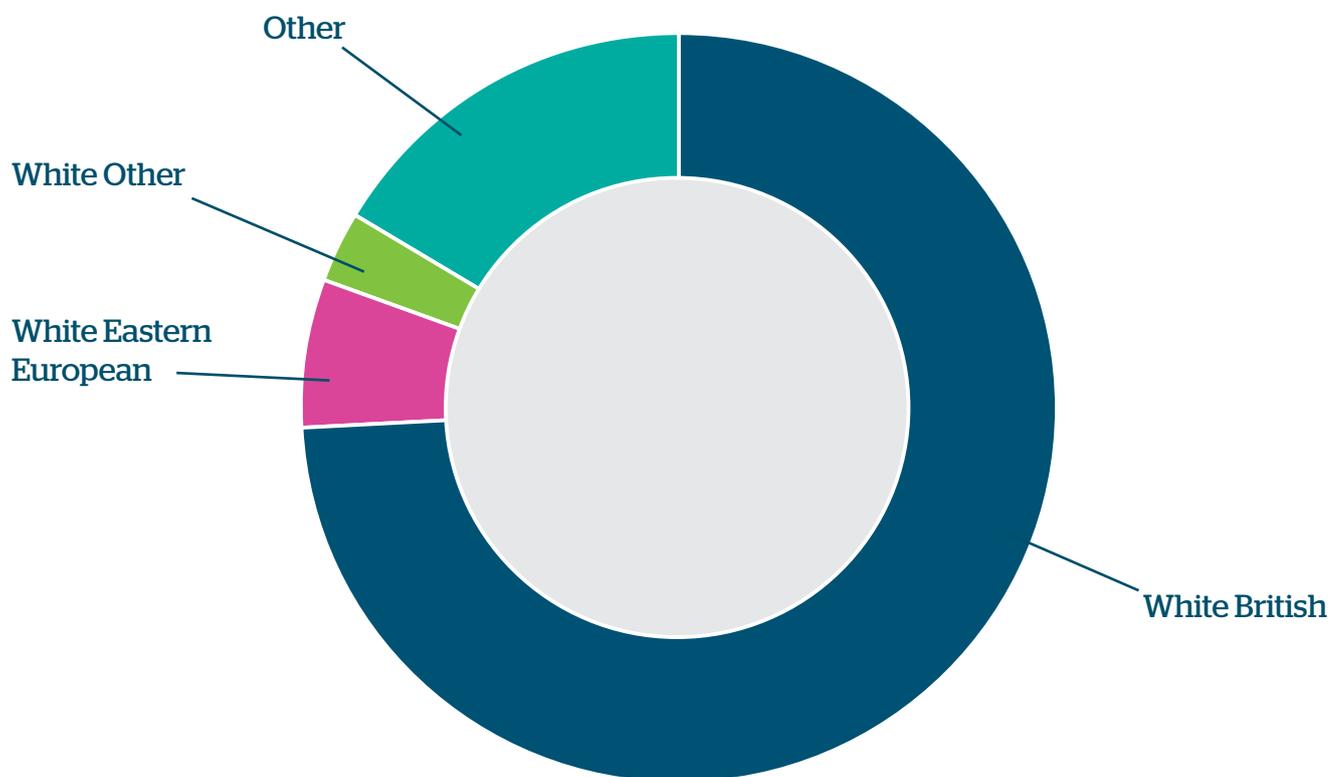


No responses were given for **Prefer not to say** or **Prefer to use my own term**.

## Age



## Ethnicity



### Responses to Other were:

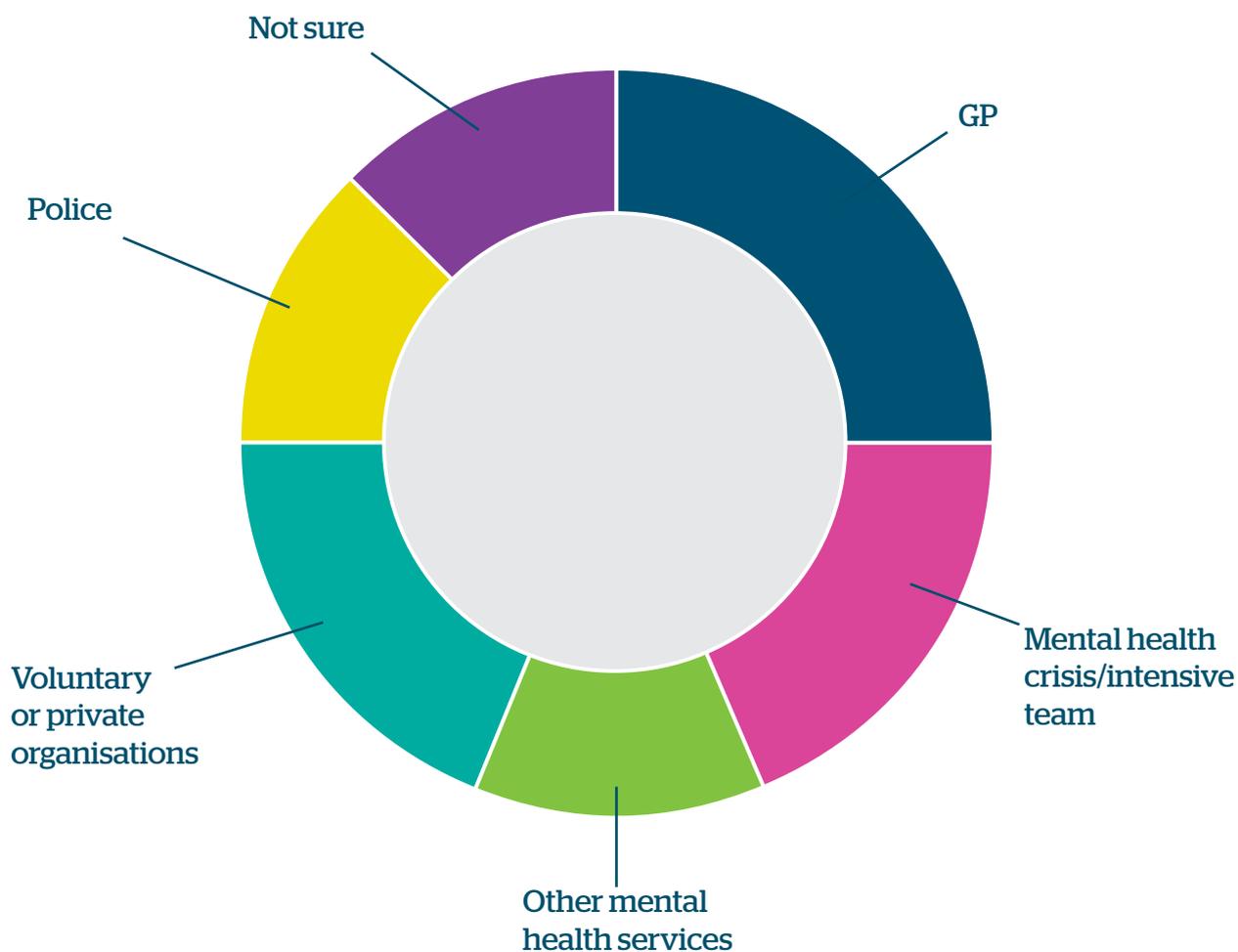
- I was born in South Africa
- British but naturalised South African
- Welsh
- Mixed Race
- Thai

# 1. Before going to the Place of Safety

## Had people tried to get help?

We asked people if they had tried to get help before they were taken to the Place of Safety. Just under half (46%) said that they had not. Attempts to get help were made for 54% of those we spoke to, with 38% of our participants trying to get help themselves, and for 16% of participants a family member or carer tried to get help for them.

Those who had tried to get help named a range of sources, below is a breakdown of those mentioned.



Most comments about this describe difficulties encountered by people and their families in getting the support that they needed. Some people were not clear about who they had contacted, and some said that by the time they reached someone, their mental health had deteriorated to a point where they were not able to engage with the support offered.

Tried GP five times but got no positive response – told to book an appointment, having explained I was thinking of ending my life. I tried two surgeries.

My mother tried to engage with recovery services to avert my getting sectioned. She found them very difficult and reluctant to engage as I hadn't given consent – apparently there was nothing they could tell her. I was getting more and more isolated and withdrawn, as I experienced the psychosis.

I rang the intensive team – couldn't get help because busy. When finally able to get in touch was too overwhelmed.

I tried to call the emergency line from MIND – a bit like the Samaritans. They put me through to counselling, gave me a number. I'm not sure what happened after that.

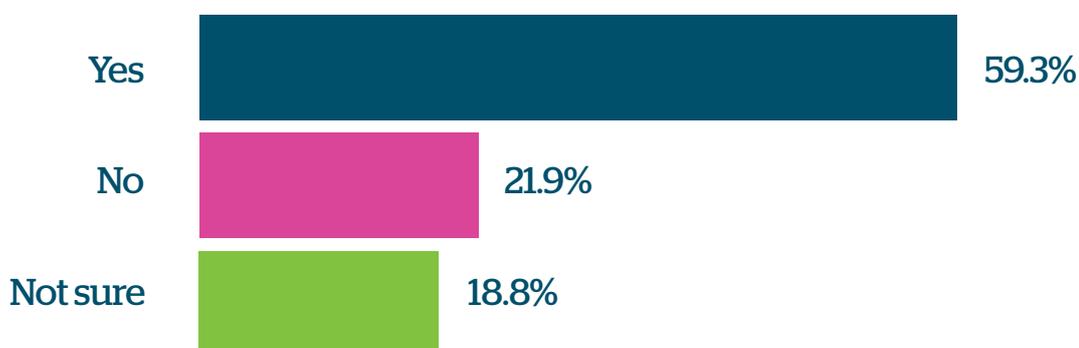
My family tried to get help, they tried to go to some people to get help, but I'm not sure who.

One person reflected on the difficulty of asking for help at a challenging time:

They say that you've got a phone number to ring and you can ring whenever. I don't think that this response is enough. You should be able to differentiate when you need more support. I would have liked a few days of planned support at a regular time. When you feel you are asking for help and not being heard it's really hard to keep asking.

## Were people aware they were becoming unwell?

The chart below shows the responses of our participants when we asked them if they were aware they were becoming unwell or that their wellbeing was deteriorating, with nearly 60% (19 people) showing some awareness.



Further comments about this were made by 26 participants and they described a mix of experiences with some people reflecting that their wellbeing deteriorated over a period of time and others referring to more rapid changes.

Was becoming increasingly stressed.

It was lockdown and I couldn't get help so I took a drug overdose. I have had PTSD [Post Traumatic Stress Disorder] for many years.

It all happened one day. I was very happy then all of a sudden felt bad after someone had said something to me.

My suicidal feelings came on really quickly.

Of those who said they were unaware, most comments referred to lack of insight:

The context of 'unwell' isn't really relevant, I was completely consumed by my psychosis, and I didn't have the insight to know it.

I was suffering from psychosis at the time so not aware.

On reflection I could recognise that things were going in the wrong direction, but not while they're stacking up. I don't embrace it, recognise it or deal with it.

## Being taken to the Place of Safety

We asked if it was explained to people that they were being taken to the Place of Safety and most people (63%) said it had been. Answers to this question indicate a varied level of understanding between participants. There were also comments confirming this was explained to other family members.

My neighbours, the police and the ambulance people explained it to me.

Repeatedly, by the police who dealt with me very well. But I didn't want to go, it was part and parcel of my situation in my household – I didn't think removing me would help.

I think I was. As far as I can remember as was in a heightened state at the time.

It was explained to me. I begged them to take me. It was also explained to my sister.

They explained, the police came and took me there because they were worried about my welfare – I was suicidal.

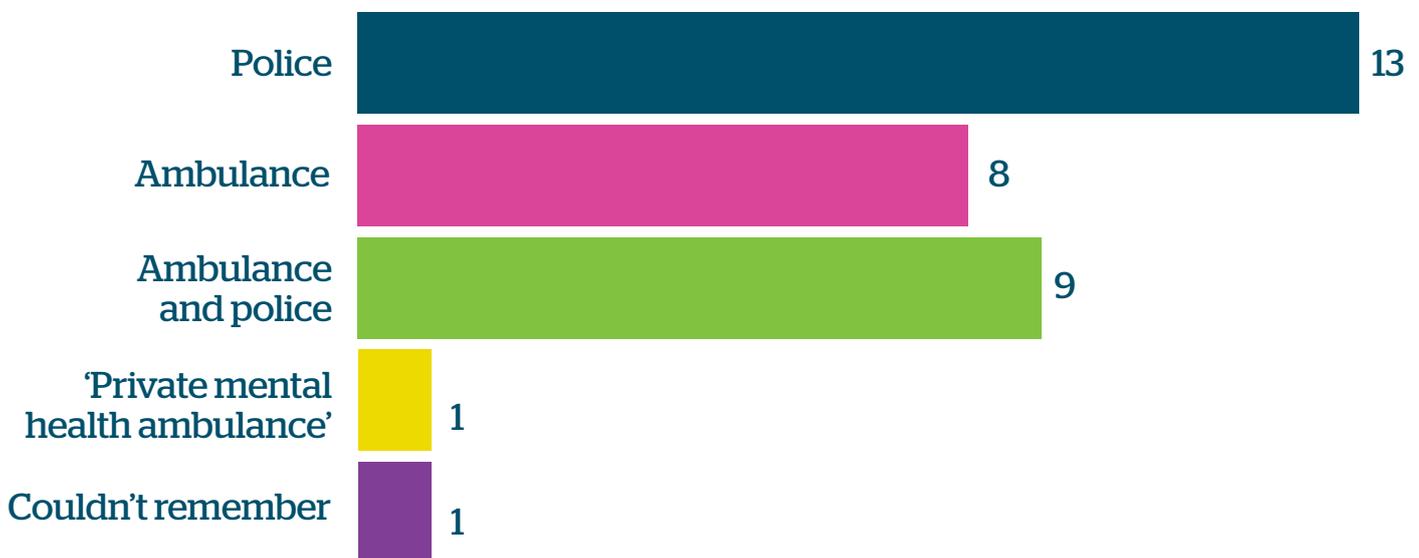
Really blurry though.

On occasions where we were told that it was not explained (34%), and some participants told us that this increased their anxiety.

Police didn't tell me where I was going. They took me to Melksham police station and put me in a cell and didn't tell me anything, not how long I was going to be there or anything. Then someone I knew came along and explained I was being taken 'somewhere', but I didn't know where until I got there.

## How were people transported?

We asked about transport to the Place of Safety and who was involved. The 32 participants interviewed told us they were transported in the following ways:



Our participants shared a range of experiences and feelings about being detained and taken to the Place of Safety. Those who had positive experiences made frequent reference to the understanding, patience, compassion and care that was shown by police and ambulance staff:

I was in the police van for a long time. One policeman was exceptional, he was really good. I wish I knew who he was, I'd like to put him forward for some sort of recognition for how he handled it. He was calm and really listening and seemed to really know what he was doing. He must have been exhausted as I was in a manic state.

I had a young chap next to me talking to me. Thought it was really good. It was helpful. Reassuring. I was transported by a private car from mental health team.

Relieved! Both the police and ambulance crew were fantastic. They continually reassured me.

Ambulance. I initially sat in a police car and asked to be sectioned, the police phoned a triage unit of some kind who spoke to me over the phone. I hadn't eaten in two days and the police bought me a coke and a chocolate bar and then accompanied me in the ambulance. I was very reassured. The contrast with the way things were done in South Africa, which was completely the opposite as the police [in South Africa] had no experience and things were done against my will.

They were all very nice, the police and the paramedics, it was a long journey and I was talking a lot of stupid things (I wanted to end my life) but they were understanding and patient with me.

People who reported a less positive experience of being transported commented on the use of restraint, negative attitudes, and the length of time that it took to make arrangements:

The police were mocking me when they took me to Melksham.

Not sure. A car I think, and then handed over to ambulance, not brilliant either – the way the police officer put my right arm up my back, the pain was awful. They were concerned at the Unit and I was sent to hospital in Bath to have my shoulder x-rayed but there was no further damage. I wouldn't have been admitted to the Place of Safety until I came back, it was a timing issue.

I felt it was unnecessary to strap me onto the bed in the ambulance. However the crew said that they are advised to do this.

I felt judged because I have been detained before. It makes you feel really judged when actually you're really unhappy. The ambulance staff were talking to each other and saying 'Oh we've got to drive all the way over there now'. You can hear them talking to each other because you've been there more than once. The police weren't so bad. I found the ambulance service more difficult than the police. You feel like a burden.

Clearly the circumstances associated with someone needing to be detained and taken to a Place of Safety can be challenging for both services and the individuals concerned. This interview extract shows the complexity of some situations:

I was very confused and distressed and anxious about my little boy who had been screaming and crying because the paramedics who arrived initially tried to separate us and I put up a fight and as a result I ended up pinned me to the kitchen floor by three police officers who then dragged me up by my wrists. My boy was traumatised, lying in his nappy with people looking on.

Responses indicate that there were variations in the approach shown by the services involved, and that these did affect people's experiences and how they felt when they arrived at the Place of Safety. There were more positive than negative responses about the way people felt they had been treated.

Participants also shared a range of feelings about being transported, and several told us that they felt these feelings reflected their poor state of mental health at that time.

I didn't really know what was going on. I was very confused.

Terrified.

Felt fine. I fell asleep – I had been up so long (I was sleeping rough) and I was exhausted.

I felt safe.

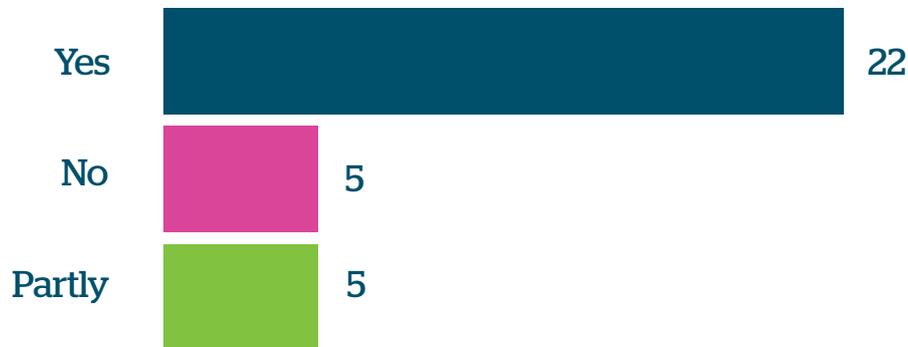
Can't say – it was a bit of a blur.

I felt quite defeated, it was a traumatic experience. Not because of the staff, or the six men in the van with me. I didn't know who these people were, and I was trying to formulate in my mind what they were to me. It was part of my delusion. Only later I realised they were mental health services, but at the time my delusion was so complete.

## 2. Experience at the Place of Safety

### Understanding of reasons for being there

The chart below shows the responses of our participants when they were asked if they understood why they were at the Place of Safety:



The majority people said they understood why they were there, and several references were made to staff explaining this, and that this was reassuring. Some people acknowledged that they were not able to take in the information immediately but did come to understand it in time.

I was made aware by the staff at the Place of Safety.

When I got there the staff explained things, when I was feeling a little better. They let me calm down first.

[I didn't understand] at first but I did start to understand why I was there. I wish they'd kept me longer. I'm still not in a very good place.

I understood very well. It was much better than being at home. It was a relief in fact.

I lay on a bed and went to sleep and later had a really good conversation in the day room with a very understanding nurse, she was cool.

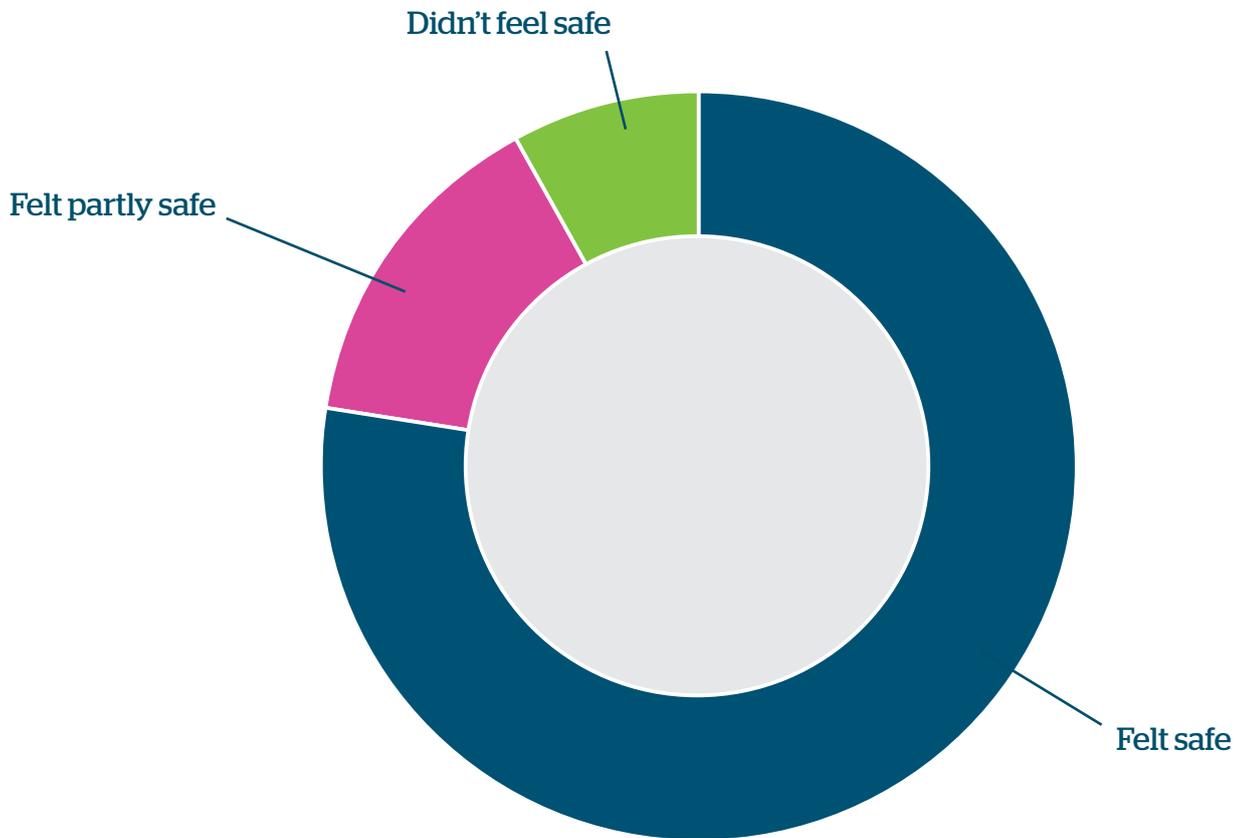
There were, however, a smaller number of incidences where people said they didn't understand why they were there and had not been given an explanation.

Nothing was explained to me.

I could have been in a police cell as there was no structured follow up.

## Feelings about safety

We asked people if they felt safe whilst at the Place of Safety. The majority (64.5%) answered yes to this, with a further 29% saying that they felt partly safe. Two people (6.5%) said that they did not feel safe. Many of the comments from those who said they felt safe related this to the working practices and approach of staff working at the Place of Safety.



I was frightened. There was a team of nurses and professionals who were very good at making me feel safe. No one knows what to expect, it's a frontline job and fair play to them, they were pretty good.

A member of staff, [X] was absolutely fantastic. She sat with me and held my hand and talked to me. An angel.

They use 1-1 there, you feel safe as there is someone with you all the time. They use their staff better, there is always someone on the floor watching. At the [Place of Safety] in Bristol they don't use this and I felt less safe in Bristol.

Again, the staff in the Bluebell Unit were absolutely fantastic! I really felt safe and secure. I have full respect for all the staff that were there.

Of the two people who said that they didn't feel safe, one said that they didn't want to say anything further about this and the other person commented:

Scared all the time. I felt denigrated and looked down upon. I felt that the physical handling was disproportionate.

Some people reported feeling 'partly safe'. Their comments about this suggest this was because they felt safe sometimes and not others, or felt safer in some areas than others.

When I first got there, I felt intimidated. It made me really angry when I realised, I couldn't get out. I ran and tried to smash the glass and some men [staff] grabbed me, I was so unwell. After I calmed down a bit, I realised I was safe. I associated the men with something bad in my past, but then I did CBT [cognitive behavioural therapy] for myself and realised it wasn't them. Later I asked to meet them, and I said sorry and thanked them. After this and when I thought about it, I realised I was safe.

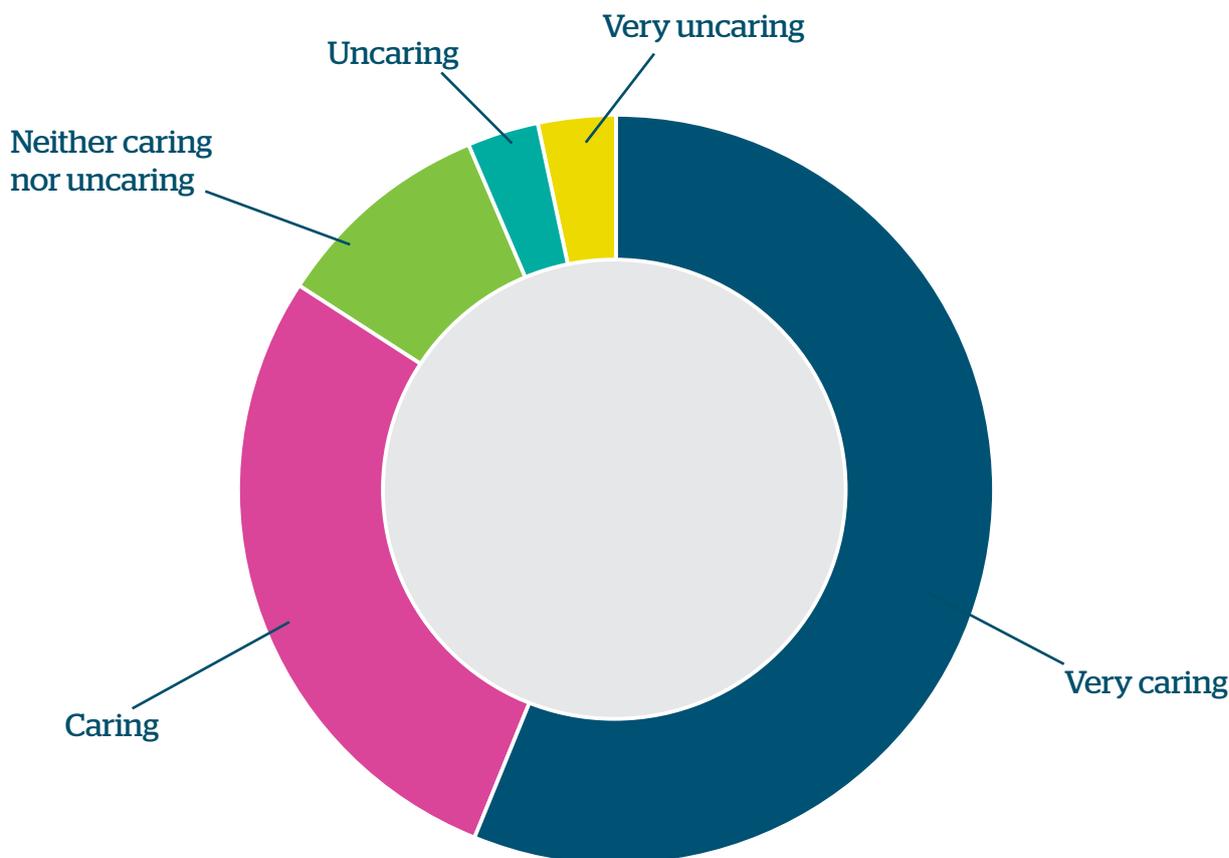
Yes and no. They kept me safe. I knew there were nurses and a doctor, but it was difficult to relax. There was a lady who they couldn't control, she was literally banging on the door, it was very frightening, she was shouting and screaming and making so much noise. No blame, it can be difficult for the staff.

Not unsafe anyway. Not threatened, which is the reverse, but it didn't feel like sanctuary, it felt like a place to be held, no more, a confinement, no more or less.

I felt comfortable in the first area I was in, later it reminded me of past psychiatric institutions, it was the way it looked – impersonal, very big. Some people didn't relate to me as if I was a human being. Quite a few times I asked people what was happening. I felt powerless.

## Quality of care at the Place of Safety

We asked for opinions about the quality of care at the Place of Safety. Most responses were positive with 84% (27 people) saying that they thought this was very caring or caring. The chart below shows the full spread of responses.



Of the 32 people interviewed, 29 commented further about this. The majority of comments were positive. They described staff members being friendly, attentive, and kind. There were many incidences where staff showed great empathy, and it was clear that this was valued and appreciated by those we spoke to.

I was never left on my own. They were always helping me. I couldn't have my make up but they found some pencils and gave me something to do, so I could do some drawing. Then they gave me my eyebrow pencil so I could do them. I think everyone there knows what they are doing. They really listened to me and helped.

I had coffee and toast and anything else I wanted. The care was fantastic. Consultant or doctor or whoever he was brilliant – he got people involved.

Under the circumstances they were brilliant.

There was one person in particular, a lady who bent over backwards to help and was the last person I saw there. She was very kind.

Amazing actually. The staff were all lovely, even the manager talked to me, and then took me home herself in a taxi, and made sure I went back into the house.

They gave me water, and a sandwich that I tried to eat, and they checked on me. The staff were really nice, and I was happy with the service. I was exhausted. I wasn't in good condition physically and I was having flashbacks to my abusive husband who beat me and childhood memories.

There were a few comments from people whose felt the quality of care was poor. One concerned the atmosphere, and another related to the approach of staff.

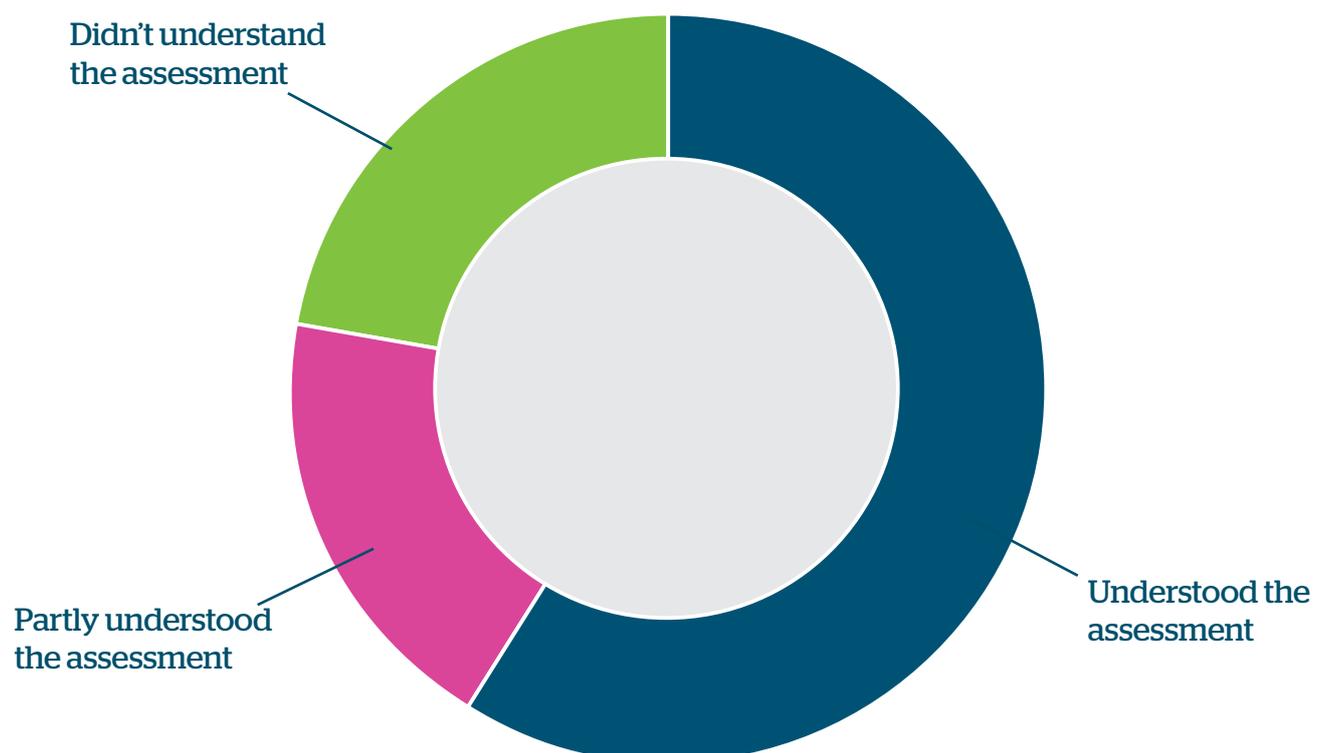
Felt that all decisions were theirs and had to be carried out immediately. Was greeted in a very unfriendly manner... It was the worst experience of my life. I would have been better off in a police cell because then I would not have expected kindness. The system was not designed to help, and I don't ever want to go through that again... it ruined my feeling of bodily safety.

I felt watched all the time even going to the toilet. Bluebell is a strange place. I said I couldn't harm myself or escape but they still watched me all the time.

## Mental Health Assessment

When asked if they understood the assessment of their mental health, 59% of our participants said that they did, 19% said they partly did and 22% said they didn't.

Those who said they understood the assessment, and found it a positive experience, pointed to the importance of being listened to, and invited to join discussion, as well as have the process and purpose of the assessment explained properly.



Honestly, another miracle. From the beginning to actually getting out of Bluebell, even before assessment the social worker [X] talked to me, before the doctor came. Her presence and because I was lucky with the doctor who listened – someone actually listened, they didn't label you. Both wonderful.

They explained what they were going to do, and they got in touch with TILS [Veteran Transition Intervention and Liaison Service]. I had combat stress. I was in the Falklands.

I understood everything quite well. They were really useful and listened to me if I had any worries or questions.

We discussed my options, that is if I should stay or go back home.

Some people who understood the assessment were critical of the process.

I had one really bad experience with an AMHP [Advanced Mental Health Practitioner]. They were arguing between themselves. The manager of the ward was standing up for me in front of the AMHP. I felt like a burden – it was awful.

It can be quite intimidating, to be sat in front of three people.

They don't listen. They don't understand honesty – I knew what my plans were when I left, but I couldn't stop the plans. They didn't see how I was when I went in, they just swept in at the end, the psychologist in charge I mean, they didn't see you when you came in the door. They need to see you earlier, not hours after you've been there – I came in at 9pm and they saw me the next morning.

Those who mentioned difficulties understanding the process talked about a variety of different reasons for this.

I was poorly. I had so much going on in my head.

It was the first time I'd been there. I didn't understand it.

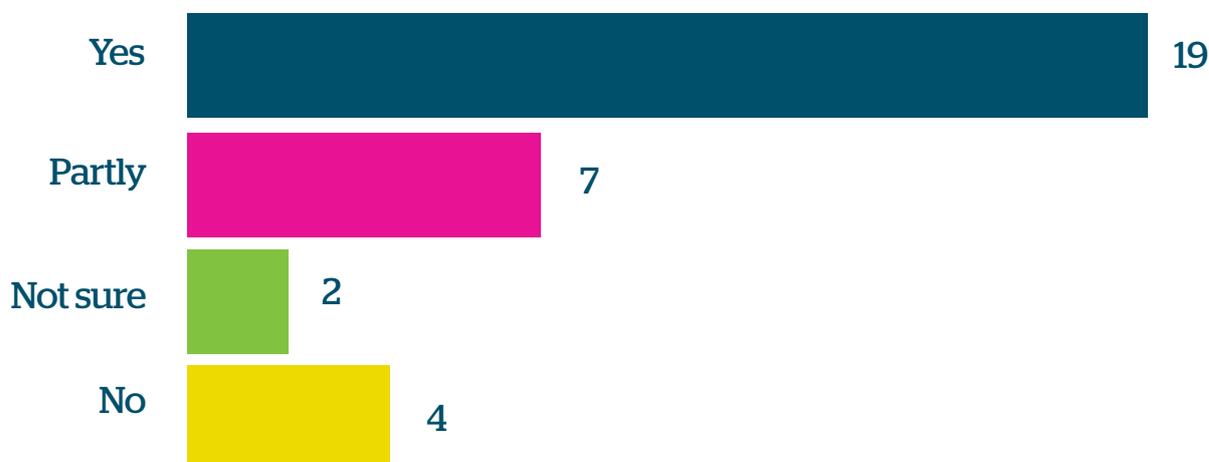
There were so many people there. I didn't understand why they all needed to be there.

Nothing was going in and it was all happening so fast.

I was introduced to nursing staff who explained the process but I was silent. I felt it was not in a situation that was going to go well for me. They don't really explain what they are assessing you for and I was afraid of a long section, a fearful prospect. I ended up spending 14 days at [a mental health unit].

## Outcomes of the Assessment

When we asked our participants if they were able to understand the outcomes of the assessment there were similar responses to whether they understood the content of the assessment. The chart below shows a breakdown of responses.



Of the 32 people interviewed, 26 made further comment about this. Those who said they understood the outcome and were positive about it mentioned discussion, choice, joint decision making, agreement, additional support and clear information as playing an important role in the process.

I was given a choice of what could happen and I understood this, and my decision.

They stated it very clearly. You also get a letter through the post. I think the GP gets one too.

They got me to reduce my drinking and now I have my local doctors helping me – they are behind me a 100%, they ring me every week to check I am taking my medication. I have been alcohol free for a month. I asked for help and I got it.

If they said you had to go to hospital that was it, they had the power and I was worried, but the outcome was very good – my fears disappeared, and I understood they weren't monsters.

I got more help. I do talking therapy now.

In talking about the outcomes of the assessment, some people said they thought they were moved on too soon without the right support being in place. These responses include people who were anxious to leave the unit as soon as possible, and those who felt that there were other pressures to discharge them.

It was really a case of 'get me out of here, get me home'. They want you out as soon as.

I wanted to be discharged as soon as possible, and I talked things through with the psychiatrist, who understood there were things going on in my life that I was nervous about the outcomes of. They let me out the next day, as they felt comfortable with letting me out, but I was still unwell. So too soon, but I talked myself out of it, and then things escalated again.

Yes, I disagreed with the outcome because the AMHP wouldn't put me in hospital although I was willing to go.

The more negative comments associated with the outcome were varied.

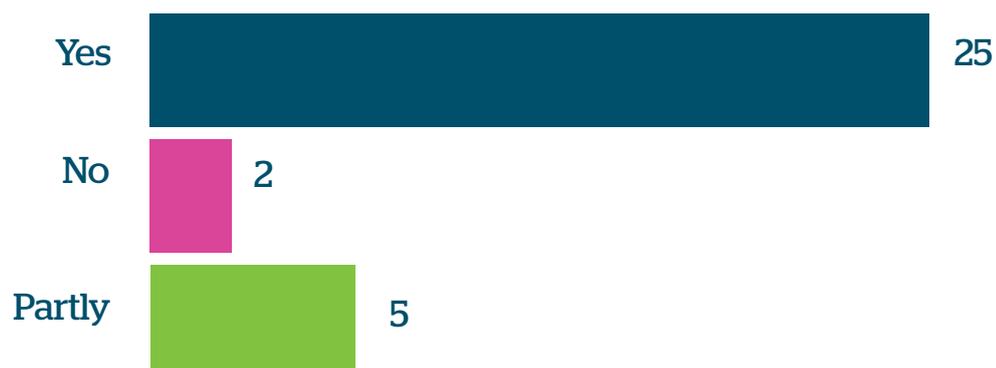
Only slight criticism was that I was taken straight from a very deep sleep (I hadn't slept for two days) to a meeting and I was quite disorientated – trying to wake up... 5 mins and a cup of coffee would have been nice.

I try to explain my condition and people just say "yes, yes..." but they have never been in a war and don't understand what I am feeling. The only treatment offered is drugs which don't work to stop flashbacks, etc.

No one asked me what I thought about recovery, getting to a place to get better. That seemed a long way away. The principles of choice, hope and optimism came in later, when I was out of hospital. I've been sectioned three times, and I've seen what happens to other people, how difficult their relationship with services can be, and it's all about compliance with medication, that's the focus. The argument about my taking medication went on for the first 3-4 days so it was antagonistic at the start.

## Dignity and respect

When we asked people if they felt they were treated with dignity and respect at the Place of Safety most said that they did and commented on how the kindness and willingness of staff to engage with them made them feel valued.



Staff were understanding. Sit and talk to you for ages.

People gave me their time, not rushing things. Apparently it wasn't as busy as usual. And when I left they gave me my clothes back and they had washed them (I only had what I was wearing at the time).

I love them, everyone is good. They were nice and kind to me.

The consultants knocked the doors down to help me. I was not treated as a number or as an anonymous person. I was determined to stop drinking and I got the support – the Army had been no help whatsoever, it was just 'thank you very much, bye bye, there's the door.'

Even the cleaning staff said hello which was nice.

The vulnerability of people taken to the Place of Safety was evident in some responses, as in the case of a participant who gave a positive response to the question but felt more attention should be paid to those who have potentially embarrassing physical conditions or disabilities.

Absolutely. I'm in a lot of pain due to my physical condition, if I have depression it has knock-on effects on my physical condition. I have Crohn's disease, and I can't make it to the loo sometimes, even if it's not too far it's far enough, and I had no other clothes if I messed myself. I know there are very strict rules about what you can bring into the room, but it seems they are not so concerned with people who have a physical condition or disability.

The participants who answered less positively about whether they had been treated with dignity and respect, mentioned privacy, rules and personalisation as issues.

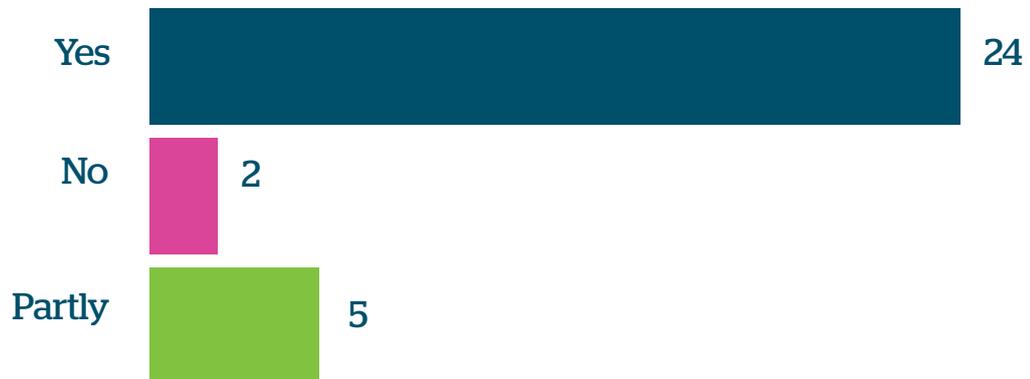
Definitely to be improved. You are strip searched which was awful and uncomfortable. They made me change in the living room where the TV was. It was inappropriate.

Partly. I find it difficult that they have blanket rules. For example not having shoes. I have a physical condition so walking round without shoes is really awful for me.

People used my name and I thought 'how do they know me?' People introduce themselves but they don't wear name badges. You're asked to give an account of yourself to people you don't know. It would be interesting to see how the service could be personalised.

## The environment

The chart below shows the responses of our participants when we asked whether they felt the Place of Safety was an appropriate setting in which to assess their mental health.



Positive comments about the setting often related to it feeling secure and safe and having the right staff. It was also mentioned as being favourable when compared to previous experiences of being detained in a police cell.

Yes, it was the appropriate place at the time I did not know I was unwell. It was a good environment to come to terms with my condition.

It felt clean and spacious, really spotless, and it was quiet and bright and I felt very secure.

Much better than the police station. Much better than Gable Cross police station [Swindon] where they are horrible.

I was in secure accommodation for 48 hours. I had a separate room and I saw the social worker and the consultant.

Several people who answered Partly or No to this question commented on the clinical atmosphere of the Unit.

I found it very “clinical” – but needs to be in that setting I guess!

It is how it is for a reason – I mean very clinical, prison-like. Everything really bolted down. No pictures, no colour, lino floors and a bed in a big room.

Bluebell wasn't appropriate for me. It's a strange place. Its isolated and bare. No TV, no books.

One person felt the siting of the Unit was itself isolating:

The nature of mental health is marginalising, and the Place of Safety itself is out of the way, off the beaten track. Then you go outside (it was hot and sunny) into the courtyard and you see the perimeter fencing and you know there is no way out.

Some people said they found the experience lonely:

... If someone had engaged with me, allowed me to talk I could have processed some stuff rather than just feel captured, listening to my internal monologue and let it take me down some big rabbit holes and reach some bad conclusions. But they said there were no 'decision makers' available, no one to talk to, and this was maybe because it was the weekend, but my attitude was 'your rota is not my issue.' I know it's not a social situation, but it seemed regimented, driven by mundane things.

## Suggested improvements

People were asked what they thought could be done to improve the Place of Safety. 30 of our participants answered this question. Most of the suggestions they made related to improvements to the physical environment. These improvements included making the Unit more welcoming and homely in terms of its décor. Improvements were also seen as needed in respect of the provision of specific items such as warm blankets (complaints about the cold echoed the complaint made in the earlier 2019 survey).

It was cold, freezing, dark and impersonal. I think they turn the heating off at night. They wanted me to get into bed but my mind was too active and I was still trying to process things.

I don't think it needs to be improved. But it might be better if they had thicker duvets. I was fully clothed but was still freezing cold. But it was brilliant.

As I was taken there in the evening and shortly went to bed, I found I was really cold. I needed to have something to wrap around me like a small fleecy blanket. Just something to keep me warm although there were sheets and a duvet on the bed.

The meeting room could be more colourful, so it didn't take look so empty. It was big and I think this is good as I don't like to feel cramped. However, there could be some colour or pictures to make it more homely. The lounge there is homely.

Children's pictures and so on, animals are quite soothing, bits of colour, something to look at, not just chairs and a telly in the corner, in a protective glass case. Flowers!

Surroundings not best – all around bedrooms, a canteen, with the little assessment room in the middle of everything. They could decorate it a bit. No smoking rule and the vapes are shocking. They don't work and there's nothing worse than a Vape with no nicotine, that 'little bit of something' that makes all the difference to you if you smoke.

There were two suggestions for improvements that related to facilities for people with disabilities or health conditions.

I'm high risk when it comes to Covid infection, and the toilet was not really clean, and I've said how my condition can flare up and I can't manage. The key thing is to provide a toilet in the room, or if not in the room, closer. Soft and light blankets would be an improvement. I was shaking from the cold.

A little ramp to the back will do, allowing access to the garden – to outside space, it's important. It helps you to pace, in the fresh air. It's a secure yard, fenced all the way round, and there is someone with you all the time, but you need to escape noise and so on. The doorframe to the garden at the Bluebell Unit is risen so I couldn't get out. I'm a smoker, and I wanted to vape, so they put me in the doorway with the door open. I wanted to be outside. Wiltshire Access should look into it, improving access to the garden I mean.

Other respondents could find no fault or need for improvement:

I really can't say. They were great and I got what I needed, I rested and I felt safe and that I could start recovering.

I don't think it can. What they do is a top job. They do the best they can.

I couldn't say – no improvement to be done in my opinion. The system works.

### 3. After leaving the Place of Safety

#### Transport and onward transfer

We asked about the experience of being transferred out of the Place of Safety and back home, or to a ward. The responses were mainly positive, with the person being picked up by family or friends or sent home in a taxi ordered for them by staff at the Unit.

I was taken home, then it all started – GPs rang me to arrange an appointment (3 involved) and I started reducing my alcohol intake (1% every day to avoid side affects.)

Basically I just walked across to the Poppy Ward accompanied by two nurses.

They were going to get me a taxi. Then I was picked up by a family member and this was fine.

A taxi was ordered for me. It was all good.

I was picked up by my parents and brought home.

I got the train home and my ex-husband met me there.

The Manager on Duty was brilliant, she insisted on taking me home the following morning after the decision I was safe to return home.

However, although not always an issue with the actual transport, several people reported a difficult experience of transfer.

Staff ordered me a taxi about 3pm the following day. I had nowhere to stay so I was left to my own resources.

I was repeatedly asked if I wanted a taxi, but I refused and ended up walking home – 13 miles! I wouldn't do it as a matter of course, and it was like the trigger events from some years ago when I was walking in the middle of the road, not caring. It was predictable as I had no family member waiting for me, and I lived 14 miles away. I wasn't in a good place, and it took me a few days to get back into balance.

I had no home to go to, but I phoned my mate and he took me to where my car was, outside my partner's house and I drove off, overdosed again soon after.

Appalling. I was really unwell and incredibly distressed. I didn't have a phone or wallet. I didn't get into the transport they had organised. I just walked off and I hitched to Reading, I've no idea why. I felt I couldn't turn to anyone, there was nowhere to go. The police found me in the station in Reading and detained me in Reading, they then paid for a taxi home for me. I went in this one, I think what made the difference this time was that I was allowed to speak to my own care team and a support visit was planned for me that evening. I think this shows that more resources are needed.

I am a wheelchair user, and I needed help getting into my home. I needed a carry-chair, the same as when I was discharged from hospital in an ambulance, but they just bundled me into a taxi.

## Reflections

People were asked if they felt that being taken to a Place of Safety was the best course of action at the time. Most people thought that it was, as the chart below shows.



There were positive comments about the role of the Place of Safety in terms of resolving immediate concerns and, in some cases, getting support in place to address long term issues.

I needed a Place of Safety because I was so unwell at the time. But it worked out to be the best place to go.

I was in a mess. They gave me a care coordinator who was with mental health team and they turned my life around - it was the first time in a long time I felt I was getting the support I needed. It made me feel I could make progress and rectify things - that things were not so bad as they might appear. Then the weekly check-ups and the hand off to GPs - it all added up to a system reset. In the end I think I was in a better position for having been sectioned than I was before.

It was hard but it has done me a world of good. My sleep pattern is back to normal, and my mind is sharper. Life is a lot better than what it was. It was a wake-up call and I got it (I had lost my job, but I start a new job on Friday, 2 days a week).

Probably the only way in the situation that things were going to be resolved.

Definitely saved my life. I'd be in a little box otherwise. I don't know where I'd be now if I hadn't gone there - I was really scared.

A few people said that they didn't feel it was the right thing for various reasons:

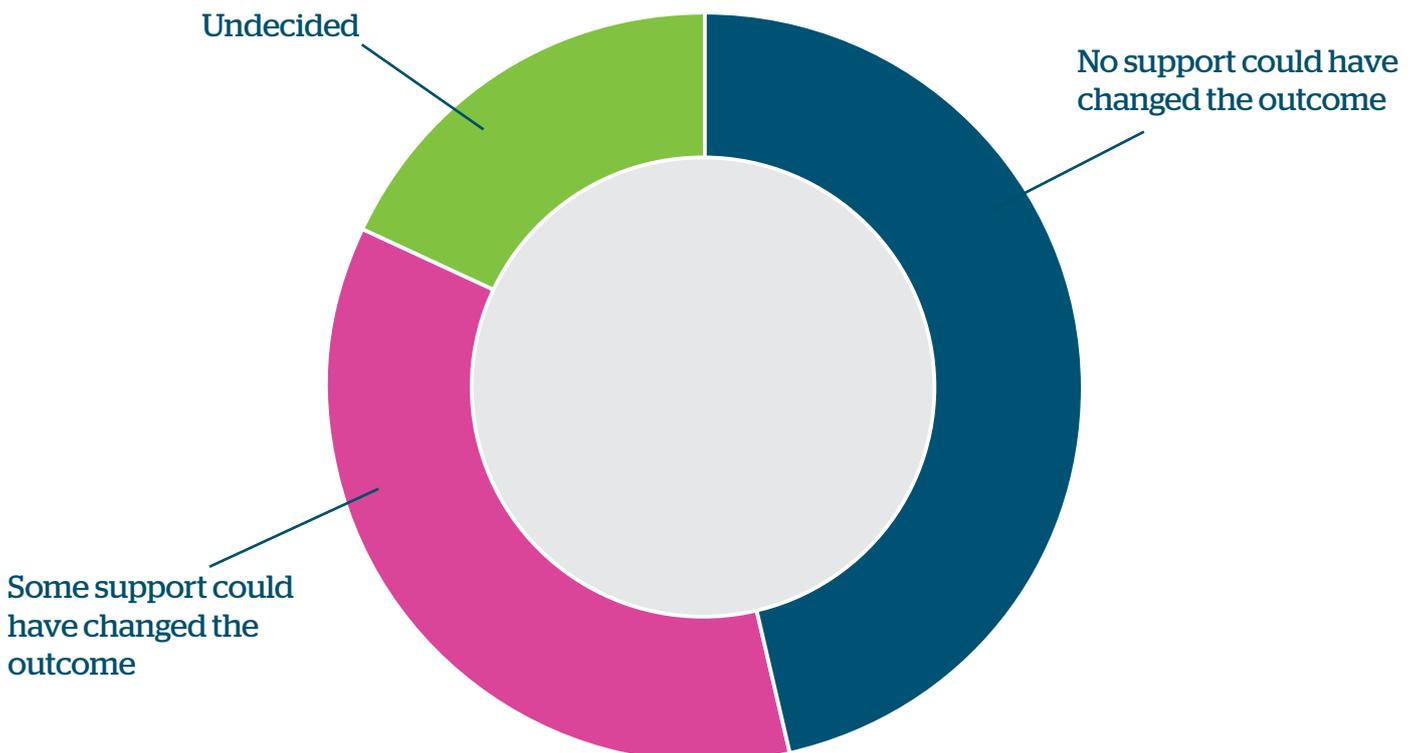
But I do appreciate there are constraints of what is possible now. I think mental health services are very underfunded. I don't really understand 'Places of Safety'.

It was the logical course of action. It makes perfect sense to be assessed, but not for me, they don't know me.

It could be if the Unit was run differently.

## Could the need to go to the Place of Safety have been avoided?

We asked our participants to reflect on whether there was any other support they could have had that may have meant they didn't need to go to a Place of Safety. Of the 28 people who answered the question, 13 people felt there was no support that could have changed things, 10 said that they thought further support could have avoided the need to go to a Place of Safety, and 5 were undecided.



Responses from those who thought that there wasn't anything that would have made a difference were often brief, sometimes reflecting the view that being taken to a Place of Safety was an inevitable consequence of their deteriorating mental health.

I don't think so.

On reflection, probably not. It was inevitable. I had to go somewhere!

A significant number said they thought some support may have avoided the need to go to a Place of Safety. Some of these stated they had been asking for help. In respect of the latter group, some said they didn't receive any help, some didn't feel they got the right type of support, and some said that it didn't come quickly enough.

I did have some support but it wasn't really helping. I had some Mind counselling but I didn't want to really open up. I have had a lot of grief recently due to losing people in my family. I was waiting for talking therapy and you have to wait for this.

More immediate access to the psychiatrist that I already knew, or GP had contacted psych on my behalf to recommend medication.

My GP could've been a lot more helpful and supportive rather than leaving me to it.

I got no support from GPs, and its not like they didn't have a spare room, but a GP stood behind the receptionist and allowed them to tell me to make an appointment for later in the day. I'm under the Mental Health Team but when I call the out of hours number no one answers – I tried four times.

Yes, I was asking for more support and it didn't happen. Having more home support from the crisis team would have helped me. They are good at putting in support to take you out of hospital but not at putting it in to prevent you going in. They should listen to you and treat you as an individual.

The Intensive Team could have been more helpful. I think they need serious help actually. They are meant to be the first port of call but their answer is you should take a walk, or take a bath or whatever.

More support from the Intensive Team. I know they are busy but I got so heightened while waiting – then it's too late.

I rang Intensive Team. Couldn't help because busy. When I was able finally able to get in touch, I was too overwhelmed.

My mother is adamant that there should have been an intervention earlier. I was sectioned at the beginning of May, during the lockdown, when my CPN [Community Psychiatric Nurse] wasn't able to visit.

Some of those who said they felt some support may have avoided the need to go to the Place of Safety, or were undecided, mentioned that they were either reluctant to ask for help, or were unsure where to go for help.

If I'd asked for it. I've got the number I need in future if I need it, on my phone.

Not sure. But perhaps if I'd listened to family members more, I would have been less likely to end up sectioned.

I should've asked for help but I was just too scared.

I live in a one bed flat and getting help is pretty hard. I can't use the phone much because of my speech problem. I don't trust people. I don't think I have been seen since 2012. I am told to use the internet but I can't. So although I have tried to get help for years I can't do it.

## Ongoing support

Another aspect that was commented on was ongoing support, and it seemed that experiences of this were varied. Some of our participants told us about the support they were getting, and how to ask for support if they needed it.

I'm not having support now, but I know where to go if I need it.

I have regular contact with my GP who checks on my medication.

I belong to the [X] surgery, Chippenham. They are good and supportive. I receive regular phone calls and checks to hear how I'm coping.

They said that one of the doctors would be in contact and they provided therapy and medication.

I was offered support under the Community Mental Health Team who are still supporting me. I was also given a leaflet with support services but did not contact any of them.

A significant number, however, were more unclear about any follow up, and a few people mentioned that they had not taken up what was offered to them.

They talk about pathways and so on, and give you advice about counselling, group meetings, stress relief and so on but don't take anything up.

I was offered various things, but I didn't follow up. I met the Crisis Team by my own referral once and spoke to them several times on the phone, but I didn't have a home so they couldn't make a home visit. I asked a GP for CBT but didn't hear anything back.

I was given an appointment for a couple of days afterwards and I attended a place in Bath to speak to a nurse or psychiatrist. But after 10 or 15 minutes they decided I was well.

Contacted the Intensive Team. They are always busy and don't ring back. I have a CPN. They are now part time, so the new person doesn't know me and has to check my notes. There is no continuity.

The aftermath was wafer-thin. I'm still not right, I'm still not firing on all four, there are issues bubbling.

# Conclusions and recommendations

The interviews for this survey took place in late 2020 and early 2021 and the interviews were held with people who had experience of being taken to a Place of Safety during the Covid-19 pandemic. This meant that they were being asked to reflect on a relatively recent experience that occurred against a backdrop of a major public health crisis. The impact on the people who participated in the survey varies but it clearly reduced access to in-person appointments, and for some, contributed to a deterioration in their mental wellbeing.

It is also important to recognise that health, care and emergency services were working under very challenging circumstances at this time.

Overall, the feedback about people's experiences at the Place of Safety was very positive, and particularly so regarding the approach of staff members, several of whom were seen as deserving of special recognition.

It is also important to note that most of those interviewed reported that they felt informed about what was happening at the time they were taken to the Bluebell Unit. The survey highlighted the value to the person who is detained of a clear and consistent explanation of what is happening and going to happen at every stage of the process. Involvement in the assessment process and agreeing outcomes was also clearly valued by many people. However, some areas for improvement in the environment were highlighted, and there was a small minority of people who did not feel they were treated well.

The experience of transferring to and from the Place of Safety was mixed. There were some examples of what seemed to be good practice, while others felt that their experience could have been less stressful, or at least mitigated if not avoided entirely.

The survey results also emphasise the importance of support being provided to the person whose mental health is deteriorating. A number of those we spoke to mentioned difficulties getting support before being detained and on reflection, some people told us that they felt that additional support could have avoided the need to go to the Place of Safety.

Another related issue that was raised concerned the level of support provided when leaving the Place of Safety, with mixed experiences reported. This all suggests that there is a need for further development of access to mental health support available in the community.

This report makes the following recommendations based on what people who had used the service told us. Some of these are directly relate to the Place of Safety (service specific) whereas others relate to people's wider experiences of mental health, and are likely to require a system wide (pathway) approach, involving collaboration between several organisations to be successfully addressed.

## Service specific recommendations

- Consider how the physical environment of the Place of Safety can be made less 'clinical', incorporating people's suggestions of use of colour and pictures.
- Look to improve temperature control and/or availability of additional warm coverings, to reduce people feeling cold.
- Assess the facilities for people with physical health conditions and disabilities, and look to improve these, for example by providing a ramp to the courtyard area.

- Sharing of good practice to try to ensure consistency of good experience and involvement for all those using the Place of Safety, recognising that most was positive. There may also be opportunities to share good practice more widely.
- Investigate if anything can be done to ensure people take up transport provided for them for onward transfer.

## Recommendations for the mental health pathway

- Review and consider how to improve access to community based mental health support to enable people to get the right support quickly when their mental health is deteriorating and/or they are approaching crisis.
- Identify further opportunities to raise awareness of the experiences and reflections of people in mental health crisis, aiming to increase understanding of this often misunderstood and complex area.
- Provision of further support, training and sharing of good practice for police and ambulance staff to improve consistency in the quality of how they respond to people in mental health crisis.
- Investigate if anything can be done to ensure people take up transport provided for them for onward transfer.
- Look at how support arrangements for people leaving the Place of Safety can be developed, ensuring that people have support in place or know how to ask for it, with the aim of supporting people to maintain their wellbeing.

## Response

 **Lucy Baker, Director of Planning and Transformational Programmes at BaNES, Swindon and Wiltshire (BSW) Clinical Commissioning Group** 

We are very grateful to Healthwatch for undertaking a fantastic piece of qualitative review work to help our system better understand the experience of people detained on a section 136.

The report was presented to our BSW Thrive Programme Board on 21 April 2021 and was very well received. We will be using the report as a foundation to our system change to improve experiences and outcomes.

## Thank you!

Thank you to all the individuals who shared their experiences of the Place of Safety with us and to Avon and Wiltshire Mental Health Partnership NHS Trust for helping us to reach these individuals. Thanks also to our volunteers who gave their time to gather this feedback.

**1. Before going to the Place of Safety, had you or a family member or carer, tried to get help?**

- Yes, I tried to get help myself
- Yes, a family member or carer tried to get help for me
- No

If **yes**, please tell us more about this? (Prompts: where from, what was the response)

**2. Were you aware that you were becoming unwell or your wellbeing was deteriorating?**

- Yes
- No
- Not sure

Is there anything else you'd like to say about this?

**3. Was it explained to you and/or your family that you were being taken to the place of safety?**

- Yes, it was explained to me
- No
- Not sure

Is there anything else you'd like to say about this?

**4. Which method of transport was used to transport you to the Place of Safety and who was involved?**

**5. How did you feel whilst being transported to the Place of Safety?**

**6. Did you understand why you were at the Place of Safety?**

- Yes
- No
- Partly

Is there anything else you'd like to say about this?

**7. Did you feel safe whilst at the place of safety?**

- Yes
- No
- Partly

Is there anything else you'd like to say about this?

**8. How was the quality of care at the place of Safety?**

- Very Caring
- Caring
- Neutral, neither caring nor uncaring
- Uncaring
- Very uncaring

Is there anything else you'd like to say about the quality of care?

**9. Did you understand the assessment of your mental health?**

- Yes
- No
- Partly
- Unsure

Are there any further comments you'd like to make about this?

**10. Were you able to understand the outcomes (results) of the assessment?**

- Yes
- No
- Partly
- Unsure

Are there any further comments you'd like to make about this?

**11. Do you feel you were treated with dignity and respect while in the Place of Safety?**

- Yes
- No
- Partly

Are there any further comments you'd like to make about this?

**12. Do you think the Place of Safety was an appropriate environment or setting for you to be assessed in?**

- Yes
- No
- Partly

Please tell us the reasons for your answer?

**13. How do you think the Place of Safety could be improved?**

**14. How was the transfer out of the Place of Safety and back home or to a ward? (Prompts: Method of transport, how did it work for the person?)**

**15. Looking back, do you feel that being taken to a Place of Safety was the best course of action at the time?**

- Yes
- No
- Partly
- Unsure

Are there any further comments you'd like to make about this?

**16. Also, looking back, is there any other support you could have had in the preceding days / weeks prior that may have meant you did not need to go the Place of Safety?**

**17. Is there anything else you'd like to say about your experience of the place of safety?**

For people who are not receiving ongoing support from AWP:

**18. What options for support were you offered when you left the Place of Safety? Did you contact this service and were they able to support you?**

**About you:**

It's important that we hear from a diverse group of people. We ask some questions about you so that we can identify any issues that affect different groups of people. This information is anonymous, and you do not have to answer any questions if you don't wish to.

**19. Please tell us the town or village you live in?**

20. Are you?

- Male
- Female
- Prefer not to say
- Prefer to use my own term .....

**21. What is your age?**

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44

- 45 - 54
- 55 – 64
- 65 – 74
- 75 -84
- 85 +
- Prefer not to say

## **22. How would you describe your ethnic group?**

- African
- Arab
- Bangladeshi
- Black British
- Caribbean
- Gypsy or Irish Traveller
- Indian
- Pakistani
- White British
- White Eastern European
- White Other - please specify
- Other - please specify
- Prefer not to say

**Thank you for taking the time to speak to us.** Your responses will be analysed and put into a report. The report will be used to influence the way the service further develops.

If you would like to be added to the Healthwatch mailing list where you will get updates including the final report, please tell us your email/address. This information will be held securely and in compliance with data protection laws. Your details will not be shared with any other organisation. You can withdraw your consent to us holding your details at any time by emailing [info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk) or calling 01225 434218.

If you need to get in touch with Healthwatch again you can contact us on 01225 434218.



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