**Keeping the light on**

For **Grace**, and all those who have lost their lives to mental ill- health; you could not tell us your story but we hear your voice

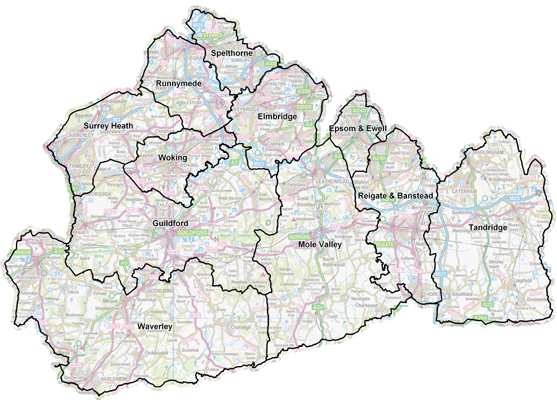
*Healthwatch Surrey*

# Introduction

Between December 2016 and February 2017, Healthwatch Surrey visited the 7 Safe Havens in Surrey to talk to service users about their experiences of mental health services.  
We heard 140 experiences from 25 people between the ages of 14 and 60.

The people who shared their experiences with us mapped out how they wanted the report to look and which information was most valuable to them; this report is the finished product.

# Safe Havens in Surrey



Adult Safe Haven

Young Person’s Safe Haven

https://www.molevalley.gov.uk/index.cfm?Articleid=16751

Safe Havens are an evening and   
weekend drop-in service for anyone   
experiencing a mental health crisis   
or their carer.

There are **6** Adult Safe Havens in   
Surrey which can be found in the  
following areas:  
  
Aldershot  
 Camberley  
 Epsom  
 Guildford  
 Redhill  
 Woking   
  
There is **1** Young Person’s Safe Haven located in Aldershot which caters for young people aged 10- 17

  
   
  
 All Surrey Safe Havens are under **0.6** miles walk   
 from a train or bus station

The use of Surrey Safe Havens has grown significantly since November 2015, with Epsom Safe Haven receiving **347** visits in June 20161



people in Surrey committed suicide in 20152

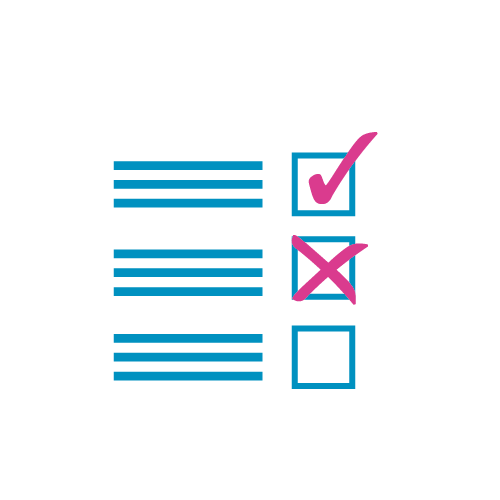
# Background to Healthwatch Surrey’s Safe Havens Project

In Healthwatch Surrey’s autumn 2016 Listening Tour poll, Surrey residents voted that they would most like to see early intervention in mental health services improved across the county.

During the year we heard 303 experiences about mental health services, and spoke to other organisations, the public, commissioners and stakeholders about information they would like to know about mental health services in Surrey.

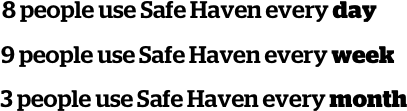
At the end of 2016 we heard from Safe Haven users that they were becoming concerned about whether Safe Havens would stay open, as they were only commissioned to run for one year. This created a sense of urgency for Healthwatch Surrey to visit Safe Havens and champion the voices of the people using the service, and made our visits and conversations even more meaningful.

# Methodology



Healthwatch Surrey compiled a list of questions to research by engaging with Safe Haven users during visits throughout December 2016- February 2017. (See Appendix A) Healthwatch Surrey staff   
spoke to people in their local Safe Havens and heard a variety of experiences related to mental health in Surrey.

# Who we spoke to

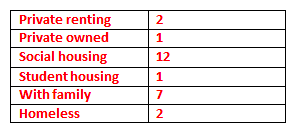
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|  |  |
| --- | --- |
| Ethnicity | Number of users |
| White British | **15** |
| White Other | **4** |
| Not Specified | **6** |

|  |  |
| --- | --- |
| Female | Male |
| 14 | 11 |

# Accommodation

We asked service users what type of accommodation they lived in, and whether they lived with family



We wanted to know who supports people with mental ill- health to keep their accommodation stable, manage their bills and payments, and prevent them from becoming homeless.

**We asked service users if anyone helped them to keep your accommodation stable and pay their bills on time**

|  |  |
| --- | --- |
| **Who helps to keep your accommodation stable?** | |
| **Family** | **9** |
| **Friends** | **0** |
| **Charities/ Organisations** | **3** |
| **Adult Social Care** | **2** |
| **Safe Haven peers** | **1** |
| **CPN** | **1** |

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“I’m **waiting to get housed** by a local charity but it’s been two months and I don’t know what’s happening**. I forget where I am supposed to go to get help**”

“I think **it’s good for people like me**

**with mental health problems to live**

**in sheltered housing**. I used to live

independently and some people used to

take advantage of me and stay in my flat,

make a mess, take my things;

I was so ill I never realised. At sheltered

housing **someone is there to stop bad people**

**coming in** and if you feel like you’re

going to hurt yourself **you can tell the**

**person in charge**”

“The **other Safe Haven users** help   
me to make sure I stay steady and **pay   
my bills when I’m having a bad time**.”

“My **Mum manages the paperwork**  
and bills side of me and makes sure  
everything is paid for; **otherwise I’d   
spend my whole salary**”

**Other mental health services accessed by SH users**

25/25 of the service users we spoke to at Safe Havens had heard about the service from a mental health professional.

**Flexible support from professionals**

We heard from Safe Haven users that they needed flexible professional support. The majority of people told us that their mental health fluctuated and sometimes they would need a lot of support, and other times they were independent and could cope well on their own.

“I **don’t** **have flexible support**. I shouldn’t have to keep ringing people

and telling them that I’m unwell. **My Community Psychiatric   
Nurse (CPN) should call me** and ask if I’m okay. I should have scheduled appointments to see my CPN and my psychiatrist; at least once every 6 months. **They should care more** about people instead of seeing them as **another problem that needs fixing**. I think if I had a better relationship with my CPN my mental health would be better. I used to have another CPN; she was brilliant. She was always there for me and I knew **I could always text or call** and she was hard working and instantly make it her priority to get back to me. That’s the kind of **flexibility** you need when you’re in crisis.”

“**My GP is excellent** because I can always

get an appointment to see her and talk

about things that are getting me down.

**Sometimes I don’t need to see**

**her for weeks.** Other times I see her two

times in a week such as if I’m not getting on with

my medication or if I need to talk. I also

use the centre for wellbeing at my university;

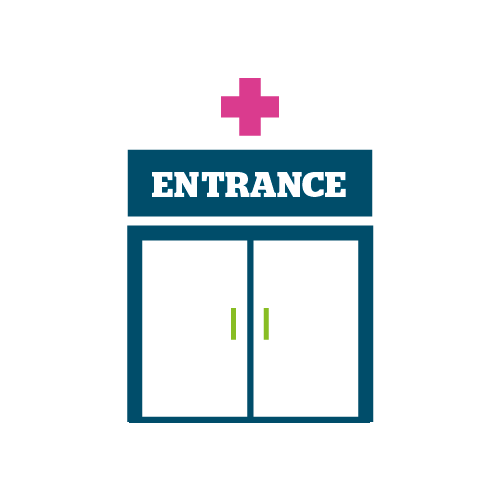
they gave me a **care worker who is fantastic**

and will see me whenever I need to talk. I don’t

need an appointment, I just call them and **they**

**come and meet me** or I go and find them on campus”

**Accident and Emergency**

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**10/12 were negative or had mixed feelings about A&E**

**12/ 25 people we spoke to had used accident and emergency when in crisis** **at least once**

Over half the people we spoke to felt that the area within accident and emergency where they were treated was inappropriate, explaining that the area where they are left in accident and emergency often makes them feel too isolated or too exposed.

“I was **feeling suicidal**. I got there at

5am and I was out by 2pm that same day.

**They left me in a cubicle** then the mental

health assessment room.”

“Accident and emergency is **not built**

**for psychiatric patients**. You either get

put in a room the size of a cupboard

with no visibility or in a cubicle where

people can keep an eye on you but everyone

walking past can look at you. When I’ve had

a bad day with my MH I hate people looking

at me and I become paranoid**. Something needs**

**to change** about the way they put you in

triage so that you can actually feel safe.”

“I’ve been to accident and emergency lots of times for mental health- either for myselfor someone else I know who suffers with a mental health condition. **It feels quite isolated in A&E**- you’re put in a separate room.”

“**I found the staff were quiet friendly**- I’d been to the community mental health team the week before and they’d told me I had lots of different diagnoses. When I went to accident and emergency **they gave me** **the answer I wanted; that Ihad Borderline Personality disorder**”

**Staff Attitudes**

We spoke to Safe Haven users about how professionals make them feel when they are accessing services for their mental health.

Person one: I went to A&E last week and the doctor said to me ‘oh not you again’. It made me feel really embarrassed and I just wanted to leave. It didn’t help me. I was there to get help  
Person 2: yeah that’s happened to me before- they look at you like you’re wasting their time.  
Person 3: Well to them you are- but where else can we go?

We asked Safe Haven users for suggestions of things professionals could say to them to make them feel more welcome

Safe Haven users suggest the following phrases which could be used to make them feel more welcome or valued/ respected when they are accessing services:

**“It’s good to see you”  
 “How can I help you today?”  
 “How have you been since you were last here?”  
 “Are you feeling comfortable here today?”  
 “Has anything changed since I saw you last?”  
 “Is there anything I can do better in the future?”**

**Discharged in the dark**

We heard experiences about how isolating it felt to be discharged from accident and emergency in the middle of the night. Safe Haven users told us they would like professionals in Accident and Emergency to check that they have someone coming to pick them up or that they have arranged treatment to get home, as it shows that the professionals care about their wellbeing and it also helps them to feel less alone.

“They don’t keep you in if they can help it.

**They don’t arrange transport** they just tell

you to go home no matter what time it is.

I said to them last time that I don’t feel safe

going home **but they said they need the beds**

**for sick people**.”

“**I’ve been let out of A&E at 4 am** a few

times and I don’t have a way of getting home.

I had a taxi arranged for me once but the

person who came to get me was a man and I

didn’t feel safe getting in the car with him.

I don’t feel safe with men. **It frightened me**.”

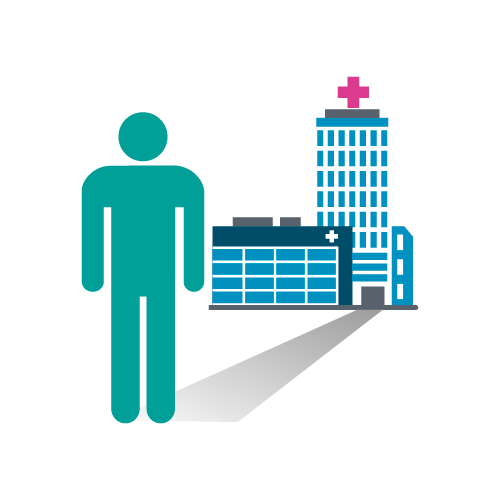
“It's **a very long process** waiting at

A&E and then you're turned out in the

middle of the night; **you come home**

**alone in the dark**.”

**Inpatient facilities**



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6/11 users were discharged without a care plan

7/11 users had a negative experience in an inpatient mental health facility

11/25 people had stayed  
in an inpatient mental health  
facility in their lifetime

**What it’s like in inpatient mental health facilities in Surrey**

“They **didn’t tell me why I was   
there** and didn’t tell me where to   
go when they said I could leave. **I   
got very depressed”**

“I had to share a room with this man who wasn’t  
very nice to me. He was extremely **rude and bullying**.  
I told the staff he was being nasty but the nurses didn’t  
do anything about it. That’s the thing mental illness is  
so different that **one ward for people with all kinds  
of mental illnesses** is not appropriate. They should have  
different places for different illnesses**. I couldn’t sleep**   
because the man was saying he was going to kill himself.   
He said it so many times and **none of the staff batted an   
eyelid**”

“It’s the little things in a psychiatric ward  
that make all the difference. If you need to  
have your phone charged you’d have to knock

on the staff room door and you’d be waiting there  
for ages; stood there knowing it would be minutes  
before a staff member would open the door. They’d  
**roll their eyes** when you asked them to boil the kettle  
so you could have a coffee. Some staff would shout to   
each other from across the hallway outside my room and   
it used to make me jump all the time”

“There’s an art room where **you can do creative  
writing**. We went on day trips and did photography. The  
art team did little sessions around coping and mindfulness  
that you wouldn’t expect artists to know about. **It was really   
good. The teacher was easy to talk to**. At time it seemed  
like mayhem on the ward”

“**Staff always said hello** and introduced themselves  
when starting a shift. Even if you’re in a mood they  
always do it. It’s good to have consistency. **It’s really  
encouraging being there**.”

**What it’s like to be discharged from inpatient care in Surrey**

“I was put on a **general children’s ward**  
when I tried to commit suicide as a teenager.  
I was seeing CAMHS at the time so I guess the  
ward considered my counselling   
 a discharge plan. I wasn’t consulted and I   
**wasn’t told what the plan was** past leaving  
the hospital. I just went back to my regular  
appointments. My counsellor **didn’t mention my  
inpatient stay** until I spoke about it.”

“My **discharge plan was not in place** when I   
left the ward, but I am a frequent user so   
I know who to call on the ward if I need them”

“I **didn’t know where I was supposed to  
go** when I was discharged”

“I had a stay in a **military mental health  
inpatient facility** and then I was medically   
discharged. My GP picked up on this and made  
sure that I had a good discharge plan and follow  
up care in place. They made sure all the paperwork  
was in place and that I **‘didn’t fall through the cracks’**”

“When I was discharged I had the Community Mental  
Health Recovery Service visit me. They **wouldn’t turn up  
on time** and when they did they would stay for 10  
minutes and would be constantly answering the phone.  
I didn’t get on with them and **I got fed up of waiting**   
around for them to arrive 2 hours late, so I asked   
them to stop coming to me in end”

“I can’t cope at home as I have thoughts  
about hurting myself so I end up hurting   
myself. I was discharged and told that I   
shouldn’t be in the hospital. **The Community  
Mental Health Team** come to my house and   
talk to me. **They’re really nice people**.”

**How people in Surrey feel about their local Safe Haven**

**“I’d be dead if Safe Haven wasn’t here”**

“Safe Haven is a good idea. **It stops people  
going to hospital**. If Safe Haven wasn’t here  
I’d go to Accident and Emergency”

“When people are blue lighted to Safe Haven  
or are in full blown crisis you notice the atmosphere   
changes. There was an incident outside a couple of weeks  
ago where a Safe Haven user assaulted another user outside.  
The guy gave a fake name to the staff and when police   
turned up they realised he was actually someone else”

“Safe Haven is what **keeps me from needing  
other services**”

“Sometimes I have to use the quiet area as a couple of  
other users can induce my anxiety with certain behaviours  
and other conversations. **I’ve made friends and the staff are  
great**. I don’t know what we would do without it”

“The service at the Young Person’s Safe  
Haven is **completely invaluable**. It’s informal,  
not structured, no appointments and no   
pressure. It’s gently lit like a house. If you   
don’t want to talk you can play board games.   
Having a CPN is so important as if you really  
need to talk to a professional and work through   
things you can choose to. My school does nothing  
for students with mental illnesses. You’re really on  
your own without Safe Haven”

“It’s made a huge difference to my daughter. She  
was unable to attend school and now she is getting  
back and choosing her options.”

When people are blue lighted here or are in full blown crisis you notice the atmosphere changes. Sometimes it causes friction and upsets the balance or the aura. There was an incident outside a couple of weeks ago where a girl got attacked by someone who had been in the Safe Haven the night before

“You have a **social opportunity** with others using Safe Haven  
and you can have 1:!s with the nurse when you need them. You can  
get over crisis much faster after an hour of talking to other   
users or to the CPN. **Safe Haven is the best system for people  
with mental illness**. They take health seriously here, even down  
to the food and the drinks served in the café”

“It’s a great service. The availability such  
 as **opening hours and location good**. All the  
staff are great here; there isn’t a bad one. It’s  
a **better option than A&E** as it’s a less formal  
environment, much more comfortable and there’s  
**less pressure to talk** and get formal treatment”

“**If I didn’t go to Safe Haven I don’t know where  
I’d go**. I’d hang around with the wrong people and  
get up to things I probably shouldn’t be doing. When  
I first started I found it hard to go in if it was too busy.

**My OCD was really bad** and I found it hard to stay for   
a long time. I think it’s hard to go into a room full  
of people because you don’t know what to expect.  
Maybe **they should have a picture of what the room is like  
on the outside so you can see it and know what to expect**”

“The **staff give you the care and attention you   
need**. They give advice on other people and other   
professionals. **You can come to Safe Haven and not  
be judged. It’s okay to not be okay**”

“**It’s an amazing service**. When I first came the staff  
were very welcoming. They explained everything about the

service and they offered me a hot drink. I speak to the CPN

here about what’s happening in my life. She knows me  
as if she’s my personal CPN which means **I don’t need**

**to have one in the community and don’t put pressure  
on services**”

“It can get a bit much when people talk about death and depression in the communal area”

“They’re really friendly at Safe Haven. You can  
go in an awful mood and be yourself. At work you  
have you put a face on and pretend**. Before I came to  
Safe Haven I didn’t know about services I could access**  
in the day. Now that I come here I know much more   
about what options I have, like the Recovery College”

“It’s really good. **If you want to talk to someone you  
can, but there’s no pressure to**. You can just ‘be’ and   
they’re okay with that. They don’t make you feel like  
you have to have certain problems or criteria here.”

“Children and young people are often given not enough support or too formal a lot of support. Schools don’t really have the right amount of staff to support children”

“Sometimes people at Safe Haven can have really  
**triggering conversations** and staff need to be really  
aware that it can cause other members to have problems  
afterwards. It’s **important for one member of staff to always  
be in the room with us** when we are in the communal area  
to challenge conversations which could harm others’ recovery”

“Sometimes when I’m feeling bad in the night **I wish  
I could come to Safe Haven but it’s only open until 11**. I think  
if it were open for longer it would benefit more people

because **I end up just walking around the streets** and it’s not  
very safe.”

“I enjoy the social side. Generally it's a Godsend. I don't know what we would do without it”

“**Safe Haven has been a great help**. One night they  
got me the help I needed at accident and emergency and  
I was referred to the Home Treatment Team to make sure  
I could cope at home. **They can refer and escalate if it’s   
needed**”

“Without one CPN here it would be a **different place for me**.  
She is absolutely amazing. I can’t praise the staff enough here  
for their help. This place has been amazing. Safe Haven  
dug me out of the deepest darkest hole; **it sounds dramatic  
but Safe Haven saved my life**.”

“I can socialise a lot more here as other friends without mental illness can't really have the same kind of talks that I can with people at Safe Haven as it makes them uncomfortable”

“I come here to unwind. Consider my thoughts, see what I could do differently. It's saved me from overdosing on a number of occasions”

“I had a rough period last year when I lost my job- Safe Haven Aldershot was keeping the lights on for me for a few months. I would have killed myself had I not been able to come here”

**C:\Users\J.Parkes\AppData\Local\Microsoft\Windows\INetCache\Content.Word\HW_Surrey (1).pngAppendix A**

**Questions to gain insight into the lives of people with mental ill- health using Safe Havens**

1. **Have you used Safe Haven before? If so, roughly how many times?  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **How do you feel about your local Safe Haven?  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Do you access other mental health services?  
   Counselling, CBT, Accident and Emergency,   
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **What type of accommodation do you live in? (With family/ friends/ alone)  
     
   Private rented Private owned Housing Association Council Group supported**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you feel you have enough support with your mental health?  
   What kind of support do you feel you should be receiving? Who is best at supporting your mental health? Why? Do you receive support to keep on top of your bills/ finances/ rent?  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does anyone help you to make sure you keep your accommodation stable?  
   Do you have any support from professionals to make sure that you don’t lose your accommodation when you’re going through a rough patch?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Do you have flexible support from professionals?**

**If you needed more support one week and less support the next, are professionals flexible enough to make this possible for you?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Have you ever had to access accident and emergency for mental health crisis?**

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1. **Have you stayed in an inpatient mental health facility before?**

**Yes Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No**

1. **Did you have a discharge plan in place to support you when you returned home?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Tell me about your inpatient care**