

The contribution of the voluntary sector to mental health crisis care in England

Research information

We are a research team from the Health Services Management Centre and the Third Sector Research Centre at the University of Birmingham, the Open University Business School and Suresearch, a service user organisation. We have received funding from the National Institute of Research to undertake this study.

What is the research about?

The aim of this research is to better understand the range of crisis support offered by voluntary sector organisations in England and the role they play in supporting people in a mental health crisis. Based on our findings, we aim to make recommendations about what needs to happen for NHS and Local Authority crisis services to work with voluntary sector services better.

This survey

We are undertaking a national online survey to understand the type of voluntary sector organisations providing mental health crisis care, how they are funded and what they do. This survey asks about your organisation and the role it plays in supporting people experiencing a mental health crisis, as well as any general thoughts you have about the role of the voluntary sector in mental health crisis care. Therefore your views are important to us.

The survey will take approximately 30-40 minutes and we would be grateful if you would complete it by [TBC]. You and your organisation will remain anonymous in any reports and your answers are confidential. Participation is entirely voluntary. A summary of the results will be sent to all respondents.

If you would like more information about the research or have any questions about your participation, please contact [REDACTED] on [REDACTED]

1. I have read the research information section and understand what taking part will involve

- Yes
- No

2. I agree to take part in the survey

- Yes
- No

Part 1: About you

Your role

Name of organisation

Part 2: About your organisation

1. Please describe your organisation's overall mission or vision

2. Do you provide support to people experiencing a mental health crisis?

- Yes
- No

If No, there is no need to complete this questionnaire.

3. In which year was your organisation established?

4. What is your organisation's primary purpose?

5. Please describe who your main beneficiaries/service users are.

6. Does your organisation support people with mental health problems?

- Yes
- No
- Not sure
- In part - please provide further details

7. Are you affiliated with a national organisation?

- Yes
- No

8. Are you a registered charity?

- Yes
- No

If No, what is your legal form? Please provide further details.

9. At what scale does your organisation currently operate?

- Neighbourhood level
- Local (Individual Local Authority / County area)
- 2 or more Local Authorities / County Areas
- A Region e.g. West Midlands
- Within England
- Within the UK
- International

10. How many people do you currently employ?

Please state numbers below

Number of Full Time Employees

Number of Part Time Employees

11. How many volunteers do you have?

Number of volunteers

12. What was your organisation's approximate annual turnover in the last financial year?

- Below £25,000
- £25,001 - £100,000
- £100,001 - £500,000
- £500,000 - £1 million
- £100 million+ - £5 million
- £5 million+ - £10 million
- More than £10 million

13. In the last financial year, where did your income come from?

13.a Contracts with

Tick as many as apply

- Clinical Commissioning Group(s)
- Local authority(s)
- NHS Trust
- Another charitable provider

Other (please specify)

13.b Grants and donations

Tick as many as apply

- Big Lottery
- Comic Relief
- Individual donations/fundraising

Other (please specify)

13.c Which of these was your most importance source of income for 2015/16

Contracts with:

- Clinical Commissioning Group(s)
- Local authority(s)
- NHS Trust
- Another charitable provider

Grants and donations from:

- Big Lottery
- Comic Relief
- Individual donations/fundraising

Other (please specify)



Part 3: Your organisation's role in mental health crisis support

Please attach a copy of information about your service, including criteria for accepting referrals and any specific exclusion criteria.

14. Do you advertise that you offer support to people experiencing a mental health crisis?

- Yes
- No

15. How does your organisation define crisis?



16. What times does your service operate and available to people experiencing a mental health crisis?

17. What support do you offer people experiencing a mental health crisis?

- Information/signposting
- Give/receive peer support
- Liaise and provide access to other services
- See a mental health specialist for a support meeting
- Attend social groups
- Attend therapy sessions
- Attend review meetings
- Play table tennis/pool/other games
- Use a computer
- Crisis house(s)
- Other form of residential accommodation
- Other (please specify below, e.g. Supporting people to stay safe)

18. If you have ticked therapy, please provide more information about the types of therapy below.

19. What is the most common method of accessing your service?

- Self-referral
- Referral by family member/carer
- Referral from primary care
- Referral Crisis Resolution and Home Treatment Team
- Referral from Psychiatric Liaison Team
- Other voluntary/community organisation
- Drop-in, no referral needed
- Other (please specify below)

20. Have people who use the crisis services or may use them, been meaningfully involved in:

a) Co-design and development

Yes

No

b) Providing the service

Yes

No

c) Evaluation

Yes

No

If yes, please specify how below

If yes, please specify how below

If yes, please specify how below

21. What are the key outcomes you hope to achieve for people experiencing a mental health crisis?


22. Overall, how effective do you think the crisis services you provide are in responding to people experiencing a mental health crisis?

Please indicate on a scale of 1 to 5, where 1 is very poor and 5 is excellent


1 2 3 4 5

Please explain your rating


23. How do you tailor your services to individual needs and preferences?



24. What is your approach to managing risks and ensuring safety for people experiencing a mental health crisis?



25. Please tell us about the main challenges your organisation has faced in providing effective mental health crisis services



26. What are your priorities for maintaining or improving your service?



Part 4: Working with other organisations

27. Which organisations do you regularly work with to develop your crisis services?

- Not applicable
- CCGs
- Local authority
- Other charitable organisations
- User/carer groups
- Other (please specify below)

28. Do you regularly manage service users' care in conjunction with other services? (e.g. having joint meetings with the service user and members of staff from another service, having joint management meetings with another service etc.)

- Yes
- No
- Not applicable - please provide further details

29. Which organisations/services do you regularly work with to manage service users' care?


Tick as many as apply

- Not applicable
- Primary care
- Community Mental Health Team
- Crisis Resolution and Home Treatment Team
- Psychiatric Liaison Team
- Crisis House
- Crisis Resolution and Home Treatment Team
- Other (please specify below)

30. How well does the arrangement between your organisation and other services work in ensuring that people experiencing a mental health crisis get an effective service?

Please indicate on a scale of 1 to 5, where 1 is very poor and 5 is excellent
1 2 3 4 5

Please explain your rating



31. How could collaboration with mental health services provided by the public sector be improved?



32. Is there anything else you would like to tell us about your experience of providing mental health crisis services?



33. Finally, are there examples of good practice in the provision of mental health crisis care by a voluntary sector organisation that you would like to point us to?



34. If we need to contact you to clarify anything are you willing for us to contact you?

- Yes
- No

If Yes, please provide your contact details below.



Thank you for taking part in this survey.